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## LSG Floor Report—July 9, 2013

### HB 2 (Abortion)

**Author:** Rep. Laubenberg

**Committee:** State Affairs

**Recommendation:** Unfavorable

#### Overview

Since the strict abortion-related legislation failed to pass during the First Called Session of the 83<sup>rd</sup> Legislature, Governor Perry has called the Legislature back into a second special session to reconsider the issue.

The call reads:

*Legislation relating to the regulation of abortion procedures, providers and facilities.*

House Bill 2 is the vehicle in which these abortion-related proposals are proposed in the House. Under the guise of improving women's health, this bill represents an assault on women's healthcare in the state of Texas.

HB 2 is not based on sound evidence and will erode women's health by denying women in Texas the benefits of well-researched, safe, and proven protocols that already exist.

Doctors will face extreme regulation making it more difficult for them to provide quality care to patients. The proposed legislation will likely result in the closure of 37 of the state's 42 abortion-related facilities, and will disproportionately impact low and moderate income populations who cannot afford to access the five facilities left standing. This bill does not make women safer; it makes them more likely to seek an illegal abortion or self-abortion.

Denying low and moderate income women the option to terminate an unwanted pregnancy will increase the burden on vulnerable families who already struggle to afford life's basic necessities and cannot afford to support another child. It will also increase the economic costs to the state, as families turn to government support to feed, educate, and maintain the healthcare of these children.

HB 2 states that fetal pain is detectable at 20 weeks of gestation and bans abortion at or after 20 weeks. Limiting abortions to 20 weeks or less is unfavorable, possibly unconstitutional, and violative of women's health. This timeline interferes with a doctor's ability to determine appropriate medical care in each patient's unique circumstances. A physician may not perform an abortion procedure without determining whether the probable post-fertilization age of the fetus is at or under 20 weeks of age, or relying on the findings of another doctor who determined the probable fetus age.

The bill would require doctors performing an abortion to have admitting privileges to a hospital within 30 miles, requires a prescription for medical abortion, and would unnecessarily enhance strict minimum standards for abortion facilities. The 30-mile radius contingency is especially problematic for rural areas where hospitals are scarce.

This bill requires the minimum standards for an abortion facility to be equivalent to the standards for Ambulatory Surgical Centers (ASC). Abortions performed after 16+ weeks of gestation are already required to be performed in an ASC. This provision is unnecessary and would likely reduce access and increase costs of safe, legal facilities.



The bill would also require a woman to be physically present at an ASC to take a pill for a medical abortion. She would then have to return a second time to the ASC to be watched taking the 2nd pill within the next 24-48 hours. Requiring a woman to physically return for the second dose increases risk of her being unable to return, travel, or pay for hotel accommodations and increases medical risks for complications.

This bill creates medical protocol for physicians and dictates what to document, what tests to perform, what medications to prescribe and when to schedule follow-up appointments. The legislature should not be practicing medicine and interfering with doctor-patient relationships.

The bill provides an exemption for circumstances in which a physician determines that the late-term abortion is necessary to avoid death or substantial and irreversible bodily harm to bodily functions of a pregnant woman. In these cases, the bill mandates that the physician must approach the treatment with a method that “provides the best opportunity for the unborn child to survive.” An exemption is also created for an unborn child with severe abnormality that cannot survive outside the womb regardless of possible lifesaving medical treatment.

HB 2 represents an ill-advised attempt by the state to intervene in the doctor patient relationship for women. This bill is opposed by the American Congress of OB/GYNs, the Texas Medical Association, and the Texas Hospital Association.

**Recommendation: Unfavorable**