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

Who Decides?

18TH EDITION JANUARY 2009

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NARAL PRO-CHOICE AMERICA FOUNDATION
“I thought about what would happen to me if I had the baby. My dad would have beaten me and kicked me out.”
–ANONYMOUS TEEN

“I was 30 years old, and engaged to be married, when I found out I was pregnant. We were being responsible adults practicing birth control, but I was one of the small percentages of women who still get pregnant even though taking an active role in preventing it.”
–ELIZABETH, MN

“To be pro-choice is truly to be pro-family”
–ANONYMOUS, had an abortion due to ill health

“In our fifth month of pregnancy, the happy promise of new life was shattered by several ominous sonograms and diagnostic tests. We went for second, third, and fourth opinions…We were desperate to hear even a glimmer of hope from doctors, but it was not to be. Finally, after many days of deliberation, we decided to abort the pregnancy.”
–ANONYMOUS COUPLE

“Unfortunately, my friend, also 14 years old, didn’t feel that she could tell her parents that she thought she was pregnant. She was afraid of disappointing them. Instead, in September, she committed suicide…I don’t want to see what happened to [my friend] happen to anyone else.”
–ELIZABETH, MN

“The more I thought about it, I realized that I was too young to have a baby”
–RAPE SURVIVOR, AGE 14

“The best solution is education. Young people must be taught about their bodies, their physical needs and most of all their responsibilities.”

“I got pregnant from [both] my stepfather and my mother’s boyfriend. My mother totally denied incest had been happening since I was five…Not having two children enabled me to leave my home as soon as possible, at age 17, and go to school to try to improve my life and get off welfare.”

“I don’t think my future would have been very good if I’d had a baby at 17…I was still trying to grow up myself.”

“No institution, authority, state, government official, religious person, bureau, department, public or private party has a right to make the choice for me”
–ANONYMOUS, terminated pregnancy after husband was diagnosed with cancer

“In 1977, two semesters away from college graduation, I found myself pregnant. I was helping to support myself in school with work and scholarships, but I had no employment prospects adequate to support myself, let alone a child.”

“The experience of having an illegal abortion was emotionally traumatic to me. I was given no anesthesia, and the procedure was very painful. I was frightened and did not even know if the person performing the abortion was a doctor.”

“If legalized abortion is again made illegal, we shall go back to the old dangerous, filthy and contaminated backrooms of inexperienced lay people or unethical medical people carrying out the tried and crude ways of illegal abortion with all its terrible consequences…”
–PHYSICIAN, PRE-ROE
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From the President

We witnessed history in 2008: the election of Barack Obama as our country’s next pro-choice president represented a resounding victory for the fundamental American values of freedom and privacy.

As I campaigned on behalf of President-elect Obama and other pro-choice candidates, I witnessed the energy and enthusiasm that compelled ordinary Americans to go to extraordinary lengths to change the direction of our country.

In states such as New Hampshire and Wisconsin, I met daughters who recruited their mothers into the campaign. I saw college students worried about the rising cost of birth control at their campus health centers working alongside baby boomers who feared that the Supreme Court could move further in a direction that threatens Roe v. Wade. I met parents concerned about the rising rate of sexually transmitted diseases among our teens. Although of different ages and backgrounds, these Americans channeled their anxiety into action and spoke of a common responsibility to do whatever they could to elect leaders who shared their values.

Without a doubt, choice was an issue in this historic election. The public endorsed President-elect Obama’s call for a change in the tone of the debate over reproductive rights and an end to the divisive attacks on a woman’s right to choose. The pro-choice victory in the presidential race was replicated at all levels of government. We built upon the successes of the 2006 midterm elections, as pro-choice forces—although still outnumbered by anti-choice lawmakers—strengthened their ranks in Congress. Many state legislatures will convene with more pro-choice members. Voters in California, Colorado, and South Dakota rejected anti-choice ballot measures.

With these successes comes profound responsibility. The pro-choice movement finds itself on the cusp of a tremendous opportunity: not only to make significant headway into reversing some of George W. Bush’s worst policies, but also to start advancing pro-choice initiatives on a national level and in the states.

The 18th edition of Who Decides? The Status of Women’s Reproductive Rights in the United States lays out the challenges and the opportunities that lie ahead. If we learn any lesson from this election, it is that we cannot wait for others to make our dreams a reality. We cannot for one moment underestimate how our success will spur opponents of a woman’s right to choose to invent new ways to undermine the very freedoms we fight so hard to protect.

As we move forward, let us build on our progress and pay heed to the inspiring words that President-elect Obama spoke during his historic bid for the White House: “None of this will be easy. It won’t happen overnight. But I believe we can do all this because I believe in America. At each and every moment in our history, we’ve risen to meet our challenges, because we’ve never forgotten the fundamental truth that in America, our destiny is not written for us, but by us.”

Sincerely,

President

NARAL Pro-Choice America
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for the following information and more!

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Be sure to check out the online edition of *Who Decides?*, which is updated daily and contains additional information about laws and bills, 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
- summaries of pending legislation in each state, organized by issue area
- 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
- daily updates to our Fast Facts pages, statute summaries, maps and charts, and other features as new laws are enacted, cases are decided, and bills move through state legislatures
- opportunities to take action, via our Choice Action Network
INTRODUCTION
NARAL Pro-Choice America supports a wide range of pro-choice policies that help protect every woman's right to make the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing safe, legal abortion.

In 2008, our nationwide Prevention First initiative continued to gain support, and helped create new laws aimed at making abortion less necessary by preventing unintended pregnancies. Pro-choice advocates challenged lawmakers to stand with us and unify behind commonsense prevention policies that would guarantee women's access to birth control at pharmacies, require equitable insurance coverage for contraception, prevent teen pregnancy, ensure age-appropriate and medically accurate sex education in schools, expand low-income women's access to family planning services, and increase women's awareness of and ability to obtain emergency contraception, also known as the "morning-after" pill. In 2008, lawmakers across the country put prevention first and prioritized women's health over politics.

In addition to being an important year for prevention efforts, 2008 saw states focus on expanding access to health care services for women who choose to become parents. Nine states enacted laws to help women have healthier pregnancies. This includes measures that expand coverage for Medicaid-funded services for low-income pregnant women and establish programs for engaging at-risk pregnant women in early and continuous prenatal care.

In 2009, when anti-choice advocates likely will try to enact new restrictions on abortion that could test the Court's interpretation of the constitutional right to choose, NARAL Pro-Choice America, our affiliates, and our allies will work to defeat those divisive measures that pose such serious threats to women's health. We will also demonstrate that we have the commonsense position on not only abortion, but on a whole range of other issues—including preventing unintended pregnancies and expanding access to reproductive health care for all women.

KEY FINDINGS: Pro-Choice Policy

PRO-CHOICE STATE LEGISLATIVE MEASURES' CONSIDERED & ENACTED IN 2008

Measures considered:
- States considered 459 pro-choice measures in 2008; 175 of these were Prevention First measures.
- The number of pro-choice measures considered in 2008 increased 6.5 percent from 2007, when states considered 431 pro-choice measures.
- Every state with a regular legislative session considered pro-choice legislation in 2008, except for Idaho, Maine, Nebraska, and Wyoming.
- New York considered the most pro-choice legislation in 2008 with 59 measures; 15 of these were Prevention First measures.
- The most popular non-Prevention First pro-choice legislation is that related to improving healthy childbearing; 22 states considered 61 healthy childbearing measures.

Prevention First Legislation Considered by States in 2008
Measures enacted:
- 23 states enacted 39 pro-choice measures in 2008; four of these were Prevention First measures.
- California enacted the most pro-choice legislation in 2008, with six measures.

KEY PREVENTION FIRST AND OTHER PRO-CHOICE VICTORIES IN 2008
- Wisconsin enacted a law that ensures that sexual assault survivors receive information about and access to emergency contraception in emergency rooms.
- New Hampshire enacted a law to improve sex education in schools by making HIV/AIDS education a more integral part of the basic health education and physical health education curricula.
- Kansas, Maryland, Minnesota, New York, Oklahoma, Utah, Vermont, and West Virginia enacted laws that promote healthy childbearing.
- California enacted a law that protects women’s access to reproductive-health facilities by extending the repeal date of the California “Reproductive Rights Law Enforcement Act” to 2014. The law was due to expire January 1, 2009.

1 This report uses the term “legislative measures” to refer to bills, independently operative sections of bills, and resolutions (resolutions frequently express the sentiment of the legislature but do not create new legal requirements). The term “considered” refers to bills that were introduced in a legislative session, as well as those carried over from a previous legislative session. “Laws” refers to constitutional provisions, statutes, regulations, court decisions, and opinions of state attorneys general.

1 NARAL Pro-Choice America tracks many different types of pro-choice legislation that fully encompass a woman’s right to choose, including measures that promote healthy childbearing and expand insurance coverage for women’s reproductive health services. Our Prevention First initiative focuses on those particular areas that are key to preventing unintended pregnancies, which include measures that promote: comprehensive sex education, young women’s access to confidential health care services, teen pregnancy prevention, insurance coverage for contraception, access to family planning services and supplies, guaranteed access to prescriptions, and emergency contraception (EC pharmacy access, EC in the ER, and EC public education).
KEY FINDINGS: Threats to Choice

In 2008, anti-choice lawmakers continued their relentless attacks on a woman’s right to choose in legislatures throughout the country. In addition to the 20 states that considered bills that would place bans on access to abortion, states were considering and enacting a wide variety of other anti-choice bills, including those that support discredited and dangerous “abstinence-only” programs, block women’s access to birth control, and place unnecessary and burdensome requirements on abortion providers. Anti-choice legislators continued their puzzling insistence on opposing measures that can prevent unintended pregnancy and therefore reduce the need for abortion, while instead focusing on divisive measures to make abortion care more difficult to obtain for women who need and choose it.

Even with Roe’s core protections still in place, 87 percent of counties in the United States do not have an abortion provider, according to The Guttmacher Institute. But opponents of choice are not satisfied, pushing forward with legislative measures that run the gamut from granting pharmacists the right to refuse to fill birth control prescriptions to outright bans on abortion in all circumstances, even when a woman’s health is in danger.

