Physicians for Reproductive Health

December 6, 2023

VIA ELECTRONIC SUBMISSION

Taylor Corpening
809 Ruggles Drive
2702 Mail Service Center
Raleigh, NC 27699

Re: Request for Comments for Subchapter 13S Licensure of Suitable Facilities for the Performance of Surgical Abortions.

To North Carolina Medical Care Commission:

We, the undersigned North Carolina licensed health care providers, are pleased to submit these comments in response to the North Carolina Medical Care Commission's proposal to adopt rules cited as *10A NCAC 13S .0101, .0104, .0106, .0107, .0109, .0111, .0112, .0114, .0210, .0202, .0207, .0209-.0212, .0315 and .0318-.033* posted on November 6, 2023. As health care providers living and practicing in North Carolina we appreciate the opportunity to weigh in on policy recommendations that impact the communities and patients we serve.

We know that abortion is safe, normal, essential health care. We trust our patients and believe that every person should be able to make decisions about their health, family, life, and future. Even though the North Carolina legislature enacted a harmful and arbitrary 12-week gestational abortion ban this July, our state remains a critical access point for people in the south needing abortion care. Unfortunately, additional medically unnecessary restrictions imposed on this care, including clinic licensure requirements, are hampering both providers ability to provide and for patients to access abortion care.

It is the responsibility of the North Carolina Department of Health and Human Services to oversee health care administered in our state and to ensure patient safety. We support efforts intended to protect our patients and keep them healthy; however, we are concerned that the proposed rules regarding licensure of facilities for the performance of procedural abortions exceptionalizes abortion care and imposes requirements that similar outpatient procedures are not subject to under the standards of practice for office-based procedures.[1] Specifically, clinics performing procedural abortions are subject to more stringent building requirements that closely resemble the licensing requirements of ambulatory surgical centers.[2] This departure from requirements of other office-based procedures suggests procedural abortion is somehow riskier or outside the scope of normal health care. This could not be further from the truth.

While medication abortion accounts for over 50% of abortions in the United States today, there remain a significant number of people who receive procedural abortion care. The most common type of procedural abortion is aspiration. It is a safe procedure often lasting less than five minutes that can be

[1] North Carolina Medical Board. (2021). "Office-Based Procedures." https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/position-statements/office-based_procedures
[2] North Carolina Subchapter 13C – Licensing of Ambulatory Surgical Facilities. http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20c/subchapter%20c%20rules.pdf

performed in an office setting. Yet, abortion care is more strictly regulated than other office-based procedures in North Carolina. Across the United States a majority of procedural abortions are performed in freestanding clinical practices outside the hospital setting.[3] The robust and ever-growing data reflecting the safety of abortion care is in direct conflict with the proposed rules which do not accurately reflect patient safety needs. Instead, the proposed rules are reflective of onerous TRAP (targeted regulation of abortion providers) laws without medical or scientific justification.

The proposed rules closely align requirements for clinics providing procedural abortion care with regulations for ambulatory surgical centers (ASC). These requirements provide no additional safety or benefit to the patient. Research has found there is no significant difference in rates of complications after having an abortion in an ASC compared to having an abortion in an office-based setting.[4] In a study of 50,311 abortions, researchers found there was no statistically significant difference in complication rates for abortions after the first trimester between ASCs and office-based settings (2.6% in both settings). Additionally, performance of an abortion in an ASC compared with an office-based setting was not associated with a significant difference in abortion related morbidities or adverse events.[5] Imposing building requirements that closely mimic requirements of ASCs creates often insurmountable burdens that results in fewer clinics which negatively impacts access to care and overall health outcomes.

There are currently 14 stand-alone clinics and two hospital-based clinics providing abortion care in North Carolina. While at first glance this may appear to be a sufficient number and location of clinics, large swaths of people in our state remain unable to access care in their community. When there are fewer clinics, the burden on people needing and providing abortion care is even greater. The inability for patients to access care in their community results in greater travel distances, longer waits for appointments and therefore more delays in care, increased childcare costs, more time off work, loss of income, and higher procedure costs.

Abortion will always be an essential part of comprehensive sexual and reproductive health care because people must be able to determine their bodily autonomy, control if and when to be a parent, care for the children they already have, and to plan for their future. We ask the Committee to reconsider the proposed regulations and to consider adopting regulations more closely aligned with the standard of practice for office-based procedures as a reasonable patient safety centered alternative.

Respectfully,

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[3] Jung C, Oviedo J, Nippita S. (2003). "Abortion Care in the United States – Current Evidence and Future Directions." https://evidence.nejm.org/doi/full/10.1056/EVIDra2200300

[4] ANSIRH. (2018). Safety of Abortion in Ambulatory Surgical Centers vs. Office-based settings. https://www.ansirh.org/sites/default/files/publications/files/safety_of_abortion_in_ascs_fact_sheet.pdf

[5] Roberts S, Upadhyay U, Liu G. (2018). "Association of Facility Type With Procedural-Related Morbidities and Adverse Events Among Patients Undergoing Induced Abortions." https://jamanetwork.com/journals/jama/fullarticle/2685987

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