



---

## Protection for Women's Reproductive Rights

---

To: House Human Services Committee

From: Stephanie Winters, Deputy Director, VMS; and

Lauren MacAfee, M.D., Gynecologist and Obstetrician, Burlington

### Please Support H.57

#### Why Do We Need H. 57?

The Vermont Medical Society (VMS) supports protecting women's reproductive rights, including the right to contraception and to safe legal abortion, through Vermont law and/or through a Vermont Constitutional amendment.

This law would neither enhance nor restrict current access to abortion in Vermont. The goal of this law is to prevent government interference between a patient and her healthcare practitioner and to allow healthcare practitioners to provide the highest quality, evidence-based, compassionate care that aligns with a patient's goals.

#### Evidence-Based Responses to Questions/Statements Raised in Committee

##### **Vermont Abortion Rates**

According to [the Vermont Department of Health 2016 Vital Records](#) (*this is the most recent VT data on abortion, p.125-141*) there were **1,298** abortions performed in Vermont in 2016, which equals **less than 1 percent** of all Vermont births for women ages 15 to 44. Overall, we have seen a downward trend in abortion rates since the 1980s, which generally follows the national trend.

**69.3 percent** of all Vermont abortions were for pregnancies of less than **9 weeks** duration and **91.7 percent** of all Vermont abortions happened within the first trimester (12 weeks or less). Only 17 or **1.3 percent** of Vermont abortions occurred in 2016 after 21 weeks.

##### **What is a "Late Term" Abortion?**

"Late term" abortion is a social construct introduced to create an image of an abortion that happens closer to 8-9 months, *which does not happen* and is not a term that is used medically. There are no third trimester abortion providers in Vermont.

"Late term" abortions typically refer to abortions that take place above 20 weeks gestational age. Currently, there are only 2 providers who provide abortion services above 20 weeks in this state and they practice at a hospital which offers services up to 23 weeks. There are no abortion services available for patient's seeking termination past 23 weeks in Vermont (with a few rare exceptions at one hospital for significant threats to maternal or fetal health).

##### **What are "Partial Birth" Abortions?**

A 2003 Federal law ("Partial Birth Abortion Act"; upheld by the Supreme Court in 2007) specifically

prohibits so-called “Partial Birth” abortions. This is not a medical term or procedure. Abortion providers use a variety of techniques to avoid such a situation. This is a rare occurrence, typically used for pregnancies over 20-22 weeks of gestational age, which currently represents about **1.3% of all abortions in the U.S.** <https://www.npr.org/2006/02/21/5168163/partial-birth-abortion-separating-fact-from-spin>

**Would this bill allow for the possibility of future partial birth or full birth terminations?**

These are specifically *prohibited* by the 2003 “Partial Birth Abortion Act” which is federal law. All clinics and providers must comply with all state and federal laws. **H. 57 will not change those current federal laws.**

**Minor’s Right to Confidential Sexual and Reproductive Health Services**

In 2016, only 1 Vermonter less than 15 years old had an abortion, and only 48 abortions occurred in Vermonters under the age of 18, representing only 3.6 percent of abortions. Some lawmakers have expressed the need for parental notification for minors to access reproductive rights. Dr. Erica Gibson, Adolescent Medicine Pediatrician at UVMMC, testified in the House Human Services Committee on January 30, 2019 and said, “Decades of research have found that privacy protection encourages young people to seek essential health care and speak openly with their health care providers. Likewise, other research shows that if patients are not assured confidentiality they actually avoid seeking healthcare or involving trusted adults in their decision making.”

At the same time, clinicians make every effort to involve parents in decision-making. According to Dr. Gibson, “As clinicians caring for these young people this is one of the first questions we ask them when they are faced with a challenging decision; what adults can you rely on for support in your decision making, how can we help you to communicate with them?”

[Click here for her full testimony](#)

**Would this bill deny pain medication to the fetus in later gestational terminations?**

Women who have second trimester abortions (>14 weeks) receive either IV sedation or general anesthesia. The medications used all cross the placenta and thus would also be received by the fetus. Additionally, the current literature available indicates that a fetus does not have the ability to interpret and perceive pain until at least 28 weeks.

**What about practitioners who have a conscientious objection?**

Facilities that offer termination services provide opportunities for staff participation or refusal of participation to ensure that staff are able to opt out of participation in any medical care that may for a variety of reasons not be in alignment with their core values and beliefs. This bill will not change one’s right to opt-out. Federal statutes also protect health care provider conscience rights and prohibit recipients of certain federal funds from discriminating against health care providers who refuse to participate in these services based on moral objections or religious beliefs:

<https://www.hhs.gov/conscience/conscience-protections/index.html>

For more information or further witness testimony - contact VMS Deputy Director, Stephanie Winters, [swinters@vtmd.org](mailto:swinters@vtmd.org)