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

22nd Edition
January 2013

NARAL
Pro-Choice America

NARAL
Pro-Choice America Foundation
“If it is a legitimate rape the female body has ways to try to shut that whole thing down.”
— Rep. Todd Akin (R-MO)

“I know in your mind you can think of the times America was attacked. One is December 7th, that’s Pearl Harbor Day. The other is September 11th, and that’s the day of the terrorist attack. I want you to remember August the first, 2012, the attack on our religious freedom. That is a date that will live in infamy, along with those other dates.”
— Rep. Mike Kelly (R-PA) in opposition to the birth-control policy

“With modern technology and science, you can’t find one instance [of abortion necessary to save a woman’s life]...There is no such exception as life of the mother, and as far as health of the mother, same thing.”
— Rep. Joe Walsh (R-IL)

“I would hope that when a woman goes in to a physician with a rape issue, that physician will indeed ask her about perhaps her marriage, was this pregnancy caused by normal relations in a marriage or was it truly caused by a rape.”
— Idaho state Sen. Chuck Winder (R)

“What does it say about the college co-ed Susan Fluke [sic] who goes before a congressional committee and essentially says that she must be paid to have sex – what does that make her? It makes her a slut, right? It makes her a prostitute. She wants to be paid to have sex. She’s having so much sex, she can’t afford the contraception. She wants you and me and the taxpayers to pay her to have sex.”
— Rush Limbaugh
# 2013 Report Card on Women’s Reproductive Rights

**Nationwide Grade:** D

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DEDICATION

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation dedicate the 2013 edition of *Who Decides? The Status of Women’s Reproductive Rights in the United States* to the women of the Obama administration.

As the War on Women raged on, President Obama stood resolute against the onslaught of anti-choice legislative proposals. Time and again, he proved the value he and his administration place on a woman’s right to choose. And the Obama administration went even further by accomplishing one of the greatest advancements in women’s health in a generation: it guaranteed near-universal birth-control coverage for almost all American women.

In these actions and others, President Obama is fortunate to be supported by some of the most talented, able, and tenacious women ever to serve in federal government. Hillary Rodham Clinton, secretary of state; Kathleen Sebelius, secretary of the Department of Health and Human Services; Valerie Jarrett, senior advisor to the president; Melody Barnes and Cecilia Muñoz, directors of the domestic policy council; Tina Tchen, chief of staff to the first lady; and Nancy-Ann DeParle, deputy chief of staff for policy are among them. We applaud these women for their wisdom, courage, political savvy, and tireless efforts to improve the status of women and we proudly dedicate this edition of *Who Decides?* to them.

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation staff also proudly dedicate the 2013 edition of *Who Decides? The Status of Women’s Reproductive Rights in the United States* to our departing president, Nancy Keenan. Nancy brought unmatched wisdom, commitment, and enthusiasm to the NARAL family, and will truly be missed.
FROM THE PRESIDENT

I am excited about the release of the 22nd edition of *Who Decides? The Status of Women’s Reproductive Rights in the United States*. While this report details the fights we faced as anti-choice politicians waged a War on Women in 2012, it also highlights the progress that we achieved thanks to a pro-choice administration and pro-choice legislators who courageously advanced women’s health and reproductive rights.

This edition of *Who Decides?* coincides with the 40th anniversary of *Roe v. Wade*. This also is my last letter to you all as my tenure here at NARAL comes to an end. So, I’d like to share with you a personal story that serves as my inspiration. I grew up in Anaconda, Montana, where my dad worked at the copper smelter – a tough and dangerous place where copper would boil at 1,200 degrees. He had a brass tag, and on it was his number: 720. Workers like my dad would throw their number in a bucket as they arrived for their shift, and at the end of the day, they’d hang them on a pegboard so their buddies would know they’d made it out safely. Every day, my dad threw his number in that bucket – and he did it for his family, for his co-workers, for his community, and for his country. He passed away when I was in my early 20s, before I decided to run for public office. I carried his brass tag with me during all of my campaigns in Montana and during my time as president of NARAL Pro-Choice America. To me, his tag symbolizes the value of hard work and opportunity – and the importance of sticking together.

We started 2012 with a major victory when the Obama administration announced that birth control would be covered by insurance plans without a copay. When faced with the Blunt amendment, which would have let bosses deny their employees birth control, our pro-choice senators and president stood as a firewall against its passage. This past year we saw that if, when faced with challenges, we stick together, stand up to our opponents, and do the hard work, we can fight the War on Women and win.

Unfortunately, our opponents show no signs of slowing down. Women continue to face legislative hostility in states dominated by anti-choice politicians. Alongside our gains, we saw anti-choice lawmakers enact 41 anti-choice measures in 24 states across the country. We need to keep making sure that anti-choice politicians know that they will be held accountable for their actions. As NARAL begins a new chapter, let’s remember to stick together.

Let’s work hard. Let us all throw our numbers into the bucket.

Let me close by saying it has been a great honor and privilege to work with our one-million member activists, our affiliates across the country, and our staff and volunteers. We will continue to move forward.

Sincerely,

Nancy Keenan
President
NARAL Pro-Choice America and 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 and NARAL Pro-Choice America Foundation support 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, NARAL pursued a policy campaign entitled Prevention First, urging lawmakers to do more to help women prevent unintended pregnancy. The effort has been a resounding success: much of the initiative has been enacted. At the federal level, the Affordable Care Act (ACA) and its resulting policies now require health plans to cover – at no cost – preventive-health services for women, including the full range of Food and Drug Administration-approved contraceptive methods.

