CENTER *for* REPRODUCTIVE RIGHTS

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South Carolina Senate Medical Affairs Subcommittee
PO Box 142, 412 Gressette Building
Columbia, SC 29202

VIA ELECTRONIC MAIL

Re: Letter Opposing SB 1095

Dear Chairman Senator Danny Verdin and Members of the Medical Affairs Subcommittee:

The Center for Reproductive Rights ("The Center") is a legal advocacy organization that uses the power of the law to advance reproductive rights as fundamental human rights around the world. As a part of our mission, we aim to ensure that all people have meaningful access to reproductive health care, including abortion, fertility, and maternal health care services.

The Center strongly opposes Senate Bill 1095 ("SB 1095"). This is an extreme bill with sweeping impact on the provision of reproductive health care in the state. This bill criminalizes people who help others get access to abortion care out of the state, creates a RICO-style scheme equating abortion provision with criminal organizations, repeals protections for minors and more. This bill is so dangerous that it goes so far as to repeal current law that prevents the prosecution of pregnant people for their own pregnancy outcomes. This testimony covers only a limited set of issues raised in this legislation.

SB 1095 would ban all abortions, except in a very limited set of circumstances. The exception outlined in this total ban will not work to ensure that all South Carolinians can access the emergent medical care they need and is out of step with the beliefs and values of most South Carolinians. This radical bill would prevent people from making the most basic and fundamental decision about whether or not to have a child. It would create a public health crisis for the state and harm people who already struggle to access health care, including low-income people, people of color, and people who live in rural areas. Abortion bans are harmful for people and lead to negative pregnancy-related health outcomes. This legislation is a direct attack on South Carolinians—it criminalizes some of the most foundational aspects of family formations—for these reasons, and many others, **we urge you to oppose this bill.**

I. SB 1095 criminalizes pregnancy in South Carolina.

SB 1095 repeals explicit protections from the South Carolina code that prohibits prosecuting pregnant people for abortion-related care and replaces it with a policy allowing the state to impose fines and prison time on pregnant people. "Pregnancy criminalization occurs when the state wields a criminal law to

render acts associated with a pregnancy, pregnancy loss, birth, and/or associated healthcare the subject of criminal prosecution."[1] SB 1095 bans abortion with such narrow exceptions that it leaves no real availability of care. Coupled with the criminalization of pregnant people, this bill will lead to dangerous investigations and prosecutions. Overzealous prosecutors already use unintended laws to criminalize pregnant people for their pregnancy outcomes, this bill will just give them a clear pathway to harass and target certain communities.[2] Evidence demonstrates that low income and people of color are already more likely to be targeted by pregnancy criminalization laws.[3]

Criminalizing pregnant people for seeking abortions will not strengthen families or improve birth outcomes. Policies that rely on punishment discourage pregnant people from seeking prenatal care and medical advice.[4] Pregnancy criminalization exacerbates poor maternal, fetal, and child health outcomes, disproportionately impacting marginalized communities.[5] A "pro-family" approach should prioritize healthy pregnancies, trust in doctors, and practical support instead of harsh criminal penalties. The only goals achieved by criminalizing pregnancies are eroding trust between providers and patients and punishing people for being pregnant. Imprisoning pregnant people separates families, removes parents from their children, and creates lifelong burdens for communities.

II. SB 1095 is an extreme abortion ban that puts pregnant people's health at risk and does not align with the values of South Carolinians.

South Carolina's current gestational abortion ban, which operates in practice to effectively prohibit abortion care after approximately six weeks of pregnancy, is already one of the strictest and most harmful bans in the country.[6] The exceptions to South Carolina's current ban are already narrow, limited to exceptions for cases of reported rape or incest (up to 12 weeks of gestation as measured by the patient's last menstrual period, or LMP); fatal fetal anomalies; and to save the life of the pregnant person or prevent certain types of

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[1] Purvaja S. Kavattur et al., *The Rise of Pregnancy Criminalization*, PREGNANCY JUSTICE (Sep. 2023) https://www.pregnancyjusticeus.org/wp-content/uploads/2023/09/9-2023-Criminalization-report.pdf.

