

2026 SESSION

LEGISLATION NOT PREPARED BY DLS  
INTRODUCED

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SENATE BILL NO. 708

Offered January 14, 2026

Prefiled January 14, 2026

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2971.2, relating to physicians; informed consent; disclosure of certain information prior to hysterectomy or oophorectomy.

Patron—Stuart

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 54.1-2971.2 as follows:

§ 54.1-2971.2. *Informed consent for hysterectomy and oophorectomy procedures.*

A. Except as provided in subsection C, before a physician performs a hysterectomy or an oophorectomy, the physician shall obtain oral and written informed consent from the patient. The informed consent procedure must ensure that, at least two weeks before the patient signs the consent form, the patient is provided with:

1. Notice that the patient is free to withhold or withdraw consent to the procedure at any time before the hysterectomy or oophorectomy without affecting the patient's right to future care or treatment and without loss or withdrawal of any state or federally funded program benefits to which the patient might be otherwise entitled.

2. Referral to the Hysterectomy Educational Resources and Services (HERS) Foundation and the HERS website.

3. A color copy of the following diagrams:

a. The female pelvic organs.

b. Supporting structures of the female pelvic organs.

c. Nerve supply to the uterus and ovaries.

d. Arteries and veins that provide blood supply to the female pelvic organs.

B. The patient shall sign a written statement before the hysterectomy or oophorectomy is performed indicating that the patient read and understood the information provided under subsection A and that the patient's attending physician and surgeon, or the attending physician's and surgeon's designee or designees, discussed this information with the patient. The statement must indicate that the patient's attending physician or the physician's designee advised the patient that the hysterectomy or oophorectomy will render the patient permanently sterile and incapable of having children.

C. The informed consent procedure under this section shall not be required when the hysterectomy or oophorectomy is performed in a life-threatening emergency situation in which the attending physician determines prior written informed consent is not possible.

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