ANTI-CHOICE STATE LEGISLATIVE MEASURES CONSIDERED & ENACTED IN 2008

Measures considered:
- States considered 502 anti-choice measures in 2008.
- The number of anti-choice measures considered in 2008 increased 8 percent from 2007, when states considered 464 anti-choice measures.
- For the fifth year in a row, West Virginia considered more anti-choice legislation than any other state—59 measures.

Measures enacted:
- Oklahoma enacted the most anti-choice legislation in 2008, with six measures.
Anti-choice legislation enacted in 2008 included:

- Michigan Gov. Jennifer Granholm and Arizona Gov. Janet Napolitano each vetoed a measure banning a safe second-trimester abortion method that is similar to the federal ban the Supreme Court upheld in 2007.

- Oklahoma enacted an omnibus anti-choice law that, among other things, expands Oklahoma law allowing certain individuals and entities to refuse to perform abortion services, requires that a woman view ultrasound images before she may have an abortion even if not medically necessary for patient care, and prohibits certain qualified health care professionals from performing abortion services.

- Arizona Gov. Janet Napolitano vetoed a measure that would make the state’s existing parental-consent requirement even harsher.
KEY FINDINGS: Political Findings

CHOICE POSITIONS OF EXECUTIVES

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

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

Choice Positions of Governors

CHOICE POSITIONS OF LEGISLATURES

U.S. Congress
- The choice composition of the U.S. Senate is:
  - 40 pro-choice senators
  - 19 mixed-choice senators
  - 41 anti-choice senators
- The choice composition of the U.S. House is:
  - 185 pro-choice members
  - 45 mixed-choice members
  - 205 anti-choice members

State Legislatures
- Anti-choice legislatures that are solidly anti-choice still outnumber solidly pro-choice legislatures:
  - 12 states and the District of Columbia have pro-choice legislatures (both the House and Senate are pro-choice): CA, CO, DE, DC (Council), HI, IA, ME, MA, NH, NJ, OR, VT, WA, WI.
  - 19 states have anti-choice legislatures (both the House and Senate are anti-choice): AL, AZ, AR, ID, KY, LA, MI, MS, MO, NE, ND, OH, PA, RI, SD, TN, TX, UT, WV.
- Choice composition of state senates:
  - 15 states have a pro-choice senate (and the District of Columbia Council is pro-choice): CA, CO, CT, DE, DC, HI, IA, ME, MA, MN, NH, NJ, OR, VT, WA, WI.
  - 14 states have a mixed-choice senate: AK, FL, GA, IL, MD, MT, NV, NM, NY, NC, SC, VA, WV, WY.
  - 21 states have an anti-choice senate: AL, AZ, AR, ID, IN, KS, KY, LA, MI, MS, MO, NE, ND, OH, OK, PA, RI, SD, TN, TX, UT.
- Choice composition of state houses:
  - 15 states have a pro-choice house: CA, CO, DE, HI, IA, ME, MD, MA, NH, NJ, NM, NY, OR, VT, WA.
  - 11 states have a mixed-choice house: CT, IL, IN, MN, MT, NV, NC, OH, SC, VA, WV, WI.
  - 23 states have an anti-choice house: AL, AK, AZ, AR, FL, GA, ID, KS, KY, LA, MI, MS, MO, ND, OK, PA, RI, SD, TN, TX, UT, VA, WV.
There are seven states with pro-choice governments (both a majority of the legislature and the governor are pro-choice): IA, ME, MA, NH, NJ, OR, WA.

There are 10 states with anti-choice governments (both a majority of the legislature and the governor are anti-choice): AL, ID, LA, MS, NE, ND, RI, SD, TX, UT.

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.
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FAST FACTS ABOUT
ANTI-CHOICE LAWS
Near-Total Abortion Bans

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

A: **YES.** If Roe vs. Wade was 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 is overturned they will immediately become enforceable. Still other states have anti-choice legislatures and governors that are likely to enact abortion bans if Roe is overturned.

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### 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.

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### 2008 STATE LEGISLATION

12 states considered 22 near-total bans on abortion: AL, GA, MD, MS, NH, OH, OK, SC, SD, TN, UT, VA.

- 2 states considered 2 measures that would impose near-total criminal bans on abortion if the Supreme Court overturns Roe v. Wade (sometimes known as “trigger” bans): OK, VA.

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For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.

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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 does not allow for any exceptions when a woman’s health is in danger. In April 2007, the Supreme Court declared the ban constitutional, thereby banning a safe abortion method nationwide. 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’ medical judgment above a doctor’s and would deny some women the medical care their doctors believe is safest for them.

CURRENT STATE LAWS

23 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, AZ, AR, FL, ID, IL, IN, IA, KY, MI, MS, NE, NJ, ND, OK, RI, SC, SD, TN, VA, WV, WI.

- Virginia’s unconstitutional and unenforceable ban outlaws a safe abortion procedure.

3 states ban a safe abortion procedure without a health exception: LA, MO, UT.

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

CURRENT FEDERAL LAWS

In November 2003, Congress passed and President Bush signed into law the Federal Abortion Ban, which bans a safe abortion procedure, without an 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.

2008 STATE LEGISLATION

3 states considered 5 measures that could ban safe, medically appropriate abortion care as early as the 12th week of pregnancy, with no exception to protect a woman’s health: HI, TN, WV.

8 states considered 17 measures that would ban a safe, medically appropriate abortion procedure without an exception to protect a woman’s health: AK, AZ, KY, MI, MN, NH, NV, WV, WI.

2008 NOTABLE CASES

In May 2008, a three-judge panel for a federal circuit court ruled that a Virginia law banning a safe, pre-viability abortion procedure could not go into effect. The decision was issued on the grounds that the statute’s vague language would have outlawed the most common abortion methods as early as the second trimester and, as such, imposed an undue burden on a woman’s right to choose. However, the court later agreed to rehear the case before the full, 11-member court and as of this publication’s printing has not yet issued a decision.

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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 followed by a delay of usually at least 24 hours before they can receive services. A woman considering abortion, like any patient, should receive full and unbiased information from her doctor about her medical options. However, these laws not only represent unnecessary government intrusion into private decisions and the doctor-patient relationship, they often suggest 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 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 childcare. Mandatory delay laws endanger women’s health by creating unnecessary burdens that can impede earlier, and therefore safer, abortion care.

CURRENT STATE LAWS

31 states have laws that subject women seeking abortions to biased counseling requirements and/or mandatory delays: AL, AK, 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.

- 6 of these laws have been found fully or partially unconstitutional by courts: DE, KY, MA, MI, MT, TN.

2008 STATE LEGISLATION

13 states considered 48 measures related to requiring biased counseling and/or mandatory delays: CO, FL, IN, KS, KY, MA, MO, NJ, NY, NC, RI, TN, WA.

2008 NOTABLE CASE

In 2008, the U.S. Court of Appeals for the Eighth Circuit vacated a preliminary injunction enjoining enforcement of South Dakota’s biased counseling and mandatory delay law, and remanded the case to the U.S. District Court for consideration of whether the law is constitutional. A three-judge panel of the 8th Circuit had previously affirmed a lower court’s ruling that issued the temporary injunction prohibiting South Dakota from enforcing amendments to the law. These amendments include requirements that a doctor must tell a woman seeking an abortion that “the abortion will terminate the life of a whole, separate, unique, living human being,” that “the pregnant woman has an existing relationship with that unborn human being and that the relationship enjoys protection under the United States Constitution and under the laws of South Dakota,” and that “her existing relationship and her existing constitutional rights with regards to that relationship will be terminated.” As of this publication’s printing, the requirements in question are enforceable.

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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, prevent doctors from treating their patients responsibly, and severely limit women’s ability to make informed choices. Women and their health care providers—not politicians—should make private medical decisions.

CURRENT STATE LAWS

19 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, AZ, IL, IN, KS, KY, LA, MI, MN, MS, MO, NE, ND, OH, OK, PA, SC, VA, WI.

- North Dakota’s prohibition has been held partially unconstitutional.

CURRENT FEDERAL LAW

The Federal Refusal Clause is a back-door “gag rule” that allows health care companies to forbid their doctors from providing medically necessary and appropriate abortion care, or even referring patients to another provider. In addition, on his first business day in office, President Bush imposed the global gag rule. This harmful policy prohibits the U.S. Agency for International Development from granting family-planning funds to any overseas health center unless it agrees not to use any funds—including its own, private, non-U.S. funds—to provide, counsel, or refer women for abortion care, or even take a pro-choice position.

2008 STATE LEGISLATION

8 states considered 17 measures that would prohibit some or all state employees or organizations that receive state funds from providing counseling or referring women for abortion services under some or all circumstances: AL, KY, MI, MN, NE, OK, RI, WV.

- While Michigan and Nebraska re-authorized measures containing a gag rule, Kentucky enacted a new law prohibiting organizations receiving state funds for certain services from counseling or referring women for abortion services.

2008 FEDERAL LEGISLATION

Under pro-choice leadership in 2007, Congress sought—for the first time in recent memory—to reverse course on the global gag rule and bring meaningful relief to women and families abroad. In 2007, the Senate voted to repeal the global gag rule, and the House voted to partially repeal it, but they were blocked by anti-choice lawmakers and a Bush veto threat. Congress tried again in 2008 to reverse the rule, but, in the end, passed a continuing resolution that did not contain language repealing the global gag rule.

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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 choice?

