



Who Decides?®

The Status of
Women's Reproductive Rights
in the United States

21st Edition
January 2012

“Seven years before Roe v. Wade, I was 19 and pregnant. I had an illegal abortion performed under secretive and difficult circumstances. Now, I do everything in my power to ensure that my two daughters will never have to endure what I endured, and will have the right to decide for themselves when – or whether – to bear children. It’s their choice, and no one else’s.” – **Rosalyn, mother**

“Our mother gave birth to us as children she chose to bring into the world. When we were teenagers, she told us about her abortion. No one should have to share her experience, and no one should take for granted the rights we have that can so easily be taken away.”
– **Lauren & Rachel, 29 & 27, daughters**

“Choice is a fundamental right I got to embrace when I was 14. Who would have expected the battlefield for women’s health to be a fight to maintain access to birth control and lifesaving medical procedures? Choice remains fundamental. Let’s get back to reason.” – **Lilli, mother**

“Having the right to choose isn’t about what’s morally right or wrong, it’s about having control over what we do with our own bodies.” – **Zoe, 17, daughter**

“Choice shouldn’t be subject to anyone else’s opinion. You can ask for your best friend’s opinion about any decision – big or small – but it’s the power of having a choice that each woman deserves. Why does somebody get to take away my choice?” – **Sadie, 14, daughter**

“I’m only 11, but I know that no matter who we are or where we’re from, choice is ours. It can’t be taken away.” – **Cassie, 11, daughter**

“As an immigrant to the United States, a woman’s right to choose seemed, at first, the obvious law of the land in a free society. But when I saw the continued threats against this right, I made a conscious decision to actively support a woman’s rights to privacy and personal freedom.” – **Luis “Lucky,” father**

“For my generation, choice means more than legal options. It means having access to those options whether it be by affordability, location, or method. Our generation will need to fight against measures that limit our access and ultimately our choice.”
– **Becca, 27, daughter**

2012 REPORT CARD

ON WOMEN'S REPRODUCTIVE RIGHTS

NATIONWIDE GRADE: *D*

	GRADE	RANK		GRADE	RANK
ALABAMA	F	36	MONTANA	A-	11
ALASKA	A-	14	NEBRASKA	F	42
ARIZONA	D	27	NEVADA	A-	13
ARKANSAS	F	37	NEW HAMPSHIRE	B-	18
CALIFORNIA	A+	1	NEW JERSEY	A-	9
COLORADO	C+	22	NEW MEXICO	A-	12
CONNECTICUT	A	3	NEW YORK	A-	10
DELAWARE	C+	21	NORTH CAROLINA	D+	26
FLORIDA	F	30	NORTH DAKOTA	F	49
GEORGIA	D	28	OHIO	F	40
HAWAII	A	4	OKLAHOMA	F	38
IDAHO	F	46	OREGON	A	6
ILLINOIS	B-	17	PENNSYLVANIA	F	34
INDIANA	F	35	RHODE ISLAND	D+	24
IOWA	C+	20	SOUTH CAROLINA	F	31
KANSAS	F	44	SOUTH DAKOTA	F	47
KENTUCKY	F	41	TENNESSEE	D	29
LOUISIANA	F	50	TEXAS	F	33
MAINE	A	7	UTAH	F	45
MARYLAND	A	5	VERMONT	A-	8
MASSACHUSETTS	B-	16	VIRGINIA	F	39
MICHIGAN	F	32	WASHINGTON	A+	2
MINNESOTA	C+	19	WEST VIRGINIA	B	15
MISSISSIPPI	F	48	WISCONSIN	D+	23
MISSOURI	F	43	WYOMING	D+	25



NARAL
Pro-Choice America Foundation

Protect choice in your state!

NARAL PRO-CHOICE ARIZONA

P 602.258.4091
info@ProChoiceArizona.org
www.ProChoiceArizona.org

NARAL PRO-CHOICE CALIFORNIA

P 415.890.1020
info@ProChoiceCA.org
www.ProChoiceCA.org

NARAL PRO-CHOICE COLORADO

P 303.394.1973
Choice@ProChoiceColorado.org
www.ProChoiceColorado.org

NARAL PRO-CHOICE CONNECTICUT

P 203.787.8763
info@Pro-ChoiceCT.org
www.Pro-ChoiceCT.org

ILLINOIS CHOICE ACTION TEAM

P 312.485.9169
www.IllChoiceActionTeam.org
info@ilchoiceactionteam.org

NARAL PRO-CHOICE MARYLAND

P 301.565.4154
info@ProChoiceMaryland.org
www.ProChoiceMaryland.org

NARAL PRO-CHOICE MASSACHUSETTS

P 617.556.8800
Choice@ProChoiceMass.org
www.ProChoiceMass.org

NARAL PRO-CHOICE MINNESOTA

P 651.602.7655
info@ProChoiceMinnesota.org
www.ProChoiceMinnesota.org

NARAL PRO-CHOICE MISSOURI

P 314.531.8616
info@ProChoiceMissouri.org
www.ProChoiceMissouri.org

NARAL PRO-CHOICE MONTANA

P 406.443.0276
info@ProChoiceMontana.org
www.ProChoiceMontana.org

NARAL PRO-CHOICE NEW HAMPSHIRE

P 603.228.1224
info@ProChoiceNH.org
www.ProChoiceNewHampshire.org

NARAL PRO-CHOICE NEW MEXICO

P 505.243.4443

NARAL PRO-CHOICE NEW YORK

P 212.343.0114
info@ProChoiceNY.org
www.ProChoiceNY.org

NARAL PRO-CHOICE NORTH CAROLINA

P 919.706.5410
info@ProChoiceNC.org
www.ProChoiceNC.org

NARAL PRO-CHOICE OHIO

P 216.283.2180
Choice@ProChoiceOhio.org
www.ProChoiceOhio.org

NARAL PRO-CHOICE OREGON

P 503.223.4510
choice@ProChoiceOregon.org
www.ProChoiceOregon.org

NARAL PRO-CHOICE SOUTH DAKOTA

P 605.334.5065
info@ProChoiceSD.org
www.ProChoiceSD.org

NARAL PRO-CHOICE VIRGINIA

P 757.287.3356
info@NARALVA.org
www.NARALVA.org

NARAL PRO-CHOICE TEXAS

P 512.462.1661
info@ProChoiceTexas.org
www.ProChoiceTexas.org

NARAL PRO-CHOICE WASHINGTON

P 206.624.1990
info@ProChoiceWashington.org
www.ProChoiceWashington.org

NARAL PRO-CHOICE WISCONSIN

P 608.287.0016
info@ProChoiceWisconsin.org
www.ProChoiceWisconsin.org

NARAL PRO-CHOICE WYOMING

P 307.742.9189
NaralProChoiceWY@netscape.net

NARAL PRO-CHOICE AMERICA

Washington, DC
P 202.973.3000
www.ProChoiceAmericaFDN.org

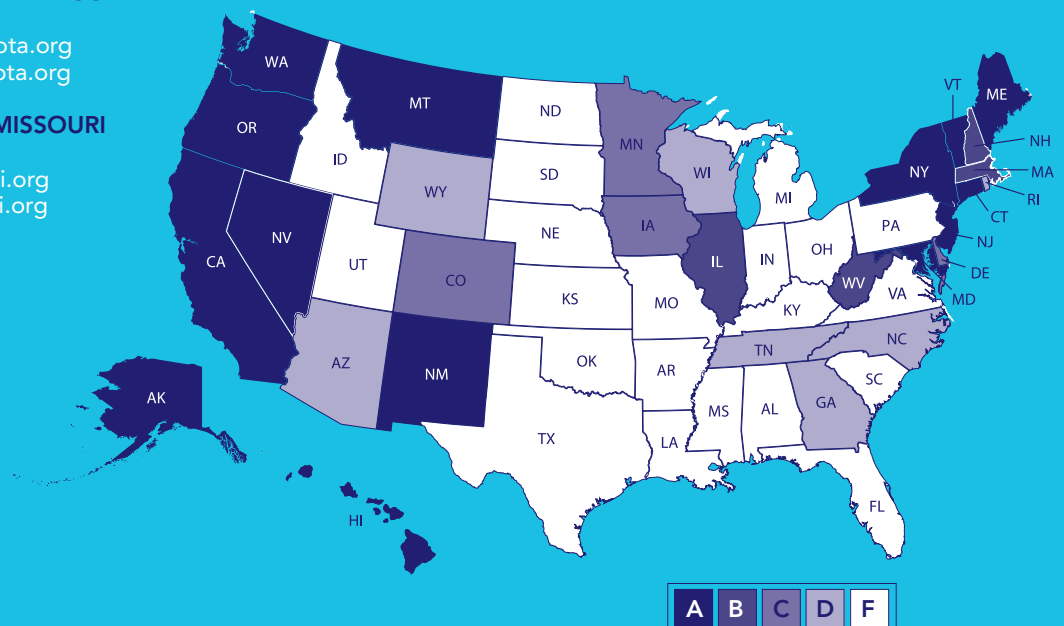


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DEDICATION

NARAL Pro-Choice America Foundation dedicates the 2012 edition of *Who Decides? The Status of Women's Reproductive Rights in the United States* to the courageous governors who stood up in 2011 in support of reproductive freedom in the face of unrelenting anti-choice legislative attacks in the states. Several governors exercised their veto power as the final backstop to protect women from severe restrictions on their right to choose. In particular, Gov. Mark Dayton (D) of Minnesota and Gov. Brian Schweitzer (D) of Montana deserve special recognition for vetoing several anti-choice bills that swept through the newly anti-choice legislatures in those states.

On May 25, 2011, Gov. Dayton vetoed three anti-choice bills, stating that he was unwilling to infringe upon the fundamental right to choose. One of the bills was an unconstitutional ban on abortion care after 20 weeks that lacked an adequate exception to protect a woman's health. Another would have restricted low-income women's access to abortion in all cases except life, rape, or incest. The third bill was an egregious attempt to defund Planned Parenthood, an attack that many states faced in the 2011 legislative session.

Gov. Schweitzer similarly stood up for women when he fired up his now-legendary veto branding iron, blocking four anti-choice measures from becoming law, including a controversial amendment to the Montana criminal code that cynically tried to advance anti-abortion politics in the guise of protecting women from violence. He concluded correctly that the legislation's "primary purpose and focus [was] to serve a political agenda, not to protect pregnant women from violence or punish the acts of offenders." The other three bills would have restricted sex education for young people, banned insurance coverage for abortion in the state's health-insurance exchange, and limited young women's access to confidential health services.

We applaud Govs. Dayton and Schweitzer for standing as the last line of defense against state legislators who, left unchecked, aimed to systematically dismantle women's reproductive freedom. We proudly dedicate this edition of *Who Decides?* to them.



From the President

Welcome to the 21st edition of *Who Decides? The Status of Women's Reproductive Rights in the United States*. This publication tells a story that should spur to action every American who values freedom and privacy.

Last year we predicted that our opponents would ignore the public's call for elected officials to focus on the nation's immediate challenges, including the economy. Sadly, our predictions came true. Anti-choice politicians launched a War on Women. As a result, in 2011 states enacted 67 anti-choice measures, the second-highest number since we began tracking these laws in 1995.

This challenging situation reminds me of advice a friend gave to me a few years ago when I was facing tough circumstances. "Nancy," he said, "the strongest steel is made in the hottest fires." Looking at this report, it's clear that we are putting out fires every day, but we also are seeing examples of hope and courage.

One such story comes from Mississippi, where voters overwhelmingly rejected a so-called "personhood" ballot measure. Residents of the Magnolia State saw this proposal – which would have outlawed abortion and could have banned common forms of birth control and *in vitro* fertilization – as an example of extreme government intrusion into our private lives.

In Wyoming, during debate on an anti-choice bill, two Republican state legislators rose to speak. One shared her personal experiences with pregnancy. She said, "I'm going to tell you a couple of things that are none of your damned business." She told her colleagues about raising three children. And she told them she once made the difficult decision to terminate an unintended pregnancy. Her colleagues rejected the bill.

In Washington D.C., we witnessed similar courage when, during a debate on an anti-choice measure, Rep. Jackie Speier of California told her heartbreaking story of terminating a wanted pregnancy that had encountered health-threatening complications. She electrified the debate and received an outpouring of support from across the country.

In addition to this leadership from elected officials, more than 4,000 Americans, mostly young women and men, came to Washington in April for a lobby day to stop the War on Women. I was proud to stand with them as they visited office after office, reminding lawmakers that attacks on choice are out of touch with our nation's values and priorities.

We also witnessed courage in our governors. Facing down hostile legislatures, Govs. Mark Dayton of Minnesota, John Lynch of New Hampshire, Beverly Perdue of North Carolina, and Brian Schweitzer of my home state of Montana stood up for women's freedom and privacy. In some cases, legislators voted to override their vetoes. But in Montana and Minnesota, the governors' courageous actions kept several anti-choice bills from becoming law. For this reason, we are dedicating this year's edition to these gubernatorial champions.

In honor of all those who stood against the legislative attacks on choice in 2011, I ask you to talk about this report with someone with whom you have never discussed the issue of legal abortion. You might walk into a few firestorms, but, just like my friend told me a few years ago, heat makes us stronger. None of this is easy, but it is important. Think of the courageous individuals who shared their stories. Think of your friends and family – and the hope you have for their futures. Remember, you have the power to reach out to one person and help change the hostile landscape that leads to the attacks on women's freedom and privacy outlined in this report.

Sincerely,

Nancy Keenan
President
NARAL Pro-Choice America Foundation

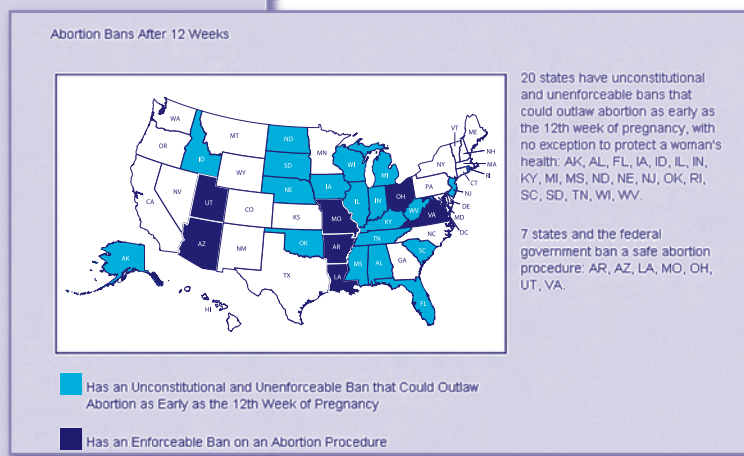
Visit the Web

for the following information and more!

www.WhoDecides.org

The screenshot shows the NARAL Pro-Choice America Foundation website. The header includes the NARAL logo, a 'BIENVENIDOS' button, a search bar, and social media links. The main content area is titled 'WHO DECIDES? THE STATUS OF WOMEN'S REPRODUCTIVE RIGHTS IN THE UNITED STATES'. It includes a welcome message, a preface, an introduction, and a list of fast facts. A sidebar on the left offers navigation options like 'GOVERNMENT & YOU', 'U.S. Government', 'State Governments', and 'GET EMAIL AND TEXT UPDATES'. A 'FEDERAL PROFILE' section is also visible at the bottom.

Be sure to check out the online edition of *Who Decides?*, which contains additional up-to-date information about state laws and the status of women's reproductive rights nationwide.



Exclusive online features include:

- Complete summaries of laws, regulations, and other policies – including detailed descriptions, citations, and relevant case information
- Our “Did You Know?” feature, which highlights interesting facts about choice in each state
- Nationwide snapshots of each issue area, via user-friendly maps and summary charts
- Frequent updates to our Fast Facts pages, statute summaries, maps and charts, and other features as new laws are enacted and cases are decided
- Opportunities to take action via our Choice Action Network



INTRODUCTION

KEY FINDINGS: Pro-Choice Policy

NARAL Pro-Choice America Foundation supports a wide range of pro-choice policies that help protect every woman's right to make reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing safe, legal abortion.

In recent years, our nationwide *Prevention First* initiative has helped enact new laws that prevent unintended pregnancy and thereby reduce the need for abortion. The *Prevention First* policy agenda includes laws that guarantee women's access to birth control, ensure age-appropriate and medically accurate sex education in schools, and expand low-income women's access to family-planning services. These commonsense policies can be supported by all fair-minded lawmakers – regardless of their views on legal abortion.

NARAL Pro-Choice America Foundation also advocates for public policies that support women who choose to become parents, and 2011 saw continued state legislative activity in this area. Such measures include expanded coverage for Medicaid-funded services for low-income pregnant women and programs for engaging at-risk pregnant women, as well as pregnant legal immigrants. Additionally, at the federal level, as part of its implementation of the new health-care-reform law, which requires health plans to cover – at no cost – certain preventive-health services that are specific to women, the Department of Health and Human Services accepted the recommendation of an expert medical panel to include family-planning services as preventive care. This historic decision marks arguably the greatest improvement to women's access to reproductive-health services in a generation.

As a result of the 2010 elections, there were very few pro-choice state governments in 2011. Thus, few pro-choice measures were enacted. In 2012, anti-choice advocates surely will continue to attack reproductive rights and try to impose new restrictions on abortion that could test the constitutional right to choose. When that happens, NARAL Pro-Choice America Foundation, our affiliates, and our allies will work to defeat them. We will also continue to demonstrate that we have the commonsense position not only on abortion, but a whole range of other issues – including preventing unintended pregnancies and expanding access to reproductive-health care for all women.

