

# The South Carolina Obstetrical and Gynecological Society

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## President's Letter . . .

Eugene Chang, MD

## COMBINED MEETING WITH ACOG

I hope this finds you well and enjoying summer. It is a time to recharge your batteries and find renewed energy. With 55% of physicians reporting symptoms of burnout, this has become especially important. Given this, we will take time to discuss physician burnout at our upcoming combined meeting with ACOG in Savannah, Ga and hope to see you there). In this issue, we have also included information affecting all Ob/Gyns across the Palmetto State.

We are pleased to report that we will be meeting along with ACOG Districts IV and VI in Savannah, Ga September 28-30 at the Hyatt Regency. Registration is available online through ACOG (register here: <https://www.acog.org/Education-and-Events/Annual-District-Meetings/2018-Districts-IV-VI-Annual-Meeting>).

There is an outstanding educational program (view it here: <https://www.acog.org/-/media/Education-and-Events/2018-ADMs/D4and6PrelimProg060118.ashx>) that will be helpful to your practice. On Friday September 28, we will meet from 1:15-2:15pm. We will discuss society business and upcoming meetings.

In addition to the business meeting, we will conduct a session on physician burnout. Specifically, we will define it and discuss the scope of the problem. Finally, we will introduce specific strategies to build resilience and to prevent burnout.

## NEWS FROM AROUND THE STATE

Congratulations to Chris Robinson of Charleston, SC who was elected to the Society for Maternal Fetal Medicine Board of Directors

Congratulations to Paul Underwood, who, after "retiring" as the Chair of the Department of Obstetrics and Gynecology at the University of Virginia in 1999 and then going on to serve as the Dean of Admissions and in the Department of Obstetrics and Gynecology at MUSC since then is really retiring. He has educated and touched countless lives across the Palmetto State and we wish him well.

In February, the Maternal-Fetal Medicine division at the Greenville Health System established South Carolina's second ACGME-approved MFM fellowship program. Their first fellow started in July, and interviews for the second fellow begin later this month. Dr. Amy Crockett is the Fellowship Director.

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## Future Meeting Dates

SC Ob/Gyn Society  
Annual Meeting  
(with ACOG District IV and VI)  
September 28 - 30, 2018  
Savannah, Georgia

ACOG District IV and VI  
September 28 - 30, 2018  
Savannah, Georgia

# SOUTH CAROLINA MATERNAL MORTALITY AND MORBIDITY REVIEW



## SC DATA INCLUDED IN CDC MATERNAL MORTALITY REPORT

The South Carolina Maternal Mortality and Morbidity Review committee continues to meet quarterly to review maternal deaths. The Committee is multidisciplinary and meets at DHEC in Columbia. Our committee was established 03/14/2016 when H 3251 was signed into law. The committee is required to publish to the General Assembly each year. We sent this year's publication in March 2018. Please use the link to see the full report.

[http://www.scstatehouse.gov/reports/DHEC/MMMR%202017%20Leg%20Brief\\_final%2003.28.2018.pdf](http://www.scstatehouse.gov/reports/DHEC/MMMR%202017%20Leg%20Brief_final%2003.28.2018.pdf)

South Carolina uses a voluntary reporting system to identify maternal deaths. Anyone can report a maternal death. The address to report is [MMMR@dhec.sc.gov](mailto:MMMR@dhec.sc.gov).

Our maternal mortality review participated in a national system to record and report maternal deaths to the CDC. This system, called MMRIA allows South Carolina to be an active national participant in maternal death data collection process. Our data was included in the CDC's Maternal Mortality Report from Nine States that was published earlier this year. [http://reviewtoaction.org/Report\\_from\\_Nine\\_MMRCs](http://reviewtoaction.org/Report_from_Nine_MMRCs).

Combining data from several states allows more robust data with stronger recommendations. This report found that 63.5% of pregnancy related deaths were thought to be preventable. The MMRIA system is also allowing committees to begin to evaluate emerging issues in maternal death such as intimate partner violence, substance abuse, mental health problems and others. The potential impact of changes made to improve the health of mother's is also estimated in this reporting format. South Carolina was recognized at the CDC in February as a participant in the Nine State Report.