**A:** Anti-choice state and federal legislators have enacted laws prohibiting insurance companies from covering abortion services, or requiring women to pay an extra premium to receive coverage for abortion care. Women should not be denied coverage for reproductive health services—a basic part of women’s health care—by politicians imposing their personal beliefs on private medical decisions.

| CURRENT STATE LAWS | 17 states prohibit insurance plans for public and/or private employees from covering abortion services: AR, CO, ID, IL, KY, MA, MS, MO, NE, ND, OH, OK, PA, RI, SC, VA, WI.  
  - **Rhode Island** has two separate insurance prohibition laws. Courts have declared one unconstitutional and unenforceable and the other partially unconstitutional and unenforceable. |
| 2008 STATE LEGISLATION | 6 states considered 10 measures that would prohibit insurance plans for public and/or private employees from covering abortion services: NC, OH, OK, PA, SC, WV.  
  - **South Carolina** re-authorized a measure that prohibits insurance coverage for abortion for government employees. |
| CURRENT FEDERAL LAWS | Federal law bars federal employees from selecting a health care plan that provides abortion coverage. Retired and current military personnel and their dependents are also prohibited from obtaining coverage for abortion care through military health plans, even if a pregnancy resulted from an act of rape or incest. Health insurance plans for non-federal employees are not required to provide coverage for abortion care except when the life of the woman is endangered. |
| 2008 FEDERAL LEGISLATION | Since 1995, Congress has adopted language annually barring federal employees from selecting a health care plan that provides abortion coverage. |

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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 “refusal clauses,” 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 clauses may be acceptable in some circumstances to protect individuals who oppose certain treatments, broad refusal clauses deny women medically necessary information, referrals, and services. In addition, even if individual medical providers are protected, health care corporations should not be allowed to broadly 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 provisions exist in federal law that allow health care companies to refuse to provide, pay for, counsel for, or even refer for abortion services—and in some cases contraceptives. Most recently, Congress passed the Federal Refusal Clause (FRC), which eliminates federal, state, and local governments’ ability to ensure that abortion care and referrals are available. Under the FRC, a federal, state, or local government may not require any health care company to provide, pay for, or refer for abortion services. Any law or regulation that does so can be considered “discrimination” against the entity and a violation of the FRC.

2008 STATE LEGISLATION

13 states considered 21 measures that would allow certain individuals or entities to refuse to provide women specific reproductive health services, information, or referrals: AL, HI, IN, MI, MO, NY, NC, OK, PA, RI, SC, VT, WV.

- 10 states considered 13 measures that would permit pharmacists and/or pharmacies to refuse to fill women’s prescriptions for contraception, including emergency contraception: AL, HI, IN, MI, MO, NY, PA, RI, SC, VT.
- 12 states considered 19 measures that would allow health-care entities and/or individuals to refuse to provide abortion services: AL, HI, IN, MI, NY, NC, OK, PA, RI, SC, VT, WV.
## Restrictions on Low-Income Women’s Access to Abortion

### Q: How do certain restrictions on access to abortion care disproportionately affect low-income women’s health?

**A:** All women should have access to reproductive health care regardless of their economic status, but 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, putting women’s health in danger and inserting politicians into 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, DE, DC, 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.

17 states provide low-income women access to abortion: 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, Indian Health Service clients, and clients of the District of Columbia’s public health care programs.

### 2008 State Legislation

10 states considered 20 measures that would prohibit or severely restrict the use of public funds for abortion services: AL, AK, CO, MN, NJ, NY, RI, TN, VA, WV.

- **Alaska** and **Colorado** enacted two measures restricting low-income women’s access to abortion. In Alaska, however, these prohibitions have been deemed unenforceable by the Attorney General in light of state precedent.

### 2008 Federal Legislation

Most of the federal funding bans on abortion services for low-income women described above are extended annually by Congress.

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This information is current as of October 31, 2008. For current information, including detailed summaries of all referenced laws and legislation, please visit www.ProChoiceAmerica.org/whodecides.

For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.
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 that they are pregnant. Of course, most parents hope their daughters will seek out their advice, but responsible parents want, above all, for their daughters to be safe. Restrictions on young women’s access to abortion care can lead to family violence when a young woman must tell an abusive parent about her decision to end a pregnancy, and can delay young women from seeking earlier, safer abortion care, thus putting their health at risk.

CURRENT STATE LAWS

43 states restrict young women’s access to abortion by mandating parental notice or consent: 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, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.

7 of these laws have been found unconstitutional and unenforceable: AK, CA, IL, MT, NV, NJ, NM.

2008 STATE LEGISLATION

16 states considered 42 measures that would restrict young women’s access to abortion services by requiring parental notice or consent before a young woman may have an abortion or by making existing laws with those requirements even harsher: AK, AZ, CA, FL, HI, MI, MS, NH, NJ, NY, NC, OK, VT, VA, WA, WV.

2008 FEDERAL LEGISLATION

In 2007, lawmakers in the House of Representatives 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 imposes 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.

This information is current as of October 31, 2008. For current information, including detailed summaries of all referenced laws and legislation, please visit www.ProChoiceAmerica.org/whodecides.

For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.
Spousal Consent and Notice

Q: What are spousal consent and notice laws, and how do they restrict women’s access to abortion services and jeopardize women’s health?

A: Spousal consent and notice laws require a pregnant woman to obtain written consent from, or give notice to, her husband prior to receiving abortion services. Of course, most couples talk with each other when facing an unintended pregnancy, and we applaud men who are actively involved in such discussions. However, these types of laws are inherently dangerous. A significant number of women in this country are victims of systematic physical and psychological abuse at the hands of their husbands. Consent and notice requirements become a substantial obstacle when a woman fears for her safety and the safety of her children if she must tell an abusive husband about her decision to end a pregnancy. More recent legislation on this issue requires a pregnant woman to obtain consent from, or give notice to, the man involved in the pregnancy regardless of her relationship with him. Such a requirement can delay a woman from seeking earlier, safer abortion care, thus putting her health at risk.

Current State Laws

8 states have unconstitutional and unenforceable laws that require women to obtain the written consent from, or give notice to, her husband prior to receiving abortion care: CO, IL, KY, LA, ND, PA, RI, SC.

2008 State Legislation

2 states considered measures that would restrict women’s access to abortion services by requiring consent from or notice to the man involved in the pregnancy before a pregnant woman may receive abortion care: OH, WV.

Rhode Island considered 2 measures that would repeal the state’s spousal notification requirement.
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 systematically impose unnecessary and burdensome restrictions 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 services 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

44 states and the District of Columbia have laws subjecting abortion providers to burdensome restrictions not applied to other medical professionals: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, 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 performing abortions.
- 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.
- 15 of these laws are at least partially unenforceable: AK, AZ, ID, IL, MA, MS, MO, NY, ND, OH, OK, PA, TN, UT, WI.

2008 STATE LEGISLATION

16 states considered 33 measures that would subject abortion providers to burdensome restrictions not applied to other medical professionals: AK, FL, HI, IL, IN, IA, MN, MS, MO, NH, NJ, NY, OK, TN, VA, WV.

- Oklahoma enacted a TRAP law.

2008 FEDERAL LEGISLATION

Anti-choice Sen. David Vitter (R-LA) introduced the Pregnant Women Health and Safety Act. Despite its title, the bill would gravely endanger women’s reproductive health by imposing TRAP requirements on doctors in an attempt to drive them out of practice and to make it extremely difficult for women to obtain safe, legal abortion care. The first federal TRAP bill in recent memory, this bill would require doctors who provide abortion services to have admitting privileges at a hospital located within one hour of the provider’s facility, with no requirement that hospitals grant such privileges and no exception for rural providers.

This information is current as of October 31, 2008. For current information, including detailed summaries of all referenced laws and legislation, please visit www.ProChoiceAmerica.org/whodecides.

For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.
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 drugs, 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

27 states have passed comprehensive laws or regulations ensuring equity in private insurance coverage for prescription contraception: AZ, AR, CA, 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 Federal Employee Health Benefits (FEHB) plans cover prescription contraception to the same extent as other prescription medications.

2008 STATE LEGISLATION

7 states considered 15 measures that would ensure equity in private insurance coverage for prescription contraception: LA, MI, NJ, NY, OH, OK, PA.

2008 FEDERAL LEGISLATION

Pro-choice lawmakers sponsored the Equity in Prescription Insurance and Contraceptive Coverage Act and the Prevention First Act to ensure that prescription contraceptives are covered equally with other prescription drugs and related medical services. Both of these bills are components of the pro-choice “Prevention First Agenda” which aims to prevent unintended pregnancies, and therefore, reduce the need for abortion.

This information is current as of October 31, 2008. For current information, including detailed summaries of all referenced laws and legislation, please visit www.ProChoiceAmerica.org/whodecides.

For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.
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, contains the same active ingredients as ordinary birth control pills and 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. In 2006, the U.S. Food and Drug Administration approved the emergency contraceptive Plan B® for over-the-counter sales for adults aged 18 and over. However, many women do not know about EC, and anti-choice groups have fought efforts to increase access to it.

**CURRENT STATE LAWS**

- 21 states have 32 laws and/or policies that improve women’s access to EC: AK, AR, CA, CO, CT, HI, IL, ME, MD, MA, MN, NH, NJ, NM, NY, OK, OR, SC, VT, WA, WI.
- 14 states have laws that increase sexual-assault survivors’ access to EC or information about EC in hospitals: AR, CA, CO, CT, IL, MA, MN, NJ, NM, NY, OR, SC, WA, WI.
- 9 states allow pharmacists to provide EC to any woman without a prescription: AK, CA, HI, ME, MA, NH, NM, VT, WA.
- 8 states provide Medicaid coverage of over-the-counter EC: HI, IL, MD, NJ, NY, OK, OR, WA.

**2008 STATE LEGISLATION**

- 16 states and the District of Columbia considered 50 measures that would allow women greater access to EC: AZ, DC, FL, HI, IL, MI, MN, MO, NJ, NY, NC, OH, OK, PA, TN, WV, WI.
- 13 states and the District of Columbia considered 29 measures that would ensure that sexual-assault survivors receive access to EC or information about EC in hospitals: AZ, DC, FL, HI, MI, MN, MO, NC, OH, OK, PA, TN, WV, WI.
- Wisconsin enacted a law improving sexual-assault survivors’ access to information and/or EC in hospitals.
- 3 states considered 5 measures that would allow pharmacists to provide EC to women without a prescription: IL, NJ, NY.
- 2 states considered 4 measures that would provide Medicaid coverage of over-the-counter EC: HI, NY.

**2008 FEDERAL LEGISLATION**

Lawmakers have sponsored a number of pieces of pro-choice legislation related to emergency contraception, including bills to ensure that EC is offered to sexual-assault survivors in hospitals, to guarantee that women can receive EC from pharmacies without lecture or delay, to make EC available to women in the military, and to fund EC public-education campaigns. The Prevention First Act also contains several provisions that would improve women’s access to EC. Unfortunately, anti-choice lawmakers have blocked these measures.