TOTAL PRO-CHOICE MEASURES¹ ENACTED IN 2011:

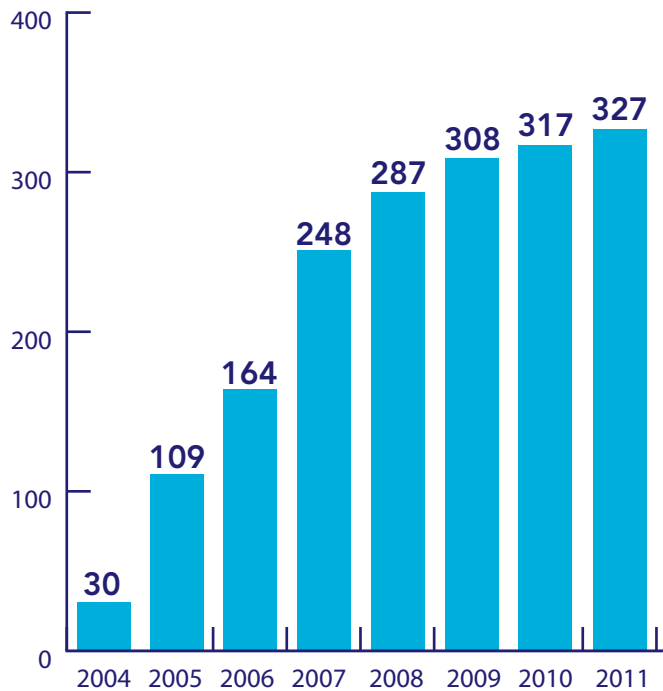
- 6 states enacted 10 pro-choice measures in 2011.
- California enacted the most pro-choice legislation in 2011, with four measures.
- 2011 marks the seventh year in a row that Colorado has enacted a pro-choice measure.

KEY PRO-CHOICE VICTORIES IN 2011:

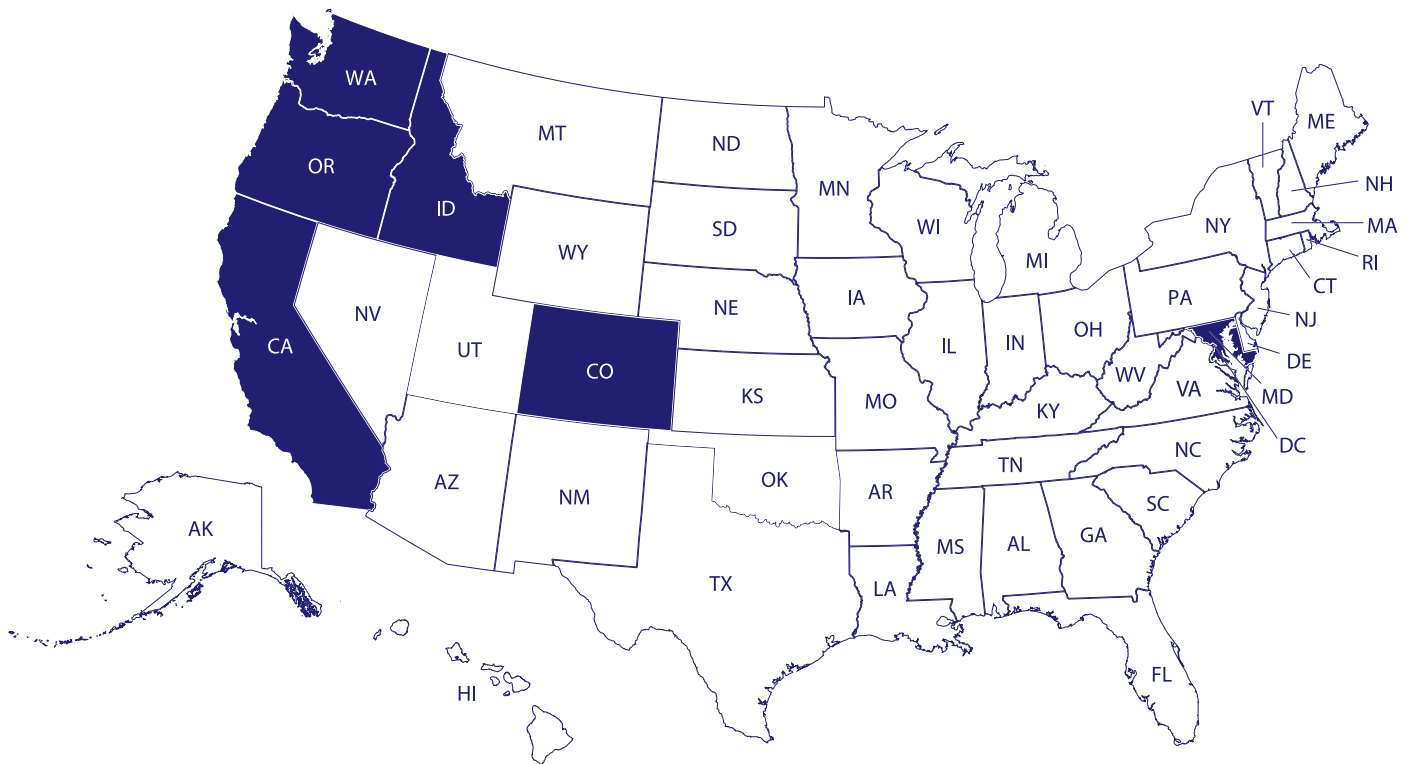
- California, Colorado, Idaho, and Oregon enacted laws that promote healthy childbearing.
- Colorado enacted a law that improves sex education for young people.
- California enacted a law to protect the confidentiality of reproductive-health professionals and patients.
- Maryland and Washington improved low-income women's access to reproductive-health services by expanding eligibility for their state Medicaid family-planning programs.

¹ This report uses the term "measures enacted" to refer to statutes and resolutions adopted by the legislature or enacted by ballot measure. "Laws" refers to constitutional provisions, statutes, regulations, court decisions, approved ballot initiatives, opinions of state attorneys general, and implemented policies.

**Cumulative Number of
Pro-Choice Measures Enacted Since 2004**



States That Enacted Pro-Choice Measures in 2011



KEY FINDINGS: Threats to Choice

In 2011, anti-choice lawmakers in Congress and state legislatures across the country attacked women's health and took every opportunity to restrict further the right to choose. In Congress, the anti-choice leadership of the House of Representatives declared blocking women's access to legal abortion care a "top priority." The House took eight votes on choice – the highest number since 2000. While most of these ultimately failed to advance, anti-choice lawmakers were able to reinstate the D.C. abortion ban by forcing it into in the FY'11 budget deal. Consequently, the city was forced abruptly to drop coverage for abortion services from its health programs. At least 28 D.C. Medicaid enrollees scheduled to receive abortion care just days after the budget was struck suddenly were left on their own to scramble for funds.

At the state level, among the 67 newly enacted anti-choice measures, five states enacted pre-viability bans on abortion care after 20 weeks that do not include adequate exceptions to protect women's health or for cases of rape or incest. Eight states passed laws prohibiting abortion coverage, either in the state's health-insurance exchange or in the state's entire private insurance market, and four states enacted measures prohibiting abortion coverage for state employees. In addition, legislatures in several states blocked women's access to affordable contraception by slashing state family-planning budgets. Seven states went so far as to enact laws that restrict, or in some cases outright bar, state funds from going to Planned Parenthood or to any health center that provides abortion care.

In addition to legislation that would ban access to abortion, states also considered and enacted a wide variety of other anti-choice bills, including those that force providers to tell women ideological and factually incorrect information about abortion care; restrict young women's access to family-planning and abortion services; force women to undergo mandatory ultrasounds; and place unnecessary and burdensome requirements on abortion providers. Laws that specifically regulate abortion providers particularly threaten access to abortion care because they seek to reduce further the already declining number of providers. Already, 87 percent of U.S. counties have no abortion provider, according to The Guttmacher Institute.

Opponents of choice also continue to push legislative measures that run the gamut from granting pharmacists

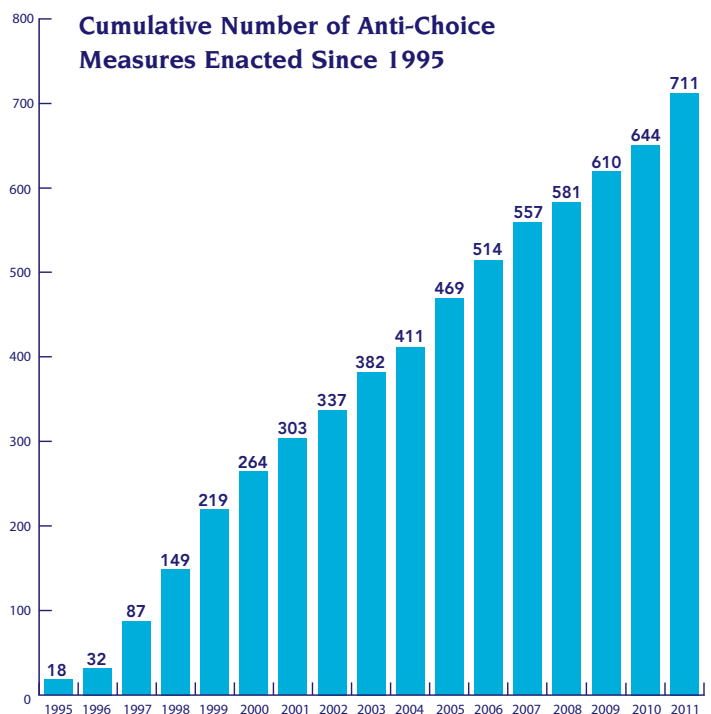
the right to refuse to fill birth-control prescriptions to outright bans on abortion, even when a woman's health is in danger. And many courts continue to rule in favor of anti-choice state provisions, further legitimizing harmful laws and inviting other states to enact similarly restrictive measures.

TOTAL ANTI-CHOICE MEASURES ENACTED IN 2011:

- 25 states enacted 67 anti-choice measures in 2011.
- Arizona, Florida, and Kansas enacted the most anti-choice legislation in 2011, with five measures each.
- Since 1995, states have enacted 711 anti-choice measures.

ANTI-CHOICE MEASURES ENACTED IN 2011 INCLUDED:

- Alabama, Idaho, Indiana, Kansas, and Oklahoma enacted pre-viability bans on abortion care after 20 weeks. None of these laws includes an adequate exception to protect women's health or for cases in which the pregnancy was the result of rape or incest. These laws are clearly designed as a challenge to *Roe v. Wade*.



KEY FINDINGS: Political Landscape

CHOICE POSITIONS OF EXECUTIVES

Federal Government

- President Barack Obama is pro-choice.
- Vice President Joe Biden is mixed-choice.

Governors

- 16 governors and the mayor of the District of Columbia are pro-choice: CA, CO, CT, DC, HI, IL, MD, MA, MN, MT, NH, NY, NC, OR, RI, VT, WA.
- 5 governors are mixed-choice: AR, DE, KY, MO, NV.
- 29 governors are anti-choice: AL, AK, AZ, FL, GA, ID, IN, IA, KS, LA, ME, MI, MS, NE, NJ, NM, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WV, WI, WY.

CHOICE POSITIONS OF LEGISLATURES

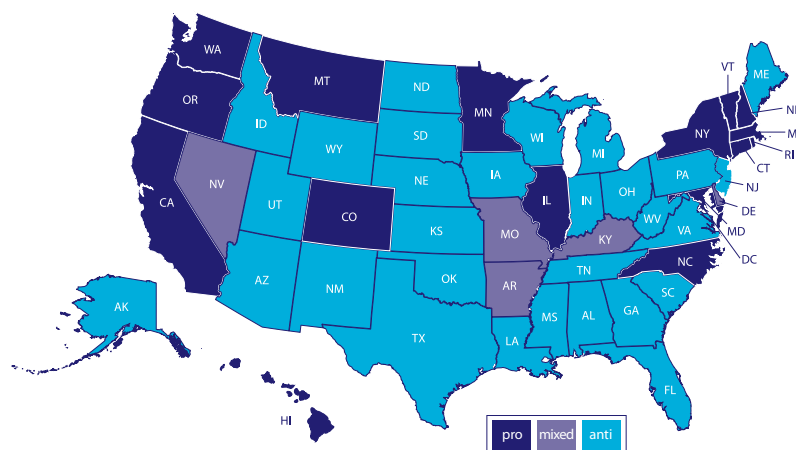
U.S. Congress

- The choice composition of the U.S. Senate is:
 - 40 pro-choice senators
 - 14 mixed-choice senators
 - 46 anti-choice senators
- The choice composition of the U.S. House is:
 - 154 pro-choice members
 - 33 mixed-choice members
 - 247 anti-choice members

State Legislatures¹

- Legislatures that are anti-choice outnumber pro-choice legislatures:
 - 8 states and the District of Columbia have pro-choice legislatures (both the house and senate are pro-choice): CA, CT, DE, DC (city council), HI, MA, NJ, OR, VT.
 - 23 states have anti-choice legislatures (both the house and senate are anti-choice): AL, AZ, FL, ID, KS, KY, LA, MI, MN, MS, MO, MT, NE, ND, OH, OK, SC, SD, TN, TX, UT, VA, WI.
- Choice composition of state senates:
 - 11 states and the District of Columbia have a pro-choice senate: CA, CO, CT, DE, DC, HI, MD, MA, NJ, NM, OR, VT.
 - 12 states have a mixed-choice senate: AK, AR, IL, IA, ME, NV, NY, NC, PA, WA, WV, WY.
 - 27 states have an anti-choice senate: AL, AZ, FL, GA, ID, IN, KS, KY, LA, MI, MN, MS, MO, MT, NE, NH, ND, OH, OK, RI, SC, SD, TN, TX, UT, VA, WI.
- Choice composition of state houses:
 - 10 states have a pro-choice house: CA, CT, DE, HI, MA, NJ, NY, OR, VT, WA.
 - 13 states have a mixed-choice house: AR, CO, GA, IL, IN, ME, MD, NV, NH, NM, NC, RI, WY.
 - 26 states have an anti-choice house: AL, AK, AZ, FL, ID, IA, KS, KY, LA, MI, MN, MS, MO, MT, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WV, WI.

Choice Positions of Governors



¹ The terms "house" and "senate" include the equivalent bodies in states that have different titles for their state legislative bodies. Nebraska has a unicameral body that is counted as a senate.

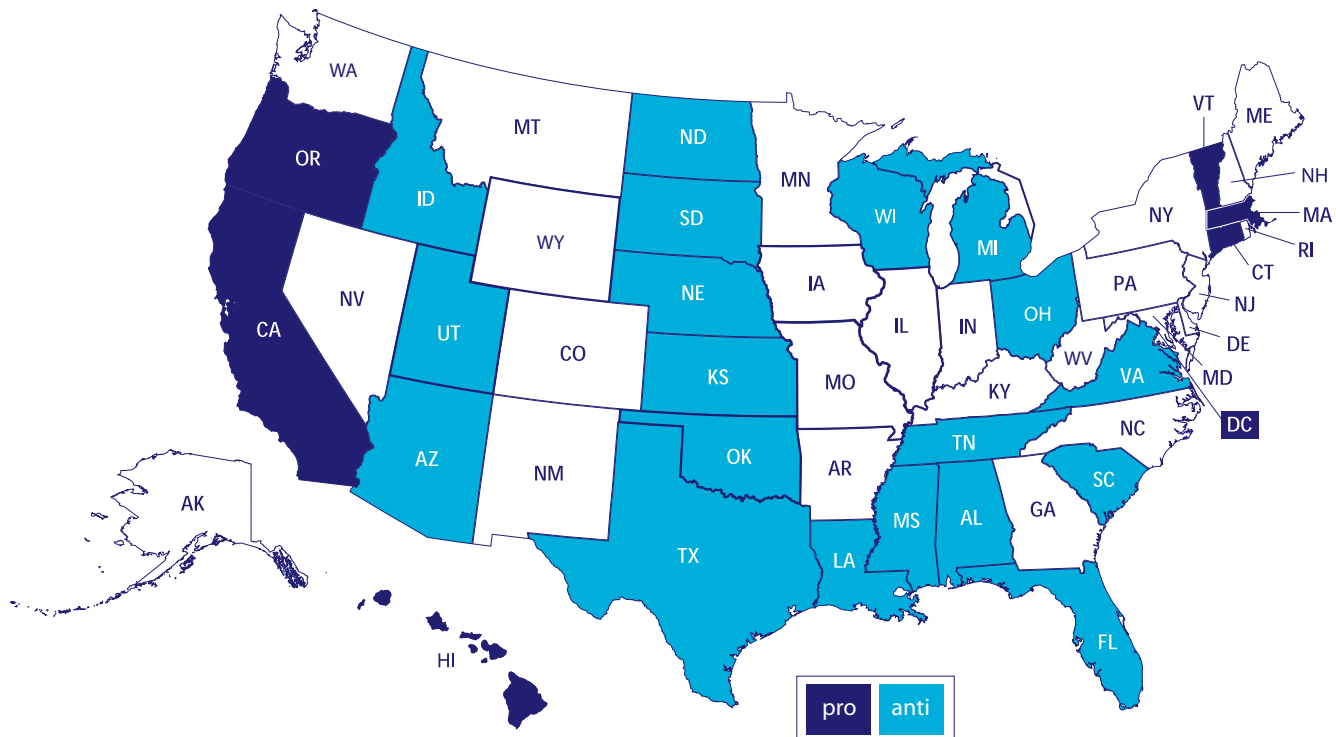
CHOICE POSITIONS IN THE STATES			
	Pro-Choice	Mixed-Choice	Anti-Choice
Governor	17*	5	29
Senate	12*	12	27
House	10	13	26

* including the District of Columbia

CHOICE POSITIONS OF STATE GOVERNMENTS

- There are six states and the District of Columbia with pro-choice governments (both a majority of the legislature and the governor are pro-choice): CA, CT, DC (mayor), HI, MA, OR, VT.
- There are 19 states with anti-choice governments (both a majority of the legislature and the governor are anti-choice): AL, AZ, FL, ID, KS, LA, MI, MS, NE, ND, OH, OK, SC, SD, TN, TX, UT, VA, WI.

Pro-Choice and Anti-Choice State Governments



www.ProChoiceAmericaFDN.org



FAST FACTS ABOUT **ANTI-CHOICE LAWS**

Near-Total Abortion Bans

Q: Could the government really outlaw abortion if the U.S. Supreme Court overturned *Roe v. Wade*?

A: **YES.** If *Roe v. Wade* were overturned, it would open the door for anti-choice lawmakers in state and federal governments to enact and enforce laws banning abortion. In fact, some states already have abortion bans on the books, either from before *Roe* or because they enacted laws after *Roe* hoping to prompt the Supreme Court to overturn it. Currently, these bans are unenforceable; however, if *Roe* were overturned they would become enforceable immediately. Still other states have anti-choice legislatures and governors likely to enact abortion bans if *Roe* were overturned.



CURRENT STATE LAWS

15 states have unconstitutional and unenforceable near-total criminal bans on abortion: AL, AZ, AR, CO, DE, LA, MA, MI, MS, NM, OK, UT, VT, WV, WI.

