“I’m pro-choice because all people deserve liberty. Pregnancy is beautiful, and to turn it into a punishment for women who have sex is to demean the beauty of motherhood. I’m pro-choice because I love life.” ~Reema, 17 ■ “As a pro-choice parent, I’m pro-child, meaning every child should be wanted, nurtured and supported...At the end of the day, I trust women to know what’s best for their families.” ~Edward, 26 ■ “A woman should never feel forced to make a decision. The decision is hers and hers alone.” ~Alison, 24 ■ “I am pro-choice because as a single mom I know the challenges of being a parent. I chose to give birth to my daughter and I respect other women who choose to terminate their pregnancies. Safe abortions, pregnancies and childbirth are basic human rights that should not be denied to any woman.” ~Brooke, 23 ■ “No one’s personal beliefs should dictate everyone’s choices.” ~Dudlyne, 27 ■ “I’m pro-choice because it terrifies me to think of the lengths women had to go to for an abortion before it was legal. I can’t imagine having to risk my life for reproductive freedom...I was lucky to be born after Roe, but that doesn’t mean my rights are safe, especially not in this political climate.” ~Lindsay, 23 ■ “Having a choice is having a voice.” ~Alexandra, 20 ■ “I’m pro-choice because no third party (such as the government) should be able to influence one of the most deeply personal and important decisions that a woman can make.” ~Sarah, 20 ■ “I am pro-choice because I believe that children should be born into this world as a blessing, not a consequence.” ~Bethany, 25 ■ “I am pro-choice because not every issue is black and white.” ~Andrea, 20 ■ “If I faced an unplanned pregnancy, I would not choose abortion. When my best friend faced an unplanned pregnancy, she chose abortion. If I didn’t support her decision, how could I expect her to support mine?” ~Vanessa, 28 ■ “I am pro-choice because I believe that women know what is best for themselves, their children, and their futures. Trust women.” ~Kate, 20 ■ “One day, I want to be an incredible mother. And one day, I will be. I take precautions and plan carefully, but I know that no matter what, pregnancy and motherhood will happen at the right time, on the right terms. My terms.” ~Elizabeth, 25 ■ “I don’t think anyone has the right to overrule the decision a woman makes about her own body, or to tell her they know best and she doesn’t...I wouldn’t want other people—complete strangers, in some cases—making my medical decisions for me.” ~Tom, 24 ■ “I’m pro-choice because I know my body better than the government ever will.” ~Bridget, 29 ■ “Because I am a smart, responsible woman who wants to bring a baby into the world when I can provide my child with everything he or she deserves...and more.” ~Sarah, 25 ■ “Because I wouldn’t want someone to force me into terminating my pregnancy, I find it hypocritical that others would force someone to keep their pregnancy. I am extremely anti-abortion, but I am also fiercely pro-choice.” ~Kami, 19 ■ “I’m pro-choice because the availability of comprehensive reproductive services for women is the stepping stone out of poverty.” ~Brenda, 22 ■ “I believe that no woman, ever, anywhere should have to cede control over her own body.” ~Abigayle, 26 ■ “I’m intelligent enough to decide for myself what to do with my own body. It is degrading and demeaning to be told I am not.” ~Colleen, 21 ■ “I am pro-choice because making decisions for others is outside of my purview as someone who is not a supreme deity. I am pro-choice because no one has the right to tell my mom or memaw what to do with their bodies and lives.” ~Joey, 29 ■ “Because I grew up in the rural south and when I needed to terminate a pregnancy, it was more difficult than it needed to be. I had no support from family or friends. There is not a worse time to be so isolated and alone. I support women and their choices with their bodies, because no one supported me.” ~Haley, 23 ■ “I am pro-choice because it’s personal.” ~Pam, 26 ■
## 2011 Report Card on Women’s Reproductive Rights

**Nationwide Grade:** 

<table>
<thead>
<tr>
<th>Grade</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>37</td>
</tr>
<tr>
<td>A-</td>
<td>15</td>
</tr>
<tr>
<td>D</td>
<td>28</td>
</tr>
<tr>
<td>F</td>
<td>47</td>
</tr>
<tr>
<td>A+</td>
<td>1</td>
</tr>
<tr>
<td>C+</td>
<td>23</td>
</tr>
<tr>
<td>A</td>
<td>3</td>
</tr>
<tr>
<td>C+</td>
<td>21</td>
</tr>
<tr>
<td>A-</td>
<td>14</td>
</tr>
<tr>
<td>D</td>
<td>30</td>
</tr>
<tr>
<td>D</td>
<td>28</td>
</tr>
<tr>
<td>A</td>
<td>4</td>
</tr>
<tr>
<td>F</td>
<td>39</td>
</tr>
<tr>
<td>B-</td>
<td>19</td>
</tr>
<tr>
<td>F</td>
<td>35</td>
</tr>
<tr>
<td>C+</td>
<td>20</td>
</tr>
<tr>
<td>D-</td>
<td>32</td>
</tr>
<tr>
<td>F</td>
<td>46</td>
</tr>
<tr>
<td>F</td>
<td>51</td>
</tr>
<tr>
<td>A</td>
<td>7</td>
</tr>
<tr>
<td>A</td>
<td>5</td>
</tr>
<tr>
<td>B-</td>
<td>18</td>
</tr>
<tr>
<td>F</td>
<td>33</td>
</tr>
<tr>
<td>C+</td>
<td>21</td>
</tr>
<tr>
<td>F</td>
<td>49</td>
</tr>
<tr>
<td>F</td>
<td>47</td>
</tr>
<tr>
<td>A-</td>
<td>12</td>
</tr>
<tr>
<td>F</td>
<td>44</td>
</tr>
<tr>
<td>A-</td>
<td>9</td>
</tr>
<tr>
<td>A-</td>
<td>16</td>
</tr>
<tr>
<td>A-</td>
<td>9</td>
</tr>
<tr>
<td>A-</td>
<td>11</td>
</tr>
<tr>
<td>A-</td>
<td>12</td>
</tr>
<tr>
<td>D+</td>
<td>26</td>
</tr>
<tr>
<td>F</td>
<td>50</td>
</tr>
<tr>
<td>F</td>
<td>42</td>
</tr>
<tr>
<td>F</td>
<td>34</td>
</tr>
<tr>
<td>A</td>
<td>6</td>
</tr>
<tr>
<td>F</td>
<td>41</td>
</tr>
<tr>
<td>D+</td>
<td>25</td>
</tr>
<tr>
<td>F</td>
<td>36</td>
</tr>
<tr>
<td>F</td>
<td>42</td>
</tr>
<tr>
<td>D</td>
<td>31</td>
</tr>
<tr>
<td>F</td>
<td>38</td>
</tr>
<tr>
<td>F</td>
<td>44</td>
</tr>
<tr>
<td>A-</td>
<td>8</td>
</tr>
<tr>
<td>F</td>
<td>39</td>
</tr>
<tr>
<td>A+</td>
<td>2</td>
</tr>
<tr>
<td>B</td>
<td>17</td>
</tr>
<tr>
<td>C-</td>
<td>24</td>
</tr>
<tr>
<td>D+</td>
<td>27</td>
</tr>
</tbody>
</table>
Protect choice in your state!

NARAL PRO-CHOICE ARIZONA
P 602.258.4091
info@ProChoiceArizona.org
www.ProChoiceArizona.org

NARAL PRO-CHOICE CALIFORNIA
P 415.890.1020
info@ProChoiceCA.org
www.ProChoiceCA.org

NARAL PRO-CHOICE COLORADO
P 303.394.1973
Choice@ProChoiceColorado.org
www.ProChoiceColorado.org

NARAL PRO-CHOICE CONNECTICUT
P 860.523.1227
info@Pro-ChoiceCt.org
www.Pro-ChoiceCt.org

NARAL PRO-CHOICE MARYLAND
P 301.565.4154
info@ProChoiceMaryland.org
www.ProChoiceMaryland.org

NARAL PRO-CHOICE MASSACHUSETTS
P 617.554.8600
Choice@ProChoiceMass.org
www.ProChoiceMass.org

NARAL PRO-CHOICE MINNESOTA
P 651.602.7655
info@ProChoiceMinnesota.org
www.ProChoiceMinnesota.org

NARAL PRO-CHOICE MISSOURI
P 314.531.8616
info@ProChoiceMissouri.org
www.ProChoiceMissouri.org

NARAL PRO-CHOICE MONTANA
P 406.449.8193
mtnral@mt.net
www.ProChoiceMontana.org

NARAL PRO-CHOICE NEW HAMPSHIRE
P 603.228.1224
info@ProChoiceNH.org
www.ProChoiceNewHampshire.org

NARAL PRO-CHOICE NEW MEXICO
P 505.243.4443

NARAL PRO-CHOICE NEW YORK
P 212.343.0114
info@ProChoiceNY.org
www.ProChoiceNY.org

NARAL PRO-CHOICE NORTH CAROLINA
P 919.829.9779
info@ProChoiceNC.org
www.ProChoiceNC.org

NARAL PRO-CHOICE OHIO
P 216.283.2180
Choice@ProChoiceOhio.org
www.ProChoiceOhio.org

NARAL PRO-CHOICE OREGON
P 503.223.4510
info@ProChoiceOregon.org
www.ProChoiceOregon.org

NARAL PRO-CHOICE SOUTH DAKOTA
P 605.334.5065
info@ProChoiceSD.org
www.ProChoiceSD.org

NARAL PRO-CHOICE TEXAS
P 512.462.1661
info@ProChoiceTexas.org
www.ProChoiceTexas.org

NARAL PRO-CHOICE VIRGINIA
P 757.287.3356
info@NaralVa.org

NARAL PRO-CHOICE WASHINGTON
P 206.624.1990
info@ProChoiceWashington.org
www.ProChoiceWashington.org

NARAL PRO-CHOICE WISCONSIN
P 608.287.0016
info@ProChoiceWisconsin.org
www.ProChoiceWisconsin.org

NARAL PRO-CHOICE WYOMING
P 307.742.9189
NaralProChoiceWY@netscape.net

NARAL PRO-CHOICE AMERICA
Washington, DC 202.973.3000
www.ProChoiceAmericaFDN.org

NARAL PRO-CHOICE AMERICA FOUNDATION
Washington, DC 202.973.3000
www.ProChoiceAmericaFDN.org
The NARAL Pro-Choice America Foundation dedicates the 2011 edition of *Who Decides? The Status of Women’s Reproductive Rights in the United States* to secretary of the Department of Homeland Security Janet Napolitano. Prior to her appointment to this post, Napolitano served for six years as Arizona governor. During that time, she stood almost alone between Arizona women’s reproductive freedom and hostile, unrelenting legislators.

Napolitano vetoed no fewer than eight anti-choice bills, including biased counseling for and mandatory delays on women seeking abortion services; a measure that would have allowed health-care corporations to refuse to provide women with basic services, including birth control; and three bills that would have made Arizona’s existing parental-consent law even more burdensome on young women.

After Napolitano was nominated to serve as President Barack Obama’s secretary of Homeland Security, her successor, anti-choice Jan Brewer (R), immediately released the flood of anti-choice legislation that Sec. Napolitano had held off. In just under two years in office, Gov. Brewer has managed to sign eight anti-choice bills.

As the Arizona state legislature commenced in early 2010, Kathren Coleman, affiliate manager of NARAL Pro-Choice Arizona, noted: “Arizona’s new anti-choice governor is a willing participant in attacks on women’s privacy – a complete reversal of former Gov. Napolitano’s legacy as a defender of pro-choice values. Women are worse off today in Arizona than they were at this time last year, and that is simply unacceptable.”

For her courage, principled stance, and commitment to choice, NARAL Pro-Choice America Foundation proudly and gratefully dedicates the 2011 edition of *Who Decides? The Status of Women’s Reproductive Rights in the United States* to Janet Napolitano.
From the President

Welcome to the 20th edition of Who Decides? The Status of Women’s Reproductive Rights in the United States. In writing this message, I reflected on why we take this annual snapshot of what is happening—good and bad—when it comes to a woman’s right to choose.

First and foremost, this publication connects the personal with the political. It is clear that the results of the 2010 elections could pose serious threats to the progress we celebrated in previous years’ reports. Some of our key pro-choice champions in Congress and in the states are not returning to their positions. Some of their successors hold the most extreme anti-choice views ever seen. And these changes mean women’s access to safe, legal abortion and other reproductive-health care could be further jeopardized.

Our opponents will attempt to equate their election with presumed public support for anti-choice policies. They are wrong. Americans are focused on our nation’s economic challenges. We all know friends and family members who are struggling—and we also know these individuals do not want politicians to wage a divisive war on choice when they are facing such financial hardships.

Second, this year’s landmark edition also documents the changes in the reproductive-rights landscape over the last two decades. We highlighted many of these historical changes—positive and negative—on each state’s profile. This report tells the story of how anti-choice politicians have taken aim at women’s freedom and privacy. This year, we could see even more attempts—in Washington and in the states—to rewrite the federal health-care-reform law in a way that eliminates insurance coverage for abortion care. These same politicians could try to repeal the law altogether, threatening hard-fought historic gains, such as improved access to contraception and prenatal care.

But we are ready for what’s coming. Our resolve to stand up for the fundamental American values of freedom and privacy is stronger than ever. And as we take on these immediate challenges, we can look back to appreciate where the pro-choice movement has been, but also look to the future.

This year, in Who Decides?, we are featuring the voices of the Millennial Generation, the largest and most diverse generation in our country’s history. If you were born after 1980, we are talking about you. We know that many young women and men already are acting on their pro-choice values in their communities. I was honored to have met with many of these leaders across the country over the last year. We also completed ground-breaking research examining this generation’s attitudes toward abortion rights. We will build on what we have learned to ensure that even more of these young women and men grasp how the political process affects their ability to make private health decisions.

This work also means that those of us who are veterans of this movement—the Baby Boomers and the Gen Xers—have to open our minds to the new ideas and expectations this fresh generation will bring. We must continue to grow and evolve as a movement as we connect with the younger generation and the American public overall.

We invite you to join us on this journey. By doing this work together, we take the necessary steps to ensure that future editions of this publication include more reports of progress for women’s reproductive rights than stories of setbacks.

