



August 15, 2022

The Honorable Daniel B. Verdin, III, Chairman  
Senate Medical Affairs Committee  
412 Gressette Building  
Columbia, South Carolina 29201

RE: SCOTUS *Dobbs* Decision; Proposed SC legislation and the impact to Physicians practicing in Emergency Departments

Dear Chairman Verdin and Committee Members:

My name is Kenneth Perry, and I am currently the President of the South Carolina College of Emergency Physicians ("SCCEP"). On behalf of the 573 members of the SCCEP, I would like to bring to your attention concerns that emergency physicians of South Carolina have with proposed legislation being considered in the General Assembly. The bills which were introduced in the Senate and the recommendation which passed out of the House Ad Hoc Committee and is now before the House Judiciary Committee are very concerning for the safety of patients, as well as the freedom to practice Emergency Medicine.

Pregnant patients who present to the Emergency Department require physicians to care for both the mother as well as the fetus. In cases where the life of the mother is in peril, it is necessary to prioritize the stabilization and optimization of the life of the mother before the fetus, as prioritizing the fetus could cause the demise of both the mother and the fetus. These medical procedures usually happen quickly and should not be complicated by legal concerns for the physician. Even if the procedures are protected by law, adding charting requirements and reporting requirements to satisfy the law will further burden Physicians with clerical duties rather than patient care in an emergency setting where time is of vital importance in all aspects of patient care.

Emergency Department Physicians must be able to establish a relationship with a patient in mere moments and help guide them through their medical issues. In the case of a pregnant patient, there are many facets to this doctor-patient conversation which are difficult and emotionally taxing for all involved. The conversation would be further complicated if the Physician must fear legal ramifications for an honest discussion of options for the patient.

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Senate Medical Affairs Committee

August 15, 2022

Page 2

Emergency Departments are the safety net for many in our community, especially those who are underserved. To add another layer of red tape will make these vulnerable populations even more isolated and make the job of the Emergency Physician even more difficult.

Any law crafted by the General Assembly to restrict abortion must preserve and protect the safe harbor which ensures sick emergency patients get the care they need. The Emergency Department is not a courtroom, and Emergency Physicians are not legislators writing policy with unintended consequences. We are trained to identify sick patients and intervene immediately to save a patient's life, and often these split-second decisions must be made in chaotic and challenging environments.

Controlling and criminalizing the conversations between physicians and patients is a very dangerous precedent, and Emergency Department Physicians of South Carolina respectfully ask that you consider the dire ramifications of this language. The SCCEP encourages any member of General Assembly to please reach out with any concerns or future guidance on how to improve the lives of all the patients in our great state.

Sincerely,

A handwritten signature in black ink, appearing to read 'K Perry MD', written over a light blue horizontal line.

Kenneth Perry, MD FACEP

President

South Carolina College of Emergency Physicians

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