

On November 13th, the United States Supreme Court decided to take up a challenge to the deceptive abortion clinic shutdown law in Texas. In the case, *Whole Woman’s Health v. Cole*, the Center for Reproductive Rights is representing Whole Woman’s Health, a women’s health care provider, in its efforts to ensure women’s access to safe and legal abortion care.

Below is a collection of background resources about the cases including overviews, key statistics, Q&A’s, media coverage, and a list of the briefs that have been filed with the Court.

WHAT’S AT STAKE

The U.S. Supreme Court has made it clear that women have a constitutional right to abortion and that states cannot pass laws that create an undue burden for women exercising that right. In the Supreme Court’s 1992 decision in *Planned Parenthood v. Casey* affirming *Roe v. Wade*, Justice Kennedy wrote that, “these matters, involving the most intimate and personal choices a person may make in a lifetime, choices central to personal dignity and autonomy, are central to the liberty protected by the 14th Amendment.”

Politicians in Texas and Mississippi are trying to sneak around the Constitution and four decades of Supreme Court precedent with deceptive laws that do nothing to improve women’s health care and only make it more difficult, if not impossible, to obtain safe and legal abortion.

Should politicians in Texas and Mississippi succeed in their underhanded efforts, clinic shutdown laws would leave only 10 providers in the entire state of Texas and would shutter the last clinic in Mississippi, forcing women to travel hundreds of miles or turn to drastic or illegal options.

CASE BACKGROUND

Whole Woman’s Health v. Cole

In 2013, Texas passed HB2, a sweeping measure that imposes numerous restrictions on access to abortion, including a requirement that abortion doctors obtain admitting privileges at local hospitals no farther than 30 miles away from the clinic, and a requirement that every health care facility offering abortion services meet building specifications to essentially become mini-hospitals (also known as ambulatory surgical centers).

Together, these requirements would shutter all but 10¹ abortion clinics in a state with 5.4 million women of reproductive age, and leave 500 miles between San Antonio and the New Mexico border without a single clinic. Prior to HB2, there were more than 40 facilities providing abortions in Texas dispersed throughout the state. As of October 2015, that number has dwindled to 19. This deceptive law has proven to create higher costs, longer delays and extra steps for women seeking abortion care, and in the process punishes women for their decision to exercise their constitutional right to end a pregnancy.

It’s clear the politicians behind this measure are lying about their true intentions because they’ve all but admitted as much. A few months ahead of signing HB2 into law, Texas Governor Rick Perry declared at

¹ One of those clinics (in McAllen, TX) would operate under severely limited conditions.

an anti-abortion abortion rally that an “ideal world is one without abortion. Until then, we will continue to pass laws to ensure that they are rare as possible.” In July 2015, Texas state representative and HB2 author Jodie Laubenberg (R) stated: “I am so proud that Texas always takes the lead in trying to turn back what started with *Roe v. Wade*.”

In 2014, the Center for Reproductive Rights filed a lawsuit on behalf of Whole Woman’s Health and several other Texas health care providers to block these two provisions. While a federal district court permanently blocked the measures as unconstitutional, that ruling was ultimately overturned in large part by the U.S. Court of Appeals for the Fifth Circuit in June 2015. Immediately following, the U.S. Supreme Court stepped in to halt the Fifth Circuit’s ruling to ensure many of the state’s clinics could remain open while the plaintiffs sought review by the nation’s highest court.

Unless the U.S. Supreme Court takes up this case and ultimately strikes down these clinic shutdown laws, a mere 10 clinics will be left standing in the entire state of Texas for 5.4 million women of reproductive age.

KEY FACTS

- [Seven in 10 Americans](#) support *Roe v. Wade* and believe abortion should be safe and legal.
- Abortion is one of the [safest medical procedures](#) – and ending a pregnancy is a decision that one in three women will make in her lifetime. Yet it is being singled out for burdensome restrictions not placed on similarly low-risk medical procedures.
- Regulations should be based on advancements in medicine, scientific evidence and best practices that truly improve patient care and safeguard access to quality health services—not the agendas of politicians who presume to know better.
- In Texas, [wait times at abortion clinics](#) after HB2 was passed are already on the rise. In Dallas, the state’s third largest city, women face delays as long as 20 days to receive an initial consultation in 2015 -- up from an average wait time of 5 days prior to the enactment of HB2 in 2013. This is forcing more women to wait until their second trimester to have an abortion, at which point the procedure becomes substantially more costly.
- Leading health care experts like the American Medical Association and the American College of Obstetricians and Gynecologists agree that the clinic shutdown laws in Texas and Mississippi do nothing to improve women’s health care and only make it more difficult, if not impossible, to obtain a safe and legal abortion.

