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IN RE OF AMICI CURIAE¹

Amici are in joint medical organizations representing physicians and other clinicians who are experts in South Dakota and nationwide. Their work has been cited frequently by the Supreme Court and other federal courts seeking authoritative medical facts and guidance regarding the protection of healthcare for pregnant people, including childbirth and abortion. A full list of amici provided in the appendix to this brief.

Amici submit this brief to provide the medical community perspective on the challenged provision relating to abortion enacted in 2011 as part of South Dakota House Bill 1217. It is the contention of amici

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their autonomy and choose whether to authorize personal medical care. Protecting informed consent, through proper and patient-centered procedure, is a time

autonomy.²⁰ Referral to other providers is made only when requested by the patient or when the physician must promote the patient's best interests.

Law should not interfere with the ability of physicians and patients to determine appropriate treatment options and communicate in the way that best serves the patient's interests. The computer, no the counseling imposed by the PHM and the other financial implications of informed consent do not work as intended and that patients are incapable of making decisions in consultation with their doctor regarding their own care.

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regarding their care. The PH may not be able to supplement patient medical records with information of whether the patient has been coerced, without the patient's consent or the patient independently seeking out the PH for consultation. In the extreme, a tutor power to give PH the ability to prevent patient from obtaining an abortion.³⁰ If the PH concludes that the patient has been coerced, for instance, the PH may inform the physician, effectively notifying the doctor not to perform a wanted abortion.

PHs are under no legal obligation to notify physicians of their decision regarding coercion. The power of PHs to decide on coercion will have a chilling effect on physicians due to fear of reported coercion, no matter how benevolent, emerging after the abortion is completed. Even the limited

²⁸ A O , , h 5 t n 3 l r i f i 5 3 n

See to bortion re in South kot , ph i i n re i or p o t-procedure report of coercion in enm m te see to the procedure together.

Fin ll , the PH M nd te improperl inge out bortion nd the relation hip between ph i i n providing bortion re nd then 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. The m nd te inquir tion i i i i from refer l to coun cing, like genetic or ub t use d e coun cing, where p tient h either reque ted ddition l re tment of their ph i i n bene e refer l to nother clinician to be in the p tient be t interest. The e ort of refer l re inextric bly p rt of medic l re care , nd del or i ture to refer

³⁴ See *if 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. & encol. e107 e111 (2011) (encol. e107 e111 (2011) (scope of p i tice diminish the number of dis tinct medic l i i i i provide bortion re.).

³ See, e. ., S. . .L § 27A-8-1 (pro ider- equred consent timent 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 (me for de elopment ll di bled p tient to p rticip te in ben for inter ention progr m).

³⁷ A O , omm. on this nd omm. on enetic , *pi io No. 4 6* , 11 (2008; re firmed 2020).

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

³⁹ A O , *pi io No. 8* , t e38; AMA, ode of Medic l Principle (201), AMA, ode of Medic l Principle Opinion 1.2.3 (201).

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CERTIFICATE OF COMPLIANCE

Pursuant to Fed. R. App. P. 32(g)(1), the undersigned hereby certifies that this brief complies with the type-volume limitation of Fed. R. App. P. 32(a)(7)(B)(i). Fed. R. App. P. 32(a)(7)(B)(i).

1. Excluded from the exempted portion of the brief, provided in Fed. R. App. P. 32(f), the brief contains 5,004 words.

2. The brief has been filed electronically in accordance with Fed. R. App. P. 32(a)(7)(B)(i).

CIRCULAR LETTER 28A(h) CERTIFICATION

I hereby certify that the medicine



APPENDIX

LI OF AMICI C RIAE

1. The A

3. The **American Academy of Pediatrics** (“AAP”) is a non-profit professional organization founded in 1930. It is the largest national organization of pediatric health care providers in the United States. It represents the interests of children, adolescents, and young adults. Its membership is comprised of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric

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11. The **American Society for Reproductive Medicine** (“ASRM”) is

multidisciplinary not-for-profit organization dedicated to the advancement of the

science and practice of reproductive medicine. Its members include approximately

,000 professionals. ASRM is a 501(c)(3) organization. ASRM is a not-for-profit organization.

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supporting multidisciplinary commitment of staff and patients who are
focused on the science and clinical practice of planning, (2) supporting the
production of research published for impact, (3) utilizing the best of science
based on the best available evidence, and (4) utilizing the appropriate
planning evidence into practice.

1. The Society of Gynecologic Oncology ("SOG") is the premier medical
professional society for the gynecologic oncology profession and is the comprehensive
management of gynecologic cancer. With 2,500 members representing the entire
gynecologic oncology field in the United States and abroad, the SOG contributes
to the advancement of women's cancer care by encouraging research, promoting
education, raising standards of practice, and advocating for patient and member
collaborating with other domestic and international organizations. In addition,
the SOG strives to ensure care to women's cancer patients through
prevention strategies for gynecologic cancer.

19. The Society of Maternal-Fetal Medicine ("SMFM"), founded in 1977, is
the medical professional society for obstetricians who specialize in
high-risk, complicated pregnancies. SMFM represents more than 5,000 members
who care for high-risk pregnant people and provide education, promote research,
and engage in efforts to reduce disparities and optimize the health of high-risk
pregnant people and their families. SMFM and its members are dedicated to

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