



Oppose S.1 - Prevent the Government from Controlling Private Healthcare Decisions

Bill Summary: S.1 would prohibit abortion after any embryonic cardiac activity is detected, which is usually at six weeks. Exemptions include medical procedures intended to prevent death or serious risk of substantial and irreversible impairment of a major bodily function. For performing an abortion outside of the exemption guidelines, a physician would be subject to criminal penalties.

S.1 would also permit the SC Attorney General to bring civil action against certain people who have abortions outside of the exemption guidelines. S.1 would ban almost all abortions in South Carolina. This bill prohibits abortions as early as six weeks into a pregnancy, before most people even know they are pregnant. As a result, most pregnant people will be denied the right to decide about their healthcare before they know they have a decision to make. According to the Guttmacher Institute, only 29% of South Carolinians live in a county with an abortion clinic.¹ As these clinics also offer a range of other reproductive health services, abortion services are provided on an extremely limited basis. For example, two of South Carolina's three clinics only offer abortion services two days per week. The passage of S.1, when combined with these and other barriers including transportation access, mandatory waiting periods, and cost, would amount to a total ban on abortion for most people in South Carolina.

S.1 puts both medical providers and their patients at risk. This legislation imposes criminal sanctions on abortion-providing doctors with limited exceptions. The threat of prosecution directly conflicts with a doctor's ability to effectively treat a patient needing medical care when proper treatment carries the risk of endangering a pregnancy. There is no clear, universal definition of the point at which a pregnant person's life becomes endangered. Even when a physician is certain that an abortion or another intervention which poses a threat to a pregnancy is in the patient's best interest, the risk of prosecution will incentivize waiting to act until the patient's symptoms become demonstrably life-threatening.

S.1 is unconstitutional political overreach. The Fourteenth Amendment to the United States Constitution guarantees a right to privacy, and the United States Supreme Court has repeatedly reaffirmed that this right includes a person's ability to make decisions about their healthcare.² Popular opinion polling has long established that Americans support keeping abortion legal, rejecting the idea that bodies are public property to be regulated by government officials.³ To date, every abortion ban passed by state legislatures around the country has been successfully challenged in the courts and blocked from going into effect.⁴ Each challenge has imposed an unnecessary burden on taxpayers. If S.1 passes, South Carolinians will inevitably bear the cost of a preventable and expensive lawsuit.

The South Carolina Legislature should focus on increasing access to reproductive healthcare and reducing pregnancy-related mortality. The rate of pregnancy-related mortality in South Carolina is 25.5 deaths per 100,000 live births,⁵ significantly higher than the national average of 14 deaths per 100,000 live births.⁶ Under this statistic lies a staggering racial disparity, with pregnancy-related death rates being 2.6 times

¹ Guttmacher Institute, State Facts about Abortion: South Carolina, available at <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-south-carolina>, Sept. 2020.

² Pew Research Center, A History of Key Abortion Rulings of the U.S. Supreme Court, 2013, available at <https://www.pewforum.org/2013/01/16/a-history-of-key-abortion-rulings-of-the-us-supreme-court/>.

³ Pew Research Center, Public Opinion on Abortion 1995-2019, available at <https://www.pewforum.org/fact-sheet/public-opinion-on-abortion/>.

⁴ Guttmacher Institute, State Policy Updates: Major Developments in Sexual and Reproductive Health, 2020, available at <https://www.guttmacher.org/state-policy>.

⁵ South Carolina Maternal Mortality and Morbidity Review Committee, 2020 Legislative Brief, available at <https://www.scstatehouse.gov/reports/DHEC/mmmr-2020-Final.pdf>.

⁶ Katharine Hendrix, Maternal Safety Comes in Threes, Medical University of South Carolina, April 2019.

higher for Black people in South Carolina (43.3 deaths/100,000 live births) than for their white counterparts (16.4 deaths/100,000 live births).⁷ For each person who dies as a result of pregnancy, many more experience life-threatening complications.⁸ Forced pregnancy at the hands of the legislature is at odds with our state's goal of decreasing pregnancy-related mortality and disparately endangers the lives of Black South Carolinians and people who live in rural and/or under-resourced areas.

To protect the health, safety, and privacy of South Carolinians, the legislature must oppose S.1.

⁷ South Carolina Maternal Mortality and Morbidity Review Committee, 2020 Legislative Brief, *available at* <https://www.scstatehouse.gov/reports/DHEC/mmmr-2020-Final.pdf>.

⁸ Katharine Hendrix, Maternal Safety Comes in Threes, Medical University of South Carolina, April 2019.