Our Committee made a report of their findings along with a summary of the Nine State report to the Birth Outcome Initiative in April of this year. The Committee is hopeful that we will receive permanent funding and will get legislative authority to use SC Vital records to match death certificates with fetal death and live birth certificates. This legislative change will hopefully happen in the 2019 session of the General Assembly. The South Carolina section of ACOG has sponsored lunch for the committee this year. This is very helpful to the committee.

There is pending federal legislation that would fund our committee, S1112 and HR 1318. This legislation authorized the CDC to fund state maternal mortality committees and dedicates funding for this. ACOG is a strong supporter of this legislation. Please consider contacting your Senators and Representative to ask for their support!

## SOUTH CAROLINA LEGISLATIVE UPDATE



Our two-year legislative session ended in May, and featured an unprecedented amount of energy around women's healthcare. Thank you to all of the society members who have personally reached out to their representatives; it makes a tremendous difference. In particular, the residents at all three programs made an enormous effort to represent our specialty with our legislators.

In addition to the legislation moving through the statehouse, the McMaster administration has proposed some significant changes to the South Carolina Medicaid program and the Trump administration has proposed some significant changes to the Title X program. These proposed regulation changes will significantly impact practice for some of our members. Our national partners at ACOG have helped us respond during the initial comment periods, and there will be additional comment periods coming later in the Fall.

### **Proposed South Carolina Medicaid Changes**

In August 2017, Governor McMaster signed an executive order directing DHHS exclude the family planning services provided by abortion clinics from the state's Medicaid provider network, in order to undermine the financial stability of these practices. Federal Medicaid regulations already prohibit funds from being used for pregnancy termination. There are basically only two practices in South Carolina that fall under this group, both of which are owned by Planned Parenthood. On May 4, 2018, SC DHHS presented initial public notice of the Section 11115 "Comprehensive Preconception Care Model Waiver," which is their proposed method of implementing this executive order.

The strategy SC DHHS is using to exclude abortion clinics from the Medicaid program is to create a "focused network of providers for the provision of family planning benefits. Specific requirements for providers who participate in the network will include the ability to screen and treat the entire scope of preconception care, including regularly managing diabetes, hypertension, heart disease, depression and substance use disorder." The family planning clinics run by the Health Department are explicitly excluded from meeting this requirement.

Although the stated intent of this waiver is to exclude abortion providers, it is possible that this definition could be applied to a wide range of other obstetrics and gynecology practices. Considering the shortage of women's health providers in many areas of South Carolina, we do not believe that a strategy based on excluding well-qualified physicians, midwives and nurse practitioners from the Medicaid program will meet the stated goal of improving pre-conception and inter-pregnancy health.

The first draft of the waiver was presented to the public in South Carolina in a series of hearings in Greenville, Columbia and Charleston that began in May 2018. Representatives from SC ACOG and the SC OB-Gyn Society submitted comments in person at all three of these meetings. The waiver, including responses to the first round of comments, will be submitted to CMMS in July, 2018. There will be an additional comment period at the federal level before CMMS makes a determination about the proposed changes. We will keep you informed about opportunities to submit comments as they arise. (Cont. Page 4)

## SOUTH CAROLINA LEGISLATIVE UPDATE (Cont.)

### **Proposed National Title X Changes**

The Title X program was established with broad bipartisan support during the Nixon Administration, and provides federal funding directly to states exclusively for family planning benefits. It is meant to provide care to poor women who are not part of the Medicaid program, and not otherwise insured. South Carolina received \$5.7 million dollars in federal funding for this program in 2017, all of which is used to fund the Health Department family planning clinics in our State. SC DHEC has 55 family planning clinics, and they provided care for nearly 100,000 patients last year. Changes to this program will affect not only patients and providers who seek care and work in these practices, but also anyone who receives referrals from our Title X clinics.