Q&As

How do this case affect a woman’s ability to access abortion services?

Onerous and medically unnecessary restrictions on abortion drive good reproductive health care providers out of practice and make safe and legal reproductive health care that much more difficult to obtain, especially for poor and underserved communities.

Politicians are trying to score political points and advance medically unwarranted regulations on abortion providers—disguising unconstitutional laws restricting safe and legal abortion care as efforts to protect women’s health.

Recent [research](#) from the Texas Policy Evaluation Project (TxPEP) has exposed how clinic closures create substantial delays for women seeking essential health care, in some cases cutting off access to abortion services altogether. TxPEP’s report reveals substantial increases in average wait times at clinics in Dallas, Fort Worth and Austin following Texas’ HB2 enactment in 2013. The report finds that in

Dallas, the state's third largest city, women face delays as long as 20 days to receive an initial consultation in 2015 -- up from an average wait time of 5 days prior to the enactment of HB2.

A massive reduction in essential services in either Texas or the one remaining clinic in Mississippi would overwhelm the small number of remaining clinics or would force women to go out of state to access this care – potentially cutting off access to safe and legal abortion for millions of women.

How far reaching are clinic shutdown laws?

Clinic shutdown laws introduced by politicians seeking to take away women's access to abortion clinics have swept the South in recent years, threatening to further devastate abortion access in a region already facing limited availability of reproductive health care services. Courts have blocked similar measures in [Louisiana](#), [Oklahoma](#) and [Tennessee](#). The Supreme Court is also reviewing a [Mississippi](#) law from 2012 that was designed to shut down the last remaining abortion clinic in the state.

Are doctors and leading medical professionals supporting these state abortion shutdown laws?

No. The American Medical Association, American College of Obstetricians and Gynecologists, American Public Health Association and other national health care experts are united in opposing these burdensome regulations, arguing that they serve no medical purpose, interfere in the doctor/patient relationship, and do nothing to promote women's health.

It is politicians, not doctors, who are pushing these restrictions.

How prevalent are these Texas-style restrictions around the country?

Texas-style admitting privileges requirements (requiring every provider to personally have privileges):

- Enacted in 10 states: (AL, KS, LA, MO, MS, ND, OK, TN, TX, WI)
- In effect in 4 states: (MO, ND**, [TX](#)****, [TN](#))
- Blocked by a court in 6 states: (AL, KS, [LA MS](#), [OK](#)*** WI)
 - **ND in effect, but settled out of court in 2014
 - ***OK upheld, but not in effect due to previous state Supreme Court ruling
 - ****TX enjoined against two clinics in our lawsuit, but generally is in effect

Texas-style ambulatory surgical center requirements that require first-trimester abortion clinics to meet hospital-like standards:

- Enacted in 6 states: (MI, MO, PA, TN, TX, VA)
- Blocked in 2 states: ([TN](#), [TX](#))
- In effect in 4 states: (MI, MO, PA, [VA](#))****

****In each of these 4 states, abortion clinics are eligible to obtain waivers from the requirements, either pursuant to the law itself or to a court order

BRIEFS OF AMICI CURIAE:

Below is a list of supporters who have joined amicus briefs submitted to the United States Supreme Court on behalf of women's health care providers in the case *Whole Woman's Health v. Cole*:

Medical experts oppose these restrictions:

- [American College of Obstetricians and Gynecologists, American Medical Association, American Academy of Family Physicians, American Osteopathic Association, and American Academy of Pediatrics](#)
- [National Physicians Alliance, American Academy of Nursing, Center for American Progress D/B/A Doctors for America, American Nurses Association, and Society for Adolescent Health and Medicine](#)
- [Public Health Deans, Department Chairs, and Faculty and the American Public Health Association](#)
- [Society of Hospital Medicine and Society of OB/GYN Hospitalists](#)
- [Medical Staff Professionals](#)

Scientific studies show that abortion is safe and that these restrictions will harm women:

- [Social Science Researchers](#)

Millions of Texas women will be adversely impacted by these restrictions:

