

Oppose SB 348 / HB 203, A Dangerous And Deceitful Attempt To Restrict Access To Reproductive Care

Twenty-week abortion bans are unconstitutional attempts by opponents of safe and legal abortion to impose restrictions on access to abortion. Abortion is a deeply personal, often complicated decision for a woman to make. Once again, politicians are inserting themselves in the most private and personal medical decisions best left between a woman in consultation with her doctor, her family and her faith.

These laws are rooted in opposition to safe and legal abortion and not credible medical evidence:

While a majority of abortions in the United States occur in the first trimester, it is important that a woman, her family, and her doctor have every medical option available. Laws banning abortion at 20 weeks of pregnancy would take that deeply personal decision away. Unfortunately, 20-week bans are already the law in some states, so we've seen what happens when politicians interfere in women's medical decisions and tie doctors' hands.

In these states, some women and their families have been put into unimaginable situations.

Advocates of the 20-week ban defend it with assertions about "fetal pain", but these claims are not supportered by science. The world's leading medical institutions that establish standards for reproductive health care agree that, before 26 weeks of gestation, the fetus does not possess the structural and functional neurological capacity to experience pain.

Legislation ignores real world situations:

Every pregnant woman faces her own unique circumstances, challenges, and potential complications. It is not always possible for a woman to get an abortion as soon as she would like to. Many things can stand in her way, such as delays in finding out she is pregnant, needing time to gather funds to cover the cost of care and travel, a lack of doctors who provide abortion nearby, or previous barriers put in place by politicians. In fact, it is often these harmful and needless restrictions that actually force women to get abortions later in pregnancy.

For example, women with cancer, diabetes, epilepsy or other seizure disorders, and high blood pressure may face dangerous complications at or past 20 weeks that can put their health in serious jeopardy. Similarly, some women may develop conditions during their pregnancies that seriously threaten their health, such as preeclampsia and placental abruption.



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Ignores real world situations (cont.):

Only 1 percent of women have abortions after 20 weeks, and these can involve rare, severe fetal anomalies (most fetal anomalies are only detectable at 20 weeks) and serious risks to a woman's health.

In these situations, it is crucial for woman to have the opportunity to think through their options based on their unique situation in consultation with the people they trust.

This bill also fails to contain exceptions for victims of rape and incest who—for one of many understandable reasons—may not have made an official report with the government, and no exceptions for when the woman learns that there are serious fetal anomalies. In these situations, it is crucial for women to have the opportunity to think through their options based on their unique situation in consultation with people they trust, including their physicians, loved ones, counselors, religious leaders and others.

20-Week Bans Are Part of an Agenda to Ban All Abortion:

This legislation attempts to outlaw an extremely rare procedure. Only about 1 percent of all abortions take place after 20 weeks, and most are the result of doctors finding birth defects that were undetectable in earlier screenings.

The ban will push women to travel out of state if they discover a serious defect during a second trimester ultrasound, adding another layer of logistical and financial difficulty to an already complicated termination procedure. The 20-week abortion ban is also medically arbitrary, as fetuses this young cannot survive outside the womb. The legislation, which does not make exceptions for rape, incest, or irreversible fetal anomalies, will especially burden poor women who must come up with funds for both the procedure and the trip.

The introduction of these bans doesn't come in isolation. They're part of a dangerous, out-of-touch, and coordinated effort to unconstitutionally chip away at access to safe and legal abortion. Every time these bans have been litigated, they have been enjoined including in Arizona, Utah, Idaho and Georgia.