Sincerely,

Nancy Keenan
President
NARAL Pro-Choice America Foundation
Visit the Web for the following information and more!

www.WhoDecides.org

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

Exclusive online features include:

- complete summaries of laws, regulations, and other policies—including detailed descriptions, citations, and relevant case information
- our “Did You Know?” feature, which highlights interesting facts about choice in each state
- nationwide snapshots of each issue area, via user-friendly maps and summary charts
- daily updates to our Fast Facts pages, statute summaries, and maps and charts, and other features as new laws are enacted and cases are decided
- opportunities to take action, via our Choice Action Network
INTRODUCTION
NARAL Pro-Choice America Foundation 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 2010, our nationwide Prevention First initiative continued to gain momentum and helped support the enactment of new laws that prevent unintended pregnancies and thereby reduce the need for abortion. Elements of the Prevention First policy agenda include laws that 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. These commonsense policies can be supported by all lawmakers—regardless of their views on legal abortion.

In addition, 2010 saw states continue to expand access to health-care services for women who choose to become parents. Such measures include expanding coverage for Medicaid-funded services for low-income pregnant women and establishing programs for engaging at-risk pregnant women, as well as pregnant legal immigrants. Two states enacted such laws. Additionally, at the federal level, the new health-care-reform law holds the promise of the greatest expansion of family-planning services and maternity care in a generation.

In 2011, when anti-choice advocates likely will try to impose new restrictions on abortion that could test the courts’ interpretation of the constitutional right to choose, NARAL Pro-Choice America Foundation, our affiliates, and our allies will work to defeat divisive measures that pose 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.

Total pro-choice measures enacted in 2010:
- 9 states enacted 9 pro-choice measures in 2010; three of these were Prevention First measures.
- Colorado, New Jersey, and Wisconsin enacted Prevention First measures in 2010.
- 2010 marks the third year in a row that Wisconsin has enacted a Prevention First measure.

---

1 This report uses the term “measures enacted” to refer to statutes and resolutions adopted by the legislature or enacted by ballot measure. “Laws” refers to constitutional provisions, statutes, regulations, court decisions, approved ballot initiatives, opinions of state attorneys general, and implementing policies.
KEY PREVENTION FIRST AND OTHER PRO-CHOICE VICTORIES IN 2010

- Colorado and Oklahoma enacted laws that promote healthy childbearing.
- Colorado enacted a law ensuring contraceptive equity.
- Wisconsin enacted a law that improves sex education in schools.
- California enacted a law extending a program to protect the confidentiality of reproductive-health professionals and patients.
- Virginia enacted a law creating a “pro-choice” license plate with $15 of the $25 fee going to Planned Parenthood to provide prevention services.

States That Enacted Pro-Choice Measures in 2010

ProChoiceAmericaFDN.org
In 2010, anti-choice lawmakers continued their relentless attacks on a woman’s right to choose in legislatures across the country. Most significantly, anti-choice members of Congress used national health-reform legislation as an opportunity to impose new limitations on women’s reproductive freedom. In March 2010, Congress passed the Affordable Care Act, a landmark health-reform law that unfortunately includes alarming new restrictions on women’s access to abortion care. The Nelson provisions in the law impose unnecessary burdens on consumers who purchase and plans that offer abortion coverage in the new health system. These provisions affect, in an unprecedented manner, women’s access to private insurance coverage of abortion services. Additionally, as part of the health-reform implementation process, the Obama administration issued regulations banning abortion coverage from temporary high-risk pools, which are intended to provide interim coverage for people with pre-existing conditions until the new health-insurance exchanges take effect in 2014. This exclusion, which is not required by any federal law, denies care to women with significant health problems even when pregnancy puts their health further at risk.

At the state level, among the many newly enacted anti-choice measures, five states passed laws prohibiting abortion coverage in state health-insurance exchanges. Two states enacted measures prohibiting abortion coverage for state employees. One state passed a measure that bans abortion after 20 weeks without adequate exceptions to protect women’s health or for cases in which the pregnancy was the result of rape or incest. In addition, at least seven state legislatures considered so-called “personhood” bills, which codify the claim that life begins at fertilization. While explicitly intended to ban abortion, personhood measures also would outlaw most common forms of birth control, as well as in vitro fertilization and stem-cell research. Anti-choice activists also worked to place citizen-initiated personhood measures on state ballots, succeeding in two states: one appeared on Colorado’s November 2010 ballot, but failed to pass; the other will be put before Mississippi voters in 2011.

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

Opponents of choice also continue to push legislative measures that run the gamut from granting pharmacists the right to refuse to fill birth-control prescriptions to outright bans on abortion, even when a woman’s health is in danger. Additionally, courts continue to rule in favor of anti-choice state provisions, further legitimizing harmful laws and inviting other states to enact similarly restrictive measures.

**KEY FINDINGS:** Threats to Choice

![Cumulative Number of Anti-Choice Measures Enacted Since 1995](chart)
Total anti-choice measures enacted in 2010:

- 16 states enacted 34 anti-choice measures in 2010.
- Arizona enacted the most anti-choice legislation in 2010, with five measures.
- Between 1995 and 2010, states enacted 644 anti-choice measures—including 34 in 2010 alone.

Anti-choice measures enacted in 2010 included:

- Arizona, Louisiana, Mississippi, Missouri, and Tennessee banned abortion coverage in state health-insurance exchanges.
- Alaska passed a citizen-initiated ballot measure mandating parental notification before a minor can receive abortion care. The measure, which includes a judicial bypass and exceptions for abuse and emergencies, requires physicians to give notice 48 hours before the procedure.
- Nebraska passed a law banning abortion care after 20 weeks without an adequate exception to protect women’s health or for cases in which the pregnancy was the result of rape or incest. While this new law rests rhetorically on the claim of fetal pain, it is designed primarily as a challenge to Roe.
- Missouri amended an existing biased-counseling law to require providers to tell women that abortion ends “the life of a whole, separate, unique, living human being.”
- Virginia passed a budget that eliminated state Medicaid funding for abortion for low-income women who need the procedure to protect their health. Previously, Virginia permitted public funding for abortion in extremely narrow cases where the woman’s health would be substantially endangered by the pregnancy.
KEY FINDINGS: Political Findings

CHOICE POSITIONS OF EXECUTIVES

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

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

Choice Positions of Governors

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

There are 15 states with anti-choice governments (both a majority of the legislature and the governor are anti-choice): AL, AZ, GA, ID, LA, MI, MS, NE, ND, OH, OK, SD, TX, UT, WI.

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

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

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

<table>
<thead>
<tr>
<th>CURRENT STATE LAWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>2 of these bans were enacted after Roe v. Wade: LA (1991) and UT (1991).</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2010 NOTABLE DEVELOPMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least seven state legislatures considered so-called “personhood” bills intended to impose near-total bans on abortion by claiming that life begins at fertilization. In addition, anti-choice activists worked to place personhood initiatives on seven state ballots for 2010. Of these, one qualified, in Colorado, where voters defeated it by an overwhelming margin. Furthermore, anti-choice advocates in Mississippi garnered enough signatures to put a personhood measure before their state’s voters in 2011.</td>
</tr>
</tbody>
</table>
Abortion Bans After 12 Weeks

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

A: YES. In 2003, Congress passed the Federal Abortion Ban, which outlaws certain safe, medically appropriate abortion services often necessary to protect a woman's health as early as the 12th week of pregnancy. It has no exception when a woman's health is in danger. In April 2007, the Supreme Court declared the ban constitutional, thereby upholding this ban on 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' beliefs above a doctor's medical judgment and deny some women the health care their doctors believe is safest for them.

CURRENT STATE LAWS

- 20 states have unconstitutional and unenforceable bans that could outlaw abortion as early as the 12th week of pregnancy, with no exception to protect a woman’s health: AL, AK, FL, ID, IL, IN, IA, KY, MI, MS, NE, NJ, ND, OK, RI, SC, SD, TN, WV, WI.
- 6 states ban a safe abortion procedure with no health exception: AZ, AR, LA, MO, UT, VA.
- 1 state bans abortion after 20 weeks with only a narrow health exception: NE.

CURRENT FEDERAL LAWS

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

2010 ENACTED STATE LEGISLATION

- 1 state enacted 1 measure that bans abortion after 20 weeks and does not provide an adequate exception to protect women's health or for cases in which the pregnancy was the result of rape or incest: NE.

2010 NOTABLE DEVELOPMENTS

In April 2010, Nebraska enacted a pre-viability abortion ban that prohibits abortion care after 20 weeks. While this ban rests rhetorically on the claim of fetal pain, its sponsors readily admit it is intended as a challenge to Roe v. Wade. For more than three decades, the Supreme Court has held that a woman has the right to choose abortion care until the point of fetal viability, and under the Roe standard states may regulate, but not ban, abortion before this point. With this new ban that ignores the standard of viability, anti-choice legislators in Nebraska are pressing the court to abandon this long-established constitutional framework of abortion rights.
**Biased Counseling and Mandatory Delays**

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

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

**CURRENT STATE LAWS**

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

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

**2010 ENACTED STATE LEGISLATION**

4 states enacted 4 measures related to biased counseling and/or mandatory delays: MO, NE, SC, UT.

**2010 NOTABLE CASES**

In July 2010, a district court issued a ruling in the case Planned Parenthood of the Heartland v. Heineman declaring Nebraska’s recently enacted, deceptively titled Women’s Health Protection Act unconstitutional. In August 2009, the state attorney general agreed to a settlement with Planned Parenthood of the Heartland and permanently enjoined the newly enacted law, acknowledging it to be unconstitutional. The law, which passed the state legislature in April 2009, would have required reproductive-health-care providers to discuss with a woman seeking abortion care the entire body of research literature about possible health risks related to abortion, including information that may be outdated, false, or misleading.

**2010 NOTABLE DEVELOPMENTS**

In July 2010, Missouri enacted a law containing several anti-choice provisions, one of which requires providers to tell women that abortion ends “the life of a whole, separate, unique, living human being.” Sadly, Missouri is not the first state to have passed legislation with this extreme biased-counseling language. South Dakota enacted a law with identical wording in 2005 that became a model for anti-choice bills in several states, two of which passed, in North Dakota and Kansas. While then-Gov. Kathleen Sebelius vetoed the Kansas bill, North Dakota’s version was enacted in 2009. This series of events is just one recent example of an anti-choice strategy to model the language of new bills after legislation that has already passed in other states as a means of spreading their ideological agenda even more rapidly.
Counseling Bans and Gag Rules

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

A: Having access to information about the full range of reproductive options is essential to making informed health-care decisions. Counseling bans, also known as gag rules, typically prohibit organizations that receive state and/or federal funds from counseling or referring women for abortion services, hinder doctors from treating their patients responsibly, and severely limit women’s ability to make informed choices. Women and their health-care providers—not politicians—should make private medical decisions.

CURRENT STATE LAWS

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

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

CURRENT FEDERAL LAWS

Several federal laws constitute back-door gag rules by allowing health-care employees and companies to refuse to provide, pay for, counsel for, or even refer for abortion services—and in some cases contraceptives. The key laws include the Church amendment (1973, 1974), the Coats amendment to the Public Health Service Act (1996), and the Federal Refusal Clause (also known as the Weldon amendment, 2004). The furthest-reaching refusal law was implemented in 2009 through a Department of Health and Human Services regulation enacted in the last days of the Bush administration. The regulation, known as the Federal Refusal Rule, expands the ability of health-care companies and providers to refuse to provide, cover, or refer for medical services. The Obama administration took the first step toward rescinding the regulation in March 2009, but as of this publication’s printing it remains in effect.

2010 ENACTED STATE LEGISLATION

1 state enacted 2 measures that prohibit organizations receiving state funds from counseling or referring women for abortion services: AR.

2010 FEDERAL ACTION

In 2010, pro-choice senators took action against the global gag rule, a policy that had prohibited the U.S. Agency for International Development from granting family-planning funds to overseas health centers that provided, counseled for, or referred women for abortion care. President Obama repealed the policy in 2009. In July, pro-choice senators won committee approval of a provision that would block reinstatement of the global gag rule by a future anti-choice president, but, as of this publication’s printing, the full Senate had not voted on this measure.

The health-reform law enacted in March 2010 expands the back-door gag rules already in place by applying current refusal laws to the new health-care system. Additionally, the executive order that President Obama signed in connection with the law barring federal funding of abortion reaffirms all existing federal refusal laws.

This information is current as of October 31, 2010. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
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. These insurance prohibitions can impede access not only for state employees, but also for women who use their own dollars to purchase private insurance coverage. Further, offering women the “option” to pay extra for supplemental abortion coverage, often known as a rider policy, is a false promise. Unintended pregnancies are by definition unplanned; women rarely purchase abortion coverage in anticipation of these circumstances. In fact, in states that require a separate rider for abortion coverage, there is little evidence that insurers even offer these products. Women should not be denied coverage for reproductive-health services—a basic element of health care—by politicians imposing their personal agendas on private medical decisions.

CURRENT STATE LAWS

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

- 13 states prohibit abortion coverage for state employees: AZ, AR, CO, IL, KY, MA, MS, NE, OH, PA, RI, SC, VA.
- Massachusetts’ insurance prohibition for state employees applies only to coverage for certain procedures after viability.
- 6 states prohibit abortion coverage in the private insurance market: ID, KY, MO, ND, OK, RI.
- Rhode Island has two separate insurance prohibition laws. Courts have declared one unconstitutional and unenforceable and the other partially unconstitutional and unenforceable.
- 5 states prohibit abortion coverage in state insurance exchanges: AZ, LA, MS, MO, TN.
- 9 states have insurance bans that allow consumers to purchase abortion coverage only through a separate rider: ID, KY, MO, NE, ND, OH, OK, RI, WI.

*Note: Wisconsin has a law prohibiting abortion coverage in plans provided through a specific, voluntary insurance purchasing cooperative.

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 also are prohibited from obtaining coverage for abortion care through military health plans, even if the pregnancy results from rape or incest.

