

North Carolina Department of Health and Human Services Division of Health Service Regulation Office of the Director

Pat McCrory Governor Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

> Drexdal Pratt Division Director

MINUTES OF PUBLIC HEARING DECEMBER 19, 2014 10:00 A.M.

Staff Present:

- 1. Drexdal Pratt, Director, Division of Health Service Regulation
- 2. Nadine Pfeiffer, Rule-making Coordinator, Division of Health Service Regulation
- 3. Azzie Conley, Chief, Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation
- 4. Cheryl Ouimet, Chief Operating Officer, Division of Health Service Regulation
- 5. Patricia Christian, Assistant Director for Healthcare Quality and Safety, Division of Health Service Regulation
- 6. Diana Barbry, Executive Assistant, Division of Health Service Regulations
- 7. Kevin Howell, Legal Communications Coordinator, Office of Communications
- 8. Dan Guy, Communications Project Manager, Office of Communications
- 9. Olivia James, Press Assistant, Office of Communications

Others Present:

See the attached sign-in sheet for attendance.

1. Purpose of Hearing

The purpose of this public hearing was to solicit verbal and /or written comments from the public on the proposed amendment and adoption of rules in Chapter 10A NCAC 14E, Certifications of Clinics for Abortion, as published in the NC Register, Volume 29 Issue 11, issued on December 1, 2014 for these rules as listed: 10A NCAC 14E .0101, .0104, .0109, .0111, .0201, .0202, .0206, .0207, .0302 - .0311, .0313, and .0315.

2. Hearing Summary

The public hearing was opened by Drexdal Pratt at 9:00 a.m. A total of fourteen speakers spoke at the hearing. A summary of these comments is as follows:





- 1) Deborah Walsh, Executive Director, Family Reproductive Health, Charlotte NC, stated that she was a part of the work group that reviewed and developed the rule changes. She spoke on the diversity of the work group and how they worked together to provide the regulations based on medical reasons to ensure the well-being of patients seeking these services.
- 2) Dr. David Grimes, a board certified OB-GYN physician, previous CDC Abortion Chief and WHO Abortion Chairman, urged the adoption of the proposed rules because they were evidence-based and stated that the scientific process by which the rules were developed must not be degraded by special interest groups with no relevant medical expertise.
- 3) Dr. Gretchen Stuart, Medical Director, Planned Parenthood of NC, stated that abortion is extremely safe and that abortion has a complication rate of less than 1 percent. She also stated that abortion is very common and that one in three women will have an abortion by the time she is 45. She also stated that safety and excellent care is top priority, and that access to safe and legal abortion is vital for her patient's safety and well-being. She requested that the final regulations remain free of legislative interference in medical practice.
- 4) Dr. Amy Bryant, a board certified OB-GYN physician, NARAL Pro Choice, stated that one in three women will have an abortion. She stated that when the government regulates abortion it is critical that the regulation preserve access and policy makers should never impose regulations on women to stop abortion. She stated that the regulations should be grounded on medical reasons.
- 5) Dr. Dalia Brahmi, OB-GYN physician, Chapel Hill, stated that abortion is safe and very common, and also stated that one in three women will have an abortion in their lifetime. She stated that every woman is unique and every situation is different, and that we all have to make health decisions we never expected to make. She shared a story about a patient and her decision to have an abortion, and she also stated that what is most important to her is that her patients have the ability to make their own personal medical decisions that are best for their health and well-being. She said medical doctors will always support regulation for patient's safety.
- 6) Dr. Marcela Smid, OB-GYN Physician, Chapel Hill, who specifically takes care of patients with high risk pregnancies. She stated that as a physician her first priority is the safety of her patients and stated studies show abortion extremely safe with a complication rate of less than 1 percent. She shared a story about a patient who had to terminate her pregnancy due to complications with her pregnancy. She stated that her patients deserved safe and compassionate care. She urged DHHS to reject any medically unnecessary regulations that are designed to restrict safe abortion care because adding unnecessary regulations that are not medically necessary could have dangerous effects to the safety of patients by delaying services or closing clinics.
- 7) Heather Shumaker, State Policy Director, National Abortion Federation (NAF), stated while additional regulations are unnecessary she commended DHHS on the process based on medicine and science. She said abortion care was one of the safest types of procedures. She stated that she hopes the process does not become politicized and would continue to use evidence-based input from the medical community throughout the process.
- 8) Suzanne Buckley, Executive Director, NARAL Pro Choice stated that reproductive health care decisions should be made by the patients and their doctors and not the politicians of North Carolina. She further stated that at NARAL Pro Choice, patients' health comes first. Senate Bill 353, which created the law requiring these rule changes, was enacted with a single goal and that was to prevent women from having safe and legal abortions in North Carolina. These laws have been enacted in

many states across the country, and the enactment of these laws has caused many safe abortion facilities to close their doors and affected patient care and safety in those states. She stated that abortion care is one of the safest types of medical care sought in this country. She stated that there is no medical basis or need for the changing of these rules required by this law. She recognized the department engaged in a thoughtful, reasonable process by consulting with experts to ensure safe abortion care. She stated, in general, the regulations were based on sound medicine and science. She, and the thousands she represents, request that DHHS only make rule changes that ensure medical standards recommended by medical experts.

