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

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

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

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

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

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

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

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

“During the summer after my freshman year in college, I spent many nights in a large public hospital interviewing women with serious infections after having an illegal abortion.” – James, father

“Thinking about my friends, freedom of choice seems to be very much on the back burner. Sadly, clear and accurate information about what to do in difficult situations has become harder and harder to find.” – Micah, 28, son

“I joined women for the first NOW march, protesting widespread discrimination. Abortions were illegal. Women suffered, many died. Our victory was temporary. Today reactionaries focus on eliminating this right. The pre-Roe horror is but one Supreme Court justice away.” – Elaine, mother

“Don’t want an abortion? Don’t get one. Don’t want your rights taken away? Don’t take them away from others. It’s that simple. Women make a complex decision that no government or religion understands. It’s disappointing to hear my mother’s stories and realize that today, few people are aware of how our rights are in jeopardy.” – Olivia, 28, daughter

“I am disturbed by the disparity of reproductive rights across this nation. For many women, access to a full range of reproductive-health services has been taken away by out-of-touch legislators. I will not feel free without reproductive freedom for all.” – Nonie, mother

“The United States has an incredibly high unintended-pregnancy rate, a symptom of poor sex education and limited access to birth control. Being pro-choice means ensuring couples can prevent pregnancy, if that’s what they want to do.” – Cassie, 22, daughter

“I see apathy spread across my generation and those still willing to fight for Roe becoming isolated. While we no longer witness the horrors of back-alley abortions and coat hangers, there is still an ongoing fight to make sure my generation never has to witness that.” – Sabrina, 17, daughter

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

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

“I'm only 11, but I know that no matter who we are or where we’re from, choice is ours. It can’t be taken away.” – Cassie, 11, daughter
## 2012 Report Card on Women’s Reproductive Rights

**Nationwide Grade:** D

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DEDICATION

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

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

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

We applaud Govs. Dayton and Schweitzer for standing as the last line of defense against state legislators who, left unchecked, aimed to systematically dismantle women’s reproductive freedom. We proudly dedicate this edition of *Who Decides?* to them.
Welcome to the 21st edition of Who Decides? The Status of Women’s Reproductive Rights in the United States. This publication tells a story that should spur to action every American who values freedom and privacy.

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

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

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

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

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

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

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

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

Sincerely,

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

www.WhoDecides.org

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

**Exclusive online features include:**

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

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

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

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

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

TOTAL PRO-CHOICE MEASURES1 ENACTED IN 2011:
- 6 states enacted 10 pro-choice measures in 2011.
- California enacted the most pro-choice legislation in 2011, with four measures.
- 2011 marks the seventh year in a row that Colorado has enacted a pro-choice measure.

KEY PRO-CHOICE VICTORIES IN 2011:
- California, Colorado, Idaho, and Oregon enacted laws that promote healthy childbearing.
- Colorado enacted a law that improves sex education for young people.
- California enacted a law to protect the confidentiality of reproductive-health professionals and patients.
- Maryland and Washington improved low-income women’s access to reproductive-health services by expanding eligibility for their state Medicaid family-planning programs.

1 This report uses the term “measures enacted” to refer to statutes and resolutions adopted by the legislature or enacted by ballot measure. “Laws” refers to constitutional provisions, statutes, regulations, court decisions, approved ballot initiatives, opinions of state attorneys general, and implemented policies.
Cumulative Number of Pro-Choice Measures Enacted Since 2004

States That Enacted Pro-Choice Measures in 2011

ProChoiceAmericaFDN.org
**KEY FINDINGS:** Threats to Choice

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

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

In addition to legislation that would ban access to abortion, states also considered and enacted a wide variety of other anti-choice bills, including those that force providers to tell women ideological and factually incorrect information about abortion care; restrict young women’s access to family-planning and abortion services; force women to undergo mandatory ultrasounds; and place unnecessary and burdensome requirements on abortion providers. Laws that specifically regulate abortion providers particularly threaten access to abortion care because they seek to reduce further the already declining number of providers. Already, 87 percent of U.S. counties have no abortion provider, according to The Guttmacher Institute. Opponents of choice also continue to push legislative measures that run the gamut from granting pharmacists the right to refuse to fill birth-control prescriptions to outright bans on abortion, even when a woman’s health is in danger. And many courts continue to rule in favor of anti-choice state provisions, further legitimizing harmful laws and inviting other states to enact similarly restrictive measures.

**TOTAL ANTI-CHOICE MEASURES ENACTED IN 2011:**
- Arizona, Florida, and Kansas enacted the most anti-choice legislation in 2011, with five measures each.
- Since 1995, states have enacted 711 anti-choice measures.

