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Title: Telemedicine for Access to Early Medical Abortion Care

Introduced by: Sara Teising for the Medical Student Section

Original Authors: Rohit Abraham, Nora Akcasu, Miriam Rienstra Bareman, Arjun Chadha, Jordan Lippincott, Wyatt Shoemaker, and Sara Teising

Referred to: Reference Committee A

House Action: **APPROVED**

Whereas, telemedicine is an evidence-based method of using technology, including video conferencing, to support clinical care by bridging access gaps like distance and other socioeconomic barriers^{1,2}, and

Whereas, most United States hospitals now use some form of telemedicine³, and

Whereas, MSMS policy states that “abortion is a medical procedure that should only be performed by a licensed physician in conformance with standards of good medical practice and the Public Health Code of the state of Michigan,”⁴ and

Whereas, medical abortion (MAB) is a non-surgical procedure, with a 14 times lower risk of death than childbirth, during which prescription medication is used to terminate an undesired pregnancy after appropriate counseling⁵, and

Whereas, 26,594 MABs were performed in 2017 in Michigan, which suffers from large reproductive health care access gaps compared to the national average⁶, and

Whereas, 89 percent of Michigan counties lack access to desired abortion services⁷, and

Whereas, 40 percent of Michigan’s women live in counties without access to MABs, predisposing them to significant delays in care, negative impacts on mental health, and increased consideration of unsafe self-induction⁷, and

Whereas, a 33 percent decline in Michigan clinics that offer access to abortion services has occurred over the last decade⁸, and

Whereas, MAB protocols exceeded United States Food and Drug Administration safety standards with less than 0.4 percent complication rates for any adverse events⁹, and

Whereas, the American College of Obstetrics and Gynecologists supports policies that increase access to reproductive health services, including the use of telemedicine for medical abortion (TMAB), underscoring its high levels of safety, efficacy, patient satisfaction, and accessibility^{10,11}, and

Whereas, in 2015 the Iowa Supreme Court deemed it unconstitutional to prevent TMAB restriction¹², and

Whereas, research assessing the effect of a TMAB model in Iowa found expansion of rural access to care and higher patient satisfaction with no increase in associated adverse outcomes^{13,14}, and

53 Whereas, legislative efforts during the 2017-2018 legislative session sought to prevent Michigan
54 physicians from using TMAB¹⁵, and

55
56 Whereas, Governor Snyder vetoed such legislation and stated in his veto message, "On a daily basis,
57 our health care professionals thoughtfully and deliberately determine when any health care delivery method
58 is safe, including telemedicine for other areas of care. Telemedicine for medical abortion should not be any
59 different;"¹⁶ therefore, be it

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61 RESOLVED: That MSMS supports access for medical abortions via telemedicine for first trimester
62 pregnancies consistent with American College of Obstetricians and Gynecologists clinical management
63 guidelines.
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66 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000 or more for costs related to the adoption of new or
67 revised MSMS or AMA policy.

Relevant MSMS Policy:

Abortion as Medical Procedure

Abortion is a medical procedure and should be performed only by a licensed physician in conformance with standards of good medical practice and the Public Health Code of the state of Michigan. (Prior to 1990)

Anti-abortion Coercion

Patients have the right to be free from coercion in determining when and if they will submit to medical procedures such as sterilization and abortion. (Prior to 1990)

Gender Selection

MSMS opposes prohibiting physicians from performing abortions for women who want to terminate their pregnancy based on the gender of the fetus because MSMS opposes infringement upon the physician/patient relationship. (Board-May94)

Insurance Coverage

Medical insurance companies should make provision for adequate coverage of abortions. (Prior to 1990)
– Edited 1998

Relevant AMA Policy:

4.2.7 Abortion

The Principles of Medical Ethics of the AMA do not prohibit a physician from performing an abortion in accordance with good medical practice and under circumstances that do not violate the law.

