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STATE ATTACKS ON ABORTION AND BIRTH CONTROL

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REPRODUCTIVE RIGHTS ARE UNDER SIEGE

Threats to abortion access and birth control are not just coming from extremist activists in front of clinics. Many state legislatures, which are currently 75% male, and governors' mansions, especially those dominated by right-wing forces, are doubling down on their efforts to eliminate women's access to basic reproductive health care.

Despite strong support for safe, legal abortion and birth control, state legislatures have launched broad misinformation campaigns to enact a whopping 231 abortion restrictions in just the past four years. State legislatures have also gone after access to family planning and birth control, cutting funding and closing dozens of family planning clinics. These attacks have severely limited access to modern health care for low-income women, students, and women of color.

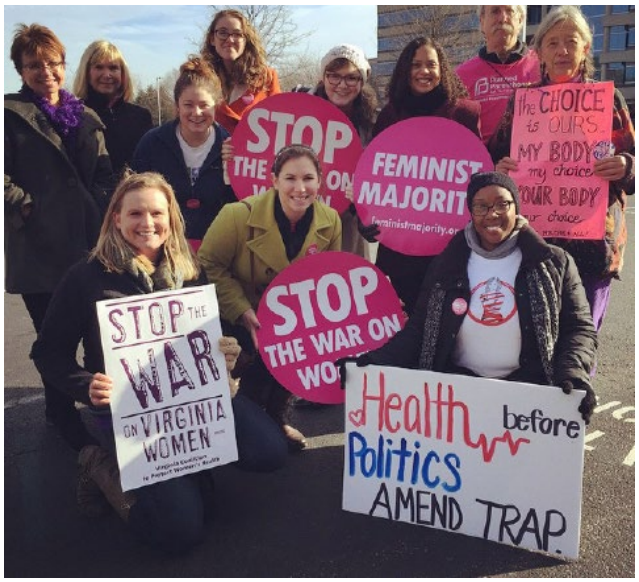
RESTRICTING ACCESS TO ABORTION

There have been more abortion restrictions enacted at the state level between 2011 and 2014, than during the entire previous decade. In 2014 alone, state legislatures introduced 341 provisions designed to restrict access to abortion. Of these provisions, 26 passed, a decline from the 70 abortion restrictions enacted in 2013, but overall, 231 abortion restrictions have been enacted at the state level since 2010.

27 states, including the entire South, are now considered to be "hostile" to abortion rights, meaning that they have at least four or five abortion restrictions, and of those states, 18 have six or more restrictions.

BANS BY WEEK OF GESTATION

43 states have passed laws banning abortion after a certain point in pregnancy. Of those 43 states, 11 ban abortion at 20 weeks post-fertilization or 22 weeks gestation – before the



period of viability – based on the false claim that a fetus can feel pain at that point. Not only have multiple medical studies shown that this claim is inaccurate, but banning abortion at this stage violates Roe v. Wade, the U.S. Supreme Court decision protecting a woman's right to an abortion before viability. This point was made clear when the U.S. Supreme Court, in January 2014, declined to review a federal court's decision to strike down Arizona's 20-week abortion ban as unconstitutional. Even after viability, however, Roe does not allow states to prohibit abortions that are necessary to preserve the life or health of the pregnant woman.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP LAWS)

24 state legislatures have passed laws targeting abortion providers with medically unnecessary, onerous restrictions. Known as TRAP (Targeted Regulation of Abortion Providers) laws, these restrictions, which are often more burdensome than those in place for other medical providers, are meant to close women's clinics. When these clinics close, low-income women often lose access not only to abortion but to a wide range of essential healthcare services provided by women's

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clinics, including birth control, cancer screening, pap smears, colposcopies, and STI testing and treatment. There are two major types of TRAP laws that states have needlessly imposed on abortion providers:

- **Ambulatory Surgical Center and Other Building Requirements.** These regulations force clinics providing abortion to meet the same building code regulations as hospitals or ambulatory surgical centers. Many of these requirements would require clinics to undergo costly renovations and make structural changes that would have no impact on patient safety. Often these changes – such as specific size custodial closets, creation of additional parking, and larger elevators – are financially and physically unattainable, forcing clinics stop providing abortion services or to shut their doors altogether.