**ANTI-CHOICE MEASURES ENACTED IN 2011 INCLUDED:**
- Alabama, Idaho, Indiana, Kansas, and Oklahoma enacted pre-viability bans on abortion care after 20 weeks. None of these laws includes an adequate exception to protect women’s health or for cases in which the pregnancy was the result of rape or incest. These laws are clearly designed as a challenge to Roe v. Wade.
Eight states – Florida, Idaho, Indiana, Kansas, Nebraska, Oklahoma, Utah, and Virginia – passed abortion-coverage bans. Some of these measures ban coverage of abortion in the state’s health-insurance exchange; others prohibit abortion coverage in the state’s entire private insurance market.

Seven states enacted laws restricting state funds from going to Planned Parenthood or to any health center that provides abortion care: Indiana, Kansas, New Hampshire, North Carolina, Tennessee, Texas, and Wisconsin. These attacks took several forms, ranging from a New Hampshire executive-council decision to refuse to honor an existing contract with Planned Parenthood to budget bills that barred Planned Parenthood from receiving any state funds.

Kansas and Virginia imposed onerous regulations on abortion providers that are intended to shut down all clinics that offer abortion care. In Kansas, providers were given only two weeks to comply with numerous new construction and facilities requirements that are wholly unrelated to patient safety. In Virginia, the state now will regulate first-trimester abortion clinics as a type of hospital. This regulatory scheme includes extensive requirements that are impossible to meet without extensive renovations or new construction.

Arizona passed a law that removes the charitable tax status of any organization that provides, refers for, or provides coverage of abortion. The measure is so broad that it could sweep in any hospital or non-profit health center that refers for abortion as a standard of care or a non-profit organization that provides its employees with a comprehensive health plan that includes abortion coverage.

Arizona became the first state in the nation to enact a measure that imposes criminal penalties on doctors who provide abortion care with the knowledge that race or sex is a factor in the woman’s decision.

South Dakota passed a first-of-its-kind biased-counseling mandate. Of the law’s many onerous provisions, it requires a woman seeking abortion care to submit to an in-person lecture at a so-called crisis pregnancy center, many of which are biased, anti-choice, anti-contraception facilities. The law also includes a precedent-setting 72-hour mandatory delay before care. This law has been temporarily enjoined pending the conclusion of ongoing litigation.

**States That Enacted Anti-Choice Measures in 2011**

![Map of states that enacted anti-choice measures in 2011]
KEY FINDINGS: Political Landscape

Choice Positions of Executives

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

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

Choice Positions of Legislatures

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

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

† 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.
There are six states and the District of Columbia with pro-choice governments (both a majority of the legislature and the governor are pro-choice): CA, CT, DC (mayor), HI, MA, OR, VT.

There are 19 states with anti-choice governments (both a majority of the legislature and the governor are anti-choice): AL, AZ, FL, ID, KS, LA, MI, MS, NE, ND, OH, OK, SC, SD, TN, TX, UT, VA, WI.
www.ProChoiceAmericaFDN.org
FAST FACTS ABOUT ANTI-CHOICE LAWS
Near-Total Abortion Bans

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

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

**CURRENT STATE LAWS**

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

- 2 of these bans were enacted after Roe v. Wade: LA (1991) and UT (1991).
- 4 states have laws that would impose near-total criminal bans on abortion if the Supreme Court overturns Roe v. Wade (sometimes known as “trigger” bans): LA, MS, ND, SD.

**2011 NOTABLE DEVELOPMENTS**

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

Ohio made history this year as the first state to consider a bill that would outlaw abortion as soon as a fetal heartbeat can be detected – as early as six weeks into a pregnancy. While not technically a near-total ban, the so called “heartbeat bill” effectively would outlaw abortion care in most circumstances with no exceptions for rape, incest, or fetal anomaly.
## Abortion Bans After 12 Weeks

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

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

### CURRENT STATE LAWS

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

### CURRENT FEDERAL LAWS

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

### 2011 ENACTED STATE LEGISLATION

- **5** states enacted 5 measures that ban abortion after 20 weeks and do not provide an adequate exception to protect women’s health or for cases in which the pregnancy was the result of rape or incest: AL, ID, IN, KS, OK.
- **1** state enacted 1 ban on a safe abortion procedure: MI.

### 2011 NOTABLE DEVELOPMENTS

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

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

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

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

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

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

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

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

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

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

CURRENT STATE LAWS

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

North Dakota’s prohibition has been held partially unconstitutional.

