

# Society for Maternal-Fetal Medicine

March 6, 2019

The Hon. David Ralston  
Speaker of the House  
George House of Representatives

The Hon. Robert Trammell  
Minority Leader  
George House of Representatives

## Re: Reject HB 481

Dear Speaker Ralston and Minority Leader Trammell:

On behalf of the Society for Maternal-Fetal Medicine (SMFM) State Liaison Network George members, we are writing in strong opposition to HB 481, and urge the George House of Representatives reject this legislation.

Established in 1977, SMFM is the medical professional society for obstetricians who have additional training in the area of high-risk, complicated pregnancies. Our members see the sickest and most complex patients, and aim to improve care, research, advocacy and education for pregnant women. Because maternal-fetal medicine (MFM) physicians primarily provide care to women experiencing high-risk pregnancies, the Society is particularly concerned with access to pregnancy termination services for this population. Women with high-risk pregnancies are more likely to experience medical complications – for themselves, their fetus(es), or both – that can lead to increased maternal and perinatal morbidity and mortality. For example, many genetic anomalies render a fetus nonviable and can lead to a loss or stillbirth late in pregnancy. In other instances, the life of the woman may be at risk due to a complicated pregnancy, and abortion may be required to protect a woman's life or health. Since SMFM and its members are dedicated to optimizing maternal and child outcomes, assuring that medically appropriate options are available is critically important. We recognize that some physicians may have religious or moral objections to participating in certain health care services, including pregnancy termination. The Society supports protections afforded under federal law for an individual physician who refuses to participate in an abortion or other health care procedures to which the physician has a moral or religious objection so long as the physician has given appropriate notice to his or her employer.

The issue of pregnancy termination specifically is a deeply personal matter. **Any legislation that regulates medical care should be based on scientific evidence and best practices. SMFM opposes legislation that interferes with the physician-patient relationship and is not based upon scientific evidence. Any legislation that would ban termination of pregnancy after the detection of the fetal heartbeat, or at six weeks' gestation, as HB 481 does, presents a vast interference with the patient-physician relationship, threatens communication between the physician and patient, and potentially compromises the physicians' medical judgment. For high-risk pregnancies, eliminating healthcare decisions later on in pregnancy presents significant challenges to patient care.** The criminalization of abortion after six weeks' gestation will affect health care providers' ability to make ethical and professional decisions in the best interest of their patients. We do not believe that the legislation's exception for "medical emergency" or "health exception" contained in this legislation sufficiently allows

health care providers to make evidence-based clinical decisions alongside their patient. For high-risk patients that MFMs see, it is particularly concerning that a requirement to wait until a medical condition deteriorates before permission to provide medically indicated treatment is included in this legislation. Such a "wait and see" approach to health care only jeopardizes patients' health and compromises the medical decision-making process.

This bill is both unconstitutional and unnecessary political interference in the practice of medicine. A woman's right to choose an abortion has been settled law since 1973 when the Supreme Court ruled in *Roe v. Wade*. That decision makes clear that women may decide independently to have an abortion in the first trimester. HB 481 strips women of their Constitutional right to choose well before the first trimester has ended and represents a dangerous precedent for both patients and providers. A recent report by the National Academies of Sciences, Engineering, and Medicine (NASEM)<sup>1</sup> comprehensively reviewed the state of science on all methods of abortion and confirmed once again that abortion is one of the safest medical procedures. It found that the biggest threats to the quality of abortion care in the United States are unnecessary government regulations on such care.

SMFM respectfully urges the Georgia House of Representatives to reject HB 481. Please do not hesitate to contact Katie Schubert, SMFM's Chief Advocacy Officer, at [kschubert@smfm.org](mailto:kschubert@smfm.org) or (202) 517-6122, should you have questions.

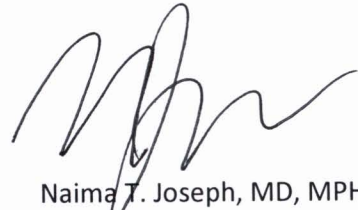
Sincerely,



Brian Iriye, MD  
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Jane Ellis, MD, PhD  
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<sup>1</sup> National Academies of Sciences, Engineering, and Medicine. *The Safety and Quality of Abortion Care in the United States* (March 2018) at <https://www.nap.edu/read/24950/chapter/1>