



September 30, 2019

Senate Medical Affairs Sub-Committee
The Hon. Daniel Verdin, Chair
412 Gressette Building
Columbia, SC 29202

Dear Chairman and Members of the Committee,

My name is Laura Simmons and I am the Southeast Regional Director for NARAL Pro-Choice America. In this role my work has largely been focused in my home state of Georgia where we recently faced similarly contentious and dangerous legislation. I am here today to speak in opposition to House Bill 3020.

Let's be clear: this bill would be absolutely devastating for women and families in South Carolina. This unconstitutional and cruel overreach endangers women's lives by jeopardizing their ability to access critical care while targeting doctors trying to care for their patients and threatening them with prosecution. This bill will place politicians in the last place they should be – between a woman and her doctor.

It is no secret that maternal mortality is a serious concern for women and families. South Carolina currently ranks 8th highest in the country for maternal mortality and morbidity. In other words, pregnant women in South Carolina are dying due to pregnancy related causes at unconscionable rates. While the situation here is slightly less dire than my home state of Georgia, which is currently the most dangerous state in the country to give birth, I can assure you that targeting the doctors whom women rely on for care with prosecution will only make your state more likely to join Georgia at the bottom of that list.

This bill will disproportionately impact communities already struggling to access care. The CDC reported earlier this year that women of color die at a rate about three times higher than white women. These deaths are largely preventable, and lack of access to quality care contributes to increasing rates of maternal mortality across the country. South Carolina women already face hurdles to accessing health care – in fact, DHEC currently designates every county in South Carolina as medically underserved. Driving doctors away from South Carolina will only exacerbate this crisis.

When considering a ban similar to HB 3020 in Georgia, we heard from countless doctors and medical associations, including the Medical Association of Georgia, about the dangers of targeting physicians and other medical providers with unnecessary barriers to providing quality healthcare and threatening them with jail time. The healthcare gap for rural



populations is a real and continuing issue in a state that has seen four hospitals close in some of the most underserved areas. This issue will only be exacerbated if you make the state less attractive to doctors and medical professionals looking to set up their practice. We should be encouraging doctors to come to South Carolina, but what doctors looking to set up shop will want to risk prosecution for taking care of their patients?

There is no question that access to quality reproductive healthcare can help women avoid unplanned pregnancies and ensure healthy pregnancies. If this committee is interested in serving the women of South Carolina and improving health and pregnancy outcomes in the state, your time would be better spent passing laws that incentivize providing complete and comprehensive reproductive healthcare instead of threatening doctors with jail time.

As you consider this bill and hear hypotheticals around legal strategies, I implore you to consider the very real, very serious implications of your vote. We are already seeing a real impact on pregnant women in Georgia despite our ban not being in effect – constituents are outraged, legal experts are unsure of the exact ramifications, and women are scared. If you pass HB 3020, you will place the women of South Carolina in these situations as well.

There are many serious ramifications if this bill is enacted, but one that often goes without its due attention is what happens to a woman who is experiencing a miscarriage. She will have to weigh whether it is worth the risk to receive medical treatment, knowing that she may face an interrogation. Should she choose to get help, will the medical professionals that she seeks out even have the resources and will to assist her, fearing their own prosecution?

If she is investigated, how will she prove that she had a natural miscarriage? For those of you thinking that women won't be targeted as a result of this bill, I ask: how do you tell the difference between a patient who has had a miscarriage and one who has had an abortion? The cases of women all around the world who are jailed after a miscarriage show us: you can't. This fact alone will result in women being immediately subject to suspicion and interrogated as to their actions while pregnant. Will she be investigated for endangering her pregnancy if she drinks coffee, is on her feet too long at work, exercises too strenuously, or any other number of actions that go against some recommendations for pregnant women? At what point will the state be satisfied in its investigation? How much interrogation of a woman experiencing pregnancy loss will be enough?

In addition to doing nothing to address the maternal mortality and morbidity crisis in this state, this bill will place women in unnecessarily dire health circumstances that could put their lives at risk, or even kill them. When abortion laws contain such limited exceptions as this one does, such as requiring that an abortion be performed to "avert her death," doctors



who are facing prison time will not utilize that exception lightly. They may be more hesitant to perform a life-saving procedure if they believe it could result in prosecution. For those of you who think it's an easy call, I urge you to look up the case of Dr. Savita Halappanavar to see what happens when we tie the hands of doctors with these restrictions. One-size-fits-all laws and life-or-death situations are a tragically toxic combination. At what point do we consider someone's condition to be so dire that an abortion is necessary to avert death?

Women and their families don't deserve to pay the price for a political agenda. If you pass this bill, you are asking the women and doctors of South Carolina to put their lives and health on the line to further an extreme ideological agenda, when what they really need is your compassion. We will never know what every woman is facing, the circumstances she's in, or be able to walk in her shoes. We can and must learn from what we have seen happen when these kinds of laws are implemented. Doctors fear that practicing and administering care to their patients will land them in jail, and women suffer the consequences. Women are investigated, and women who suffer miscarriages can be treated as suspects rather than people in need of care and support.

The clear majority of Americans believe that these most personal decisions about pregnancy should be made by a woman and the people she loves and trusts, not politicians. We cannot ignore the lessons from women's real experiences with these laws or turn a blind eye to the race to the bottom for maternal outcomes like what we are seeing in Georgia. That cannot possibly be the outcome that you want for the women of South Carolina, and you must not let this devastating bill move forward.

Mr. Chairman, members of the committee, abortion is a deeply personal, often complex decision for a woman to make in consultation with her doctor, her family, and her faith — and we cannot make that decision for her. It is vital that you direct the state's resources to expanding access to healthcare for women and families instead of fighting costly legal battles from the unconstitutional and cruel measure being proposed here.

Sincerely,

A handwritten signature in black ink that reads "Laura Simmons". The signature is written in a cursive, flowing style.

Laura Simmons
Southeast Regional Director
NARAL Pro-Choice America