Sex Discrimination and Abortion

NFPRHA Opposes H.R. 147: Prenatal Nondiscrimination Act

The “Prenatal Nondiscrimination Act (PRENDA) of 2017,” sponsored by Rep. Trent Franks (R-AZ), attempts to prohibit abortions sought because of the fetus’s sex or expected race. Such bans trade in harmful stereotypes and minority and immigrant communities and place additional burdens in the way of women seeking access to abortion care.

What Does the Bill Do?

- PRENDA makes it illegal to:
  - Perform an abortion knowing that such abortion is sought based on the sex or race of the fetus;
  - Use or threaten force to intentionally injure or intimidate someone to coerce a sex- or race-selection abortion;
  - Solicit or accept funds for the performance of a sex- or race-selection abortion; or
  - Transport a women into the United States or to another state for the purpose of obtaining a sex- or race-selection or attempts to do so.

- Health care providers and anyone else involved—except for the pregnant person—risk up to five years in prison and unspecified fines.

- The bill allows the patient, her mother (if she is a minor), or the father of the fetus to file a civil suit. The patient herself cannot be sued.¹

NFPRHA Opposes S. 48 (PRENDA)

- PRENDA attempts to encumber health care providers and dissuade them from offering abortion care, a legal and needed medical service. The bill would place an impossible burden on providers by forcing them to discern why a woman may be choosing abortion care.

- PRENDA shows a fundamental distrust for women, putting women in the position of having to defend their reproductive decision-making to their providers.

- PRENDA marginalizes women of color and immigrants, lending credence to the claim that Black, Asian/Pacific Islander, and Latina women seek to terminate a pregnancy because of the sex of their fetus.² The bill will have a disproportionate negative impact on health care access for women of color.

- PRENDA devalues women as competent and moral decision-makers and intrudes into the doctor/patient relationship.

Endnotes
