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MOLLY . MEEG N
ROBYN . LONG
MERIC N COLLEGE O
OB TETRICI N N GYNECOLOGI T
409 12th treet W
W hington, C 20024
(202) 63 -5577

KIMBERLY . P RKER
ou sel of Reco d
LUCY NN BURKE
JENNI ER THOMP ON
WILMER CUTLER PICKERING
H LE N ORR LLP
1 75 Penn l ni enue NW
W hington, C 20006
(202) 663-6000

L N CHOEN EL
CL R PER
WILMER CUTLER PICKERING
H LE N ORR LLP
7 World Tr de Center
250 Greenwich treet
New York, NY 10007
(212) 230- 00

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IN ERE OF AMICI C RIAE[1]

Amici re m jor medic l org niz tion repre enting ph ici n nd other clinici n who er e p tient in South kot nd n tionwide. Their work h been cited frequentl b the Supreme ourt nd other feder l ourt eeking uthorit ti e medic l d t nd guid nce reg rding the pro i ion of he lth c re for pregn nt people, including childbirth nd bortion. A full li t of mici i pro ided in the ppendix to thi brief.

Amici ubmit thi brief to pro ide the medic l communit per pecti e on the ch llenged pro i ion re tricting bortion en cted in 2011 p rt of South kot Hou e Bill 1217. It i the con en u

deci ion bout their he lth. All p tient , including in the reproducti e he lth c re context, hould be ble to tru t nd me ningful eng ge with their medic l te m.

The ch llenged t tutor pro i ion requiring p tient to ubmit in olunt ril to "pri te inter iew"[4] t Pregn nc Help enter (PH), n entit not directl in ol ed in the pro i ion of the p tient he lth c re, before h ing n bortion re directl contr r to well-e t bli hed principle of medic l ethic . The pro i ion compel p tient to ubmit to coun eling th t, b t tutor definition, i de igned to undermine their deci ion to eek bortion, in cle r iol tion of the found tion l principle of p tient utonom .

The ch llenged t tutor pro i ion (the PH M nd te) l o improperl encro ch on the p tient-ph ici n

[illegible]

their utonom nd choo e whether to uthorize pecific medic l c re. Protecting

informed con ent, through proper nd p tient-centered procedure , i t the

utonom .[20] Referr l to other pro ider re m de onl when reque ted b the

p tient or when the re nece r nd promote the p tient be t intere t.

L w hould not interfere with the bilit of ph ici n nd p tient to

determine ppropri te tre tment option nd communic te in the w th t be t

d nce p tient he lth c re. The compul or , no the coun eling impo ed b

the PH M nd te cre te the h rmful implic tion th t informed con ent doe not

work intended nd th t p tient re inc p ble of m king deci ion in

con ult tion with their doctor reg rding their own c re.

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reg rding their c re. The PH M nd to the PH to upplement p tient

medic l record unn ter with it e of whether the p tient h been

coerced, without the p tient con ent or tient independentl eeking out the

PH for con ult tion. In the extreme, t tutor power t o gr e PH the

bilit to pre ent p tient from obt ining bortion.[30] If the PH conclude th t

the p tient h been coerced, for h re the PH m inform the ph ici n,

effecti el nullif ing the doctor bilit erform w nted bortion.

PH re under no leg l oblig tion notif ph ici n of their e ment

reg rding coercion. The pecter of PH power to decl re coerci e bortion

will h e chilling effect on ph ici n du to le r of reported coercion, no

m tter how b ele , emerging fter the rtion i completed. I en the limited

[28] A O , , h 5 t n 3 r i f i 5 3 n

ss to bortion re in South kot , ph i i n t-procedure

report of coercion in to the procedure ltogether.

Fin ll , the PH M nd te improperl ingle out bortion nd the

rel tion hip between ph i i n pro iding bortion re nd their p tient . South

kot l w doe not m nd te third-p rt inquir into whether p tient h been

coerced for a y other medic l procedure. Thi

from referr l to coun eling, like genetic or

p tient h reque ted

referr l to nother be in the p tient be t intere t.

referr l re inextric p rt of medic l re ethic ,

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[34] *See i f a* P rt III. .

[35] *See* A O , omm. on He lth re for nder er ed Women *pi io No. 8* , 13 Ob tet. & ene

cope of pr ctice

pro ide bortion c re).

[3] *See, e.* ., S. . .L § 27A-8-1 (pro ider- equired con ent ufficient for olunt r ho pit liz tion of p tient with ment l illne); *id.* § 27B-8-41 (me for de elopment ll di bled p tient to undergo experiment l or h z rdou procedure); *id.* § 27B-8-54 (

p rticip te in beh ior inter ention progr m).

[37] A O , omm. on thic nd omm. on enetic , *pi io No. 4 0,* t 1 (2008; re ffirmed 2020).

[38] A O , omm. on He lth re for nder er ed Women, *pi io No. 473,* t 2 (2011; re ffirmed 2019).

[39] A O , *pi io No. 8* , t e38; AMA ode of Medic

Principle (201), AMA,

the me w it i protected b then pri [illegible] when the eek [illegible] tu l medic l

[illegible] re. Thi le l will be e pec l ll gre t for [illegible] of intim te p rtner iolence,

bec u e bu i e p rtner often force their p rtner to continue pregn nc to term

to pre ent them from le ing.[45] The PH M nd te cre te no gu r ntee of pri c

for p tient who mu t conce l their bortion from bu i e p rtner .

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CER IFICA E OF COMPLIANCE

Pur u nt to Fed. R. App. P. 32(g)(1), the under igned hereb cert fie th t

thi brief complie with the t pe- olume limit tion of Fed. R. App. P. 29( )( )

Fed. R. App. P. 32( )(7)(B)(i).

1. xclu i e of the exempted portion of the brief, pro ided in Fed. R.

App. P. 32(f), the brief cont in 3,664 word

2. The brief h n ortion

CIRC I R LE 28A(h) CER IFICA ION

I hereb certif tif t I fi e filed ele

APPENDIX

LI OF AMICI C RIAE

1. The **A**

3. The **American Academ of Pediatrics** (“AAP”) i non-profit profe ion l

org niz tion founded in 19

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di order .

11. The **American ociet for Reproducti e Medicine** (“ASRM”) i

multidi ciplin r not-for-profit org niz tion dedic ted to the d ncement of the

cience nd pr ctice of reproducti e medicine. It member include pproxim tel

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p nning e idence into polic nd pr ctice.

1 The **ociet of necologic Oncolog** ("S O") i the premier medic

p si n ociet for he lth c re profe ion l tr ined in the comprehen i e

m n gement of g necologic c ncer . With 2,500 member repre enting the ntire

g ecologic oncolog te m in the nited St te nd bro d, the S O contri ute

to he d ncement of women c ncer c re b encour ging re e rch, pro i ing

ed c tion, r i ing t nd rd of pr ctice, d oc ting for p tient nd member , nd

co l bor ting with other dome tic nd intern tion l org niz tion . In ddition,

the S O tri e to en ure cce to women he lth c re p rt of ro der

pre ention tr teg for g necologic c ncer.

19 The **ociet for Maternal-Fetal Medicine** ("SMFM"), founded in 1977, i

the medic l profe ion l ociet for ob tetrici n who h e dditional tr ining in

high-ri k, complic ted pregn ncie . SMFM repre ent more th n 5,000 member

who c re for high-ri k pregn nt people nd pro ide educ tion, promote re e rch,

nd eng ge in d oc c to reduce di p ritie nd optimize the he lth of high-ri k

pregn nt people nd their f milie . SMFM nd it member re dedic ted to

optimizing m ter