

Statement on Maryland House Bill 1317 (Previously HB 1075)

(Woman's Right to Know Act)

House Health and Government Operations Committee: Chairman Shane Pendergrass, Vice Chair Joseline Pena-Melnyk

SUPPORT

March 9, 2022

Chair Pendergrass, Vice Chair Pena-Melnyk and Members of the Committee,

Thank you for allowing me to address this committee on an essential right of each woman, the right of informed consent prior to undergoing a procedure. I am Dr. Donna Harrison M.D., a board-certified Obstetrician and Gynecologist, and Chief Executive Officer of the American Association of Pro-Life Obstetricians and Gynecologists. I submit this testimony on behalf of over six thousand reproductive health medical professionals across the United States.

It is universally accepted throughout the medical profession that all patients have a right to informed consent before any procedure or drug is administered to that patient. The basic requirements for informed consent are well stated by the Joint Commission:

“Informed consent: Agreement or permission accompanied by full notice about the care, treatment, or service that is the subject of the consent. A patient must be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional begins any such course. After receiving this information, the patient then either consents to or refuses such a procedure or treatment.”¹

The Joint Commission document goes on to state that one of the barriers patients face is a lack of basic information on consent forms given them to sign. The Joint Commission states:

“One research study found that four basic elements of informed consent – nature of the procedure, risks, benefits and alternatives – were included on the consent forms only 26.4 percent of the time.”²

Similarly, the AMA Code of Medical Ethics Opinion 2.1.1 states that, in the process of informed consent,

“The physician should include information about:

The diagnosis (when known)

The nature and purpose of recommended interventions

The burdens, risks, and expected benefits of all options, including forgoing treatment

¹ The Joint Commission 2016. Comprehensive Accreditation Manual glossary. As quoted in the Joint Commission Bulletin on Informed Consent. available at: https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_Twenty-One_February_2016.pdf last visited Mar 5, 2019

² *ibid*

(c) Document the informed consent conversation and the patient's (or surrogate's) decision in the medical record in some manner. When the patient/surrogate has provided specific written consent, the consent form should be included in the record."³

House Bill 1317 ensures that women are given these four elements required for informed consent: the diagnosis, the details about the abortion, the burdens, risks and expected benefits of all options including the option of not having the abortion.

HB 1317 ensures that women receive the truthful and relevant information which they need in order to understand the nature and purpose of the abortion procedure, the risks and the alternatives in order to make a free and uncoerced decision. The standard for informed consent is *what a woman wants to know*, not *what an abortion provider wants to tell her*. Withholding of vital information by abortion providers serves to increase the number of abortion procedures performed at the cost of robbing women of the autonomy of decision-making.

The specific requirements of HB 1317 and the reasons for those requirements are listed here:

(A) ... (Voluntary Informed Consent). Coerced abortion is an independent risk factor for adverse mental health outcomes after abortion. It is imperative that a woman not be forced into an abortion. Consent must be voluntary.

1. The name of the physician performing the abortion A woman has a right to know who will actually be doing the procedure.

2. The medical risks associated with the procedure This is a standard and universal requirement of all informed consent prior to any medical or surgical procedure.

3. The probable gestational age of the unborn child According to the CDC, the risks associated with abortion, including the risk of death, rise exponentially with each additional week of gestation.⁴ It is impossible for an abortionist to give a woman an accurate description of the risks of the abortion procedure without telling the woman the gestational age of the fetus, because any accurate estimate of the risks of the abortion and risks of delaying the abortion are dependent on that gestational age.

4. The medical risks associated with carrying the child to term. This is an important part of a woman knowing the alternatives available to her and the risks associated with those alternatives, so that she can make an informed judgement about what risks she is willing to undergo.

The bill also requires that the woman should be informed of certain things at least 24 hours before the abortion:

1. That she may have benefits to pay for prenatal care, childbirth and neonatal care

2. That the father is liable to assist in financially supporting the woman's child

These two elements are critically important, as the reason many women feel pressured and coerced to abort is financial.

³ <https://www.ama-assn.org/delivering-care/ethics/informed-consent>

⁴ Bartlett

Requirements to inform women of the number, and description of her child and whether or not her child is alive.

The information required in this section is foundational to her diagnosis and is critically important for a woman to face BEFORE she decides to terminate the pregnancy. As a practicing obgyn, I frequently encountered women who came into my office with a wanted pregnancy, who became frozen with horror when they encountered the reality of what a baby looked like by ultrasound at a similar gestational age to the child they had aborted. Withholding this essential information disempowers a woman from making a choice that she can live with, and it is essential that she know before the abortion, when she has time to change her mind.

In summary, the elements of HB 1317 provide standard medical requirements for informed consent prior to abortion that any abortionist should adhere to. The fact that abortionists are not currently providing this information to women is a testimony to the need for HB 1317, which gives women recourse to hold the abortionists accountable for violating a woman's right to know.

Respectfully submitted,

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Life. It's why we are here.