Abortion H-5.995

Our AMA reaffirms that: (1) abortion is a medical procedure and should be performed only by a duly licensed physician and surgeon in conformance with standards of good medical practice and the Medical Practice Act of his state; and (2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment. Neither physician, hospital, nor hospital personnel shall be required to perform any act violative of personally held moral principles. In these circumstances, good medical practice requires only that the physician or other professional withdraw from the case, so long as the withdrawal is consistent with good medical practice.

1.2.12 Ethical Practice in Telemedicine

Innovation in technology, including information technology, is redefining how people perceive time and distance. It is reshaping how individuals interact with and relate to others, including when, where, and how patients and physicians engage with one another.

Telehealth and telemedicine span a continuum of technologies that offer new ways to deliver care. Yet as in any mode of care, patients need to be able to trust that physicians will place patient welfare above other interests, provide competent care, provide the information patients need to make well-considered decisions about care, respect patient privacy and confidentiality, and take steps to ensure continuity of care. Although physicians' fundamental ethical

responsibilities do not change, the continuum of possible patient-physician interactions in telehealth/telemedicine give rise to differing levels of accountability for physicians.

All physicians who participate in telehealth/telemedicine have an ethical responsibility to uphold fundamental fiduciary obligations by disclosing any financial or other interests the physician has in the telehealth/telemedicine application or service and taking steps to manage or eliminate conflicts of interests. Whenever they provide health information, including health content for websites or mobile health applications, physicians must ensure that the information they provide or that is attributed to them is objective and accurate.

Similarly, all physicians who participate in telehealth/telemedicine must assure themselves that telemedicine services have appropriate protocols to prevent unauthorized access and to protect the security and integrity of patient information at the patient end of the electronic encounter, during transmission, and among all health care professionals and other personnel who participate in the telehealth/telemedicine service consistent with their individual roles.

Physicians who respond to individual health queries or provide personalized health advice electronically through a telehealth service in addition should:

- (a) Inform users about the limitations of the relationship and services provided.
- (b) Advise site users about how to arrange for needed care when follow-up care is indicated.
- (c) Encourage users who have primary care physicians to inform their primary physicians about the online health consultation, even if in-person care is not immediately needed.

Physicians who provide clinical services through telehealth/telemedicine must uphold the standards of professionalism expected in in-person interactions, follow appropriate ethical guidelines of relevant specialty societies and adhere to applicable law governing the practice of telemedicine. In the context of telehealth/telemedicine they further should:

- (d) Be proficient in the use of the relevant technologies and comfortable interacting with patients and/or surrogates electronically.
- (e) Recognize the limitations of the relevant technologies and take appropriate steps to overcome those limitations. Physicians must ensure that they have the information they need to make well-grounded clinical recommendations when they cannot personally conduct a physical examination, such as by having another health care professional at the patient's site conduct the exam or obtaining vital information through remote technologies.
- (f) Be prudent in carrying out a diagnostic evaluation or prescribing medication by:
 - (i) establishing the patient's identity;
 - (ii) confirming that telehealth/telemedicine services are appropriate for that patient's individual situation and medical needs;
 - (iii) evaluating the indication, appropriateness and safety of any prescription in keeping with best practice guidelines and any formulary limitations that apply to the electronic interaction; and
 - (iv) documenting the clinical evaluation and prescription.
- (g) When the physician would otherwise be expected to obtain informed consent, tailor the informed consent process to provide information patients (or their surrogates) need about the distinctive features of telehealth/telemedicine, in addition to information about medical issues and treatment options. Patients and surrogates should have a basic understanding of how telemedicine technologies will be used in care, the limitations of those technologies, the credentials of health care professionals involved, and what will be expected of patients for using these technologies.
- (h) As in any patient-physician interaction, take steps to promote continuity of care, giving consideration to how information can be preserved and accessible for future episodes of care in keeping with patients' preferences (or the decisions of their surrogates) and how follow-up care can be provided when needed. Physicians should assure

themselves how information will be conveyed to the patient's primary care physician when the patient has a primary care physician and to other physicians currently caring for the patient.