In May 2018, the Trump Administration proposed the following changes to the Title X program:

1. Eliminating the requirement that Title X providers follow nationally recognized clinical standards for high quality, evidence based family planning care. Applicants are encouraged to propose “innovative” services which are not part of the current Title X network, which most likely will include programs focused on natural family planning and abstinence only.
2. Limiting the counseling that patients can receive, prohibiting providers from providing information about or referrals for pregnancy termination. This was publicized widely as the “domestic gag rule” by the lay press.
3. Excluding practices which exclusively provide family planning services, attempting instead to “ensure that family planning is contextualized within a holistic conversation of health, with the project optimally offering primary health services onsite.” This requirement would jeopardize our entire network of DHEC family planning clinics, but could potentially open the door for other types of practices like Federally Qualified Health Centers to apply for these grants.

Here is a statement from the ACOG Executive Board about these proposed changes (June 2018):

The College opposes efforts to undermine Title X, including efforts that restrict the ability of qualified providers to provide care through the Title X program. The College opposes efforts that seek to regulate the way in which Title X providers talk to their patients and that prevent Title X providers from sharing complete and accurate medical information necessary to ensure that their patients are able to make timely, fully informed medical decisions. The College further opposes efforts that threaten the quality of health care that women who rely on Title X receive, including efforts to permit Title X providers to exclude certain forms of FDA-approved contraceptive methods and/or to offer contraceptive methods that are not medically approved. Restricting the ability of low-income women to obtain quality reproductive health care and medically accurate information will only increase rates of unplanned pregnancy, pregnancy complications, and undiagnosed medical conditions.

The federal comment period for these proposed regulation changes opens soon. It will be very important for us to make our voices heard at both the national and the state level.

### **South Carolina Legislative Summary**

A following is the summary of the bills that passed this session. There are also some highlights from the bills that did not make it into law this time, but which will likely reappear in January, 2019.

#### **PASSED**

#### **The South Carolina Pregnancy Accommodations Act, signed into law May 18, 2018**

This bill supports pregnant, postpartum and lactating women by requiring that employers with more than 15 employees provide “reasonable workplace accommodations.” The bill gives several specific examples of what are considered ‘reasonable accommodations.’ Some of these examples, from the text of the law, which could potentially be incorporated into recommendations for activity restrictions for our patients:

1. providing a private place, other than a bathroom stall, for the purpose of expressing milk,
2. providing more frequent or longer break periods including bathroom breaks,
3. providing seating, or allowing an employee to sit more frequently if the job requires an employee to stand, (Cont. Page 5)

providing assistance with manual labor and limits on lifting,

modifying the company’s food or drink policy,

modifying work schedules,

## SOUTH CAROLINA LEGISLATIVE UPDATE (Cont.)

4. providing assistance with manual labor and limits on lifting,
5. modifying the company's food or drink policy,
6. modifying work schedules,
7. providing job restructuring or light-duty work, if available; and
8. temporarily transferring the employee, if qualified, to a less strenuous or hazardous vacant position.

The bill specifically says that employers are not required to construct a dedicated space for expressing milk, to compensate an employee for more frequent breaks, and are not required to create a new position (such as a light duty position) to accommodate the employee.

### **Advanced Practice Registered Nurses, Scope and Standards of Practice, signed into law May 18, 2018**

This law changes several things about the relationship between physicians and advance practice registered nurses (APRN), including certified nurse midwives (CNM) and certified registered nurse anesthetists (CRNA).

APRN are required to have a practice agreement with a physician actively practicing in South Carolina who agrees to work with and to support the APRN. The practice agreement must include transfer policies and details of the on-call agreement between the APRN and physician. The South Carolina Medical Association has an APRN practice agreement template available on their website, along with a brief explanatory memo for practices that need to revise or develop practice agreements.

The legislation removes the geographic requirements for the physician contracting with the CNM for the practice agreement (previously 45 miles). It also allows for consultation to be provided by telecommunication, instead of in person. The South Carolina ACNM was very vocal about the desire of their members to open new practices in rural communities that do not already have robust obstetric services.

This legislation also allows APRN to prescribe Schedule II narcotics, although this must specifically be within the scope of the practice agreement.