■ **2** of these bans were enacted after *Roe v. Wade*: LA (1991) and UT (1991).

4 states have laws that would impose near-total criminal bans on abortion if the Supreme Court overturns *Roe v. Wade* (sometimes known as “trigger” bans): LA, MS, ND, SD.



2011 NOTABLE DEVELOPMENTS

Fourteen states considered “personhood” bills that would amend the state’s constitution to grant legal “personhood” rights to a pregnancy from the point of fertilization. These measures are intended to impose near-total bans on abortion. None was enacted.

Ohio made history this year as the first state to consider a bill that would outlaw abortion as soon as a fetal heartbeat can be detected – as early as six weeks into a pregnancy. While not technically a near-total ban, the so called “heartbeat bill” effectively would outlaw abortion care in most circumstances with no exceptions for rape, incest, or fetal anomaly.

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Abortion Bans After 12 Weeks

Q: Have politicians succeeded in making abortion illegal in some cases?

A: **YES.** In 2003, Congress passed the Federal Abortion Ban, which outlaws certain safe, medically appropriate abortion services often necessary to protect a woman's health as early as the 12th week of pregnancy. It has no exception when a woman's health is in danger. In April 2007, the Supreme Court declared the ban constitutional. The court's holding is contrary to its decision in 2000 that declared state bans on so-called "partial-birth" abortion unconstitutional. The court's decision also gives the green light to states to enact further bans and other restrictions on abortion that disregard women's health. All of these bans put politicians' beliefs above a doctor's medical judgment and deny some women the health care their doctors believe is safest for them.

CURRENT STATE LAWS

20 states have unconstitutional and unenforceable bans that could outlaw abortion as early as the 12th week of pregnancy, with no exception to protect a woman's health: AL, AK, FL, ID, IL, IN, IA, KY, MI, MS, NE, NJ, ND, OK, RI, SC, SD, TN, WV, WI.

8 states ban a safe abortion procedure with no health exception: AZ, AR, KS, LA, MI, MO, UT, VA.

1 state bans a safe abortion procedure with only a narrow health exception: OH.

6 states ban abortion after 20 weeks with only a narrow health exception: AL, ID, IN, KS, NE, OK.

CURRENT FEDERAL LAWS

In November 2003, Congress passed and President Bush signed into law the Federal Abortion Ban, which outlaws a safe abortion procedure with no exception to protect a woman's health. The ban applies nationwide, even in states that have chosen not to enact these types of bans or that have constitutional or statutory protection for the right to choose that exceeds the protection provided by the federal Constitution. In April 2007, the U.S. Supreme Court upheld the Federal Abortion Ban.

2011 ENACTED STATE LEGISLATION

5 states enacted **5** measures that ban abortion after 20 weeks and do not provide an adequate exception to protect women's health or for cases in which the pregnancy was the result of rape or incest: AL, ID, IN, KS, OK.

1 state enacted **1** ban on a safe abortion procedure: MI.

2011 NOTABLE DEVELOPMENTS

In April 2010, Nebraska enacted a pre-viability abortion ban that prohibits access to abortion care after 20 weeks. In 2011, five states followed suit while the governor of one state (Minnesota) vetoed such a measure. While the original Nebraska ban rests rhetorically on the claim of fetal pain, its sponsors readily admit it is intended as a challenge to *Roe v. Wade*. In fact, the true intent of these laws has become more clear this year as several states introduced 20-week bans that did not predicate the ban on fetal pain. Instead, they simply outlaw abortion pre-viability, ignoring Supreme Court precedent set in *Roe* which states that a woman has the right to choose abortion care until the point of fetal viability. To date, no lawsuit to challenge the constitutionality of these laws has been filed.

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Biased Counseling and Mandatory Delays

Q: What are biased-counseling and mandatory-delay laws, and how do they endanger women's health?

A: Biased-counseling and mandatory-delay laws prohibit women from receiving abortion care until they are subjected to a state-mandated lecture and/or materials typically followed by a delay of usually at least 24 hours. Like any patient, a woman considering abortion should receive full and unbiased information from her doctor about her medical options. However, these laws impose unnecessary government intrusion into private decisions and the doctor-patient relationship; often, they require that women be provided with medically inaccurate information, such as the disproven claim that abortion causes breast cancer. Mandatory delays create additional burdens for women, especially women in rural areas who often have to travel for many hours to reach a health-care provider, and for women who do not have the resources to take extra time off work or pay for child care. Mandatory-delay laws endanger women's health by creating unnecessary burdens that can impede earlier, and therefore safer, abortion care.



CURRENT STATE LAWS

32 states have laws that subject women seeking abortion services to biased-counseling requirements and/or mandatory delays: AL, AK, AZ, AR, DE, FL, GA, ID, IN, KS, KY, LA, MA, MI, MN, MS, MO, MT, NE, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI.

■ **7** of these laws have been found fully or partially unconstitutional by courts: DE, KY, MA, MI, MT, SD, TN.



2011 ENACTED STATE LEGISLATION

6 states enacted **6** measures related to biased counseling and/or mandatory delays: IN, KS, LA, ND, SD, TX.



2011 NOTABLE DEVELOPMENTS

In March 2011, South Dakota received national attention when Gov. Dennis Daugaard (R) signed into law a first-of-its-kind biased-counseling mandate. Of the law's onerous provisions, perhaps the most shocking is its mandate that a woman seeking abortion care submit to an in-person lecture at a so-called crisis pregnancy center (CPC) – many of which are biased, anti-choice, anti-contraception facilities – even if she does not want to involve an outside party in her decision. In addition, the law mandates a precedent-setting 72-hour waiting period before care, forcing women to make a total of three separate, in-person trips.

Planned Parenthood immediately challenged the law as unconstitutional. One day before the law was to go into effect, a district court judge issued a preliminary injunction blocking enforcement while the case is litigated. In her decision, Judge Karen Schreier said the provision requiring a woman to visit a CPC "humiliates and degrades her as a human being." Judge Schreier also predicted the law would be found unconstitutional.

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Counseling Bans and Gag Rules

Q: What are counseling bans and gag rules, and how do they impede women's access to health care?

A: Having access to information about the full range of reproductive options is essential to making informed health-care decisions. Counseling bans, also known as gag rules, typically prohibit organizations that receive state and/or federal funds from counseling or referring women for abortion services, hinder doctors from treating their patients responsibly, and severely limit women's ability to make informed choices.

CURRENT STATE LAWS

21 states have laws that prohibit some or all state employees or organizations that receive state funds from providing, counseling, or referring women for abortion services: AL, AR, AZ, IL, IN, KS, KY, LA, MI, MN, MS, MO, NE, ND, OH, OK, PA, SC, TX, VA, WI.

■ **North Dakota's** prohibition has been held partially unconstitutional.

CURRENT FEDERAL LAWS

Several federal laws constitute back-door gag rules by allowing health-care employees and companies to refuse to provide, pay for, counsel for, or even refer for abortion services – and in some cases contraceptives. The key laws include the Church amendment (1973, 1974), the Coats amendment to the Public Health Service Act (1996), and the Federal Refusal Clause (also known as the Weldon amendment, 2004). The furthest-reaching refusal law was implemented in 2009 through a Department of Health and Human Services (HHS) regulation enacted in the final days of the Bush administration. The regulation, known as the Federal Refusal Rule, expanded the ability of health-care companies and providers to refuse to provide, cover, or refer for medical services. On February 2011, the Obama administration rescinded the key elements of the HHS regulation. This rescission repealed all of the troublesome aspects of the rule including burdensome certification requirements imposed on health-care organizations and problematic definitions that could have been interpreted to allow health-care providers to refuse to provide contraception in addition to abortion care. The final regulation retained only the section of the Federal Refusal Rule that provides for an enforcement process, establishing that the HHS Office of Civil Rights is authorized to receive and investigate complaints regarding violations of federal refusal statutes.

2011 ENACTED STATE LEGISLATION

3 states enacted **5** measures that prohibit organizations receiving state funds from counseling or referring women for abortion services: AR, AZ, ND.

2011 FEDERAL ACTION

In 2011, pro-choice senators took action against the global gag rule, a policy that had prohibited the U.S. Agency for International Development from granting family-planning funds to overseas health centers that provided, counseled for, or referred women for abortion care. President Obama repealed the policy in 2009. In September, pro-choice senators won committee approval of a provision that would block reinstatement of the global gag rule by a future anti-choice president, but, at the time of this publication, the full Senate had not voted on this measure.

2011 NOTABLE DEVELOPMENTS

In November, a House subcommittee held a hearing to discuss whether employers who oppose contraception should be allowed to deny their employees a health-insurance plan that covers birth control. At issue is a new guarantee that stems from the Affordable Care Act that all health plans must cover women's preventive care, including birth control, at no additional cost. At the hearing, anti-choice lawmakers and witnesses alike protested the new policy, some claiming it is religious discrimination and others questioning whether government should invest in family planning at all. One anti-choice witness said his organization would sue if he had to provide contraceptive coverage to his employees, while another said her organization simply would refuse to comply.

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Insurance Prohibition for Abortion

Q: What are bans on insurance coverage for abortion, and how do they restrict women's privacy and choices?

A: Anti-choice state and federal legislators have enacted laws that prohibit insurance companies from covering abortion services or require women to purchase a separate policy and pay an extra premium to receive abortion coverage. These insurance prohibitions can impede access to abortion coverage not only for state employees, but for all women in the state, regardless of their source of health insurance. Further, offering women the "option" to pay extra for supplemental abortion coverage, often known as a rider policy, is a false promise. Unintended pregnancies are by definition unplanned; women rarely purchase abortion coverage in anticipation of these circumstances. In fact, there is little evidence that insurers even offer these products. Women should not be denied coverage for basic reproductive-health services by politicians imposing their personal agendas on private medical decisions.

CURRENT STATE LAWS

24 states prohibit insurance plans for public employees and/or private-sector individuals from covering abortion services: AZ, AR, CO, FL, ID, IL, IN, KS, KY, LA, MA, MS, MO, NE, NC, ND, OH, OK, PA, RI, SC, TN, UT, VA. Of these:

- **9** states prohibit abortion coverage in the entire private insurance market: ID, KS, KY, MO, NE, ND, OK, UT, RI.
 - **Rhode Island** has two separate insurance-prohibition laws. Courts have declared one unconstitutional and unenforceable and the other partially unconstitutional and unenforceable.
- **13** states expressly prohibit abortion coverage in state insurance exchanges: AZ, FL, ID, IN, KS, LA, MS, MO, NE, OK, TN, UT, VA.
- **15** states prohibit abortion coverage for public employees: AZ, AR, CO, IL, KS, KY, MA, MS, NE, NC, OH, PA, RI, SC, VA.
 - **Massachusetts'** insurance prohibition for state employees applies only to coverage for certain procedures after viability.

CURRENT FEDERAL LAWS

Federal law bars access to abortion coverage for most women who rely on the federal government for their health insurance. Federal employees are prohibited from selecting a health plan that provides abortion coverage. Retired and current military personnel and their dependents also are prohibited from obtaining abortion coverage through military health plans, even in cases of rape or incest. Federal law also denies abortion coverage to Indian Health Service enrollees, Peace Corps volunteers, and women incarcerated in federal prisons.

The Affordable Care Act affects abortion coverage in private insurance plans in an unprecedented manner. Abortion-coverage restrictions in the law, known as the Nelson provisions (after the law's sponsor), require plans participating in health-insurance exchanges to segregate monies used for abortion services from all other funds and also require those purchasing a plan with abortion coverage to make separate premium payments. These restrictions compel both individuals and insurance companies to incur increased administrative burdens and could jeopardize insurers' willingness to offer full reproductive-health coverage.

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This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Insurance Prohibition for Abortion

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2011 ENACTED STATE LEGISLATION

3 states enacted **3** measures prohibiting abortion coverage in private insurance market: KS, NE, UT.

8 states enacted **8** measures prohibiting abortion coverage in state insurance exchanges: FL, ID, IN, KS, NE, OK, UT, VA.

4 states enacted **4** measures prohibiting abortion coverage for state employees: AZ, KS, NC, OH.



2011 FEDERAL ACTION

Anti-choice House leaders aggressively moved two pieces of legislation in this area:

Anti-choice Rep. Chris Smith (R-NJ) reintroduced the deceptively titled No Taxpayer Funding for Abortion Act (H.R.3). In May, the anti-choice House of Representatives passed a revised version of the bill. Shortly thereafter, Sen. Roger Wicker (R-MS) introduced a companion bill, S.906. The Smith/Wicker bill effectively would ban abortion coverage in state health-insurance exchanges and would codify permanently the Hyde amendment and other anti-abortion riders. Moreover, it would force millions of small businesses and individuals to pay taxes on their health plans if they cover abortion and potentially could spur the Internal Revenue Service to audit rape and incest survivors who seek abortion care.

Anti-choice Rep. Joe Pitts (R-PA) and anti-choice Sen. Orrin Hatch (R-UT) introduced the Protect Life Act (H.R.358/S.877), and the House of Representatives passed the legislation in October. The bill would impose the failed Stupak/Pitts abortion-coverage ban on health-insurance exchanges and allow hospitals to refuse to provide emergency abortion care, even to women who will die without it.

As originally introduced, H.R.3 and H.R.358 would have limited longstanding exceptions for cases of rape and incest to exclude survivors of statutory rape and any incest survivor 18 years of age or older. After a public backlash, this provision was dropped from both bills.

In addition, multiple anti-choice senators introduced a variety of new measures that resemble pieces of the Smith/Wicker and Pitts/Hatch bills. Taken together, these anti-choice bills would bar abortion coverage in health-insurance exchanges created under the Affordable Care Act and codify permanently the Hyde amendment and other anti-choice riders.



2011 NOTABLE CASES

In *Kansas and Western Missouri v. Praeger*, a federal district court heard a challenge to a Kansas law that bans abortion coverage in the state's private insurance market and health-insurance exchange. The issue is pending before the court.



2011 NOTABLE DEVELOPMENTS

Perpetuating an alarming trend from 2010, this year eight states enacted bans on private insurance coverage of abortion. In contrast, pro-choice Montana Gov. Brian Schweitzer (D) blocked a similar attempt in Montana by vetoing a bill that would have banned abortion coverage in the state's health-insurance exchange.

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Refusal to Provide Medical Services

Q: Are health-care providers really allowed to refuse to provide medically necessary services?

A: **YES.** A number of state and federal laws include provisions known as “refusals,” which permit a broad range of individuals and institutions – including hospitals, hospital employees, health-care providers, pharmacists, employers, and insurance companies – to refuse to provide, pay for, counsel for, or even refer patients for medical treatment that they oppose. Although carefully crafted refusal laws may be acceptable in some circumstances to protect individuals who oppose certain treatments, broad refusal laws deny women medically necessary information, referrals, and services. In addition, even if individual medical providers are protected, health-care corporations should not be allowed broadly to deny women access to necessary medical services and information.



CURRENT STATE LAWS

47 states and the District of Columbia allow certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals: AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY.



CURRENT FEDERAL LAWS

Several federal laws allow health-care employees and companies to refuse to provide, pay for, counsel for, or even refer for abortion services – and in some cases contraceptives. The key laws include the Church amendment (1973, 1974), the Coats amendment to the Public Health Service Act (1996), and the Federal Refusal Clause (also known as the Weldon amendment, 2004). The furthest-reaching refusal law was implemented in 2009 through a Department of Health and Human Services regulation enacted in the last days of the Bush administration. The regulation, known as the Federal Refusal Rule, expanded the ability of health-care companies and providers to refuse to provide, cover, or refer for medical services. The Obama administration repealed the most overreaching elements of the Federal Refusal Rule in February 2011.



2011 ENACTED STATE LEGISLATION

2 states enacted **2** measures modifying existing laws that allow certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals: FL, UT.

Florida's new law expands the state's contraception refusal law and now allows managed-care plans to refuse to provide family-planning services. Utah's new law expands the state's abortion refusal law to allow additional entities to refuse to provide abortion care.



2011 FEDERAL ACTION

Anti-choice lawmakers introduced legislation (H.R.358/S.877) that allows hospitals to refuse to provide emergency abortion care, or to refer the patient to a hospital that will, even when a woman's life is in critical danger. If enacted, the law would override the Emergency Medical Treatment and Labor Act, which requires Medicare-participating hospitals that offer emergency services to provide stabilizing treatment for any patient who presents with an emergency medical condition.



2011 NOTABLE CASES

In August 2011, in *Planned Parenthood Arizona, Inc. v. Goddard*, a state appellate court ruled a 2009 Arizona refusal law constitutional and enforceable, allowing it to go into effect. The law expands the state's abortion refusal law to hospitals and specifies that providers may not be required to facilitate the provision of abortion services. The law also allows for the first time hospitals, pharmacies, and health-care professionals to refuse to provide contraception.

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Restrictions on Low-Income Women's Access to Abortion

Q: *How do restrictions on access to abortion care disproportionately affect low-income women?*

A: All women should have access to reproductive-health care, regardless of their economic status; however, discriminatory restrictions on public funding make abortion services an unavailable choice for many low-income women. Banning public funding for certain services limits reproductive-health options for those who rely on the government for their health care. These policies put women's health in danger and allow politicians to interfere with the doctor-patient relationship.

CURRENT STATE LAWS

33 states and the District of Columbia restrict low-income women's access to abortion: AL, AR, CO, DC, DE, FL, GA, ID, IN, IA, KS, KY, LA, ME, MI, MS, MO, NE, NV, NH, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WI, WY. (Six of these states fund abortion services for low-income women in extremely limited circumstances beyond federal restrictions: IN, IA, MS, UT, VA, WI.)

17 states fund abortion services for low-income women beyond federal restrictions: AK, AZ, CA, CT, HI, IL, MD, MA, MN, MT, NJ, NM, NY, OR, VT, WA, WV.

CURRENT FEDERAL LAWS

Several federal laws, most notably the Hyde amendment, bar access to abortion care for most low-income women who rely on the federal government for their health care, with exceptions only to preserve the woman's life or if the pregnancy results from rape or incest. Women affected by these bans include recipients of Medicaid, Medicare, the State Children's Health Insurance Program, and Indian Health Service clients.

