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I have been providing and teaching abortion for the past 25 years.

I started my telehealth practice in 2023 specifically in anticipation that Vermont would pass Shield Law legislation, which it did in May 2023. This was after the 2022 Dobbs decision that closed the reproductive health center that I was the Medical Director for in Montgomery, Alabama. I believe that then I might have been the only provider in Vermont proscribing medication abortion across state lines. Then subsequently I had to stop practicing in Ver

mont because of the statute that S28 is trying to eliminate for the provision of safe medication abortion. An initial synchronous visit (meaning an in-person, telephone or virtual visit) has not been proven to be superior to completely asynchronous care in abortion provision and many states do not require it (more recently New Hampshire has removed this restriction see N.H. Rev. Stat §310.7 and N.H. Rev. Stat §3291-d). Complete asynchronous care has shown to be safe and is often specifically what people want because of issues with privacy, for instance if they are victims of domestic violence. It should be noted that this type of care is *typical* in the provision of reproductive healthcare, but especially so in other states with shield laws. This unnecessary statute does not provide increased safety as evidenced by a significant number of peer reviewed research but in fact hinders access, increases costs and renders the shield laws of Vermont useless for the provision of telehealth across state borders.

There are still only a small number of providers caring for people who need abortions in states

that have severely restricted or banned abortion, this is because we accept a great deal of personal risk as evidenced by the recent legal issues facing Dr. Maggie Carpenter in Texas and Louisiana. To be clear the reason that any shield law provider accepts these risks is because the risks are also great for the people who seek our help.

The national maternal mortality rate is 32.9/100,000 (with 3X higher rates in people of color) and we have the worst ranking of any wealthy country. Add maternal morbidity and infant mortality and there is a grim picture of how we treat mothers and children in our country. Without abortion, we know that these statistics will only worsen because we know that when abortion is restricted or banned in any country, that maternal mortality and morbidity also increase. And, as has been shown by long term studies and research, the inability to access safe abortion leaves those who face an unplanned pregnancy with long-term financial, educational, physical and mental health consequence. There are also long-term developmental and socioeconomic consequences to the children of women denied an abortion (the majority of women who have abortions are already mothers). The medical risk of a medication abortion is small, and is safer than many other medications and twenty times safer than carrying a pregnancy to term. There is no safe obstetrics without safe abortion. This is a time of great need for basic healthcare.

As a point of information, self-managed abortion with sourcing medication abortion pills through community resources or other online pharmacies without physician oversight, as well as physician assisted and no-touch abortion, are considered safe by the Society of Family Planning, the American College of Ob/Gyn as well as the WHO and many other medical authorities.

Vermont's recognition of the predicament created by Dobbs when enacting the Medical Shield Laws regarding the provision of abortion services; and the fact that a substantial body of peer reviewed medical literature has been developed regarding the safety of asynchronous care – all demonstrate that the law has unfortunately not been able to keep up with the rapid changes that communities needing access to abortion services are facing.

The requirements imposed by 26 V.S.A. §1354(a)33(B) go against the intent of the Shield Laws that were recently enacted by the State of Vermont. This type of care is necessary during this healthcare emergency but also becoming the new paradigm in abortion care provision for its safety, accessibility, cost reductions, privacy and dignity it provides. Additionally, many, who live in states with access, chose asynchronous care often for these same reasons.

Because of the personal risk that shield law providers face, taking our names off of the labels of the prescriptions we send can help protect us from legal and even perhaps personal attacks. There is no specific benefit to having our personal names on the labels as we provide contact information to those who need any information or follow up. It prevents people from targeting us directly by rummaging in the garbage, stealing the medications or outright extort providers.