Collectively, through their professional organizations and health care institutions, physicians should:

- (i) Support ongoing refinement of telehealth/telemedicine technologies, and the development and implementation of clinical and technical standards to ensure the safety and quality of care.
- (j) Advocate for policies and initiatives to promote access to telehealth/telemedicine services for all patients who could benefit from receiving care electronically.
- (k) Routinely monitor the telehealth/telemedicine landscape to:
 - (i) identify and address adverse consequences as technologies and activities evolve; and
 - (ii) identify and encourage dissemination of both positive and negative outcomes.

¹ Health Research and Services Administration. Telehealth Programs 2019. <https://www.hrsa.gov/rural-health/telehealth/index.html>. Accessed February 15, 2019.

² Center for Connected Health Policy. Current State Laws & Reimbursement Policies. <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies/michigan-medicaid-definition>. Accessed February 15, 2019.

³ American Telemedicine Association. FAQs about telemedicine. <http://www.americantelemed.org/about/telehealth-faqs->. Accessed February 15, 2019.

⁴ Michigan State Medical Society. Policy manual: Official policies of the Michigan State Medical Society 2018. https://www.msms.org/Portals/0/Documents/MSMS/About_MSMS/2018%20MSMS%20Policy%20Manual.pdf?ver=2018-12-11-112410-523. Accessed February 15, 2019.

⁵ Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstetrics & Gynecology*. 2012;119(2):215-219. doi:10.1097/AOG.0b013e31823fe923.

⁶ Michigan Department of Health and Human Services. Number, ratio, and rate of reported induced abortions occurring in Michigan, 1982-2017. https://www.mdch.state.mi.us/osr/abortion/Tab_A.asp. Accessed February 15, 2019.

⁷ Jerman J, Frohwirth L, Kavanaugh ML, Blades N. Barriers to abortion care and their consequences for patients traveling for services: Qualitative findings from two states. *Perspect Sex Reprod Health*. 2017;49(2):95-102. doi:10.1363/psrh.12024.

⁸ Jones RK, Jerman J. Abortion incidence and service availability in the United States, 2014, *Perspectives on Sexual and Reproductive Health*. 2017;49(1):17-27. doi:10.1363/psrh.12015.

⁹ Raymond EG, Shannon C, Weaver MA, Winikoff B. First-trimester medical abortion with mifepristone 200 mg and misoprostol: A systematic review. *Contraception*. 2013;87(1):26-37. doi: 10.1016/j.contraception.2012.06.011.

¹⁰ American College of Obstetricians and Gynecologists. Increasing access to abortion 2017. <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co613.pdf?dmc=1&ts=20190220T0210550255>. Accessed February 19, 2019.

¹¹ American College of Obstetricians and Gynecologists. Testimony submitted for hearing on S. 1696, The Women's Health Protection Act at the US Senate Committee on the Judiciary. <https://www.actforwomen.org/wp-content/uploads/2015/09/ACOG-Testimony-Womens-Health-Protection-Act.pdf>. Accessed February 19, 2019.

¹² Yang YT, Kozhimannil KB. Medication abortion through telemedicine: Implications of a ruling by the Iowa supreme court. *Obstet Gynecol*. 2016;127(2):313-316. doi: 10.1097/AOG.0000000000001251.

¹³ Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K. Effectiveness and acceptability of medical abortion provided through telemedicine. *Obstet Gynecol*. 2011;118:296-303 doi:10.1097/AOG.0b013e318224d110.

¹⁴ Grossman D, Grindlay K, Buchacker T, Potter JE, Schmettmann CP. Changes in Service Delivery Patterns After Introduction of Telemedicine Provision of Medical Abortion in Iowa. *Am J Public Health*. 2013;103(1):73-78. doi:10.2105/AJPH.2012.301097.

¹⁵ Michigan State Senate. Enrolled Senate Bill No. 1198, Regular Session 2018 <http://www.legislature.mi.gov/documents/2017-2018/billenrolled/Senate/pdf/2018-SNB-1198.pdf>. Accessed February 15, 2019.

¹⁶ Michigan House Fiscal Agency Analysis. <https://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-1198-09DA9FCC.pdf>.