



OPPOSE SB 279 Mandatory Ultrasound Patrons - Sen. Ralph Smith

SB 279 requires a woman undergo an ultrasound and be given the opportunity to view it before receiving an abortion. This goes against whether the physician in his or her medical judgment believes the procedure is necessary or in the best interest of the patient, and regardless of whether the patient requests the procedure.

Physicians are not required to perform ultrasounds under any other circumstances.ⁱ In fact no other medical diagnostic test is mandated by the code of Virginia, revealing the true intent of SB 279: to shame and discourage women from receiving legal and safe abortion care.

Health care decisions are best made by individuals and their medical providers.

- The government should not be in the position of mandating medical procedures. Lawmakers are not doctors.
- A physician and patient, working together, are the best judges of which procedures are medically necessary. Routine ultrasound is not considered medically necessary as a component of first-trimester abortion.
- Patients should NOT be forced to undergo any procedure against their will or better judgment. This bill puts government into the examination room and lets politics come between a woman and her physician.
- This bill curtails a woman's constitutional rights to privacy and liberty by subjecting her to possibly unwanted and unnecessary medical procedures.
- Leading medical organizations, such as the American Medical Association, American Congress of Obstetricians and Gynecologists (ACOG), American Medical Women's Association, and American Public Health Association oppose mandatory diagnostic tests that are unnecessary and add to healthcare costs. ACOG's guidelines for Women's Health also oppose "intervention by legislators into the realm of medical decision-making or with the doctor-patient relationship, either in requiring or proscribing specific medical advice to pregnant women".ⁱⁱ

Forcing physicians to perform an ultrasound –or any other procedure- which may not be medically necessary or in the patient's best interests violates the AMA's Code of Medical Ethics.

- Opinion 10.015 of the Code states that the physician-patient relationship "gives rise to the physicians' ethical obligations to place patients' welfare above their own self-interest and above obligations to other groups, and to advocate for their patients' welfare. Within the physician-patient relationship, the physician is ethically required to use sound medical judgment, holding the best interests of the patient as paramount."

Mandatory ultrasounds place undue burdens on women seeking legal and safe reproductive care.

- Mandatory ultrasound is simply a delay tactic that imposes additional costs and prolongs a woman's access to a procedure she has already agonized over.
- If the doctor does not have ultrasound equipment, a woman must find another doctor to perform the ultrasound prior to receiving an abortion, which would impose additional waiting delays and costs.
- Further delays in procuring abortion services, especially for medically unnecessary requirements, unjustifiably and significantly increase the risk to a woman's life or health.ⁱⁱⁱ This is especially true for low-income women or women from rural areas who may have to travel long distances to access healthcare.
- Mandating an ultrasound could create barriers to accessing abortion services. Ultrasounds can add **\$200-\$1200** to the cost of an abortion procedure^{iv} and may not be covered by insurance when they are not medically necessary.

Virginia Pro-Choice Coalition

ACLU of VA · Virginia League of Women Voters · Jewish Community Relations Council
NARAL Pro-Choice VA · National Assoc. of Social Workers · National Council of Jewish Women of VA
National Council of Jewish Women of VA · Planned Parent Advocates of VA · Virginia NOW

ⁱ For example, ultrasounds can be used to prevent and diagnose heart disease (the leading cause of death among women and men in the United States), breast cancer, prostate cancer, and musculoskeletal and organ-related diseases. *See, e.g.*, Nat'l Institutes of Health, MedlinePlus, *Ultrasound, "Specific Conditions," available at* <http://www.nlm.nih.gov/medlineplus/ultrasound.html#cat42>. HB 2433 does not address these or other uses of ultrasound and does not mandate the use of ultrasound to diagnose or inform a patient about any condition other than pregnancy.

ⁱⁱ *See, e.g.*, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, GUIDELINES FOR WOMEN'S HEALTH CARE: A RESOURCE MANUAL 432 (2007, 3d Ed.) (noting ACOG's opposition to biased informed consent requirements and intervention by legislators into the realm of medical decision-making); AM. MED. WOMEN'S ASSOC., POSITION PAPER ON PRINCIPLES OF ABORTION (noting AMWA's opposition to legislation "that interfere[s] with the doctor-patient relationship, either in requiring or proscribing specific medical advice to pregnant women").

ⁱⁱⁱ "The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks to . . . one per 11,000 at 21 or more weeks." GUTTMACHER INSTITUTE, *Facts on Induced Abortion*, May 2010, *available at* http://www.guttmacher.org/pubs/fb_induced_abortion.html.

^{iv} R. Benson Gold & E. Nash, GUTTMACHER INSTITUTE, *Guttmacher Policy Review*, "State Abortion Counseling Policies and the Fundamental Principles of Informed Consent," Fall 2007, Vol. 10, No. 4, *available at* <http://www.guttmacher.org/pubs/gpr/10/4/gpr100406.html>.