The new health-care law, the Affordable Care Act, affects abortion coverage in private insurance plans in an unprecedented manner. The Nelson provisions in the law impose unnecessary burdens on consumers who purchase and plans that offer abortion coverage. They require that insurance plans participating in the new health-care system segregate monies used for abortion services from all other funds and also require those purchasing a plan with abortion coverage to make two separate premium payments. These restrictions, which compel both individuals and insurance companies to incur increased administrative burdens, could threaten insurers’ willingness to offer full reproductive-health coverage.

continued on next page
Insurance Prohibition for Abortion

continued on prior page

<table>
<thead>
<tr>
<th>2010 ENACTED STATE LEGISLATION</th>
<th>5 states enacted 5 measures prohibiting abortion coverage in state insurance exchanges: AZ, LA, MS, MO, TN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 states enacted 2 measures prohibiting abortion coverage for state employees: AZ, SC.</td>
<td></td>
</tr>
<tr>
<td>South Carolina renewed its ban on abortion coverage for state employees, but added a narrow health exception.</td>
<td></td>
</tr>
</tbody>
</table>

2010 FEDERAL ACTION

After more than a year of debate, Congress passed historic health-reform legislation in March 2010. While the final law did not include the House-passed Stupak-Pitts amendment, which would have made it virtually impossible for women to purchase plans with abortion coverage in state insurance exchanges, it did include the Nelson language, which imposes onerous restrictions on coverage for abortion care in the new health system (see Current Federal Laws).

Following the passage of the Affordable Care Act, the Obama administration issued a series of regulations that implement key provisions of the law. In July 2010, the administration published draft regulations establishing temporary high-risk pools, which will provide interim coverage for people with pre-existing conditions until the new health-insurance exchanges take effect in 2014. The regulations ban abortion coverage from this program, except in cases of life endangerment, rape, or incest—despite the fact that no federal law requires such action.

In July, anti-choice Rep. Chris Smith (R-NJ) introduced the deceptively titled No Taxpayer Funding for Abortion Act. If enacted, among other restrictions, Rep. Smith's bill would impose key provisions of the failed Stupak amendment on the new health-care system, forbidding any expenditure of federal funds for health-insurance plans that offer abortion coverage in the new health system. The bill also would impose tax penalties on millions of families whose health plans cover abortion services.

2010 NOTABLE DEVELOPMENTS

In addition to imposing restrictions on insurance companies and consumers, the Nelson provisions explicitly invite states to restrict abortion coverage in their health-insurance markets. Along with the five states that succeeded in enacting such bans this year (described above), several other state and local governments considered similar measures. In Oklahoma, the governor vetoed a bill that would have banned abortion coverage in the entire private insurance market without an adequate exception for cases in which the woman's health is endangered. Similarly, Florida's governor vetoed a bill that would have banned coverage for abortion in the new health system for subsidized consumers. Like the Oklahoma bill, the Florida measure lacked an adequate health exception.

Additionally, local governments in several North Carolina municipalities passed ordinances banning abortion coverage for city and town employees. Continued activity on this front is expected at all levels of government in the coming year.
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 broadly to deny women access to necessary medical services and information.

CURRENT STATE LAWS

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

CURRENT FEDERAL LAWS

Several federal laws allow health-care employees and companies to refuse to provide, pay for, counsel for, or even refer for abortion services—and in some cases contraceptives. The key laws include the Church amendment (1973, 1974), the Coats amendment to the Public Health Service Act (1996), and the Federal Refusal Clause (also known as the Weldon amendment, 2004). The furthest-reaching refusal law was implemented in 2009 through a Department of Health and Human Services regulation enacted in the last days of the Bush administration. The regulation, known as the Federal Refusal Rule, expands the ability of health-care companies and providers to refuse to provide, cover, or refer for medical services. The Obama administration took the first step toward rescinding the regulation in March 2009, but as of this publication’s printing it remains in effect.

2010 ENACTED STATE LEGISLATION

2 states enacted 2 measures modifying existing laws that allow certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals: ID, OK. Idaho’s new law expands the state’s abortion refusal law and now allows individuals to refuse to provide birth control. Oklahoma’s new law expands the state’s abortion refusal law to allow additional entities to refuse to provide abortion care.

2010 FEDERAL ACTION

The health-reform law enacted in March 2010 granted refusal rights to health plans participating in the newly formed insurance exchanges by prohibiting them from discriminating against individual providers and health-care facilities because of their unwillingness to “provide, pay for, provide coverage for, or refer for abortions.” Additionally, the executive order that President Obama signed in connection with the law barring federal funding of abortion reaffirms all existing federal refusal laws.

2010 NOTABLE CASES

In April 2010, in Planned Parenthood Arizona, Inc. v. Goddard, a state superior court reaffirmed its September 2009 injunction that blocks the portion of Arizona’s abortion refusal law enacted in 2009. The 2009 law expanded the state’s abortion refusal law to hospitals and specified that providers may not be required to facilitate the provision of abortion services. The previously enacted refusal provisions passed in 1973 remain in place.

This information is current as of October 31, 2010. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
## Restrictions on Low-Income Women’s Access to Abortion

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

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

<table>
<thead>
<tr>
<th>CURRENT STATE LAWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 states restrict low-income women’s access to abortion: AL, AR, CO, DE, FL, GA, ID, IN, IA, KS, KY, LA, ME, MI, MS, MO, NE, NV, NH, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WI, WY. (Six of these states fund abortion services for low-income women in extremely limited circumstances beyond federal restrictions: IN, IA, MS, UT, VA, WI.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT FEDERAL LAWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Several federal laws, most notably the Hyde amendment, bar access to abortion care for most low-income women who rely on the federal government for their health care, with exceptions only to preserve the woman’s life or if the pregnancy results from rape or incest. Women affected by these bans include recipients of Medicaid, Medicare, the State Children’s Health Insurance Program, and Indian Health Service clients. The new health-care law, the Affordable Care Act, includes restrictive provisions, known as the Nelson language, that impose unnecessary administrative burdens on consumers who purchase and plans that offer abortion coverage, placing essential reproductive care further out of reach for low-income women.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2010 ENACTED STATE LEGISLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 states enacted 4 measures restricting low-income women’s access to abortion: AZ, CO, VA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2010 FEDERAL ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congress extended most of the federal funding bans on abortion services for low-income women. However, in 2010, lawmakers extended Congress’ 2009 repeal of the 14-year-old policy that banned the use of local funds for abortion services in the District of Columbia, thus allowing Washington, DC to offer abortion care to low-income women. In March 2010, Congress passed the landmark health-care-reform law known as the Affordable Care Act. Unfortunately, because the law did not lift existing restrictions on the use of public funds for abortion care, it failed to ensure access to comprehensive health care for low-income women. To ensure passage of the health-care law, which hinged on the support of several anti-choice lawmakers, President Obama issued an executive order reaffirming the Hyde amendment. Anti-choice Rep. Chris Smith (R-NJ) introduced the so-called No Taxpayer Funding for Abortion Act. If enacted, Rep. Smith’s bill would, among other provisions, impose key elements of the failed Stupak amendment on the new health-care system, forbidding any expenditure of federal funds for health-insurance plans that offer abortion coverage in the new health system. As a result, low-income women with subsidies would not be able to access abortion coverage in state insurance exchanges. The Smith bill also would recodify the Hyde amendment, permanently denying low-income women access to abortion care through Medicaid, even when their health is at risk.</td>
</tr>
</tbody>
</table>

*continued on next page*
Restrictions on Low-Income Women’s Access to Abortion

continued on prior page

2010 NOTABLE DEVELOPMENTS

In April 2010, the anti-choice governor of Virginia proposed an amendment to the state’s budget to eliminate Medicaid funding for abortion for low-income women who need the procedure to protect their health. The state legislature approved the amendment. Prior to this, Virginia permitted public funding for abortion in extremely narrow circumstances where the woman’s health would be substantially endangered by the pregnancy.

With the lifting of the federal ban on the District of Columbia’s use of its own local funds to cover abortion care for low-income women, the D.C. Medicaid program began offering coverage for this service in 2010.
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. For example, forcing a young woman to tell an abusive parent about her decision to end a pregnancy can lead to family violence. Further, placing restrictions on young women’s access to abortion can delay her from seeking earlier, safer care, thus putting her health at risk. Of course, most parents hope their daughters will seek out their advice and support, but responsible parents want, above all, for their daughters to be safe.

43 states have parental-notice or -consent laws that restrict young women’s access to abortion:

- 22 states require parental consent: AL, AK, 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.
- 16 states require parental notice: AK, CO, DE, FL, GA, IL, IA, KS, MD, MN, MT, NE, NV, NJ, SD, WV.
- 5 states require both parental notice and consent: OK, TX, UT, VA, WY.
- 11 states that have parental-notice and/or -consent laws permit other trusted adults to stand in for a parent: AZ, CO, DE, IL, IA, ME, NC, PA, SC, VA, WI.
- 5 of these laws have been found unconstitutional and unenforceable: CA, MT, NV, NJ, NM.
- 1 of these laws is currently not in effect: IL.

1 state approved 1 ballot measure restricting young women’s access to abortion: AK.

(For more details, see 2010 Notable Developments.)

Anti-choice 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 would impose criminal penalties on anyone other than a parent—including a grandparent or minister—who accompanies a young woman across state lines for abortion care if requirements of the home state’s parental-involvement law have not been met. The legislation garnered 130 cosponsors in the 111th Congress, nearly one-third of all House members.

In September 2010, the Illinois Supreme Court denied an appeal by the anti-choice Thomas More Society to transfer a pending legal case related to the state’s parental-notification law from a federal appellate court to the state supreme court. The case at issue was Zbaraz v. Madigan (2009). In Zbaraz, the Seventh Circuit Court of Appeals lifted a 1984 injunction that had theretofore enjoined the enforcement of Illinois’ Parental Notice of Abortion Act of 1983. Although the Illinois General Assembly ultimately repealed the 1983 law, rendering the initial injunction moot, it passed a new parental-notification law in 1995. The 1995 law also was challenged on constitutional grounds, and the 1984 injunction remained in effect by agreement of the parties. In Zbaraz, the Seventh Circuit ruled the 1995 law constitutional and held that the law’s judicial-bypass procedure was sufficient. In August 2009, the state Medical Disciplinary Board, the agency responsible for enforcing the court’s ruling, was granted a 90-day moratorium to allow medical practitioners to become familiar with the requirements of the law. In November 2009, a state-court judge issued a temporary restraining order further postponing enforcement of the law. The order was issued in response to a lawsuit challenging the 1995 law’s constitutionality filed by the American Civil Liberties Union of Illinois on behalf of the Hope Clinic for Women and Dr. Allison Cowett. The restraining order remains in effect at this printing, and the 1995 law has yet to be implemented.

continued on next page
Restrictions on Young Women’s Access to Abortion

continued on prior page

2010 NOTABLE DEVELOPMENTS

In August 2010, 55 percent of Alaska voters approved by ballot measure an anti-choice parental-notification law that requires “notice or consent” before an unemancipated minor can access abortion care. It includes exceptions for life and health and allows for a judicial-bypass option, but also would require that a young woman prove to have lived or been physically present in the state for at least 30 days before receiving care. After the same parental-notification language stalled in the legislature, proponents, including former Lt. Gov. Loren Leman and the Alaska Family Council, sought to enact it by referendum. Alaska is not the only state in which anti-choice activists are initiating measures to block young women’s access to reproductive-health care; in California, after failing to get on that state’s 2010 ballot, anti-choice activists launched their fifth recent attempt to pass a parental-involvement measure by ballot, this time aiming for the 2012 election.
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 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 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 a woman to obtain written consent from, or give notice to, her husband prior to receiving abortion care: CO, IL, KY, LA, ND, PA, RI, SC.

2010 NOTABLE DEVELOPMENTS

Even though it has been ruled unconstitutional and unenforceable, anti-choice legislators continue to try to pass spousal-involvement legislation. In 2010, New Hampshire included a provision in a bill that would have required a married woman to present a signed statement that she has given notice to her husband about her decision to terminate a pregnancy before she is permitted to receive abortion care. In February, the bill failed to pass the state House and it died.
Targeted Regulation of Abortion Providers (TRAP)

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

A: The anti-choice movement has undertaken a campaign to impose unnecessary and burdensome regulations on abortion providers—but not other medical professionals—in an obvious attempt to drive doctors out of practice and make abortion care more expensive and difficult to obtain. Such proposals are known as TRAP laws: Targeted Regulation of Abortion Providers. Common TRAP regulations include those that restrict where abortion care may be provided. Regulations limiting abortion services to hospitals or other specialized facilities, rather than physicians’ offices, require doctors to obtain medically unnecessary additional licenses, needless convert their practices into mini-hospitals at 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, 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 providing abortion care.
- 25 of these states restrict the provision of abortion care—often even in the early stages of pregnancy—to hospitals or other specialized facilities: AK, AR, CT, GA, ID, IN, MA, MN, MS, MO, NV, NJ, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, UT, VA, WI.
- 15 of these laws are at least partially unenforceable: AK, AZ, ID, IL, MA, MS, MO, NY, ND, OH, OK, PA, TN, UT, WI.

2010 Enacted State Legislation

4 states enacted 5 measures that subject abortion providers to burdensome restrictions not applied to other medical professionals: AZ, LA, MO, OK.

2010 Notable Cases

In April 2010, in Planned Parenthood Arizona, Inc. v. Goddard, a state superior court reaffirmed its earlier injunction of the provisions of Arizona’s 2009 law prohibiting certain qualified health-care professionals from providing abortion care.

In August 2010, in Hope Medical Group for Women et al. v. Caldwell et al., a federal district court heard a challenge to Louisiana’s new law excluding abortion providers from medical-malpractice coverage afforded to other health-care practitioners. This issue is pending before the court.

In August 2010, in Bossier City Medical Suite, Inc. et al. v. Department of Health and Hospitals State of Louisiana, a federal district court heard a challenge to Louisiana’s law allowing state health officials to suspend the license of an outpatient abortion facility and require its immediate closure without notification of the violation or provision of a period to remedy the violation. This issue is pending before the court.

In August 2010, Virginia’s anti-choice attorney general issued a legal opinion that the state board of health has the authority to impose additional restrictions on providers of first-trimester abortion care. Though the board has not yet taken action on this issue, were it to impose TRAP measures like those currently applied to second-trimester providers, as many as 17 of the state’s 21 clinics would be forced to close.
FAST FACTS ABOUT PRO-CHOICE LAWS
Contraceptive Equity

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

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

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

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

1 state enacted 1 measure that requires all insurance plans that cover prescription medication to include coverage for prescription contraceptives: CO.

Pro-choice lawmakers continue to advocate for the Prevention First Act to ensure that prescription contraceptives are covered equally with other prescription medication. This bill is the cornerstone of the pro-choice Prevention First agenda, which aims to prevent unintended pregnancies and thereby reduce the need for abortion.

