

Policy Brief: Protecting Safe & Legal Abortions

November 2022

Amend Tennessee's Abortion Law (HB1029/SB1257)

Effects of the Current Law

The new law in place for abortion impacts every child-bearing female in the state of Tennessee. This policy has further impact on certain populations that are more likely to receive abortion care. The current law is disproportionately impacting younger women, poorer women, and black women, as these groups are more likely to seek an abortion, according to data from Guttmacher Institute (2022).

75% of women in the US who have an abortion are classified as low-income or poor.

Black women receive more than $\frac{1}{3}$ of the abortions in US.

Only 13% of the US is Black.

57% of women who have an abortion are between the ages of 20-29.

68,000 women die of unsafe abortion annually,

5 million women who survive unsafe abortions will suffer long-term health complications

How the Current Abortion Law is Effecting Tennesseans

The policy, as written, states that abortion is illegal except when a physician determines the mother would have "substantial and irreversible impairment of a major bodily function." If a physician provides an abortion, they could be charged with a class C Felony. Tennessee doctors are teaming up with lawyers to make sure they will not face felony charges for saving a woman's life. Part of that is navigating the affirmative defense, which allows medical providers to justify why an abortion was necessary, but only after being charged with a felony. That means prosecutors would have the latitude to charge medical providers, and the defense would have to show their actions were justified (Pfleger, 2022).

The restriction the policy places upon abortions, includes women that become pregnant after rape and incest must carry out the pregnancy or travel to another state to seek abortion services. This means if a girl experiences rape or incest and becomes pregnant, there will be further trauma of giving birth. There are no age considerations for these instances, which means girls as young as age 10 can be affected by this policy (Burga, 2022).

According to the data, 68,000 women die of unsafe abortion annually, making it one of the leading causes of maternal mortality (13%). Of the women who survive unsafe abortions, 5 million are hospitalized each year for treatment of abortion-related complications such as hemorrhage and sepsis (Huddad & Nour, 2009). Abortion-related deaths leave 220,000 children motherless. The leading causes of death from unsafe abortion are hemorrhage, infection, sepsis, genital trauma, and necrotic bowel. The burden of unsafe abortion lies with women and families and the public health system. Every woman that is admitted for emergency postabortion care may require blood products, antibiotics, oxytocics, anesthesia, operating rooms, and surgical specialists (Huddad & Nour, 2009). Emergency care's financial and logistic impact can overwhelm a health system and prevent attention from being administered to other patients.

The policy also impacts low-income populations because they are forced to birth children that they can not afford (Treisman, 2022). This includes the consideration that low-income individuals may not have the ability to seek abortion services out-of-state. Many in the low-income population do not have proper access to healthcare, which in return limits access to prenatal care (Crear-Perry et al., 2021). This puts the mother at higher risk when having to carry out a pregnancy.

The lack of legal abortion will also result in an increase of pregnancies, which will increase the number of pregnancy-related deaths (Stevenson, 2021). The policy additionally impacts individuals that have a pregnancy where there are severe fetal abnormalities. These individuals will be required to continue a pregnancy where there is little to no likelihood of fetus survival outside of the womb. (Peterson et al., 2019).

The abstinence of abortion access will have a significant impact for the Hispanic and black populations. In a research study regarding pregnancy-related deaths, it is estimated that Non-Hispanic Black individuals will be impacted with the highest death increase of 33% after the first year. Hispanic individuals are estimated to be impacted with the second highest death increase of 18% after the first year. This shows that the policy will impact certain populations, in relation to race and ethnicity, at a higher rate. (Stevenson, 2021).

Proposed Amendment

Proposed amendment would allow abortions up to the 8th week after conception or before the 11th week after the women's last menstrual period. At this time the woman is carrying an embryo. The amendment will also propose to allow abortions in the case of medical emergencies. The medical emergencies would include ectopic pregnancies, severe embryo deformities, and instances of life saving measures. Included in the medical emergency amendment is physician advocacy. This advocacy aims for the protection of physicians that perform abortions deemed as medical emergencies.

An Overview of Abortion Laws. Guttmacher Institute. (2022, August 25). Retrieved September 10, 2022, from <https://www.guttmacher.org/>

Artiga, S., Hill, L., Ranji, U., & Gomez, I. (2022, July 15). *What are the implications of the overturning of Roe v. Wade for racial disparities?* KFF. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/what-are-the-implications-of-the-overturning-of-roe-v-wade-for-racial-disparities/>

Burga, S. (2022, July 15). *How a 10-Year-Old rape victim who traveled for an abortion became part of a political firestorm.* TIME. <https://time.com/6198062/rape-victim-10-abortion-indiana-ohio/>

Crear-Perry, J., Correa-de-Araujo, R., Johnson, T. L., McLemore, M. R., Neilson, E., & Wallace, M. (2021, February 2). *Social and structural determinants of health inequities in maternal health.* *Journal of Women's Health, 30(2)*, 230-235. <http://doi.org/10.1089/jwh.2020.8882>

Haddad, L. B., & Nour, N. M. (2009). *Unsafe abortion: unnecessary maternal mortality.* *Reviews in obstetrics & gynecology, 2(2)*, 122-126. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/>

Horton, J. (2022, May 3). *Who could be most affected by US abortion changes?* BBC News. Retrieved September 10, 2022, from <https://www.bbc.com/news/59583311>

Peterson, E. E., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnston, E., Syverson, C., Seed, K., Shapiro-Mendoza, C. K., Callaghan, W. M., & Barfield, W. (2019, May 10). *Vital signs: Pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 states, 2013-2017.* *Morbidity and Mortality Weekly Report, 68(18)*, 423-429. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm#>

Pfleger, P. (2022, September 20). *Tennessee doctors are used to defending themselves against malpractice suits. A new legal group could help them with criminal abortion charges.* WPLN News. <https://wpln.org/post/tennessee-doctors-are-used-to-defending-themselves-against-malpractice-suits-a-new-legal-group-could-help-them-with-criminal-abortion-charges/>

Stevenson, A. J. (2021, December 1). *The pregnancy-related mortality impact of a total abortion ban in the United States: A research note on increased deaths due to remaining pregnant.* *Demography, 58(6)*, 2019- 2028. <https://doi.org/10.1215/00703370-9585908>

Treisman, R. (2022, August 18). *States with the toughest abortion laws have the weakest maternal supports, data shows.* NPR. <https://www.npr.org/2022/08/18/1111344810/abortion-ban-states-social-safety-net-health-outcomes>