

January 25, 2018

Dear Senator:

We, the undersigned medical and public health organizations, stand in strong opposition to S. 2311, the so-called “Pain-Capable Unborn Child Protection Act,” sponsored by Senator Lindsey Graham (R-SC). Politicians should not interfere in personal medical decisions.

If enacted, S. 2311 would ban most abortions in the United States at 20 weeks after fertilization.¹ By threatening providers with criminal fines and/or imprisonment and civil actions, this bill places health care providers in an untenable situation – when facing a complex, urgent medical situation, they must decide whether to protect themselves against the consequences of an unjust law or protect the health and safety of their patients.

S. 2311 ignores the health issues and real-life situations that women can face in pregnancy. Every woman faces her own unique circumstances, challenges, and potential complications. She needs to be able to make decisions based on her physician’s medical advice and what is right for her and her family.

S. 2311 delays rape survivors access to abortion care by requiring adult survivors to receive counseling or medical treatment at least 48 hours prior to getting an abortion. Minors would be required to report their rape to law enforcement before being allowed an abortion. These requirements create medically unjustified delays for needed medical care. Women’s health care providers are appropriately trained and able to counsel patients in all medical circumstances. No one should be required to attend extra appointments and jump through unnecessary hoops before she is able to access needed care.

Further, the bill includes medically inappropriate and unnecessary requirements dictating how providers should deliver medical care. Reproductive health care providers, based on their extensive training and informed by professional practice guidelines, should determine the best course of care with their patients, not with politicians in mind. The bill also requires physicians to report any abortion performed after twenty weeks and the location of the abortion, but only shields the patient’s identity, not the providers’. This information, if made public, would place providers in jeopardy of significant harm.

S. 2311 would force a doctor to deny an abortion to a woman who has determined that terminating a pregnancy is the right decision for her, including women carrying a pregnancy with severe and lethal anomalies that may not be diagnosed until after 20 weeks in pregnancy² and to women with serious

¹ A New England Journal of Medicine study on neonatal care and fetal survival has been incorrectly cited as questioning the science around viability. The article evaluated differences in hospital practices for extremely premature births and is not related to the issue of second trimester abortions. Rysavy, Matthew A. et al. Between-Hospital Variation in Treatment Outcomes in Extremely Premature Infants. *New England Journal of Medicine* 372;19 (May 7, 2015).

² These conditions can include anencephaly, renal agenesis, limb-body wall complex, neural tube defects such as encephalocele and severe hydrocephaly, and severe heart defects.

medical conditions brought on or exacerbated by pregnancy.³ It contains no exception to preserve the health of a woman. Instead, it includes a vague life endangerment exception which exposes doctors to the threat of criminal and civil prosecution, limiting their options for care that is often needed in complex, urgent medical situations. S. 2311's mandates and restrictions on how physicians should care for their patients are based on inaccurate and unscientific claims.⁴

We strongly oppose political interference in the patient-provider relationship and criminalizing care for women and families. S. 2311 jeopardizes the health of women in the U.S. by limiting access to safe and legal abortion and replaces personal decision-making by women and their doctors with political ideology. Our organizations urge you to VOTE NO on S. 2311.

Sincerely,

American Academy of Pediatrics
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Medical Women's Association
American Nurses Association
American Psychological Association
American Public Health Association
American Society for Reproductive Medicine
Association of Reproductive Health Professionals
Clinicians for Choice
Doctors for America
GLMA: Health Professionals Advancing LGBT Equality
Medical Students for Choice
National Abortion Federation
National Association of Nurse Practitioners in Women's Health
National Hispanic Medical Association
National Family Planning & Reproductive Health Association
North American Society for Pediatric and Adolescent Gynecology
Nursing Students for Sexual and Reproductive Health
Physicians for Reproductive Health
Planned Parenthood Federation of America
Society for Adolescent Health and Medicine
The Society of Family Planning
Society for Maternal-Fetal Medicine

³ Such conditions can include pulmonary hypertension, Marfan's syndrome, severe valvular heart disease, Eisenmenger's syndrome, cyanotic heart defects, hormonally sensitive cancers, kidney disease, preterm premature rupture of membranes with sepsis, placenta previa, severe preeclampsia, HELLP syndrome, and ovarian hyperstimulation syndrome.

⁴ For example, contrary to the bill's claims, rigorous scientific reviews of the evidence on fetal pain published in the Journal of the American Medical Association (JAMA) and Journal of Maternal-Fetal and Neonatal Medicine, and by the Royal College of Obstetricians and Gynaecologists concluded as recently as 2012 that fetal perception of pain is unlikely before the third trimester.