- [National Abortion Federation and Abortion Providers](#)
- [Planned Parenthood Federation of America, Planned Parenthood of Greater Texas Surgical Health Services, Planned Parenthood Center for Choice, and Planned Parenthood South Texas Surgical Center](#)
- [National Latina Institute for Reproductive Health](#)
- [In Our Own Voice: Twelve Organizations Dedicated to the Fight for Reproductive Justice](#)
- [Service Women's Action Network and Retired or Former Military Officers](#)
- [The Texas Association Against Sexual Assault, The Black Women's Health Initiative, The National Sexual Violence Resource Center, Melisa Holmes, M.D., and Professor Margaret Drew](#)
- [Experts and Organizations Supporting Survivors of Intimate Partner Violence](#)
- [National Network of Abortion Funds](#)
- [Jane's Due Process, Inc.](#)
- [Institute for Women's Policy Research, National Association of Social Workers, Texas Chapter of National Association of Social Workers, and Re:Gender](#)
- [National Advocates for Pregnant Women, A Better Balance: The Work and Family Legal Center, Backline, The Center on Reproductive Rights and Justice at Berkeley School of Law, Choices - Memphis Center for Reproductive Health, Choices in Childbirth, Desiree Alliance, Families for Justice as Healing, Families & Criminal Justice, Legal Services for Prisoners with Children, Sisterlove Inc., Third Wave Fund, The Women and Justice Project, and Women on the Rise Telling Herstory \(WORTH\)](#)

Legal experts explain the errors in the Fifth Circuit's decision in this case and urge reversal:

- [Constitutional Law Scholars Ashutosh Bhagwat, Lee Bollinger, Erwin Chemerinsky, Walter E. Dellinger III, Michael C. Dorf, Daniel Farber, Barry Friedman, Pamela S. Karlan, Gillian E. Metzger, Frank Michelman, Jane S. Schacter, Suzanna Sherry, Reva Siegel, Geoffrey R. Stone, David A. Strauss, and Laurence Tribe](#)
- [Law Professors Melissa Murray, I. Glenn Cohen, and B. Jessie Hill](#)
- [Information Society Project at Yale Law School](#)
- [Constitutional Accountability Center](#)
- [Lambda Legal Defense and Education Fund, Inc.](#)
- [The New York City Bar Association](#)

Experts explain how credible, competent evidence – not pseudoscience – must support the state's health rationale and fails to do so here:

- [American Civil Liberties Union, The ACLU of Alabama, and the ACLU of Wisconsin](#)

- [Scientists, Science Educators, Skeptics, The Center for Inquiry, and The Richard Dawkins Foundation for Research and Science](#)
- [National Center for Lesbian Rights, Gay and Lesbian Advocates and Defenders, Equal Justice Society, National Black Justice Coalition, Family Equality Council, Human Rights Campaign, National LGBTQ Task Force, GLMA: Health Professionals Advancing LGBT Equality, Equality Federation, Sexuality Information and Education Council of the United States, Immigration Equality, National Health Law Program, The Movement Advancement Project, and Bay Area Lawyers for Individual Freedom](#)

Women and physicians share their stories about obtaining or providing abortion:

- [Janice MacAvoy, Janie Schulman, and Over 110 Other Women in the Legal Profession Who Have Exercised Their Constitutional Right to an Abortion](#)
- [The Honorable Wendy Davis, Teresa Fedor, Lucy Flores, and Judy Nicastro](#)
- [Kate Banfield, Jo Baxter, Amy Brenneman, Elizabeth Driehaus, Anne Fowler, Carol McCleary, Suzanne Poppema, Sheila Schroeder, Leni Silverstein, and Jennifer Steffen](#)
- [Advocates for Youth](#)
- [Physicians for Reproductive Health](#)

The Texas restrictions will have negative economic implications:

- [National Women's Law Center and 47 Additional Organizations Committed to Equality and Economic Opportunity for Women](#)
- [Business Leaders](#)

Government agencies and officials oppose these restrictions:

- [The United States of America](#)
- [163 Members of Congress](#)
- [The States of New York, California, Connecticut, Delaware, Hawai'i, Illinois, Iowa, Maine, Maryland, Massachusetts, Oregon, Vermont, Virginia, and Washington, and the District of Columbia](#)
- [The City of New York, The City of Baltimore, The City of Boston, The City of Burlington, The City of Dayton, The City of Madison, The City and County of San Francisco, and Travis County, Texas Officials](#)