Additionally, while not an element of the Prevention First initiative, the ACA requires health plans to cover maternity and newborn care – a major and long-overdue development. These landmark improvements for women’s access to reproductive-health care went into effect for all newly issued plans on August 1, 2012.

Meanwhile, as a consequence of the 2010 election, there were very few pro-choice state governments in 2012, and thus, disappointingly, few legislative opportunities.

**TOTAL PRO-CHOICE MEASURES ENACTED IN 2012:**

- 6 states enacted 8 pro-choice measures in 2012.
- Vermont enacted the most pro-choice legislation in 2012, with 3 measures.
- 2012 marks the eighth year in a row that Colorado has enacted a pro-choice measure.

**KEY PRO-CHOICE VICTORIES IN 2012:**

- California enacted a law that extends the duration of a pilot project, the Access Through Primary Care Project, which permits nurse practitioners, certified nurse-midwives, and physician assistants to provide early abortion care. The project expands access to abortion for women in areas where there are few physician providers.
- Vermont and Indiana improved low-income individuals’ access to reproductive-health services by expanding eligibility for the state Medicaid family-planning programs.
- Vermont also enacted a measure to provide interim access to family-planning care until the state could officially implement expanded Medicaid eligibility for family planning.
- Michigan and Vermont enacted laws that promote healthy childbearing.
- Colorado enacted a law that protects the confidentiality of patients’ medical records when accessing prenatal services.

In 2013, 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, NARAL Pro-Choice America Foundation, our affiliates, and our allies will work to defeat them. We will continue to demonstrate that we have the commonsense position on abortion – and a whole range of other issues – including preventing unintended pregnancies and expanding access to reproductive-health care for all women.

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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 2012

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

In the 2010 elections, anti-choice politicians seized control of Congress and many state legislatures, vowing to focus on the nation’s economic challenges. Once elected, however, these same lawmakers abandoned their promise and instead launched a War on Women. Now, for the second straight year, women have paid the price for this bait-and-switch strategy as anti-choice lawmakers in Congress and many states took every opportunity to restrict further the right to choose.

At the federal level, the 112th Congress (2011–2012) took 14 votes on choice: 10 in the House of Representatives and four in the Senate. Thankfully, the pro-choice-controlled Senate and President Barack Obama served as firewalls and blocked many anti-choice measures from advancing, most notably defeating Sen. Roy Blunt’s (R-MO) attempt to undermine the nation’s new contraceptive-coverage policy, and in the House, thwarting efforts to ban abortion after 20 weeks in the District of Columbia (H.R.3803) and criminalize doctors for the reasons women seek abortion care (H.R.3541).

At the state level, among the 41 anti-choice measures newly enacted in 2012, the most prominent trends were: bans on abortion care after 20 weeks; laws prohibiting abortion coverage in state health-insurance exchanges; and laws that prohibit state funds from going to Planned Parenthood or to any health center that provides abortion services.

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 services; force women to endure waiting periods before accessing abortion care; and place unnecessary and burdensome requirements on abortion providers. Laws that single out abortion providers particularly threaten access to abortion care because they 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 pursue measures attacking women’s reproductive health under the guise of defending religious freedom.

TOTAL ANTI-CHOICE MEASURES ENACTED IN 2012:
- 24 states enacted 41 anti-choice measures in 2012.
- Arizona enacted the most anti-choice legislation in 2012, with four measures. Louisiana, Oklahoma, South Dakota, Tennessee, and Wisconsin each enacted three anti-choice measures.
- Since 1995, states have enacted 754 anti-choice measures.

ANTI-CHOICE MEASURES ENACTED IN 2012 INCLUDED:
- Arizona, Georgia, and Louisiana enacted pre-viability bans on abortion care after 20 weeks. None of these laws has an adequate exception to protect women’s health or for cases in which the pregnancy was the result of rape or incest. Only Georgia and Louisiana offer a narrow and ambiguous exception for a “medically futile pregnancy.” These unconstitutional laws are clearly designed as a challenge to Roe v. Wade.
- The Missouri legislature overrode the governor’s veto and enacted a law that allows employers to refuse to cover birth control, abortion care, and sterilization. Arizona also broadened the existing refusal provision in its contraceptive-equity law. Lastly, Kansas broadened its existing abortion refusal law to sweep in birth control and referrals for these two services.

Cumulative Number of Anti-Choice Measures Enacted Since 1995

* In 2011, two states enacted two measures after the printing of this publication.
Four states – Alabama, South Carolina, South Dakota, and Wisconsin – passed abortion-coverage bans. These measures ban coverage of abortion in the states’ health-insurance exchanges.

Arizona and North Carolina enacted laws restricting state funds from going to Planned Parenthood or to any health center that provides abortion care. (North Carolina’s legislature overrode the governor’s veto.) These types of laws make it difficult for reproductive-health centers to provide birth control, prenatal care, and cancer screenings to low-income women who rely on those centers for their health care.

Arizona, Louisiana, Oklahoma, and Virginia enacted forced-ultrasound laws that require a woman seeking abortion care first to undergo an ultrasound procedure that neither she requests nor her doctor recommends. When a similar law was struck down in Oklahoma, the state’s anti-choice lawmakers passed a new one.

Louisiana, Mississippi, and Tennessee imposed onerous regulations on abortion providers that are intended to make abortion care all but unavailable to women in the state. In Louisiana, the law prohibits certain qualified health-care professionals from providing abortion care. In Mississippi and Tennessee, in addition to the extensive and unreasonable requirements to which providers are already subject, each state now requires that all physicians providing abortion services must have admitting privileges at a local hospital, a near impossibility when nothing in the law requires hospitals to grant such privileges.

