



EMORY  
UNIVERSITY  
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MEDICINE

# Changes to Healthcare with HB 481

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# Objectives

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Review the medical implications of restrictive health care legislation post-*Dobbs*, including:

- the reproductive health context
- public health and individual risk
- impact of Georgia HB 481

*I have no financial disclosures relevant to this topic.*

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# National Guidance

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A statement in opposition to legislative interference from the American Medical Association and more than 75 other health care organizations:

“Abortion care is safe and essential reproductive health care. Keeping the patient–clinician relationship safe and private is essential not only to quality individualized care but also to the fabric of our communities and the integrity of our health care infrastructure.”

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# Supporting Medical Organizations

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American Board of Medical Specialties, American Board of Internal Medicine, American Board of Internal Medicine Foundation, American College of Physicians, American College of Preventive Medicine, Society of General Internal Medicine, Society of Hospital Medicine, Alliance for Academic Internal Medicine, Endocrine Society, American Epilepsy Society, American Society of Addiction Medicine; American College of Obstetricians and Gynecologists, American Academy of Pediatrics, Association of American Medical Colleges, American Academy of Nursing, American Medical Student Association, American Academy of Family Physicians; American Association of Child and Adolescent Psychiatry; American Association of Public Health Physicians; American Board of Anesthesiology; American Board of Medical Genetics and Genomics; American Board of Obstetrics and Gynecology; American Board of Plastic Surgery; American Board of Psychiatry and Neurology; American Board of Surgery; American College of Correctional Physicians; American College of Medical Genetics and Genomics; American College of Nurse-Midwives; American College of Osteopathic Obstetricians and Gynecologists; American Geriatrics Society; American Gynecological and Obstetrical Society; American Medical Women's Association; American Muslim Health Professionals; American Psychiatric Association; American Public Health Association; American Society for Clinical Pathology; American Society for Reproductive Medicine; American Society of Colon & Rectal Surgeons; American Society of Hematology; American Thoracic Society; American Urogynecologic Society; Association for Clinical Oncology; Association of American Indian Physicians; Association of Professors of Gynecology and Obstetrics; Association of Women's Health, Obstetric and Neonatal Nurses; Black Mamas Matter Alliance, Inc.; Council of Medical Specialty Societies; Council of University Chairs of Obstetrics and Gynecology; GLMA: Health Professionals Advancing LGBTQ Equality; Infectious Diseases Society for Obstetrics and Gynecology; Medical Students for Choice; National Abortion Federation; National Association of Nurse Practitioners in Women's Health; National Hispanic Medical Association; National Medical Association; North American Society for Pediatric and Adolescent Gynecology; North American Society for Psychosocial Obstetrics & Gynecology; Physicians for Reproductive Health; Society for Academic Specialists in General Obstetrics and Gynecology; Society for Adolescent Health and Medicine; Society for Maternal-Fetal Medicine; Society for Obstetric Anesthesia and Perinatology; Society for Reproductive Endocrinology and Infertility; Society of Family Planning; Society of Gynecologic Oncology; Society of Gynecologic Surgeons; Society of OB/GYN Hospitalists; etc.

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# Healthcare Ethics Guidance

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The Association of Bioethics Program Directors provided guidelines for health care providers, budget, and policymakers in a post- *Dobbs* landscape:

- “...the healthcare landscape is being radically disrupted by the *Dobbs v. Jackson* decision with no accompanying policy structures to prevent widespread collateral harms... [we affirm] a commitment to reproductive health care services in accordance with core healthcare ethics principles”
  - Principles include: informed consent, medical standard of care (beneficence, nonmaleficence), respect for patient autonomy, justice (equitable access to care), and duty to care for patient welfare through well-earned trusting relationships
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# Federal Law: EMTALA

