

Abortion Ban

[HB 339](#) - [Rep. Schnelting](#) (R-104, St. Charles) | [HB 680](#) - [Rep. Coleman](#) (R-97, Fenton)
[SB 279](#) - [Sen. Onder](#) (R-2, St. Charles)

These extreme, unconstitutional bills are the latest instance of lawmakers playing politics with access to health care and intruding on the doctor-patient relationship.

House Bill 339, House Bill 680, and Senate Bill 279 are extreme measures that would ban abortion altogether after 22 weeks of pregnancy, dated from the pregnant person's last menstrual period (LMP). These bills substitute politicians' opinions for a physician's medical judgment and impose new reporting requirements, civil fines, and criminal penalties on physicians.

As a health care provider, Planned Parenthood's top priority is making sure every pregnant person can control their own body and make their own health care decisions without interference from politicians.

- As a health care provider, Planned Parenthood has seen what happens when politicians interfere in these deeply personal medical decisions and tie doctors' hands. In states that have passed laws like this, some women and their families have been put into unimaginable situations – needing to end a pregnancy for serious medical reasons, but unable to do so.
- Doctors, including the American Congress of Obstetricians and Gynecologists (ACOG), oppose these laws because they prevent them from giving their patients the best health care possible in every situation.

These bills threaten the health and safety of pregnant people.

- These bills would take decision-making away from patients and their trusted medical care providers and put it in the hands of politicians.
- The bills would also prohibit a doctor from providing care even if the pregnancy is diagnosed with serious fetal anomalies. These are incredibly difficult decisions and they cannot be clumped into one category – serious fetal anomalies fall into a range of areas and each individual needs to be able to make the right decision for themselves and their family based on their specific diagnosis, without the interference of politicians.
- This one-size-fits-all ban leaves women in potentially vulnerable and dangerous positions, and does nothing to protect patients' health.

So-called "20-week bans" like these are unconstitutional. The U.S. Supreme Court has consistently held for more than 40 years that states may not ban abortion prior to viability.

- These measures do not meet the standard set by the Court in *Whole Woman's Health v. Hellerstedt*: **the benefit of a given abortion restriction must outweigh the burden it imposes.** Additionally, courts cannot give "uncritical deference" to the government's evidence in support of the restriction; rather, courts must look at whether actual, credible evidence supports the restriction.
- The Court has also made clear that states may not draw a line at a particular gestational age to establish fetal viability; the determination of viability must be left to the physician's judgment.
- Similar legislation in Idaho and Arizona was struck down by the U.S. Court of Appeals for the Ninth Circuit. Arizona appealed the decision, but the Supreme Court refused to hear the case and the law remains permanently enjoined.

This ban is rooted in opposition to legal abortion, not credible medical evidence.

- Scientific evidence does not support anti-abortion advocates' claims that 22 weeks LMP is the point in pregnancy at which a fetus can feel pain. Bans like HB 339, HB 680 and SB 279 are based on unscientific claims that have been debunked by medical experts time and time again.
- The world's leading medical organizations that establish standards for reproductive health care, including ACOG, agree that the fetus does not possess the structural and functional neurological capacity to experience pain before 26 weeks LMP.
- These bills are the latest instance of politicians' substituting their extreme views for medical and scientific judgment.

Instead of pushing anti-scientific, unconstitutional legislation, lawmakers should focus on measures to improve Missourians' health.

- The Legislature should work together to pass common-sense policies that research shows will benefit Missourians' health, like comprehensive, medically accurate and inclusive sex education, increased access to birth control, and Medicaid expansion.
- Lawmakers should use the money they would spend defending an unconstitutional bill in court to instead fund efforts to improve maternal and child health outcomes, especially as some Missouri counties have seen these outcomes worsen.