CURRENT FEDERAL LAWS

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

2011 ENACTED STATE LEGISLATION

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

2011 FEDERAL ACTION

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

2011 NOTABLE DEVELOPMENTS

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

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

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

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

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

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

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

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

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Insurance Prohibition for Abortion

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2011 ENACTED STATE LEGISLATION

3 states enacted 3 measures prohibiting abortion coverage in private insurance market: KS, NE, UT.
8 states enacted 8 measures prohibiting abortion coverage in state insurance exchanges: FL, ID, IN, KS, NE, OK, UT, VA.
4 states enacted 4 measures prohibiting abortion coverage for state employees: AZ, KS, NC, OH.

2011 FEDERAL ACTION

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

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

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

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

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

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

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

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

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

CURRENT STATE LAWS

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

CURRENT FEDERAL LAWS

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

2011 ENACTED STATE LEGISLATION

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

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

2011 FEDERAL ACTION

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

2011 NOTABLE CASES

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

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
Restrictions on Low-Income Women’s Access to Abortion

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

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

CURRENT STATE LAWS

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

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

CURRENT FEDERAL LAWS

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

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

2011 ENACTED STATE LEGISLATION

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

2011 FEDERAL ACTION

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

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

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

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Restrictions on Low-Income Women’s Access to Abortion

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

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

2011 NOTABLE DEVELOPMENTS

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

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

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

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

**CURRENT STATE LAWS**

- 44 states have parental-notice or -consent laws that restrict young women’s access to abortion: AL, AK, AZ, AR, CA, CO, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.
- 22 states require parental consent: AL, AZ, AR, CA, ID, IN, KY, LA, ME, MA, MI, MS, MO, NM, NC, ND, OH, PA, RI, SC, TN, WI.
- 17 states require parental notice: AK, CO, DE, FL, GA, IL, IA, KS, MD, MN, MT, NE, NV, NH, NJ, SD, WV.
- 5 states require both parental notice and consent: OK, TX, UT, VA, WY.
- 11 states that have parental-notice and/or -consent laws permit other trusted adults to stand in for a parent: AZ, CO, DE, IL, IA, KS, MD, MN, MT, NE, NV, NH, NJ, SD, WV.
- 5 of these laws have been found unconstitutional and unenforceable: CA, MT, NV, NJ, NM.
- 1 of these laws is currently not in effect: IL.

**2011 ENACTED STATE LEGISLATION**

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

**2011 FEDERAL ACTION**

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

**2011 NOTABLE DEVELOPMENTS**

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

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

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

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

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

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

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

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

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

This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
FAST FACTS ABOUT PRO-CHOICE LAWS
Contraceptive Equity

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

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

**CURRENT STATE LAWS**

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

**CURRENT FEDERAL LAWS**

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

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

**2011 FEDERAL ACTION**

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

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.

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

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

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

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

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

continued on next page
Emergency Contraception (EC)

Continued from prior page

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

2011 NOTABLE DEVELOPMENTS

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

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

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

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

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.
Guaranteed Access to Prescriptions

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

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

CURRENT
STATE LAWS

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

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

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

2011
NOTABLE CASES

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

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

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

2011
NOTABLE DEVELOPMENTS

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

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

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

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

<table>
<thead>
<tr>
<th>CURRENT STATE LAWS</th>
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<tbody>
<tr>
<td>29 states, as of July 2011, provided expanded access to Medicaid coverage for family-planning services.</td>
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<tr>
<td>22 states provide expanded access to Medicaid-funded reproductive-health services through a waiver obtained from the federal government: AL, AZ, AR, DE, FL, GA, IL, IA, LA, MD, MI, MN, MS, MO, NY, NC, OR, PA, RI, TX, WA, WY.</td>
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<tr>
<td>7 states, as of October 2011, provided certain low-income women coverage for Medicaid-funded reproductive-health services through a SPA: CA, NM, OK, OH*, SC, VA, WI.</td>
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<td>*Note: As of this publication’s printing, Ohio’s SPA was approved but had not yet been implemented.</td>
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<th>CURRENT FEDERAL LAWS</th>
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<tr>
<td>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.</td>
</tr>
<tr>
<td>The ACA allows states to improve access to family-planning care without requiring prior federal approval by amending their Medicaid plans to create a new eligibility group of low-income individuals through a SPA. This option allows states to offer women who otherwise would not qualify for the Medicaid program access to Medicaid family-planning services.</td>
</tr>
<tr>
<td>Under the ACA, newly issued insurance plans must cover women’s family-planning care, including all Food and Drug Administration-approved contraceptive methods, without copayments or deductibles. This new policy will reduce financial barriers to contraception for low- and middle-income women with health insurance.</td>
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<tr>
<th>2011 ENACTED STATE LEGISLATION</th>
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<tr>
<td>4 states enacted 5 measures expanding access to family planning for low-income women and men: IN, IA, MD, WA.</td>
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<th>2011 FEDERAL ACTION</th>
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<tr>
<td>As part of its implementation of the ACA, which requires health plans to cover — at no cost — certain preventive-health services that are specific to women, the Department of Health and Human Services (HHS) appointed an Institute of Medicine panel to recommend which services should be defined as preventive care under the law. The panel recommended that family-planning services, including the full range of Food and Drug Administration-approved contraceptive methods, be considered preventive care for women; in August, HHS adopted this recommendation in full. Now, plans issued on or after August 1, 2012 must include no-cost contraceptive coverage. Plans issued before this date have a full plan year to come into compliance with the law.</td>
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This information is current as of November 9, 2011. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
Low-Income Women’s Access to Family Planning

