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# Protection for Access to Reproductive Health Care

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**“H.57 protects the shared decision making between a patient and her healthcare provider by preventing governmental interference, leaving private medical decisions where they belong, in the exam room.” – Samantha Deans, MD, April 16, 2019**

## Why Do We Need H. 57?

### **Access to Quality, Evidence-based Care is the Priority**

Pregnancy and birth do not follow set timelines, nor can anyone predict the myriad of circumstances or unforeseen complications that could arise that would cause a woman to need or seek an abortion later in pregnancy. Often, time is of the essence in these cases, and the trained medical practitioner and the patient need to quickly determine the best course of action to ensure maternal and/or fetal health and survival. **Legislation cannot anticipate every medical decision that has to be made in these instances. Legislated restrictions would only serve to complicate what is often a critical, heart-wrenching decision by putting up potential barriers to the highest quality, evidence-based compassionate care a practitioner is trained to provide and that aligns with a patient’s goals.**

**Current Vermont statute is silent on abortion and H. 57 would neither enhance nor restrict current access to abortion in Vermont. The goal of this law is to preserve the status-quo and 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.**

## The Practice of Abortion in Vermont

### **Ethical Guidelines and Patient Support**

**Despite having no laws restricting access to abortion services, only 1.3 percent of Vermont abortions occurred in 2016 at 21 weeks or later.** Terminating any pregnancy is an extremely difficult, deeply personal decision. Abortions that occur later in pregnancy often involve severe, medical implications for either the mother or the fetus and is a complex decision for the women, physicians and families involved. Such decisions in Vermont involve multi-disciplinary involvement and support. Physicians enter such decisions not only considering ethical considerations but bound by medical standards of care on individual, state, federal and institutional levels.

### **Regulatory Standards**

Physicians who fail “to conform to the essential standards of acceptable and prevailing practice” can be subject to discipline by the Vermont Board of Medical Practice. 26 V.S.A. § 1354 (b) (2). And the failure to deliver health care with the same degree of care and skill that is ordinarily possessed and exercised in like cases by professionals in the same general line of practice is medical malpractice. 12 V.S.A. § 1908. Health care providers must adhere to all state and federal laws and regulations, including prohibition of so-called “partial birth abortions” based on the 2003 “Partial Birth Abortion Act.”

## **Vermont Abortion Rates**

In 2016, 98.9% of abortions happened at 20 weeks of gestation or earlier, 69.3 percent of those were less than 9 weeks gestation. Abortions later in pregnancy, at 21 weeks or later, make up about 1% of all terminations. 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.<sup>i</sup>

## **What is a “Late Term” Abortion?**

"Late term" abortion is a social construct introduced to create an image of an **elective abortion** that happens closer to 8-9 months, ***which does not happen and is not a term that is used medically.*** Currently, there are only two providers in Vermont who provide abortion services after 20 weeks and they practice at a hospital which offers services up to 22. **There are no abortion services available for patient's seeking termination past 22 weeks in Vermont, except in very rare cases where there are significant threats to maternal or fetal health.** In these rare cases, specialists and the medical ethics team are involved, ensuring women have the information they need to make a comprehensive plan with their healthcare professionals in line with institutional and ethical policies. Because of the complicated nature of these cases, they are given individualized attention and consideration to ensure that all angles and perspectives are taken into account.

## **What about Practitioners who have a Conscience Objection?**

Facilities that offer termination services in Vermont allow staff to choose whether to participate in medical care that may for a variety of reasons not be in alignment with their core values and beliefs. H.57 would not impact those policies. Federal statutes protect health care professional conscience rights and prohibit recipients of certain federal funds from discriminating against health care providers who choose not to participate in the delivery of abortion related health care services.<sup>ii</sup>

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<sup>i</sup> <http://www.healthvermont.gov/sites/default/files/documents/pdf/Vital%20Statistics%20Bulletin%202016.pdf>

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