



**Written Testimony of Catherine Glenn Foster, M.A., J.D.
President & CEO, Americans United for Life
In support of H.B. 2343, the Ultrasound Opportunity Act
Submitted to the Health Care Availability and Accessibility Committee
March 7, 2023**

Dear Chairperson Collins, Vice-Chairperson Manley, Spokesperson Haas, and Members of the Committee:

My name is Catherine Glenn Foster, and I serve as President and CEO of Americans United for Life (AUL). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,¹ tracks state bioethics legislation,² and testifies on pro-life legislation in Congress and the states.³ Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. Thank you for the opportunity to testify in support of H.B. 2343, the Ultrasound Opportunity Act, which would provide some informed consent by requiring physicians to offer women the opportunity to receive and view an ultrasound prior to an abortion procedure.

I. From My Experience as a Post-Abortive Mother, Ultrasounds Are Critical to a Woman's Agency and Empowerment When Considering Abortion.

Ultrasound laws—or the lack thereof—have had a deep impact on my life. In 2001, when I was a sophomore in college in Georgia, I found myself unexpectedly pregnant. By default, I scheduled an appointment at an abortion facility. At the time, I wasn't aware of any other type of clinic to turn to with an unexpected pregnancy that might truly help women and girls with life-affirming choices. I knew of nowhere else to go, and I assumed the facility would at least provide me with the information, resources, and answers I was looking for as I decided what my next steps would be.

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE <https://aul.org/law-and-policy/> (last visited Feb. 14, 2022).

² *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Feb. 14, 2022).

³ See, e.g., *Revoking Your Rights: The Ongoing Crisis in Abortion Care Access Before the H. Comm. on the Judiciary*, 117th Cong. (2022) (testimony of Catherine Glenn Foster, President & CEO, Americans United for Life); *What's Next: The Threat to Individual Freedoms in a Post-Roe World Before the H. Comm. on the Judiciary*, 117th Cong. (2022) (testimony of Catherine Glenn Foster, President & CEO, Americans United for Life).

As clinic staff performed an ultrasound on me, I asked to see the image. I wanted to be able to make a fully informed decision, and I wanted to be able to see my child. But the woman who was maneuvering the wand over my belly said no. She told me it was against clinic policy to allow a mother to see the ultrasound image of her baby. And with that, they moved me on to the next workstation in the assembly-line process towards abortion.

I walked into that clinic because I felt I had no other choice, and nothing that took place there that day restored my agency or my empowerment. I was deeply conflicted, looking for information and resources to give me hope and options, but was given neither. I have never been able to see my child's only photo, and that fact remains on my mind to this day. That clinic stripped me of my choice. When we as a society do not ensure that abortion facilities provide women and girls with the information they have asked for, it can have devastating consequences. I know that firsthand.

With each passing year, more and more women like me emerge from the silence after abortion. They are wounded and speak out in anguish on the physical, emotional, spiritual, and psychological harm they have suffered and still suffer as a direct result of their abortions. Often, this harm arises as a consequence of women "choosing" abortion without adequate and accurate information concerning the procedure itself and abortion's risks, alternatives, and long-term consequences. Our experiences reflect the fact that abortion facilities often fail to provide adequate and accurate medical information, including access to and the option of viewing ultrasounds, to women considering abortions.

II. Illinois Has Broad Powers to Safeguard the Informed Consent of Women and Uphold the Integrity of the Medical Profession from Abortion Violence.

In *Dobbs v. Jackson Women's Health Organization*, the United States Supreme Court overruled *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey* and returned the abortion issue to the democratic process.⁴ This means that the "States may regulate abortion for legitimate reasons, and when such regulations are challenged under the Constitution, courts cannot 'substitute their social and economic beliefs for the judgment of legislative bodies.'"⁵ The Court recognizes that "[t]hese legitimate interests include respect for and preservation of prenatal life at all stages of development . . . the protection of maternal health and safety . . . [and] the preservation of the integrity of the medical profession."⁶

⁴ *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228, 2242–2243 (2022).

⁵ *Id.* at 2283–2284 (citations omitted).

⁶ *Id.* at 2284.

Even with statutory protections for the “fundamental right” to have an abortion,⁷ the standard principles of the practice of medicine must be followed. Informed consent, a foundational principle of modern medicine, “is a process by which the treating health care provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment.”⁸ A woman cannot agree to medical treatment unless she is “competent, adequately informed and not coerced” in giving informed consent.⁹ If abortion is “medicine,” then healthcare professionals must receive a woman’s voluntary, informed consent before performing an abortion. *Dobbs* emphasized that the states have a legitimate interest in “the protection of maternal health and safety.”¹⁰ Bills like H.B. 2343 that give women the choice to see her unborn child are important components to ensuring that the mother’s consent for an abortion is as fully informed as possible. As such, at least 27 states have enacted some type of ultrasound requirement to ensure women have the opportunity to make a more informed choice.¹¹

Ultrasound provisions both promote the woman’s physical and psychological health and advance the states’ important and legitimate interest in protecting life. Ultrasound requirements serve an essential and irreplaceable medical purpose in that they are the only method of diagnosing ectopic pregnancies, which, if left undiagnosed, can result in infertility or even fatal blood loss.¹² Furthermore, an ultrasound enables the healthcare provider to more accurately date the gestational age of a child. Accurate dating of pregnancy both protects the woman by ensuring that the appropriate abortion procedure is performed and provides relevant information necessary to make an informed decision, since the risks of abortion increase as gestational age increases.¹³

Offering a pregnant woman the opportunity to receive and view an ultrasound also helps ensure an informed choice because it gives the mother the option of seeing her unborn child as he or she really is—by seeing his or her form and face on a screen and by hearing his or her heartbeat. Medical evidence indicates that women feel bonded to their children after

⁷ 775 ILL. COMP. STAT. 55/1-1 to 55/1-97 (2019).

⁸ Christine S. Cocanour, *Informed Consent—It’s More Than a Signature on a Piece of Paper*, 214 AM. J. SURGERY 993, 993 (2017).

⁹ *Id.*

¹⁰ *Dobbs*, 142 S. Ct. at 2284.

¹¹ These states include Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin, and Wyoming.

¹² See, e.g., Mayo Clinic, *Ectopic Pregnancy*, <http://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/basics/complications/con-20024262> (last visited Jan. 15, 2021).

¹³ See, e.g., John M. Thorp Jr., *Public Health Impact of Legal Termination of Pregnancy in the U.S.: 40 Years Later*, 2012 SCIENTIFICA (Oct. 15, 2012), <https://www.hindawi.com/journals/scientifica/2012/980812/>.

seeing them on the ultrasound screen.¹⁴ Once that bond is established, researchers argue, a woman no longer feels ambivalent toward her pregnancy and in fact begins to feel invested in her preborn child.¹⁵ And thus, by giving every woman the choice to view her child's ultrasound image, the State also furthers its interest in protecting life, as some women may ultimately decide to carry their child to term.

III. Conclusion.

Today, this Committee has an opportunity to take an important step toward ensuring the women of Illinois are not denied vital information like I was, but instead empowered to make a fully informed decision. I wish every day that I had been allowed to see my ultrasound. I strongly encourage you to pass H.B. 2343 to give women the option of receiving and viewing an ultrasound and I encourage you to consider additional ways to utilize ultrasounds to protect women's physical and psychological health.

Respectfully Submitted,



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¹⁴ See J. C. Fletcher & M. I. Evans, *Maternal Bonding in Early Fetal Ultrasound Examinations*, 308 NEW ENG. J. MED. 392 (1983).

¹⁵ *Id.* at 392.