Utah enacted a law forcing women to wait 72 hours before accessing abortion services. Mandatory delays create extreme burdens for women, especially women in rural areas who must often travel long distances to reach a health-care provider, or women who simply do not have the resources to take extra time off work or pay for child care. Although mandatory-delay laws are common, Utah is only the third state in the country to enact a delay of this magnitude.

South Dakota enacted a biased-counseling mandate that effectively forces providers to interrogate their patients who seek abortion care. It forces doctors to violate a woman’s privacy by asking about deeply personal topics, including her religious beliefs. Perhaps more alarming, it requires that her answers then be recorded in her medical records. The law has been temporarily enjoined pending litigation.

Voters in Montana approved a ballot measure that requires physicians to give 48 hours notice to a young woman’s parent before she can obtain abortion services, and provides no exception for rape or incest. The measure jeopardizes the health and safety of young women who may justifiably fear physical or emotional abuse if forced to disclose their pregnancy.

This year, two states defeated ballot measures attacking choice under the guise of religious freedom. Residents of North Dakota and Florida voted down constitutional amendments that could have led to discriminatory practices endangering women’s access to reproductive-health care. Measure 3 in North Dakota would have allowed employers to deny their workers access to affordable contraceptives or to fire an employee who had a child out of wedlock, claiming an interference with their religious belief. Amendment 8 in Florida could have allowed a health program to deny information about birth control to victims of human trafficking.

Florida voters rejected Amendment 6, which would have added two provisions to the state’s constitution. The first provision would have imposed a ban on public funds that would have been used to pay the state’s share of health-care coverage for its employees. The second provision would have added language to the state’s constitution, overturning Florida’s guarantee of a woman’s right to privacy to a greater extent than the U.S. Constitution.

**States That Enacted Anti-Choice Measures in 2012**
KEY FINDINGS: Political Landscape

CHOICE POSITIONS OF EXECUTIVES

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

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

Choice Positions of Governors
**CHOICE POSITIONS OF LEGISLATURES**

**U.S. Congress**
- The choice composition of the U.S. Senate is:
  - 42 pro-choice senators
  - 12 mixed-choice senators
  - 46 anti-choice senators
- The choice composition of the U.S. House is:
  - 173 pro-choice members
  - 22 mixed-choice members
  - 239 anti-choice members
  - 1 member’s choice position is unknown

**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, CO, CT, DC (city council), HI, MA, NJ, OR, VT.
  - 24 states have anti-choice legislatures (both the house and senate are anti-choice): AL, AZ, FL, GA, ID, IN, KS, KY, LA, MI, MS, MO, MT, NE, NC, ND, OH, OK, RI, SD, TN, TX, UT, VA, WI.

**Choice composition of state senates**:
- 14 states and the District of Columbia have a pro-choice senate: CA, CO, CT, DC, HI, IL, IA, MD, MA, MN, NH, NJ, NM, OR, VT.
- 10 states have a mixed-choice senate: AK, DE, ME, NV, NY, PA, SC, WA, WV, WY.
- 26 states have an anti-choice senate: AL, AZ, AR, FL, GA, ID, IN, KS, KY, LA, MI, MS, MO, MT, NE, NC, ND, OH, OK, RI, SD, TN, TX, UT, VA, WI.

**Choice composition of state houses**:
- 11 states have a pro-choice house: CA, CO, CT, HI, ME, MA, NJ, NY, OR, VT, WA.
- 9 states have a mixed-choice house: DE, IL, MD, NH, NV, NM, RI, WV, WY.
- 29 states have an anti-choice house: AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MN, MS, MO, MT, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI.

**Choice Positions of State Governments**
- There are 7 states and the District of Columbia with pro-choice governments (both a majority of the legislature and the governor are pro-choice): CA, CO, CT, DC (mayor), HI, MA, OR, VT.
- There are 21 states with anti-choice governments (both a majority of the legislature and the governor are anti-choice): AL, AZ, FL, GA, ID, IN, KS, LA, MI, MS, NE, NC, ND, OH, OK, SD, TN, TX, UT, VA, WI.

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

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<th>14 states have unconstitutional and unenforceable near-total criminal bans on abortion: AL, AZ, AR, CO, DE, LA, MA, MI, MS, NM, OK, VT, WV, WI.</th>
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<td>1 of these bans was enacted after Roe v. Wade: LA (1991).</td>
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<td>4 states have laws that would impose near-total criminal bans on abortion if the Supreme Court overturns Roe v. Wade (sometimes known as “trigger” bans): LA, MS, ND, SD.</td>
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### 2012 Federal Action

In June, in advance of the Senate’s floor debate on the bill to reauthorize the National Flood Insurance program, Sen. Rand Paul (R-KY) filed a “personhood” amendment. If passed and enacted into law, a federal “personhood” proposal would outlaw abortion in almost all cases nationwide, and potentially ban most common forms of contraception, stem-cell research, and in vitro fertilization. Senate Majority Leader Harry Reid (D-NV) responded instantly to the threat, vowing to pull the entire bill if Paul did not back down. Having had his bluff called, Sen. Paul chose not to offer his amendment.

### 2012 Notable Developments

Despite overwhelming losses in past cycles, anti-choice activists in 9 states attempted to put a “personhood” initiative before voters: AK, CA, CO, FL, MT, NV, OK, OH, OR. Thankfully, none qualified for the ballot.

