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Drop bill to intimidate, shutter safe, law-abiding abortion providers

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This month I traveled to Tallahassee to speak before the House Civil Justice and Claims subcommittee in opposition to House Bill 19. This ill-conceived bill sponsored by freshman legislator Rep. Erin Grall would create a new section of law outside of well-established medical malpractice statutes that allows a woman to sue her physician for damages for any physical injuries or “emotional distress” she claims to have suffered after obtaining an abortion.

HB19 is a blatant attempt to intimidate and shutter safe and law-abiding abortion providers, making the legal landscape too risky for doctors to do their job by increasing their exposure to frivolous lawsuits and the expense of defending each one. Grall stated these remedies would apply only if informed consent was improperly obtained, though she did not clarify what constituted adequate consent, made no exception for emergencies and seemingly wished to undo the thoughtful malpractice reforms undertaken in Florida in the last decade. She is asking the Florida Legislature to break new ground, burdening a single group of physicians offering a legal, safe out-patient procedure, with possibly an increased risk of suit, and certainly an easier way for patients to bring suit.

This attempt to target regulate abortion providers falls under the category of “TRAP” laws again and again found unconstitutional in federal courts. HB 19 is a thinly veiled attempt to further reduce the number of physicians willing to provide abortion services by placing a blinking neon legal target on only their scrubs under the guise of increasing patient safety. Abortion is already a safe medical procedure; in fact President Reagan famously requested that his surgeon general, C. Everett Koop, prepare a report on the excessive emotional and physical risks of abortion. Reluctantly, Koop informed his president that at no point in a pregnancy is an abortion riskier to a young woman than a full-term birth. Innumerable studies have failed to find that there are excess emotional or physical consequences of abortion.

Truthfully, women seeking abortion services are often anguished and distressed. Most did not ever expect to find themselves in the difficult position of deciding what is best

for their family, their future, and their individual situation. Though once they do, finding a provider who is supportive, caring and knowledgeable brings tremendous relief.

It is my job to assist women making the difficult decision to end or to continue a pregnancy, and to support them once their decision is made. Before becoming a board-certified obstetrician gynecologist, or a UCF College of Medicine associate professor, and before my commission as U.S. Public Health Service lieutenant commander, I was a nursing student at Johns Hopkins Hospital in Baltimore. There I cared for the high-school honor student, and teen daughter of the ob/gyn department social worker. She was dying of a widespread infection, the result of trying to end her own pregnancy with a coat hanger. My instructor pointed out that when she herself had been a student nurse, there would have been police outside the door to arrest the girl should she survive.

HB 19 and other TRAP laws decrease the number of abortion providers, not the number of abortions. If there is any doubt of this look to a country like Brazil, where legal abortion access is limited to rare circumstances and otherwise punishable. The per-capita rate of abortion is approximately equal to the United States; however, statistics show that 200,000 women each year are hospitalized because of unsafe abortions.

I urge the Legislature in Tallahassee to stay out of the doctor’s office, the hospital, and the exam room. Please do not further consider such poorly conceived bills as HB 19, a bill that can adversely affect the women of Florida, their families and their physicians. Adequate malpractice remedies exist, though complications of legal abortion are both rare and fortunately treatable. If you wish to see a reduction in the rate of abortion, legislators should invest in preventative care — not politically motivated restrictions.

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