



## North Carolina | RANKING 28

North Carolina has taken steps to protect the health and welfare of women and unborn children including the enactment of a prohibition on sex-selection abortions and an informed consent law. It protects unborn victims of violence from conception until birth. However, North Carolina maintains no laws regarding human cloning or destructive embryo research and the status of suicide by physician is unclear. A lawsuit was filed in 2020 targeting several regulations, including the 72-hour waiting period, physicians-only requirement, and the ban on telehealth for medication abortions.

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### ABORTION

- North Carolina prohibits abortions at 5 months (i.e., 20 weeks) gestation. The law is in enjoined and in ongoing litigation.
- North Carolina prohibits sex-selection abortions.
- A physician may not perform an abortion on a woman until at least 72 hours after the woman has been informed of particular medical risks associated with the proposed abortion procedure to be employed (including psychological risks), the probable gestational age of her unborn child, medical risks associated with carrying her child to term, whether the physician who is to perform the abortion has liability insurance for malpractice, the location of the hospital that offers obstetrical or gynecological care located within 30 miles of the location where the abortion is performed or induced and at which the physician performing or inducing the abortion has clinical privileges, and if the physician performing the abortion does not have local hospital admitting privileges. Additional information about medical assistance benefits, alternatives to abortion, and the father's liability for child support must also be provided.
- An abortion provider must perform an ultrasound at least four hours before a woman has an abortion. Portions of the law requiring the display and explanation of the ultrasound image were challenged and invalidated, but the provision mandating the ultrasound itself has not been challenged.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 without the written consent of one parent or a grandparent with whom the minor has lived for at least six months, unless there is a medical emergency or the minor obtains a court order.
- North Carolina has enacted comprehensive regulations establishing minimum health and safety standards for abortion clinics. Among the areas regulated are clinic administration, staffing, patient medical evaluations, and post-operative care.
- In 2013, the state Department of Health was given discretion to apply ambulatory surgical center standards to abortion facilities.
- Only physicians licensed to practice medicine in North Carolina may perform abortions. The physician must be present during the performance of the entire (surgical) abortion procedure.
- A physician must be present during the administration of the first drug in an abortion-inducing drug regimen.

- North Carolina has an enforceable abortion reporting law but does not require the reporting of information to the Centers for Disease Control (CDC). The measure applies to both surgical and nonsurgical abortions.
- North Carolina follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- North Carolina prohibits abortion coverage for public employees except in cases of life endangerment, rape, or incest.
- It has limited funding for abortion through the health insurance plans offered through the health insurance Exchanges required by the federal healthcare law or offered through local governments.
- North Carolina offers “Choose Life” license plates, the proceeds of which benefit pregnancy resource centers.

## **LEGAL RECOGNITION AND PROTECTION OF UNBORN CHILDREN AND NEWLY BORN INFANTS**

- North Carolina law does not affirmatively protect infants born alive during botched abortions.
- North Carolina protects unborn victims of violence from conception until birth. Lily’s Law provides that the crime of homicide also includes situations where a child is born and dies from injuries received in utero.
- North Carolina defines a criminal assault on a pregnant woman that results in miscarriage, stillbirth, or “damage to pregnancy” as an enhanced offense for sentencing purposes.
- It allows for a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- North Carolina has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- It funds drug treatment programs for pregnant women and newborns.
- North Carolina prohibits the sale of the remains of an unborn child resulting from an abortion or miscarriage. The law defines “sell” to mean the transfer of any consideration, but does not include payment for incineration, burial, or cremation services.
- North Carolina requires the mother’s informed written consent for the donation of the remains of an unborn child after a spontaneous abortion or miscarriage. Her consent must be obtained prior to the donation and must be separate from any other prior consent.

## **BIOETHICS LAWS**

- North Carolina maintains no laws regarding human cloning, destructive embryo research, fetal experimentation, assisted reproductive technologies, or human egg harvesting.
- North Carolina requires the state Department of Health and Human Services to make publicly available publications on umbilical cord stem cells and umbilical cord-blood banking. The Department also encourages healthcare professionals to provide the publications to their pregnant patients.

## **PATIENT PROTECTION LAWS**

- North Carolina's treatment of suicide by physician is unclear. While the state has statutorily adopted the common law of crimes, it has also abolished the common law crime of suicide. Suicide by physician may still be a common law crime.

## **HEALTHCARE FREEDOM OF CONSCIENCE**

### **PARTICIPATION IN ABORTION AND CONTRACEPTION**

- An individual healthcare provider who objects on religious, moral, or ethical grounds is not required to participate in abortions.
- A hospital or other healthcare institution is not required to provide abortions.
- North Carolina provides some protection for the conscience rights of pharmacists and pharmacies.
- Health insurance plans that provide prescription coverage must also provide coverage for contraception. The provision includes a conscience exemption so narrow that it precludes the ability of most employers and insurers with moral or religious objections from exercising it.

### **PARTICIPATION IN RESEARCH HARMFUL TO HUMAN LIFE**

- North Carolina currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research that violate a provider's moral or religious beliefs.

## **WHAT HAPPENS AFTER *ROE* IS OVERTURNED?**

- Abortion will be legal up to 20 weeks of pregnancy.

# RECOMMENDATIONS FOR NORTH CAROLINA

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## WOMEN'S PROTECTION PROJECT PRIORITIES

- Enhanced penalties and enforcement mechanisms for the state's abortion-related laws
  - Drug-Induced Abortion Information and Reporting Act
  - Parental Involvement Enhancement Act
  - Women's Health Protection Act (emergency transfer and admission provisions)
  - Components of the Child Protection Act related to evidence retention and remedies for third-party interference with parental rights
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## INFANTS' PROTECTION PROJECT PRIORITIES

- Unborn Infants Dignity Act
  - Prenatal Nondiscrimination Act
  - Perinatal Hospice Information Act
  - Born-Alive Infant Protection Act
  - Unborn Infants Wrongful Death Act (for a pre-viable child)
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## PATIENT PROTECTION ACT PRIORITIES

- Suicide by Physician Ban Act
  - Joint Resolution Opposing Suicide by Physician
  - Charlie Gard Act (formerly the Life Sustaining Care Act)
  - Pain Management Education Act
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## ADDITIONAL PRIORITIES

### ABORTION

- Federal Abortion-Mandate Opt-Out Act

### LEGAL RECOGNITION AND PROTECTION FOR THE UNBORN

- Pregnant Woman's Protection Act

### BIOETHICS

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

### END OF LIFE

- Suicide by Physician Ban Act

### HEALTHCARE FREEDOM OF CONSCIENCE

- Healthcare Freedom of Conscience Act