The Affordable Care Act affects abortion coverage in private insurance plans in an unprecedented manner. Abortion-coverage restrictions in the law, known as the Nelson provisions (after the law's sponsor), require plans participating in health-insurance exchanges to segregate monies used for abortion services from all other funds and also require those purchasing a plan with abortion coverage to make separate premium payments. These restrictions compel both individuals and insurance companies to incur increased administrative burdens and could jeopardize insurers' willingness to offer full reproductive-health coverage, affecting low-and middle-income women's access to care.

2011 ENACTED STATE LEGISLATION

3 states enacted **4** measures restricting low-income women's access to abortion: AZ, CO, ID.

2011 FEDERAL ACTION

In 2011, Congress extended all current-law funding bans on abortion services for low-income women. Moreover, it revived a ban prohibiting the District of Columbia from using its own local revenue to provide abortion care to its low-income residents. Congress lifted the D.C. abortion ban in 2009, but anti-choice forces prevailed in reinstating it during the FY'11 appropriations process.

Anti-choice Rep. Chris Smith (R-NJ) reintroduced the so-called No Taxpayer Funding for Abortion Act (H.R.3). In May, the anti-choice House of Representatives passed a revised version of the bill. Shortly thereafter Sen. Roger Wicker (R-MS) introduced a companion bill, S.906. If enacted, the Smith/Wicker bill would, among other provisions, recodify the Hyde amendment and the D.C. abortion ban, permanently denying low-income women and D.C. residents access to abortion care through Medicaid, even when their health is at risk. It also effectively would ban abortion coverage for low- and middle-income women in state health-insurance exchanges.

As originally introduced, H.R.3 would have narrowed existing exceptions under the Hyde amendment to exclude survivors of statutory rape and any incest survivor 18 years of age or older. After a public backlash, this provision was dropped from the bill.

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Restrictions on Low-Income Women's Access to Abortion

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Additionally, anti-choice Rep. Joe Pitts (R-PA) and anti-choice Sen. Orrin Hatch (R-UT) introduced the Protect Life Act (H.R.358/S.877) which, among other provisions, would impose the failed Stupak/Pitts abortion-coverage ban on health-insurance exchanges. Like H.R.3, the original version of H.R.358 included a provision that would have narrowed longstanding exceptions for cases of rape and incest. This provision was dropped during committee consideration of the bill. The House of Representatives passed H.R.358 in October.

Anti-choice Sens. Ben Nelson (D-NE) and Robert Casey (D-PA) introduced multiple new measures that resemble pieces of the Smith/Wicker and Pitts/Hatch bills and would codify permanently the Hyde amendment and other anti-choice riders.



2011 NOTABLE DEVELOPMENTS

In April, as the federal government neared shutdown, anti-choice politicians forced the inclusion of the D.C. abortion ban in the final FY'11 budget deal. With the reinstatement of the ban on the District of Columbia's use of its own local funds to cover abortion care for low-income women, the city was forced abruptly to drop coverage for abortion services from its health programs. At least 28 D.C. Medicaid enrollees were scheduled to receive abortion care at a local clinic in April, just days after the budget deal was struck. These women who depended on the D.C. Medicaid program to meet their health needs suddenly were left on their own to scramble for funds.

In May, pro-choice Minnesota Gov. Mark Dayton (D) vetoed a bill that would have prohibited state funding of abortion care. This bill was a direct attack on existing funding policy in Minnesota, which, under court order, currently provides abortion coverage to enrollees in its state Medicaid program. (In 1995, a court held in *Doe v. Gomez* that limiting state funding for abortion care to cases of life endangerment, rape, and incest violates the Minnesota constitution.)

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Restrictions on Young Women's Access to Abortion

Q: *How are abortion restrictions dangerous to young women's safety?*

A: Most young women talk with at least one parent when facing an unintended pregnancy. But some young women feel for various reasons – including abuse, rape, or incest – that they cannot tell a parent they are pregnant. For example, forcing a young woman to tell an abusive parent about her decision to end a pregnancy can lead to family violence. Further, placing restrictions on a young woman's access to abortion can delay her from seeking earlier, safer care, thus putting her health at risk. Of course, most parents hope their daughters will seek out their advice and support, but responsible parents want, above all, for their daughters to be safe.



CURRENT STATE LAWS

44 states have parental-notice or -consent laws that restrict young women's access to abortion: AL, AK, AZ, AR, CA, CO, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.

■ **22** states require parental consent: AL, AZ, AR, CA, ID, IN, KY, LA, ME, MA, MI, MS, MO, NM, NC, ND, OH, PA, RI, SC, TN, WI.

■ **17** states require parental notice: AK, CO, DE, FL, GA, IL, IA, KS, MD, MN, MT, NE, NV, NH, NJ, SD, WV.

■ **5** states require both parental notice and consent: OK, TX, UT, VA, WY.

■ **11** states that have parental-notice and/or -consent laws permit other trusted adults to stand in for a parent: AZ, CO, DE, IL, IA, ME, NC, PA, SC, VA, WI.

■ **5** of these laws have been found unconstitutional and unenforceable: CA, MT, NV, NJ, NM.

■ **1** of these laws is currently not in effect: IL.



2011 ENACTED STATE LEGISLATION

1 state enacted **1** measure that restricts young women's access to abortion: NH.



2011 FEDERAL ACTION

Anti-choice lawmakers in the House of Representatives this year pursued several legislative avenues to restrict young women's access to abortion care. Perhaps most notably, they reintroduced the so-called Child Interstate Abortion Notification Act, which would impose a complex patchwork of parental-involvement laws on states, doctors, and young women. The bill also would impose criminal penalties on anyone other than a parent – including a grandparent or minister – who accompanies a young woman across state lines for abortion care if requirements of the home state's parental-involvement law have not been met. The legislation has garnered over 140 cosponsors in the 112th Congress, nearly one-third of all House members.



2011 NOTABLE DEVELOPMENTS

In June 2011, pro-choice Gov. John Lynch (D) stood up to anti-choice forces in the New Hampshire legislature and vetoed H.B.329, a bill that would require young women to notify a parent at least 72 hours in advance of accessing abortion care. The bill also would force a young woman who is unable to tell a parent of her pregnancy to go through a potentially frightening and intimidating court proceeding – with no exception for survivors of rape or incest. Unfortunately, the state House and Senate, which are both overwhelmingly anti-choice, voted to override the governor's veto.

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Targeted Regulation of Abortion Providers (TRAP)

Q: What are TRAP laws, and how do they impede women's access to health-care services?

A: The anti-choice movement has undertaken a campaign to impose unnecessary and burdensome regulations on abortion providers – but not other medical professionals – in an obvious attempt to drive doctors out of practice and make abortion care more expensive and difficult to obtain. Such proposals are known as TRAP laws: Targeted Regulation of Abortion Providers. Common TRAP regulations include those that restrict where abortion care may be provided. Regulations limiting abortion care to hospitals or other specialized facilities, rather than physicians' offices, require doctors to obtain medically unnecessary additional licenses, needlessly convert their practices into mini-hospitals at a great expense, or provide abortion services only at hospitals, an impossibility in many parts of the country.

CURRENT STATE LAWS

45 states and the District of Columbia have laws subjecting abortion providers to burdensome restrictions not imposed on other medical professionals: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY.

- All of these states prohibit certain qualified health-care professionals from providing abortion care.
- **25** of these states restrict the provision of abortion care – often even in the early stages of pregnancy – to hospitals or other specialized facilities: AK, AR, CT, GA, ID, IN, MA, MN, MS, MO, NV, NJ, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, UT, VA, WI.
- **16** of these laws are at least partially unenforceable: AK, AZ, ID, IL, KS, MA, MS, MO, NY, ND, OH, OK, PA, TN, UT, WI.

2011 ENACTED STATE LEGISLATION

7 states enacted **8** measures that subject abortion providers to burdensome restrictions not imposed on other medical professionals: AR, AZ, IN, KS, ND, UT, VA.

2011 NOTABLE CASES

In July 2011, in *Hodes & Nauser v. Moser*, a federal court temporarily enjoined Kansas' new TRAP law on the grounds that the abortion providers who brought the suit had demonstrated sufficient evidence that their medical practices would "suffer irreparable harm" and that at least two women seeking abortion care at the time would be unable to access services if the law went into effect. The regulatory scheme spurred by the law was unveiled with only two weeks for providers to come into compliance with numerous new construction and facilities requirements, which threatened to shut down two of the state's three abortion clinics.

In August 2011, in *Planned Parenthood of Arizona, Inc. v. American Ass'n of Pro-Life Obstetricians and Gynecologists* (formerly *Planned Parenthood v. Goddard*, 2009), a state appellate court lifted a lower court's injunction of an Arizona TRAP law that barred certain qualified health professionals from providing surgical-abortion care. In light of that ruling, parties in a state superior court case, *Planned Parenthood of Arizona v. Goddard* (2010), agreed to allow a new law that bars qualified health professionals from providing medication (RU 486) to go into effect as well. Another provision mandating that only a doctor provide certain types of pre- and post-abortion care remains unenforceable pending a ruling from the superior court.

2011 NOTABLE DEVELOPMENTS

In September 2011, prompted by legislation requiring the Virginia board of health to regulate first-trimester abortion clinics as a type of hospital, the board approved by a vote of 15-1 emergency regulations that are wholly unrelated to patient safety. This regulatory scheme includes extensive physical-plant requirements which are more far-reaching than those in any other state, as the regulations incorporate into law several chapters of a book of exhaustive guidelines for construction of new health-care facilities. (Guidelines, Facility Guidelines Inst., 2010 ed.) The building requirements are impossible to meet absent extensive renovations or new construction, and as such they threaten to shutter a majority of the state's 21 clinics.

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FAST FACTS ABOUT **PRO-CHOICE LAWS**

Contraceptive Equity

Q: Why is insurance coverage for contraception important to women's health?

A: Laws promoting insurance coverage for contraception are crucial to protecting and promoting women's reproductive health. By guaranteeing that insurers cover prescription contraception to the same extent as other medications, contraceptive-equity laws help ensure women's access to birth control and ultimately help prevent unintended pregnancies and reduce the need for abortion.



CURRENT STATE LAWS

28 states have laws or regulations ensuring equity in private insurance coverage for prescription contraception: AZ, AR, CA, CO, CT, DE, GA, HI, IL, IA, ME, MD, MA, MI, MO, MT, NV, NH, NJ, NM, NY, NC, OR, RI, VT, WA, WV, WI.



CURRENT FEDERAL LAWS

Current law guarantees that the Federal Employee Health Benefits program covers prescription contraception to the same extent as other prescription medications.

Under the Affordable Care Act (ACA), newly issued insurance plans must cover women's family-planning care, including all Food and Drug Administration (FDA)-approved contraceptive methods, without copayments or deductibles. This historic policy is the greatest improvement to women's access to family-planning care in a generation and a giant step toward universal contraceptive coverage.



2011 FEDERAL ACTION

As part of its implementation of the ACA, which requires health plans to cover – at no cost – certain preventive-health services that are specific to women, the Department of Health and Human Services (HHS) appointed an Institute of Medicine panel to recommend which services should be defined as preventive care under the law. The panel recommended that family-planning services, including the full range of FDA-approved contraceptive methods, be considered preventive care for women; in August, HHS adopted this recommendation in full. Now, plans issued on or after August 1, 2012 must include no-cost contraceptive coverage. The administration has proposed an opt-out for certain employers; it had not yet issued a final policy as of this publication's printing.

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Emergency Contraception (EC)

Q: What is emergency contraception, and why is it important to women's health?

A: Emergency contraception (EC), often referred to as the "morning-after" pill, is birth control that can significantly reduce a woman's chance of becoming pregnant if taken soon after sex. EC can prevent a pregnancy before it occurs; it has no effect on an existing pregnancy. It may be used when other birth-control methods fail or are not used, such as when women are sexually assaulted. The Food and Drug Administration (FDA) has approved certain emergency-contraception medications for over-the-counter sales for individuals aged 17 and over, and recently approved a new emergency contraceptive, ella®, for prescription-only sale. Unfortunately, many women do not know about EC, and anti-choice groups have fought efforts to improve access to it.

CURRENT STATE LAWS

23 states and the District of Columbia have **35** laws and/or policies that improve women's access to EC: AK, AR, CA, CO, CT, DC, HI, IL, ME, MD, MA, MN, NH, NJ, NM, NY, OK, OR, PA, SC, UT, VT, WA, WI.

■ **16** states and the District of Columbia have laws that improve sexual-assault survivors' access to EC or information about EC in hospitals: AR, CA, CO, CT, DC, IL, MA, MN, NJ, NM, NY, OR, PA, SC, UT, WA, WI.

■ **9** states allow pharmacists to provide EC to a woman of any age without a prescription: AK, CA, HI, ME, MA, NH, NM, VT, WA.

■ **9** states provide Medicaid coverage of over-the-counter EC: HI, IL, MD, NJ, NM, NY, OK, OR, WA.

2011 FEDERAL ACTION

In May 2011, pro-choice Rep. Steve Rothman (D-NJ) reintroduced the Compassionate Assistance for Rape Emergencies Act (H.R.1724), which would ensure that EC is offered to sexual-assault survivors in hospitals.

As part of its implementation of the ACA, which requires health plans to cover – at no cost – certain preventive-health services that are specific to women, the Department of Health and Human Services (HHS) appointed an Institute of Medicine panel to recommend which services should be defined as preventive care under the law. The panel recommended that family-planning services, including the full range of FDA-approved contraceptive methods, including EC, be considered preventive care for women; in August, HHS adopted this recommendation in full. Now, plans issued on or after August 1, 2012 must include no-cost contraceptive coverage. The administration has proposed an opt-out for certain employers; it had not yet issued a final rule as of this publication's printing.

As part of this otherwise-laudable policy, however, the administration is proposing to allow certain religious employers to refuse to comply with the requirement. At the time of publication, HHS had not yet issued a final rule on the proposed refusal provision.

For more information on no-cost birth control, please see the *Contraceptive Equity* fast facts page.

2011 NOTABLE CASES

In November 2010, the Center for Reproductive Rights (CRR) filed a contempt motion against the Food and Drug Administration (FDA) for failing to adhere to a court ruling regarding age restrictions on over-the-counter (OTC) access to EC. In March 2009, in *Tummino v. von Eschenbach*, the U.S. district court ordered the FDA to reconsider its controversial decision to limit OTC access to the emergency contraceptive Plan B® to adults age 18 and older, finding that the age restriction was based on politics, not scientific evidence. The decision required that Plan B® be made available without a prescription to 17-year-olds within 30 days. It also charged the FDA to reassess whether to make the medication available over the counter, without a prescription, to individuals of all ages.

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This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Emergency Contraception (EC)

Continued from prior page

In its motion, CRR asserted that the FDA has done little to review its age restriction, as directed by the court, and therefore is in contempt of the 2009 order. At the time of publication, a ruling on this matter had not yet been issued.



2011 NOTABLE DEVELOPMENTS

In 2010, the new emergency contraceptive (EC) ella® was approved for sale in the United States. This medication, which is available only by prescription, now can be obtained at retail pharmacies and is safe and effective for use up to five days (120 hours) after sex.

As part of its release of the medication, Watson Pharmaceuticals, the manufacturer of ella®, initiated programs to educate physicians and providers and to develop online resources for consumers. These initiatives are particularly important, given that too few women – and their doctors – know about EC and its ability to prevent pregnancy after sex.

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Freedom of Choice Acts

Q: What are Freedom of Choice Acts, and why do states need to codify Roe's protections?

A: In *Roe v. Wade*, the U.S. Supreme Court ruled that the Constitution guarantees a woman's right to choose. However, in subsequent decisions the Supreme Court sharply limited some of *Roe*'s protections and could someday eliminate them entirely. A Freedom of Choice Act (FOCA) helps to ensure that a woman's right to choose is preserved by making *Roe*'s protections a permanent part of state or federal law. Women in states with FOCA's – or women nationwide if Congress were to pass a federal version – would continue to have access to safe, legal abortion care, even if *Roe* is further eroded or overturned in the courts. However, if the Supreme Court overturned *Roe* without a FOCA in place, Congress would be able to pass legislation banning abortion nationwide, trumping state codifications of *Roe*'s protections.

CURRENT STATE LAWS

7 states have codified a woman's right to choose, making the protections of *Roe v. Wade* part of state law: CA, CT, HI, ME, MD, NV, WA.

■ **3** states enacted these measures by ballot initiative: MD, NV, WA.

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Guaranteed Access to Prescriptions

Q: What can be done about pharmacists who refuse to fill women's prescriptions for birth control?

A: Laws that guarantee women's access to prescriptions are becoming increasingly necessary to address the growing issue that some pharmacists refuse to fill women's legally prescribed birth control. Some pharmacists even go so far as to lecture women, humiliate them at the counter, or refuse to hand back a prescription. When a woman walks into a pharmacy with a birth-control prescription from her doctor, she should walk out with the medication – without intimidation, delay, or harassment.



CURRENT STATE LAWS

6 states guarantee that women's birth-control prescriptions will be filled: CA, ME, NV, NJ, WA, WI.

■ **1** state also requires pharmacies to dispense over-the-counter emergency contraception: WA.

■ **1** state has an unenforceable guarantee that women's birth-control prescriptions will be filled, and that pharmacies must dispense over-the-counter emergency contraception: IL.



2011 NOTABLE CASES

In 2005, Illinois enacted a rule guaranteeing that women's birth-control prescriptions would be filled. Upon receipt of a valid and lawful prescription for contraception, a pharmacy was required to dispense the contraceptive or a suitable alternative without delay. The law was challenged in court in three separate lawsuits.

In April 2010, Illinois repealed the 2005 rule and replaced it with a new, broader regulation, one part of which requires pharmacies to dispense women's birth control including over-the-counter emergency contraception. In May 2010, in light of the new rule, the judge in the *Morr Fitz, Inc. v. Blagojevich* case, the only remaining challenge to the 2005 law, expanded his 2009 preliminary injunction that exempted the pharmacists in the case from complying with the law to allow them to decline to stock or dispense emergency contraception and to file an amended complaint given the new rules.

A trial was held in March 2011. In April 2011, the judge declared the GAP law invalid. The state now is enjoined permanently from enforcing the law. The state has appealed the decision.