Continued from prior page

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

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

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

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

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

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

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

<table>
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<tr>
<td><strong>16</strong> 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.</td>
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<tr>
<td>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.</td>
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<th>2011 ENACTED STATE LEGISLATION</th>
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<tr>
<td><strong>1</strong> state enacted <strong>1</strong> measure protecting health-care facilities, providers, and/or patients from blockades, harassment, and/or other violence: CA.</td>
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<tr>
<th>2011 NOTABLE DEVELOPMENTS</th>
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<tr>
<td>Last year, Dr. LeRoy Carhart, a courageous doctor and abortion provider based in Nebraska – one of only a few nationwide who provide abortion care later in pregnancy – opened a clinic in Germantown, Maryland. While anti-choice extremists have a long history of targeting Dr. Carhart, they expanded their attacks to include the landlord of the building where the health center rents space. In September 2011 during a back-to-school-night event, anti-choice activists went so far as to demonstrate with graphic images outside of the middle school where the landlord’s daughter attends sixth grade. Unfortunately, this was not an isolated incident. It is part of an ongoing pattern of hateful rhetoric from the anti-choice movement that unfortunately can lead to violence. According to the National Abortion Federation, opponents of choice have directed more than 6,300 reported acts of violence against abortion providers since 1977, including bombings, arsons, death threats, kidnappings, and assaults, as well as more than 169,000 reported acts of disruption, including bomb threats and harassing calls.</td>
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State Constitutional Protection

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

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

16 states’ constitutions provide greater protection of a woman’s right to choose than does the federal Constitution: AK, AZ, CA, CT, FL, IL, IN, MA, MN, MT, NJ, NM, OR, TN, VT, WV.
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 November 9, 2011. For up-to-date information and detailed summaries, please visit the federal Who Decides? web page.

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

RESTRICTIONS ON PRIVATE INSURANCE COVERAGE OF ABORTION
Federal law restricts insurance coverage of abortion for some individuals.

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

RESTRICTIONS ON WOMEN WHO RECEIVE HEALTH INSURANCE FROM THE GOVERNMENT
Federal law restricts insurance coverage of abortion for women who receive health insurance from the government.

RESTRICTIONS ON WOMEN IN THE MILITARY’S ACCESS TO ABORTION
Federal law severely restricts women in the military’s access to abortion.

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

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

LOW-INCOME WOMEN’S ACCESS TO FAMILY PLANNING
Title X of the Public Health Service Act grants federal funds to family-planning clinics that provide comprehensive reproductive-health services to low-income women, uninsured women, and women who cannot qualify for Medicaid.

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

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

93% of Alabama counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

ALABAMA

**Political Information**

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

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

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

**Anti-Choice Laws**

**ABORTION BANS**
Alabama has criminal bans on abortion.

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

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

**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.

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

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

**TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)**
Alabama subjects abortion providers to burdensome restrictions not applied to other medical professionals.
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 November 9, 2011. For up-to-date information and detailed summaries, please visit Alaska’s Who Decides? web page.

Anti-Choice Laws

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

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

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

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

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

Pro-Choice Laws

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

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

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

GRADE

A-

ACCESS FACT

82 percent of Alaska counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
Political Information

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

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

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

Anti-Choice Laws

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

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

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

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

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

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

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

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

Pro-Choice Laws

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

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

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

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

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Arizona restricts post-viability abortion.
AR KANSAS

Political Information

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

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

Laws in Brief

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

Anti-Choice Laws

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

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

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

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

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

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.