[2]Kavattur et al., *supra* note 1. E.g., Press Release*, Pregnancy Justice, South Carolina Pregnancy Criminalization Case Dropped in a Victory for Maternal Health* (Sept. 11, 2024), https://www.pregnancyjusticeus.org/press/south-carolina-pregnancy-criminalization-case-dropped-in-a-victory-for-maternal-health/.

[3] *Id*.

[4] Celeste Krewson, *Criminalizing Prenatal Drug Use Linked to Reduced Prenatal Care*, CONTEMPORARY OB/GYN (Nov. 6, 2025) https://www.contemporaryobgyn.net/view/criminalizing-prenatal-drug-use-linked-to-reduced-prenatal-care.

[5] Kavattur et al., *supra* note 1.

[6] S.C. Code Ann. § 44-41-630.

irreversible bodily impairment to the pregnant person.[7] SB 1095's total abortion ban would remove the rape or incest and fatal fetal anomaly exceptions, leaving only the death or permanent injury exception—which excludes psychological conditions. And even during the provision of care under that exception, physicians must make "all reasonable efforts" to preserve fetal life. Many states with abortion bans retain at least one of the exceptions that SB 1095 would eliminate: rape, incest, health, or anomaly.[8] By removing them, SB 1095 violates guidance from major medical associations, including the American Medical Association, which establish that "physicians must have latitude to act in accord with their best professional judgment."[9] This bill gives physicians no such latitude.

a. A narrow exception for death or permanent injury creates a dangerous chilling effect on health care providers.

Medically unnecessary delays in access to abortion care always harm pregnant people. Narrow exceptions under abortion bans force doctors to wait until their patient becomes sick enough to qualify.[10] These delays are counter to evidence-based guidelines and put pregnant people at risk of serious injury or death.[11] They also threaten pregnant people's future fertility. For example, SB 1095's exception requires a physician to determine that the patient's condition is deadly or threatens severe enough impairment: a "serious risk of a substantial and irreversible physical impairment of a major bodily function."[12] Coupled with the threat of decades of imprisonment, this can lead to unconscionable patient injury in practice.

The requirement to document and justify every decision from the earliest points in pregnancy, combined with the risk of being second-guessed by prosecutors or civil litigants, means that physicians may be forced to err on the side of inaction of treatment for pregnant people. We know this type of fear leads to catastrophic harm for pregnant people.[13] This is likely to produce a chilling effect among

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[7] *Id.*
[8] *Exceptions in State Abortion Bans and Early Gestational Limits*, KFF (Apr. 1, 2026) https://www.kff.org/womens-health-policy/exceptions-in-state-abortion-bans-and-early-gestational-limits/.
[9] *AMA Announces New Adopted Polices Related to Reproductive Health Care*, AMERICAN MEDICAL ASSOCIATION (Nov. 16, 2022) https://www.ama-assn.org/press-center/press-releases/ama-announces-new-adopted-policies-related-reproductive-health-care.
[10] *See e.g. Zurawski v. Texas*, Cause No. D-1-GN-23-000968 (Dist. Ct. Tex. May 22, 2023) (complaint). Found at https://reproductiverights.org/wp-content/uploads/2023/05/2023.05.22-Zurawski-v.-Texas-1st-Am.-Ver.-Pet.-FINAL.pdf.
[11] *See e.g.*, *Abortion Bans Are to Blame, Not Doctors,* ACOG (Oct. 3, 2024) https://www.acog.org/news/news-releases/2024/10/acog-abortion-bans-are-to-blame-not-doctors.
[12] S.C. Code Ann. § 44-41-630.
[13] *Id.*

health care providers, with physicians fearing after-the-fact scrutiny and prosecution.[14] Reports from other states with similarly stringent restrictions show doctors are delaying care until patients are crashing.[15] South Carolina should reject efforts to double down on limiting necessary medical care in this way.

Under this legislation, doctors must create detailed written justifications, retain records for years, and face felony exposure, license suspension or revocation, and wrongful-death actions if second-guessed. These vague thresholds and punitive enforcement schemes would predictably delay treatment,[16] which in turn increases risk to the pregnant patient.

SB 1095 would lead to a medical landscape where doctors in South Carolina are further limited in their ability to provide care to their best judgement and ability. There is no way to legislate this risk within a total ban, regardless of any codified exceptions. Doctors must be permitted to act in real time to meet the needs of their individual patients. If SB 1095 is enacted, it will cause preventable harm to South Carolinians.

b. Pregnant people are at higher risk of metal health related risks.