Furthermore, 8 states considered “personhood” legislation to amend the state’s constitution to grant legal rights to every pregnancy and fertilized egg: GA, IA, KS, MN, MS, OK, VA, WI. As stated above, these measures are intended to impose near-total bans on abortion. Fortunately, none was enacted.

This information is current as of November 7, 2012. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
Abortion Bans After 12 Weeks

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

A: YES. In 2003, Congress passed the Federal Abortion Ban, which outlawed 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 for 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.

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

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

9 states ban abortion after 20* weeks without an adequate health exception: AL, AZ, GA, ID, IN, KS, LA, NE, OK.

*Note: Arizona's law is written in such a way that it could apply two weeks earlier than similar laws in other states.

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.

2012 ENACTED STATE LEGISLATION

3 states enacted 3 measures that ban abortion after 20 weeks and do not provide an adequate exception to protect a woman's health or for cases in which the pregnancy is the result of rape or incest: AZ, GA, LA.

1 state enacted 1 ban on a safe abortion procedure: NH.

2012 FEDERAL ACTION

Anti-choice Rep. Trent Franks (R-AZ) and Sen. Mike Lee (R-UT) introduced the misleadingly named District of Columbia Pain-Capable Unborn Child Protection Act (H.R.3803/S.2103). These bills single out the District of Columbia for an outright ban on abortion care after 20 weeks, with no exception to protect a woman's health. The House of Representatives voted on the bill in May, but it fell short of the two-thirds majority required for passage under suspension of the rules.

2012 NOTABLE CASES

In August, in Paul Isaacson v. Tom Horne, the Ninth Circuit Court of Appeals temporarily stayed the enforcement of Arizona's new law which bans abortion care after 20 weeks without an adequate exception to protect a woman's health. Because of the measure's wording, it could restrict abortion even earlier than laws passed in eight other states in the last two years, making it the worst of its type. The Ninth Circuit's decision to block enforcement of the abortion ban while the appeal is pending came just two days after a federal judge in a lower court upheld the law in blatant defiance of Supreme Court precedent. At the time of publication, the court has yet to issue a ruling.

2012 NOTABLE DEVELOPMENTS

States persisted in the dangerous legislative trend of banning abortion after 20 weeks, with new laws cutting off access to later services for women in broad swaths of the country, particularly the South. Over the years, restrictive and punitive laws have forced women in need of abortion care to travel to states like Georgia, where – until now – laws had recognized the importance of protecting women's health. Now, women in need of later abortion care have fewer and fewer places to turn.

Continued on next page

This information is current as of November 7, 2012. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
The power of women’s stories helped to change the conversation around these 20-week bans, especially in states with mixed-choice legislatures. For instance, after hearing compelling testimony from a woman who needed abortion care after 20 weeks, an anti-choice Virginia lawmaker abstained from casting the deciding vote on a 20-week ban, causing the bill to die in committee. “In this case, it was just traumatic for me to sit there and think about what that woman was going through,” he said. “I don’t feel like I have the ability to make a decision as difficult as the one that young woman made.” Additionally, dozens of lawmakers in Georgia took to the statehouse floor to read aloud the stories of women who would be affected by the state’s then-pending ban. Despite the bill’s ultimate passage, the story of a lawmaker’s daughter who had to terminate her pregnancy after it was diagnosed with lethal fetal anomalies convinced legislators to add an – albeit too narrow – exception for such circumstances.

In Michigan, after a heated debate on a legislative package that included a ban on abortion after 20 weeks, state Rep. Lisa Brown (D) was barred from speaking on the House floor after she used the word “vagina.” During debate, Rep. Brown argued against the bill’s passage, concluding, “Mr. Speaker, I’m flattered that you’re all so interested in my vagina, but ‘no’ means ‘no.’” Anti-choice lawmaker Rep. Mike Callton (R), who voted for the legislation inserting the government into women’s private medical decisions, protested, “It was so offensive...I would not say that in mixed company.” Rep. Brown later summed up her views neatly: “If they are going to legislate my anatomy, I see no reason why I cannot mention it.”
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.

33 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, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI.

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

5 states enacted 5 measures related to biased counseling and/or mandatory delays: AZ, OK, SD, UT, VA.

In January, anti-choice lawmakers in the U.S. House of Representatives introduced a bill that would force women across the country to wait 24 hours before receiving abortion services and impose a burdensome two-trip requirement on them – without exception for survivors of rape or incest. The legislation is the first known bill of its kind at the federal level.

No legitimate scientific study has found a causal link between abortion and psychological trauma. Despite that fact, over the past few years, a series of events have unfolded that expose the shocking lengths to which anti-choice “scientists” are willing to go to manipulate data to bolster their claims. In February, the Journal of Psychiatric Research published a letter by University of California, San Francisco Assistant Professor Julia Steinberg and Guttmacher Institute researcher Lawrence Finer detailing the numerous methodological flaws they uncovered after extensive examination of a 2009 study, published in the same journal, that claimed a causal link between abortion and negative mental-health outcomes. In a rare move, the journal’s editor-in-chief agreed that the study, led by Priscilla Coleman, professor at Bowling Green State University, was “flawed” and unsupported. However, anti-choice activists and lawmakers continue to point to Coleman’s now-debunked study as justification for passing dangerous biased-counseling legislation across the country. Most recently, a federal court cited Coleman multiple times in its July majority opinion allowing a South Dakota law that forces providers to tell women abortion is linked to suicide to go into effect.