This information is current as of October 31, 2008. For current information, including detailed summaries of all referenced laws and legislation, please visit www.ProChoiceAmerica.org/whodecides. For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.
## 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 limited sharply some of Roe’s protections and could potentially eliminate them entirely. A Freedom of Choice Act 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 Freedom of Choice Acts—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 or eviscerated Roe without a Freedom of Choice Act in place, Congress would be able to ban some or all abortions nationwide, trumping state codifications of Roe’s protections.

<table>
<thead>
<tr>
<th>CURRENT STATE LAWS</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- 3 states enacted these measures by ballot initiative: MD, NV, WA.</td>
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</tbody>
</table>

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<tr>
<th>2008 STATE LEGISLATION</th>
<th>5 states considered 7 measures that would make the protections of Roe v. Wade part of state law: IL, MN, NM, NY, RI.</th>
</tr>
</thead>
</table>

| 2008 FEDERAL LEGISLATION | Pro-choice lawmakers sponsored legislation to codify a woman’s right to choose and make the protections of Roe v. Wade permanent under federal law. |

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*This information is current as of October 31, 2008. For current information, including detailed summaries of all referenced laws and legislation, please visit www.ProChoiceAmerica.org/whodecides. For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.*

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**ProChoiceAmerica.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 prescriptions. 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, IL, ME, NV, NJ, WA.
- Washington’s rule is currently enjoined.

2008 STATE LEGISLATION
12 states considered 26 measures that would guarantee that women’s birth control prescriptions be filled: FL, IN, MI, MO, NJ, NY, OH, OK, PA, RI, WV, WI.

2008 FEDERAL LEGISLATION
Pro-choice lawmakers have sponsored legislation that would guarantee women’s access to prescriptions and require pharmacies to ensure that women’s prescriptions for birth control are filled without delay or interference.

2008 NOTABLE CASES
In November 2007, the United States District Court for the Western District of Washington granted pharmacists’ motion for a preliminary injunction against Washington’s Pharmacy Board’s rule that requires pharmacists to dispense lawfully prescribed drugs or devices approved by the U. S. Food and Drug Administration. An appeal was filed in December 2007 with the Ninth Circuit Court of Appeals and a decision is pending.

This information is current as of October 31, 2008. For current information, including detailed summaries of all referenced laws and legislation, please visit www.ProChoiceAmerica.org/whodecides.
For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.
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. Title X is the federal program that provides essential funding to family planning clinics that serve many low-income women. Also, some states have improved coverage for family-planning services by applying for and receiving a waiver from the federal government’s Medicaid program. States that obtain a waiver are able to expand certain eligibility requirements for Medicaid-funded family planning services and thus provide more women with access to this basic medical care.

CURRENT STATE LAWS

27 states currently provide certain low-income women coverage for Medicaid-funded reproductive health care services through a waiver obtained from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid services: AL, AZ, AR, CA, DE, FL, IL, IA, LA, MD, MI, MN, MS, MO, NM, NY, NC, OK, OR, PA, RI, SC, TX, VA, WA, WI, WY.

Note: The breadth and scope of each waiver varies greatly from state to state.

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.

2008 FEDERAL LEGISLATION

The Prevention First Act contains a number of preventive-health and education measures designed to reduce the number of unintended pregnancies and, therefore, the need for abortion. Among other provisions, this bill would increase funding for the national family planning program, Title X, and expand Medicaid family planning services to cover more low-income women. Pro-choice lawmakers have also introduced legislation that would make more low-income working women eligible for certain Medicaid-funded programs, thus creating parity in eligibility for birth control and family-planning services.
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 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 critical 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 LAW

The Freedom of Access to Clinic Entrances Act (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 and patients. Courts repeatedly have upheld the law as constitutional, and experts credit FACE as a significant factor in reducing clinic violence.

2008 STATE LEGISLATION

5 states considered 6 measures that would protect reproductive health providers and patients from violence and intimidation: CA, NJ, NY, RI, VT.

California enacted a measure that protects freedom of access to reproductive-health facilities by extending the repeal date of the California “Reproductive Rights Law Enforcement Act” to 2014. The law was due to expire January 1, 2009.
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 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, leading to politicians and others infringing on private medical decisions in a myriad of 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, these states may be able to ensure that women have continued access to safe, legal options. Nonetheless, if there were no federal constitutional protection for choice, Congress would be able to ban abortion nationwide, trumpping state constitutional protections.

CURRENT STATE LAWS
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.

2008 STATE LEGISLATION
No states considered legislation to establish or expand state constitutional protection.

4 states considered 10 measures intended to reduce or eliminate, or completely prohibit, state constitutional protection of a woman’s right to choose: MN, NJ, TN, WV.

This information is current as of October 31, 2008. For current information, including detailed summaries of all referenced laws and legislation, please visit www.ProChoiceAmerica.org/whodecides.
For maps and charts of key issues, please visit www.ProChoiceAmerica.org/yourstate/whodecides/maps.
**U.S. FEDERAL GOVERNMENT**

**Federal Political Information**

**EXECUTIVES**
President-elect Barack Obama (D) is pro-choice.
Vice President-elect Joe Biden (D) is mixed-choice.

**CONGRESS**
The U.S. Senate is under pro-choice control.
The U.S. House of Representatives is under pro-choice control.

**Federal Laws in Brief**
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit the federal Who Decides? web page.

**Anti-Choice Laws**

**ABORTION BAN**
Federal law includes a ban on a safe abortion procedure.

**INSURANCE PROHIBITION FOR ABORTION**
Federal law restricts insurance coverage for abortion for federal employees.

**REFUSAL TO PROVIDE MEDICAL SERVICES**
Federal law allows some health care corporations to refuse to provide women specific reproductive health services, information, or referrals.

**Pro-Choice Laws**

**CONTRACEPTIVE EQUITY**
Federal law requires federal employee health insurance plans that cover prescription drugs to provide the same coverage for contraception.

**EMERGENCY CONTRACEPTION**
A federal regulation allows adults access to 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.

87 percent of U.S. counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

[www.ProChoiceAmerica.org/whodecides/federal]
ALABAMA

93 percent of Alabama counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

GRADE
F

ACCESS FACT

Alabama Political Information
EXECUTIVE
Governor Robert Riley (R) is anti-choice.

LEGISLATURE
The Alabama Senate is anti-choice.
The Alabama House is anti-choice.

Alabama Laws in Brief
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Alabama’s Who Decides? web page.

Anti-Choice Laws
ABORTION BANS
Alabama has unconstitutional and unenforceable criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY
Alabama law subjects women seeking abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Alabama prohibits certain state employees or 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 reproductive health care services.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Alabama restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/alabama
ALASKA

Alaska Political Information

EXECUTIVE
Governor Sarah Palin (R) is anti-choice.

LEGISLATURE
The Alaska Senate is mixed-choice.
The Alaska House is anti-choice.

Alaska Laws in Brief

This information is current as of November 30, 2008. 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 abortions 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 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)
Alaska law subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

EMERGENCY CONTRACEPTION
Alaska allows some women greater 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 federal Constitution.

Grade

B-

Access Fact

81 percent of Alaska counties have no abortion provider

Source: Guttmacher Institute

www.ProChoiceAmerica.org/whodecides/alaska
Arizona Political Information

EXECUTIVE
Governor Janet Napolitano (D) is pro-choice.

LEGISLATURE
The Arizona Senate is anti-choice. The Arizona House is anti-choice.

Arizona Laws in Brief

This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Arizona’s Who Decides? web page.

Anti-Choice Laws

ABORTION BANS
Arizona has unconstitutional and unenforceable criminal bans on abortion.

COUNSELING BAN/GAG RULE
Arizona prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

PUBLIC FACILITIES RESTRICTION
Arizona prohibits the use of some public facilities for the performance of abortions.

REFUSAL TO PROVIDE MEDICAL SERVICES
Arizona allows certain individuals or entities to refuse to provide women specific reproductive health services, information, or referrals.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
Arizona law requires health insurance plans that cover prescription drugs 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 reproductive health care services.

STATE CONSTITUTIONAL PROTECTION
Arizona’s constitution provides greater protection for a woman’s right to choose than the federal Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Arizona restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/arizona
ARKANSAS

Arkansas Political Information

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

LEGISLATURE
The Arkansas Senate is anti-choice.
The Arkansas House is anti-choice.

Arkansas Laws in Brief
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Arkansas’ Who Decides? web page.

Anti-Choice Laws

ABORTION BANS
Arkansas has unconstitutional and unenforceable criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY
Arkansas law subjects women seeking abortions to biased counseling requirements and mandatory delays.

INSURANCE PROHIBITION FOR ABORTION
Arkansas restricts insurance coverage of abortion.

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 drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
Arkansas allows some women greater 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 reproductive health care services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Arkansas restricts post-viability abortions.

97 percent of Arkansas counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/arkansas

ProChoiceAmerica.org
California

California Political Information

EXECUTIVE
Governor Arnold Schwarzenegger (R) is mixed-choice.

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

California Laws in Brief
This information is current as of November 30, 2008. 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 performing abortions.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
California law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
California allows some women greater 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 reproductive health care 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 federal Constitution.

Other Related Laws

INFORMED CONSENT
California has an abortion-specific informed consent law.

POST-VIABILITY ABORTION RESTRICTION
California restricts post-viability abortions.
Colorado Political Information

EXECUTIVE
Governor Bill Ritter, Jr. (D) is mixed-choice.

LEGISLATURE
The Colorado Senate is pro-choice.
The Colorado House is pro-choice.

Colorado Laws in Brief
This information is current as of November 30, 2008. 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.

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.

SPOUSAL CONSENT
Colorado has an unconstitutional and unenforceable law mandating spousal consent before a married woman may obtain an abortion.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Colorado prohibits certain qualified health care professionals from performing abortions.

Pro-Choice Laws

EMERGENCY CONTRACEPTION
Colorado allows some women greater access to information about emergency contraception (EC).