Mental health conditions pose a particular risk to pregnant people, given that pregnancy can exacerbate existing mental health conditions. Yet, psychological or emotional conditions do not qualify for the death or permanent injury exception to SB 1095's total abortion ban, even in cases where a psychological or emotional condition could lead to suicide or other physical harm. The mental health challenges that often accompany pregnancy are one reason why suicide is one of the leading causes of death for pregnant and postpartum people.[17] This is true nationwide,[18] and specifically true in South Carolina, where mental health conditions and substance use disorders are the leading causes of maternal death,

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[14] *See* Bridget Balch, *What Doctors Should Know About Emergency Abortions in States With Bans*, AAMC News (June 27, 2023), https://www.aamc.org/news/what-doctors-should-know-about-emergency-abortions-states-bans

[15] *See* Eleanor Klibanoff, *Texas Doctors Delay Care for Pregnant Patients, Fearing Abortion Laws*, TEXAS TRIBUNE (June 23, 2022), https://www.texastribune.org/2022/06/23/texas-abortion-law-doctors-delay-care/.

[16] *See* Mary Ziegler, *States' Abortion Bans: When Does a Medical Emergency Trigger an Exception?*, STATE COURT REPORT (June 5, 2023), https://statecourtreport.org/our-work/analysis-opinion/states-abortion-bans-when-does-medical-emergency-trigger-exception.

[17] Kathleen Chin, et al., *Suicide and Maternal Mortality*, 24 CURR PSYCHIATRY REP 239 (2022) https://pmc.ncbi.nlm.nih.gov/articles/PMC8976222/#Abs1.

[18] *New National Study Finds Homicide and Suicide is the #1 Cause of Maternal Death in the U.S.*, SOCIETY OF MATERNAL AND FETAL MEDICINE (Jan. 30, 2025) https://www.smfm.org/news/new-national-study-finds-homicide-and-suicide-is-the-1-cause-of-maternal-death-in-the-us.

accounting for 13.9% of pregnancy related deaths.[19] Mental health is a critical part of a pregnant person's full health, and cannot be separated from other health care concerns.

c. Survivors of violence and families confronting fatal fetal diagnoses must be able to make decisions about their own futures, free from state prosecutions.

We know what happens when abortion bans do not have exceptions for rape, incest, and/or fatal fetal diagnoses. The reports out of Ohio where a 10-year old was forced to leave the state to access abortion care after being raped represent just an example of the horrors faced by survivors who are forced to choose between carrying a pregnancy caused by their rapist or traveling out of state, sometimes thousands of miles away, to access abortion care if they can.[20] Since then, Ohio has moved to enshrine the right to abortion into the state's constitution.[21] But even when the Ohio ban was in effect, people could help each other get access to care in other states. This bill goes further than that ban by criminalizing someone who helps a person get access to abortion care—this could include even their family members. SB 1095 is creating an impossible situation for survivors, who are already dealing with the trauma of being survivors of a crime.

Likewise, South Carolinians also know the pain families face when they receive a fatal fetal diagnosis.[22] The decision whether to carry a pregnancy to term or obtain an abortion following a fatal fetal diagnosis is an incredibly personal one, and people must be free to make whatever decision is best for themselves and their families. The state should not insert itself in such a personal, private decision.

This bill is out-of-step with South Carolinians, the vast majority of whom believe that people should be able to access abortion care in these situations. Data shows that 81% of South Carolinians support legal abortion for

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[19] *South Carolina Maternal Morbidity and Mortality Review Committee 2026 Legislative Brief*, DEP'T OF HEALTH AND ENV'T CONTROL https://dph.sc.gov/sites/scdph/files/Library/00229-ENG-CR.pdf (last accessed Apr. 12, 2026).

[20] David Folkenflik and Sarah McCammon, *A Rape, an Abortion, and a One-Source Story: A Child's Ordeal Becomes National News*, NPR (July 13, 2022) https://www.npr.org/2022/07/13/1111285143/abortion-10-year-old-raped-ohio; Marty Schladen, *Affidavits: More Pregnant Minors Who Were Raped Denied Ohio Abortions*, OHIO CAPITAL JOURNAL (Sep. 22, 2022) https://ohiocapitaljournal.com/2022/09/22/affidavits-more-pregnant-minors-who-were-raped-denied-ohio-abortions/.

