

# TALKING POINTS on STATE LEGISLATION

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## Government Mandates: Ultrasound and Abortion

### *Legislative Landscape*

Twenty states (as of January 2012) have passed ultrasound requirements on women seeking an abortion and doctors who perform them. The earliest laws date to the mid-1990s. These laws require an ultrasound to be offered and/or performed prior to an abortion. Some laws also require a simultaneous explanation of what the ultrasound is depicting and require the ultrasound images to be displayed so the pregnant woman may view them. In several states, physicians could face civil or criminal penalties for not following the law's requirements.

Ultrasound mandates are unique in ways that should concern all physicians. The government is dictating specific diagnostic protocols physicians must follow before performing a medical procedure and how they must counsel patients.

## Talking Points

- **This bill sets a dangerous precedent by legislating specific diagnostic protocols physicians must follow before performing a medical procedure.** These decisions are the doctor's, not the government's. Decisions about a patient's medical care and management are always best made between the patient and the expert in medical care, the physician.
- **This bill will not enhance the health or safety of patients.** This bill substitutes a government mandate for a doctor's judgment. The government will require ultrasounds even though in most cases providers are already performing an ultrasound to rule out ectopic pregnancy and confirm gestational age. In cases where an ultrasound is not done, the provider uses a clinical exam and patient history.
- **Some women are referred from outside clinics and have already had an ultrasound.** Mandating another one is an unnecessary duplication of an expensive test and adds financial stress to an already difficult decision.
- **All medical procedures must be done consensually within the privacy of a doctor's relationship with the patient – not by state intrusion.** A patient's decision about medical care must be voluntary – not dictated by government –and no procedure should be done without a patient's consent. But under this bill, women requesting abortions would lose this autonomy.

- **This bill is about government mandates, not patient rights.** This bill is not about a woman’s right to know all of the medical information before she makes a decision about a treatment plan or procedure. Women already have that right. As health professionals, we have a legal, professional and ethical obligation to share with the patient all relevant information about the range of health care choices that are available, the benefits and risks of treatments, and to respect the patient’s decision. There is no evidence to suggest that doctors are not complying with this obligation prior to performing abortions. This bill is demeaning and disrespectful to the women of our state, and insulting to the doctors and nurses who care for them.
- **Patients deserve their physicians’ best medical judgment.** This bill misuses the long-standing practice of informed consent whereby a patient and her doctor openly discuss the diagnosis, prognosis and possible options – privately, without outside interference. This legislation interferes with the exercise of professional judgment and imposes unduly burdensome and questionable obligations on women’s health care providers.
- **Mandating an unnecessary medical diagnostic test will increase costs to the health care system, including patients.** We urge lawmakers to consider legislation that would more appropriately utilize health care dollars to improve access to cancer screenings, preconception care and family planning for women and their families. ACOG would welcome a dialogue about maximizing limited resources to improve the health care of the women of our state.

*ACOG supports a woman’s right with the help of her physician to make decisions about her pregnancy and her right to safe, competent and legal abortion. The intervention of the Legislature into medical decision-making is inappropriate, ill-advised and dangerous.*

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*ACOG Supporting Documents:*

ACOG Guidelines for Women’s Health Care, 3rd Edition, 2007.  
ACOG Practice Bulletin 67, *Medical Management of Abortion*, 2005.  
ACOG Committee Opinion 424, *Abortion Access and Training*, 2009.  
ACOG Statement of Policy, *Abortion*, 1993, reaffirmed July 2011.