

**Testimony of Allison Cowett, M.D.  
In Opposition to House Bill 4085  
House Agriculture Committee  
February 21, 2012**

My name is Dr. Allison Cowett, and I submit this testimony in opposition to House Bill 4085.

I am an obstetrician/gynecologist, with a subspecialty in Family Planning. I am an Assistant Clinic Professor in the Department of Obstetrics and Gynecology at the University of Illinois at Chicago. I hold an M.D. with honors from the University of Rochester and a Masters Degree in Public Health from Northwestern University. I completed my residency in obstetrics and gynecology as well as a Fellowship in Family Planning at Northwestern. I am certified by the American Institute of Ultrasound in Medicine to perform and evaluate gynecologic and early pregnancy ultrasounds. I perform ultrasounds on a daily basis both for patients seeking to carry pregnancies to term and for those who plan to terminate their pregnancies. Based on my education, research and experience as a practicing physician, I urge you to vote against this bill.

House Bill 4085 is not about women's health. It is destructive to the patient-physician relationship and is dismissive of a woman's ability to engage in the informed consent discussion with her doctor. It forces my patient seeking an abortion to view an ultrasound of her fetus or attest in writing to her refusal to do

so. This mandate can be traumatic for patients, particularly those terminating wanted pregnancies for health reasons, a fetal anomaly, or because of rape or incest. Medical professionals in Illinois already use ultrasound to date pregnancies and rule out ectopic (or tubal) pregnancies when clinically appropriate, and patients who wish to view ultrasound images already have the opportunity to do so. With respect to this decision, I am guided by the needs and desires of my patient. For many of these women, House Bill 4085 does nothing but add a layer of trauma in an already difficult situation. This bill will have painful consequences for my patients and their families.

Moreover, this bill does not add to informed consent. Women already get complete information before making any medical decision. This includes a discussion of the risks and benefits of the procedure, the alternatives to the procedure, and the risks and benefits of those alternatives. Directed by longstanding legal, ethical and professional obligations, physicians who provide abortions in Illinois present their patients with the information they need to make important decisions about their pregnancies.

In addition, the terms used in this bill make no medical sense. The bill requires a woman to be shown an “active ultrasound.” This is not a medical term and does not tell physicians what is required of them. Nor does the phrase “of a quality consistent with standard medical practice” add meaning. It is not clear

whether this refers to the standard for sophisticated ultrasounds used to diagnose and understand fetal anomalies or the standard for a more basic ultrasound sufficient to date a pregnancy and rule out ectopic pregnancies. Since the bill does not use medical terms, it is not clear what is required.

House Bill 4085 also includes “findings” that are not based in medicine or necessary to my goal of assuring the best care for my patients. For example, House Bill 4085 asserts that it is “critical to the psychological well-being of a woman considering an abortion that she receive complete and accurate information on the reality and status of her pregnancy and her unborn child.” It is not clear to me what “reality and status of [a] pregnancy [or] unborn child” refers to. Not only are these not medical terms, but they also have no obvious common sense meaning. Health care providers in Illinois do tell their pregnant patients that they are, indeed, pregnant, inform them of the gestational age of their pregnancy, and provide them with complete and accurate information regardless of whether the woman intends to continue her pregnancy or terminate it.

Similarly, House Bill 4085 states that the ultrasound requirements are essential in “confirming the presence, location and gestational age of a pregnancy” and in “diagnosing ectopic pregnancies.” But this is not true. Although ultrasound is one device physicians use when clinical circumstances require it, House Bill 4085’s finding that it is “essential” in all pregnant patients is simply wrong. In

good medical practice, physicians identify the presence, location and gestational age of a pregnancy, and diagnose ectopic pregnancy, using a number of clinical tools, including a patient's medical history and symptoms, physical exam, the results of relevant lab tests, and ultrasounds. Moreover, if the goal of this legislation is to protect pregnant women from the risks associated with ectopic pregnancy, it is curious that it only requires ultrasound for those intending to terminate their pregnancies, but imposes no such requirement for women who choose to continue their pregnancies.

House Bill 4085 is destructive to the patient –physician relationship because its mandates are not about what the patient wants, or about what the patient needs to obtain a safe abortion, but rather are about convincing the patient to continue her pregnancy.

On a final note, House Bill 4085 will increase the cost of regulation on a state agency already strapped for funds. The requirement that IDPH create reporting forms and collect information about the number of women who choose to view an ultrasound and the number who decline has no bearing on patient safety and serves no valid purpose.

For these reason, I urge you to vote no on House Bill 4085.