[21] Ohio Const. art. I, § 22.

[22] *See e.g.* Amanda Becker, *Few Abortion Bans Have Fetal Anomaly Exceptions—Even When 'Carrying a Child You Know is Going to Die'*, THE 19TH (Aug. 3, 2022) https://19thnews.org/2022/08/abortion-bans-no-fetal-anomaly-exceptions/.

pregnancies that result from rape.[23] 60% of South Carolinians support access to abortion if "the baby is likely to be born with severe disabilities or health problems."[24] SB 1095, with its lack of exceptions for rape, incest, and fatal fetal anomalies, is contrary to the values of most South Carolinians. It would further narrow South Carolinians' choices in already difficult circumstances and is out of step with the will of South Carolinians. South Carolina is already ranked with the 8th highest maternal mortality rate in the United States, making it an already dangerous place to be pregnant and give birth.[25] If enacted, this legislation would exacerbate this public health crisis.

III. A ban on abortion undermines efforts to decrease Maternal Morbidity and Mortality in South Carolina.

Pregnancy is not a neutral state; it is physically and emotionally challenging, and for many people in South Carolina, life threatening. In the most recent maternal mortality statistics published by the South Carolina Department of Health and Environmental Control, the state had a maternal mortality rate of 29.5 deaths per 100,000 live births.[26] As stated earlier, South Carolina is already one of the most dangerous places to be pregnant and give birth in the country.[27]

Certain groups face higher rates of maternal mortality. The maternal mortality rate for Black women is 59.6 deaths per 100,000 live births, making them far more at risk of dying during or after pregnancy than white women who experience the rate at 24.9 deaths per 100,000 live births. And while the maternal mortality rate for people in urban areas is 28.7 deaths per 100,000 live births, the maternal mortality rate in rural areas is far higher, at 48.1 deaths per 100,000 live births.[28] And Medicaid patients face the rate much higher at 44.5 deaths per 100,000 live births compared to those with private insurance.[29] The data reveals that the people most at risk of maternal mortality in South Carolina are people who are already marginalized—people of color, low-income people, and people in rural areas.

Instead of continuing to put legislative time and effort behind abortion bans that put people's lives at risk, the South Carolina legislature should consider policy

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[23] *May 2024 Winthrop Poll*, WINTHROP UNIVERSITY, https://www.winthrop.edu/winthroppoll/2024-may-winthroppoll-results.aspx (last updated July 8, 2024).
[24] *Id.*
[25] Eugene Declercq & Laurie C. Zephyrin, Commonwealth Fund, *Maternal Mortality in the United States, 2025* (2025), https://www.commonwealthfund.org/publications/issue-briefs/2025/jul/maternal-mortality-united-states-2025.
[26] *South Carolina Maternal Morbidity and Mortality Review Committee 2026 Legislative Brief, supra* note 19.
[27] *Id.*
[28] *Id.*
[29] *Id.*

solutions to address the pregnancy-related deaths that the South Carolina Maternal Morbidity and Mortality Review Committee deemed preventable.[30]

IV. *Medication abortion presents no potential for abuse and should not be designated as a controlled substance.*

In South Carolina, to classify medications as a schedule IV controlled dangerous substance, the following factors must be considered: 1) the potential for abuse, 2) any psychic or physiological dependence liability, 3) the risk to public health under current scientific understanding of the medication, and 4) the accepted medical uses.[31]

Mifepristone and misoprostol, which together make up the most common regimen used for medication abortion in the United States, do not meet the requirements for schedule IV-controlled substances. There is no proof that either of these medications pose any risk of abuse. In fact, the American College of Medical Toxicology, issued a position statement asserting that medication abortion does not meet the criteria for controlled substances.[32] Neither medication has misuse or addiction potential, and there are no reports of addiction or misuse in medical literature.[33] Neither medication is classified as a controlled dangerous substances by the Drug Enforcement Agency.[34]