The federal health-care-reform law, passed in March 2010, includes a Women’s Health Amendment (WHA), designed to ensure that all insurance plans cover, with no cost-sharing, family-planning services as well as other preventive-care services. If implemented as intended, the WHA has the potential to remove significant financial obstacles for women seeking preventive reproductive-health care and serve as a significant step forward in achieving full contraceptive equity in the United States.
Emergency Contraception (EC)

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

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

CURRENT STATE LAWS

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

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

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

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

2010 FEDERAL ACTION

Lawmakers have sponsored a number of pieces of pro-choice legislation related to EC, including the Compassionate Assistance for Rape Emergencies Act, which would ensure that EC is offered to sexual-assault survivors in hospitals. The Prevention First Act also contains several provisions that would improve women’s access to EC. Unfortunately, anti-choice lawmakers have blocked these measures.

2010 NOTABLE DEVELOPMENTS

In February 2010, the Department of Defense (DoD) approved a policy to stock EC on military bases, finally guaranteeing servicewomen access to a vital medication that can prevent unintended pregnancy. (DoD approved a similar policy to stock EC on every overseas military base in 2002, but then-President Bush’s political appointees overruled the decision. Consequently, the change never went into effect.)

In August 2010, the FDA approved a new emergency contraceptive, ella®, for distribution in the United States. As of December 1, ella® is available only by prescription and is safe and effective for use up to five days (120 hours) after sex.

This information is current as of October 31, 2010. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
Freedom of Choice Acts

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

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

**Current State Laws**

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

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

**2010 Notable Developments**

It has been four years since a state has passed a Freedom of Choice Act (the most recent being Hawaii in 2006), despite attempts by pro-choice advocates to move initiatives forward. For example, in 2010, pro-choice leaders in New York worked diligently to enact the Reproductive Health Act, legislation that would codify a woman’s right to choose at the state level and ensure that no woman has to leave the state in order to receive abortion care. Unfortunately, the legislature failed to vote on the bill despite overwhelming support from more than 30 local organizations.
Guaranteed Access to Prescriptions

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

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

### CURRENT STATE LAWS

<table>
<thead>
<tr>
<th>States Guaranteeing Access to Birth-Control Prescriptions</th>
<th>7 states guarantee that women's birth-control prescriptions will be filled: CA, IL, ME, NV, NJ, WA, WI.</th>
</tr>
</thead>
<tbody>
<tr>
<td>States Also Requiring Pharmacies to Dispense OTC Emergency Contraception</td>
<td>2 states also require pharmacies to dispense over-the-counter emergency contraception: IL, WA.</td>
</tr>
</tbody>
</table>

### 2010 FEDERAL ACTION

In 2010, both the House of Representatives and the Senate reintroduced the Access to Birth Control (ABC) Act to protect a woman's right to obtain contraception in a pharmacy. The bill is an updated version of previously introduced legislation and would stop pharmacies from denying the sale of contraceptives due to an employee's objections.

### 2010 NOTABLE CASES

In November 2007, in *Storman's, Inc. v. Selecky*, the U.S. District Court for the Western District of Washington granted a motion for a preliminary injunction against the state pharmacy board's rule that requires pharmacies to dispense medication and devices approved by the Food and Drug Administration (FDA). In 2009, the Ninth Circuit Court of Appeals lifted the injunction and the law took effect immediately, but the case was remanded back to the district court to reconsider the constitutionality of the rule and its applicability to the pharmacists named in the case. The district court trial was scheduled for July 2010. However, before it commenced, the Washington Board of Pharmacy announced its intention to amend its rule in order to allow pharmacists who do not have or will not stock the medication in question to refuse to provide it and refer the woman elsewhere, thus making the trial unnecessary. On November 4, 2010, the Board of Pharmacy decided to proceed with rulemaking, a process which will take several months. As a result, Washington state's pro-choice law guaranteeing access to birth control is now in jeopardy. If enacted, a rule with a refusal provision would weaken the law significantly and negatively impact women seeking emergency contraception.

### 2010 NOTABLE DEVELOPMENTS

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

On April 29, 2010, Illinois repealed the 2005 rule and replaced it with a new, broader regulation, one part of which requires pharmacies to dispense women's birth control including over-the-counter emergency contraception. Upon receipt of a valid prescription for lawfully prescribed medication, or upon request for nonprescription medication approved by the FDA for behind-the-counter distribution, a pharmacy must dispense the medication or a suitable alternative in a timely manner or a patient may choose to have the prescription transferred to a different pharmacy or have the prescription returned to her.

On May 28, 2010, in light of the new rule, the judge in the *Morr-Fitz, Inc. v. Blagojevich* case, the only remaining challenge to the 2005 law, expanded his 2009 preliminary injunction that exempts the pharmacists in the case from complying with the law to allow them to decline to stock or dispense emergency contraception and to file an amended complaint given the new rules.

This information is current as of October 31, 2010. For updated information, including detailed summaries of all referenced laws and legislation, please visit [www.WhoDecides.org](http://www.WhoDecides.org).
Low-Income Women’s Access to Family Planning

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

A: All women should have access to basic reproductive-health care regardless of their income, but the high cost of health care and health insurance makes family-planning services unavailable to many women. Before the passage of the federal health-reform law, some states applied for and obtained waivers from the federal government to extend Medicaid-funded family-planning care to more women. Now, the new health-care law permits states to expand Medicaid family-planning coverage, at their own option, without applying for a waiver. Additionally, another federal program, Title X, provides essential funding to family-planning clinics that serve many low-income women.

CURRENT STATE LAWS

27 states, as of June 2010, provided certain low-income women coverage for Medicaid-funded reproductive-health services through a waiver obtained from the federal government: 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: While Medicaid family-planning expansion waivers are no longer required, many remain in effect at the time of this publication’s printing. Until states begin to cover family-planning services without prior federal approval, NARAL Pro-Choice America Foundation will use these waivers as an indicator of states’ commitment to providing essential family-planning care to low-income individuals. The breadth and scope of each waiver varies greatly from state to state.

CURRENT FEDERAL LAWS

The new health-care law allows states to improve access to family-planning care without requiring prior federal approval. Now, states can amend their Medicaid plans to create a new eligibility group of low-income individuals. This group will allow women who otherwise would not qualify for the Medicaid program to obtain Medicaid family-planning services. The health-reform law also includes a provision requiring insurance plans to cover women’s preventive-health services with no cost sharing. If implemented as intended, this portion of the law will allow women in the new health system to access family-planning care without copayments or deductibles.

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.

2010 FEDERAL ACTION

In March 2010, Congress passed major health-reform legislation, the Affordable Care Act. It includes three provisions of significance to family-planning services. First, it allows states to expand access to Medicaid family-planning services for low-income women without having to obtain a waiver. Prior, states wishing to improve family-planning access through the Medicaid program had to undergo a cumbersome application process to receive prior approval from the federal government.

Second, pro-choice lawmakers successfully added the Women’s Health Amendment (WHA) to the new law. It requires insurance plans to cover women’s preventive-health services with no cost-sharing requirements. If implemented as intended to include family planning, the WHA will remove significant financial obstacles for women seeking access to contraception and reproductive-health care.

Finally, the law requires federal officials to identify a package of essential health benefits that all plans must offer with low cost-sharing requirements. A decision to include family-planning services in this category would significantly improve low- and middle-income women’s ability to afford such care.

Additionally, the Prevention First Act, introduced each Congress, includes 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, the bill would increase funding for the national family-planning program, Title X.

continued on next page
2010 NOTABLE DEVELOPMENTS

In the wake of the economic downturn, state governments slashed funding for family-planning services in a shortsighted attempt to reduce budget deficits. In New Jersey, pro-choice lawmakers rallied against the anti-choice governor's elimination of family-planning funds from the state budget. Recognizing that the governor's action would cost the state millions in federal matching dollars for the Medicaid program and deny low-income women access to essential services, state representatives introduced a bill to restore New Jersey's family-planning budget. The governor ultimately rejected this measure, and legislators were unable to garner enough support to override his veto. Consequently, the cuts went into effect.
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 essential protection.

### CURRENT STATE LAWS

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

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

### CURRENT FEDERAL LAWS

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 or patients. Courts repeatedly have upheld the law as constitutional, and experts credit FACE as a significant factor in reducing clinic violence.

In a unanimous decision, a Kansas jury took less than an hour in January 2010 to convict Scott Roeder of first-degree murder and two counts of aggravated assault. Roeder, an anti-choice activist, shot and killed abortion provider Dr. George Tiller in May 2009 while he was serving as an usher in his church. During his testimony, Roeder admitted that he had been thinking of attacking Dr. Tiller for years, and had considered different ways to do so, such as positioning himself like a sniper on a rooftop or cutting off Tiller’s hands with a sword. Roeder also expressed his frustration that two efforts to prosecute Dr. Tiller had failed. “There was nothing being done and the legal process had been exhausted, and these babies were dying every day,” Roeder said. “I felt that if someone did not do something, he was going to continue.” In April, Roeder was sentenced to life in prison.

In May 2010, pro-choice Americans across the country commemorated the one-year anniversary of the loss of Dr. Tiller, expressing their gratitude for his compassionate and heroic work ensuring women’s access to abortion care. In the Senate, Majority Leader Harry Reid (D-NV), who opposes legal abortion, gave an emotional and touching floor speech in which he decried violence against abortion providers and observed, “Those who believe in the sanctity of life cannot be selective. We must value every life – not just those with which we agree.” Sen. Jeanne Shaheen (D-NH) also spoke to honor Dr. Tiller and said, “I recognize that there is a deep divide on the issue of reproductive freedom. But, no matter which side of this debate you are on, we should all be able to agree that violence is never the answer.” Representatives in the House also spoke to commemorate the anniversary; Rep. Louise Slaughter (D-NY) said, “We must reaffirm the American principle that tolerance must always be superior to intolerance, and that violence is never an appropriate response to a difference in beliefs.”
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, allowing politicians and others to infringe 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, eliminating federal constitutional protection for choice, these states might be able to protect women’s continued access to reproductive-health services unless Congress passed legislation banning abortion nationwide, trumping state constitutional protections.

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

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit the federal Who Decides? web page.

Anti-Choice Laws
ABORTION BAN
Federal law bans a safe abortion procedure.

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

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

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

EMERGENCY CONTRACEPTION
A federal regulation allows adults 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.

Restrictions on Low-Income Women’s Access to Abortion
Federal law restricts low-income women’s access to abortion.

Restrictions on Women in the Military’s Access to Abortion
Federal law severely restricts women in the military’s access to abortion.

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

FAST FACT
For nearly 20 years, Congress has blocked women serving in the U.S. military overseas from accessing safe abortion services at military hospitals, even if they pay for the care with their own, private funds.
**Political Information**

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

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

**Laws in Brief**
_This information is current as of October 31, 2010. 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 abortion services to biased-counseling requirements and mandatory delays.

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

**Pro-Choice Laws**

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
Alabama provides certain low-income women increased coverage for Medicaid-funded family-planning services.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Alabama restricts post-viability abortion.

---

**FAST FACT**
Despite sky-high STD rates, Alabama requires sex-education classes to emphasize abstinence as the sole “completely reliable method” of avoiding STDs.
ALASKA

Political Information

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

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

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Alaska’s Who Decides? web page.

Anti-Choice Laws

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

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

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

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Alaska restricts young women’s access to abortion services by mandating parental notice.

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

Pro-Choice Laws

EMERGENCY CONTRACEPTION
Alaska law improves women’s access to emergency contraception (EC).

LOW-INCOME WOMEN’S ACCESS TO ABORTION
Alaska provides low-income women access to abortion.

STATE CONSTITUTIONAL PROTECTION
Alaska’s constitution provides greater protection for a woman’s right to choose than the U.S. Constitution.

FAST FACT

From 1999 to 2011, Alaska’s grade has improved from a “C” to an “A-.”

81 percent of Alaska counties have no abortion provider

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

Biased Counseling & Mandatory Delay
Arizona has a partially unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

Counseling Ban/Gag Rule
Arizona prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

Insurance Prohibition for Abortion
Arizona restricts insurance coverage of abortion for some individuals.

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

Refusal to Provide Medical Services
Arizona has a partially unenforceable and unconstitutional law that allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

Restrictions on Young Women’s Access to Abortion
Arizona law restricts young women’s access to abortion services by mandating parental consent.

Targeted Regulation of Abortion Providers (TRAP)
Arizona subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws
Contraceptive Equity
Arizona law requires health-insurance plans that cover prescription medication to provide the same coverage for contraception.

Low-Income Women’s Access to Abortion
Arizona provides low-income women access to abortion.

Low-Income Women’s Access to Family Planning
Arizona provides certain low-income women increased coverage for Medicaid-funded family-planning services.

State Constitutional Protection
Arizona’s constitution provides greater protection for a woman’s right to choose than the U.S. Constitution.

Other Related Laws
Post-Viability Abortion Restriction
Arizona restricts post-viability abortion.
Political Information
EXECUTIVE
Governor Mike Beebe (D) is mixed-choice.

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Arkansas’ Who Decides? web page.

Anti-Choice Laws
ABORTION BANS
Arkansas bans a safe abortion procedure and has an unconstitutional and unenforceable near-total criminal ban on abortion.

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

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

INSURANCE PROHIBITION FOR ABORTION
Arkansas restricts insurance coverage of abortion for some individuals.

OTHER ANTI-CHOICE LAW
Arkansas’ constitution includes a strongly anti-choice policy statement.

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

EMERGENCY CONTRACEPTION
Arkansas law improves women’s access to information about emergency contraception (EC).

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Arkansas provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Arkansas restricts post-viability abortion.

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

FAST FACT
The number of abortion providers in Arkansas declined by 57 percent from 2000 to 2005.
Political Information
EXECUTIVE
Governor Jerry Brown (D) is pro-choice.

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit California’s Who Decides? web page.

Anti-Choice Laws
REFUSAL TO PROVIDE MEDICAL SERVICES
California allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
California has an unconstitutional and unenforceable law that restricts young women’s access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
California prohibits certain qualified health-care professionals from providing abortion care.

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

EMERGENCY CONTRACEPTION
California law improves women’s access to emergency contraception (EC).

FREEDOM OF CHOICE ACT
California has an affirmative right to choose in its state law.

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

LOW-INCOME WOMEN’S ACCESS TO ABORTION
California provides low-income women access to abortion.

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
California provides certain low-income women increased coverage for Medicaid-funded family-planning services.

