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BILL NO: House Bill 1317  
TITLE: Health - Informed Consent (Women's Right to Know Act)  
COMMITTEE: Health and Government Operations  
HEARING DATE: March 11, 2022  
POSITION: **OPPOSE**

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House Bill 1317 would require a litany of burdens and obligations upon women and abortion providers, including, but not limited to: requiring women to provide their informed consent to the procedure via an in-person or telephone interview held twenty-four hours prior to being permitted to obtain an abortion; requiring providers to explain the “medical risks” associated with abortions, the gestational age of the fetus, and the availability of public benefits and child support; requiring providers to offer patients the opportunity to view an ultrasound and listen to a Doppler of the fetus; mandating a litany of reporting requirements, among others. The bill provides exceptions only for medical emergencies, but shockingly excludes psychological and emotional harm, as well as the risk of self-inflicted harm. Finally, the bill would make a violation a felony.

The Women's Law Center opposes HB 1317 because it unnecessarily interferes with communication that should be between a doctor and a patient, imposes undue burdens on a woman's right to access abortion, and disregards the bodily and intellectual autonomy of women. These decisions should not be governed by politics.

### **Informed Consent**

Medical providers are already required to inform patients of medical risks for any medical procedure, test, or service. Thus this is necessary. A woman and her health care provider need to have open communication free from political interference. Decisions about abortion need to be based on individual patient circumstances. If enacted, this legislation would alter the dialogue between a woman and her health care provider, ignoring individual conditions such as terminating a wanted pregnancy due to a lethal fetal anomaly or terminating a pregnancy that is a result of rape or incest. Further, the list of “medical risks” that a provider must inform a woman of include issues that are not based in medical or scientific research – such as risks of infertility and breast cancer. Physicians and medical professionals are in the best position to know and convey the risks inherent to any medical procedure and the government should not interfere by determining what those risks might be.

### **Waiting Period**

Under HB 1317 before a procedure, physicians must provide the required “consent” information to the patient at least 24 hours before the procedure, but only if the patient views information provided on the physician's website via a link to the Department of Health. Otherwise, a procedure cannot be performed until after the provider has mailed the written materials at least 72 hours in advance by certified mail. If there is a delay in the mail, there would be a delay in care. These provisions serve no useful purpose and create substantial, often harmful obstacles. Due to the severe and escalating shortage

throughout this country of doctors who perform abortions, women may be forced to take multiple days off from work, risk loss of employment, lose wages, leave families unattended or arrange for costly childcare, or travel out of state.

### **Ultrasound and Dopplers**

Requiring a provider to perform an ultrasound and also to utilize a Doppler to detect fetal heartbeats – not withstanding a woman’s ability set forth in the statute to turn away or refuse to listen – serves no medical purpose. In addition, a January 2014 study printed in the *Obstetrics and Gynecology Journal* also showed that viewing ultrasounds has little impact on changing a woman’s mind. According to the study, just over 40 percent of women chose to view their ultrasound. This legislation targets Maryland abortion providers for additional requirements that are not imposed on any other medical procedure or specialty and is clearly politically motivated, not motivated by a desire to protect the health and well being of women in this situation. Let the doctor and patient have open communication free from interference and as the doctor and patient decide.

### **Reporting**

Government imposed requirements increase risks to women's health. There has been a distinct and clear increase on the part of anti-choice organizations, especially through use of the internet, to induce fear and to intimidate both providers of abortion and those seeking this medical care. The reporting requirements appear to have no nexus with the health or safety of patients. Rather, they are a patent attempt to chill access to services, to intimidate medical care providers, to stigmatize abortion care, harass providers and patients, and advance a political agenda.

In summary, the requirements set forth in HB 1317 are not tied to any medical purpose, nor are they aimed at ensuring women are provided necessary medical information. Rather, the results of this legislation would create a negative, undue burden upon a woman’s ability to access to abortion. For these reasons, the Women’s Law Center urges an unfavorable report on House Bill 1317.

*The Women’s Law Center of Maryland is a private, non-profit, membership organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change. The Women’s Law Center operates two hotlines, Protection Order Advocacy and Representation Projects in Baltimore City, Baltimore County and Carroll County, the Collateral Legal Assistance for Survivors Project, and the Multi-Ethnic Domestic Violence Project.*