Republican officials speak out against Texas' intrusion into women's liberty:

- [Republican Majority for Choice and Its National Chairs, Former Republican Members of Congress, and Current and Former Republican State Officeholders](#)

Religious leaders oppose these restrictions:

- [Judson Memorial Church, Religious Coalition for Reproductive Choice, Catholics for Choice, Keshet, Jewish Social Policy Network, Just Texas: Faith Voices for Reproductive Justice, Methodist Federation for Social Action, National Council of Jewish Women, Presbyterian Feminist Agenda Network, Religious Institute, Society for Humanistic Judaism, Union for Reform Judaism, Central Conference of American Rabbis, Unitarian Universalist Women's Federation, Western Methodist Justice Movement, Women's League for Conservative Judaism, Workmen's Circle, and More Than 1200 Individual Religious Leaders and Pastoral Counselors](#)
- [Theologians and Ethicists](#)

Economists and historians argue for careful court scrutiny of the Texas restrictions:

- [Health Economists](#)
- [Historians](#)

Texas restrictions will harm the healthcare marketplace:

- [Freedom and Individual Rights in Medicine \(FIRM\), Dr. Amesh Adalja, Dr. Paul Hsieh, Dr. Karen Salimieri, and Jacob Sullum](#)
- [Ten Pennsylvania Abortion Care Providers](#)
- [Experts in Health Policy](#)

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Editorial Coverage

[The Reproductive Rights Rollback of 2015](#)

Editorial Board, The New York Times

Excerpt

December 19, 2015

Laws like this — known as TRAP laws, for targeted regulation of abortion providers — have sprouted up in dozens of states as abortion opponents test the limits of the Supreme Court’s vague standard on abortion rights, which asks whether a restriction poses an “undue burden” to a woman’s right to choose.

In many states, including Texas, these laws have resulted in the shuttering of all but a few clinics that perform abortions, forcing women to travel hundreds of miles for the procedure. Among other burdens, this increases the chance that a woman will try to end her pregnancy on her own.

...

By any reasonable measure, Texas’ law places an undue burden on women seeking abortion services and should be struck down. Beyond doing that, the justices must send a clear and broad message affirming the constitutionally protected right of women to determine the course of their reproductive lives. Political

opponents have shown how quickly they can regroup and find ways to restrict or obliterate programs and services women need.

* * *

Texas's sham abortion law offers a cautionary tale for other states

Washington Post Editorial Board

Excerpt

October 8, 2014

Instead of the 46 clinics that offered access to safe and legal abortions in 2011, Texas now has eight. The effect of the ruling is that nearly a million women of reproductive age in the Lone Star State now live more than 150 miles from an abortion provider.

...

Make no mistake: A disproportionate number of these women live in poor, rural and heavily minority parts of the state, especially the Rio Grande Valley. The Texas law, and the court's decision, will force many of them to seek abortions, or abortion-inducing drugs, across the border in Mexico. That is likely to pose a far more severe threat to women's health than a legal abortion at a Texas clinic would have. So much for the argument by antiabortion activists that they are mainly interested in women's health.

The ruling of the U.S. Court of Appeals for the 5th Circuit is a cautionary tale for other states where abortion rights are under assault.

Courts and judges may disagree about what constitutes an undue burden imposed by states on women seeking their constitutionally protected right to obtain an abortion. But there is little doubt that the ostensible rationale driving states' restrictive laws on abortion clinics — the health of patients — is a sham. The transparent agenda behind those laws is to gut abortion rights that the Supreme Court extended in *Roe v. Wade*. That shouldn't be allowed to happen.

* * *

States' abortion limits erode right to choose

USA Today Editorial Board

Excerpt

September 7, 2015

A constitutional right that's almost impossible to exercise isn't much of a right at all. Yet the right to an abortion — guaranteed 42 years ago by the U.S. Supreme Court — has been saddled with so many onerous strictures in so many states that for millions of women, it has become almost meaningless.

Nowhere is that more evident than in Texas, where abortion foes, in the guise of making abortion safer, have passed laws that forced [half of the state's clinics to shut down](#). In 2012, Texas had 41 abortion providers; today, there are fewer than 20.

...

"Undue burden" might be hard to define. But the justices ought to know it when they see it, as Justice Potter Stewart famously said of pornography. Women should not have to wait days, listen to forced

lectures, drive hundreds of miles or do battle in court repeatedly to access a right guaranteed long ago by the highest court in the land.

