

Planned Parenthood of Michigan

June 24, 2021

Dear Chairperson and Members of the House Health Policy Committee:

I am Dr. Sarah Wallett, Chief Medical Officer for Planned Parenthood of Michigan. Planned Parenthood of Michigan is dedicated to serving the 60,000 women, men, families and youth in Michigan who depend on us for respectful reproductive sexual health services, education and advocacy. I am a board-certified obstetrician-gynecologist with specialty training in family planning, public health, and health policy. I am an abortion provider in addition to providing a wide spectrum of reproductive and sexual health care to Michiganders throughout the state.

As a representative of Planned Parenthood of Michigan and as a physician, I am here today in opposition of House Bill 5086. This bill is not creating a woman's right to know all of the medical information before she makes a decision about a treatment or procedure during pregnancy. Women already have that right. And to be clear, it is not just women who have that right but all people who access medical care during pregnancy, including trans-men and gender-diverse Michiganders.

As a physician, I have a legal, professional, and ethical obligation to share with my patients all of the relevant information about the range of available health care options. Laws that specifically dictate what physicians discuss during health care encounters undermine the patient-physician relationship and the ability of physicians to speak freely and confidentially to their patients, providing factual information relevant to their health while respecting patient autonomy and individual needs, values, and preferences.

The first part of this bill, requiring information to be shared about a false medical procedure, would force me to provide patients with information that is medically inaccurate, misleading, and could be harmful to a person's health. There is no scientific or medical evidence that proves that reversing a medication abortion is possible: no clinical trials, no objective or credible data. Because there have been no clinical trials, this has not been tested for safety, effectiveness, or the likelihood of side effects. Moreover, the medical protocol for which "reversal" proponents advocate could in fact endanger people's health.

Furthermore, requiring physicians to tell patients that a medication abortion may be reversible undermines the informed consent process and risks misleading people seeking abortion care to believe they *do not need to be certain about their decision*. A person should not be led to believe that they can change their mind after taking the mifepristone, as it creates a risk that a patient may begin an abortion before they are ready to commit to that decision.

The second part of this bill, requiring detection of a fetal heartbeat prior to an abortion, would likely force patients to undergo mandatory ultrasounds for no medical reason. Before the second trimester of pregnancy, ultrasound is often the only reliable way to determine the presence or absence of a fetal heartbeat.

Ultrasounds before an abortion should - and are provided - when medically necessary, and people who request to see an ultrasound before undergoing an abortion should be - and are - allowed to view those images. There are also medical situations, however, where an

ultrasound is unnecessary and where viewing an ultrasound or hearing a description of it, including the presence or absence of a fetal heartbeat, may not be in a person's best interest. This bill substitutes a government mandate for a doctor's judgment about the medical appropriateness of a medical procedure.

Additionally, this bill would force physicians to violate the core ethical principle in medicine of respect for patient autonomy, which requires that patients be able to choose the treatments they receive and that they be able to make those treatment decisions without coercion. All medical procedures, including ultrasounds and detection of fetal heartbeat, should only be performed with a patient's consent. A person requesting an abortion would be forced to choose between losing their ability to make autonomous decisions about the care they receive or losing their legal right to have an abortion.

The third part of this bill is particularly cruel in that it is designed to coerce a pregnant person who is facing a diagnosis of a fetal anomaly. Physicians who care for these patients and their families do not need state-scripted information. They need to use their professional, medical judgement to provide the best possible care to each patient as an individual. Perinatal palliative care is just one of multiple options along a spectrum of care for families experiencing a difficult fetal diagnosis. That spectrum includes abortion as well as full neonatal resuscitation and treatment. If this bill was intended to simply support pregnant people who receive these diagnoses, it would also include information about counseling and support for those who would choose abortion.

As a physician, I have a responsibility to my patients to provide them with the best, most comprehensive care possible unhindered by politically motivated legislation that does nothing to improve patient safety or outcomes. Pregnancy creates strong emotions in people and our opinions on abortion may differ. I am not here today to discuss the morality of abortion. I am here today on behalf of people in Michigan who are seeking medical care.

To hear abortion care questioned and discussed by politicians in such a careless way shows a lack of compassion and an unwillingness of legislators to understand the real-life health care needs of their constituents. As a physician, I took an oath to do what's best for my patients and my care is governed by professional ethics, medical evidence, personal compassion, and my patient's decision and individual circumstances.

Thank you again for the opportunity to share today.

Dr. Sarah Wallett  
Chief Medical Officer  
Planned Parenthood of Michigan