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- Medicare-funded hospitals are **required to provide** all patients appropriate **emergency care** — including medical screening, examination, stabilizing treatment and transfer, if necessary — irrespective of any state laws or mandates that apply to specific procedures
  - If a hospital is in a state that prohibits abortion by law and does not make exceptions for the health or life of a pregnant person, **EMTALA preempts state law**
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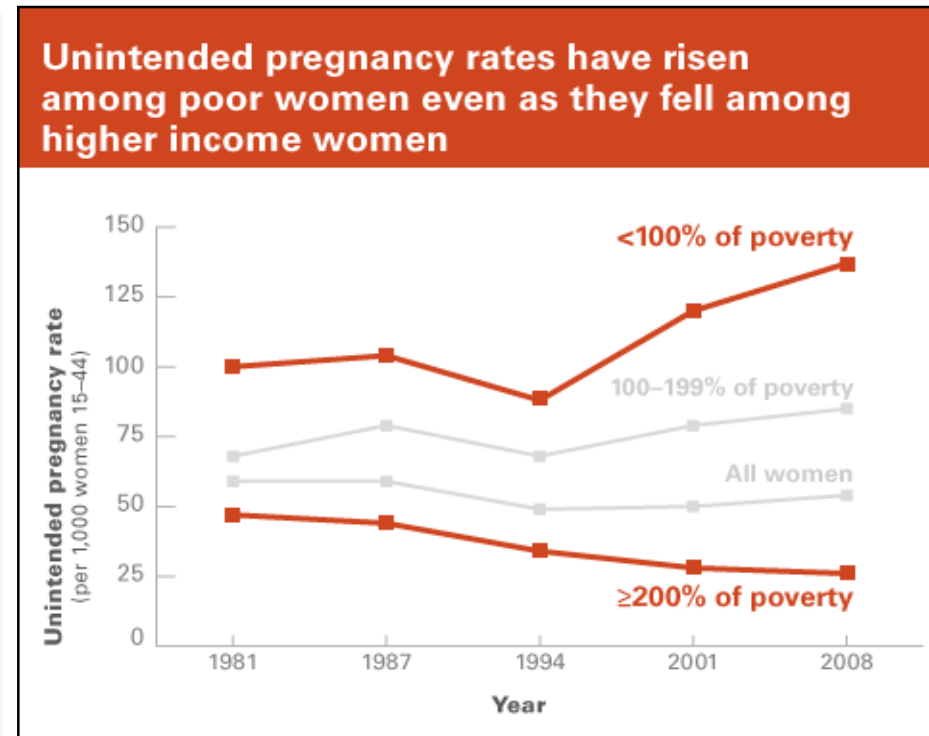
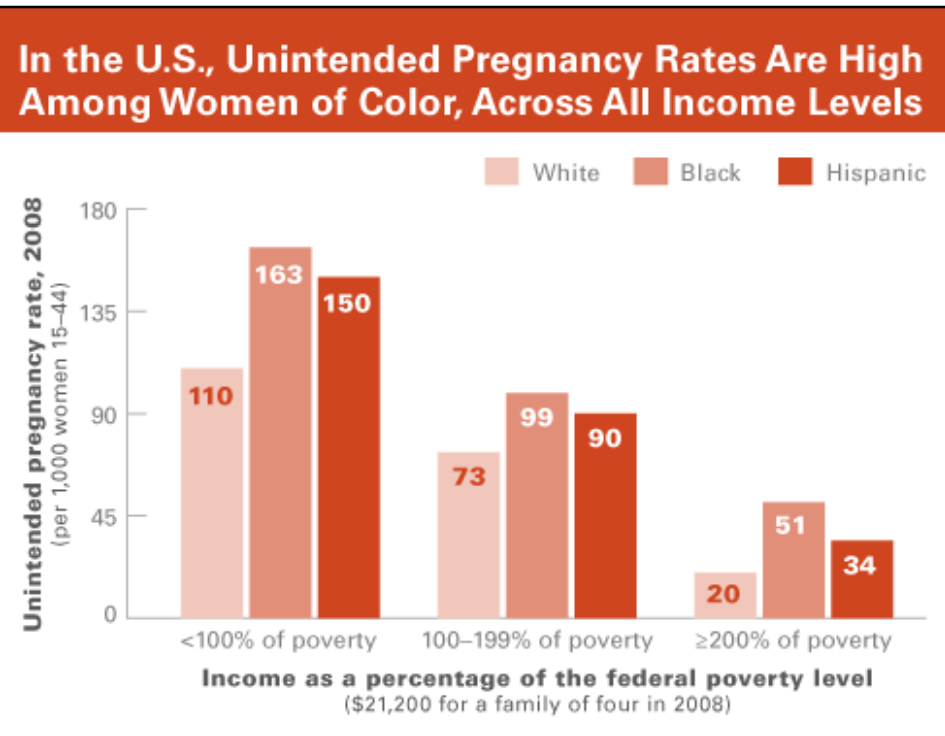
# Unintended Pregnancy