This information is current as of November 7, 2012. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
Counseling Bans and Gag Rules

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

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

CURRENT STATE LAWS

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

CURRENT FEDERAL LAWS

Several federal laws constitute back-door gag rules by allowing health-care employees and companies to refuse to provide, pay for, counsel for, or even refer for abortion services – and in some cases contraceptives. The key laws include the Church amendment (1973, 1974), the Coats amendment to the Public Health Service Act (1996), and the Federal Refusal Clause (also known as the Weldon amendment, 2004). The furthest-reaching refusal law was implemented in 2009 through a Department of Health and Human Services (HHS) regulation enacted in the final days of the Bush administration. The regulation, known as the Federal Refusal Rule, expanded the ability of health-care companies and providers to refuse to provide, cover, or refer for medical services. In 2011, the Obama administration rescinded the key elements of the HHS regulation, including the problematic definitions that could have been interpreted to allow health-care providers to refuse contraception.

2012 ENACTED STATE LEGISLATION

2 states enacted 4 measures that prohibit organizations receiving state funds from counseling or referring women for abortion services: AR, MN.

2012 FEDERAL ACTION

In 2012, pro-choice senators took action against the global gag rule, a policy that had prohibited the U.S. Agency for International Development from granting family-planning funds to overseas health centers that provided, counseled for, or referred women for abortion care. President Obama repealed the policy in 2009. In May, 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 publication, the full Senate has not voted on this measure.
Insurance Prohibition for Abortion

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

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

**CURRENT STATE LAWS**

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

- 9 states prohibit abortion coverage in the entire private insurance market: ID, KS, KY, MO, NE, ND, OK, RI, UT.

- **Rhode Island** has two separate insurance-prohibition laws. Courts have declared one unconstitutional and unenforceable and the other partially unconstitutional and unenforceable.

- 18 states expressly prohibit abortion coverage in state insurance exchanges: AL, AZ, FL, ID, IN, KS, LA, MS, MO, NE, OH, OK, SC, SD, TN, UT, VA, WI.

- 15 states prohibit abortion coverage for public employees: AZ, AR, CO, IL, KS, KY, MA, MS, NE, NC, OH, PA, RI, SC, VA.

- **Massachusetts’ insurance prohibition for state employees applies only to coverage for certain procedures after viability.**

**CURRENT FEDERAL LAWS**

Federal law bars access to abortion coverage for most women who rely on the federal government for their health insurance. Federal employees are prohibited from selecting a health plan that provides abortion coverage. 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.

This information is current as of November 7, 2012. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
Insurance Prohibition for Abortion

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<tr>
<th>2012 ENACTED STATE LEGISLATION</th>
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<td><strong>4 states enacted 4 measures prohibiting abortion coverage in state insurance exchanges:</strong> AL, SC, SD, WI.</td>
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<th>2012 NOTABLE CASES</th>
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<tr>
<td>In ACLU of 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 with a trial expected in early 2013.</td>
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<th>2012 NOTABLE DEVELOPMENTS</th>
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<tr>
<td>Continuing an alarming trend from 2010 and 2011, this year four states enacted bans on private insurance coverage of abortion in the health-insurance exchanges created under the Affordable Care Act.</td>
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In Kansas, anti-choice lawmakers introduced two bills that would prohibit state employees from using their own funds set aside in tax-exempt health-savings accounts to pay for abortion services, with an exception only to save the life of the woman. One of the two measures also blocked the availability of tax credits or deductions for the purchase of an insurance rider to cover abortion. Although one bill succeeded in passing the lower chamber, both ultimately died in committee.

In South Carolina, anti-choice lawmakers attempted to ban abortion coverage for state employees in cases of rape and incest. While the budget ultimately was approved without eliminating these exceptions, lawmakers agreed to a compromise in which only funds from private insurance premiums – not state dollars – could pay for coverage of abortion in cases of rape or incest. State employees who object to such a use of their premiums would be able to opt out. Under the terms of the announced compromise, the new policy will be included in a separate measure after the state health plan produces a report detailing the policy’s effect on insurance costs.
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 these entities 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, provide coverage of, 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.

As part of the ACA, all newly issued health plans must cover the full range of FDA-approved methods of contraception. The policy explicitly exempts religious houses of worship. Moreover, the policy allows religiously affiliated employers that presently refuse to offer their employees contraceptive coverage a one-year grace period to come into compliance. These organizations will be allowed to opt out of the policy permanently if they oppose it – but in those cases, insurance companies will be responsible for covering birth control directly for the consumer.

2012 ENACTED STATE LEGISLATION

3 states enacted 3 measures modifying existing laws that allow certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals: AZ, KS, MO.

Arizona’s new law expands the state’s contraception-equity refusal law and now allows a broader range of employers to refuse to cover contraceptives in their health plans. Kansas’ new law expands the state’s abortion refusal law to allow additional health-care facilities to refuse to provide or refer for abortion care, and could be interpreted to allow refusal to provide birth control. The Missouri legislature overrode the governor’s veto and enacted a law that allows employers to refuse to cover birth control, abortion care, and sterilization.

2012 FEDERAL ACTION

Anti-choice members of Congress introduced a flurry of bills in opposition to the ACA’s new birth-control policy. Additionally, anti-choice committee chairs held numerous hearings to counter the policy. While the anti-contraception reaction in Congress resulted in only one floor vote – in the Senate – the lawsuits challenging the policy continue to move through the courts, threatening to restrict this new benefit. In March, the Senate tabled a measure sponsored by Sen. Roy Blunt (R-MO), which would have allowed any employer or insurance plan to refuse to cover any preventive-health service or essential health benefit required under the ACA for virtually any reason.