* * *

The Biggest Questions Awaiting the Supreme Court

New York Times Editorial Board

Excerpt

October 5, 2015

Finally, the court is likely to again address disputes over abortion, contraception and issues of reproductive freedom.

One case will probably come from Texas, where [a 2013 law](#) has closed nearly half the state's clinics where abortions are performed. The law requires these clinics to meet the same equipment and staffing standards as ambulatory surgical centers, and their doctors to have admitting privileges at a hospital within 30 miles of the clinic. [The obvious intent of these requirements](#) is, as a federal district judge wrote, "to reduce the number of providers licensed to perform abortions, thus creating a substantial obstacle for a woman seeking to access an abortion."

The Texas law, like many others like it around the country, imposes an unacceptable burden on women, especially the poor who don't have the money or means to travel hundreds of miles to a clinic, and prevents them from exercising their fundamental right to reproductive choice.

* * *

Case Coverage

Abortion Case at Supreme Court Gets Personal

Richard Wolf, USA Today

Excerpt

January 5, 2016

The most important Supreme Court battle over abortion in a generation took on a starkly personal tone Tuesday as scores of women — including lawyers, doctors and elected officials — came forward to tell the justices their own stories of ending pregnancies.

From more than 100 women in the legal profession to an actress, an author and an anthropologist, women from all walks of life signed "friend-of-the-court" briefs intended to humanize what for most members of the high court is an abstract issue.

"Individual women have stepped forward, not anonymously but by using their own names," said Nancy Northup, president of the Center for Reproductive Rights, which is challenging restrictions in Texas that threaten to leave the state with just 10 abortion clinics. "They are fighting the stigma that surrounds the subject of abortion."

Supreme Court Accepts Texas Abortion Law Case

Adam Liptak, New York Times

Excerpt

November 13, 2015

The Supreme Court on Friday agreed to hear a challenge to a Texas law that would leave the state with about 10 abortion clinics, down from more than 40. The court has not heard a major abortion case since 2007, and the new case has the potential to affect millions of women and to revise the constitutional principles governing abortion rights.
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“Texas is the second-most-populous state in the nation — home to 5.4 million women of reproductive age,” abortion providers challenging the law wrote in their brief urging the court to hear the case. “More than 60,000 of those women choose to have an abortion each year.”

Supreme Court Allows Texas Abortion Clinics to Remain Open

Adam Liptak and Manny Fernandez, New York Times

Excerpt

June 29, 2015

The [Supreme Court](#) on Monday [allowed 10](#) Texas [abortion](#) clinics to remain open while the justices consider whether to hear an appeal from a decision effectively ordering them to close.

The vote was 5 to 4, with Chief Justice John G. Roberts Jr. and Justices Antonin Scalia, Clarence Thomas and Samuel A. Alito Jr. voting to deny the stay.

...

“This case presents a very, very dramatic impact in the type of restrictions on access to abortion clinics that we’ve seen over the past few years,” said Nancy Northup, the president and chief executive of the Center for Reproductive Rights, whose lawyers were part of the legal team representing the clinics that sued the state. “If this case is not taken by the Supreme Court, it’s going to allow a continuation of the closing of clinics by these sneaky, underhanded methods.”

Amy Hagstrom Miller, the chief executive of Whole Woman’s Health, one of the abortion providers that sued Texas over the law, praised the Supreme Court’s move. “We’re relieved that the high court has, once again, prevented anti-choice politicians from pushing safe and affordable abortion care entirely out of reach for Texas women,” Ms. Miller said in a statement.

This is the second time the Supreme Court has issued a reprieve to the clinics. In October, the court allowed more than a dozen clinics in the state to reopen.

* * *

Supreme Court blocks Texas abortion law from taking effect

David G. Savage and Maria L. La Ganga, Los Angeles Times

Excerpt

June 29, 2015

The Supreme Court by a 5-4 vote blocked the state of Texas, at least for now, from enforcing a strict new abortion law that was likely to close most of the state’s remaining abortion clinics.

The measure would require these clinics to have doctors on staff who have admitting privileges at a local hospital. But in part because of the strong opposition to abortion, doctors have been unable to obtain those privileges in large parts of the state.

...

