

The University of Iowa residency training program in Obstetrics and Gynecology and impact of recent state abortion legislation

SF359, the so-called “fetal heartbeat” bill was signed into law by Governor Reynolds on May 4, 2018 to be effective July 1, 2018. This law outlaws abortion within the state of Iowa if an embryonic heart rate is detected by abdominal ultrasound (usually around 6 weeks gestation.) Exceptions are rape or incest, or life of the mother.¹ Almost immediately after being signed into law, the law was challenged as unconstitutional under the Iowa constitution, by plaintiffs the American Civil Liberties Union, Planned Parenthood of the Heartland, and the Emma Goldman Clinic of Iowa City. An injunction was granted on June 1, 2018, and the case will be heard in court at some point in the future.

The Accrediting Council on Graduate Medical Education (ACGME) Obstetrics and Gynecology Program Requirements state that: “Programs must provide training or access to training in the provision of abortions, and this must be part of the planned curriculum. Residents who have a religious or moral objection may opt-out, and must not be required to participate in training in or performing induced abortions. Residents must have experience in managing complications of abortions and training

in all forms of contraception, including reversible methods and sterilization.”²

The ACGME has issued a clarification on this program requirement. It states: “The ACGME Review Committee for Obstetrics and Gynecology examines each obstetrics and gynecology residency program’s curriculum on contraception, family planning, and abortion to determine its substantial compliance with the above requirements. All programs must have an established curriculum for family planning, including for complications of abortions and provisions for the opportunity for direct procedural training in terminations of pregnancy for those residents who desire it. Access to experience with induced abortion must be part of residency education. Programs with restrictions to the provision of family planning services or the performance of abortions at their institutions must make arrangements for such resident training to occur at another institution. Programs must allow residents to “opt out” rather than “opt in” to this curriculum, education, and training.”³

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offers a Ryan family planning program, directed by Dr. Abbey Hardy-Fairbanks and Dr. Colleen Stockdale. The family planning curriculum trains our residents to competently perform uterine aspirations, medical abortions, incomplete abortions, missed abortions, therapeutic abortions, and elective abortions, as well as to manage the complications of abortion. Our training program includes a dedicated family planning rotation. Individual residents may opt out of abortion training. In recent years at least three-quarters of the residents have participated fully in family planning training.

Should the “fetal heartbeat” law be upheld by the court, the Iowa residency program would then need to look to another state and partner with another entity to provide training in abortion and its complications, in order to be in compliance. We anticipate that we would be able to identify an entity in a neighboring state and that residents would travel to that location for at least two weeks. Such an arrangement would require us to purchase malpractice insurance in another state, medical licenses in that state, and identify housing for the residents. If all residents opted to participate in such training, a “ballpark” cost estimate to the department is \$80,000 annually. This expenditure would cut into the budget for other departmental educational endeavors.

It is difficult to forecast what the impact would be on the residency should residents have to go out of state for abortion training. Presently we are a very competitive program, with 440 qualified candidates applying for 5 slots in this most recent recruitment season.

We anticipate that should this law be upheld, some excellent candidates might not apply to Iowa wanting to avoid a state which seems “backward,” or appears non-supportive of women’s health. (It is possible that faculty hiring might similarly be affected.) In addition, many residency candidates might be less enthused about a residency program when they learn they must live out of state for two weeks in order to receive comprehensive family planning training. The expenditure to send residents out of state would adversely affect funding available to maintain departmental excellence in education for faculty, fellows and residents. As an example, the department might no longer be able to provide funds for trainees to attend national meetings to present scholarly research, ultimately decreasing the national prominence of the department.

Iowa ranks next to the bottom in the United States in number of obstetrician/gynecologists in practice per 10,000 women.⁴ As residency program director, I testified at a public hearing held by the House Human Resources Committee at the statehouse on behalf of the residency program in March 2018. I stressed that Iowa needs more maternity care providers, especially in rural areas, and that this law might hurt the state’s only obstetrics and gynecology training program, a direct pipeline of those providers. These talking points were raised again and again in letters, hearings and lobbying efforts while this bill was in committee in both houses of the Iowa legislature, and also in communication to the governor’s office asking her to veto.

We in the department are choosing to

remain upbeat while the law is enjoined. We matched another outstanding group of candidates this year in spite of considerable publicity about this legislation. These five physicians have enthusiastically begun their training and show great promise.

June 29, 2018, the Iowa Supreme Court issued its opinion that last year's statute requiring a 72 hours wait for abortion is unconstitutional under the Iowa constitution. The Court heard those arguments in February of 2018. The Court's opinion, which cited the ACOG *amicus curiae* brief, stated that "Autonomy and dominion over one's body go to the very heart of what it means to be free. At stake in this case is the right to shape, for oneself, without unwarranted governmental intrusion, one's own identity, destiny, and place in the world. Nothing could be more fundamental to the notion of liberty. We therefore hold, under the Iowa Constitution, that implicit in the concept of ordered liberty is the ability to decide whether to continue or terminate a pregnancy."⁵ We believe this sets the stage for the review of this year's "fetal heartbeat" law and remain cautiously optimistic that it will likewise be found unconstitutional.

Thank you to all who continue to advocate on behalf of our residency program with legislators and with the governor.

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Gynecology**

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