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

STATE CONSTITUTIONAL PROTECTION
California’s constitution provides greater protection for a woman’s right to choose than the U.S. Constitution.

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

POST-VIABILITY ABORTION RESTRICTION
California restricts post-viability abortion.
**Political Information**

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

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

**Laws in Brief**
*This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Colorado’s Who Decides? web page.*

**Anti-Choice Laws**

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

**INSURANCE PROHIBITION FOR ABORTION**
Colorado restricts insurance coverage of abortion for some individuals.

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

**RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION**
Colorado restricts low-income women’s access to abortion.

**Pro-Choice Laws**

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

**EMERGENCY CONTRACEPTION**
Colorado law improves women’s access to information about emergency contraception (EC).

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

---

**FAST FACT**
In 1967, Colorado became the first state to begin legalizing abortion care, following the state abortion bans enacted in the 19th century.
CONNETICUT

Political Information

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

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

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Connecticut’s Who Decides? webpage.

Anti-Choice Laws

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

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

Pro-Choice Laws

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

EMERGENCY CONTRACEPTION
Connecticut law improves women’s access to emergency contraception (EC).

FREEDOM OF CHOICE ACT
Connecticut has an affirmative right to choose in its state law.

LOW-INCOME WOMEN’S ACCESS TO ABORTION
Connecticut provides low-income women access to abortion.

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

STATE CONSTITUTIONAL PROTECTION
Connecticut’s constitution provides greater protection for a woman’s right to choose than the U.S. Constitution.

Other Related Laws

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

POST-VIABILITY ABORTION RESTRICTION
Connecticut restricts post-viability abortion.

YOUNG WOMEN’S ACCESS TO ABORTION
Connecticut requires young women to receive counseling prior to receiving an abortion.

FAST FACT
Connecticut has consistently received a grade of “A” each year since NARAL Pro-Choice America Foundation began calculating state grades.

20th Edition
DELAWARE

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Delaware’s Who Decides? webpage.

Anti-Choice Laws
ABORTION BAN
Delaware has an unconstitutional and unenforceable criminal ban on abortion.

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

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Delaware restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Delaware law restricts young women’s access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Delaware prohibits certain qualified health-care professionals from providing abortion care.

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

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Delaware provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Delaware has an unconstitutional and unenforceable law that restricts post-viability abortion.

FAST FACT
In 2004, Delaware gave nearly $40,000 in taxpayer funds to a single anti-choice crisis pregnancy center.
The number of abortion providers in the District of Columbia fell **17 percent** from 1996 to 2000

**SOURCE:** GUTTMACHER INSTITUTE

---

**Political Information**

**EXECUTIVE**

Mayor Vincent Gray (D) is pro-choice.

**LEGISLATURE**

The District of Columbia City Council is pro-choice.

**Laws in Brief**

*This information is current as of October 31, 2010. 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.

**Pro-Choice Laws**

**EMERGENCY CONTRACEPTION**

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

**LOW-INCOME WOMEN’S ACCESS TO ABORTION**

The District of Columbia provides low-income women access to abortion.

**PROTECTION AGAINST CLINIC VIOLENCE**

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

---

**FAST FACT**

For 20 of the last 24 years, Congress forbade the District of Columbia from using its own, locally raised funds to provide abortion care to its low-income residents.
Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Florida’s Who Decides? web page.

Anti-Choice Laws

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

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

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Florida restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Florida law restricts young women’s access to abortion services by mandating parental notice.

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

Pro-Choice Laws

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

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

Other Related Laws

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

FAST FACT
Florida was the first state to offer a “Choose Life” license plate, the proceeds of which directly fund anti-choice crisis pregnancy centers like the one depicted in the documentary 12th & Delaware.

GRADE
D

ACCESS FACT
69 percent of Florida counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Georgia’s Who Decides? webpage.

Anti-Choice Laws
BIASED COUNSELING & MANDATORY DELAY
Georgia law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Georgia restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Georgia restricts young women’s access to abortion services by mandating parental notice.

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

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

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Georgia restricts post-viability abortion.

FAST FACT
In 2010, anti-choice billboards appeared in Georgia featuring the claim, “Black children are an endangered species.”

ACCESS FACT
92 percent of Georgia counties have no abortion provider.

SOURCE: GUTTMACHER INSTITUTE
HAWAII

Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. 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.

Pro-Choice Laws

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Hawaii prohibits certain qualified health-care professionals from providing abortion care.

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

EMERGENCY CONTRACEPTION
Hawaii law improves women’s access to emergency contraception (EC).

FREEDOM OF CHOICE ACT
Hawaii has an affirmative right to choose in its state law.

LOW-INCOME WOMEN’S ACCESS TO ABORTION
Hawaii provides low-income women access to abortion.

FAST FACT
Hawaii was the first state to offer a pro-choice license plate, after other states across the country began offering “Choose Life” license plates.

GRADE
A

ACCESS FACT
20 percent of Hawaii counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
**Political Information**

**EXECUTIVE**
Governor Clement Leroy “Butch” Otter (R) is anti-choice.

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

**Laws in Brief**
*This information is current as of October 31, 2010. 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 abortion services to biased-counseling requirements and mandatory delays.

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

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

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

**RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION**
Idaho restricts low-income women’s access to abortion.

**RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION**
Idaho restricts young women’s access to abortion services by mandating parental consent.

**TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)**
Idaho prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Idaho has an unconstitutional and unenforceable law restricting post-viability abortion.

---

**FAST FACT**
In 1983, Idaho banned private health-insurance coverage of abortion services – 27 years before the Stupak amendment made the question of abortion coverage in the private market a nationwide issue.

**ACCESS FACT**
93 percent of Idaho counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
ILLINOIS

Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Illinois’ Who Decides? web page.

Anti-Choice Laws

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

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

INSURANCE PROHIBITION FOR ABORTION
Illinois restricts insurance coverage of abortion for some individuals.

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

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

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Illinois law restricts young women’s access to abortion services by mandating parental notice.

Pro-Choice Laws

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

EMERGENCY CONTRACEPTION
Illinois law improves women’s access to emergency contraception (EC).

GUARANTEED ACCESS TO PRESCRIPTIONS
Illinois law requires pharmacies to dispense women’s birth control.

LOW-INCOME WOMEN’S ACCESS TO ABORTION
Illinois provides low-income women access to abortion.

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Illinois provides certain low-income women increased coverage for Medicaid-funded family-planning services.

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

Other Related Laws

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

FAST FACT
Health-care facilities that provide abortion care in Illinois experienced seven separate cases of arson from 1982 to 2003.

GRADE
B-

ACCESS FACT
92 percent of Illinois counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

ProChoiceAmericaFDN.org

2011 Who Decides? | 49
Executive
Governor Mitch Daniels (R) is anti-choice.

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

Laws in Brief
This information is current as of October 31, 2010. 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 abortion services to biased-counseling requirements and mandatory delays.

Counseling Ban/Gag Rule
Indiana prohibits certain state employees and organizations receiving state funds from advocating for or promoting abortion services.

Pro-Choice Laws

State Constitutional Protection
Indiana’s constitution provides greater protection for a woman’s right to choose than the U.S. Constitution.

Other Related Laws

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

Restrictions on Low-Income Women’s Access to Abortion
Indiana restricts low-income women’s access to abortion.

Restrictions on Young Women’s Access to Abortion
Indiana law restricts young women’s access to abortion services by mandating parental consent.

Targeted Regulation of Abortion Providers (TRAP)
Indiana subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Post-Viability Abortion Restriction
Indiana restricts post-viability abortion.

Fast Fact
The number of abortion providers in Indiana has dropped by half since 1984.

Access Fact
93 percent of Indiana counties have no abortion provider.

Source: Guttmacher Institute
Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. 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 medication to provide the same coverage for contraception.

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Iowa provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Iowa restricts post-viability abortion.

FAST FACT
In just one year, anti-choice organizations in Iowa received $1,200,000 in federal taxpayer funds for “abstinence-only” programs.

GRADE
C+

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

ProChoiceAmericaFDN.org

2011 Who Decides? 51
Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. 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 abortion services to biased-counseling requirements and mandatory delays.

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

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

Pro-Choice Laws

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

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Kansas restricts post-viability abortion.

FAST FACT
Kansas was the home state of Dr. George Tiller, a physician and abortion provider who was murdered in his church by an anti-choice extremist in May 2009.
KENTUCKY

Political Information

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

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

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Kentucky’s Who Decides? webpage.

Anti-Choice Laws

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

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

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

INSURANCE PROHIBITION FOR ABORTION
Kentucky restricts insurance coverage of abortion for all individuals.

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

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

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

REstrictions ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Kentucky restricts low-income women’s access to abortion.

REstrictions ON YOUNG WOMEN’S ACCESS TO ABORTION
Kentucky law restricts young women’s access to abortion services by mandating parental consent.

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

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

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Kentucky restricts post-viability abortion.

FAST FACT
Kentucky has consistently received a grade of “F” each year since NARAL Pro-Choice America Foundation began calculating state grades.

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

GRADE
F

ACCESS FACT

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

ProChoiceAmericaFDN.org

2011 Who Decides? | 53
LOUISIANA

Political Information

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

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

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Louisiana’s Who Decides? web page.

Anti-Choice Laws

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

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

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

INSURANCE PROHIBITION FOR ABORTION
Louisiana restricts insurance coverage of abortion for some individuals.

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

Public Facilities Restriction
Louisiana prohibits the use of public facilities for abortion services.

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

Restrictions on Low-Income Women’s Access to Abortion
Louisiana restricts low-income women’s access to abortion.

Restrictions on Young Women’s Access to Abortion
Louisiana law restricts young women’s access to abortion services by mandating parental consent.

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

Targeted Regulation of Abortion Providers (TRAP)
Louisiana subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

Low-Income Women’s Access to Family Planning
Louisiana provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

Post-Viability Abortion Restriction
Louisiana restricts post-viability abortion.

Access Fact

92 percent of Louisiana counties have no abortion provider

Source: GUTTMACHER INSTITUTE
**Political Information**

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

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

**Laws in Brief**
*This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Maine’s Who Decides? webpage.*

**Anti-Choice Laws**

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

**RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION**
Maine restricts low-income women’s access to abortion.

**RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION**
Maine restricts young women’s access to abortion by requiring parental consent in some cases and mandating counseling before a young woman may obtain abortion care.

**TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)**
Maine prohibits certain qualified healthcare professionals from providing abortion care.

**Pro-Choice Laws**

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

**EMERGENCY CONTRACEPTION**
Maine law improves women’s access to emergency contraception (EC).

**FREEDOM OF CHOICE ACT**
Maine has an affirmative right to choose in its state law.

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

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

**Other Related Laws**

**INFORMED CONSENT**
Maine has an abortion-specific informed-consent law.

**POST-VIABILITY ABORTION RESTRICTION**
Maine restricts post-viability abortion.

**ACCESS FACT**

63 percent of Maine counties have no abortion provider.

SOURCE: GUTTMACHER INSTITUTE

---

**FAST FACT**

In 2000, 90 percent of pregnant women in Maine received prenatal care in the first trimester of pregnancy; since then, only four states have reached higher levels.
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.

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Maryland’s Who Decides? webpage.

Anti-Choice Laws

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

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Maryland law restricts young women’s access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Maryland prohibits certain qualified health-care professionals from providing abortion care.

Pro-Choice Laws

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

EMERGENCY CONTRACEPTION
Maryland law improves women’s access to emergency contraception (EC).

FREEDOM OF CHOICE ACT
Maryland has an affirmative right to choose in its state law.

LOW-INCOME WOMEN’S ACCESS TO ABORTION
Maryland provides low-income women access to abortion.

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Maryland provides certain low-income women increased coverage for Medicaid-funded family-planning services.

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

FAST FACT
In 2009, Baltimore became the first U.S. city requiring anti-choice crisis pregnancy centers to post signs stating that they do not provide or refer for contraception or abortion services.

GRADE

A

ACCESS FACT

58 percent of Maryland counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE MARYLAND
Jennifer Blasdell
Executive Director
8121 Georgia Avenue
Suite 501
Silver Spring, MD 20910
P 301.565.4154
F 301.588.5790
info@ProChoiceMaryland.org
www.ProChoiceMaryland.org

GUTTMACHER INSTITUTEPRO-CHOICE MARYLAND
NARAL PRO-CHOICE AMERICA FOUNDATION

FAST FACT

In 2009, Baltimore became the first U.S. city requiring anti-choice crisis pregnancy centers to post signs stating that they do not provide or refer for contraception or abortion services.

20th Edition

NARAL PRO-CHOICE AMERICA FOUNDATION ProChoiceAmericaFDN.org
Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Massachusetts’ Who Decides? webpage.

Anti-Choice Laws

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

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

INSURANCE PROHIBITION FOR ABORTION
Massachusetts restricts insurance coverage of abortion for some individuals.

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

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Massachusetts law restricts young women’s access to abortion services by mandating parental consent.

Pro-Choice Laws

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

EMERGENCY CONTRACEPTION
Massachusetts law improves women’s access to emergency contraception (EC).

LOW-INCOME WOMEN’S ACCESS TO ABORTION
Massachusetts provides low-income women access to abortion.

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

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

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Massachusetts restricts post-viability abortion.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Massachusetts prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

FAST FACT
14 percent of Massachusetts counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE MASSACHUSETTS
Andrea Miller
Executive Director
15 Court Square
Suite 900
Boston, MA 02108
P 617.556.8800
F 617.338.2532
Choice@ProChoiceMass.org
www.ProChoiceMass.org

GRADE

ACCESS FACT

14 percent of Massachusetts counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

FAST FACT
The Massachusetts state legislature did not gain a pro-choice majority until 2004.
**F**

**ACCESS FACT**

83 percent of Michigan counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

---

**MICHIGAN**

**Political Information**

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

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

**Laws in Brief**

This information is current as of October 31, 2010. 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 abortion services to biased-counseling requirements and mandatory delays.

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

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

**RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION**
Michigan restricts low-income women’s access to abortion.

**RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION**
Michigan law restricts young women’s access to abortion services by mandating parental consent.

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

**Pro-Choice Laws**

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

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
Michigan provides certain low-income women increased coverage for Medicaid-funded family-planning services.

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

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Michigan restricts post-viability abortion.

---

**FAST FACT**
Michigan has consistently received a grade of “F” each year since NARAL Pro-Choice America Foundation began calculating state grades.
MINNESOTA

Political Information
EXECUTIVE
Governor Mark Dayton (D) is pro-choice.

