September 16, 2015

Dear Member of the Senate,

We, the undersigned medical and public health organizations, stand in strong opposition to S. 1553[1], the so-called "Pain-Capable Unborn Child Protection Act," sponsored by Senator Lindsay Graham (R-SC). Politicians should not interfere in personal, medical decisions.

If enacted, S. 1553 would ban most abortions in the United States at 20 weeks after fertilization, clearly before viability. The bill threatens providers with criminal fines and/or imprisonment and civil actions for providing professional and compassionate care, and is intended to intimidate and discourage doctors from providing abortion care. This bill places health care providers in an untenable situation – when they are facing a complex, urgent medical situation, they must think about an unjust law instead of about how to protect the health and safety of their patients.

S. 1553 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. 1553 is identical to H.R. 36 passed by the House of Representatives in May. Before moving to the floor, H.R. 36 was amended under the guise of improving the bill. But the bill continues to illustrate a disregard for standards of medical care and women's health. The changes did nothing to temper the bill's extremity, and instead further injected ideological agendas between women and their doctors. S. 1553 contains a requirement that adult survivors of rape receive counseling or medical treatment for the rape at least 48 hours prior to their abortion procedure. For minors, the bill would require reporting to law enforcement of rape or incest. This language does not improve the bill in any way, but instead mandates delays in needed medical care. Women's health care providers are appropriately trained and able to provide quality counseling to women, no matter what circumstances she is facing in her life. Requiring a woman to attend extra appointments and face further barriers to care before she is able to access care she needs is against the tenets of medical practice.

Further, the bill includes medically inappropriate and unnecessary requirements dictating how providers should deliver medical care.[2] Reproductive health care providers, based on their extensive training and informed by professional practice guidelines, should be determining with their patients the best course of action. The bill also contains a provision requiring physicians to report any abortion performed after twenty weeks and the location of the abortion. While the bill specifically includes protections to ensure that such reporting does not reveal the identity of a woman

[1] S. 1553 is the Senate counterpart to H.R. 36, which the House of Representatives passed on May 13, 2015.

[2] A recently published New England Journal of Medicine study on neo-natal 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).

who has an abortion, it fails to include any similar protections for providers.

S. 1553 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 pregnancy[3] and women with serious medical conditions brought on or exacerbated by pregnancy.[4] It contains no exception to preserve the health of the 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. 1553's mandates and restrictions on how physicians should care for their patients are based on inaccurate and unscientific claims.[5]

We strongly oppose governmental interference in the patient-provider relationship and criminalizing provision of care to women and their families. S. 1553 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. We also recognize this legislation as part of a broader effort to undermine access to safe, legal abortion and to curtail access to other reproductive health care by limiting the ability of abortion providers to participate in public health programs. Our organizations urge you to oppose passage of S. 1553.

Sincerely,

American Academy of Pediatrics
American College of Nurse-Midwives
American Congress of Obstetricians and Gynecologists
American Medical Student Association
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
National Abortion Federation
National Alliance to Advance Adolescent Health
National Association of Nurse Practitioners in Women's Health
National Family Planning & Reproductive Health Association
National Hispanic Medical Association
National Physicians Alliance
North American Society for Pediatric and Adolescent Gynecology

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

[4] 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.

[5] 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.

Nursing Students for Choice
Physicians for Reproductive Health
Planned Parenthood Federation of America
Public Health Students for Choice
Society for Adolescent Health and Medicine
Society of Family Planning
Society for Maternal-Fetal Medicine