

Open Letter to South Carolina Lawmakers: Oppose Restrictions on Reproductive Health Care

Over 500 health care professionals from across the state of South Carolina joined the following open letter to state lawmakers opposing legislation restricting reproductive health care, including SB 1. Mobilized by Officers of the South Carolina Section of the American College of Obstetricians and Gynecologists (ACOG), this letter makes it clear that the health care community is firmly opposed to political interference in the patient-clinician relationship.

February 8, 2021

To Governor McMaster and Members of the South Carolina Legislature:

As women's health care providers who have dedicated our careers and lives to securing healthy futures for our patients and their families, we respectfully urge you to oppose legislation that interferes with the provision of reproductive health care to the women of South Carolina. These policies are harmful to women's health, and their futures. Women cannot achieve their full potential without having complete bodily autonomy.

Medically unjustified restrictions on reproductive health care replace medical facts with political rhetoric and personal ideology, and ties the hands of health-care providers from being able to provide the standard of care in healthcare decisions with their patients. These restrictions include:

- Inappropriately inserting politicians into the patient-clinician relationship by dictating the information and care clinicians provide to their patients
- Denying bodily autonomy and the capacity to make personal healthcare decisions regarding pregnancy to women and girls of our state in preference for a medical outcome scripted to her by the state legislature, thus denying her humanity and free will to determine the trajectory of her own life.
- Effectively banning abortion in our state by criminalizing abortion early in pregnancy—before many women even know they are pregnant, or know if the fetus has a lethal anomaly, or know what pregnancy complications may befall them. We must preserve the well-established right to make personal healthcare decisions without interference from politicians.
- Criminalizing health-care providers for caring for their patients according to their medical training and professional judgement. Creating the possibility of a private right of action against physicians when they care for their patients within their scope of practice, a dangerous precedent for our society, but especially for pregnant women.

COVID-19 continues to test the strength of our health care system, our economy, and our social safety net, and has only exacerbated and underscored already unsustainable healthcare disparities. Instead of focusing on divisive, unjustified restrictions that jeopardize health care access and outcomes, we urge you to turn your attention to the urgent health care needs of our state's women and families.

South Carolina ranks 42nd in maternal mortality for the United States, with a ratio of 24 deaths/100,000 live births. Safe abortion is much safer than pregnancy, and these bills will restrict access to safe

abortion. Requiring a woman to continue her pregnancy places her at a much greater risk of mortality than does a safe abortion procedure. These bills do nothing to improve maternal health outcomes, nor will they reduce the need and desire for women to seek abortion care, but they will limit the availability of safe abortion care and threaten to exacerbate our state's maternal mortality crisis.

Our state is also facing a dire shortage in our women's health provider workforce, particularly in rural South Carolina, which has at least 10 counties that have no OB/GYNs. We are deeply concerned that passing restrictive abortion laws would undermine our efforts to recruit and retain clinicians in South Carolina. Currently practicing clinicians would also have little incentive to move to—or stay in—a state with mandates running so fundamentally contrary to scientific and medical facts.

Further, our 3 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. 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.

Shared decision making between patients and their health care providers must continue to rely on science, best practices, and individual needs. Again, we respectfully urge you to oppose legislation that restricts access to reproductive health care and seeks to punish clinicians providing compassionate, evidence-based care.

Signed,

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