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In the US, 45% of all pregnancies are unintended:

- About half occur among women\* using contraception
- More likely among women who are younger, cohabitating, Black or Hispanic, with less educational attainment, and living in poverty
- **42% with unintended pregnancy choose abortion**

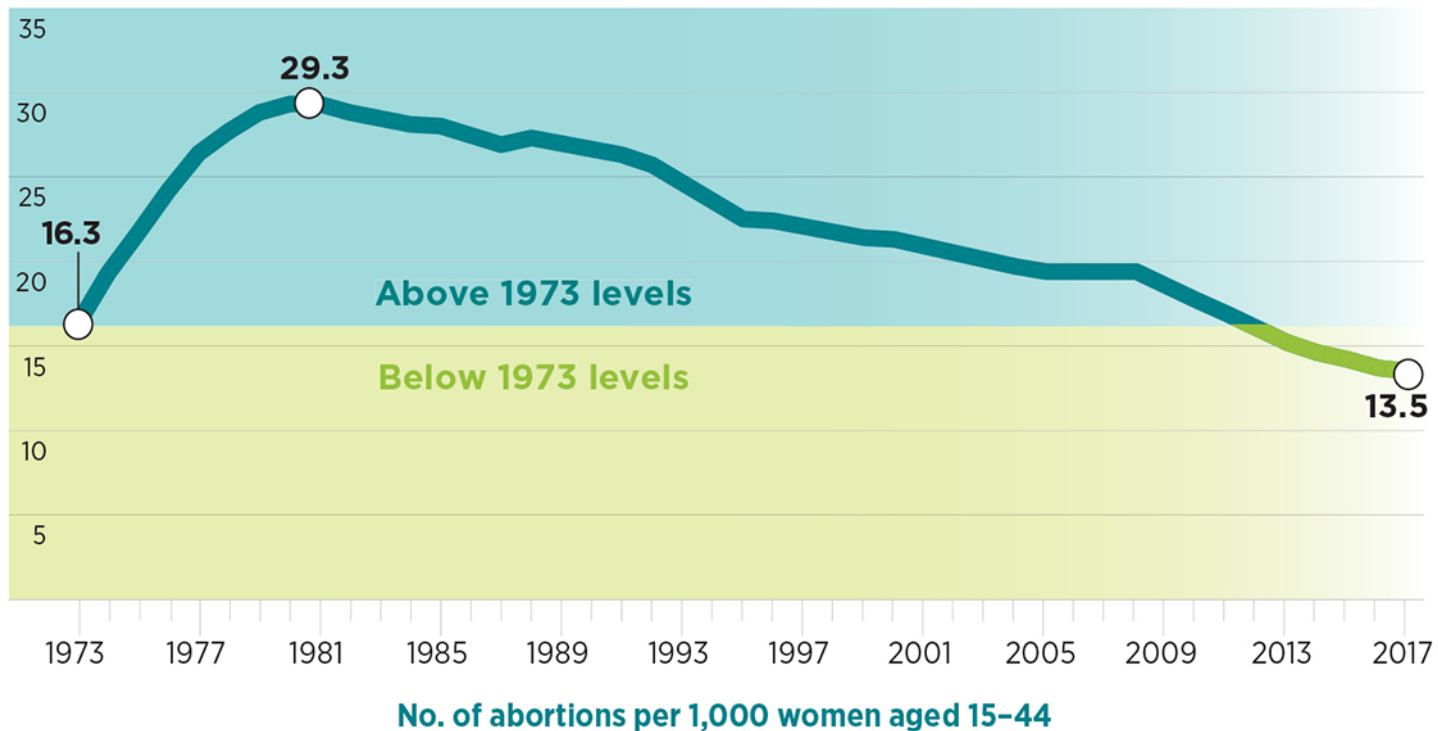
# Disparities in Unintended Pregnancy



# Induced Abortion

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The U.S. abortion rate reached a historic low in 2017.

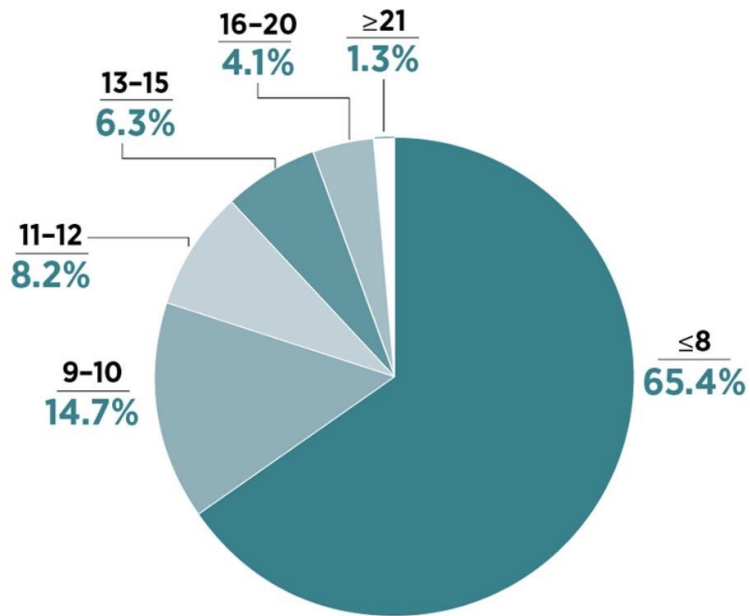


Guttmacher Institute, Induced abortion in the United States, 2019.

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# Access to Services

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- The vast majority of abortions occur in the first trimester
- About 5% of abortions are performed at 16 weeks or more
- Primary driver of safety is gestational age

# Safety of Abortion

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- In the US, a person is 20 times more likely to die due to pregnancy complications than due to abortion
  - Case fatality ratio (deaths per 100,000 abortions): 0.41 for 2013-18
  - Major adverse events occur in less than 0.25% of first trimester abortions and in 0.4% after the first trimester