- **Admitting Privileges.** Laws requiring abortion providers to have admitting privileges at local hospitals or transfer agreements in cases of emergency are unnecessary and threaten women's access to healthcare. Legal abortion in the U.S. is extremely safe. Most abortions in the U.S. occur in the first-trimester when the risk of complication is less than 0.05 percent. In the rare case of an emergency, federal law already requires hospitals to accept patients – like any other patient experiencing a healthcare emergency – regardless of whether a doctor has an administrative relationship with a specific hospital. It is often impossible for abortion providers to obtain admitting privileges or transfer agreements with local hospitals. Anti-abortion extremist violence and intimidation against local abortion providers has forced many clinics to use out-of-state doctors to provide abortion services, and many hospitals, under pressure from anti-abortion activists, have refused to provide admitting privileges to doctors who perform abortions.

LIMITING ACCESS TO THE ABORTION PILL (MEDICATION ABORTION)

Medication abortion involves the use of two pills, usually mifepristone and another drug called misoprostal, to induce abortion. Medication abortion is a safe method of abortion that can be done in the earliest weeks of pregnancy, often before other methods and up to around nine weeks, under modern standards of care endorsed by the American College of Obstetricians & Gynecologists. Some states, however, have moved to limit access to medication abortion by mandating the use of an outdated FDA protocol - one which calls for a higher dose of mifepristone and cannot be administered beyond seven weeks.

Medication abortion has also made it possible for doctors to provide abortion care through telemedicine to patients that do not have an abortion provider nearby. At least 16 states, however, have enacted laws to restrict access to medication abortion by banning the use of telemedicine. More than 85% of U.S. counties have no abortion provider. For low-income women in these areas, telemedicine could open up access to safe, affordable abortion services that would otherwise be foreclosed.

REQUIRING MEDICALLY UNNECESSARY ULTRASOUNDS & WAITING PERIODS

Routine ultrasounds are not medically necessary to provide safe first-trimester abortion; however, 13 states now require a person seeking an abortion to undergo an ultrasound before receiving care. Of those states, three require the provider to display and describe the image to the patient. These procedures not only mandate state interference into the doctor-patient relationship, they undermine patients' ability to control their healthcare decisions and drive up the cost of abortion services – without improving health outcomes for women. Viewing an ultrasound before obtaining

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an abortion does not change a woman's decision to choose an abortion. A 2014 study of women who viewed ultrasound images revealed that the overwhelming majority, 98 percent, went on to have an abortion. The real impact is to make it more difficult for some women, in particular low-income women, to afford abortion services.

Similarly, mandatory waiting periods can unnecessarily increase the cost of abortion. Most states require a patient to receive counseling before an abortion is performed, but at least 11 states require that the counseling be provided in-person and that the patient must then wait a specified amount of time – varying between 24 and 72 hours – before she can obtain an abortion. The effect is that women will have to make two separate trips to the clinic, perhaps missing work, losing wages, and spending additional money on transportation. In addition, some states mandate the type of counseling provided, once again interfering with the doctor-patient relationship and sometimes requiring inaccurate information on so-called fetal pain or falsely suggesting a link between breast cancer and abortion.

BANS ON HEALTH INSURANCE COVERAGE OF ABORTION

Current federal law denies Medicaid coverage of abortion, except in cases of rape, incest, or life endangerment, limiting abortion access for poor women who rely on Medicaid for publicly-funded health insurance coverage. Only 17 states will fund Medicaid coverage of abortion in all or most health circumstances.

Restrictions on insurance coverage for abortion, however, are not confined to Medicaid. 21 states contain similar restrictions on abortion coverage in health insurance plans offered to public employees. Some states also restrict abortion coverage in private health insurance plans.