2012 NOTABLE CASES

Although explicitly religious organizations (churches and other houses of worship) will be exempt from the new contraceptive-coverage requirement, and religiously affiliated employers will be allowed to refuse to pay or refer for birth-control coverage, more than 40 lawsuits have been filed challenging the policy. Courts have dismissed several of the lawsuits, explaining that without immediate harm, the cases were not ripe for trial.

2012 NOTABLE DEVELOPMENTS

2 states defeated 2 ballot measures attacking choice under the guise of religious freedom. Residents of North Dakota and Florida voted down vague constitutional amendments that could have led to discriminatory practices endangering women’s reproductive-health care.

This information is current as of November 7, 2012. 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.

1 state enacted 2 measures restricting low-income women’s access to abortion: CO.

**2012 ENACTED STATE LEGISLATION**

In 2012, Congress extended all current-law funding bans on abortion services for low-income women, including the ban prohibiting the District of Columbia from using its own local revenue to provide abortion care to its low-income residents.

**2012 FEDERAL ACTION**

In Iowa, 41 anti-choice lawmakers petitioned the Iowa Department of Human Services to issue emergency rules eliminating abortion funding in all cases except life endangerment. This action followed on the heels of intense debate during the previous fiscal year when anti-choice forces failed to accomplish the same goal through legislative means. Federal Medicaid law bars public funds for abortion except in cases of life endangerment, rape, or incest, but it requires states to meet this minimum standard of coverage. The governor's administration rejected the request, citing this federal law.

In Virginia, an anti-choice lawmaker introduced legislation to eliminate state Medicaid funding for abortion for low-income women whose pregnancies were diagnosed with severe fetal anomalies. (Virginia is one of the six states that fund abortion services in extremely limited circumstances beyond the federal Hyde restrictions.) The bill passed the House but died in a Senate committee.

Despite the fact that Florida state law already bars public funding for abortion care in the state's Medicaid program, anti-choice legislators sent to the ballot an initiative that would amend the Florida constitution to prohibit state funds for abortion services or for health-benefits plans that include abortion coverage. In November, Floridians rejected the measure at the ballot box.

*This information is current as of November 7, 2012. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.*
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.

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<tr>
<th>CURRENT STATE LAWS</th>
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<tr>
<td>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.</td>
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<tr>
<td>24 states require parental consent: AL, AZ, AR, CA, ID, IN, KS, KY, LA, ME, MA, MI, MS, MO, NE, NM, NC, ND, OH, PA, RI, SC, TD, WI.</td>
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<tr>
<td>15 states require parental notice: AK, CO, DE, FL, GA, IL, IA, MD, MN, MT, NV, NH, NJ, SD, WV.</td>
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<td>5 states require both parental notice and consent: OK, TX, UT, VA, WY.</td>
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<tr>
<td>11 states that have parental-notice and/or -consent laws permit other trusted adults to stand in for a parent: AZ, CO, DE, IL, IA, ME, NC, PA, SC, VA, WI.</td>
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<tr>
<td>4 of these laws have been found unconstitutional and unenforceable: CA, NV, NJ, NM.</td>
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<tr>
<td>1 of these laws is currently not in effect: IL.</td>
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<tr>
<th>2012 ENACTED STATE LEGISLATION</th>
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<tr>
<td>2 states enacted 2 measures restricting young women’s access to abortion: MT, NH.</td>
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<th>2012 FEDERAL ACTION</th>
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<td>In March, the Judiciary Committee of the House of Representatives marked up the Child Interstate Abortion Notification Act (CIANA). The bill would make it a federal crime for anyone other than a parent to accompany a minor across state lines for abortion services. It also imposes an impossibly complex patchwork of parental-involvement laws on women and doctors across the country. Pro-choice committee members offered a total of 15 amendments; unsurprisingly, all were defeated. Anti-choice legislators also tried to attach CIANA to the Violence Against Women Act as an amendment in May; thankfully, they were unsuccessful. The legislation has garnered more than 170 cosponsors in the 112th Congress, over one-third of all House members.</td>
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<th>2012 NOTABLE DEVELOPMENTS</th>
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<td>In November, voters in Montana passed a referendum by 71-29 percent that requires physicians to give 48 hours notice to a young woman’s parent before she can obtain abortion services, with no exception for rape or incest.</td>
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In Montana, this type of law already has been declared unconstitutional. In 1999, a Montana court found that the state’s parental-notification law violated two different sections of the Montana Constitution. Several pro-choice groups with litigation operations have indicated they will fight the newly passed measure.

This information is current as of November 7, 2012. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
**Targeted Regulation of Abortion Providers (TRAP)**

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

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

### CURRENT STATE LAWS

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<tr>
<th>States</th>
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<tr>
<td>45</td>
<td>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.</td>
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<td></td>
<td>All of these states prohibit certain qualified health-care professionals from providing abortion care.</td>
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<td>6</td>
<td>6 states and the District of Columbia have expanded the scope of practice of advanced-practice clinicians to include medical and/or surgical abortion services: CA, CT, DC, IL, NY, RI, WA.</td>
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<tr>
<td>25</td>
<td>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.</td>
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<tr>
<td>17</td>
<td>17 of these laws are at least partially unenforceable: AK, AZ, ID, IL, KS, LA, MA, MS, MO, NY, ND, OH, OK, PA, TN, UT, WI.</td>
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### 2012 ENACTED STATE LEGISLATION

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<th>States</th>
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<tr>
<td>4</td>
<td>4 states enacted 4 measures that subject abortion providers to burdensome restrictions not imposed on other medical professionals: AZ, LA, MS, TN.</td>
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### 2012 NOTABLE CASES

In July, in *Jackson Women’s Health Org. v. Currier*, a federal judge temporarily enjoined Mississippi’s newest TRAP law on the grounds that it would effectively shutter the last-remaining abortion provider in the state. The law added to 35 pages of existing restrictions the requirement that all physicians providing abortion services must have admitting privileges at a local hospital, a near impossibility when nothing in the law requires hospitals to grant such privileges. However, a short time later, the judge allowed the law to go into effect, instructing the provider to continue with its efforts to comply with the new law.

