Oppose HF 53 – Uninformed Consent to Medication Abortion

The Iowa Coalition Against Domestic Violence (ICADV) represents 22 crime victim service provider agencies across Iowa and the collective experience of agency staff who dedicate their lives to supporting victims of violent crime, specifically survivors of domestic violence and sexual abuse. Our direct service providers routinely witness the pain and suffering of crime victims, as well as their stunning resilience in surviving repeated violent acts (often over the course of months and years), inflicted on their minds and bodies by people they know and care about.

We urge you to reject HF 53, legislation requiring physicians to provide women seeking medication abortion information that is not consistent with evidenced-based scientific data and medical consensus.

At best it is misguided to think that women need the so-called protections provided by this legislation or that physicians are well-served by legislators telling them how to practice medicine. At worst, this bill is irresponsible and dangerous to women's health because it doesn't just impact access to care- it REQUIRES health care providers to MISINFORM women about a safe medical procedure.

Abortion 'reversal' bills are dangerous mandates that harm and misinform women. The claim that medication abortion can be reversed lacks scientific credibility and has been soundly rejected by medical professionals, including Iowa OB-GYNS.

Reproductive health services are an essential component of routine medical care for all women, and victims of domestic and sexual violence have an acute need for timely access to the full range of reproductive health services, including abortion care. The link between intimate partner violence and negative reproductive health consequences is profound.

Undermining access to abortion is harmful to women's health and will not stop women from seeking abortion care. These policies have a far greater impact on the ***safety*** of health services women receive than whether women choose to terminate a pregnancy. And for victims of violence – this bill negatively impacts their options for safety more broadly.

Reproductive coercion is an element of domestic violence that occurs when a male partner uses intimidation, threats, or violence to impose his intentions upon a woman's reproductive autonomy. This includes rape, sabotaging contraception, and coercing a woman to become pregnant and carry a pregnancy against her will.

Iowa service providers report that overcoming barriers to accessing abortion care increases a survivor's risk for harm. Women denied access to abortion often return to an abusive relationship they wanted to leave and carry unintended pregnancies to term at great risk to themselves and other children.

The dynamics of domestic violence include isolating women financially and physically, i.e. taking car keys, taking her to/from work, monitoring every hour of her day. Each of these levers of control make it extremely difficult for victims of violence to access timely medical care. For survivors seeking abortion care, the availability of safe, legal medication abortion has been an important option in reducing barriers to health care access.

Unintended pregnancy is the primary reason women seek abortion care. It also doubles the risk for domestic abuse during pregnancy. And regardless of the prevalence of domestic violence, homicide by a partner is the number one cause of death for pregnant women.

Erecting barriers to health care for women functions just like reproductive health coercion – and requiring doctors to violate their medical training and the ethical practice of medicine is a new low. Please protect women's health and reject HF 53.

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