

HOUSE BILL 4085:
QUESTION & ANSWER BASED ON POINTS MADE IN OPPOSITION TESTIMONY

Q: Opponents claim ultrasounds are not essential to abortions or to diagnosing ectopic pregnancy. Why even offer them?

A: If ultrasounds are not essential or helpful, then why are they used at 99 percent of abortion facilities according to a 2002 survey of 113 abortion providers? Again, we do not mandate the ultrasound – only the offer to view an ultrasound. If an abortion facility does not have ultrasound, which we think is incredibly unlikely, they may refer the woman to a local ultrasound provider. And, as in any situation under this bill, she may decline the offer of an ultrasound.

Q: Why don't we mandate ultrasound for other procedures like removal of gall bladder, appendix, etc?

A: Again, we are not mandating the use of ultrasounds, only the offer. If an abortion facility does not have ultrasound, they are not compelled by this legislation to acquire ultrasound. If a woman responds to the offer of ultrasound affirmatively, and the facility does not have ultrasound, they may refer the patient to a local ultrasound provider. That said, we know from a 2002 survey of 113 abortion providers nationwide, that 99 percent of use ultrasounds some of all of the time for abortion procedures.

Q: Why doesn't the bill mandate the type of ultrasound required?

A: The medical provider knows what type of ultrasound is appropriate for the women based on her stage of pregnancy. We want to leave that decision up to the doctor. The facilities are already doing these ultrasounds; we want only to add the offer to ensure informed consent.

Q: What are you going to do with the information collected from IDPH?

A: The information collected under this bill by IDPH will be completely anonymous. It does not require or seek to acquire names of other identifying information. It only asks that the facility affirm the question was asked to each woman and document her response. It is the only accountability measure in the bill, and it is as benign as possible.

Q: Why should a woman who is the victim of rape or incest have to undergo this offer and sign a piece of paper rejecting ultrasound? That's insulting to women.

A: First, there is no requirement that the ultrasound be offered before 7 weeks of gestational age, so there will be no requirement for women immediately seeking an abortion after an incidence of rape or incest. Second, the bill contains an exception to the offer for any medical emergency.

Q: Is the underlying premise of this bill that women do not understand their bodies or are not fully informed about their decisions?

A: No. This bill only seeks to add a measure of informed consent. The ultrasounds are being performed. Why should a woman not be offered the opportunity to see what the ultrasound sees? She can say no. The Women's Center of Greater Chicagoland, an organization that serves thousands of women in unplanned

pregnancies each year, testified in committee that much of their post-abortive counseling deals with women lamenting “if I had only known.”

Q: Will this bill destroy the doctor-patient relationship?

A: No. If anything, this bill has the potential to strengthen the doctor-patient relationship by ensuring nothing is hidden and the woman has access to all the information she wants.

Q: Asking the woman to put her decision in writing is traumatic. Why is that necessary? Couldn't a woman in medical emergency die while receiving this offer?

A: The legislation requires the facility to document the offer; the woman is only asked to affirm the offer was made. It is a simple accountability measure, and one among many documents she will be asked to sign. This documentation is the property of the facility and completely private. The IDPH form will not include the woman's name, signature or any other identifying information.

If a medical emergency exists, the ultrasound requirement is specifically waived by this legislation.

Q: What of women who are having the abortion only because of some difficult or potentially fatal medical condition in her or the baby?

A: Again, if the medical condition is hers, the medical emergency exemption applies and the ultrasound offer is not made. If the condition is the baby's, ultrasound can be used to help the woman understand the condition (again informed consent), or she can simply decline the offer to view an ultrasound.

Q: At seven weeks gestation a trans-vaginal ultrasound is often necessary. It's invasive and many women would like to avoid it. There is no medical reason to do one.

A: This legislation does not mandate the type of ultrasound performed. The doctor will determine which type of ultrasound he or she is probably already going to use, independent of this bill, and again, it is entirely the woman's right to decline the ultrasound under this bill.

Q: The terms “active ultrasound” and “consistent with medical practice” are not medical terms. Why do you use them?

A: This language is used in ultrasound legislation across the nation, and those bills have stood up to judicial scrutiny. They have a plain meaning understood by any medical professional.

Q: What is the cost to IDPH for implementing this bill?

A: According to a fiscal note, filed by the Illinois Department of Public Health the cost of designing and producing the form will be \$2,100.

Q: Who will pay for the ultrasound?

A: As with the abortion, the woman or her insurance company will probably be responsible for the cost. But as we have said, in the vast majority of cases, ultrasound is already a part of the procedure so there will be no added cost. If it would be an added cost, the woman may, of course, decline the offer of ultrasound and avoid any cost associated with it.