- 9) Sarah Preston, Policy Director, ACLU, noted that her organization was dedicated to protecting the safety and health care of patients, including abortion. She said that during the legislative debate both Secretary Wos and Governor McCrory stated any new rules should be based on patient safety. She said the rule changes focused on the well-being of patients and hoped that the Department's focus would remain on safety and not politics.
- 10) Nancy Curtis, retired Lutheran Pastor and attorney, Asheville NC, stated women's health was regulated on evidence-based information. She urged DHHS to make every effort to make least restrictive regulations and only consider medical based information for the safety of North Carolina women.
- 11) Kelsea McLain gave a testimony about her personal experience with abortion, stating that she was glad that she was able to make her own decision on medical care and the decision was not based on political considerations. She stated the rules were medical-based. She urged DHHS not to make rule changes that did not make sense.
- 12) Wendy Banister, Executive Director, Gateway Women, stated that 60 percent of their clients with abortions have reported emotional difficulty and regret, while only 34 percent of their patients reported that abortion was a good decision for them. She gave an overview of situations with patients at Gateway. She felt that the standards fall short and we should be requiring the very best for women's health in North Carolina.
- 13) Tammy Fitzgerald, NC Values Coalition spoke in opposition of the rules stating rules are important for health and safety for women seeking abortions. She said that the timing of the rules coming out the week before Christmas was a ploy to deceive the public and to sweep the changes under the rug. She stated the process was biased because the group that came up with the proposals only included one person with an anti-abortion viewpoint. She said the resulting proposals are inadequate to protect women. She stated the rules did not include requirements from the model rules by NAF. She gave an overview of specific problems with the rules, which included:
 - No requirement for an anesthesiologist or CRNA to administer anesthesia;
 - No requirement for the abortion doctor to be an OB-GYN board-certified physician;
 - Certification lacking on licensing procedures;
 - No agreement or relationship for second OB-GYN physician in case of emergency;
 - No requirement for annual inspections, they are only allowed;
 - Post-op discharge are lacking, there is no follow-up exam required;
 - One-hour observation post procedure has been removed;
 - Eliminated requirement for examination of products of conception to ensure complete abortion:
 - No requirement for hospital admitting privileges for physicians;

- Transfer agreement is neutered, as long as they attempt to get one they have satisfied the requirement;
- No minimum number of nurses at clinics;
- Allow minors to work at clinic;
- No requirements for materials to be clean, sterile and in good working order;
- No requirement for prior physical exam;
- Reporting requirements are lacking and there are no penalties for violations.

She stated there is a need for penalties to have teeth in the rules. She also stated that minimum standards for safety are ethical and logical, and these rules fall short.

14) Jere Royall, Counsel, NC Family Policy Council, stated that the Council is appreciative of the proposed rule changes, which are the first in almost 20 years. However, the proposed rule changes fail to address some critical issues that NCFPC thinks are vital to women's health and safety. He stated that a primary need is for the rules to require annual inspections of abortion clinics for the safety and well-being of the patients.

These comments will be taken into consideration by the Agency. The hearing was adjourned at 9:52 a.m.

Respectfully submitted,

Nadine Pfeiffer,

Rule-making Coordinator

Maline Pfeiffer

January 22, 2015

10A NCAC 14E .0308 and 10A NCAC 14E .0101, .0104, .0109, .0111, .0201, .0202, .0206, .0207, .0302, .0303, .0304, .0305, .0306, .0307, .0309, .0310, .0311, .0313, and .0315

December 19, 2014 – 10:00 am Brown Building Conference Room # 104

Please print information below:			
Name	Representing	E-mail Address	Speaking Vac(N)
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DEBOREATH WALSH	Family Reproduction in Chalotte		
DAND GRAFT Dr			Y
GYPTOMEN STUART	MD for 7 bunner Parenthood		Ý
AMY BRYANT MO	NATAL Pro Choice		Ý
DAVIA BRAHUI MO	Chapel Hill		Ý
MARGELA (MU)	Chapl Hill		
HEATHER SAUMARER			Y
SUZMINE BUCKLEY	Eter Di- NARAY		Y
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Public Hearing Attendance Certification of Clinics for Abortion Rules 10A NCAC 14E

December 19, 2014 9:00 a.m.

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Jonathan McCareter	16 4		N
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Jenniter Spucer	NARKL NO	Jerry. c. spercer@ gmail.com	λ'
Pam Prather	NARAL/PP	pamprather encirrium	No
Luigh Sanders	NARALIPP	Preshiglehotmail.com	No
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