

SB 456 Action Tips - Updated 3/11/22

Sharon Cooper

Call **House Rep. Sharon Cooper at 404-656-5069** and ask her **not to hold a hearing on SB 456**, a bill that would ban providing medication abortion by mail or telehealth. The science does NOT support this bill, and it would have harmful unintended consequences – especially as abortion access becomes increasingly restricted, leaving fewer and fewer safe options for people determined to end unwanted pregnancies.

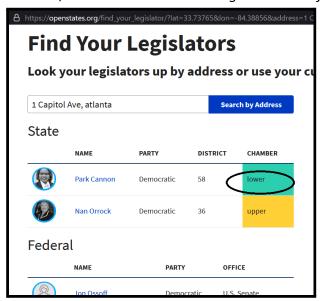
David Ralston

Call **House Speaker David Ralston at 404-656-5020** and ask him to **oppose SB 456**, a bill that would ban providing medication abortion by mail or telehealth. Tell him that we know his opinion and leadership matters to the rest of the House, and that the science does NOT support this bill. Additionally it would have harmful unintended consequences – especially as abortion access becomes increasingly restricted, fewer and fewer safe options for people determined to end unwanted pregnancies.

Your Own Legislator

Contact **your State Representative** and ask them to **vote no on SB 456**, a bill that would ban providing medication abortion by mail or telehealth. Tell them that the science does NOT support this bill, and it would have harmful unintended consequences – especially as abortion access becomes increasingly restricted, leaving fewer and fewer safe options for people determined to end unwanted pregnancies. *To find your own State Rep:*

- Dial **877-357-4004** and enter your zip code when prompted, to be transferred to your representative's office.
- OR enter your address at <u>www.openstates.org</u> and click Search; look for the person under "lower chamber," then click their name to get contact info:





SB 456 Bill Explainer

Summary

SB 456 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 456 would put 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. Specifically, this law targets the mailing of abortion pills directly to patients and would effectively ban abortion through telehealth. This law is cruel. It would eliminate an important access lifeline as we prepare for a future where abortion may be illegal in many states and as we continue to live through 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 an in-person exam, ultrasound and Rh testing by a provider in advance of providing abortion pills. (Even though these procedures are medically unnecessary unless otherwise recommended by the provider)
- States that providers can share information about so-called "abortion reversal" to patients despite this being an unproven and likely harmful procedure.
- Require that physicians schedule a medically unnecessary, in-person follow up visit 14 days after providing the abortion pills and document efforts to ensure the patient returns.

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. SB456 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 research¹. 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 care². 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.

¹ 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

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



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 profile³. 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 hemorrhage⁴. Without this fake evidence, the bill has nothing to stand on.

Creates additional barriers to accessing and providing care: Mandated in-person exams, ultrasounds and RH testing are medically unnecessary⁵. These requirements mean These requirements are designed in the hopes to dissuade patients from continuing with their abortion by requiring the providers ofer to show the patient the ultrasound and making them undergo invasive exams and testing. They also significantly increase the time patients need to spend more time in the office, which means having to secure additional time-off work and child-care and potentially having a greater chance of getting exposed to COVID-19. Finally, these requirements increase the work of already overstretched clinic staff and providers meaning they are able to see few patients.

For more information, contact admin@amplify-ga.org.

https://www.ansirh.org/research/brief/abortion-pill-reversal-wheres-evidence

³ 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

⁴ ANSIRH: Abortion Pill "Reversal": Where's the Evidence

⁵ Guttmacher: Mandated Ultrasounds https://www.guttmacher.org/state-policy/explore/requirements-ultrasound