



## Case Study in Advocacy Success: South Carolina MED Act

How a one-and-a-half-year hard-fought state advocacy engagement delivered conscience protections for South Carolina healthcare professionals.

### Overview

Respect for conscientiously held beliefs of individuals and for individual differences is an essential part of our free society. The right of choice is foundational in the healthcare process, and it applies to both healthcare professionals and patients alike. Issues of conscience arise when some aspect of medical care conflicts with the personal beliefs and values of the patient or the healthcare professional. Our increasingly amoral society and gradual move away from the commitment to and practice of Hippocratic medicine creates a great need for conscience protections for healthcare professionals—so they will not be forced to choose between their career and their conscience, their ethics and their faith.

Christian Medical & Dental Associations (CMDA), in collaboration with Alliance Defending Freedom (ADF), has worked to introduce and pass healthcare conscience protections in select states. One of those states was South Carolina, where the Medical Ethics and Diversity (MED) Act, an ADF-prepared legislation, was introduced in the South Carolina General Assembly in January 2021 (as SC H. 3518). The MED Act protects diversity of belief within the medical profession and benefits patients by protecting the supply of healthcare professionals and healthcare entities within the healthcare system. Such conscience protections could include protecting from having to train for, participate in, perform or refer for a procedure in which a medical student, resident or healthcare professional has a conscientious objection. The bill does not permit healthcare professionals, institutions or payers to decline to serve a person based upon their race, color, sex or any other protected characteristic. The bill simply protects from being required to perform specific procedures.

### Approach

Presumably, South Carolina should have been a more manageable state than most to introduce and pass conscience protections, given its conservative leanings. However, this was not the case. The bill introduced in the House underwent several language amendments. To further ensure legislators' comfortability with the bill's intentions and language, ADF, along with volunteers in South Carolina, used the summer of 2021 to gingerly walk the bill through special committee hearings. This approach positioned the bill for more likely success heading into 2022. In January 2022, an amended bill, SC H. 4776, was introduced in the House. This involved more committee hearings (some contentious) with slight bill amendments. The bill's progress was slowed by competing issues (a Save Girls Sports bill and medical marijuana bill) that required consistent outreach to committee members to support the bill's passage. As bill carryover deadlines approached, several pushes expressing the need for this legislation were made by South Carolina CMDA members, ADF and volunteer state directors to get the bill over the finish line.

### Results

After a one-and-a-half-year hard-fought and consistent advocacy engagement, the South Carolina MED Act, SC H. 4776, passed committee conference on June 15, 2022. The bill was signed into law by Governor Henry McMaster on June 17, 2022, and it was enacted as Act No. 235 on June 28, 2022.

### Conclusion

Advocacy engagement is rarely if ever, a "one and done" effort—even in states or localities where a bill is considered favorable and likely to pass. Enacting legislation is an arduous process. Even when a bill is drafted with suitable language with favorable sponsors and co-sponsors signed on to introduce it, there can be challenges. Bills are often introduced amid competing legislative interests, quick notices for public testimonies or short legislative sessions. The hopeful fruit that would be produced by good legislation can easily "die on the vine" without consistent advocacy and much prayer.