2011 NOTABLE DEVELOPMENTS

As part of its implementation of the Affordable Care Act, which requires health plans to cover – at no cost – certain preventive-health services that are specific to women, the Department of Health and Human Services (HHS) appointed an Institute of Medicine panel to recommend which services should be defined as preventive care under the law. The panel recommended that family-planning services, including the full range of Food and Drug Administration-approved contraceptive methods, be considered preventive care for women; in August 2011, HHS adopted this recommendation in full. Now, plans issued on or after August 1, 2012 must include no-cost contraceptive coverage. The administration has proposed an opt-out for certain employers; it had not yet issued a final rule as of this publication's printing.

With more than three million unintended pregnancies occurring each year, the United States has a far higher unintended-pregnancy rate than other industrialized countries. The historic development that guarantees insurance companies will cover the cost of birth control signifies an even greater need to guarantee access to birth control at the pharmacy counter.

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Low-Income Women's Access to Family Planning

Q: How can low-income women access costly family-planning services?

A: All women should have access to basic reproductive-health care regardless of their income, but the high cost of health care and health insurance makes family-planning services unavailable to many women. The federal Title X program expands access to reproductive-health care by funding family-planning clinics that serve millions of low-income women each year. Additionally, states can expand Medicaid coverage for family-planning services. Under the Affordable Care Act (ACA), states, at their own option, may extend Medicaid family-planning coverage to more women through a State Plan Amendment (SPA). States may also improve access by applying for waivers from the federal government. Finally, some low-income women will benefit from the ACA's requirement that all newly issued health plans cover family-planning services without a copay or deductible.

CURRENT STATE LAWS

29 states, as of July 2011, provided expanded access to Medicaid coverage for family-planning services.

■ **22** states provide expanded access to Medicaid-funded reproductive-health services through a waiver obtained from the federal government: AL, AZ, AR, DE, FL, GA, IL, IA, LA, MD, MI, MN, MS, MO, NY, NC, OR, PA, RI, TX, WA, WY.

■ **7** states, as of October 2011, provided certain low-income women coverage for Medicaid-funded reproductive-health services through a SPA: CA, NM, OK, OH*, SC, VA, WI.

**Note: As of this publication's printing, Ohio's SPA was approved but had not yet been implemented.*

CURRENT FEDERAL LAWS

Title X of the Public Health Service Act grants federal funds to family-planning clinics that provide reproductive-health services to low-income women, uninsured women, and women who cannot qualify for Medicaid. For many women, Title X clinics provide the only basic health care that they receive.

The ACA allows states to improve access to family-planning care without requiring prior federal approval by amending their Medicaid plans to create a new eligibility group of low-income individuals through a SPA. This option allows states to offer women who otherwise would not qualify for the Medicaid program access to Medicaid family-planning services.

Under the ACA, newly issued insurance plans must cover women's family-planning care, including all Food and Drug Administration-approved contraceptive methods, without copayments or deductibles. This new policy will reduce financial barriers to contraception for low- and middle-income women with health insurance.

2011 ENACTED STATE LEGISLATION

4 states enacted **5** measures expanding access to family planning for low-income women and men: IN, IA, MD, WA.

2011 FEDERAL ACTION

As part of its implementation of the ACA, which requires health plans to cover – at no cost – certain preventive-health services that are specific to women, the Department of Health and Human Services (HHS) appointed an Institute of Medicine panel to recommend which services should be defined as preventive care under the law. The panel recommended that family-planning services, including the full range of Food and Drug Administration-approved contraceptive methods, be considered preventive care for women; in August, HHS adopted this recommendation in full. Now, plans issued on or after August 1, 2012 must include no-cost contraceptive coverage. Plans issued before this date have a full plan year to come into compliance with the law.

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This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Low-Income Women's Access to Family Planning

Continued from prior page

In February, the House of Representatives passed a budget bill for FY'11 that eliminated all funding for the Title X family-planning program and prohibited Planned Parenthood from receiving any federal funds, including family-planning grants. The bill failed in the Senate, and the final budget measure did not include these provisions.

In September, the anti-choice House leadership released a draft spending bill for FY'12 that again proposed the same attacks on family planning: eliminating Title X and barring Planned Parenthood from participating in any federal health programs. As of the date of this publication, neither the House nor Senate has acted on this proposal.



2011 NOTABLE DEVELOPMENTS

In Montana, local government officials in Ravalli County signaled that they might reject Title X family-planning funding from the federal government, a move which would have forced the county's health clinic to stop providing reproductive-health services to hundreds of patients. In a last-minute deal, the commissioners voted to accept the federal funds on the condition that the clinic must find alternative funding sources for subsequent fiscal years.

In Texas, lawmakers introduced legislation to make permanent the Women's Health Program (WHP), the state's expanded Medicaid family-planning program that operates under a federal waiver. An anti-choice legislator inserted into this bill an amendment that would eliminate the WHP entirely if any abortion provider were to file and win a lawsuit forcing the state to permit its participation in the program. This poison-pill provision ultimately caused the bill to fail, and as of the date of this publication, the state had not submitted a request to renew its family-planning waiver. Without legislative action to reauthorize an extended Medicaid family-planning program, the waiver will expire at the end of 2011.

Additionally, Texas slashed its state family-planning budget by two-thirds. One politician freely admitted the funding cuts were not based on fiscal austerity, but instead were intended to perpetuate a "war on birth control and abortions and everything."

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

Protection from Clinic Violence

Q: Why are specific laws needed to address violence directed at reproductive-health providers and their patients?

A: Women's painful, real-world experiences have shown that general laws prohibiting violence and intimidation do not provide sufficient protection against the unlawful and often violent tactics used by some opponents of abortion rights. Laws protecting women and abortion providers from violence and intimidation are critical to preserving the right to choose and ensuring that reproductive-health clinics remain operable. The federal Freedom of Access to Clinic Entrances Act (FACE) and similar state clinic-protection laws provide this essential protection.



CURRENT STATE LAWS

16 states and the District of Columbia have laws that protect health-care facilities, providers, and/or patients from blockades, harassment, and/or other violence: CA, CO, CT, DC, KS, ME, MD, MA, MI, MN, MT, NV, NY, NC, OR, WA, WI.

3 of these states have buffer zones that protect patients and clinic personnel from unwanted harassment within specified distances from clinics: CO, MA, MT.



CURRENT FEDERAL LAWS

FACE provides federal protection against the unlawful and often violent tactics used by abortion opponents. It provides civil remedies and criminal penalties for a range of violent, obstructive, or threatening conduct directed at reproductive-health providers or patients. Courts repeatedly have upheld the law as constitutional, and experts credit FACE as a significant factor in reducing clinic violence.



2011 ENACTED STATE LEGISLATION

1 state enacted **1** measure protecting health-care facilities, providers, and/or patients from blockades, harassment, and/or other violence: CA.



2011 NOTABLE DEVELOPMENTS

Last year, Dr. LeRoy Carhart, a courageous doctor and abortion provider based in Nebraska – one of only a few nationwide who provide abortion care later in pregnancy – opened a clinic in Germantown, Maryland. While anti-choice extremists have a long history of targeting Dr. Carhart, they expanded their attacks to include the landlord of the building where the health center rents space. In September 2011 during a back-to-school-night event, anti-choice activists went so far as to demonstrate with graphic images outside of the middle school where the landlord's daughter attends sixth grade. Unfortunately, this was not an isolated incident. It is part of an ongoing pattern of hateful rhetoric from the anti-choice movement that unfortunately can lead to violence. According to the National Abortion Federation, opponents of choice have directed more than 6,300 reported acts of violence against abortion providers since 1977, including bombings, arsons, death threats, kidnappings, and assaults, as well as more than 169,000 reported acts of disruption, including bomb threats and harassing calls.

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.

State Constitutional Protection

Q: *Can a state constitution provide broader protection for the right to choose than the federal Constitution does?*

A: Yes. Women's freedom and privacy are protected by the U.S. Constitution, as interpreted by the U.S. Supreme Court in the historic *Roe v. Wade* decision. However, an increasingly hostile Supreme Court has allowed more and more restrictions on those rights, allowing politicians and others to infringe on private medical decisions in many ways. Fortunately, a number of state courts have ruled that their state constitutions provide stronger protections for the right to privacy and the right to choose than the U.S. Constitution. If *Roe* were overturned, eliminating federal constitutional protection for choice, these states might be able to protect women's continued access to reproductive-health services unless Congress passed legislation banning abortion nationwide, trumping state constitutional protections.



16 states' constitutions provide greater protection of a woman's right to choose than does the federal Constitution: AK, AZ, CA, CT, FL, IL, IN, MA, MN, MT, NJ, NM, OR, TN, VT, WV.

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.



FEDERAL PROFILE

U.S. FEDERAL GOVERNMENT

ACCESS FACT

87 percent of U.S. counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVES

President Barack Obama (D) is *pro-choice*.

Vice President Joe Biden (D) is *mixed-choice*.

CONGRESS

The U.S. Senate is under *pro-choice* control.

The U.S. House of Representatives is under *anti-choice* control.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit the federal Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Federal law bans a safe abortion procedure.

RESTRICTIONS ON PRIVATE INSURANCE COVERAGE OF ABORTION

Federal law restricts insurance coverage of abortion for some individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

Federal law allows some health-care corporations and providers to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON WOMEN WHO RECEIVE HEALTH INSURANCE FROM THE GOVERNMENT

Federal law restricts insurance coverage of abortion for women who receive health insurance from the government.

RESTRICTIONS ON WOMEN IN THE MILITARY'S ACCESS TO ABORTION

Federal law severely restricts women in the military's access to abortion.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Federal law requires health-insurance plans in the Federal Employees Health Benefits program that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

A federal regulation allows adults to access emergency contraception without a prescription.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Title X of the Public Health Service Act grants federal funds to family-planning clinics that provide comprehensive reproductive-health services to low-income women, uninsured women, and women who cannot qualify for Medicaid.

PROTECTION AGAINST CLINIC VIOLENCE

Federal law protects women seeking reproductive-health care and medical personnel from blockades and violence.



STATE PROFILES

ACCESS FACT

93 percent of Alabama counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

ALABAMA

Political Information

EXECUTIVE

Governor Robert Bentley (R) is *anti-choice*.

LEGISLATURE

The Alabama Senate is *anti-choice*.

The Alabama House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Alabama's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Alabama has criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

Alabama law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Alabama prohibits certain state employees and organizations receiving state funds from advocating for or promoting abortion services.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Alabama restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Alabama law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Alabama subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Alabama provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Alabama restricts post-viability abortion.

ALASKA

GRADE

A-

ACCESS FACT

82 percent of Alaska counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Sean Parnell (R) is *anti-choice*.

LEGISLATURE

The Alaska Senate is *mixed-choice*.

The Alaska House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Alaska's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Alaska has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING

Alaska law subjects women seeking abortion services to biased-counseling requirements.

REFUSAL TO PROVIDE MEDICAL SERVICES

Alaska allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Alaska restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Alaska law subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

EMERGENCY CONTRACEPTION

Alaska law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Alaska provides low-income women access to abortion.

STATE CONSTITUTIONAL PROTECTION

Alaska's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

D

ACCESS FACT

73 percent of Arizona counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE ARIZONA

Kathren Coleman
Executive Director

PO Box 16675
Phoenix, Arizona 85011
P 602.258.4091

info@ProChoiceArizona.org
www.ProChoiceArizona.org

ARIZONA

Political Information

EXECUTIVE

Governor Jan Brewer (R) is *anti-choice*.

LEGISLATURE

The Arizona Senate is *anti-choice*.

The Arizona House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Arizona's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Arizona bans a safe abortion procedure and has an unconstitutional and unenforceable near-total criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY

Arizona law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Arizona prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Arizona restricts insurance coverage of abortion for some individuals.

PUBLIC FACILITIES RESTRICTION

Arizona prohibits the use of some public facilities for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Arizona has a law that allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Arizona law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Arizona subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Arizona law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Arizona provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Arizona provides certain low-income women increased coverage for Medicaid-funded family-planning services.

STATE CONSTITUTIONAL PROTECTION

Arizona's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Arizona restricts post-viability abortion.

ARKANSAS

GRADE

F

ACCESS FACT

97 percent of Arkansas counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Mike Beebe (D) is *mixed-choice*.

LEGISLATURE

The Arkansas Senate is *mixed-choice*.
The Arkansas House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Arkansas' Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Arkansas bans a safe abortion procedure and has an unconstitutional and unenforceable near-total criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY

Arkansas law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Arkansas prohibits certain state employees and organizations receiving state funds from advocating for or promoting abortion services.

INSURANCE PROHIBITION FOR ABORTION

Arkansas restricts insurance coverage of abortion for some individuals.

OTHER ANTI-CHOICE LAW

Arkansas' constitution includes a strongly anti-choice policy statement.

REFUSAL TO PROVIDE MEDICAL SERVICES

Arkansas allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Arkansas restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Arkansas law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Arkansas subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Arkansas law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Arkansas law improves women's access to information about emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Arkansas provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Arkansas restricts post-viability abortion.

A+

ACCESS FACT

22 percent of California counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE CALIFORNIA

Amy Everitt
State Director

111 Pine Street
Suite 1500
San Francisco, CA 94111
P 415.890.1020
F 415.890.1025
info@ProChoiceCA.org
www.ProChoiceCalifornia.org

CALIFORNIA

Political Information

EXECUTIVE

Governor Jerry Brown (D)
is *pro-choice*.

LEGISLATURE

The California Senate is *pro-choice*.
The California Assembly is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit California's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE MEDICAL SERVICES

California allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

California has an unconstitutional and unenforceable law that restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

California prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

California law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

California law improves women's access to emergency contraception (EC).

FREEDOM OF CHOICE ACT

California has an affirmative right to choose in its state law.

GUARANTEED ACCESS TO PRESCRIPTIONS

California guarantees that women's birth-control prescriptions will be filled.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

California provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

California provides certain low-income women increased coverage for Medicaid-funded family-planning services.

PROTECTION AGAINST CLINIC VIOLENCE

California law protects women seeking reproductive-health care and medical personnel from blockades and violence.

STATE CONSTITUTIONAL PROTECTION

California's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

INFORMED CONSENT

California has an abortion-specific informed-consent law.

POST-VIABILITY ABORTION RESTRICTION

California restricts post-viability abortion.

COLORADO

Political Information

EXECUTIVE

Governor John Hickenlooper (D) is *pro-choice*.

LEGISLATURE

The Colorado Senate is *pro-choice*.

The Colorado House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Colorado's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Colorado has an unconstitutional and unenforceable criminal ban on abortion.

INSURANCE PROHIBITION FOR ABORTION

Colorado restricts insurance coverage of abortion for some individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

Colorado allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Colorado restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Colorado law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Colorado prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Colorado law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Colorado law improves women's access to information about emergency contraception (EC).

PROTECTION AGAINST CLINIC VIOLENCE

Colorado law protects women seeking reproductive-health care and medical personnel from harassment, blockades, and violence.

GRADE

C+

ACCESS FACT

78 percent of Colorado counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE COLORADO

Emilie C. Ailtz
Executive Director

1905 Sherman Street
Suite 800

Denver, CO 80203

P 303.394.1973

F 303.388.1692

Choice@ProChoiceColorado.org

www.ProChoiceColorado.org

www.PreventionFirstColorado.org

ACCESS FACT

13 percent of Connecticut counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE CONNECTICUT

Christian Miron
Executive Director

P.O. Box 9521
West Hartford, CT 06534

P 203.787.8763

info@Pro-ChoiceCt.org

www.Pro-ChoiceCt.org

CONNECTICUT

Political Information

EXECUTIVE

Governor Dannel Malloy (D) is *pro-choice*.

LEGISLATURE

The Connecticut Senate is *pro-choice*.

The Connecticut House is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Connecticut's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE

MEDICAL SERVICES

Connecticut allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Connecticut subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Connecticut law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Connecticut law improves women's access to emergency contraception (EC).

FREEDOM OF CHOICE ACT

Connecticut has an affirmative right to choose in its state law.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Connecticut provides low-income women access to abortion.

PROTECTION AGAINST CLINIC VIOLENCE

Connecticut law protects women seeking reproductive-health care and medical personnel from blockades and violence.

STATE CONSTITUTIONAL PROTECTION

Connecticut's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

INFORMED CONSENT

Connecticut has an abortion-specific informed-consent law.

POST-VIABILITY ABORTION RESTRICTION

Connecticut restricts post-viability abortion.

YOUNG WOMEN'S ACCESS TO ABORTION

Connecticut requires young women to receive counseling prior to receiving an abortion.

DELAWARE

GRADE

C+

ACCESS FACT

33 percent of Delaware counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Jack Markell (D) is *mixed-choice*.

LEGISLATURE

The Delaware Senate is *pro-choice*.

The Delaware House is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Delaware's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Delaware has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY

Delaware has a partially unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

REFUSAL TO PROVIDE MEDICAL SERVICES

Delaware allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Delaware restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Delaware law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Delaware prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Delaware law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Delaware provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Delaware has an unconstitutional and unenforceable law that restricts post-viability abortion.

The number of abortion providers in the District of Columbia fell by **33 percent** from 2005 to 2008

SOURCE: GUTTMACHER INSTITUTE

DISTRICT OF COLUMBIA*

Political Information

EXECUTIVE

Mayor Vincent Gray (D) is *pro-choice*.

LEGISLATURE

The District of Columbia City Council is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit the District of Columbia's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE MEDICAL SERVICES

The District of Columbia allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

The District of Columbia restricts low-income women's access to abortion.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

The District of Columbia prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

EMERGENCY CONTRACEPTION

District of Columbia law improves women's access to emergency contraception (EC).

PROTECTION AGAINST CLINIC VIOLENCE

The District of Columbia protects women seeking reproductive-health care and medical personnel from blockades and violence.

* Because Congress routinely interferes with the District of Columbia's local abortion-related policy, no local grade is given.

FLORIDA

GRADE

F

ACCESS FACT

72 percent of Florida counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Rick Scott (R) is *anti-choice*.

LEGISLATURE

The Florida Senate is *anti-choice*.

The Florida House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Florida's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Florida has unconstitutional and unenforceable criminal bans on abortion.

BIASED COUNSELING

Florida law subjects women seeking abortion services to biased-counseling requirements.

INSURANCE PROHIBITION FOR ABORTION

Florida restricts insurance coverage of abortion for some individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

Florida allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Florida restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Florida law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Florida subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Florida provides certain low-income women increased coverage for Medicaid-funded family-planning services.