### **DID NOT PASS**

In the last week of May, abortion legislation took center stage in the South Carolina Senate. Initially, the debate began with H. 3548 SC Unborn Child Protection and Dismemberment Abortion Act ("methods ban"), which would have made the D&E procedure illegal. The bill had previously been tabled in committee, but was brought directly to the senate floor after it was set for Special Order in the last week of the session by Senator Shane Massey.

Legislators opposed to the legislation prepared for a lengthy debate with planned filibusters, and many SC OB/GYN members assisted in providing background information. Debate on the bill began Tuesday, May 1. In a bold legislative move late into the night of the second day of debate, Senator Brad Hutto (Orangeburg) offered an amendment to the bill to expand its reach to ban all abortions at all gestational ages, instead of just the D&E procedure. Senator Hutto is a Democrat who was initially elected in 1996, and who has been a stalwart champion in protecting women's access to abortion throughout his entire career. The amendment was passed 24-1 with all Democrats abstaining from the vote, and garnered national attention for the debate.

While this may be seen as a counter-intuitive move, it served to galvanize supporters. Senators opposed to passing the legislation followed up with an impressive filibuster. Senator Marlon Kimpson (Charleston) held the floor nearly 8 hours. The debate continued past midnight on Friday night, despite hopes from supporters that some Senators opposing the legislation would leave for the weekend and allow passage of the bill with fewer votes. All 45 Democratic Senators were present in the chamber until just after midnight on Friday night, when the bill was finally defeated and sent back to the Medical Affairs Committee. (Cont. Page 6)

## SOUTH CAROLINA LEGISLATIVE UPDATE (Cont.)

In January, when the new two-year legislative session begins, we are expecting to see a re-introduction of the following legislation related to abortion:

### **Personhood Act**

What it would do: This bill grants full legal rights of “personhood” to a fertilized egg at the moment of conception. It was introduced specifically to outlaw all abortion, and is meant to be direct challenge to Roe vs. Wade. Physicians harming a fertilized egg or embryo could be charged with murder or manslaughter. There is an amendment that makes exception for procedures done to protect the life of the mother (such as ectopic pregnancy), but not in the case of rape or incest. Terminations done for fetal anomalies, including lethal anomalies, would be illegal. This legislation has far-reaching unintended consequences. It would also effectively ban the intrauterine device and the morning after pill, as contraceptive methods that potentially act after fertilization. It does not prohibit in vitro fertilization, but the liability associated with inadvertently destroying a “person” in the process of storage or handling of embryos could make it impossible for these practices to continue to operate.

### **Dismemberment Abortion Act (“Methods Ban”)**

What it would do: This law introduces a new term, the “dismemberment abortion,” which would be illegal if the fetus was living at the time of the procedure. The text of the law defines this just like a dilatation and evacuation procedure, requiring the use of grasping forceps. Exceptions are made to allow the procedure in order to protect the life and health of the mother. Testimony in committee hearings from supporters of the bill recommended that a separate procedure could be performed (intra-amniotic instillation of digoxin or intra-cardiac KCL) to stop the fetal heart prior to pregnancy termination if the dilatation and evacuation procedure was required. Physicians violating this statute would be fined \$10,000 or imprisoned for two years, or both.

### **Abortion (“Reasons Ban”)**

What it would do: This bill would make it a criminal act to terminate a pregnancy if the “sole reason” is the presence of a fetal anomaly. Physicians would be responsible for determining a patient’s motivation for seeking pregnancy termination.

Ob/Gyn physicians are the experts in women’s healthcare, and it is important that we are engaged in the legislative process, particularly when it impacts so many of our patients. Please contact the Executive Board with questions or comments.

**The South Carolina  
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## 2018 DUES PAYMENTS

The 2018 dues are now payable with only 25% of our membership having paid to date. Please refer to the Society Website for further options regarding payment and update of personal information. You may pay your annual dues by mail or on-line using PayPal through the society website. The by-laws state that all dues must be paid by the date of the annual meeting.

Members who have reached their 60th birthday and have paid their dues for the current year may apply for Emeritus membership. Please contact Beth Owens if you have any questions about your dues status.

Please make note of the change of address for the Society - 10120 Two Notch Road, Box 340, Columbia, SC 29223. Dues payments are still being mailed to our old address and will no longer be forwarded.