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Minnesota’s Who Decides? webpage.

Anti-Choice Laws
BIASED COUNSELING & MANDATORY DELAY
Minnesota law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

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

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Minnesota law restricts young women’s access to abortion services by mandating parental notice.

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

Pro-Choice Laws
EMERGENCY CONTRACEPTION
Minnesota law improves women’s access to emergency contraception (EC).

LOW-INCOME WOMEN’S ACCESS TO ABORTION
Minnesota provides low-income women access to abortion.

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Minnesota provides certain low-income women increased coverage for Medicaid-funded family-planning services.

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

STATE CONSTITUTIONAL PROTECTION
Minnesota’s constitution provides greater protection for a woman’s right to choose than the U.S. Constitution.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Minnesota has an unconstitutional and unenforceable law restricting post-viability abortion.

FAST FACT
Anti-choice former Gov. Tim Pawlenty issued a proclamation designating April “Abortion Recovery Month.”

GRADE
C+

ACCESS FACT
95 percent of Minnesota counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE
NARAL PRO-CHOICE MINNESOTA
Linnea House
Executive Director
2300 Myrtle Avenue
Suite 120
St. Paul, MN 55114
P 651.602.7655
F 651.602.7658
info@ProChoiceMinnesota.org
www.ProChoiceMinnesota.org
**MISSISSIPPI**

**Political Information**

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

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

**Laws in Brief**
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Mississippi’s Who Decides? webpage.

**Anti-Choice Laws**

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

**BIASED COUNSELING & MANDATORY DELAY**
Mississippi law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

**INSURANCE PROHIBITION FOR ABORTION**
Mississippi restricts insurance coverage of abortion for some individuals.

**PUBLIC FACILITIES RESTRICTION**
Mississippi prohibits the use of public facilities for abortion services.

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

**RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION**
Mississippi restricts low-income women’s access to abortion.

**RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION**
Mississippi law restricts young women’s access to abortion services by mandating parental consent.

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

**Pro-Choice Laws**

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
Mississippi provides certain low-income women increased coverage for Medicaid-funded family-planning services.

---

**ACCESS FACT**

99 percent of Mississippi counties have no abortion provider

**SOURCE:** Guttmacher Institute

**FAST FACT**
In 2005, the shortage of abortion providers in Mississippi was spotlighted in the Frontline documentary The Last Abortion Clinic.
MISSOURI

Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Missouri’s Who Decides? web page.

Anti-Choice Laws

ABORTION BAN
Missouri bans a safe abortion procedure.

BIASED COUNSELING & MANDATORY DELAY
Missouri law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

INSURANCE PROHIBITION FOR ABORTION
Missouri restricts insurance coverage of abortion for all individuals.

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

PUBLIC FACILITIES AND PUBLIC EMPLOYEES RESTRICTION
Missouri prohibits the use of all public facilities and public employees for abortion services.

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Missouri restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Missouri law restricts young women’s access to abortion services by mandating parental consent.

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

Pro-Choice Laws

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

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Missouri provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Missouri restricts post-viability abortion.

Missouri has consistently received a grade of “F” each year since NARAL Pro-Choice America Foundation began calculating state grades.

FAST FACT

GRADE

F

ACCESS FACT

96 percent of Missouri have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

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

SOURCE: GUTTMACHER INSTITUTE

2011 Who Decides? | 61
**MONTANA**

**Political Information**

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

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

**Laws in Brief**
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Montana’s Who Decides? web page.

**Anti-Choice Laws**

**BIASED COUNSELING & MANDATORY DELAY**
Montana has an unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

**Pro-Choice Laws**

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

**LOW-INCOME WOMEN’S ACCESS TO ABORTION**
Montana provides low-income women access to abortion.

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

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

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Montana restricts post-viability abortion.

**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.

---

**FAST FACT**
Montana’s legislature saw more anti-choice bills in 2009 than in any other session during the last 20 years.

---

**GRADE**
A-

**ACCESS FACT**
91 percent of Montana counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

**STATE AFFILIATE**

**NARAL PRO-CHOICE MONTANA**
Teresa Henry
Interim C4 Board Chair
P.O. Box 279
Helena, MT 59624
P 406.449.8193
F 406.442.4801
mtnaral@mt.net
www.ProChoiceMontana.org

---

**SOURCE:** NARAL PRO-CHOICE AMERICA FOUNDATION
ProChoiceAmericaFDN.org

**9356mvp_Text:2011 12/9/10 10:14 AM Page 66**
NEBRASKA

Political Information

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

LEGISLATURE
The Nebraska Legislature is anti-choice.

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Nebraska’s Who Decides? webpage.

Anti-Choice Laws

ABORTION BAN
Nebraska has a criminal ban on abortion.

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

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

INSURANCE PROHIBITION FOR ABORTION
Nebraska restricts insurance coverage of abortion for some individuals.

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

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Nebraska restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Nebraska law restricts young women’s access to abortion services by mandating parental notice.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Nebraska prohibits certain qualified health-care professionals from providing abortion care.

Other Related Laws

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

ACCESS FACT

97 percent of Nebraska counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
**NEVADA**

**Political Information**

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

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

**Laws in Brief**
*This information is current as of October 31, 2010. 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.

**Pro-Choice Laws**

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

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

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

**Other Related Laws**

**INFORMED CONSENT**
Nevada has an abortion-specific informed-consent law.

**POST-VIABILITY ABORTION RESTRICTION**
Nevada restricts post-viability abortion.

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

---

**ACCESS FACT**

88% of Nevada counties have no abortion provider.

*Source: Guttmacher Institute*

**FAST FACT**

Since 1999, Nevada’s grade has improved steadily from a “C+” to its current “A-.”

---

**GRADE**

**A-**

---

64 | NARAL PRO-CHOICE AMERICA FOUNDATION ProChoiceAmericaFDN.org
NEW HAMPSHIRE

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

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

Laws in Brief
This information is current as of October 31, 2010. 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 medication to provide the same coverage for contraception.

EMERGENCY CONTRACEPTION
New Hampshire law improves women’s access to emergency contraception (EC).

50 percent of New Hampshire counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

FAST FACT
New Hampshire was the first state to repeal its mandatory parental-notification law.

GRADE
A-
ACCESS FACT
50 percent of New Hampshire counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE
NARAL PRO-CHOICE NEW HAMPSHIRE
Pilar Olivo
Executive Director
18 Low Avenue
Concord, NH 03301
P 603.228.1224
F 603.226.4505
info@ProChoiceNH.org
www.ProChoiceNewHampshire.org

ProChoiceAmericaFDN.org
2011 Who Decides? 65
**NEW JERSEY**

**Political Information**

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

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

**Laws in Brief**

*This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit New Jersey’s Who Decides? web page.*

**Anti-Choice Laws**

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

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

**RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION**
New Jersey has an unconstitutional and unenforceable law that restricts young women’s access to abortion services by mandating parental notice.

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

**Pro-Choice Laws**

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

**EMERGENCY CONTRACEPTION**
New Jersey law improves women’s access to emergency contraception (EC).

**GUARANTEED ACCESS TO PRESCRIPTIONS**
New Jersey law guarantees that women’s birth-control prescriptions will be filled.

**LOW-INCOME WOMEN’S ACCESS TO ABORTION**
New Jersey provides low-income women access to abortion.

**STATE CONSTITUTIONAL PROTECTION**
New Jersey’s constitution provides greater protection for a woman’s right to choose than the U.S. Constitution.

**FAST FACT**

In 1998, a New Jersey company introduced the first-ever U.S. product marketed solely as an emergency contraceptive (EC). Twelve years later, a second EC was launched in the United States, also by a New Jersey company.

**GRADE**

A-

**ACCESS FACT**

19 percent of New Jersey counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
NEW MEXICO

Political Information

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

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

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit New Mexico’s Who Decides? webpage.

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 medication to provide the same coverage for contraception.

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

LOW-INCOME WOMEN'S ACCESS TO ABORTION
New Mexico provides low-income women access to abortion.

LOW-INCOME WOMEN'S ACCESS TO FAMILY PLANNING
New Mexico provides certain low-income women increased coverage for Medicaid-funded family-planning services.

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

Other Related Laws

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

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
New Mexico prohibits certain qualified health-care professionals from providing abortion care.

ACCESS FACT

88 percent of New Mexico counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE NEW MEXICO
Ann Piper
Foundation Board Chair
P.O. Box 97
Albuquerque, NM 87103
P 505.243.4443
F 505.243.4403

FAST FACT
In the 111th Congress, New Mexico’s congressional delegation was fully pro-choice for the first time since NARAL Pro-Choice America began tracking this information. Unfortunately, this is no longer the case.
Political Information

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

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

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit New York’s Who Decides? web page.

Anti-Choice Laws

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

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
New York prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

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

EMERGENCY CONTRACEPTION
New York law improves women’s access to emergency contraception (EC).

LOW-INCOME WOMEN’S ACCESS TO ABORTION
New York provides low-income women access to abortion.

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
New York provides certain low-income women increased coverage for Medicaid-funded family-planning services.

OTHER RELATED LAWS

POST-VIABILITY ABORTION RESTRICTION
New York restricts post-viability abortion.

Other Related Laws

40 percent of New York counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

NEW YORK

GRADE

A-

ACCESS FACT

FAST FACT

An anti-choice organization in New York City has launched the first-known mobile crisis pregnancy center, a van that parks outside reproductive-health centers in the Bronx.

STATE AFFILIATE

NARAL PRO-CHOICE NEW YORK
Kelli Conlin
President
470 Park Avenue South
7th Floor
New York, NY 10016
P 212.343.0114
F 212.343.0119
info@ProChoiceNY.org
www.ProChoiceNY.org

9356mvp_Text:2011 12/9/10 10:14 AM Page 72
**NORTH CAROLINA**

**Political Information**

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

**LEGISLATURE**
The North Carolina Senate is mixed-choice.
The North Carolina House is mixed-choice.

**Laws in Brief**
*This information is current as of October 31, 2010. 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 services by mandating parental consent.

**Pro-Choice Laws**

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

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
North Carolina provides certain low-income women increased coverage for Medicaid-funded family-planning services.

**PROTECTION AGAINST CLINIC VIOLENCE**
North Carolina law protects women seeking reproductive-health care and medical personnel from blockades and violence.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
North Carolina restricts post-viability abortion.

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

**GRADE**

**D+**

**ACCESS FACT**

**83 percent** of North Carolina counties have no abortion provider

**SOURCE:** GUTTMACHER INSTITUTE

**STATE AFFILIATE**

**NARAL PRO-CHOICE NORTH CAROLINA**
Carey Pope
Executive Director
514 Daniels Street, #142
Raleigh, NC 27605
P 919.829.9779
F 919.827.8779
info@ProChoiceNC.org
www.ProChoiceNC.org

**FAST FACT**
In 2010, the director of Operation Save America was prosecuted for circulating “WANTED” posters in North Carolina featuring abortion providers. At least four doctors have been murdered nationwide since 1990 after appearing on similar posters.

ProChoiceAmericaFDN.org

2011 Who Decides? | 69
Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit North Dakota’s Who Decides? webpage.

Anti-Choice Laws

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

BIASED COUNSELING & MANDATORY DELAY
North Dakota law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

INSURANCE PROHIBITION FOR ABORTION
North Dakota restricts insurance coverage of abortion for all individuals.

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

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

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
North Dakota restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
North Dakota law restricts young women’s access to abortion services by mandating parental consent.

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

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
North Dakota prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
North Dakota restricts post-viability abortion.
OHIO

Political Information

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

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

Laws in Brief

This information is current as of October 31, 2010 For up-to-date information and detailed summaries, please visit Ohio’s Who Decides? web page.

Anti-Choice Laws

ABORTION BAN
Ohio bans a safe abortion procedure.

BIASED COUNSELING & MANDATORY DELAY
Ohio law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

INSURANCE PROHIBITION FOR ABORTION
Ohio restricts insurance coverage of abortion for some individuals.

OTHER ANTI-CHOICE LAW
Ohio has an unconstitutional and unenforceable law that restricts access to mifepristone.

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Ohio restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Ohio law restricts young women’s access to abortion services by mandating parental consent.

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

Other Related Laws

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

FAST FACT
Ohio counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

NARAL PRO-CHOICE OHIO
Kellie Copeland
Executive Director
12000 Shaker Boulevard
Cleveland, OH 44120
P 216.283.2180
F 216.283.2184
Choice@ProChoiceOhio.org
www.ProChoiceOhio.org

GRADE
F

ACCESS FACT

90 percent of Ohio counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

OTHER RELATED LAWS

POSITIVE DEVIATION
Ohio law requires that patients undergoing medical services for abortion be given information and counseling.

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

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

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

Ohio has an unconstitutional and unenforceable ban on post-viability abortion.
Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. 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 abortion services to biased-counseling requirements and mandatory delays.

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

INSURANCE PROHIBITION FOR ABORTION
Oklahoma restricts insurance coverage of abortion for all individuals.

PUBLIC FACILITIES AND EMPLOYEES RESTRICTION
Oklahoma prohibits the use of all public facilities and public employees for abortion services.

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Oklahoma restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Oklahoma law restricts young women’s access to abortion services by mandating parental notice and consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Oklahoma prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

EMERGENCY CONTRACEPTION
Oklahoma law improves women’s access to emergency contraception (EC).

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Oklahoma provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Oklahoma restricts post-viability abortion.
**Political Information**

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

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

**Laws in Brief**
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Oregon’s Who Decides? web page.

**Anti-Choice Laws**

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

**Pro-Choice Laws**

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

**EMERGENCY CONTRACEPTION**
Oregon law improves women’s access to emergency contraception (EC).

**LOW-INCOME WOMEN’S ACCESS TO ABORTION**
Oregon provides low-income women access to abortion.

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
Oregon provides certain low-income women increased coverage for Medicaid-funded family-planning services.

**OTHER PRO-CHOICE LAW**
Oregon law contains a policy statement in support of the right to birth control.

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

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

**ACCESS FACT**

78 percent of Oregon counties have no abortion provider.