STATE CONSTITUTIONAL PROTECTION

Florida's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Florida restricts post-viability abortion.

D

ACCESS FACT

94 percent of Georgia counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

GEORGIA

Political Information

EXECUTIVE

Governor Nathan Deal (R) is *anti-choice*.

LEGISLATURE

The Georgia Senate is *anti-choice*.
The Georgia House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Georgia's Who Decides? web page.

Anti-Choice Laws

BIASED COUNSELING & MANDATORY DELAY

Georgia law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

REFUSAL TO PROVIDE MEDICAL SERVICES

Georgia allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Georgia restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Georgia restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Georgia subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Georgia law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Georgia provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Georgia restricts post-viability abortion.

HAWAII

GRADE

A

ACCESS FACT

20 percent of
Hawaii counties
have no abortion
provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Neil Abercrombie (D)
is *pro-choice*.

LEGISLATURE

The Hawaii Senate is *pro-choice*.

The Hawaii House is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Hawaii's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE

MEDICAL SERVICES

Hawaii allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Hawaii prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Hawaii law requires health-insurance plans to provide coverage for prescription contraception.

EMERGENCY CONTRACEPTION

Hawaii law improves women's access to emergency contraception (EC).

FREEDOM OF CHOICE ACT

Hawaii has an affirmative right to choose in its state law.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Hawaii provides low-income women access to abortion.

ACCESS FACT

95 percent of Idaho counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

IDAHO

Political Information**EXECUTIVE**

Governor Clement Leroy "Butch" Otter (R) is *anti-choice*.

LEGISLATURE

The Idaho Senate is *anti-choice*.

The Idaho House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Idaho's Who Decides? web page.

Anti-Choice Laws**ABORTION BANS**

Idaho has criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

Idaho law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

INSURANCE PROHIBITION FOR ABORTION

Idaho restricts insurance coverage of abortion for all individuals.

OTHER ANTI-CHOICE LAW

Idaho law includes a strongly anti-choice policy statement.

REFUSAL TO PROVIDE MEDICAL SERVICES

Idaho allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Idaho restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Idaho restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Idaho prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Other Related Laws**POST-VIABILITY ABORTION RESTRICTION**

Idaho has an unconstitutional and unenforceable law restricting post-viability abortion.

ILLINOIS

GRADE

B-

ACCESS FACT

92 percent of Illinois counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

ILLINOIS CHOICE ACTION TEAM

Benita Ulisano
Chair

559 West Diversey
Unit 119

Chicago, IL 60614
info@ilchoiceactionteam.org
www.ilchoiceactionteam.org

Political Information

EXECUTIVE

Governor Pat Quinn (D) is *pro-choice*.

LEGISLATURE

The Illinois Senate is *mixed-choice*.

The Illinois House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Illinois' Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Illinois has an unconstitutional and unenforceable criminal ban on abortion.

COUNSELING BAN/GAG RULE

Illinois prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Illinois restricts insurance coverage of abortion for some individuals.

OTHER ANTI-CHOICE LAW

Illinois law includes a strongly anti-choice policy statement.

REFUSAL TO PROVIDE MEDICAL SERVICES

Illinois allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Illinois law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Illinois subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Illinois law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Illinois law improves women's access to emergency contraception (EC).

GUARANTEED ACCESS TO PRESCRIPTIONS

Illinois has an unenforceable rule that requires pharmacies to dispense women's birth control.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Illinois provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Illinois provides certain low-income women increased coverage for Medicaid-funded family-planning services.

STATE CONSTITUTIONAL PROTECTION

Illinois' constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Illinois restricts post-viability abortion.

F

ACCESS FACT

95 percent of Indiana counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

INDIANA

Political Information

EXECUTIVE

Governor Mitch Daniels (R) is *anti-choice*.

LEGISLATURE

The Indiana Senate is *anti-choice*.

The Indiana House is *mixed-choice*.

REFUSAL TO PROVIDE MEDICAL SERVICES

Indiana allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Indiana restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Indiana law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Indiana subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

STATE CONSTITUTIONAL PROTECTION

Indiana's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Indiana restricts post-viability abortion.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Indiana's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Indiana has criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

Indiana law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Indiana prohibits certain state employees and organizations receiving state funds from advocating for or promoting abortion services.

INSURANCE PROHIBITION FOR ABORTION

Indiana restricts insurance coverage of abortion for some individuals.

IOWA

GRADE

C+

ACCESS FACT

91 percent of
Iowa counties
have no abortion
provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Terry Branstad (R)
is *anti-choice*.

LEGISLATURE

The Iowa Senate is *mixed-choice*.
The Iowa House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Iowa's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Iowa has an unconstitutional and unenforceable criminal ban on abortion.

REFUSAL TO PROVIDE MEDICAL SERVICES

Iowa allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Iowa restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Iowa law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Iowa prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Iowa law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Iowa provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Iowa restricts post-viability abortion.

F

ACCESS FACT

97 percent of Kansas counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

KANSAS

Political Information

EXECUTIVE

Governor Sam Brownback (R) is *anti-choice*.

LEGISLATURE

The Kansas Senate is *anti-choice*.

The Kansas House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Kansas' Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Kansas has criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

Kansas law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Kansas prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Kansas restricts insurance coverage of abortion for all individuals.

PUBLIC FACILITIES RESTRICTION

Kansas prohibits the use of some public facilities for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Kansas allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Kansas restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Kansas law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Kansas has an unenforceable regulatory scheme which imposes a variety of burdensome requirements on abortion providers that are not imposed on other health-care providers.

Pro-Choice Laws

PROTECTION AGAINST CLINIC VIOLENCE

Kansas law protects women seeking reproductive-health care and medical personnel from blockades and violence.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Kansas restricts post-viability abortion.

KENTUCKY

GRADE

F

ACCESS FACT

98 percent of Kentucky counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Steve Beshear (D) is *mixed-choice*.

LEGISLATURE

The Kentucky Senate is *anti-choice*.

The Kentucky House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Kentucky's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Kentucky has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY

Kentucky has a partially unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Kentucky prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Kentucky restricts insurance coverage of abortion for all individuals.

OTHER ANTI-CHOICE LAW

Kentucky law includes a strongly anti-choice policy statement.

PUBLIC FACILITIES RESTRICTION

Kentucky prohibits the use of all public facilities for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Kentucky allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Kentucky restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Kentucky law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Kentucky subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Kentucky restricts post-viability abortion.

F

ACCESS FACT

92 percent of Louisiana counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

LOUISIANA

Political Information

EXECUTIVE

Governor Bobby Jindal (R) is *anti-choice*.

LEGISLATURE

The Louisiana Senate is *anti-choice*.

The Louisiana House is *anti-choice*.

OTHER ANTI-CHOICE LAW

Louisiana law includes a strongly anti-choice policy statement.

PUBLIC FACILITIES RESTRICTION

Louisiana prohibits the use of public facilities for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Louisiana allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Louisiana restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Louisiana law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Louisiana subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Louisiana provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Louisiana restricts post-viability abortion.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Louisiana's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Louisiana bans a safe abortion procedure, has an unconstitutional and unenforceable near-total criminal ban on abortion, and has a near-total criminal ban on abortion that will take effect if *Roe v. Wade* is overturned.

BIASED COUNSELING & MANDATORY DELAY

Louisiana law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Louisiana prohibits certain state employees and organizations receiving state funds from referring for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Louisiana restricts insurance coverage of abortion for some individuals.

MAINE

GRADE

A

ACCESS FACT

69 percent of
Maine counties
have no abortion
provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Paul LePage (R)
is *anti-choice*.

LEGISLATURE

The Maine Senate is *mixed-choice*.
The Maine House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Maine's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE MEDICAL SERVICES

Maine allows certain individuals or
entities to refuse to provide women
specific reproductive-health services,
information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Maine restricts low-income women's
access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Maine restricts young women's access
to abortion by requiring parental consent
in some cases and mandating counseling
before a young woman may obtain
abortion care.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Maine prohibits certain qualified
health-care professionals from providing
abortion care.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Maine law requires health-insurance
plans that cover prescription medication
to provide the same coverage for
contraception.

EMERGENCY CONTRACEPTION

Maine law improves women's access
to emergency contraception (EC).

FREEDOM OF CHOICE ACT

Maine has an affirmative right to choose
in its state law.

GUARANTEED ACCESS TO PRESCRIPTIONS

Maine guarantees that women's
birth-control prescriptions will be filled.

PROTECTION AGAINST CLINIC VIOLENCE

Maine law protects women seeking
reproductive-health care and medical
personnel from blockades and violence.

Other Related Laws

INFORMED CONSENT

Maine has an abortion-specific informed-
consent law.

POST-VIABILITY ABORTION RESTRICTION

Maine restricts post-viability abortion.

ACCESS FACT

63 percent of Maryland counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

**NARAL PRO-CHOICE
MARYLAND**

Jodi Finkelstein
Executive Director

1320 Fenwick Lane Suite 301
Silver Spring, Maryland 20910
P 301.565.4154
F 301.588.5790
info@ProChoiceMaryland.org
www.ProChoiceMaryland.org

MARYLAND

Political Information

EXECUTIVE

Governor Martin O'Malley (D) is *pro-choice*.

LEGISLATURE

The Maryland Senate is *pro-choice*.

The Maryland House is *mixed-choice*.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Maryland law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Maryland law improves women's access to emergency contraception (EC).

FREEDOM OF CHOICE ACT

Maryland has an affirmative right to choose in its state law.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Maryland provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Maryland provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Maryland's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE

MEDICAL SERVICES

Maryland allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Maryland law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Maryland prohibits certain qualified health-care professionals from providing abortion care.

PROTECTION AGAINST CLINIC VIOLENCE

Maryland law protects women seeking reproductive-health care and medical personnel from blockades and violence.

MASSACHUSETTS

GRADE

B-

Political Information

EXECUTIVE

Governor Deval Patrick (D)
is *pro-choice*.

LEGISLATURE

The Massachusetts Senate is *pro-choice*.
The Massachusetts House is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Massachusetts' Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Massachusetts has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY

Massachusetts has a partially unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

INSURANCE PROHIBITION FOR ABORTION

Massachusetts restricts insurance coverage of abortion for some individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

Massachusetts allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Massachusetts law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Massachusetts prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Massachusetts law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Massachusetts law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Massachusetts provides low-income women access to abortion.

PROTECTION AGAINST CLINIC VIOLENCE

Massachusetts law protects women seeking reproductive-health care and medical personnel from blockades and violence.

STATE CONSTITUTIONAL PROTECTION

Massachusetts' constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Massachusetts restricts post-viability abortion.

ACCESS FACT

29 percent of Massachusetts counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE MASSACHUSETTS

Abby Thorp
Interim Executive Director

15 Court Square
Suite 900
Boston, MA 02108
P 617.556.8800
F 617.338.2532
Choice@ProChoiceMass.org
www.ProChoiceMass.org

ACCESS FACT

83 percent of Michigan counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

MICHIGAN

Political Information

EXECUTIVE

Governor Rick Snyder (R) is *anti-choice*.

LEGISLATURE

The Michigan Senate is *anti-choice*.

The Michigan House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Michigan's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Michigan bans a safe abortion procedure and has unconstitutional and unenforceable criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

Michigan has a partially unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Michigan prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Michigan allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Michigan restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Michigan law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Michigan subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Michigan law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Michigan provides certain low-income women increased coverage for Medicaid-funded family-planning services.

PROTECTION AGAINST CLINIC VIOLENCE

Michigan law protects women seeking reproductive-health care and medical personnel from blockades and violence.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Michigan restricts post-viability abortion.

MINNESOTA

Political Information

EXECUTIVE

Governor Mark Dayton (D)
is *pro-choice*.

LEGISLATURE

The Minnesota Senate is *anti-choice*.
The Minnesota House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Minnesota's Who Decides? web page.

Anti-Choice Laws

BIASED COUNSELING & MANDATORY DELAY

Minnesota law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Minnesota prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Minnesota allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Minnesota law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Minnesota subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

EMERGENCY CONTRACEPTION

Minnesota law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Minnesota provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Minnesota provides certain low-income women increased coverage for Medicaid-funded family-planning services.

PROTECTION AGAINST CLINIC VIOLENCE

Minnesota law protects women seeking reproductive-health care and medical personnel from blockades and violence.

STATE CONSTITUTIONAL PROTECTION

Minnesota's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Minnesota has an unconstitutional and unenforceable law restricting post-viability abortion.

GRADE

C+

ACCESS FACT

95 percent of Minnesota counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE MINNESOTA

Linnea House
Executive Director

2300 Myrtle Avenue
Suite 120

St. Paul, MN 55114

P 651.602.7655

F 651.602.7658

info@ProChoiceMinnesota.org

www.ProChoiceMinnesota.org

F

ACCESS FACT

99 percent of Mississippi counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

MISSISSIPPI

Political Information

EXECUTIVE

Governor Phil Bryant (R) is *anti-choice*.

LEGISLATURE

The Mississippi Senate is *anti-choice*.

The Mississippi House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Mississippi's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Mississippi has unconstitutional and unenforceable criminal bans on abortion and has a near-total criminal ban on abortion that will take effect if *Roe v. Wade* is overturned.

BIASED COUNSELING & MANDATORY DELAY

Mississippi law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Mississippi prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Mississippi restricts insurance coverage of abortion for some individuals.

PUBLIC FACILITIES RESTRICTION

Mississippi prohibits the use of public facilities for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Mississippi allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Mississippi restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Mississippi law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Mississippi subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Mississippi provides certain low-income women increased coverage for Medicaid-funded family-planning services.

MISSOURI

Political Information

EXECUTIVE

Governor Jay Nixon (D) is *mixed-choice*.

LEGISLATURE

The Missouri Senate is *anti-choice*.
The Missouri House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Missouri's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Missouri bans a safe abortion procedure.

BIASED COUNSELING & MANDATORY DELAY

Missouri law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Missouri prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Missouri restricts insurance coverage of abortion for all individuals.

OTHER ANTI-CHOICE LAW

Missouri law includes a strongly anti-choice policy statement.

PUBLIC FACILITIES AND PUBLIC EMPLOYEES RESTRICTION

Missouri prohibits the use of all public facilities and public employees for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Missouri allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Missouri restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Missouri law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Missouri subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Missouri law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Missouri provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Missouri restricts post-viability abortion.

GRADE

F

ACCESS FACT

97 percent of
Missouri counties
have no abortion
provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE MISSOURI

Pamela Sumners
Executive Director

1210 South Vandeventer Avenue
St. Louis, MO 63110
P 314.531.8616
F 314.531.8615
info@ProChoiceMissouri.org
www.ProChoiceMissouri.org

A-

ACCESS FACT

91 percent of Montana counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE MONTANA

Julianna Crowley
Executive Director

P.O. Box 279
Helena, MT 59624

P: 406-443-0276
F: 406-442-4801

info@prochoicemontana.org
www.ProChoiceMontana.org

MONTANA

Political Information

EXECUTIVE

Governor Brian Schweitzer (D) is *pro-choice*.

LEGISLATURE

The Montana Senate is *anti-choice*.

The Montana House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Montana's Who Decides? web page.

Anti-Choice Laws

BIASED COUNSELING & MANDATORY DELAY

Montana has an unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

REFUSAL TO PROVIDE MEDICAL SERVICES

Montana allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Montana has an unconstitutional and unenforceable law that restricts young women's access to abortion services by mandating parental notice.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Montana law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Montana provides low-income women access to abortion.

PROTECTION AGAINST CLINIC VIOLENCE

Montana law protects women seeking reproductive-health care and medical personnel from blockades and violence.

STATE CONSTITUTIONAL PROTECTION

Montana's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Montana restricts post-viability abortion.

NEBRASKA

GRADE

F

ACCESS FACT

97 percent of
Nebraska counties
have no abortion
provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Dave Heineman (R)
is *anti-choice*.

LEGISLATURE

The Nebraska Legislature is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Nebraska's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Nebraska has criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

Nebraska law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Nebraska prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Nebraska restricts insurance coverage of abortion for all individuals.

OTHER ANTI-CHOICE LAW

Nebraska law includes a strongly anti-choice policy statement.

REFUSAL TO PROVIDE MEDICAL SERVICES

Nebraska allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Nebraska restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Nebraska law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Nebraska prohibits certain qualified health-care professionals from providing abortion care.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Nebraska restricts post-viability abortion.

A-

ACCESS FACT

76 percent of Nevada counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

NEVADA

Political Information

EXECUTIVE

Governor Brian Sandoval (R) is *mixed-choice*.

LEGISLATURE

The Nevada Senate is *mixed-choice*.

The Nevada Assembly is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Nevada's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE MEDICAL SERVICES

Nevada allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Nevada restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Nevada has an unconstitutional and unenforceable law that restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Nevada law subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Nevada law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

FREEDOM OF CHOICE ACT

Nevada has an affirmative right to choose in its state law.

GUARANTEED ACCESS TO PRESCRIPTIONS

Nevada guarantees that women's birth-control prescriptions will be filled.

PROTECTION AGAINST CLINIC VIOLENCE

Nevada law protects women seeking reproductive-health care and medical personnel from blockades and violence.

Other Related Laws

INFORMED CONSENT

Nevada has an abortion-specific informed-consent law.

POST-VIABILITY ABORTION RESTRICTION

Nevada restricts post-viability abortion.

NEW HAMPSHIRE

Political Information

EXECUTIVE

Governor John Lynch (D) is *pro-choice*.

LEGISLATURE

The New Hampshire Senate is *anti-choice*.

The New Hampshire House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit New Hampshire's Who Decides? web page.

Anti-Choice Laws

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

New Hampshire restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

New Hampshire law restricts young women's access to abortion services by mandating parental notice.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

New Hampshire law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

New Hampshire law improves women's access to emergency contraception (EC).

GRADE

B-

ACCESS FACT

50 percent of New Hampshire counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE NEW HAMPSHIRE

Laura Thibault
Interim Executive Director

18 Low Avenue
Concord, NH 03301
P 603.228.1224
F 603.226.4505
info@ProChoiceNH.org
www.ProChoiceNewHampshire.org

A-

ACCESS FACT

24 percent of New Jersey counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

NEW JERSEY

Political Information

EXECUTIVE

Governor Chris Christie (R) is *anti-choice*.