PROTECTION AGAINST CLINIC VIOLENCE
Colorado law protects women seeking reproductive health care and medical personnel from harrassment, blockades, and violence.

www.ProChoiceAmerica.org/whodecides/colorado

ProChoiceAmerica.org

2009 Who Decides? | 37
25 percent of Connecticut counties have no abortion provider.

**Source:** Guttmacher Institute

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**Connecticut Political Information**

**EXECUTIVE**
Governor M. Jodi Rell (R) is pro-choice.

**LEGISLATURE**
The Connecticut Senate is pro-choice.
The Connecticut House is mixed-choice.

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**Connecticut Laws in Brief**

*This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Connecticut’s Who Decides? web page.*

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**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.

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**Pro-Choice Laws**

**CONTRACEPTIVE EQUITY**
Connecticut law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

**EMERGENCY CONTRACEPTION**
Connecticut allows some women greater access to emergency contraception (EC).

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**Connecticut Political Information**

**EXECUTIVE**
Governor M. Jodi Rell (R) is pro-choice.

**LEGISLATURE**
The Connecticut Senate is pro-choice.
The Connecticut House is mixed-choice.

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**Connecticut Laws in Brief**

*This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Connecticut’s Who Decides? web page.*

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**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.

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**Pro-Choice Laws**

**CONTRACEPTIVE EQUITY**
Connecticut law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

**EMERGENCY CONTRACEPTION**
Connecticut allows some women greater access to emergency contraception (EC).

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**Connecticut Political Information**

**EXECUTIVE**
Governor M. Jodi Rell (R) is pro-choice.

**LEGISLATURE**
The Connecticut Senate is pro-choice.
The Connecticut House is mixed-choice.

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**Connecticut Laws in Brief**

*This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Connecticut’s Who Decides? web page.*

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**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.

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**Pro-Choice Laws**

**CONTRACEPTIVE EQUITY**
Connecticut law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

**EMERGENCY CONTRACEPTION**
Connecticut allows some women greater access to emergency contraception (EC).
DELWARE

**Delaware Political Information**

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

**LEGISLATURE**
The Delaware Senate is pro-choice.
The Delaware House is pro-choice.

**Delaware Laws in Brief**
This information is current as of November 30, 2008. 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 abortions 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.

**Pro-Choice Laws**

**CONTRACEPTIVE EQUITY**
Delaware law requires health insurance plans that cover prescription drugs 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 reproductive health care services.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Delaware has an unconstitutional and unenforceable law that restricts post-viability abortions.

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www.ProChoiceAmerica.org/whodecides/delaware

ProChoiceAmerica.org
The number of abortion providers in the District of Columbia fell 17 percent from 1996 to 2000.

SOURCE: GUTTMACHER INSTITUTE

The number of abortion providers in the District of Columbia fell 17 percent from 1996 to 2000.

SOURCE: GUTTMACHER INSTITUTE

DISTRICT OF COLUMBIA

District of Columbia Political Information

EXECUTIVE
Mayor Adrian Fenty’s (D) position on choice is unknown.

LEGISLATURE
The District of Columbia Council is pro-choice.

District of Columbia Laws in Brief

This information is current as of November 30, 2008. 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 performing abortions.

Pro-Choice Laws

PROTECTION AGAINST CLINIC VIOLENCE
The District of Columbia protects women seeking reproductive health care and medical personnel from blockades and violence.

www.ProChoiceAmerica.org/whodecides/districtofcolumbia

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ProChoiceAmerica.org
FLORIDA

Florida Political Information

EXECUTIVE
Governor Charlie Crist (R) is anti-choice.

LEGISLATURE
The Florida Senate is mixed-choice.
The Florida House is anti-choice.

Florida Laws in Brief
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements.

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

STATE CONSTITUTIONAL PROTECTION
Florida’s constitution provides greater protection for a woman’s right to choose than the federal Constitution.

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Florida provides certain low-income women increased coverage for Medicaid-funded reproductive health care services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Florida restricts post-viability abortions.

69 percent of Florida counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/florida

ProChoiceAmerica.org
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**Georgia Political Information**

**EXECUTIVE**
Governor Sonny Perdue (R) is anti-choice.

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

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**Georgia Laws in Brief**

This information is current as of November 30, 2008. 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 abortions 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.

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**Pro-Choice Laws**

**CONTRACEPTIVE EQUITY**
Georgia law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Georgia restricts post-viability abortions.

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**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.

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92 percent of Georgia counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

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www.ProChoiceAmerica.org/whodecides/georgia
HAWAII

Hawaii Political Information

EXECUTIVE
Governor Linda Lingle (R) is mixed-choice.

LEGISLATURE
The Hawaii Senate is pro-choice. The Hawaii House is pro-choice.

Hawaii Laws in Brief
This information is current as of November 30, 2008. 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 performing abortions.

Pro-Choice Laws

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

EMERGENCY CONTRACEPTION
Hawaii allows some women greater 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.

20 percent of Hawaii counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/hawaii
**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.

**Idaho Laws in Brief**
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Idaho’s Who Decides? web page.

**Anti-Choice Laws**

**ABORTION BAN**
Idaho has an unconstitutional and unenforceable criminal ban on abortion.

**BIASED COUNSELING & MANDATORY DELAY**
Idaho law subjects women seeking abortions to biased counseling requirements and mandatory delays.

**INSURANCE PROHIBITION FOR ABORTION**
Idaho restricts insurance coverage of abortion.

**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 performing abortions, 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 abortions.

93 percent of Idaho counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/idaho
ILLINOIS

Illinois Political Information

EXECUTIVE
Governor Rod Blagojevich (D) is pro-choice.

LEGISLATURE
The Illinois Senate is mixed-choice.
The Illinois House is mixed-choice.

Illinois Laws in Brief

This information is current as of November 30, 2008. 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 or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Illinois restricts insurance coverage of abortion.

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

SPOUSAL CONSENT
Illinois has an unconstitutional and unenforceable law mandating spousal consent before a married woman may obtain an abortion.

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 drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
Illinois allows some women greater access to emergency contraception (EC).

GUARANTEED ACCESS TO PRESCRIPTIONS
Illinois guarantees that women’s birth control prescriptions will be filled.

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 reproductive health care services.

STATE CONSTITUTIONAL PROTECTION
Illinois’ constitution provides greater protection for a woman’s right to choose than the federal Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Illinois restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/illinois
Indiana Political Information

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

LEGISLATURE
The Indiana Senate is anti-choice.
The Indiana House is mixed-choice.

Indiana Laws in Brief
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Indiana’s Who Decides? web page.

Anti-Choice Laws

ABORTION BAN
Indiana has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY
Indiana law subjects women seeking abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Indiana prohibits certain state employees or organizations receiving state funds from advocating for or promoting abortion services.

Pro-Choice Laws

STATE CONSTITUTIONAL PROTECTION
Indiana’s constitution provides greater protection for a woman’s right to choose than the federal Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Indiana restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/indiana

93 percent of Indiana counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

INDIANA
IOWA

**Iowa Political Information**

**EXECUTIVE**
Governor Chet Culver (D) is pro-choice.

**LEGISLATURE**
The Iowa Senate is pro-choice.
The Iowa House is pro-choice.

**Iowa Laws in Brief**
*This information is current as of November 30, 2008. 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.

**Pro-Choice Laws**

- **CONTRACEPTIVE EQUITY**
  Iowa law requires health insurance plans that cover prescription drugs 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 reproductive health care services.

**Other Related Laws**

- **POST-VIABILITY ABORTION RESTRICTION**
  Iowa restricts post-viability abortions.

**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 performing abortions.

**GRADE**

**C+**

**ACCESS FACT**

93 percent of Iowa counties have no abortion provider

*Source: Guttman Institute*
Kansas Political Information

EXECUTIVE
Governor Kathleen Sebelius (D) is pro-choice.

LEGISLATURE
The Kansas Senate is anti-choice.
The Kansas House is anti-choice.

Kansas Laws in Brief
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Kansas’ Who Decides? web page.

Anti-Choice Laws

BIASED COUNSELING & MANDATORY DELAY
Kansas law subjects women seeking abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Kansas prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

PUBLIC FACILITIES RESTRICTION
Kansas prohibits the use of some public facilities for the performance of abortions.

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 abortions.

www.ProChoiceAmerica.org/whodecides/kansas

GRADE

D-

ACCESS FACT

96 percent of Kansas counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
Kentucky Political Information

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

LEGISLATURE
The Kentucky Senate is anti-choice. The Kentucky House is anti-choice.

Kentucky Laws in Brief
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Kentucky prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Kentucky restricts insurance coverage of abortion.

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 the performance of abortions.

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.

SPOUSAL NOTICE
Kentucky has an unconstitutional and unenforceable law mandating spousal notice before a married woman may obtain an abortion.

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 abortions.

98 percent of Kentucky counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/kentucky
LOUISIANA

Louisiana Political Information
EXECUTIVE
Governor Bobby Jindal (R) is anti-choice.

LEGISLATURE
The Louisiana Senate is anti-choice. The Louisiana House is anti-choice.

Louisiana Laws in Brief
This information is current as of November 30, 2008. 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 would take effect if Roe v. Wade is overturned.

BIASED COUNSELING & MANDATORY DELAY
Louisiana law subjects women seeking abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Louisiana prohibits certain state employees or organizations receiving state funds from referring for abortion services.

OTHER ANTI-CHOICE LAW
Louisiana law includes a strongly anti-choice policy statement.

PUBLIC FACILITIES RESTRICTION
Louisiana prohibits the use of all public facilities for the performance of abortions.

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.

SPOUSAL CONSENT
Louisiana has an unconstitutional and unenforceable law mandating spousal consent before a married woman may obtain an abortion.

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 reproductive health care services.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Louisiana restricts post-viability abortions.

GRADE
F

ACCESS FACT
92 percent of Louisiana counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

92 percent of Louisiana counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/louisiana
MAINE

Maine Political Information

EXECUTIVE
Governor John Baldacci (D) is pro-choice.

LEGISLATURE
The Maine Senate is pro-choice. The Maine House is pro-choice.

