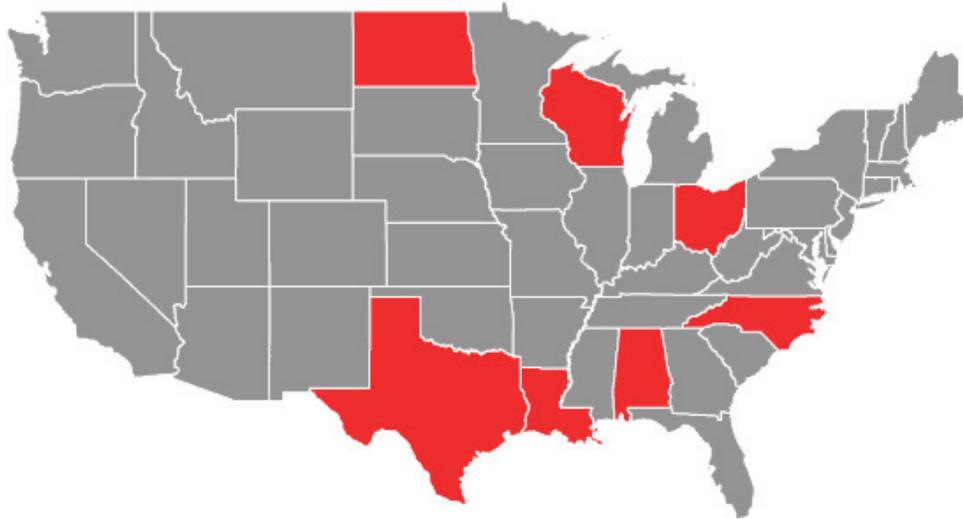


THE STATE OF THE STATES: TARGETED REGULATION OF ABORTION PROVIDERS IN 2013



ALABAMA: HB 57 is an omnibus bill that, among other provisions, requires any health care provider who offers abortion care to do so in a facility that meets extensive, medically unnecessary facility and construction requirements, and mandates that doctors maintain admitting privileges at a local hospital. The ACLU and Planned Parenthood challenged the hospital admitting privileges requirement in federal court. In June 2013, the hospital admitting privileges requirement was preliminarily enjoined.

LOUISIANA: SB 90 is an omnibus bill that, among other provisions, allows physicians to provide abortions only if they have completed or are currently enrolled in a residency program for either family medicine or obstetrics and gynecology, a medically unnecessary requirement that unfairly targets providers of abortion care.

NORTH CAROLINA: SB 353 is an omnibus law that, among other provisions, requires the Department of Health and Human Services to revisit its current regulations of abortion facilities and empowers the department to impose extensive, medically unnecessary facility and construction requirements on abortion care providers in the state.

NORTH DAKOTA: SB 2305 requires any physician who provides abortions in North Dakota to have admitting privileges at a local hospital, a law that the legislature passed with the clear intention of closing down the one remaining abortion clinic in the state. There is no medical reason to require such privileges; no other physician who provides office-based surgery is required

to have them. The Center for Reproductive Rights challenged the law in state court. In July 2013, the law was temporarily enjoined.

OHIO: HB 59 is a budget bill that was amended to require ambulatory surgical facilities that perform abortions to have a transfer agreement with a local hospital. However, the law makes it nearly impossible for facilities to obtain the required agreement, because the bill prohibits public hospitals from providing it and contains a burdensome variance process. The ACLU of Ohio has filed a lawsuit against the restrictions.

TEXAS: HB 2 is an omnibus bill that, among other provisions, imposes extensive, medically unnecessary facility and construction criteria, and requires that every physician who provides abortions obtain admitting privileges at a local hospital. There is no medical reason to require such privileges; no other physician who provides office-based surgery is required to have them. The Center, with the ACLU and Planned Parenthood, challenged the hospital admitting privileges requirement in federal court. Women are harmed every day this admitting privileges criteria remain in effect. Learn more about the case [here](#).

WISCONSIN: SB 206 is an omnibus bill that, among other provisions, requires abortion providers to maintain admitting privileges at a local hospital. There is no medical reason to require such privileges; no other physician who provides office-based surgery is required to have them. Planned Parenthood and the ACLU challenged the law in federal court. In August 2013, the law was preliminarily enjoined.