By issuing the stay order, the high court prevents Texas from enforcing the law.... “The justices have preserved Texas women’s few remaining options for safe and legal abortion care for the moment. Now it’s time to put a stop to these clinic shutdown laws once and for all,” said Nancy Northup, the center’s president and chief executive.

* * *

[How Texas Could Set National Template for Limiting Abortion Access](#)

Kim Soffen, New York Times

Excerpt

August 19, 2015

The next big Supreme Court case involving abortion is expected to come from Texas, where a 2013 law led to the closing of many clinics and inspired abortion opponents around the country to propose similar restrictions.

The law’s effects in Texas show the degree to which regulations ostensibly about clinic quality and women’s safety can reduce access to abortion and raise costs for women who choose the procedure.

...

If the regulations are found unconstitutional, shuttered clinics will be able to reopen. But if they are ruled constitutional, or if the Supreme Court doesn’t hear the case, seven of Texas’s 17 remaining clinics will most likely be forced to close.

For a woman in the average Texas county, the typical cost of an in-state abortion would rise 15 percent, to \$701. That figure is based on the cost of the procedure at eight weeks’ gestation (the national average for women obtaining abortions) and includes a state-mandated ultrasound and counseling, as well as travel costs. The figure leaves out secondary costs, such as lost wages and care for a mother’s children, which can be significant but are harder to quantify.

* * *

[Texas abortion case puts ‘liberty’ in the Supreme Court’s spotlight](#)

Helen Knowles, MSNBC

Excerpt

September 3, 2015

House Bill 2, the law passed by the Texas state legislature and signed by then-Gov. Rick Perry, is one of many new abortion restrictions across the country that impose significant burdens on women trying to exercise their Constitutional rights. With this law, the state of Texas imposed several medically unnecessary requirements – mandating that clinics meet the same structural facility expectations as ambulatory surgical centers, and that clinicians have hospital admitting privileges – which have the purpose and effect of reducing the number of abortion providers. If all the provisions of the law are allowed to go into effect, 75% of the state’s clinics will be shuttered.

...

Under Casey, a regulation imposes an unconstitutional “undue burden” if it “has the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus.” While the

Supreme Court found insufficient proof in the record in that particular case to conclude that making a woman wait 24 hours before having an abortion failed that test, it acknowledged that such provisions “increase[d] the cost and risk of delay of abortions.” That left the door open for future challenges, recognizing that, at some point, increased costs could be an “undue burden.”

We have now reached that point.

Imagine that a pregnant Texan of very limited means expends considerable time and money to make the long journey to what is now her “nearest” abortion provider. Once there, she must wait 24 hours between receiving counseling and the abortion – expending more money and time. Is that an unconstitutional, unduly burdensome impact on her “liberty”? The language of Casey suggests it is.

* * *

[Report: Abortion Restrictions Led to Longer Wait Times](#)

Alexa Ura, The Texas Tribune

Excerpt

October 5, 2015

Wait times to get an abortion in Texas have grown in some metropolitan areas, a trend that could be felt statewide if the U.S. Supreme Court allows the strictest provision of the state’s 2013 abortion law to take effect. That’s according to a new [report](#) by the Texas Policy Evaluation Project at the University of Texas at Austin.

Among the wait-time research findings in the state’s metropolitan areas:

- **Dallas** has seen the biggest increase in wait times since the researchers' review began in November 2014, particularly after June, when a high-volume clinic in the area closed its doors. Before the closure of that facility, which performed between 350 and 500 abortions a month, the average wait time in Dallas was about five days. After the closure, wait times grew to as long as 20 days.
- In neighboring **Fort Worth**, wait times grew to as long as 23 days following the closure of that same Dallas clinic. Before the closure, wait times crept up from six to as many as 13 days between December 2014 and February 2015, when a Fort Worth facility temporarily stopped performing abortions.

* * *

[Abortion at the Supreme Court’s Door](#)

Linda Greenhouse, The New York Times

Excerpt

October 15, 2015

Despite a near-universal assumption that the Supreme Court will take up an abortion case in its new term, the general chatter hasn’t included much detail about the specific issue, the stakes or the prospects. The stakes couldn’t be higher, either for women who live in the growing number of states governed by anti-abortion politicians or for the court itself.

...

