

TO: South Carolina Senate Medical Affairs Committee
FROM: Kimya Forouzan, Principal State Policy Advisor, Guttmacher Institute
RE: S. 323- Testimony in Opposition
DATE: September 26, 2025

Members of the South Carolina Senate Medical Affairs Committee,

My name is Kimya Forouzan, and I am the Principal State Policy Advisor at the Guttmacher Institute. The Guttmacher Institute is the leading research and policy organization committed to advancing sexual and reproductive health and rights in the United States and globally. I am writing to you in opposition to Senate Bill 323, the Unborn Child Protection Act.

Further Exacerbating South Carolina's Public Health Crisis

Senate Bill 323 would implement extreme restrictions that would only further magnify the public health crisis created by the existing abortion ban and restrictions in South Carolina. South Carolina's layered restrictions on abortion care have already caused a crisis for health care access in the state. Currently, South Carolina bans abortion at six weeks since last menstrual period, with additional restrictions including waiting periods, parental consent, and restrictions on telehealth.

Guttmacher data has demonstrated a significant drop in the number of abortions in the state since the six-week ban went into effect. This was the second-largest decline in a state (after Florida), with 2,700 fewer abortions provided in the state in 2024 than in 2023.¹ This has led to significant numbers of patients traveling out of state for care, with over 8,000 people being forced to leave their homes in South Carolina to obtain the abortion care that they need out of state. 6,600 of those patients traveled to North Carolina in 2024, while others traveled hundreds of miles, as far as Washington, D.C. (140 patients) and Florida (110 patients) to access the care they need.²

Senate Bill 323 would ban abortion in the state completely, with extremely narrow exceptions for the life of the pregnant person or to prevent "the serious risk of a substantial and irreversible impairment of a major bodily function." This means that not only would the current access crisis be further exacerbated, but S 323 would also not allow for the limited exceptions that most other states allow, furthering the maternal health crisis by denying individuals medical care they need. Under S 323, individuals who have experienced rape or incest would be denied the abortion care that they need, as would individuals who face a plethora of health issues that do not rise to the standard set in the bill. Since *Dobbs v. Jackson Women's Health*, legislation like S 323 has led to the deaths, as well as extreme suffering, of pregnant people throughout the country.³

¹ Maddow-Zimet, Isaac & Forouzan, Kimya. Guttmacher Institute. *Stability in the Number of Abortions from 2023 to 2024 in US States Without Total Bans Masks Major Shifts in Access*. June 24, 2025. <https://www.guttmacher.org/report/stability-number-abortions-2023-2024-us-states-without-total-bans-masks-major-shifts-access>.

² Guttmacher Institute. *Monthly Abortion Provision Study*. <https://www.guttmacher.org/monthly-abortion-provision-study>.

³ ProPublica. *Life of the Mother How Abortion Bans Lead to Preventable Deaths*. <https://www.propublica.org/series/life-of-the-mother>.

Intertwining Health Care with Criminalization

S 323 also does not stop there. It goes further than other anti-abortion legislation by limiting a plethora of ways that someone may be involved in the process of providing abortion care and attaches criminal penalties to providing, aiding with, or receiving care.

In addition to the total ban on abortion with very limited exceptions, S 323 also prohibits prescribing, delivering, selling, or manufacturing medication abortion pills, as well as even possessing, offering for sale, or advertising medication abortion pills. Guttmacher data from 2023 demonstrated that, before South Carolina's 6-week ban was in effect, 74% of clinician-provided abortions in South Carolina were medication abortion.⁴ By banning and criminalizing every aspect of the provision of medication abortion care, S 323 would only further limit access to care that is, and has been, needed in the state.

Additionally, it bars individuals from “aiding or abetting” or “conspiring” in an abortion and goes so far as to not exclude the pregnant person themselves. The bill defines “aiding and abetting” broadly and indicates that actions such as referring someone to an abortion provider, providing abortion doula services, or hosting a website that includes information about abortion would be banned.

All of these acts and more would carry steep penalties—not just effects on professional licensure and civil liability, but also felony charges that carry up to 30 years in prison and that are tied to the portion of the state code that governs homicide prosecutions. These extreme provisions would threaten 30 years in prison for acts as simple as referring someone to an abortion provider or seeking abortion care as a pregnant person. Put simply, it intertwines severe criminal penalties with providing and seeking health care services. S 323 would make it impossible for people to access the care that they need.

Targeting Young People's Access to Care

In addition to the steps that this bill would take to criminalize every step of the abortion process, it also includes provisions that specifically target young people seeking abortion care, including an abortion support ban, the complete elimination of the judicial bypass process, and biased changes to the sexual education curriculum. Young people deserve access to the full spectrum of sexual and reproductive health care and information, including abortion, contraception, and comprehensive, medically accurate sex education, yet they often face unique challenges to seeking it.

Guttmacher data have demonstrated some of the unique barriers that young people face in accessing the abortion care that they need. These data demonstrate that 54% of adolescents reported paying out of pocket for their abortion, at an average cost of \$499, and 54% of

⁴ Friedrich-Karnik, Amy, DoCampo, Isabel & Gibson, Candace. Guttmacher Institute. *Medication Abortion Remains Critical to State Abortion Provision as Attacks on Access Persist*. February 25, 2025. <https://www.guttmacher.org/2025/02/medication-abortion-remains-critical-state-abortion-provision-attacks-access-persist>.

adolescents delayed expenses or sold something to help cover the costs of the abortion, compared with 46% of adults.⁵ Notably, 70% of adolescent respondents wanted to have their abortion sooner.⁶ 19% of those who wanted their abortion sooner indicated they did not know where to get their abortion, and 57% of those who wanted their abortion sooner reported not knowing they were pregnant.⁷

The provisions targeting youth in S 323 would only exacerbate these existing barriers by cutting off access to support that young people may seek in accessing care, as well as inserting bias and compromising access to medically accurate sexual education. This will only push care further out of reach for young people and push them towards increased delays and denials in care.

Attacks on Contraception & Regulations on Premature Birth

Even with how extreme these provisions are, S 323 continues to go even further, muddying the definition of contraceptives to create confusion as to what is and is not permitted under state law and even regulating non-emergency premature births, subjecting families who may be facing devastating medical diagnoses to scrutiny and intensive medical intervention.

All types of reproductive health care are connected—whether that is contraception, abortion, or maternal and infant health. S 323 attacks multiple areas of reproductive health care and implicates harm with each provision.

Conclusion

Ultimately, every provision present in S 323 is dangerous, extreme, and will put the wellbeing and lives of South Carolinians at risk. The provisions in S 323 are not backed by data or evidence and instead will cause deep harm to many.

Members of the South Carolina Senate Medical Affairs Committee, I urge you to not advance Senate Bill 323. Thank you for your time.

Sincerely,

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⁵ Guttmacher Institute. New Analysis Sheds Light on the Unique Barriers Adolescents Face in Obtaining Abortion Care. April 13, 2024. <https://www.guttmacher.org/news-release/2024/new-analysis-sheds-light-unique-barriers-us-adolescents-face-obtaining-abortion>.

⁶ *Id.*

⁷ *Id.*