Maine Laws in Brief

This information is current as of November 30, 2008. 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 for some young women and mandating counseling before a young woman may have an abortion.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Maine prohibits certain qualified health care professionals from performing abortions.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
Maine law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
Maine allows some women greater 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 abortions.

www.ProChoiceAmerica.org/whodecides/maine

ProChoiceAmerica.org 2009 Who Decides? 51
MARYLAND

Maryland Political Information

EXECUTIVE
Governor Martin O’Malley (D) is pro-choice.

LEGISLATURE
The Maryland Senate is mixed-choice.
The Maryland House of Delegates is pro-choice.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
Maryland law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
Maryland allows some women greater 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 reproductive health care services.

PROTECTION AGAINST CLINIC VIOLENCE
Maryland law protects women seeking reproductive health care and medical personnel from blockades and violence.

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 performing abortions.

Maryland Laws in Brief

This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Maryland’s Who Decides? web page.

www.ProChoiceAmerica.org/whodecides/maryland

GRADE

A

ACCESS FACT

58 percent of Maryland counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE MARYLAND
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SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/58percentofmarylandcountieshavenoabortionprovider
14 percent of Massachusetts counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

**MASSACHUSETTS**

**Massachusetts Political Information**

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

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

**Massachusetts Laws in Brief**

*This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

**INSURANCE PROHIBITION FOR ABORTION**
Massachusetts restricts insurance coverage of abortion.

**REFUSAL TO PROVIDE MEDICAL SERVICES**
Massachusetts allows certain individuals or entities to refuse to provide women specific reproductive health services, information, or referrals.

**Pro-Choice Laws**

**CONTRACEPTIVE EQUITY**
Massachusetts law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

**EMERGENCY CONTRACEPTION**
Massachusetts allows some women greater 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 harrassment, blockade, and violence.

**STATE CONSTITUTIONAL PROTECTION**
Massachusetts’ constitution provides greater protection for a woman’s right to choose than the federal Constitution.

**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 performing abortions, and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

**GRADE**

**B-**

**ACCESS FACT**

14 percent of Massachusetts counties have no abortion provider

**SOURCE:** GUTTMACHER INSTITUTE

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**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Massachusetts restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/massachusetts

ProChoiceAmerica.org

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Michigan Political Information

EXECUTIVE
Governor Jennifer Granholm (D) is pro-choice.

LEGISLATURE
The Michigan Senate is anti-choice.
The Michigan House is anti-choice.

Michigan Laws in Brief
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Michigan’s Who Decides? web page.

Anti-Choice Laws

ABORTION BANS
Michigan has unconstitutional and unenforceable criminal bans on abortion.

BIASED COUNSELING & MANDATORY DELAY
Michigan has a partially unconstitutional and unenforceable law that subjects women seeking abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Michigan prohibits certain state employees or 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 drugs 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 reproductive health care 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 abortions.

www.ProChoiceAmerica.org/whodecides/michigan

83 percent of Michigan counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
MINNESOTA

Minnesota Political Information

EXECUTIVE
Governor Tim Pawlenty (R) is anti-choice.

LEGISLATURE
The Minnesota Senate is pro-choice. The Minnesota House is mixed-choice.

Minnesota Laws in Brief

This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Minnesota prohibits certain state employees or 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 allows some women greater 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 reproductive health care 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 federal Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Minnesota has an unconstitutional and unenforceable law restricting post-viability abortions.

95 percent of Minnesota counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/minnesota
MISSISSIPPI

Mississippi Political Information

EXECUTIVE
Governor Haley Barbour (R) is anti-choice.

LEGISLATURE
The Mississippi Senate is anti-choice.
The Mississippi House is anti-choice.

Mississippi Laws in Brief
This information is current as of November 30, 2008. 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 would take effect if Roe v. Wade is overturned.

BIASED COUNSELING & MANDATORY DELAY
Mississippi law subjects women seeking abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Mississippi prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Mississippi restricts insurance coverage of abortion.

PUBLIC FACILITIES RESTRICTION
Mississippi prohibits the use of public facilities for the performance of abortions.

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 reproductive health care services.

99 percent of Mississippi counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/mississippi

GRADE
F

ACCESS FACT
MISSOURI

Missouri Political Information
EXECUTIVE
Governor Jay Nixon (R) is mixed-choice.

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

Missouri Laws in Brief
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Missouri prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Missouri restricts insurance coverage of abortion.

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 the performance of abortions.

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 drugs 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 reproductive health care services.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Missouri restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/missouri
Montana Political Information

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

LEGISLATURE
The Montana Senate is anti-choice.
The Montana House is mixed-choice.

Montana Laws in Brief
This information is current as of November 30, 2008. 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 abortions 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 drugs 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 federal Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Montana restricts post-viability abortions.

91 percent of Montana counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

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NEBRASKA

Nebraska Political Information

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

LEGISLATURE
The Nebraska Legislature is anti-choice.

Nebraska Laws in Brief

This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Nebraska’s Who Decides? web page.

Anti-Choice Laws

ABORTION BAN
Nebraska has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY
Nebraska law subjects women seeking abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Nebraska prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Nebraska restricts insurance coverage of abortion.

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 performing abortions.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Nebraska restricts post-viability abortions.

GRADE
F

ACCESS FACT

97 percent of Nebraska counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/nebraska

ProChoiceAmerica.org
Nevada Political Information

EXECUTIVE
Governor Jim Gibbons (R) is anti-choice.

LEGISLATURE
The Nevada Senate is mixed-choice.
The Nevada Assembly is mixed-choice.

Nevada Laws in Brief
This information is current as of November 30, 2008. 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 drugs 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 abortions.

www.ProChoiceAmerica.org/whodecides/nevada
NEW HAMPSHIRE

New Hampshire Political Information
EXECUTIVE
Governor John Lynch (D) is pro-choice.

LEGISLATURE
The New Hampshire Senate is pro-choice.
The New Hampshire House is pro-choice.

New Hampshire Laws in Brief
This information is current as of November 30, 2008. 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.

Pro-Choice Laws
CONTRACEPTIVE EQUITY
New Hampshire law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
New Hampshire allows some women greater access to emergency contraception (EC).

SOURCE: GUTTMACHER INSTITUTE

50 percent of New Hampshire counties have no abortion provider
50 percent of
New Hampshire
counties have no
abortion provider

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ProChoiceAmerica.org
NEW JERSEY

GRADE
A-

ACCESS FACT
19 percent of New Jersey counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

New Jersey Political Information
EXECUTIVE
Governor Jon Corzine (D) is pro-choice.

LEGISLATURE
The New Jersey Senate is pro-choice.
The New Jersey General Assembly is pro-choice.

New Jersey Laws in Brief
This information is current as of November 30, 2008. 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 drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
New Jersey allows some women greater 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 federal Constitution.

www.ProChoiceAmerica.org/whodecides/newjersey
NEW MEXICO

New Mexico Political Information

EXECUTIVE
Governor Bill Richardson (D) is pro-choice.

LEGISLATURE
The New Mexico Senate is mixed-choice.
The New Mexico House is pro-choice.

New Mexico Laws in Brief

This information is current as of November 30, 2008. 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.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
New Mexico law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
New Mexico allows some women greater 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 reproductive health care services.

STATE CONSTITUTIONAL PROTECTION
New Mexico's constitution provides greater protection for a woman’s right to choose than the federal Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
New Mexico restricts post-viability abortions.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
New Mexico prohibits certain qualified health care professionals from performing abortions.

88 percent of New Mexico counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/newmexico
NEW YORK

New York Political Information

EXECUTIVE
Governor David Paterson (D) is pro-choice.

LEGISLATURE
The New York Senate is mixed-choice. The New York Assembly is pro-choice.

New York Laws in Brief
This information is current as of November 30, 2008. 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 performing abortions, 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 drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
New York allows some women greater 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 reproductive health care 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 abortions.

www.ProChoiceAmerica.org/whodecides/newyork

GRADE

A-

ACCESS FACT

40 percent of New York counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

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NORTH CAROLINA

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.

North Carolina Laws in Brief

This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit North Carolina’s Who Decides? web page.

Anti-Choice Laws

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 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 drugs 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 reproductive health care 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 abortions.

83 percent of North Carolina counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

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ProChoiceAmerica.org

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NORTH DAKOTA

Grade

F

Access Fact

98 percent of North Dakota counties have no abortion provider
Source: Guttmaner Institute

North Dakota Political Information

Executive
Governor John Hoeven (R) is anti-choice.

Legislature
The North Dakota Senate is anti-choice.
The North Dakota House is anti-choice.

North Dakota Laws in Brief

This information is current as of November 30, 2008. 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 would take effect if Roe v. Wade is overturned.

Biased Counseling & Mandatory Delay
North Dakota law subjects women seeking abortions 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 or organizations receiving state funds from counseling or referring women for abortion services.

Insurance Prohibition For Abortion
North Dakota restricts insurance coverage of abortion.

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 the performance of abortions.

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.

Spousal Consent
North Dakota has an unconstitutional and unenforceable law mandating spousal consent before a married woman may obtain an abortion.

Targeted Regulation of Abortion Providers (TRAP)
North Dakota prohibits certain qualified health care professionals from performing abortions, 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
North Dakota restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/northdakota
Ohio Political Information

EXECUTIVE
Governor Ted Strickland (D) is mixed-choice.

LEGISLATURE
The Ohio Senate is anti-choice.
The Ohio House is mixed-choice.

Ohio Laws in Brief
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Ohio prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Ohio restricts insurance coverage of abortion.

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.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Ohio has an unconstitutional and unenforceable ban on post-viability abortions.

www.ProChoiceAmerica.org/whodecides/ohio
**OKLAHOMA**

**Oklahoma Political Information**

**EXECUTIVE**
Governor Brad Henry (D) is mixed-choice.

**LEGISLATURE**
The Oklahoma Senate is anti-choice. The Oklahoma House is anti-choice.

**Oklahoma Laws in Brief**
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Oklahoma’s Who Decides? web page.

**Anti-Choice Laws**

**ABORTION BANS**
Oklahoma has unconstitutional and unenforceable criminal bans on abortion.

**BIASED COUNSELING & MANDATORY DELAY**
Oklahoma law subjects women seeking abortions to biased counseling requirements and mandatory delays.

