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DISCUSSION OF FLORIDA'S CURRENT LAWS ABOUT ABORTION



Florida's abortion laws are widely considered extreme. The most recent legislation, known as the "Heartbeat Law," was passed in 2023 and went into effect on May 1, 2024, after the Florida Supreme Court upheld a prior 15-week ban¹. The law prohibits most abortions after six weeks of pregnancy—before many individuals even realize they are pregnant. In practice, abortion is banned once fetal cardiac activity is detectable. Prior to that point, abortion is permitted only if all procedural requirements are met². After six weeks, abortion is illegal except under limited exceptions, which are narrow, highly regulated, and difficult to navigate in practice.

One exception allows abortion at any stage if the pregnant person's life or health is at serious risk, requiring written certification from two physicians³. In reality, securing such certification is often difficult, leading to delays in life-saving care. Physicians may hesitate to approve procedures out of fear of legal repercussions, even when medical necessity is clear. Abortions are also permitted for fatal fetal abnormalities up to the start of the third trimester, but again require

physician certification, often forcing patients to search for willing providers under emotional distress. In cases of rape, incest, or human trafficking, abortion is allowed up to 15 weeks, provided the patient presents documentation such as a police report or medical record. This documentation requirement creates a significant barrier for many survivors who may not feel emotionally ready to disclose their trauma or engage with law enforcement.

These exceptions often require legal or medical review, and the time needed to fulfill these requirements may extend beyond the legal gestational limit, effectively denying access even to those who technically qualify. By the time an individual meets the procedural demands for an exception, they may have already passed the gestational threshold, resulting in the loss of legal access to abortion care. This places an undue burden on patients during an already challenging time and increases the risk of poor outcomes.

If I were the Governor of Florida, I would not support the current law. While I respect the intent behind protecting life, the law in its current form denies timely access to reproductive healthcare for the majority of those who need it. Research shows that around 88% of women do not realize they are pregnant until the seventh week⁴, meaning most would already be ineligible for abortion under the six-week ban by the time they learn of the pregnancy. A law that effectively bans abortion before most individuals know they are pregnant is not realistic, fair, or just. It disregards individual autonomy and disregards the complex realities surrounding reproductive health.

The documentation requirements under the rape exception are especially harmful. Nearly 50% of rape victims take a month or more to disclose the assault, and only about 31% report it to law enforcement⁵. These statistics indicate that the majority of survivors would not qualify for an abortion under this exception, even though their circumstances would clearly justify access to one. Trauma, fear of retaliation, shame, and mistrust of the legal system prevent many from reporting or seeking help immediately. Thus, the law's narrow scope fails to accommodate the real-life complexity of sexual violence and survivors' recovery



processes. Requiring official documentation and placing this burden on survivors can further traumatize and discourage them from seeking the medical care they urgently need.

Even those facing health risks or fatal fetal anomalies encounter delays due to court and physician certification requirements. These delays can result in prolonged suffering, prevent access to timely care, and cause significant emotional and physical distress. In 2022, Florida recorded approximately 83,000 abortions, rising slightly to 84,000 in 2023. After the six-week ban went into effect in 2024, that number dropped to approximately 61,000—a 28% decrease⁶. This dramatic drop suggests many individuals either traveled out of state to obtain abortions, resorted to unsafe methods, or were forced to carry pregnancies against their will. It is important to note that the individuals most likely to be affected by these restrictions are those who already face barriers to healthcare access, including young people, people of color, and those with low incomes.

Given that 60% of U.S. abortions occur between 7 and 14 weeks⁷, Florida's law is misaligned with typical pregnancy confirmation and decision-making timelines. Most individuals cannot realistically navigate confirmation, consultation, scheduling, and travel within a one- or two-week window after discovering a pregnancy. I would propose a revision to the current law to allow abortions up to 12 weeks of gestation. This would more accurately reflect biological and social realities, providing individuals adequate time to assess their circumstances and make informed decisions. It would also bring Florida's law more in line with other developed regions that prioritize early access without creating extreme deadlines. Such a change would still allow for the possibility of early intervention while avoiding the imposition of a near-total ban.

I would also remove court involvement in medical exceptions. Physicians must be trusted to use their training, expertise, and ethics to determine when an abortion is necessary to protect a patient's life or well-being. Court approval introduces

bureaucratic delays and places judges—who may lack medical expertise—in charge of deeply personal healthcare decisions. In time-sensitive cases, these delays can have fatal consequences. Empowering healthcare providers to make medical judgments without legal interference would ensure that patients receive the urgent care they need. Respecting the medical profession and reducing legal entanglements would improve outcomes and restore trust in the system.

From a public health perspective, the Heartbeat Law has not improved outcomes—it has made them worse, particularly for women, Black communities, low-income populations, and individuals living in rural areas. It has placed healthcare providers in difficult ethical dilemmas, discouraged them from offering comprehensive care, and delayed treatment in emergencies. Research shows that being denied an abortion increases the risk of pregnancy complications, maternal mortality, long-term financial hardship, and psychological trauma⁸.

Florida also struggles with prenatal care access. Only 63% of pregnant women in the state receive adequate prenatal care, while 3.6% receive no prenatal care at all⁹. These figures already point to an overwhelmed healthcare system and uneven distribution of maternal care services. Forcing people to carry pregnancies in these conditions exposes both the parent and child to significant health risks. The situation is even more dire for Black women, who experience disproportionately high rates of maternal mortality due to structural inequities, provider bias, and limited access to specialized care. The law compounds these disparities by forcing individuals to continue pregnancies without guaranteed access to essential prenatal services.

Although Florida has created programs like the Pregnancy and Parenting Support Program and allocated \$30 million to a network of pregnancy centers³, these initiatives fall short. Many of these centers are faith-based, which can deter individuals seeking unbiased, evidence-based care. They do not typically provide access to contraception, abortion counseling, or comprehensive healthcare. The services offered are often limited to parenting



classes, baby items, and short-term support. Without long-term financial aid, childcare, housing, or mental health support, these programs are not equipped to support individuals with complex or ongoing needs. Furthermore, their locations and availability are uneven across the state, creating gaps in coverage and limiting impact.

Florida has also not expanded Medicaid under the Affordable Care Act, missing a major opportunity to provide prenatal, postpartum, and pediatric care to low-income residents. Expanding Medicaid would increase access to consistent, high-quality care, helping to address the very maternal and infant health concerns that are exacerbated by the abortion ban. Without this expansion, individuals are left navigating a patchwork of services that often fail to provide continuous or affordable care. The absence of Medicaid expansion severely limits the reach of any well-intentioned programs by leaving out a large portion of the population most in need.

In conclusion, the Heartbeat Law has not improved public health or reduced maternal mortality. It has created more barriers to care, worsened health disparities, and failed to address the root causes of poor maternal outcomes. A more effective and compassionate approach would include expanding access to abortion, investing in long-term maternal healthcare, extending postpartum support, and basing legislation on evidence—not ideology. Without addressing the systemic flaws in Florida's maternal health system, restrictive abortion laws will continue to endanger lives and disproportionately harm the state's most vulnerable populations. To truly improve outcomes, Florida must recognize reproductive health as a fundamental component of public health and social equity.

References:

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