LEGISLATURE

The New Jersey Senate is *pro-choice*.

The New Jersey Assembly is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit New Jersey's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

New Jersey has an unconstitutional and unenforceable criminal ban on abortion.

REFUSAL TO PROVIDE

MEDICAL SERVICES

New Jersey allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S

ACCESS TO ABORTION

New Jersey has an unconstitutional and unenforceable law that restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

New Jersey law subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

New Jersey law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

New Jersey law improves women's access to emergency contraception (EC).

GUARANTEED ACCESS

TO PRESCRIPTIONS

New Jersey law guarantees that women's birth-control prescriptions will be filled.

LOW-INCOME WOMEN'S

ACCESS TO ABORTION

New Jersey provides low-income women access to abortion.

STATE CONSTITUTIONAL PROTECTION

New Jersey's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

NEW MEXICO

Political Information

EXECUTIVE

Governor Susana Martinez (R) is *anti-choice*.

LEGISLATURE

The New Mexico Senate is *pro-choice*.

The New Mexico House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit New Mexico's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

New Mexico has an unconstitutional and unenforceable criminal ban on abortion.

REFUSAL TO PROVIDE

MEDICAL SERVICES

New Mexico allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

New Mexico has an unconstitutional and unenforceable law that restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

New Mexico prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

New Mexico law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

New Mexico law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO ABORTION

New Mexico provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

New Mexico provides certain low-income women increased coverage for Medicaid-funded family-planning services.

STATE CONSTITUTIONAL PROTECTION

New Mexico's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

New Mexico restricts post-viability abortion.

GRADE

A-

ACCESS FACT

91 percent of
New Mexico counties
have no abortion
provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE NEW MEXICO

Ann Piper
Foundation Board Chair

P.O. Box 97
Albuquerque, NM 87103
P 505.243.4443
F 505.243.4403

A-

ACCESS FACT

39 percent of New York counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE
NEW YORK

Andrea Miller
President

470 Park Avenue South
7th Floor
New York, NY 10016
P 212.343.0114
F 212.343.0119
info@ProChoiceNY.org
www.ProChoiceNY.org

NEW YORK

Political Information

EXECUTIVE

Governor Andrew Cuomo (D) is *pro-choice*.

LEGISLATURE

The New York Senate is *mixed-choice*.

The New York Assembly is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit New York's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE

MEDICAL SERVICES

New York allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

TARGETED REGULATION OF ABORTION
PROVIDERS (TRAP)

New York prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

New York law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

New York law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS
TO ABORTION

New York provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS
TO FAMILY PLANNING

New York provides certain low-income women increased coverage for Medicaid-funded family-planning services.

PROTECTION AGAINST
CLINIC VIOLENCE

New York law protects women seeking reproductive-health care and medical personnel from blockades and violence.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

New York restricts post-viability abortion.

NORTH CAROLINA

Political Information

EXECUTIVE

Governor Beverly Perdue (D) is *pro-choice*.

LEGISLATURE

The North Carolina Senate is *mixed-choice*.

The North Carolina House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit North Carolina's Who Decides? web page.

Anti-Choice Laws

INSURANCE PROHIBITION FOR ABORTION

North Carolina restricts insurance coverage of abortion for some individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

North Carolina allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

North Carolina restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

North Carolina law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

North Carolina subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

North Carolina law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

North Carolina provides certain low-income women increased coverage for Medicaid-funded family-planning services.

PROTECTION AGAINST CLINIC VIOLENCE

North Carolina law protects women seeking reproductive-health care and medical personnel from blockades and violence.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

North Carolina restricts post-viability abortion.

GRADE

D+

ACCESS FACT

86 percent of North Carolina counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE NORTH CAROLINA

Carey Pope
Executive Director

514 Daniels Street, #142
Raleigh, NC 27605
P 919.706.4510
info@ProChoiceNC.org
www.ProChoiceNC.org

F

ACCESS FACT

98 percent of North Dakota counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

NORTH DAKOTA

Political Information

EXECUTIVE

Governor Jack Dalrymple (R) is *anti-choice*.

LEGISLATURE

The North Dakota Senate is *anti-choice*.

The North Dakota House is *anti-choice*.

OTHER ANTI-CHOICE LAW

North Dakota law includes a strongly anti-choice policy statement.

PUBLIC FACILITIES RESTRICTION

North Dakota prohibits the use of some public facilities for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

North Dakota allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

North Dakota restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

North Dakota law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

North Dakota subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

North Dakota restricts post-viability abortion.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit North Dakota's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

North Dakota has an unconstitutional and unenforceable criminal ban on abortion and has a near-total criminal ban on abortion that will take effect if *Roe v. Wade* is overturned.

BIASED COUNSELING & MANDATORY DELAY

North Dakota law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

North Dakota has a partially unconstitutional and unenforceable law that prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

North Dakota restricts insurance coverage of abortion for all individuals.

OHIO

Political Information

EXECUTIVE

Governor John Kasich (R) is *anti-choice*.

LEGISLATURE

The Ohio Senate is *anti-choice*.

The Ohio House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Ohio's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Ohio bans a safe abortion procedure.

BIASED COUNSELING & MANDATORY DELAY

Ohio law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Ohio prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Ohio restricts insurance coverage of abortion for some individuals.

OTHER ANTI-CHOICE LAW

Ohio has an unconstitutional and unenforceable law that restricts access to mifepristone.

REFUSAL TO PROVIDE MEDICAL SERVICES

Ohio allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Ohio restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Ohio law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Ohio subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Ohio provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Ohio restricts post-viability abortion.

GRADE

F

ACCESS FACT

91 percent of
Ohio counties
have no abortion
provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE OHIO

Kellie Copeland
Executive Director

12000 Shaker Boulevard
Cleveland, OH 44120

P 216.283.2180

F 216.283.2184

Choice@ProChoiceOhio.org
www.ProChoiceOhio.org

ACCESS FACT

96 percent of Oklahoma counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

OKLAHOMA

Political Information

EXECUTIVE

Governor Mary Fallin (R) is *anti-choice*.

LEGISLATURE

The Oklahoma Senate is *anti-choice*.

The Oklahoma House is *anti-choice*.

REFUSAL TO PROVIDE MEDICAL SERVICES

Oklahoma allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Oklahoma restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Oklahoma law restricts young women's access to abortion services by mandating parental notice and consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Oklahoma prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

EMERGENCY CONTRACEPTION

Oklahoma law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Oklahoma provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Oklahoma restricts post-viability abortion.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Oklahoma's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Oklahoma has criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

Oklahoma law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Oklahoma prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Oklahoma restricts insurance coverage of abortion for all individuals.

PUBLIC FACILITIES AND EMPLOYEES RESTRICTION

Oklahoma prohibits the use of all public facilities and public employees for abortion services.

OREGON

Political Information

EXECUTIVE

Governor John Kitzhaber (D)
is *pro-choice*.

LEGISLATURE

The Oregon Senate is *pro-choice*.
The Oregon House is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Oregon's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE MEDICAL SERVICES

Oregon allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Oregon law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Oregon law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Oregon provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Oregon provides certain low-income women increased coverage for Medicaid-funded family-planning services.

OTHER PRO-CHOICE LAW

Oregon law contains a policy statement in support of the right to birth control.

PROTECTION AGAINST CLINIC VIOLENCE

Oregon law protects women seeking reproductive-health care and medical personnel from blockades and violence.

STATE CONSTITUTIONAL PROTECTION

Oregon's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

GRADE

A

ACCESS FACT

75 percent of
Oregon counties
have no abortion
provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE OREGON

Michele Stranger Hunter
Executive Director

P.O. Box 40472
Portland, OR 97240
P 503.223.4510
F 503.223.0251
info@ProChoiceOregon.org
www.ProChoiceOregon.org

F

ACCESS FACT

82 percent of Pennsylvania counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

PENNSYLVANIA

Political Information

EXECUTIVE

Governor Tom Corbett (R) is *anti-choice*.

LEGISLATURE

The Pennsylvania Senate is *mixed-choice*.

The Pennsylvania House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Pennsylvania's Who Decides? web page.

Anti-Choice Laws

BIASED COUNSELING & MANDATORY DELAY

Pennsylvania law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Pennsylvania prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Pennsylvania restricts insurance coverage of abortion for some individuals.

OTHER ANTI-CHOICE LAW

Pennsylvania law includes a strongly anti-choice policy statement.

PUBLIC FACILITIES RESTRICTION

Pennsylvania prohibits the use of some public facilities for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Pennsylvania allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Pennsylvania restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Pennsylvania law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Pennsylvania subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

EMERGENCY CONTRACEPTION

Pennsylvania law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Pennsylvania provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Pennsylvania restricts post-viability abortion.

RHODE ISLAND

GRADE

D+

ACCESS FACT

80 percent of Rhode Island counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Lincoln Chafee (I) is *pro-choice*.

LEGISLATURE

The Rhode Island Senate is *anti-choice*.
The Rhode Island House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Rhode Island's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Rhode Island has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING

Rhode Island law subjects women seeking abortion services to biased-counseling requirements.

INSURANCE PROHIBITION FOR ABORTION

Rhode Island restricts insurance coverage of abortion for some individuals and has an unconstitutional and unenforceable law that restricts insurance coverage of abortion for all individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

Rhode Island allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Rhode Island restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Rhode Island law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Rhode Island subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Rhode Island law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Rhode Island provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Rhode Island restricts post-viability abortion.

ACCESS FACT

93 percent of South Carolina counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

SOUTH CAROLINA

Political Information

EXECUTIVE

Governor Nikki Haley (R) is *anti-choice*.

LEGISLATURE

The South Carolina Senate is *anti-choice*.

The South Carolina House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit South Carolina's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

South Carolina has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY

South Carolina law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

South Carolina prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

South Carolina restricts insurance coverage of abortion for some individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

South Carolina allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

South Carolina restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

South Carolina law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

South Carolina subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

EMERGENCY CONTRACEPTION

South Carolina law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

South Carolina provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

South Carolina restricts post-viability abortion.

SOUTH DAKOTA

Political Information

EXECUTIVE

Governor Dennis Daugaard (R) is *anti-choice*.

LEGISLATURE

The South Dakota Senate is *anti-choice*.

The South Dakota House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit South Dakota's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

South Dakota has an unconstitutional and unenforceable criminal ban on abortion and has a near-total criminal ban on abortion that will take effect if *Roe v. Wade* is overturned.

BIASED COUNSELING & MANDATORY DELAY

South Dakota has a partially unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

REFUSAL TO PROVIDE MEDICAL SERVICES

South Dakota allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

South Dakota restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

South Dakota law restricts young women's access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

South Dakota subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

South Dakota restricts post-viability abortion.

GRADE

F

ACCESS FACT

98 percent of South Dakota counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE SOUTH DAKOTA

Alisha Sedor
Executive Director
401 East 8th Street
Suite 330G
Sioux Falls, SD 57103
P 605.334.5065
info@ProChoiceSD.org
www.ProChoiceSD.org

ACCESS FACT

94 percent of Tennessee counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

TENNESSEE

Political Information

EXECUTIVE

Governor Bill Haslam (R) is *anti-choice*.

LEGISLATURE

The Tennessee Senate is *anti-choice*.

The Tennessee House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Tennessee's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Tennessee has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY

Tennessee has an unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

INSURANCE PROHIBITION FOR ABORTION

Tennessee restricts insurance coverage of abortion for some individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

Tennessee allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Tennessee restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Tennessee law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Tennessee prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

STATE CONSTITUTIONAL PROTECTION

Tennessee's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Tennessee restricts post-viability abortion.

TEXAS

Political Information

EXECUTIVE

Governor Rick Perry (R) is *anti-choice*.

LEGISLATURE

The Texas Senate is *anti-choice*.

The Texas House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit [Texas' Who Decides?](#) web page.

Anti-Choice Laws

BIASED COUNSELING & MANDATORY DELAY

Texas law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Texas prohibits certain state employees and organizations receiving state funds from counseling or referring for abortion services.

PUBLIC FACILITIES AND EMPLOYEES RESTRICTION

Texas prohibits the use of public funds for the direct or indirect costs of most abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Texas allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Texas restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Texas law restricts young women's access to abortion services by mandating parental notice and consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Texas subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Texas provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Texas restricts post-viability abortion.

GRADE

F

ACCESS FACT

92 percent of Texas counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

NARAL PRO-CHOICE TEXAS

Sara Cleveland
Executive Director

P.O. Box 684602
Austin, TX 78768
P 512.462.1661
F 512.462.2007
www.ProChoiceTexas.org

F

ACCESS FACT

97 percent of Utah counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

UTAH

Political Information

EXECUTIVE

Governor Gary Herbert (R) is *anti-choice*.

LEGISLATURE

The Utah Senate is *anti-choice*.

The Utah House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Utah's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Utah bans a safe abortion procedure and has an unconstitutional and unenforceable near-total criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY

Utah law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

INSURANCE PROHIBITION FOR ABORTION

Utah restricts insurance coverage of abortion for all individuals.

OTHER ANTI-CHOICE LAW

Utah law includes a strongly anti-choice policy statement.

REFUSAL TO PROVIDE MEDICAL SERVICES

Utah allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Utah restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Utah law restricts young women's access to abortion services by mandating parental notice and consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Utah subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

EMERGENCY CONTRACEPTION

Utah law improves women's access to emergency contraception (EC).

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Utah restricts post-viability abortion.

VERMONT

GRADE

A-

ACCESS FACT

43 percent of Vermont counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

Political Information

EXECUTIVE

Governor Peter Shumlin (D) is *pro-choice*.

LEGISLATURE

The Vermont Senate is *pro-choice*.

The Vermont House is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Vermont's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Vermont has an unconstitutional and unenforceable criminal ban on abortion.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Vermont law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Vermont law improves women's access to emergency contraception (EC).

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Vermont provides low-income women access to abortion.

STATE CONSTITUTIONAL PROTECTION

Vermont's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

ACCESS FACT

85 percent of Virginia counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE VIRGINIA

Tarina Keene
Executive Director

P. O. Box 1204
Alexandria, VA 22313

P 202-503-4162
info@NARALVA.org
www.NARALVA.org

VIRGINIA

Political Information

EXECUTIVE

Governor Bob McDonnell (R) is *anti-choice*.

LEGISLATURE

The Virginia Senate is *anti-choice*.

The Virginia House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Virginia's Who Decides? web page.

Anti-Choice Laws

ABORTION BAN

Virginia bans a safe abortion procedure.

BIASED COUNSELING & MANDATORY DELAY

Virginia law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Virginia prohibits certain state employees and organizations receiving state funds from referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION

Virginia restricts insurance coverage of abortion for some individuals.

REFUSAL TO PROVIDE MEDICAL SERVICES

Virginia allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Virginia restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Virginia law restricts young women's access to abortion services by mandating parental notice and consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Virginia law subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Virginia provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Virginia restricts post-viability abortion.

WASHINGTON

Political Information

EXECUTIVE

Governor Christine Gregoire (D) is *pro-choice*.

LEGISLATURE

The Washington Senate is *mixed-choice*.

The Washington House is *pro-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Washington's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE MEDICAL SERVICES

Washington allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Washington prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Washington law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Washington law improves women's access to emergency contraception (EC).

FREEDOM OF CHOICE ACT

Washington has an affirmative right to choose in its state law.

GUARANTEED ACCESS TO PRESCRIPTIONS

Washington law requires pharmacies to dispense women's birth control.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

Washington provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Washington provides certain low-income women increased coverage for Medicaid-funded family-planning services.

PROTECTION AGAINST CLINIC VIOLENCE

Washington law protects women seeking reproductive-health care and medical personnel from blockades and violence.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Washington restricts post-viability abortion.

GRADE

A+

ACCESS FACT

56 percent of Washington counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE WASHINGTON

Christi Stapleton
Interim Executive Director

811 First Avenue
Suite 456
Seattle, WA 98104
P 206.624.1990
F 206.624.4505
info@ProChoiceWashington.org
www.ProChoiceWashington.org

ACCESS FACT

96 percent of West Virginia counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

WEST VIRGINIA

Political Information

EXECUTIVE

Governor Earl Ray Tomblin (D) is *anti-choice*.

LEGISLATURE

The West Virginia Senate is *mixed-choice*.

The West Virginia House is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit West Virginia's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

West Virginia has unconstitutional and unenforceable criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

West Virginia law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

REFUSAL TO PROVIDE MEDICAL SERVICES

West Virginia allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

West Virginia law restricts young women's access to abortion services by mandating parental notice.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

West Virginia law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

LOW-INCOME WOMEN'S ACCESS TO ABORTION

West Virginia provides low-income women access to abortion.

STATE CONSTITUTIONAL PROTECTION

West Virginia's constitution provides greater protection for a woman's right to choose than the U.S. Constitution.

WISCONSIN

Political Information

EXECUTIVE

Governor Scott Walker (R) is *anti-choice*.

LEGISLATURE

The Wisconsin Senate is *anti-choice*.

The Wisconsin Assembly is *anti-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Wisconsin's Who Decides? web page.

Anti-Choice Laws

ABORTION BANS

Wisconsin has unconstitutional and unenforceable criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY

Wisconsin law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE

Wisconsin prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

REFUSAL TO PROVIDE MEDICAL SERVICES

Wisconsin allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Wisconsin restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Wisconsin law restricts young women's access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Wisconsin subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY

Wisconsin law requires health-insurance plans that cover prescription medication and employers that provide insurance coverage for prescription medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION

Wisconsin law improves women's access to emergency contraceptive (EC).

GUARANTEED ACCESS TO PRESCRIPTIONS

Wisconsin guarantees that women's birth-control prescriptions will be filled.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Wisconsin provides certain low-income women increased coverage for Medicaid-funded family-planning services.

PROTECTION AGAINST CLINIC VIOLENCE

Wisconsin law protects women seeking reproductive-health care and medical personnel from blockades and violence.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Wisconsin restricts post-viability abortion.