**COUNSELING BAN/GAG RULE**
Oklahoma prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

**INSURANCE PROHIBITION FOR ABORTION**
Oklahoma restricts insurance coverage of abortion.

**PUBLIC FACILITIES AND EMPLOYEES RESTRICTION**
Oklahoma prohibits the use of all public facilities and public employees for the performance of abortions.

**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 performing abortions, 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 allows some women greater access to emergency contraception (EC).

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
Oklahoma provides certain low-income women increased coverage for Medicaid-funded reproductive health care services.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Oklahoma restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/oklahoma

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**GRADE**

**F**

**ACCESS FACT**

96 percent of Oklahoma counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
Oregon

Oregon Political Information

EXECUTIVE
Governor Ted Kulongoski (D) is pro-choice.

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

Oregon Laws in Brief

This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Oregon’s Who Decides? web page.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
Oregon law requires health insurance plans that cover prescription drugs to provide equitable coverage for contraception.

EMERGENCY CONTRACEPTION
Oregon allows some women greater 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 reproductive health care services.

OTHER PRO-CHOICE LAW
Oregon law contains a policy position 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 federal Constitution.

78 percent of Oregon counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/oregon

ProChoiceAmerica.org
PENNSYLVANIA

Pennsylvania Political Information

EXECUTIVE
Governor Edward Rendell (D) is pro-choice.

LEGISLATURE
The Pennsylvania Senate is anti-choice. The Pennsylvania House is anti-choice.

Pennsylvania Laws in Brief
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Pennsylvania prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Pennsylvania restricts insurance coverage of abortion.

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 the performance of abortions.

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.

SPOUSAL NOTICE
Pennsylvania has an unconstitutional and unenforceable law mandating spousal notice before a married woman may obtain an abortion.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Pennsylvania subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Pennsylvania provides certain low-income women increased coverage for Medicaid-funded reproductive health care services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Pennsylvania restricts post-viability abortions.

SOURCE: GUTTMACHER INSTITUTE

78 percent of Pennsylvania counties have no abortion provider

78 percent of Pennsylvania counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/pennsylvania
RHODE ISLAND

Rhode Island Political Information

EXECUTIVE
Governor Donald Carcieri (R) is anti-choice.

LEGISLATURE
The Rhode Island Senate is anti-choice. The Rhode Island House is anti-choice.

Rhode Island Laws in Brief

This information is current as of November 30, 2008. 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 abortions to biased counseling requirements.

INSURANCE PROHIBITION FOR ABORTION
Rhode Island restricts insurance coverage of abortion.

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.

SPOUSAL NOTICE
Rhode Island has an unconstitutional and unenforceable law mandating spousal notice before a married woman may obtain an abortion.

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 drugs 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 reproductive health care services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Rhode Island restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/rhodeisland

80 percent of Rhode Island counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
SOUTH CAROLINA

South Carolina Political Information

EXECUTIVE
Governor Mark Sanford (R) is anti-choice.

LEGISLATURE
The South Carolina Senate is mixed-choice.
The South Carolina House is mixed-choice.

South Carolina Laws in Brief
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
South Carolina prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
South Carolina restricts insurance coverage of abortion.

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.

SPOUSAL CONSENT
South Carolina has an unconstitutional and unenforceable law mandating spousal consent before a married woman may obtain an abortion.

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 allows some women greater 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 reproductive health care services.

www.ProChoiceAmerica.org/whodecides/southcarolina

91 percent of South Carolina counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
South Carolina restricts post-viability abortions.
SOUTH DAKOTA

South Dakota Political Information

EXECUTIVE
Governor M. Michael Rounds (R) is anti-choice.

LEGISLATURE
The South Dakota Senate is anti-choice. The South Dakota House is anti-choice.

South Dakota Laws in Brief

This information is current as of November 30, 2008. 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 would take effect if Roe v. Wade is overturned.

BIASED COUNSELING & MANDATORY DELAY
South Dakota law subjects women seeking abortions 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 abortions.

98 percent of South Dakota counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

GRADE
F

ACCESS FACT

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**TENNESSEE**

**Tennessee Political Information**

**EXECUTIVE**
Governor Phil Bredesen (D) is mixed-choice.

**LEGISLATURE**
The Tennessee Senate is anti-choice. The Tennessee House is anti-choice.

**Tennessee Laws in Brief**
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

**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 performing abortions, 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 federal Constitution.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Tennessee restricts post-viability abortions.

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**GRADE**

**D+**

**ACCESS FACT**

94 percent of Tennessee counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

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www.ProChoiceAmerica.org/whodecides/tennessee
TEXAS

Texas Political Information

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

LEGISLATURE
The Texas Senate is anti-choice.
The Texas House is anti-choice.

Texas Laws in Brief

This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

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 reproductive health care services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Texas restricts post-viability abortions.

www.ProChoiceAmerica.org/whodecides/texas

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GRADE
F

ACCESS FACT
93 percent of Texas counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

www.ProChoiceAmerica.org/whodecides/texas

ProChoiceAmerica.org

2009 Who Decides? | 75
Executive
Governor Jon Huntsman, Jr. (R) is anti-choice.

Legislature
The Utah Senate is anti-choice.
The Utah House is anti-choice.

Utah Political Information

Utah Laws in Brief
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

Other Anti-Choice Law
Utah law includes a strongly anti-choice policy statement.

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.

Other Related Laws

Post-Viability Abortion Restriction
Utah has an unconstitutional and unenforceable law restricting post-viability abortions.

93 percent of Utah counties have no abortion provider
Source: Guttmacher Institute

www.ProChoiceAmerica.org/whodecides/utah
VERMONT

Vermont Political Information

EXECUTIVE
Governor Jim Douglas (R) is mixed-choice.

LEGISLATURE
The Vermont Senate is pro-choice.
The Vermont House is pro-choice.

Vermont Laws in Brief

This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Vermont’s Who Decides? web page.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
Vermont law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
Vermont allows some women greater 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 federal Constitution.

Anti-Choice Laws

ABORTION BAN
Vermont has an unconstitutional and unenforceable criminal ban on abortion.

GRADE

A-

ACCESS FACT

43 percent of Vermont counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/vermont

ProChoiceAmerica.org
Virginia Political Information

EXECUTIVE
Governor Tim Kaine (D) is mixed-choice.

LEGISLATURE
The Virginia Senate is mixed-choice.
The Virginia House of Delegates is anti-choice.

Virginia Laws in Brief

This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Virginia’s WhoDecides? web page.

Anti-Choice Laws

ABORTION BAN
Virginia has an unconstitutional and unenforceable ban on a safe abortion procedure.

BIASED COUNSELING & MANDATORY DELAY
Virginia law subjects women seeking abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Virginia prohibits certain state employees or organizations receiving state funds from referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Virginia restricts insurance coverage of abortion.

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 reproductive health care services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Virginia restricts post-viability abortions.

86 percent of Virginia counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

www.ProChoiceAmerica.org/whodecides/virginia

www.ProChoiceAmerica.org
WASHINGTON

Washington Political Information

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

LEGISLATURE
The Washington Senate is pro-choice. The Washington House is pro-choice.

Washington Laws in Brief

This information is current as of November 30, 2008. 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 performing abortions.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
Washington law requires health insurance plans that cover prescription drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
Washington allows some women greater 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 has an unenforceable rule that requires pharmacists 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 reproductive health care 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 abortions.

67 percent of Washington counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

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APPENDIX

www.ProChoiceAmerica.org/whodecides/washington
WEST VIRGINIA

West Virginia Political Information

EXECUTIVE
Governor Joe Manchin (D) is anti-choice.

LEGISLATURE
The West Virginia Senate is mixed-choice.
The West Virginia House of Delegates is mixed-choice.

West Virginia Laws in Brief
This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
West Virginia law requires health insurance plans that cover prescription drugs 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 federal Constitution.

www.ProChoiceAmerica.org/whodecides/westvirginia

GRADE

B

ACCESS FACT

96 percent of West Virginia counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
WISCONSIN

Wisconsin Political Information

EXECUTIVE
Governor Jim Doyle (D) is pro-choice.

LEGISLATURE
The Wisconsin Senate is pro-choice.
The Wisconsin Assembly is mixed-choice.

Wisconsin Laws in Brief

This information is current as of November 30, 2008. 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 abortions to biased counseling requirements and mandatory delays.

COUNSELING BAN/GAG RULE
Wisconsin prohibits certain state employees or organizations receiving state funds from counseling or referring women for abortion services.

INSURANCE PROHIBITION FOR ABORTION
Wisconsin restricts insurance coverage of abortion.

Pro-Choice Laws

CONTRACEPTIVE EQUITY
Wisconsin law requires employers that provide insurance coverage for prescription drugs to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
Wisconsin allows some women greater access to emergency contraceptive (EC).

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Wisconsin provides certain low-income women increased coverage for Medicaid-funded reproductive health care 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 abortions.

www.ProChoiceAmerica.org/whodecides/wisconsin

ProChoiceAmerica.org
WYOMING

GRADE
D

ACCESS FACT
96 percent of Wyoming counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

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Wyoming Political Information
EXECUTIVE
Governor Dave Freudenthal (D) is mixed-choice.

LEGISLATURE
The Wyoming Senate is mixed-choice. The Wyoming House is anti-choice.

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.

Pro-Choice Laws
LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Wyoming provides certain low-income women increased coverage for Medicaid-funded reproductive health services.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Wyoming restricts post-viability abortions.

Wyoming Laws in Brief
This information is current as of November 30, 2008. For up-to-date information and detailed summaries, please visit Wyoming’s Who Decides? web page.

Anti-Choice Laws
TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Wyoming prohibits certain qualified health care professionals from performing abortions.

REFUSAL TO PROVIDE MEDICAL SERVICES
Wyoming allows certain individuals or entities to refuse to provide women specific reproductive health services, information, or referrals.

www.ProChoiceAmerica.org/whodecides/wyoming

NARAL PRO-CHOICE AMERICA
ProChoiceAmerica.org
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 (2004–2005 Guttmacher Abortion Provider Survey and U.S. Census population counts as of April 1, 2005).