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

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

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

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

GRADE

F

ACCESS FACT

97 percent of Arkansas counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
Political Information

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

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

Laws in Brief

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

Anti-Choice Laws

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

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

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

Pro-Choice Laws

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

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

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

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

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

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

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

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

Other Related Laws

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GRADE
C+

ACCESS FACT
78 percent of Colorado counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

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CONNECTICUT

Political Information

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

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

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

Anti-Choice Laws

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

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

Pro-Choice Laws

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

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

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

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

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

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

Other Related Laws

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GRADE
C+

ACCESS FACT
33 percent of Delaware counties have no abortion provider.
SOURCE: GUTTMACHER INSTITUTE
ACCESS FACT

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

SOURCE: GUTTMACHER INSTITUTE

DISTRICT OF COLUMBIA*

Political Information
EXECUTIVE
Mayor Vincent Gray (D) is pro-choice.

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

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

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

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

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
The District of Columbia prohibits certain qualified health-care professionals from providing abortion care.

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

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

DISTRICT OF COLUMBIA*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GRADE
F

ACCESS FACT
72 percent of Florida counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
Georgia

Political Information

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

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

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

Anti-Choice Laws

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

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

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

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

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

Pro-Choice Laws

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

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

Other Related Laws

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

Access Fact

94 percent of Georgia counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

GRADE
D

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 November 9, 2011. For up-to-date information and detailed summaries, please visit Hawaii’s Who Decides? web page.

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

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

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

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

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

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

ACCESS FACT
20 percent of Hawaii counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
NARAL PRO-CHOICE AMERICA FOUNDATION

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

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

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

Anti-Choice Laws

ABORTION BANS
Idaho has criminal bans on abortion.

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

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

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

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

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

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

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

Other Related Laws

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

GRADE

F

ACCESS FACT

95 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 November 9, 2011. For up-to-date information and detailed summaries, please visit Illinois’ Who Decides? web page.

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

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

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

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

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

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

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

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

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

GUARANTEED ACCESS TO PRESCRIPTIONS
Illinois has an unenforceable rule that requires pharmacies to dispense women’s birth control.

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

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

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

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

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

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GRADE
B-

SOURCE: GUTTMACHER INSTITUTE
**Political Information**

**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 November 9, 2011. For up-to-date information and detailed summaries, please visit Indiana’s Who Decides? web page.

**Anti-Choice Laws**

**ABORTION BANS**
Indiana has criminal bans on abortion.

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

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

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

**Pro-Choice Laws**

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

**Other Related Laws**

**POST-VIABILITY ABORTION RESTRICTION**
Indiana restricts post-viability abortion.
IOWA

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

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

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

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

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

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

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

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

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

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

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

Grade
C+

Access Fact
91 percent of Iowa counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

ProChoiceAmericaFDN.org

2012 WHO DECIDES?
Governor Sam Brownback (R) is anti-choice.

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

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

Kansas has criminal bans on abortion.

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

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

Kansas restricts insurance coverage of abortion for all individuals.

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

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

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

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

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

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

Kansas restricts post-viability abortion.

Access Fact
97 percent of Kansas counties have no abortion provider

Source: Guttmacher Institute
Political Information

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

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

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

Anti-Choice Laws

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

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

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

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

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

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

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

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

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

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

Other Related Laws

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

ACCESS FACT

98 percent of Kentucky counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
LOUISIANA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Louisiana restricts post-viability abortion.
ProChoiceAmericaFDN.org

MAINE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GRADE
ACCESS FACT
A

ACCESS FACT

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

Legislature
The Maryland Senate is pro-choice. The Maryland House is mixed-choice.

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

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

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

Targeted Regulation of Abortion Providers (TRAP)
Maryland prohibits certain qualified health-care professionals from providing abortion care.

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.
**MASSACHUSETTS**

**Political Information**

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

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

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

**Anti-Choice Laws**

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

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

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

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

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

**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.

**GRADE**

**ACCESS FACT**
29 percent of Massachusetts counties have no abortion provider

**STATE AFFILIATE**

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**Political Information**

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

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

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

**Anti-Choice Laws**

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

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

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

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

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

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

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

**Pro-Choice Laws**

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

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

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

**Other Related Laws**

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

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**GRADE**  
**F**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.
MISSISSIPPI

Political Information
EXECUTIVE
Governor Phil Bryant (R) is anti-choice.

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

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

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

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

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

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

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

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

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

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

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

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

Political Information

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

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

Laws in Brief

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

Anti-Choice Laws

ABORTION BAN
Missouri bans a safe abortion procedure.

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

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

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

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

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

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

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

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

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

Pro-Choice Laws

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

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

Other Related Laws

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

GRADE

F

ACCESS FACT

97 percent of Missouri counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

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

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

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

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

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

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

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

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

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

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

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

LEGISLATURE
The Nebraska Legislature is anti-choice.