  - If all abortions in the US stopped, 21% more people would die from pregnancy complications, and 33% more non-Hispanic Black people would die

Centers for Disease Control and Prevention, 2019;  
National Academies of Sciences, Engineering, and Medicine, 2018

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# Long Term Impact

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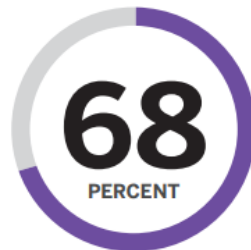
- Negative medical and social outcomes are more likely for people denied a wanted abortion
  - More life-threatening pregnancy complications like eclampsia and hemorrhage
  - More chronic headaches or migraines, joint pain, and hypertension than those who had an abortion
  - In the household: more physical intimate partner violence, single parenting, poverty, financial setbacks, developmental delay among children

GEORGIA 2018-2020

# MATERNAL MORTALITY

**PREGNANCY-RELATED  
DEATHS OCCURRING AFTER  
DELIVERY BY PAYOR**

(WITH A KNOWN PRIMARY PAYOR)



**MEDICAID**



**NON-MEDICAID**

**48.6**

**PREGNANCY-RELATED  
DEATHS**  
PER 100,000 LIVE BIRTHS  
**AMONG NON-HISPANIC  
BLACK WOMEN**

**22.7**

**PREGNANCY-RELATED  
DEATHS**  
PER 100,000 LIVE BIRTHS  
**AMONG NON-HISPANIC  
WHITE WOMEN**

# Georgia Law: HB 481

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“No abortion is authorized... if an unborn child (sic) has been determined... to have a detectable human heartbeat (sic).”

