

Protect Women's Health

OPPOSE Overregulation to Restrict Access HB 670 Delegate Marshall and HB 894 Delegate Lohr

HB 670 requires any medical facility providing abortions to operate in a location zoned for a hospital. Creates numerous Class 1 misdemeanors, including allowing a minor to enter the facility without parental permission.

HB 894 requires any medical facility providing 25 or more abortions a year to comply with the regulatory requirements of an ambulatory surgery center.

Tactics of overregulation: Outlawing abortion at the state or federal level is unconstitutional. Instead of criminalize the provision of abortion, opponents of abortion seek to impose unnecessary and unreasonable overregulation to restrict or deny access to abortions. Such over-regulation is unwarranted for abortions performed early in pregnancy. These overly burdensome regulatory restrictions typically involve zoning provisions, architectural standards, accreditation requirements and other costly provisions that would force reproductive health centers and private physician's offices to cease providing abortions during the first trimester of pregnancy.

A new category of regulations are unnecessary. Abortions are provided safely in accordance with standards set by state regulatory agencies, as well as professional and licensing organizations.

- Abortion providers receive routine inspections from federal agencies and must meet rigorous federal compliance standards including OSHA blood borne pathogens regulations and CLIA requirements for lab testing and management.
- Medical offices that provide abortions already meet detailed regulatory standards. In Virginia, facilities that provide abortion services meet standards enforced by the Virginia Board of Medicine and the Virginia Department of Health Professions, as well as zoning ordinances, fire codes and safety codes required for all medical offices
- First trimester abortions are among the safest of all surgical procedures. The complication rate is less than 3% and the serious complication rate is less than ½ of 1%.¹ Virginia state code already requires that second- and third-trimester abortions be performed in hospitals.

The real impact of overregulation would be to dramatically decrease access to safe abortion services, primarily during the earliest stages of pregnancy.

- The architectural, procedural, staffing and equipment requirements of ambulatory surgery centers are unrelated to the safety of first trimester abortions provided in medical offices.
- Compliance with these unnecessary requirements would make abortions prohibitively expensive and unavailable for the vast majority of women.
- This law would force nearly twenty providers of first trimester abortion services in Virginia to stop providing abortion services or close due to the cost of complying with these regulations.

¹ Tietze, C. and Henshaw S.K. Induced Abortion: A worldwide review, 1986. Third edition. New York: Guttmacher Institute, 1996.