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

Anti-Choice Laws
ABORTION BANS
Nebraska has criminal bans on abortion.

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

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

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

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

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

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

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

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

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

GRADE
F

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 November 9, 2011. For up-to-date information and detailed summaries, please visit Nevada’s Who Decides? web page.

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

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

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

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

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

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

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

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

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

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

GRADE
A-

ACCESS FACT
76 percent of Nevada counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
NEW HAMPSHIRE

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

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

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

Anti-Choice Laws
RESTRICTIONS ON LOW-INCOME WOMEN’S ACCESS TO ABORTION
New Hampshire restricts low-income women’s access to abortion.

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).

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

GRADE
B-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GRADE
A−

ACCESS FACT
91 percent of New Mexico counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

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**Political Information**

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

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

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

**Anti-Choice Laws**

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

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

**Pro-Choice Laws**

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

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

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

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

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

**Other Related Laws**

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

**GRADE**

A-

**ACCESS FACT**
39 percent of New York counties have no abortion provider
Source: Guttmacher Institute

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NORTH CAROLINA

Political Information

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

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

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

Anti-Choice Laws

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

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

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

Pro-Choice Laws

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

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

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

Other Related Laws

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

GRADE

D+

ACCESS FACT

86 percent of North Carolina counties have no abortion provider

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NORTH DAKOTA

Political Information

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

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

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

Anti-Choice Laws

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

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

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

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

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

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

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

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

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

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

Other Related Laws

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

ACCESS FACT
98 percent of North Dakota counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
OHIO

Political Information

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

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

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

Anti-Choice Laws

ABORTION BAN
Ohio bans a safe abortion procedure.

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

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

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

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

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

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

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

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

Pro-Choice Laws

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

Other Related Laws

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

GRADE

F

ACCESS FACT

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

STATE AFFILIATE

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

Anti-Choice Laws

ABORTION BANS
Oklahoma has criminal bans on abortion.

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

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

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

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

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.

Access Fact

96 percent of Oklahoma counties have no abortion provider

Source: Guttmacher Institute
OREGON

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

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

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

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

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

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

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

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

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

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

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

ACCESS FACT
75 percent of Oregon counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

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GRADE
A

ACCESS FACT
75 percent of Oregon counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

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

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

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

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

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

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

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

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

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
82 percent of Pennsylvania counties have no abortion provider
Source: Guttmacher Institute

Grade
F

Access Fact
82 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 November 9, 2011. For up-to-date information and detailed summaries, please visit Rhode Island’s Who Decides? web page.

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

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

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

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

Restrictions on low-income women’s access to abortion
Rhode Island restricts low-income women’s access to abortion.

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

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

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

Low-income women’s access to family planning
Rhode Island provides certain low-income women increased coverage for Medicaid-funded family-planning services.

Other Related Laws
Post-viability abortion restriction
Rhode Island restricts post-viability abortion.

Access Fact
80 percent of Rhode Island counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
SOUTH CAROLINA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GRADE
F

ACCESS FACT
93 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 November 9, 2011. For up-to-date information and detailed summaries, please visit South Dakota’s Who Decides? web page.

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

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

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

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

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

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

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

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

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TENNESSEE

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

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

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

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

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

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

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

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

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

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

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

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

GRADE
D

ACCESS FACT
94 percent of Tennessee counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
ProChoiceAmericaFDN.org

TExAS

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

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

Laws in Brief
This information is current as of November 9, 2011. For up-to-date information and detailed summaries, please visit Texas’ Who Decides? web page.

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

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

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

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

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

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

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

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

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

GRADE
F

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

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Political Information

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

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

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

Anti-Choice Laws

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

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

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

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

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.

GRADE

F

ACCESS FACT

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

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.
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 November 9, 2011. For up-to-date information and detailed summaries, please visit Vermont’s Who Decides? web page.

Anti-Choice Laws

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

Pro-Choice Laws

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

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

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

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

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 anti-choice.
The Virginia House is anti-choice.

Laws in Brief

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

Anti-Choice Laws

ABORTION BAN
Virginia bans a safe abortion procedure.

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

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

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

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

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

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

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

Pro-Choice Laws

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

Other Related Laws

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

GRADE

F

ACCESS FACT

85 percent of Virginia counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

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Political Information

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

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

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

Anti-Choice Laws

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

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

Pro-Choice Laws

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

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

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

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

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

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

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

Other Related Laws

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

GRADE
A+

ACCESS FACT

56 percent of Washington counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

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WEST VIRGINIA

Political Information
EXECUTIVE
Governor Earl Ray Tomblin (D) is anti-choice.