25 states restrict abortion coverage in private insurance plans offered through the health insurance marketplaces established by the Affordable Care Act (ACA). 10 states restrict insurance coverage of abortion in all private health insurance plans written in the state. Of those states, nine have passed laws forcing women to purchase an additional plan (called a rider), and pay an additional premium, for abortion coverage. The purpose of these laws is to restrict access to abortion by making it less affordable, burdening low-income women in particular.

CUTTING FUNDING FOR FAMILY PLANNING

Attacks on reproductive rights are not just limited to restricting abortion – they also restrict access to birth control and family planning. State lawmakers have used their control over their state budgets to restrict the use of state family planning funds and defund any women's health clinic affiliated with an abortion provider, such as Planned Parenthood, whether or not the particular clinic provides abortion.

In 2012, Texas defunded all clinics that were affiliates of abortion providers, causing over 50 of the state's family planning clinics to close. Other states have created a priority system for distribution of state and federal family planning funds – effectively defunding not only abortion clinics but also family planning clinics that do not provide abortion services. New Jersey Governor Chris Christie has cut all family planning funds in the state budget every year since 2010, causing at least six clinics in the state to close and cutting off access to services for tens of thousands of low-income women.

When family planning clinics close, low-income women lose urgently needed health services. Not only do these clinics

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provide birth control, they also provide food vouchers, baby formula, nutrition counseling, and health screenings, in addition to well-woman visits, cancer screenings, and testing and treatment for STIs.

FIGHTING BACK

Reproductive rights activists have consistently fought back against state level attacks on abortion and birth control. Despite the onslaught of abortion restrictions passed since 2010, many of these laws have not been enforced thanks to court action temporarily or permanently barring these laws from going into effect. In 2014, for example, federal courts permanently struck down, on constitutional grounds, a 20-week abortion ban in Arizona, a 12-week abortion ban in Arkansas, and a 6-week ban in North Dakota.

Abortion rights advocates have also won victories against TRAP laws. In 2014, for example, the U.S. Supreme Court, in a 6-3 decision, overturned a decision by the U.S. Court of Appeals for the Fifth Circuit and blocked enforcement of a Texas law that had forced all but 8 of the state's abortion clinics to close. The law imposes admitting privileges and ambulatory surgical center requirements. By temporarily blocking enforcement while a legal challenge to the law moves forward, the Supreme Court allowed 13 of the states' clinics to reopen. A lower federal court in 2014 also blocked a Louisiana admitting privileges law, and the U.S. Court of Appeals for the Fifth Circuit blocked a Mississippi admitting privileges requirement that would have forced the state's only abortion clinic to close.

These cases will ultimately be decided by the Supreme Court, where the vote is uncertain and will surely be close.

OUR POWER FOR CHANGE

These are just some of the tactics anti-abortion lawmakers use to restrict access to reproductive health care. Other laws being passed restrict access for minors or allow health care professionals to refuse to provide healthcare services, including life-saving abortion or contraceptives, on so-called moral or religious grounds.

We have the power to stop these outrageous attacks on women's health care. Organized action at the grassroots level has prevented several restrictive laws from being approved, including an Albuquerque, New Mexico ballot measure that would have imposed a 20-week abortion ban in that city. Activists in North Dakota successfully organized in 2014 against a ballot measure that would have approved a "Personhood Amendment" that would have changed that state's constitution to ban all abortions in the state, without exception, and make illegal many forms of birth control, stem-cell research, and in vitro fertilization. Activists in Colorado also defeated an attempt in 2014 to include "unborn human beings" in the definition of "person" and "child" in the Colorado criminal code and Wrongful Death Act. This ballot measure not only threatened abortion, birth control, and fertility treatments, it also opened up the possibility of criminal investigations into miscarriages.

In Virginia, over a thousand women and men took to the Capitol in protest when a bill mandating transvaginal ultrasounds was passed. By channeling our outrage over these attacks on reproductive rights, we can make a difference by stopping anti-women lawmakers in their tracks and bolstering proactive legislation that promotes access to reproductive health care for all women.