



February 15, 2019 - Attachment 2

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**Testimony of Kathy Griesmyer
HB 64: Abortion Complications Reporting Act
Before Senate State Affairs Committee
February 15, 2019**

The ACLU of Idaho shares our opposition to HB 64 because it requires hospitals, licensed healthcare facilities and individual medical practitioners to report “complications” of medical conditions that have no medically or scientifically proven link to abortion, like breast cancer, or medically broad terms like heavy bleeding and fever. The reporting requirement does not exist for any other medical condition. Instead, this act is an attempt to intimidate and shame women and healthcare providers for exercising their constitutionally protected right to access and provide abortion care in the United States – a procedure which has been deemed extremely safe by numerous national medical and scientific groups, and rarely involves serious complications.

Simply put, HB 64 and its required reporting mechanisms are unnecessary. The reporting of certain vital statistics information is important to improving public health, yet there are already reporting systems in place for reporting on abortion. Since 1969, the Center for Disease Control (CDC) has collected abortion incidence data from states to document the number and demographic characteristics of women obtaining legal induced abortions in the United States. In fact, in 2014, Idaho’s own data shows that only one single instance of a patient experiencing a complication was reported in the entire state.¹ Furthermore, while it can be important to understand the safety and risks of any medical procedure, this just isn’t how complication reporting is done for any other medical procedure. This information is collected through high-quality medical and social science research and peer-reviewed studies; not government forms.

Abortion is also one of the safest medical procedures performed in the United States. Data that is currently collected, including from the CDC, show that abortion has over a 99 percent safety record, with low mortality and complication rates for patients. In fact, a 2018 report from the non-partisan National Academies of Sciences, Engineering, and Medicine (NASEM) states that, “The clinical evidence clearly shows that legal abortions in the United States –whether by medication, aspiration, D&E, or induction—are safe and effective.”² Studies show women in the U.S. experience major complications less than one percent of the time.³ And the safety of abortion has also been recognized by the U.S. Supreme Court. In *Whole Women’s Health v. Hellerstedt*, the Supreme Court acknowledged, “abortions are so safe” that the restrictions Texas had enacted to purportedly make the procedure even safer made little sense.⁴

In closing, we ask you to reject this unnecessary legislation that is aimed at targeting a women’s constitutionally protected access to abortion through false equivalencies that abortion is an un-safe procedure. Please vote no on HB 64. Thank you.

¹ Idaho Department of Health and Welfare. *Induced Abortion: 2014 Idaho Vital Statistics*. (2014)

https://healthandwelfare.idaho.gov/Portals/0/Health/Statistics/2014%20Reports/Abortion_2014.pdf

² National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* (2018), <https://doi.org/10.17226/24950>.

³ See Boonstra, Heather D., et al. (2006). *Abortion In Women’s Lives*. New York: Guttmacher Institute; Henshaw, Stanley K. (1999). “Unintended Pregnancy and Abortion: A Public Health Perspective.” Pp. 11-22 in Maureen Paul, et al., eds., *A Clinician’s Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone; Upadhyay, Ushma D., et al. (2015). “Incidence of Emergency Department Visits and Complications After Abortion.” *Obstetrics & Gynecology*, 125(1), 175-83.

⁴ *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292, 2312-13 (2016).