LEGISLATURE
The West Virginia Senate is mixed-choice.
The West Virginia House is anti-choice.

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

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

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

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.

GRADE

B

ACCESS FACT

96 percent of West Virginia counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
WISCONSIN

Political Information

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

LEGISLATURE
The Wisconsin Senate is anti-choice.
The Wisconsin Assembly is anti-choice.

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

Anti-Choice Laws

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

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

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

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

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

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

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

Pro-Choice Laws

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

EMERGENCY CONTRACEPTION
Wisconsin law improves women’s access to emergency contraceptive (EC).

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

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

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

Other Related Laws

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

GRADE
D+

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

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WYOMING

Political Information

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

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

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

Anti-Choice Laws

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

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

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

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

Pro-Choice Laws

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

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Wyoming restricts post-viability abortion.
CONCLUSION
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.


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

REPORT CARD METHODOLOGY

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

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

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

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

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

Abortion Ban(s)
(- up to 80 points)
Points were subtracted for each abortion ban based either on the point in pregnancy when the ban(s) begin, or on whether the statute bans a specific procedure. Points were added for certain exceptions included in the ban(s). Additional points were subtracted for any ban(s) whose effective dates would be triggered if the Supreme Court overturns Roe v. Wade.

Biased Counseling & Mandatory Delays
(- up to 25 points)
Points were allocated based on the length of the waiting period; whether multiple trips are required; whether a physician is required personally to provide specified information; whether the woman must receive state-prepared materials; and whether the woman must receive other material, oral or written, that contains information beyond risks, benefits, and alternatives. No points were subtracted if a state has an abortion-specific informed-consent law that does not require biased counseling or a mandatory delay.

Contraceptive Equity
(+ up to 20 points)
Points were added if a state requires health-insurance plans to cover contraceptives to the same extent that they cover other prescription medication; fewer points were added if the law has an overly broad refusal clause or requires an insurer only to offer and make available such coverage but not include it in every plan.
Counseling Ban/Gag Rule
(- up to 10 points)
Points were subtracted if the ban applies to counseling and/or referrals and if the ban applies to all or some public funds or employees. Points were added based on the exceptions included in the law.

Emergency Contraception
(+ up to 25 points)
Points were added if the state allows sexual-assault survivors greater access to emergency contraception (EC) in emergency rooms (ER) (receiving EC in the ER and/or receiving information about EC in the ER); if the state’s Medicaid program covers over-the-counter EC; and if pharmacists are allowed to provide EC to a woman without a prescription through a law specific to EC or one that permits collaborative-therapy agreements generally and includes EC. (These laws were in place before the Food and Drug Administration (FDA) approved EC for over-the-counter sales and still provide greater access in some states, particularly for young women who are excluded from the FDA’s ruling.

Freedom of Choice Act
(+ up to 55 points)
Points were added if a state has passed legislation to codify the protections of Roe v. Wade and provides an affirmative right to choose abortion prior to viability without government interference.

Guaranteed Access to Prescriptions
(+ up to 10 points)
Points were added if a state explicitly guarantees a woman’s right to have her birth-control prescription filled.

Insurance Prohibition for Abortion
(- up to 35 points)
Points were subtracted if the law prohibits insurance coverage of abortion in the private insurance market; if the law prohibits insurance coverage of abortion in the state health-insurance exchange; if the law prohibits insurance coverage of abortion for all or some state and/or municipal employees; and if the law requires insurers to provide a policy alternative excluding abortion. Fewer points were deducted based on exceptions included in the law.

Low-Income Women’s Access to Abortion
(and Restrictions on Low-Income Women’s Access to Abortion) (- up to 25 points)
Points were allocated based on the circumstances under which the state medical assistance program funds abortion services: only to preserve the woman’s life; only in cases of rape, incest, or life endangerment; or in cases of rape, incest, life endangerment, and limited health circumstances. If a state medical assistance program funds abortion care in all or most circumstances, no points were subtracted.

Low-Income Women’s Access to Family Planning
(- up to 5 points)
Points were subtracted if the state provides increased coverage for Medicaid-covered reproductive-health-care services through a federal Medicaid waiver or through a family-planning state plan amendment (SPA). A state that applies for and receives a waiver or SPA is generally allowed to increase eligibility for Medicaid family-planning services and/or improve the quality of those services for a specific period of time. The duration, eligibility requirements, and covered services provided by each state’s expanded coverage program vary from state to state. While pursuant to the Affordable Care Act it is anticipated that Medicaid family-planning waivers may be phased out and replaced with SPAs, NARAL Pro-Choice America Foundation will continue to include Medicaid waivers as an indicator of states’ commitment to providing essential family-planning care to low-income women until this is no longer an available option for states.