TARGETED REGULATIONS OF ABORTION PROVIDERS (TRAP)

Attempts to impose burdensome and medically inappropriate requirements on abortion providers, making it more difficult for women to exercise their constitutional right to choose abortion, are frequently referred to as targeted regulations of abortion providers, or TRAP laws. These types of laws make the delivery of health care services prohibitively expensive and place unnecessary restrictions on the qualifications of providers who perform abortions, in an attempt to prevent them from being able to provide abortion care.

TRAP bills can take the form of requiring facilities where abortions are provided to meet medically inappropriate construction requirements that can be prohibitively costly and have no impact on patient health or safety. Others require abortion providers to have admitting privileges at a local hospital, despite the lack of a medical reason to require such privileges and the fact that other physicians who provide office-based surgery are not required to have them. There are many reasons why physicians, including some abortion providers, do not have such privileges. One is that abortion is one of the safest medical procedures available in the United States. And hospitals are often reluctant or unwilling to grant privileges to physicians who do not regularly admit patients to their hospital.

In 2013, TRAP bills passed in seven states—Alabama, Louisiana, North Carolina, North Dakota, Ohio, Texas, and Wisconsin—and served as a catalyst for an energized and engaged movement of people who are outraged by the relentless state legislative attacks on abortion care.

THE IMPACT OF TARGETED REGULATIONS ON ABORTION PROVIDERS

Reproductive health care services are among the safest and mostly commonly sought forms of care in the United States. Health centers that specialize in reproductive care are already among the most rigorously regulated and scrutinized health care providers. TRAP laws differ from warranted safety guidelines and regulations because they are explicitly devised as political tools to deter abortion providers from practicing abortion care, to make abortions more costly for women, and to force abortion clinics to close their doors.

There are four states with only one abortion provider. For those states, in particular, where access is most limited, TRAP regulations can serve as a backdoor ban on abortion.

These restrictions don't do anything to improve patient care or safety—in fact they drive up health care costs for patients and drive providers of quality health care out of practice. Contrary to the claims of proponents of these measures, TRAP laws harm women's health and undermine their safety. Politically motivated regulations that make it more difficult for clinics to provide high-quality care only make it harder for people to access essential reproductive health services, including lifesaving cancer screenings, contraception, STD prevention and treatment, and continued access to safe and compassionate abortion care.

As we clearly saw in Texas in 2013, TRAP laws result in clinics closing – and we know what happens when women can't access the safe abortion care they need. A woman without a nearby clinic may be forced to travel hundreds of miles to get an abortion, driving up her costs not just financially but also emotionally. Transportation, accommodations, child care, time off work, and the chance that she may be forced into having a later abortion can all add up to placing safe abortion care beyond a woman's reach. And when clinics close, not only abortion care but other reproductive health care is lost.

Additionally, when clinics close, some women may take matters into their own hands. Study after study by national and international experts have shown that restrictions on abortion don't reduce its frequency, but rather increase women's reliance on illegal and unsafe abortions.

Opponents of reproductive rights know they can't ban abortion outright, so instead they put as many barriers as they can between women and their ability to exercise their rights—under the guise of protecting women's health. In reality, TRAP laws clearly threaten the health of women seeking abortions and deprive women of their constitutionally protected right to decide whether and when to have children.

DRAW THE LINE

In 2012, the Center launched the Draw the Line campaign with the express purpose of putting the rampant attacks on women's reproductive health care—like those described above—on the entire nation's radar. Nearly 300,000 people have signed the Bill of Reproductive Rights at www.DrawtheLine.org, sending politicians a loud and clear message that reproductive rights are fundamental human rights, and must be protected from extremist politicians. Visit www.DrawtheLine.org to add your voice.

You can also urge your members of Congress to support the Women's Health Protection Act, which would create stronger federal protections for the essential health care, personal decision making, and individual constitutional rights of every woman in the United States, no matter where she lives. Take action now to support this historic bill.

CENTER FOR REPRODUCTIVE RIGHTS

Since 1992, the Center for Reproductive Rights has used the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to protect, respect, and fulfill. Reproductive freedom lies at the heart of the promise of human dignity, self-determination and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights. The Center works toward the time when that promise is enshrined in law in the United States and throughout the world. We envision a world where every woman is free to decide whether and when to have children; where every woman has access to the best reproductive health care available; and where every woman can exercise her choices without coercion or discrimination. More simply put, we envision a world where every woman participates with full dignity as an equal member of society.

For more information on state laws, please contact **Amanda Allen, State Legislative Counsel**, at aallen@reprorights.org. For press inquiries, please contact **Jennifer Miller, U.S. Press Officer**, at jmiller@reprorights.org.

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