GRADE

D+

ACCESS FACT

93 percent of Wisconsin counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE WISCONSIN

Lisa Subeck
Executive Director

122 State Street
Suite 308
Madison, WI 53703
P 608.287.0016
F 608.287.0176

info@ProChoiceWisconsin.org
www.ProChoiceWisconsin.org

D+

ACCESS FACT

96 percent of Wyoming counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

**NARAL PRO-CHOICE
WYOMING**

Sharon Breitweiser
Executive Director

P.O. Box 271
Laramie, WY 82073
P 307.742.9189
F 307.742.9189

NaralProChoiceWY@netscape.net
www.ProChoiceWyoming.com

WYOMING

Political Information

EXECUTIVE

Governor Matt Mead (R) is *anti-choice*.

LEGISLATURE

The Wyoming Senate is *mixed-choice*.

The Wyoming House is *mixed-choice*.

Laws in Brief

This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Wyoming's Who Decides? web page.

Anti-Choice Laws

REFUSAL TO PROVIDE

MEDICAL SERVICES

Wyoming allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON LOW-INCOME WOMEN'S ACCESS TO ABORTION

Wyoming restricts low-income women's access to abortion.

RESTRICTIONS ON YOUNG WOMEN'S ACCESS TO ABORTION

Wyoming law restricts young women's access to abortion services by mandating parental notice and consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

Wyoming prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING

Wyoming provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION

Wyoming restricts post-viability abortion.



CONCLUSION

METHODOLOGY

GENERAL METHODOLOGY

NARAL Pro-Choice America Foundation has supporting documentation for statements of fact made in *Who Decides? The Status of Women's Reproductive Rights in the United States*. We do not cite all the letters, notes, emails, records of telephone interviews, and faxed information in the publication itself, but we maintain such documentation in NARAL Pro-Choice America Foundation's offices.

ACCESS FACTS: The number of abortion providers and analysis of census data was supplied by The Guttmacher Institute (Jones RK and Kooistra K., *Abortion Incidence and Access to Services in the United States, 2008, Perspectives on Sexual and Reproductive Health, 2011, 43(1):41-50*).

STATE LEGISLATIVE INFORMATION: This report uses the term "measures enacted" to refer to statutes adopted by the legislature or enacted by ballot measure. "Laws" refers to constitutional provisions, statutes, regulations, court decisions, approved ballot initiatives, opinions of state attorneys general, and implementing policies. In addition to the types of laws that are highlighted on the "Fast Facts" pages of *Who Decides?*, the anti-choice counts of measures enacted provided on the "Key Findings" pages include but are not limited to measures that propose "Choose Life" license plates; fund anti-choice crisis pregnancy centers; mandate failed "abstinence-only" programs; and grant separate legal status to a pregnancy. The pro-choice counts of measures enacted include but are not limited to measures that ameliorate anti-choice actions (e.g. requiring crisis pregnancy centers to disclose anti-choice bias); improve reproductive health, support healthy childbearing, and require comprehensive sex education. For further information, please contact the Policy Department.

REPORT CARD METHODOLOGY

Who Decides? reflects the legal state of women's access to reproductive-health services.

For 14 years, *Who Decides?* has used a grading system to capture the cumulative burden each state imposes on access to reproductive-health care. Points are subtracted for anti-choice restrictions, and added for pro-choice laws. Laws that impose the greatest burdens on women are penalized most heavily.

Likewise, demerits fall most heavily on laws that are in force, rather than laws that courts have declared invalid.

For each issue area as listed below, a state receives points in return if the law is held unconstitutional or enjoined. A detailed analysis of the report-card methodology appears below. For the purposes of this publication's methodology, the term "exceptions" may include but is not limited to exceptions for the life or health of the woman; rape and incest; emergency situations; cases of fetal anomaly; situations of child abuse; private employers; and state employees.

The nationwide grade reflects not only state restrictions on the right to choose, but also federal anti-choice measures.

Abortion Ban(s) (- up to 80 points)

Points were subtracted for each abortion ban based either on the point in pregnancy when the ban(s) begin, or on whether the statute bans a specific procedure. Points were added for certain exceptions included in the ban(s). Additional points were subtracted for any ban(s) whose effective dates would be triggered if the Supreme Court overturns *Roe v. Wade*.

Biased Counseling & Mandatory Delays (- up to 25 points)

Points were allocated based on the length of the waiting period; whether multiple trips are required; whether a physician is required personally to provide specified information; whether the woman must receive state-prepared materials; and whether the woman must receive other material, oral or written, that contains information beyond risks, benefits, and alternatives. No points were subtracted if a state has an abortion-specific informed-consent law that does not require biased counseling or a mandatory delay.

Contraceptive Equity (+ up to 20 points)

Points were added if a state requires health-insurance plans to cover contraceptives to the same extent that they cover other prescription medication; fewer points were added if the law has an overly broad refusal clause or requires an insurer only to offer and make available such coverage but not include it in every plan.

METHODOLOGY

Counseling Ban/Gag Rule

(- up to 10 points)

Points were subtracted if the ban applies to counseling and/or referrals and if the ban applies to all or some public funds or employees. Points were added based on the exceptions included in the law.

Emergency Contraception

(+ up to 25 points)

Points were added if the state allows sexual-assault survivors greater access to emergency contraception (EC) in emergency rooms (ER) (receiving EC in the ER and/or receiving information about EC in the ER); if the state's Medicaid program covers over-the-counter EC; and if pharmacists are allowed to provide EC to a woman without a prescription through a law specific to EC or one that permits collaborative-therapy agreements generally and includes EC. (These laws were in place before the Food and Drug Administration (FDA) approved EC for over-the-counter sales and still provide greater access in some states, particularly for young women who are excluded from the FDA's ruling.)

Freedom of Choice Act

(+ up to 55 points)

Points were added if a state has passed legislation to codify the protections of *Roe v. Wade* and provides an affirmative right to choose abortion prior to viability without government interference.

Guaranteed Access to Prescriptions

(+ up to 10 points)

Points were added if a state explicitly guarantees a woman's right to have her birth-control prescription filled.

Insurance Prohibition for Abortion

(- up to 35 points)

Points were subtracted if the law prohibits insurance coverage of abortion in the private insurance market; if the law prohibits insurance coverage of abortion in the state health-insurance exchange; if the law prohibits insurance coverage of abortion for all or some state and/or municipal employees; and if the law requires insurers to provide a policy alternative excluding abortion. Fewer points were deducted based on exceptions included in the law.

Low-Income Women's Access to Abortion

(and Restrictions on Low-Income Women's Access to Abortion) (- up to 25 points)

Points were allocated based on the circumstances under which the state medical assistance program funds abortion services: only to preserve the woman's life; only in cases of rape, incest, or life endangerment; or in cases of rape, incest, life endangerment, and limited health circumstances. If a state medical assistance program funds abortion care in all or most circumstances, no points were subtracted.

Low-Income Women's Access to Family Planning

(- up to 5 points)

Points were subtracted if the state provides increased coverage for Medicaid-covered reproductive-health-care services through a federal Medicaid waiver or through a family-planning state plan amendment (SPA). A state that applies for and receives a waiver or SPA is generally allowed to increase eligibility for Medicaid family-planning services and/or improve the quality of those services for a specific period of time. The duration, eligibility requirements, and covered services provided by each state's expanded coverage program vary from state to state. While pursuant to the Affordable Care Act it is anticipated that Medicaid family-planning waivers may be phased out and replaced with SPAs, NARAL Pro-Choice America Foundation will continue to include Medicaid waivers as an indicator of states' commitment to providing essential family-planning care to low-income women until this is no longer an available option for states.

Post-Viability Abortion Restriction

(- up to 10 points)

If a post-viability abortion restriction contains adequate life and health exceptions and does not define viability as occurring at a particular point in pregnancy, no points were subtracted. Points were subtracted for the lack or inadequacy of the health exception and if the state defines viability as occurring at a particular point in pregnancy.

Protection Against Clinic Violence

(+ up to 15 points)

Points were added if the law prohibits interference with entry or exit to a facility; physical invasion of the facility including trespass, property damage, arson, and bombing; excessive noise, odors, or telephone calls; and threats, including weapon possession at demonstrations. Points were also added if the law creates a buffer zone, and/or permits injunctive relief.

METHODOLOGY

Public Facilities and Public Employees Restriction(s)

(- up to 10 points)

Points were subtracted if all or some public employees and/or facilities are prohibited from providing abortion services. Points were added based on the exceptions included in the law.

Refusal to Provide Medical Services

(- up to 20 points)

Points were subtracted for each area in which individuals or organizations are permitted to refuse to provide services: abortion, insurance coverage for contraception, family planning/birth control, sterilization, individual health-care instructions, or prescriptions.

Restrictions on Young Women's Access to Abortion

(- up to 25 points)

Points were subtracted based on whether consent or notice is required before a minor may obtain abortion services, whose consent or notice is required, whether there is a physician bypass, whether the judicial-bypass procedure is adequate, and whether there is a waiting period. Points were added based on the exceptions included in the law.

Spousal Consent/Notice has been removed as an issue area.

State Constitutional Protection

(+ up to 20 points)

Points were added if a state constitution protects the right to choose beyond the U.S. Constitution, and to the degree that the state constitutional protection prevents imposition of restrictions on the right to choose.

Targeted Regulation of Abortion Providers (TRAP)

(- up to 30 points)

Points were allocated based on the breadth and severity of all TRAP laws imposed. Additional points were subtracted if a state prohibits certain qualified health-care professionals from providing abortion care. (Because of the breadth of TRAP laws, we have included in the summaries only select examples that illustrate the burdens these measures impose on abortion providers.)

ACKNOWLEDGMENTS

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DISCLAIMER

Who Decides? The Status of Women's Reproductive Rights in the United States is strictly for informational purposes and does not constitute legal services or representation. For legal advice, a practicing attorney who has a thorough knowledge of current law in the state or locality and who is informed about all relevant details of the situation should be consulted.

NARAL Pro-Choice America Foundation does not guarantee the accuracy of the contents of this book. Laws change, often rapidly, and interpretations of statutes may vary. Legislation may have been acted upon, or cases decided, after the date this book went to press. Systematic bill- and case-tracking concluded on November 9, 2011.

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NARAL Pro-Choice America Foundation

Nancy Keenan, President
1156 15th Street, NW, Suite 700, Washington, DC 20005 202.973.3000
<http://www.ProChoiceAmericaFDN.org>

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NARAL PRO-CHOICE AMERICA FOUNDATION STATE AFFILIATES

NARAL PRO-CHOICE ARIZONA

Kathren Coleman
Executive Director
PO Box 16675
Phoenix, AZ 85011
P 602.258.4091
info@ProChoiceArizona.org
www.ProChoiceArizona.org

NARAL PRO-CHOICE CALIFORNIA

Amy Everitt
State Director
111 Pine Street
Suite 1500
San Francisco, CA 94111
P 415.890.1020
F 415.890.1025
info@ProChoiceCA.org
www.ProChoiceCalifornia.org

NARAL PRO-CHOICE COLORADO

Emilie C. Ailts
Executive Director
1905 Sherman Street
Suite 800
Denver, CO 80203
P 303.394.1973
F 303.388.1692
Choice@ProChoiceColorado.org
www.ProChoiceColorado.org

NARAL PRO-CHOICE CONNECTICUT

Christian Miron
Executive Director
P.O. Box 9521
New Haven, CT 06534
P 203.787.8763
info@Pro-ChoiceCT.org
www.Pro-ChoiceCT.org

ILLINOIS CHOICE ACTION TEAM

Benita Ulisano
Chair
330 W. Diversey Parkway
Unit 506
Chicago, IL 60657
P 312.458.9169
www.ILChoiceActionTeam.org

NARAL PRO-CHOICE MARYLAND

Jodi Finkelstein
Executive Director
1320 Fenwick Lane
Suite 301
Silver Spring, MD 20910
P 301.565.4154
F 301.588.5790
info@ProChoiceMaryland.org
www.ProChoiceMaryland.org

NARAL PRO-CHOICE MASSACHUSETTS

Abby Thorp
Interim Executive Director
15 Court Square
Suite 900
Boston, MA 02108
P 617.556.8800
F 617.338.2532
Choice@ProChoiceMass.org
www.ProChoiceMass.org

NARAL PRO-CHOICE MINNESOTA

Linnea House
Executive Director
2300 Myrtle Avenue
Suite 120
St. Paul, MN 55114
P 651.602.7655
F 651.602.7658
info@ProChoiceMinnesota.org
www.ProChoiceMinnesota.org

NARAL PRO-CHOICE MISSOURI

Pamela Sumners
Executive Director
1210 South Vandeventer Avenue
St. Louis, MO 63110
P 314.531.8616
F 314.531.8615
info@ProChoiceMissouri.org
www.ProChoiceMissouri.org

NARAL PRO-CHOICE MONTANA

Julianna Crowley
Executive Director
P.O. Box 279
Helena, MT 59624
P 406-443-0276
F 406.442.4801
info@ProChoiceMontana.org
www.ProChoiceMontana.org

NARAL PRO-CHOICE NEW HAMPSHIRE

Laura Thibault
Interim Executive Director
18 Low Avenue
Concord, NH 03301
P 603.228.1224
F 603.226.4505
info@ProChoiceNH.org
www.ProChoiceNewHampshire.org

NARAL PRO-CHOICE NEW MEXICO

Ann Piper
Foundation Board Chair
P. O. Box 97
Albuquerque, NM 87103
P 505.243.4443
F 505-243-4403
info@ProChoiceNM.org

NARAL PRO-CHOICE AMERICA FOUNDATION STATE AFFILIATES

NARAL PRO-CHOICE NEW YORK

Andrea Miller
President
470 Park Avenue South
7th Floor South
New York, NY 10016
P 212.343.0114
F 212.343.0119
info@ProChoiceNY.org
www.ProChoiceNY.org

NARAL PRO-CHOICE NORTH CAROLINA

Carey Pope
Executive Director
514 Daniels Street,
#142
Raleigh, NC 27605
P 919.706.4510
info@ProChoiceNC.org
www.ProChoiceNC.org

NARAL PRO-CHOICE OHIO

Kellie Copeland
Executive Director
12000 Shaker Boulevard
Cleveland, OH 44120
P 216.283.2180
F 216.283.2184
Choice@ProChoiceOhio.org
www.ProChoiceOhio.org

NARAL PRO-CHOICE OREGON

Michele Stranger-Hunter
Executive Director
P.O. Box 40472
Portland, OR 97240
P 503.223.4510
F 503.223.0251
choice@ProChoiceOregon.org
www.ProChoiceOregon.org

NARAL PRO-CHOICE SOUTH DAKOTA

Alisha Sedor
Executive Director
401 East 8th Street,
Suite 330G
Sioux Falls, SD 57103
P 605.334.5065
info@ProChoiceSD.org
www.ProChoiceSD.org

NARAL PRO-CHOICE TEXAS

Sara Cleveland
Executive Director
P.O. Box 684602
Austin, TX 78768
P 512.462.1661
F 512.462.2007
www.ProChoiceTexas.org

NARAL PRO-CHOICE VIRGINIA

Tarina Keene
Executive Director
P. O. Box 1204
Alexandria, VA 22313
P 202.503.4162
info@NARALVA.org
www.NARALVA.org

NARAL PRO-CHOICE WASHINGTON

Christi Stapleton
Interim Executive Director
811 First Avenue,
Suite 456
Seattle, WA 98104
P 206.624.1990
F 206.624.4505
info@ProChoiceWashington.org
www.ProChoiceWashington.org

NARAL PRO-CHOICE WISCONSIN

Lisa Subeck
Executive Director
122 State Street,
Suite 308
Madison, WI 53703
P 608.287.0016
F 608.287.0176
info@ProChoiceWisconsin.org
www.ProChoiceWisconsin.org

NARAL PRO-CHOICE WYOMING

Sharon Breitweiser
Executive Director
P.O. Box 271
Laramie, WY 82073
P 307.742.9189
F 307.742.9189
NaralProChoiceWY@netscape.net
www.prochoicewyoming.com



NARAL PRO-CHOICE AMERICA FOUNDATION MISSION STATEMENT

To support and protect, as a fundamental right and value, a woman's freedom to make personal decisions regarding the full range of reproductive choices through education, training, organizing, legal action, and public policy.

NOTES



NOTES



“During the summer after my freshman year in college, I spent many nights in a large public hospital interviewing women with serious infections after having an illegal abortion.” – **James, father**

“Thinking about my friends, freedom of choice seems to be very much on the back burner. Sadly, clear and accurate information about what to do in difficult situations has become harder and harder to find.” – **Micah, 28, son**

“I joined women for the first NOW march, protesting widespread discrimination. Abortions were illegal. Women suffered; many died. Our victory was temporary. Today reactionaries focus on eliminating this right. The pre-*Roe* horror is but one Supreme Court justice away.” – **Elaine, mother**

“Don’t want an abortion? Don’t get one. Don’t want your rights taken away? Don’t take them away from others. It’s that simple. Women make a complex decision that no government or religion understands. It’s disappointing to hear my mother’s stories and realize that today, few people are aware of how our rights are in jeopardy.” – **Olivia, 28, daughter**

“I am disturbed by the disparity of reproductive rights across this nation. For many women, access to a full range of reproductive-health services has been taken away by out-of-touch legislators. I will not feel free without reproductive freedom for all.” – **Nonie, mother**

“The United States has an incredibly high unintended-pregnancy rate, a symptom of poor sex education and limited access to birth control. Being pro-choice means ensuring couples can prevent pregnancy, if that’s what they want to do.” – **Cassie, 22, daughter**

“I see apathy spread across my generation and those still willing to fight for *Roe* becoming isolated. While we no longer witness the horrors of back-alley abortions and coat hangers, there is still an ongoing fight to make sure my generation never has to witness that.” – **Sabrina, 17, daughter**

“My commitment to choice started at age 15 in the 1960s because girls and women were legally and bodily being slaughtered. Here I am 45 years later. How did things get so bad? Why am I still in this fight when we are supposed to be protected by the law?” – **Amy, mother**

“We’ve all thought it: thank God for birth control. The idea that our government would restrict or even ban its sale and use is, plainly, frightening, not to mention absurd.” – **Lily, 18, daughter**



NARAL
Pro-Choice America Foundation

1156 15th Street, NW
Suite 700
Washington, DC 20005
202.973.3000

www.ProChoiceAmericaFDN.org