### 2012 NOTABLE DEVELOPMENTS

After a year-long regulatory fight, in September, the Virginia board of health voted 15-2 to approve permanent regulations that would regulate first-trimester abortion clinics as a type of hospital. The board was subjected to months of intense political pressure by the state’s anti-choice governor and attorney general. When the board voted to apply the regulations more fairly by grandfathering in existing clinics, the attorney general refused to certify the regulations, accusing the board of acting outside of its scope of authority. Instead, the board ultimately approved regulations that force existing clinics to meet construction guidelines for new health-care facilities, and which could effectively shutter a majority of the state’s 21 clinics.

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FAST FACTS ABOUT PRO-CHOICE LAWS
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.

### 2012 FEDERAL ACTION

As part of the ACA, the Obama administration adopted a policy that all newly issued health plans must cover the full range of FDA-approved methods of contraception. The policy explicitly exempts religious houses of worship. Moreover, the policy allows religiously affiliated employers that presently refuse to offer their employees contraceptive coverage a one-year grace period to come into compliance. These organizations will be allowed to opt out of the policy permanently if they oppose it – but in those cases, insurance companies will be responsible for covering birth control directly for the consumer.

In response to the birth-control policy, anti-choice members of Congress introduced a flurry of bills in opposition. Additionally, anti-choice committee chairs held numerous hearings to counter the policy. While the anti-contraception reaction in Congress resulted in only one floor vote – in the Senate – several lawsuits challenging the policy continue to move through the courts, threatening to restrict this new benefit.

### 2012 NOTABLE DEVELOPMENTS

Unsurprisingly, many legislators across the states mimicked the federal campaign opposing the new contraceptive-coverage requirement. Several legislatures attempted to add a refusal to their state contraceptive-equity law or broaden an existing refusal. One state, Arizona, was successful in significantly broadening the list of employers that can deny the benefit to their employees.
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 in cases when birth control is not used, such as when a woman is sexually assaulted. The Food and Drug Administration (FDA) has approved certain EC medications for over-the-counter sales for individuals 17 and older, and in 2010, approved a new emergency contraceptive, ella®, for prescription-only sale. Unfortunately, many women do not know about the benefits of EC, and anti-choice groups have fought efforts to improve access to it.

CURRENT STATE LAWS

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

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

9 states allow specially trained 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.

2012 FEDERAL ACTION

As part of the Affordable Care Act (ACA), the Obama administration adopted a policy that starting August 1, 2012, all newly issued health plans must cover the full range of FDA-approved methods of contraception, including EC. The policy explicitly exempts religious houses of worship. Moreover, the policy allows religiously affiliated employers that presently refuse to offer their employees contraceptive coverage a one-year grace period to come into compliance. The organizations will be allowed to opt out of the policy permanently if they oppose it – but in those cases, insurance companies will be responsible for covering birth control directly to the consumer.

Several employers are challenging the birth-control coverage policy based on the incorrect assertion that EC is abortion, claiming they are being forced to cover abortion services against their will.

For more information on no-cost birth control, please see the Contraceptive Equity and Guaranteed Women’s Access to Prescriptions fast facts pages.

2012 NOTABLE CASES

In February, the 2005 case against the FDA for imposing unnecessary age restrictions on EC was reopened and HHS Secretary Kathleen Sebelius was added as a defendant (late last year, Sebelius overruled a recommendation from the FDA to lift the age restriction on over-the-counter (OTC) access to the emergency-contraceptive pill Plan B®). A motion also was filed that would allow OTC access for all levonogestrel-based EC with no age restrictions. In response, the U.S. District Court for the Eastern District of New York issued an order to the FDA, asking the agency to explain why it should not make Plan B® available with no age restriction. At the time of publication, the court has yet to issue a final ruling.

In July, Watson Pharmaceuticals announced it will start selling a generic version of Plan B One-Step® called Next Choice ONE DOSE™. In 2009, the FDA approved the first-ever generic version of Plan B®. Generic versions are essential to advancing women’s access to EC, because the medication’s retail cost can be prohibitive for many women.

This information is current as of November 7, 2012. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
Q: What are Freedom of Choice Acts, and why do states need to codify Roe’s protections?

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

![CURRENT STATE LAWS]

<table>
<thead>
<tr>
<th>States with Codified Rights</th>
<th>7 states have codified a woman’s right to choose, making the protections of Roe v. Wade part of state law: CA, CT, HI, ME, MD, NV, WA.</th>
</tr>
</thead>
<tbody>
<tr>
<td>States with Ballot Initiative</td>
<td>3 states enacted these measures by ballot initiative: MD, NV, WA.</td>
</tr>
</tbody>
</table>
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**

- **7** states guarantee that women’s birth-control prescriptions will be filled: CA, IL, ME, NV, NJ, WA, WI.
- **2** states also require pharmacies to dispense over-the-counter emergency contraception: IL, WA.