Further, mifepristone is used for an array of reasons outside of abortion including treating uterine fibroids, endometriosis, Cushing syndrome, and more.[35] Misoprostol is a first-line medication in labor and delivery departments for many treatments including postpartum hemorrhage care.[36] In fact, the schedule IV classification of mifepristone and misoprostol is already delaying care and endangering patients in Louisiana, including delaying access to misoprostol during postpartum hemorrhages, a life-threatening condition.[37]

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[30] *Id.*
[31] S.C. Code § 44-53-160, 44-53-240.
[32] Maryann Mazer-Amirshahi et. al, *Mifepristone and Misoprostol are Not "Controlled Dangerous Substances,"* AMERICAN COLLEGE OF MEDICAL TOXICOLOGY (Sep. 30, 2024), https://www.acmt.net/wp-content/uploads/2024/09/PS_240930_Mifepristone-and-Misoprostol-are-Not-Controlled-Dangerous-Substances.pdf.
[33] *Id*.
[34] *Id*.
[35] Brittni Frederiksen et. al, *Classifying Misoprostol and Mifepristone as Controlled Substances: Implications for the Management of Non-Abortion Related Conditions*, KFF (Apr. 3, 2025) https://www.kff.org/womens-health-policy/classifying-misoprostol-and-mifepristone-as-controlled-substances-implications-for-the-management-of-non-abortion-related-conditions/#:~:text=This%20could%20affect%20women%20who,other%20than%20terminating%20a%20pregnancy.
[36] *Id*.
[37] *Evaluating the Impact of Act 246 of the 2024 Louisiana Legislative Session: The Classification of Misoprostol and Mifepristone as Schedule IV Controlled Dangerous*

When compared to the criteria for classification as a controlled substance, it is obvious neither medication should be classified alongside barbiturates or benzodiazepines which are classified as scheduled IV-controlled substances in the state.[38] Scheduling mifepristone and misoprostol as controlled substances fails to meet established scheduling criteria, lacks an evidence-based foundation, and creates life-threatening delays in access to essential healthcare.

V. Social and Economic Harms are Associated with the Denial of Abortion Care.

People denied abortions are often financially vulnerable, less likely to make ends meet, and are less likely to leave abusive partners.[39] They are also more likely to live in poverty, and less likely to have aspirational life plans for the coming year.[40] Their existing children show worse child development when compared to the children of people who were able to receive abortion care.[41] People who accessed abortion care, on the other hand, are more likely to be financially stable, more likely to have a wanted child later, and more likely to raise children under stable conditions than people denied abortion care.[42] And five years after the procedure, 95% of people who obtained an abortion said that it was the right decision.[43]

Access to abortion care is essential to the social and economic participation of all South Carolinians, and it is vital that the right to reproductive autonomy and self-determination is not infringed by a total abortion ban. The harm done by SB 1095 would fall most heavily on already marginalized communities, including Black people and other people of color, low-income people, and people in rural areas. The legislature should focus on improving reproductive health care including maternal health outcomes and abortion care services—policies that will serve all South Carolinians—instead of passing extreme abortion bans.

VI. We urge you to oppose SB 1095.

Substances, NEW ORLEANS HEALTH DEP'T (Sept. 2025) https://nola.gov/getattachment/NEXT/Health-Department/Topics/Data-and-Publications/Act-246-Report-Final-9-30-25.pdf .

[38] *Controlled Substance Schedule*, S.C. Dep't of Pub. Health, https://dph.sc.gov/professionals/healthcare-quality/drug-control-register-verify/controlled-substance-schedule (last visited Apr. 12, 2026).

[39] *The Turnaway Study*, ANSIRH, https://www.ansirh.org/research/ongoing/turnaway-study (last accessed Sep. 26, 2025).

[40] *Id.*

[41] *Id.*

[42] *Id.*

[43] *Id.*

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Abortion bans hurt people. Personal stories, research, and data from across the country have demonstrated that exceptions do not work. The only real way to ensure medically necessary care for people at risk of death or substantial and irreversible impairment of a major bodily function is to **not** pass a total abortion ban. South Carolina must not become the latest state to put its residents at risk of death with a total abortion ban.

For these reasons, the Center for Reproductive Rights strongly opposes SB 1095. Thank you for the opportunity to provide testimony. Please do not hesitate to contact me if you have questions or would like further information.

Sincerely,

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