- Abortion = using, prescribing, or administering any instrument, substance, device, or other means with the purpose to terminate a pregnancy with knowledge that termination will, with reasonable likelihood, cause the death of an [embryo/fetus]
    - Not including ectopic or fetal demise
  - Unborn child = a member of the species Homo sapiens at any stage of development who is carried in the womb (sic)
  - Detectable human heartbeat = embryonic or fetal cardiac activity or the repetitive rhythmic contraction of the developing heart within the gestational sac
    - “which can be present as early as 6 weeks”
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# Legal Exceptions

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Exceptions to HB 481 include cases in which:

- A physician determines, in reasonable medical judgment, that a **medical emergency** exists
  - A physician determines, in reasonable medical judgment, that the pregnancy is **medically futile**
    - A “profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth”
    - No gestational age limit
  - The gestational age is 22 weeks or less from last menstrual period (LMP) and the pregnancy is the result of **rape or incest** in which an official police report has been filed
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# HB 481: Ultrasound

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## Per HB 481:

- Ultrasound (US) is required before abortion
    - Standard clinical practice is not dictated by the bill and so can direct transabdominal vs. transvaginal use
  - Requires the surgeon tell the patient of the presence or absence of fetal cardiac activity (FCA)
    - No reporting requirement of non-abortion providers
  - The US practice of other providers is unchanged
    - US is done to determine estimated gestational age (EGA), the presence or absence of landmarks, and fetal anatomy
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# Clinical Impact

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- The risk of many pregnancy-related complications increases as the pregnancy continues
  - May further increase postpartum
- Early pregnancy complications can occur along a continuum
  - Cervical dilation, rupture of membranes, abruption may occur while fetal cardiac activity is still present
- Patients experiencing pregnancy complications may consider resuscitation of an infant as early as 22 weeks'
  - Though prognosis depends on gestational age, weight, gender, or presence of infection, growth restriction, or anomalies

# Clinical Impact

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- Sequential serum and ultrasound screening for fetal anomalies may begin as early as 10 weeks', but more sensitive and definitive testing may not be completed until 24 weeks'
- Individuals who are pregnant because of sexual assault are less likely to obtain a wanted abortion in states with restrictive laws
  - Only 40% of rapes and sexual assaults were reported to police in 2017
  - 25% reported to police in 2018

# Georgia Law Prior to HB 481

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## Women's Right To Know Act

- Informed consent via a state-mandated script is required by phone or in person at least 24 hours prior to abortion
  - Parents of minors need notification via the state-mandated script at least 24 hours prior to abortion
    - Minors in Georgia are under 18 years of age
    - Parental consent not required
  - Patients must be offered the opportunity to view the US and hear the FCA if present and possible to hear
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# Services We Can Provide

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NO CHANGE in management of:

- EMERGENT CARE
  - Early abortion before detectable cardiac activity
  - Pregnancy loss without detectable cardiac activity
  - Ectopic pregnancy/pregnancy of unknown location
  - Post-abortion complications
    - No mandatory reporting
  - Diagnostic imaging
  - Non-obstetric care or medication for pregnant people
  - Care for non-pregnant people
  - Pregnancy options counseling
  - Information about abortion
  - Contraception
  - Emergency contraception
  - In vitro fertilization/egg freezing
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# In Summary

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- Provide access to information
  - Provide factual information
  - Dispel misinformation
  - Provide as much care as legally allowable
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