

## SB 351 Bill Explainer

### Summary

SB 351, inaccurately named “The Women’s Health and Safety Act”, is yet another bill that would further restrict access to abortion care. This bill is full of misinformation and junk science around abortion with pills (also known as medical abortion or medication abortion) and so-called “abortion reversal.” SB 351 would put additional limitations on how and when medication abortion can be used, and legislate what steps providers must take before and after the procedure — requirements which go against clinical best practice and FDA determinations. It would also repeal “Women’s Right to Know,” an existing law with medically unnecessary abortion restrictions, and replace it with yet more extreme restrictions in an effort to put abortion further out of reach for Georgians and those traveling to our state for care. It would also prevent the mailing of abortion pills directly to patients — during a global pandemic that makes accessing in-person health care even harder. These restrictions most harm those who already struggle to access healthcare, including Black people and other people of color, young folks, the LGBTQ community, immigrants, rural people and poor people.

### Bill Overview

Broadly speaking, this bill would:

- **Prohibit mailing abortion pills to patients or prescribing them through a pharmacy**, by requiring that the pills be administered in-person at the clinic by a “qualified physician.” (Even though these methods of provision have been proven safe and effective.)
- **Require in-person counseling 24 hours in advance** of the abortion procedure, as well as requiring the patient to sign an extensive “consent form” padded with misinformation and junk science. (Providers already use informed consent forms that are accurate and comprehensive.)
- **Require an in-person exam and ultrasound** by a provider at least 24 hours in advance of providing abortion pills. (Even though these procedures are medically unnecessary unless otherwise recommended by the provider)
- **Require providers to provide misinformation** to patients about the unproven “abortion reversal” procedure.
- **Require that physicians schedule a medically unnecessary, in-person follow up visit 7-14 days** after providing the abortion pills and document efforts to ensure the patient returns.
- **Expand provider reporting requirements**, building on already burdensome requirements placed on abortion providers and extending these requirements to other providers should they provide abortion care. Up to 15 *new* reporting and paperwork requirements would be added to what providers already complete now.
- **Expose providers to steep penalties** should they fail to comply with these many new complex requirements. This law goes so far as to require that the Attorney General bring a civil action against the provider. This bill also allows patients to bring a civil action. Up to \$150,000 in damages can be assessed against the provider.

### Bill Impact

Since 2005, the Georgia Legislature has passed at least 13 abortion restrictions. These restrictions have made it harder and harder for patients to access abortion care and other reproductive health services and for providers to provide these essential services. SB 351 would add yet more barriers and obstacles for patients and providers.

**Prevents abortion pills from being more accessible:** This bill is in direct response to the FDA’s decision to remove unnecessary restrictions on abortion pills. This decision by the FDA was based on 20 years of safe use and extensive

research<sup>1</sup>. Being able to receive abortion pills by mail or at their pharmacy would allow more Georgians to access abortion care. 95% of Georgia's counties lack abortion providers, forcing Georgians in rural and suburban parts of the state to travel for care<sup>2</sup>. Georgians with limited resources often struggle to find childcare, secure transportation, and get time off of work. Plus, many people are trying to minimize trips to the doctor to cut down on COVID exposure. Being able to receive abortion pills through the mail would address many of these challenges.

**Spreads Misinformation and Junk Science:** This bill relies on misinformation and easily disproved junk science in an attempt to dissuade and shame patients, and also create fear over a well-researched healthcare procedure. The fact is that abortion pills are highly effective and have an over 99% safety profile<sup>3</sup>. There is no evidence of the effectiveness or safety of so-called "abortion reversal" — and in fact, a recent study testing the claimed "reversal" treatment had to end early due to multiple participants experiencing hemorrhage<sup>4</sup>. Without this fake evidence, the bill has nothing to stand on. And requiring providers to repeat these lies violates their code of ethics to "do no harm" and erodes the trust between patient and provider.

**Creates additional barriers and delays to accessing care:** Mandated waiting periods and requirements around in-person exams and ultrasounds are medically unnecessary and harmful<sup>5</sup>. Having to come in for an additional visit with the abortion provider 24 hours in advance adds a huge logistical hurdle for patients. This requires two days off work, two days of childcare, transportation to and from the clinic twice, and braving harassment and potential violence from protesters an extra time. For patients traveling long distances, they will need to find lodging between the two doctor visits. For many Georgians and people traveling from surrounding states, this will mean delaying care while they figure out logistics and secure additional money. Delays in care mean having an abortion later in pregnancy which is not only more costly but also higher-risk.

**Further burdens providers:** This bill places many additional burdens on providers, designed not for patient safety but rather to make it harder for providers to continue to provide abortion care. These new requirements include (1) making the providing physicians themselves [i.e., not other members of the care staff] provide the in-person counseling to patients 24-hours in advance, (2) forcing providers to repeat lies based on junk science to their patients about the risk of abortion and the option of so-called "abortion reversal"; (3) adding yet more reporting requirements, and extending these requirements to any provider who provides an abortion service; (4) requiring providers to make multiple attempts to get patients to return for a medically unnecessary follow-up visit, and to document these efforts; and (5) threatening providers with lawsuits and large fines should they fail to comply with any of these arbitrary new requirements. Being told by politicians how to practice medicine poses an ethical dilemma for providers who are bound by medical standards to "do no harm" while also having to follow state laws based on junk science designed to restrict access to essential healthcare<sup>6</sup>.

*For more information, contact [admin@amplify-ga.org](mailto:admin@amplify-ga.org).*

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<sup>1</sup> EMAA Project: Access to Medication Abortion Care: What We Learned During the COVID-19 Public Health Emergency <https://emaaproject.org/wp-content/uploads/2021/06/MAC-Covid-6.3-FINAL-revised-final.docx.pdf>

<sup>2</sup> Guttmacher: State Facts About Abortion: Georgia <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-georgia>

<sup>3</sup> EMAA Project: Access to Medication Abortion Care: What We Learned During the COVID-19 Public Health Emergency <https://emaaproject.org/wp-content/uploads/2021/06/MAC-Covid-6.3-FINAL-revised-final.docx.pdf>

<sup>4</sup> ANSIRH: Abortion Pill "Reversal": Where's the Evidence <https://www.ansirh.org/research/brief/abortion-pill-reversal-wheres-evidence>

<sup>5</sup> Guttmacher: Waiting Periods For Abortion <https://www.guttmacher.org/evidence-you-can-use/waiting-periods-abortion>

<sup>6</sup> Guttmacher: Mandatory Counseling For Abortion <https://www.guttmacher.org/evidence-you-can-use/mandatory-counseling-abortion>