Washington D.C.- Congressman Steve King (R-IA) announced today that he has contacted Secretary Kathleen Sebelius of the U.S. Department of Health and Human Services (HHS) after learning that Planned Parenthood clinics in Iowa are using telehealth videoconferencing methods to dispense the dangerous abortion drug RU-486 in violation of FDA guidelines. King's letter to Sebelius, signed by 71 Members of Congress, requests information regarding both the extent of federal funding received by abortion providers for use in telemedicine and also the steps the Department of Health and Human Services has taken to ensure that taxpayer money is not being used to facilitate "telemed abortions."

"RU-486 is a dangerous drug that has been associated with at least 11 deaths and thousands of cases of excessive bleeding and infection," said King. "Evading FDA guidelines by dispensing RU-486 through telemedicine has the potential to increase complications and fatalities associated with its use. We cannot allow taxpayer dollars to be used to support 'telemed abortions.'"

The text of King's letter follows:

February 3, 2011

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Sebelius,
It has come to our attention that Planned Parenthood clinics in Iowa are using telemedicine or telehealth videoconferencing methods to dispense mifepristone, the abortion drug commonly known as RU-486, to patients without having a doctor present. We are concerned that this practice of "telemed abortions" may have received taxpayer funding and we are concerned that similar programs may receive taxpayer funding in the future, despite federal laws that prohibit taxpayer funding for abortion. If federal dollars are used for telemed abortions, it would make American taxpayers complicit in underwriting the destruction of innocent unborn children and supporting organizations that endanger women's lives and health by intentionally

circumventing FDA guidelines for dispensing RU-486.

The Food and Drug Administration (FDA) requires that RU-486 "be provided by or under the supervision of a physician who meets the following qualifications: ability to assess the duration of pregnancy; ability to diagnose ectopic pregnancies; ability to provide surgical intervention in cases of incomplete abortion or severe bleeding..." We believe dispensing RU-486 via telemedicine violates FDA protocols and puts women's safety and health at risk.

According to the Associated Press, the manufacturer of RU-486, Danco Laboratories, says "it [RU-486] is effective about 95 percent of the time, with surgical procedures needed in most of the other cases to end the pregnancy or stop heavy bleeding."[1] Planned Parenthood, quoting the American College of Obstetricians and Gynecologists acknowledges, "about 92 percent of women will complete their [RU-486 induced] abortion without the need for a vacuum aspiration,"[2] meaning nearly one in ten women who take RU-486 will require surgical intervention by a doctor to complete the abortion. A doctor dispensing RU-486 over the internet from a location hundreds or even thousands of miles away is clearly unable to provide surgical intervention in cases of severe bleeding.

RU-486 is a dangerous drug that has been associated with at least 11 deaths and thousands of cases of excessive bleeding and infection. Evading FDA guidelines by dispensing RU-486 through telemedicine has the potential to increase complications and fatalities associated with its use. We cannot allow taxpayer dollars to be used to support telemed abortions.

Most recently, in Fiscal Year 2010, Congress provided the Department of Health and Human Services' Health Resources and Services Administration (HRSA) with $11.6 million for its telehealth program. While telemedicine may be a positive means of providing certain health services, abortion is not healthcare, and dispensing RU-486 without a doctor present is both risky to the mother and deadly to the unborn child. U.S. taxpayers should not be forced to underwrite abortions, nor should Americans' tax dollars be used to circumvent FDA guidelines regarding RU-486.

We are particularly concerned that affiliates of the Planned Parenthood Federation of America (PPFA), the largest abortion provider in the United States, may be receiving federal funding and using federally funded equipment to facilitate telemed abortions - meaning federal taxpayers are funding abortions. It has come to our attention that:

- Planned Parenthood of Utah is listed as a grant recipient in the HRSA 2007-2008 Office for

the Advancement of Telehealth Grantee Directory;
• Planned Parenthood of the Heartland in Iowa is known to provide telemedicine RU-486 abortions;
• Planned Parenthood clinics at 10 locations in Wisconsin received a federal grant to pay for telemedicine video phones which cost $15,000 each[3];
• PPFA Vice President Dr. Vanessa Cullins said "There are many [PPFA] affiliates that are carefully considering [telemed abortion][4];" and
• A June 2009 report by Tides and the California Endowment wrote of the 'unprecedented opportunity' due to 'new funding for health-information technology at the federal level,' listing nine California Planned Parenthoods as 'community clinics' for which telemed grants might be available."[5]

In light of these concerns, we respectfully request a response to the following questions no later than February 28, 2011:
1. In total, how much federal funding has been appropriated for telemedicine and what portion of those funds have been used to purchase telemedicine equipment?
2. Have any additional funds other than those described in question (1) been used to fund telemedicine? (E.g. have funds that were not specifically designated for telemedicine been used to support telemedicine.)
3. Has the Planned Parenthood Federation of America (PPFA), its affiliates, or clinics received any telemedicine funding? If so, please provide a list of PPFA affiliates and clinics that received funds for telemedicine and indicate the amount of funding provided to each. (Include both primary grantees and subgrantees.)
4. Have any other facilities that perform abortions received telemedicine funding? If so, please provide a list of the facilities and indicate the amount of funding provided to each. (Include both primary grantees and subgrantees.)
5. Has the Department of Health and Human Services taken any measures to ensure that federal funding for telemedicine and equipment is not used to facilitate telemed abortions? If so, please provide a copy of any memos or guidance issued to safeguard against taxpayer funding for telemed abortion.

We appreciate your attention to this matter and look forward to your response.

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