STATE LEGISLATIVE INFORMATION: This report uses the term “legislative measures” to refer to bills, independently operative sections of bills, and resolutions (resolutions frequently express the sentiment of the legislature but do not create new legal requirements). The phrase “measures enacted” thus refers to statutes and resolutions adopted by the legislature. The term “considered” refers to bills that were introduced in a legislative session, as well as those carried over from a previous legislative session. “Laws” refers to constitutional provisions, statutes, regulations, court decisions, and opinions of state attorneys general.

NARAL Pro-Choice America keeps memoranda on the criteria used for this report’s count of legislative measures. In addition to the types of laws that are highlighted in Who Decides?, the anti-choice counts include a variety of other anti-choice measures, including but not limited to providing “Choose Life” license plates, funding anti-choice “crisis pregnancy centers,” mandating unproven abstinence-only programs, and granting legal status to embryos and fetuses separate from pregnant women. The pro-choice counts include but are not limited to measures designed to ameliorate anti-choice laws or actions (e.g. requiring “crisis pregnancy centers” to disclose anti-choice bias); various measures designed to improve reproductive health through research, education, or improved access; measures to support healthy childbearing; and measures to require scientific and medical accuracy in sex education. We have far more information on state legislative activity than we include in Who Decides? For information about bills pending in your state, please visit our Bill Tracker webpage at http://www.ProChoiceAmerica.org/choice-action-center/in_your_state/bill-tracker/index.html. For further information, please contact the Policy Department.

REPORT CARD METHODOLOGY

For 11 years, Who Decides? has used a state ranking system to capture the cumulative burdens each state imposes on access to reproductive health care. The ranking system adds points for anti-choice restrictions on abortion and other aspects of reproductive health care, and subtracts points for pro-choice laws. The ranking system penalizes most heavily the laws imposing greater burdens on women. Likewise, its demerits fall most heavily on laws that are enforced, rather than laws that courts have declared invalid. A detailed analysis of the report card methodology appears below. The nationwide grade reflects not only state restrictions on the right to choose, but also federal anti-choice measures including the Federal Abortion Ban and the Federal Refusal Clause, signed into law by President Bush in 2003 and 2004, respectively.

Abortion Ban(s) (+ up to 90 points)
Points were added based on the point in pregnancy when the ban(s) begin and the exceptions included in the ban(s). Separate points were added for 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 added 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 information, oral or written, that contains information beyond risks, benefits, and alternatives. If a state simply has an abortion-specific informed consent law that does not require biased counseling or a mandatory delay, no points were added.
Contraceptive Equity (- up to 20 points)
Points were subtracted if a state requires health insurance plans to cover contraceptives to the same extent that they cover other prescription drugs; fewer points were subtracted 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.

Counseling Ban/Gag Rule (+ up to 10 points)
Points were added based on whether the ban applies to counseling and/or referring; whether the ban applies to all or some public funds or employees; and the exceptions included in the ban.

Emergency Contraception (- up to 25 points)
Points were subtracted based on whether the state allows sexual-assault survivors greater access to EC in emergency rooms (ER) (receiving EC in the ER and/or receiving information about EC in the ER), whether the state’s Medicaid program covers over-the-counter EC, and whether pharmacists are allowed to dispense emergency contraception (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 FDA approved EC for over-the-counter sales and still provide greater access in some states, particularly to young women who are excluded from the FDA’s ruling).

Freedom of Choice Act (- 55 points)
Points were subtracted if a state provides an affirmative right to choose abortion prior to viability without government interference.

Guaranteed Access to Prescriptions (- 10 points)
Points were subtracted based on whether a state explicitly guarantees a woman’s right to have her birth control prescription filled.

Insurance Prohibition for Abortion (+ up to 10 points)
Points were added based on whether the law prohibits insurance coverage for abortion for all or some public funds or employees; whether the law prohibits abortion coverage unless an extra premium is paid; whether the law requires insurers to provide a policy alternative excluding abortion; and the 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 added 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 added.

Low-Income Women’s Access to Family Planning (- 5 points)
Points were subtracted if the state provides increased coverage for Medicaid-covered reproductive health care services through the receipt of a federal Medicaid waiver. A state that applies for and receives a waiver 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 waiver vary from state to state.

Other Anti- or Pro-Choice Law (+/- up to 25 points)
Points were added if a state has codified a choice-related public policy position, or has imposed another significant restriction on or protection for a woman’s right to choose that does not fall within existing Who Decides? issue areas.

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 added. Points were added based on the lack of or the inadequacy of the health exception and if the state defines viability as occurring at a particular point in every pregnancy.
**METHODOLOGY**

**Protection Against Clinic Violence** (- up to 15 points)
Points were subtracted based on whether 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 subtracted if the law creates a buffer zone, and/or permits injunctive relief.

**Public Facilities and Public Employees Restriction(s)** (+ up to 20 points)
Points were added based on whether all or some public employees and/or facilities are prohibited from performing abortions and the exceptions included in the law.

**Refusal to Provide Medical Services** (+ up to 20 points)
Points were added based on whether the law applies to 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 added based on whether consent or notice is required before a minor may obtain an abortion, whose consent or notice is required, whether there is a physician bypass, whether the judicial bypass procedure is adequate, whether there is a waiting period, and the exceptions included in the law.

**Spousal Consent/Notice** (+ up to 10 points)
Points were added based on whether spousal consent or notice is required.

**State Constitutional Protection** (- up to 20 points)
Points were subtracted if a state constitution protects the right to choose beyond the federal Constitution, and whether state constitutional protection prevents imposition of almost all restrictions on the right to choose or whether it allows some substantial restrictions.

**Targeted Regulation of Abortion Providers (TRAP)** (+ up to 30 points)
Points were added to represent the totality of TRAP laws imposed, with a possibility of 25, 15, or 5 points per state. That number includes consideration of whether the laws are in effect. Laws considered TRAP include those that impose burdensome administrative and physical plant requirements on abortion providers, as well as those that limit the performance of abortion services to specialized facilities. Five points were also added if a state restricts the provision of abortion care to physicians. (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. NARAL Pro-Choice America Foundation maintains a list of each state’s TRAP laws.)

For all categories except TRAP: A standard deduction of 80 percent was taken if the law is enjoined or otherwise unconstitutional and/or unenforceable, and a smaller, variable percentage was taken if the law is partially enjoined or only some aspects are unenforceable.
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 introduced or acted upon, or cases decided, after the date this book went to press. Systematic bill- and case-tracking concluded on October 31, 2008.

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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.

NARAL PRO-CHOICE AMERICA DIVERSITY POLICY

NARAL Pro-Choice America is committed to using the political process to guarantee every woman the right to make personal decisions regarding the full range of reproductive health choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion. In order to fulfill this commitment, we will seek the input and meaningful participation of appropriate groups so that many voices will be represented and considered in our efforts to broaden and mobilize our constituency. In addition, NARAL Pro-Choice America will affirmatively recruit, employ, promote, and retain a diverse group of individuals.

We recognize that diversity in our programmatic work and at all levels of employment and throughout the organization, including our Board of Directors and affiliate network, is critical to achieving our mission and is consistent with our values as an organization. Therefore, we hold our executives and program managers accountable for acknowledging, accommodating, and advancing the changes needed to fully embrace the concept of diversity within our internal processes and our external programmatic efforts, including our campaign operations, grassroots organizing, and public policy initiatives. NARAL Pro-Choice America is an equal opportunity employer and does not discriminate on the basis of race, sex, ethnicity, religion, socioeconomic status, age, disability, national origin, sexual orientation, gender identity and expression, marital status, or political affiliation. We accept responsibility for creating an environment where all people are encouraged and able to participate fully and with respect.
## 2009 REPORT CARD
### ON WOMEN’S REPRODUCTIVE RIGHTS

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“I thought about what would happen to me if I had the baby. My dad would have beaten me and kicked me out.”
—ANONYMOUS TEEN

“I was 30 years old, and engaged to be married, when I found out I was pregnant. We were being responsible adults practicing birth control, but I was one of the small percentages of women who still get pregnant even though taking an active role in preventing it.”
—ELIZABETH, MN

“Unfortunately, my friend, also 14 years old, didn’t feel that she could tell her parents that she thought she was pregnant. She was afraid of disappointing them. Instead, in September, she committed suicide... I don’t want to see what happened to [my friend] happen to anyone else.”

“... if legalized abortion is again made illegal, we shall go back to the old dangerous, filthy and contaminated backrooms of inexperienced lay people or unethical medical people carrying out the tried and crude ways of illegal abortion with all its terrible consequences...”
—PHYSICIAN, PRE-ROE

“To be pro-choice is truly to be pro-family”
—ANONYMOUS, had an abortion due to ill health

“In our fifth month of pregnancy, the happy promise of new life was shattered by several ominous sonograms and diagnostic tests. We went for second, third, and fourth opinions... We were desperate to hear even a glimmer of hope from doctors, but it was not to be. Finally, after many days of deliberation, we decided to abort the pregnancy.”
—ANONYMOUS COUPLE

“In 1977, two semesters away from college graduation, I found myself pregnant. I was helping to support myself in school with work and scholarships, but I had no employment prospects adequate to support myself, let alone a child.”
—RAPE SURVIVOR, AGE 14

“... I was still trying to grow up myself.”

“The best solution is education. Young people must be taught about their bodies, their physical needs and most of all their responsibilities.”

“I got pregnant from [both] my stepfather and my mother’s boyfriend. My mother totally denied incest had been happening since I was five... Not having two children enabled me to leave my home as soon as possible, at age 17, and go to school to try to improve my life and get off welfare.”

“... I don’t think my future would have been very good if I had a baby at 17...”

“No institution, authority, state, government official, religious person, bureau, department, public or private party has a right to make the choice for me”
—ANONYMOUS, terminated pregnancy after husband was diagnosed with cancer

“In the experience of having an illegal abortion was emotionally traumatic to me. I was given no anesthesia, and the procedure was very painful. I was frightened and did not even know if the person performing the abortion was a doctor.”

“This is between me and God—just as my religion is between me and God.”

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Who Decides?

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

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