

Bad Medicine: Third Edition

State Partner Toolkit

[SOCIAL MEDIA POSTS](#) | [SAMPLE OP-ED](#) | [TALKING POINTS FOR HEALTH CARE PROVIDERS](#)

Bad medicine laws – including biased counseling laws, ultrasound requirements, mandatory delays, medication abortion restrictions and targeted regulation of abortion providers (TRAP laws) – undermine women’s health, violate our dignity and harm us and our families. Politicians have no business dictating how health care providers treat patients in order to advance an anti-abortion political agenda. Unfortunately, as detailed in [Bad Medicine: How a Political Agenda Is Undermining Abortion Care and Access](#), 44 states have passed at least one type of bad medicine law, and 19 states have passed all five types.

We’re grateful to have allies like you as we work to call out the bad actors who promote and pass these harmful laws. In this toolkit, you’ll find resources to help raise awareness about the bad medicine laws in your state and encourage your networks to fight back, including:

- 1) **A social media toolkit** – This toolkit is designed to help you promote the bad medicine framework and report to call attention to abortion restrictions in your state. Feel free to tailor to tweets to refer to restrictions present in your state, as detailed in [the report](#).
- 2) **A sample op-ed** – If your state has two or more types of restrictions, you may want to write or co-author an opinion piece for your local or state paper that outlines the bad medicine restrictions impeding abortion access for state residents. We are happy to work with you to help write and publish an op-ed with a variety of author options. Bad medicine op-eds are typically more successful if co-authored with a health care provider.
- 3) **Talking points for health care providers** – The bad medicine framework is a great tool for engaging health care providers on abortion restrictions affecting the women in their state. We are happy to work with state advocates and providers themselves to tailor these for interviews, testimony, letters to the editor or other uses.

For more information about the National Partnership's *Bad Medicine* report, visit NationalPartnership.org/BadMedicine or email Lauren Paulk at lpaulk@nationalpartnership.org.

SOCIAL MEDIA POSTS

Join the National Partnership for Women & Families for a #BadMedicine tweet storm to raise awareness about the impact of harmful state abortion restrictions. The tweet storm will kick off at 2 p.m. ET on Wednesday, March 7 and continue until 3 p.m. ET.

Please contact Becky Guldin at rguldin@nationalpartnership.org with any questions.

#BADMEDICINE TWEET STORM
Wednesday, March 7, 2 – 3:00 p.m. ET
Hashtag: #BadMedicine

SAMPLE TWEETS

Promotional:

- ▶ We're calling out the #badmedicine anti-abortion laws in states around the country. Join us Wednesday, March 7 from 2 – 3 p.m. ET as we tell politicians to stop turning #liesintolaws that harm women.
- ▶ Forty-four states have passed harmful #badmedicine laws that block women's access to #abortion care. Add your voice to the call for politicians to #putpatientsfirst on Wednesday, March 7 from 2 – 3 p.m. ET.

General tweets:

- ▶ Hey politicians, ideology shouldn't come before medical judgement or patients' needs. We've had enough of your #badmedicine anti-abortion laws. NationalPartnership.org/BadMedicine
- ▶ Don't be fooled: Laws that tell #abortion providers how to do their jobs are #badmedicine. NationalPartnership.org/BadMedicine
- ▶ NEW from @NPWF: #Badmedicine anti-abortion laws are harming women in a majority of states. Learn more. NationalPartnership.org/BadMedicine
- ▶ Forty-four states have passed at least one of the types of laws described in the new #BadMedicine report from @NPWF. Nineteen states have passed all five types. Unacceptable! NationalPartnership.org/BadMedicine

- ▶ Too many state legislators are turning #liesintolaws to block access to #abortion care. It must stop. Learn more. #BadMedicine
NationalPartnership.org/BadMedicine
- ▶ Say it loud and clear: Politicians have no business dictating how health care providers treat patients in order to advance a political agenda. It's unacceptable! #BadMedicine NationalPartnership.org/BadMedicine
- ▶ [State name] has passed [total # of restrictions in state from the report] bad medicine anti-abortion restrictions. That's [total # of restrictions in state] too many. Learn more about these harmful restrictions at NationalPartnership.org/BadMedicine. #BadMedicine @NPWF

SHAREABLE IMAGE

- ▶ The threat to women's access to #abortion care is more pressing than ever. These #badmedicine anti-abortion laws are harming women, their health and their families in a majority of states. NationalPartnership.org/BadMedicine



Download the animated version [here](#).