**SOURCE:** GUTTMACHER INSTITUTE

**STATE AFFILIATE**

**NARAL PRO-CHOICE OREGON**
Michele Stranger Hunter
Executive Director
P.O. Box 40472
Portland, OR 97240
P 503.223.4510
F 503.223.0251
info@ProChoiceOregon.org
www.ProChoiceOregon.org

**FAST FACT**
In 2006, after defeating an anti-choice ballot initiative, Oregon voters elected a majority pro-choice state legislature for the first time in more than 20 years.
Government

Governor Tom Corbett (R) is anti-choice.

Legislature

The Pennsylvania Senate is mixed-choice.
The Pennsylvania House is mixed-choice.

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Pennsylvania’s Who Decides? web page.

Anti-Choice Laws

Biased Counseling & Mandatory Delay
Pennsylvania law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

Counseling Ban/Gag Rule
Pennsylvania prohibits certain state employees and organizations receiving state funds from counseling or referring women for abortion services.

Insurance Prohibition for Abortion
Pennsylvania restricts insurance coverage of abortion for some individuals.

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

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

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

Restrictions on Low-Income Women’s Access to Abortion
Pennsylvania restricts low-income women’s access to abortion.

Restrictions on Young Women’s Access to Abortion
Pennsylvania law restricts young women’s access to abortion services by mandating parental consent.

Spousal Notice
Pennsylvania has an unconstitutional and unenforceable law mandating spousal notice before a married woman may obtain abortion care.

Targeted Regulation of Abortion Providers (TRAP)
Pennsylvania subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

Emergency Contraception
Pennsylvania law improves women’s access to emergency contraception (EC).

Low-Income Women’s Access to Family Planning
Pennsylvania provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws

Post-Viability Abortion Restriction
Pennsylvania restricts post-viability abortion.

Access Fact

78 percent of Pennsylvania counties have no abortion provider.

Source: Guttmacher Institute
RHODE ISLAND

Political Information
EXECUTIVE
Governor Lincoln Chafee (I) is pro-choice.

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Rhode Island’s Who Decides? webpage.

Anti-Choice Laws
ABORTION BAN
Rhode Island has an unconstitutional and unenforceable criminal ban on abortion.

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

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

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Rhode Island restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Rhode Island law restricts young women’s access to abortion services by mandating parental consent.

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

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

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

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Rhode Island provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Rhode Island restricts post-viability abortion.

FAST FACT
Rhode Island’s grade has remained stagnant over the last 10 years, never rising above “D+.”

GRADE
D+

ACCESS FACT
80 percent of Rhode Island counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

ProChoiceAmericaFDN.org 2011 Who Decides? 75
SOUTH CAROLINA

Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit South Carolina’s Who Decides? web page.

Anti-Choice Laws
ABORTION BAN
South Carolina has an unconstitutional and unenforceable criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY
South Carolina law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

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

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
South Carolina restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
South Carolina law restricts young women’s access to abortion services by mandating parental consent.

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

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

Pro-Choice Laws
EMERGENCY CONTRACEPTION
South Carolina law improves women’s access to emergency contraception (EC).

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
South Carolina provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
South Carolina restricts post-viability abortion.

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

GRADE
F

ACCESS FACT
91 percent of South Carolina counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
**SOUTH DAKOTA**

**Political Information**

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

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

**Laws in Brief**
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit South Dakota’s Who Decides? web page.

**Anti-Choice Laws**

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

**BIASED COUNSELING & MANDATORY DELAY**
South Dakota has a partially unconstitutional and unenforceable law that subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

**RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION**
South Dakota restricts low-income women’s access to abortion.

**RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION**
South Dakota law restricts young women’s access to abortion services by mandating parental notice.

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

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
South Dakota restricts post-viability abortion.

---

**ACCESS FACT**
98 percent of South Dakota counties have no abortion provider

**SOURCE:** GUTTMACHER INSTITUTE

**STATE AFFILIATE**

**NARAL PRO-CHOICE SOUTH DAKOTA**
Alisha Sedor
Executive Director
401 East 8th Street
Suite 330G
Sioux Falls, SD 57103
P 605.334.5065
info@ProChoiceSD.org
www.ProChoiceSD.org

**GRADE**
F

**ACCESS FACT**
98 percent of South Dakota counties have no abortion provider

**SOURCE:** GUTTMACHER INSTITUTE

**STATE AFFILIATE**

**NARAL PRO-CHOICE SOUTH DAKOTA**
Alisha Sedor
Executive Director
401 East 8th Street
Suite 330G
Sioux Falls, SD 57103
P 605.334.5065
info@ProChoiceSD.org
www.ProChoiceSD.org

**FAST FACT**
Since 1984, the only health center in South Dakota that provides abortion care has been staffed by doctors who are flown in from other states.

**20th Edition**

**ProChoiceAmericaFDN.org**

2011 Who Decides? | 77
Political Information

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Tennessee’s Who Decides? web page.

Anti-Choice Laws

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

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

INSURANCE PROHIBITION FOR ABORTION
Tennessee restricts insurance coverage of abortion for some individuals.

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Tennessee restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Tennessee law restricts young women’s access to abortion services by mandating parental consent.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Tennessee prohibits certain qualified health-care professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Pro-Choice Laws

STATE CONSTITUTIONAL PROTECTION
Tennessee’s constitution provides greater protection for a woman’s right to choose than the U.S. Constitution.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Tennessee restricts post-viability abortion.

FAST FACT
The number of abortion providers in Tennessee declined by 19 percent from 2000 to 2005.
**Texas**

**Political Information**

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

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

**Laws in Brief**

*This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Texas’ Who Decides? web page.*

**Anti-Choice Laws**

**BIASED COUNSELING & MANDATORY DELAY**
Texas law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

**PUBLIC FACILITIES AND EMPLOYEES RESTRICTION**
Texas prohibits the use of public funds for the direct or indirect costs of most abortion services.

**Pro-Choice Laws**

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
Texas provides certain low-income women increased coverage for Medicaid-funded family-planning services.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Texas restricts post-viability abortion.

**FAST FACT**

In 2010, a Texas bus driver refused to stop near a Planned Parenthood health center because he suspected that two of his passengers were traveling to the clinic for abortion care.

**GRADE**

F

**ACCESS FACT**

93 percent of Texas counties have no abortion provider

**SOURCE:** GUTTMACHER INSTITUTE

**STATE AFFILIATE**

**NARAL PRO-CHOICE TEXAS**
Sara Cleveland
Executive Director
P.O. Box 684602
Austin, TX 78768
P 512.462.1661
F 512.462.2007
info@ProChoiceTexas.org
www.ProChoiceTexas.org
Political Information
EXECUTIVE
Governor Gary Herbert (R) is anti-choice.

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Utah’s Who Decides? web page.

Anti-Choice Laws
ABORTION BANS
Utah bans a safe abortion procedure and has an unconstitutional and unenforceable near-total criminal ban on abortion.

BIASED COUNSELING & MANDATORY DELAY
Utah law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Utah restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Utah law restricts young women’s access to abortion services by mandating parental notice and consent.

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

Pro-Choice Laws
EMERGENCY CONTRACEPTION
Utah law improves women’s access to emergency contraception (EC).

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Utah restricts post-viability abortion.

FAST FACT
In Utah, educators are forbidden from teaching or talking to students about the health benefits of contraception, including condoms.

GRADE
F

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

Political Information

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

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

Laws in Brief

This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Vermont's Who Decides? webpage.

Anti-Choice Laws

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

Pro-Choice Laws

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

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

LOW-INCOME WOMEN'S ACCESS TO ABORTION
Vermont provides low-income women access to abortion.

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

FAST FACT

In Vermont, women do not face any of the major barriers to abortion care that exist in most other states.

GRADE

A-

ACCESS FACT

43 percent of Vermont counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
**Political Information**

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

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

**Laws in Brief**
*This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Virginia’s Who Decides? web page.*

**Anti-Choice Laws**

**ABORTION BAN**
Virginia bans a safe abortion procedure.

**BIASED COUNSELING & MANDATORY DELAY**
Virginia law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

**INSURANCE PROHIBITION FOR ABORTION**
Virginia restricts insurance coverage of abortion for some individuals.

**Pro-Choice Laws**

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
Virginia provides certain low-income women increased coverage for Medicaid-funded family-planning services.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Virginia restricts post-viability abortion.

**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.

**FAST FACT**
In 2010, Virginia’s anti-choice attorney general, Ken Cuccinelli, invited the state board of health to impose additional unnecessary, burdensome restrictions — known as TRAP laws — on abortion providers.
WASHINGTON

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

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

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Washington’s Who Decides? web page.

Anti-Choice Laws
REFUSAL TO PROVIDE MEDICAL SERVICES
Washington allows certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals.

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Washington prohibits certain qualified health-care professionals from providing abortion care.

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

EMERGENCY CONTRACEPTION
Washington law improves women’s access to emergency contraception (EC).

FREEDOM OF CHOICE ACT
Washington has an affirmative right to choose in its state law.

GUARANTEED ACCESS TO PRESCRIPTIONS
Washington law requires pharmacies to dispense women’s birth control.

LOW-INCOME WOMEN’S ACCESS TO ABORTION
Washington provides low-income women access to abortion.

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Washington provides certain low-income women increased coverage for Medicaid-funded family-planning services.

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

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Washington restricts post-viability abortion.

GRADE
A+

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

STATE AFFILIATE
NARAL PRO-CHOICE WASHINGTON
Lauren Simonds
Executive Director
811 First Avenue
Suite 456
Seattle, WA 98104
P 206.624.1990
F 206.624.4505
info@ProChoiceWashington.org
www.ProChoiceWashington.org

FAST FACT
In 2010, Washington became the seventh state to ban the degrading and dehumanizing practice of shackling female prisoners during childbirth.

ProChoiceAmericaFDN.org

2011 Who Decides? | 83
WEST VIRGINIA

**Political Information**

**EXECUTIVE**
Acting Governor Earl Ray Tomblin (R) is **anti-choice**.

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

**Laws in Brief**
*This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit West Virginia's Who Decides? web page.*

**Anti-Choice Laws**

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

**BIASED COUNSELING & MANDATORY DELAY**
West Virginia law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

**Pro-Choice Laws**

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

**LOW-INCOME WOMEN'S ACCESS TO ABORTION**
West Virginia provides low-income women access to abortion.

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

**FAST FACT**
West Virginia is the only state that excludes minor dependents from coverage under its contraceptive-equity law.

**GRADE**

**B**

**ACCESS FACT**

96 percent of West Virginia counties have no abortion provider

*Source: Guttmacher Institute*
Political Information

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

LEGISLATURE
The Wisconsin Senate is anti-choice.
The Wisconsin Assembly is anti-choice.

Laws in Brief
This information is current as of October 31, 2010. For up-to-date information and detailed summaries, please visit Wisconsin’s Who Decides? web page.

Anti-Choice Laws

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

BIASED COUNSELING & MANDATORY DELAY
Wisconsin law subjects women seeking abortion services to biased-counseling requirements and mandatory delays.

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

INSURANCE PROHIBITION FOR ABORTION
Wisconsin restricts insurance coverage of abortion for some individuals.

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

RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
Wisconsin restricts low-income women’s access to abortion.

RESTRICTIONS ON YOUNG WOMEN’S ACCESS TO ABORTION
Wisconsin law restricts young women’s access to abortion services by mandating parental consent.

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

Pro-Choice Laws

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

EMERGENCY CONTRACEPTION
Wisconsin law improves women’s access to emergency contraception (EC).

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

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Wisconsin provides certain low-income women increased coverage for Medicaid-funded family-planning services.

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

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Wisconsin restricts post-viability abortion.

FAST FACT
After trying unsuccessfully to skirt Wisconsin’s contraceptive-equity law, in 2010 the Madison Catholic Diocese agreed to offer contraceptive coverage – but threatened to terminate any employee taking advantage of it.

GRADE
C-

ACCESS FACT
93 percent of Wisconsin counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE
NARAL PRO-CHOICE WISCONSIN
Lisa Subeck
Executive Director
122 State Street
Suite 308
Madison, WI 53703
P 608.287.0016
F 608.287.0176
info@ProChoiceWisconsin.org
www.ProChoiceWisconsin.org

ProChoiceAmericaFDN.org
**Wyoming**

**Political Information**

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

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

**Laws in Brief**
This information is current as of October 31, 2010. 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 providing abortion care.

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

**Pro-Choice Laws**

**LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING**
Wyoming provides certain low-income women increased coverage for Medicaid-funded family-planning services.

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Wyoming restricts post-viability abortion.

**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.

---

**GRADE**

**D+**

**ACCESS FACT**

96 percent of Wyoming counties have no abortion provider.

Source: Guttman Institute

**STATE AFFILIATE**

**NARAL PRO-CHOICE WYOMING**
Sharon Breitweiser
Executive Director
P.O. Box 271
Laramie, WY 82073
P 307.742.9189
F 307.742.9189
NaralProChoiceWY@netscape.net

**FAST FACT**
Wyoming’s congressional delegation has been fully anti-choice since 1996.

---

**20th Edition**

---

---
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 “measures enacted” to refer to statutes and resolutions adopted by the legislature or enacted by ballot measure. “Laws” refers to constitutional provisions, statutes, regulations, court decisions, approved ballot initiatives, opinions of state attorneys general, and implementing policies. In addition to the types of laws that are highlighted on the “Fast Facts” pages of Who Decides?, the anti-choice counts of measures enacted provided on the “Key Findings” pages include but are not limited to offering “Choose Life” license plates; funding anti-choice crisis pregnancy centers; mandating failed “abstinence-only” programs; and granting legal status to embryos and fetuses separate from pregnant women. The pro-choice counts of measures enacted include but are not limited to measures designed to ameliorate anti-choice 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. For further information, please contact the Policy Department.

REPORT CARD METHODOLOGY

For 13 years, Who Decides? has used a grading system to capture the cumulative burden each state imposes on access to reproductive-health care. The grading system adds points for anti-choice restrictions on abortion and other aspects of reproductive-health care, and subtracts points for pro-choice laws. The grading 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: for each issue area, as listed below, the points assigned to a state in that area are decreased if the law is enjoined or otherwise unconstitutional and/or unenforceable.

A detailed analysis of the report-card methodology appears below. For the purposes of this publication’s methodology, the term “exceptions” may include but is not limited to exceptions for the life or health of the woman; rape and incest; emergency situations; cases of fetal anomaly; situations of child abuse; private employers; and state employees.