The state claims in its Supreme Court brief that the absence of an abortion clinic in the entire western half of the state is of no concern because women in El Paso, where the two abortion clinics will have to close, can simply travel one mile across the state line to a clinic in nearby Santa Teresa, N. M. New Mexico,

however, has not imposed any TRAP laws. It requires neither admitting privileges nor a hospital-like setting. So Texas' interest in protecting the health of its abortion patients evidently stops at the state line even as it sends women seeking abortions in West Texas across that line.

...

Preserving the right to abortion as defined in Casey keeps the court on the path of individual liberty and dignity that Justice Kennedy's majority opinion in Obergefell celebrated. Permitting the state of Texas to have its way will take us backward.

* * *

What People Are Saying about the Texas Abortion Clinic Shutdown Law

Here is what people are saying about this deceptive clinic shutdown law that jeopardizes women's health and intrudes on their constitutional rights:

Without the Supreme Court's intervention, Texas's clinic shutdown law will significantly impact women's access to safe, legal abortion and intrude on their constitutional rights.

"Based on H.B.2's impact thus far, the handful of remaining providers will not be able to compensate for the forced shutdown of the majority of Texas's abortion providers. Rather, the remaining providers will be overburdened, delaying access to abortion care, and creating unnecessary hurdles for women who choose to exercise the fundamental right."

- National Abortion Federation & Abortion Providers ([01/04/16](#))

"If the remaining non-ASC [ambulatory surgical center] clinics were forced to close because of HB2 and if demand for services remained constant, our analysis indicates that it is very likely that wait times would increase at the remaining ASCs."

- Texas Policy Evaluation Project in report examining wait times at abortion clinics following enactment of HB2 ([10/05/2015](#))

"We're quite hopeful that the Supreme Court will step in and tell states that they need to stop passing sham laws. If you get out a map, Louisiana, Oklahoma, Mississippi, Alabama — they all have admitting privilege laws like in this case. There is little doubt that if the court [approves of Texas's law], we'll see more and more of that."

- Jennifer Dalven, director of the Reproductive Freedom Project at the American Civil Liberties Union, as reported in POLITICO ([09/27/2015](#))

"A constitutional right that's almost impossible to exercise isn't much of a right at all. Yet the right to an abortion — guaranteed 42 years ago by the U.S. Supreme Court — has been saddled with so many onerous strictures in so many states that for millions of women, it has become almost meaningless."

- USA Today Editorial Board ([09/07/2015](#))

Experts across professional and political spectrums agree that Texas's law does nothing to improve women's health care and only makes it more difficult, if not impossible, to obtain safe and legal abortion.

"Far from safeguarding women's health, requirements imposed by H.B. 2 jeopardize women's health by impeding, if not outright preventing, access to safe, legal, evidence-based abortion care."

- American College of Obstetricians And Gynecologists, American Medical Association, American Academy of Family Physicians, American Osteopathic Association, and American Academy of Pediatrics ([01/04/16](#))

“The obvious intent of these requirements is, as a federal district judge wrote, ‘to reduce the number of providers licensed to perform abortions, thus creating a substantial obstacle for a woman seeking to access an abortion.’”

- New York Times Editorial Board ([10/05/2015](#))

“Courts have repeatedly found that these laws supply no safety benefits and that there is virtually no evidence to support states' claims that they protect women's health. This seems like precisely the sort of legislation that libertarian groups should be calling out.”

- Jessie B. Hill, associate dean for academic affairs and Judge Ben C. Green professor of law at Case Western Reserve University ([09/29/2015](#))

“The power to regulate, like the power to tax, is the power to destroy. Whether you’re a liberal or conservative, beware of complacency when government regulators gore someone else’s sacred cow.

- Jeff Jacoby, Boston Globe columnist ([10/14/2015](#))

“These laws -- part of a national strategy advanced by activist organizations opposed even to some common forms of contraception -- were passed with the sole intention of choking off women's access to abortion care by shutting down the clinics that provide it. And I, for one, take offense at being used as a front for an attack on my own reproductive freedom.”

- Laura Arnold, attorney, former oil company executive and co-chair of the Laura and John Arnold Foundation ([07/02/2015](#))

“The laws that have come about are designed to punish women, to make it harder for them to access [abortion]. I see the absurdity in all this [medically unnecessary, multi-million dollar facility upgrades], the unnecessary waste and obstacles thrown at providers and patients for no reason other than ideology.”

- Dr. Alan Braid, abortion provider in San Antonio, Texas, as reported in the Texas Observer ([08/19/2015](#))

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