Post-Viability Abortion Restriction
(- up to 10 points)
If a post-viability abortion restriction contains adequate life and health exceptions and does not define viability as occurring at a particular point in pregnancy, no points were subtracted. Points were subtracted for the lack or inadequacy of the health exception and if the state defines viability as occurring at a particular point in pregnancy.

Protection Against Clinic Violence
(+ up to 15 points)
Points were added if the law prohibits interference with entry or exit to a facility; physical invasion of the facility including trespass, property damage, arson, and bombing; excessive noise, odors, or telephone calls; and threats, including weapon possession at demonstrations. Points were also added if the law creates a buffer zone, and/or permits injunctive relief.
Public Facilities and Public Employees Restriction(s)
(- up to 10 points)
Points were subtracted if all or some public employees and/or facilities are prohibited from providing abortion services. Points were added based on the exceptions included in the law.

Refusal to Provide Medical Services
(- up to 20 points)
Points were subtracted for each area in which individuals or organizations are permitted to refuse to provide services: abortion, insurance coverage for contraception, family planning/birth control, sterilization, individual health-care instructions, or prescriptions.

Restrictions on Young Women’s Access to Abortion
(- up to 25 points)
Points were subtracted based on whether consent or notice is required before a minor may obtain abortion services, whose consent or notice is required, whether there is a physician bypass, whether the judicial-bypass procedure is adequate, and whether there is a waiting period. Points were added based on the exceptions included in the law.

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

State Constitutional Protection
(+ up to 20 points)
Points were added if a state constitution protects the right to choose beyond the U.S. Constitution, and to the degree that the state constitutional protection prevents imposition of restrictions on the right to choose.

Targeted Regulation of Abortion Providers (TRAP)
(- up to 30 points)
Points were allocated based on the breadth and severity of all TRAP laws imposed. Additional points were subtracted if a state prohibits certain qualified health-care professionals from providing abortion care. (Because of the breadth of TRAP laws, we have included in the summaries only select examples that illustrate the burdens these measures impose on abortion providers.)
ACKNOWLEDGMENTS

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DISCLAIMER

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

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

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.

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NARAL PRO-CHOICE AMERICA FOUNDATION
MISSION STATEMENT

To support and protect, as a fundamental right and value, a woman’s freedom to make personal decisions regarding the full range of reproductive choices through education, training, organizing, legal action, and public policy.
“As an immigrant to the United States, a woman’s right to choose seemed, at first, the obvious law of the land in a free society. But when I saw the continued threats against this right, I made a conscious decision to actively support a woman’s rights to privacy and personal freedom.” – Luis “Lucky,” father

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

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

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

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

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

“During the summer after my freshman year in college, I spent many nights in a large public hospital interviewing women with serious infections after having an illegal abortion.” – James, father

“Thinking about my friends, freedom of choice seems to be very much on the back burner. Sadly, clear and accurate information about what to do in difficult situations has become harder and harder to find.” – Micah, 28, son

“I joined women for the first NOW march, protesting widespread discrimination. Abortions were illegal. Women suffered, many died. Our victory was temporary. Today reactionaries focus on eliminating this right. The pre-Roe horror is but one Supreme Court justice away.” – Elaine, mother

“Don’t want an abortion? Don’t get one. Don’t want your rights taken away? Don’t take them away from others. It’s that simple. Women make a complex decision that no government or religion understands. It’s disappointing to hear my mother’s stories and realize that today, few people are aware of how our rights are in jeopardy.” – Olivia, 28, daughter

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

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

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“I am disturbed by the disparity of reproductive rights across this nation. For many women, access to a full range of reproductive-health services has been taken away by out-of-touch legislators. I will not feel free without reproductive freedom for all.” – Nonie, mother

“The United States has an incredibly high unintended-pregnancy rate, a symptom of poor sex education and limited access to birth control. Being pro-choice means ensuring couples can prevent pregnancy, if that’s what they want to do.” – Cassie, 22, daughter

“I see apathy spread across my generation and those still willing to fight for Roe becoming isolated. While we no longer witness the horrors of back-alley abortions and coat hangers, there is still an ongoing fight to make sure my generation never has to witness that.” – Sabrina, 17, daughter

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“My commitment to choice started at age 15 in the 1960s because girls and women were legally and bodily being slaughtered. Here I am 45 years later. How did things get so bad? Why am I still in this fight when we are supposed to be protected by the law?” – Amy, mother

“We’ve all thought it: thank God for birth control. The idea that our government would restrict or even ban its sale and use is, plainly, frightening, not to mention absurd.” – Lily, 18, daughter

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