



Senate Bill 1
Testimony of Dawn Bingham, MD, MPH, FACOG
Vice Chair, SC Section of the American College of Obstetricians and Gynecologists
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Good Morning Senators,

My name is Dr. Dawn Bingham, and I have been an OB/GYN in South Carolina for 20 years and I am offering this testimony in my capacity as Vice Chair for the South Carolina Section of the American College of Obstetricians and Gynecologists. Senate Bill 1 is a bill that would outlaw abortion after 6 weeks, before many people even know they are pregnant, or know if the fetus has lethal anomalies, or can know what pregnancy complications will befall them. Legislation restricting abortion never establishes a framework which serves to help or improve patient circumstances. Laws restricting abortion are not based in medical evidence, but rather political rhetoric. **By supporting or enacting legislation that forces women to carry a pregnancy, this legislation is actively denying a woman's future in exchange for one that is scripted for her by the state, thus denying her humanity and free choice to make healthcare decisions.**

The most recent Winthrop Poll from March 2019 from shows 73% of South Carolinians, believe a woman should be able legally to get an abortion if her doctor says the pregnancy is a threat to her health or if the fetus is not viable. 70% of South Carolinians also believe a woman should be able to get an abortion for a pregnancy caused by rape or incest. Four in 10 think abortions should be available for unplanned pregnancies or if a woman doesn't believe she is ready or able to care for a child. These attitudes push back against this fetal heartbeat bill which would essentially outlaw all abortion. Public opinion polling aside, as an OB/GYN who cares for women facing unforeseen health circumstances, I also know that no one can predict what decisions they, or their loved ones, may confront over the course of their reproductive lives. Abortion care, like other health care, must be a decision they are able to make in consultation with their family, their trusted love ones, and their physician. This legislature has no place in those decisions.

Abortion is safe because it is legal. A recent report by the National Academies of Sciences, Engineering, and Medicine (NASEM)¹ comprehensively reviewed the state of science on all methods of abortion, and confirmed once again that abortion is one of the safest medical procedures. In fact, one of the biggest threats to the quality of abortion care in the United States are unnecessary and burdensome government regulations that undermine evidence-based care. Compared to our maternal mortality rate in South Carolina, where we rank 42nd in the nation, it is much safer to obtain an **abortion than to carry a pregnancy to term. The need and desire for women to seek abortion care will not go away if this bill is passed. These types of bills will only serve to increase the rate of unsafe abortion, particularly for those women without the means to travel out of South Carolina for abortion care.**

We firmly believe that science and medical evidence must be at the core of public health policies that affect the health and lives of women. Safe, legal abortion is an essential component of women's health care. Criminalizing abortion after six weeks will undoubtedly tie the hands of health-care providers and undermine their ability to make ethical and professional decisions in the best interest of their patients. These bills seek to create the possibility of a private right of action against physicians when physicians care for their patients within their scope of practice.

We are also deeply concerned about the sweeping and lasting impact this legislation could have on our women's health provider workforce. Criminalizing health care signals to future physicians, who are drawn to our state because of our high-caliber residency training programs, that South Carolina puts politics before evidence-based medicine. This would undoubtedly hinder our state's ability to recruit candidates for our programs. These bills could undermine efforts to recruit and retain OB/GYNs in South Carolina, and could further restrict access to health care in rural South Carolina, where we have at least 10 counties that have no OB/GYNs. Currently practicing physicians would have little incentive to move to—or stay in—a state with mandates running so fundamentally contrary to scientific and medical facts.

Further, accredited ob-gyn residency programs must provide training or access to training in the provision of abortion as part of a planned curriculum. Were this legislation to become law, it is unclear how our residency programs would be able to meet these standards. Again, this would be disincentive for the next generation of physicians to come to South Carolina for training.

Shared decision-making between patients and physicians must continue to rely on science, best practices, and individual needs. The best health care is provided free of political interference in the patient-provider relationship. Again, I respectfully urge you to oppose Senate Bill 1.

This legislation would effectively ban all abortion in our state. It would let politicians—not women and families—determine health care decisions and restrict our patients' ability to access safe care. Many factors influence or necessitate an individual's decision to have an abortion. They include but are not limited to contraceptive failure, barriers to contraceptive use and access, rape, incest, intimate partner violence, fetal anomalies, and exposure to teratogenic medications. Additionally, pregnancy complications such as placental abruption, preeclampsia, infections, and cardiac or renal conditions may be so severe that an abortion is the only measure to preserve a patient's health or save their life. A lifetime of caring for people and mastery of clinical subject matter actually matters in providing options for patients. It is dangerous and ill-advised interference in the practice of medicine for politicians to determine the standard of care.

Signed,

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