SAMPLE OP-ED

Below is a sample op-ed you can customize for your state. We encourage you to invite a health care provider to co-author with you and insert his or her own experiences with bad medicine restrictions. We are happy to help you customize op-eds so that they best fit your state's restrictions. Remember to review the op-ed guidelines for your target news outlet to ensure your final piece is the correct length and includes the required information. For help adapting the op-ed, or for tips pitching it to local media, email Lauren Paulk at lpaulk@nationalpartnership.org.

[TITLE]

[Intro related to recent restrictions your state has tried to pass or is currently considering]

Since [year], [state name] legislators have passed [number of bad medicine] abortion restrictions that undermine women’s health care decision-making. These laws are “bad medicine” – they ignore evidence-based medical practices and usurp the medical judgment of health care professionals in order to block access to abortion care.

For example, in [state name], [insert details about one or two specific bad medicine restrictions in your state. This could include biased counseling laws, mandatory delays, ultrasound requirements, medication abortion restrictions, or TRAP laws. Here is some suggested language to describe the harms of these laws:

- This erodes the trust that underpins the patient-provider relationship.
- This undermines women’s ability to make informed medical decisions.
- This serves no medical need; instead, it subverts health care providers’ medical judgment and disregards the needs and decisions of women.

[Insert a short list of the remaining bad medicine restrictions in your state. For example, “Additional bad medicine abortion restrictions in effect in the state include a 24-hour mandatory delay that forces women to make medically unnecessary second trips to clinics to receive abortion care; a requirement that only physicians can provide abortion care despite evidence that advanced practice clinicians, such as nurse practitioners, certified nurse-midwives and physician assistants, can safely and effectively provide abortion care; a requirement forcing abortion providers to share information about fake women’s health centers that deceive, mislead and shame women; and a ban on providing medication abortion via telemedicine (despite evidence that it is safe and improves access to care).”]

It is past time that politicians exit the exam room. Every woman in [state name] has the right to make her own informed reproductive health care decisions, free from political interference. [I or we] urge [state name] legislators to [reject any proposal/repeal legislation] that [would interfere/interferes] in the patient-provider relationship; force[s] providers to violate accepted, evidence-based medical practices and ethical standards; and undermine[s] patients’ medical decision-making. After all, women know what is best for them and are able to make their own health care decisions.

[Insert short author bio.]

TALKING POINTS FOR HEALTH CARE PROVIDERS

Health care providers are an important part of the advocacy community working to combat abortion restrictions and improve access. These talking points – and the *Bad Medicine* report as a whole – can help you engage the network of health care providers in your state. Consider adapting these talking points – and adding providers’ own stories of patient care – when writing op-eds or letters to the editor, speaking with legislators, delivering testimony or otherwise engaging in advocacy about bad medicine abortion restrictions.

- ▶ “Bad medicine” laws undermine the high-quality, patient-centered care that health care providers like me strive to achieve. These laws are political interference with the provision of health care
- ▶ When politicians pass Bad Medicine laws, they prioritize their personal beliefs over my expertise as a medical professional, ultimately harming my relationship with my patients.
- ▶ The patient-provider relationship should be grounded in trust and driven by medical knowledge and evidence. Bad Medicine laws erode this trust.
- ▶ Health care providers – not politicians – are best suited to work with patients and assist them in making decisions about their health care. Our extensive training and high ethical standards mandated by professional medical associations and certifying bodies support us in delivering the best medical care to our patients.
- ▶ I should not be hindered from providing the best available care to my patients out of fear of losing my medical license or going to jail.
- ▶ Biased counseling laws that dictate the content of my conversations with my patients inhibit my ability to provide the best possible care for my patients. [If relevant, describe how it feels to be told to lie to your patients.]
- ▶ Mandatory delay restrictions impede my ability to deliver time-sensitive abortion care. And let’s be clear, these waiting periods are almost never required for other medical procedures.