

## Restricting Abortion: North Carolina<sup>1</sup>

In far too many places throughout this country, it has become extremely difficult for women to safely and legally end a pregnancy. In too many states, politicians have enacted laws that single out the provision of abortion services for restrictions that are more burdensome than those imposed on medically comparable procedures, do not significantly advance women's health or the safety of abortion services, and make abortion services more difficult to access. It's time for politicians to stop interfering with women's personal decision-making. We need a federal law that puts women's health, safety, and rights first. The Women's Health Protection Act does just that.

In North Carolina, the following restrictions are among those that would be unlawful under the Women's Health Protection Act once enacted:

- **BAN** on the use of telemedicine to provide medication abortion, reducing the potential for access to safe, nonsurgical abortion services and eliminating an important way to expand access to many low-income and rural women.<sup>2</sup>
- **REQUIREMENT** that the performing physician be present during the entirety of a surgical abortion procedure, limiting the physician's ability to delegate tasks to qualified health professionals even when medically appropriate.<sup>3</sup>
- **REQUIREMENT** that clinics meet structural and other regulatory standards unrelated to patient safety.<sup>4</sup>
- **BAN** on abortions based on sex selection, allowing the state to police women's reasons for ending a pregnancy and perpetuating negative stereotypes about Asian American communities that may result in the denial of health care.<sup>5</sup>
- **BAN** on abortion after 20 weeks of pregnancy with unconstitutionally narrow exceptions for when the life or health of a woman is endangered.<sup>6</sup>
- **REQUIREMENT** that all abortion services after 20 weeks of pregnancy be provided in a licensed hospital, although such procedures can be performed safely in clinics.<sup>7</sup>

“As a certified nurse-midwife at a public health family planning clinic, my patients' stories have helped me see a fuller, more complex picture of reproductive rights in America. My patients have taught me that unplanned pregnancies and the abortions that follow occur for more reasons than we can ever enumerate or fully comprehend. It is our job as a society and a government that values women to ensure that family planning and abortion services are always a feasible option.”

- Amy Alspaugh, a North Carolina resident

- **REQUIREMENT** that prior to providing an abortion the provider perform an ultrasound and simultaneously place the image in the woman's line of sight and provide a verbal description of the image, irrespective of the woman's circumstances, her wishes, and the provider's medical judgment and ethical obligations.<sup>8</sup>

## (Endnotes)

- <sup>1</sup> The restrictions highlighted herein are examples of the types of restrictions that the **Women's Health Protection Act** seeks to invalidate. This fact sheet is not intended as a comprehensive guide to abortion restrictions in North Carolina.
- <sup>2</sup> N.C. GEN. STAT. § 90-21.82(1)(a).
- <sup>3</sup> N.C. GEN. STAT. § 90-21.82(1)(a).
- <sup>4</sup> N.C. GEN. STAT. § 14-45.1(a); 10A N.C. ADMIN. CODE 14E.0101 *et seq.* See also S.B. 353, 2013 Leg., Reg. Sess. (N.C. 2013) (now a proposed rule, Certifications of Clinics for Abortion, 2014 NC REG TEXT 377915 (proposed Dec. 1, 2014) (to be codified in 10A N.C. ADMIN CODE 14E)) (authorizing Department of Health to apply any requirement for the licensure of ambulatory surgical centers to abortion facilities).
- <sup>5</sup> N.C. GEN. STAT. § 90-21.121; *Replacing Myths with Facts: Sex-Selective Abortion Laws in the United States*, NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM (June 2014), available at <http://napawf.org/wp-content/uploads/2014/06/Replacing-Myths-with-Facts-final.pdf>; *Race and Sex Selective Abortion Bans: Wolves in Sheep's Clothing*, NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM (July 2013), available at [http://napawf.org/wp-content/uploads/2013/11/PRENDAIssueBrief\\_11.26-FINAL.pdf](http://napawf.org/wp-content/uploads/2013/11/PRENDAIssueBrief_11.26-FINAL.pdf).
- <sup>6</sup> N.C. GEN. STAT. § 14-45.1(b).
- <sup>7</sup> N.C. GEN. STAT. § 14-45.1(b).
- <sup>8</sup> N.C. GEN. STAT. § 90-21.85. A federal appellate court has permanently blocked the "speech-and-display" requirement, finding that forcing this agenda on physicians is harmful to both physicians and their patients by "[t]ransforming the physician into the mouthpiece of the state undermines the trust that is necessary for facilitating healthy doctor-patient relationships and, through them, successful treatment outcomes." *Stuart v. Camnitz*, 774 F.3d 238, 253 (4th Cir. 2014), *cert. denied*, *Walker-McGill v. Stuart et al.*, 2015 WL 1331672 (U.S. June 15, 2015) (No. 14-1172).