The nationwide grade reflects not only state restrictions on the right to choose, but also federal anti-choice measures including the Federal Abortion Ban, signed into law by President Bush in 2003, the Federal Refusal Clause, and restrictions on abortion care for women in the military.

Abortion Ban(s) (+ up to 80 points)
Points were added for each existing abortion ban based either on the point in pregnancy when the ban(s) begin, or on whether the statute banned a specific procedure. Points were subtracted for certain exceptions included in the ban(s). 175 additional points were added for any ban(s) whose effective dates would be triggered if the Supreme Court overturns Roe v. Wade.
Biased Counseling & Mandatory Delays (+ up to 25 points)
Points were allocated based on the length of the waiting period; whether multiple trips are required; whether a physician is required personally to provide specified information; whether the woman must receive state-prepared materials; and whether the woman must receive other material, oral or written, that contains information beyond risks, benefits, and alternatives. No points were added if a state has an abortion-specific informed-consent law that does not require biased counseling or a mandatory delay.

Contraceptive Equity (- up to 20 points)
Points were subtracted if a state requires health-insurance plans to cover contraceptives to the same extent that they cover other prescription medication; 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 if the ban applies to counseling and/or referring and if the ban applies to all or some public funds or employees. Points were subtracted based on the exceptions included in the law.

Emergency Contraception (- up to 25 points)
Points were subtracted if the state allows sexual-assault survivors greater access to emergency contraception (EC) in emergency rooms (ER) (receiving EC in the ER and/or receiving information about EC in the ER); if the state’s Medicaid program covers over-the-counter EC; and if pharmacists are allowed to provide EC to a woman without a prescription through a law specific to EC or one that permits collaborative-therapy agreements generally and includes EC. (These laws were in place before the Federal Drug Administration (FDA) approved EC for over-the-counter sales and still provide greater access in some states, particularly for young women who are excluded from the FDA’s ruling.)

Freedom of Choice Act (- up to 55 points)
Points were subtracted if a state has passed legislation to codify the protections of Roe v. Wade and provides an affirmative right to choose abortion prior to viability without government interference.

Guaranteed Access to Prescriptions (- up to 10 points)
Points were subtracted if 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 if the law prohibits insurance coverage for abortion for all or some public funds or employees; if the law prohibits abortion coverage unless an extra premium is paid; and if the law requires insurers to provide a policy alternative excluding abortion. Points were subtracted based on 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 allocated based on the circumstances under which the state medical assistance program funds abortion services: only to preserve the woman’s life; only in cases of rape, incest, or life endangerment; or in cases of rape, incest, life endangerment, and limited health circumstances. If a state medical assistance program funds abortion care in all or most circumstances, no points were added.

Low-Income Women’s Access to Family Planning (- up to 5 points)
Points were subtracted if the state provides increased coverage for Medicaid-covered reproductive-health-care services through a federal Medicaid waiver. 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. Although Medicaid family-planning waivers are no longer required pursuant to the Patient Protection and Affordable Care Act, NARAL Pro-Choice America Foundation will continue to use Medicaid waivers as an indicator of states’ commitment to providing essential family-planning care to low-income women until states begin to expand their Medicaid family-planning eligibility groups without federal approval.

Other Anti- or Pro-Choice Law (+/- up to 25 points per law)
Points were added for each anti-choice law and subtracted for each pro-choice law that does not fall under the existing issue areas captured in this section. Examples include the codification of a choice-related public-policy position or other significant restrictions on or protections for a woman’s right to choose.
**METHODOLOGY**

**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 for the lack or inadequacy of the health exception and if the state defines viability as occurring at a particular point in pregnancy.

**Protection Against Clinic Violence (- up to 15 points)**
Points were subtracted if the law prohibits interference with entry or exit to a facility; physical invasion of the facility including trespass, property damage, arson, and bombing; excessive noise, odors, or telephone calls; and threats, including weapon possession at demonstrations. Points were also subtracted if the law creates a buffer zone, and/or permits injunctive relief.

**Public Facilities and Public Employees Restriction(s) (+ up to 10 points)**
Points were added if all or some public employees and/or facilities are prohibited from providing abortion services. Points were subtracted based on the exceptions included in the law.

**Refusal to Provide Medical Services (+ up to 20 points)**
Points were added for each area in which individuals or entities are permitted to refuse to provide services: abortion, insurance coverage for contraception, family planning/birth control, sterilization, individual health-care instructions, or prescriptions.

**Restrictions on Young Women’s Access to Abortion (+ up to 25 points)**
Points were 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, and whether there is a waiting period. Points were subtracted based on the exceptions included in the law.

**Spousal Consent/Notice (+ up to 10 points)**
Points were added if 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 U.S. Constitution, and to the degree that the state constitutional protection prevents imposition of restrictions on the right to choose.

**Targeted Regulation of Abortion Providers (TRAP) (+ up to 30 points)**
Points were allocated based on the breadth and severity of all TRAP laws imposed. Additional points were added if a state prohibits certain qualified health-care professionals from providing abortion care. (Because of the breadth of TRAP laws, we have included in the summaries only select examples that illustrate the burdens these measures impose on abortion providers.)
ACKNOWLEDGMENTS

NARAL Pro-Choice America Foundation Policy Department researched and wrote this study. The Policy Department staff for the 2011 edition of Who Decides? The Status of Women’s Reproductive Rights in the United States includes: Policy Director Donna Crane; Deputy Policy Director/General Counsel Lissy Moskowitz; Senior Policy Representative Cristi Schwarcz; Policy Representatives Vanessa Wellbery and Lauren Birchfield; Policy Aides Kate Vlach and Rachel Tabakman; Policy Assistant Heidi Getz; and Policy Interns Amy McKiernan and Jennifer Wang. Many other members of the NARAL Pro-Choice America Foundation staff provided invaluable assistance.

President Nancy Keenan, along with the board of directors of NARAL Pro-Choice America Foundation, provided support and encouragement. NARAL Pro-Choice America Foundation state affiliates and coalition partners, including the American Civil Liberties Union and affiliates, Planned Parenthood Federation of America and affiliates, the Family Planning Council of Iowa, Family Planning Association of Maine, South Carolina for Healthy Families, and the Illinois Choice Action Team, provided valuable information. Countless others, particularly in state Medicaid offices and courts across the country, patiently answered requests for documents and information. We also appreciate the continued fine work of our graphic designers, Do Good Design, and our printer, Mount Vernon Printing.

The generous financial support of the Robert Sterling Clark Foundation made this report possible. NARAL Pro-Choice America Foundation assumes sole responsibility for the content of the 20th edition of Who Decides?.

DISCLAIMER

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

NARAL Pro-Choice America Foundation does not guarantee the accuracy of the contents of this book. Laws change, often rapidly, and interpretations of statutes may vary. Legislation may have been acted upon, or cases decided, after the date this book went to press. Systematic bill- and case-tracking concluded on October 31, 2010.

NARAL Pro-Choice America Foundation hereby specifically disclaims any liability for loss incurred as a consequence of the use of any material in this book.

NARAL Pro-Choice America Foundation

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

Copyright © 2011 by NARAL Pro-Choice America Foundation®. All rights reserved.
NARAL PRO-CHOICE AMERICA
STATE AFFILIATES

NARAL PRO-CHOICE ARIZONA
Kathren Coleman
Affiliate Manager
P.O. Box 16675
Phoenix, AZ 85011
P 602.258.4091
info@ProChoiceArizona.org
www.ProChoiceArizona.org

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

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

NARAL PRO-CHOICE CONNECTICUT
Jillian Gilchrest
Executive Director
P.O. Box 270390
West Hartford, CT 06127
P 860.523.1227
info@Pro-ChoiceCt.org
www.Pro-ChoiceCt.org

NARAL PRO-CHOICE MARYLAND
Jennifer Blasdell
Executive Director
8121 Georgia Avenue
Suite 501
Silver Spring, MD 20910
P 301.565.4154
F 301.588.5790
info@ProChoiceMaryland.org
www.ProChoiceMaryland.org

NARAL PRO-CHOICE MASSACHUSETTS
Andrea Miller
Executive Director
15 Court Square
Suite 900
Boston, MA 02108
P 617.556.8800
F 617.338.2532
Choice@ProChoiceMass.org
www.ProChoiceMass.org

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

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

NARAL PRO-CHOICE MONTANA
Teresa Henry
Interim C4 Board Chair
P.O. Box 279
Helena, MT 59624
P 406.449.8193
F 406.442.4801
mtnaral@mt.net
www.ProChoiceMontana.org

NARAL PRO-CHOICE NEW HAMPSHIRE
Pilar Olivo
Executive Director
18 Low Avenue
Concord, NH 03301
P 603.228.1224
F 603.226.4505
info@ProChoiceNH.org
www.ProChoiceNewHampshire.org

NARAL PRO-CHOICE NEW MEXICO
Ann Piper
Foundation Board Chair
P.O. Box 97
Albuquerque, NM 87103
P 505.243.4443
F 505.243.4403

NARAL PRO-CHOICE NEW YORK
Kelli Conlin
President
470 Park Avenue South
7th Floor
New York, NY 10016
P 212.343.0114
F 212.343.0119
info@ProChoiceNY.org
www.ProChoiceNY.org
NARAL PRO-CHOICE AMERICA
STATE AFFILIATES

NARAL PRO-CHOICE NORTH CAROLINA
Carey Pope
Executive Director
514 Daniels Street, #142
Raleigh, NC 27605
P 919.829.9779
F 919.827.8779
info@ProChoiceNC.org
www.ProChoiceNC.org

NARAL PRO-CHOICE OHIO
Kellie Copeland
Executive Director
12000 Shaker Boulevard
Cleveland, OH 44120
P 216.283.2180
F 216.283.2184
Choice@ProChoiceOhio.org
www.ProChoiceOhio.org

NARAL PRO-CHOICE OREGON
Michele Stranger Hunter
Executive Director
P.O. Box 40472
Portland, OR 97240
P 503.223.4510
F 503.223.0251
info@ProChoiceOregon.org
www.ProChoiceOregon.org

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

NARAL PRO-CHOICE TEXAS
Sara Cleveland
Executive Director
P.O. Box 684602
Austin, TX 78768
P 512.462.1661
F 512.462.2007
info@ProChoiceTexas.org
www.ProChoiceTexas.org

NARAL PRO-CHOICE VIRGINIA
Tarina Keene
Executive Director
P.O. Box 1204
Alexandria, VA 22313
P 757.287.3356
info@NaralVa.org

NARAL PRO-CHOICE WASHINGTON
Lauren Simonds
Executive Director
811 First Avenue, Suite 456
Seattle, WA 98104
P 206.624.1990
F 206.624.4505
info@ProChoiceWashington.org
www.ProChoiceWashington.org

NARAL PRO-CHOICE WISCONSIN
Lisa Subeck
Executive Director
122 State Street, Suite 308
Madison, WI 53703
P 608.287.0016
F 608.287.0176
info@ProChoiceWisconsin.org
www.ProChoiceWisconsin.org

NARAL PRO-CHOICE WYOMING
Sharon Breitweiser
Executive Director
P.O. Box 271
Laramie, WY 82073
P 307.742.9189
F 307.742.9189
NaralProChoiceWY@netscape.net
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.
NOTES
“I’m pro-choice because all people deserve liberty. Pregnancy is beautiful, and to turn it into a punishment for women who have sex is to demean the beauty of motherhood. I’m pro-choice because I love life.” – Reema, 17

“As a pro-choice parent, I’m pro-child, meaning every child should be wanted, nurtured and supported...At the end of the day, I trust women to know what’s best for their families.” – Edward, 26

“A woman should never feel forced to make a decision. The decision is hers and hers alone.” – Alison, 24

“I am pro-choice because as a single mom I know the challenges of being a parent. I chose to give birth to my daughter and I respect other women who choose to terminate their pregnancies. Safe abortions, pregnancies and childbirth are basic human rights that should not be denied to any woman.” – Brooke, 23

“No one’s personal beliefs should dictate everyone’s choices.” – Dudlyne, 27

“I’m pro-choice because it terrifies me to think of the lengths women had to go for an abortion before it was legal. I can’t imagine having to risk my life for reproductive freedom...I was lucky to be born after Roe, but that doesn’t mean my rights are safe, especially not in this political climate.” – Lindsay, 23

“Having a choice is having a voice.” – Alexandra, 20

“I’m pro-choice because no third party (such as the government) should be able to influence one of the most deeply personal and important decisions that a woman can make.” – Sarah, 20

“I am pro-choice because I believe that children should be born into this world as a blessing, not a consequence.” – Bethany, 25

“I am pro-choice because not every issue is black and white.” – Andrea, 20

“If I faced an unplanned pregnancy, I would not choose abortion. When my best friend faced an unplanned pregnancy, she chose abortion. If I didn’t support her decision, how could I expect her to support mine?” – Vanessa, 28

“I am pro-choice because I believe that women know what is best for themselves, their children, and their futures. Trust women.” – Kate, 20

“One day, I want to be an incredible mother. And one day, I will be. I take precautions and plan carefully, but I know that no matter what, pregnancy and motherhood will happen at the right time, on the right terms. My terms.” – Elizabeth, 25

“I don’t think anyone has the right to overrule the decision a woman makes about her own body, or to tell her they know best and she doesn’t...I wouldn’t want other people—complete strangers, in some cases—making my medical decisions for me.” – Tom, 24

“I’m pro-choice because I know my body better than the government ever will.” – Bridget, 29

“Because I am a smart, responsible woman who wants to bring a baby into the world when I can provide my child with everything he or she deserves...and more.” – Sarah, 25

“Because I wouldn’t want someone to force me into terminating my pregnancy, I find it hypocritical that others would force someone to keep their pregnancy. I am extremely anti-abortion, but I am also fiercely pro-choice.” – Kami, 19

“I believe that no woman, ever, anywhere should have to cede control over her own body.” – Abigayle, 26

“I’m intelligent enough to decide for myself what to do with my own body. It is degrading and demeaning to be told I am not.” – Colleen, 21

“I am pro-choice because making decisions for others is outside of my purview as someone who is not a supreme deity. I am pro-choice because no one has the right to tell my mom or memaw what to do with their bodies and lives.” – Joey, 29

“Because I grew up in the rural south and when I needed to terminate a pregnancy, it was more difficult than it needed to be. I had no support from family or friends. There is not a worse time to be so isolated and alone. I support women and their choices with their bodies, because no one supported me.” – Haley, 23

“I am pro-choice because it’s personal.” – Pam, 26