**2012 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, allowing them to decline to stock or dispense emergency contraception.

A trial was held in March 2011, and in April, the judge declared the regulation invalid, and enjoined the state from enforcing it. The state appealed the decision and in September 2012, an appellate court ruled that the injunction was permanent as applied only to the plaintiffs in this specific case. It reversed the lower court’s ruling that the state was blocked from enforcing the rule, and the regulation is now back in effect.

**2012 NOTABLE DEVELOPMENTS**

As part of the ACA, all newly issued health plans must cover the full range of FDA-approved methods of contraception. The policy explicitly exempts religious houses of worship. Moreover, the policy allows religiously affiliated employers that presently refuse to offer their employees contraceptive coverage a one-year grace period to come into compliance. These organizations will be allowed to opt out of the policy permanently if they oppose it – but in those cases, insurance companies will be responsible for covering birth control directly to the consumer.

In response to the birth-control policy, anti-choice members of Congress introduced a flurry of bills in opposition. Additionally, anti-choice committee chairs held numerous hearings to counter the policy. While the anti-contraception reaction in Congress resulted in only one floor vote – in the Senate – the lawsuits continue to move through the courts, threatening to restrict this new benefit.

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 puts family-planning services financially out of reach for many. The federal Title X program fills the gap in part 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 also may improve access by applying for waivers from the federal government. Finally, some low-income women will benefit from the ACA’s requirement that all newly issued health plans cover family-planning services without a copay or deductible.

### Current State Laws

| 31 states, as of October 2012, provided expanded access to Medicaid coverage for family-planning services. |
| 23 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, MT, NY, NC, OR, PA, RI, TX, WA, WY. |
| 8 states provided certain low-income women coverage for Medicaid-funded reproductive-health services through a SPA: CA, IN, NM, OK, OH, SC, VA, WI. |

### Current Federal Laws

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

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

Under the ACA, newly issued insurance plans must cover women’s family-planning care, including all Food and Drug Administration (FDA)-approved contraceptive methods, without a copay or deductible. This new policy reduces financial barriers to contraception for millions of low- and middle-income women with health insurance.

### 2012 Enacted State Legislation

| 2 states enacted 3 measures expanding access to family planning for low-income women and men: IN, VT. |

### 2012 Federal Action

2012 saw two major debates in Congress over the issue of contraceptive coverage:

Congress again attempted to zero out all funding for Title X, the nation’s cornerstone family-planning program. Although the Senate Appropriations Committee approved a bill in June funding Title X with only a slight decrease over the previous year’s level, anti-choice members of the House redoubled their efforts to gut this vital program. For the third time in as many fiscal years, the FY’13 draft spending bill released by anti-choice House leadership in July eliminated all funding for the Title X family-planning program and prohibited Planned Parenthood from receiving any federal funds, including family-planning grants. At the time of publication, neither the House nor Senate has acted on these proposals.

*continued on next page*
Low-Income Women’s Access to Family Planning

As part of the ACA, the Obama administration enacted a policy requiring all insurance plans issued on or after August 1, 2012, to cover women’s family-planning services, including the full range of Food and Drug Administration-approved contraceptive methods, without a copay. The rule, issued in January, has an exception for houses of worship and also clarifies that women who work at religiously affiliated hospitals, universities, and organizations may not be denied the benefit – but in those instances where the organization opposes contraception, the health plan must provide the service directly to beneficiaries. (See Refusal to Provide Medical Services page for more details.)

In National Federation of Independent Business et al. v. Sebelius, the Supreme Court largely upheld the constitutionality of the Affordable Care Act but struck down a key provision that would have covered more low-income people in the Medicaid program. (Note: this Medicaid expansion differs from the SPAs described earlier in that it would have required states to cover individuals for all health services, not just family-planning care.) Effectively, the ruling bars the federal government from requiring states to expand their Medicaid programs to cover more low-income people, rendering the expansion optional. As a consequence, the ruling likely will somewhat limit the law’s promise of improved access to comprehensive health care – including reproductive-health services – for low-income people in states that refuse to participate.

Following last year’s decimation of Texas’ family-planning budget, this year nearly 150 family-planning clinics have lost state funds and more than 60 clinics have closed permanently. The acute shortage of publicly funded family-planning care has been compounded by the impending expiration of Texas’ Women’s Health Program, which has been funded by a Medicaid family-planning expansion waiver. The waiver could not be renewed because the state violated its legal requirements by barring health centers that provided or referred for abortion from participating. Texas has issued conflicting statements regarding whether it will support the Women’s Health Program without federal funding. At the time of publication, the program remains operational pending a court decision in Texas’ legal challenge to the federal Medicaid law.

Nebraska considered a bill that would expand Medicaid family-planning services through a waiver and provide coverage for more than 25,000 women. Rather than support this reasonable legislation, anti-choice lawmakers attached a poison-pill amendment to bar any health center that provides or refers for abortion services from participating. The bill failed, and Nebraska remains without an expanded women’s health program.

Pro-choice lawmakers in New Jersey again introduced a bill to restore the state’s family-planning budget, eliminated in 2010. Anti-choice Gov. Chris Christie (R) once again vetoed it, leaving the state without a family-planning account for the third year in a row. The legislation also included a provision which would have allowed the state to offer Medicaid family-planning coverage to more women through a SPA.

This information is current as of November 7, 2012. For updated information, including detailed summaries of all referenced laws and legislation, please visit www.WhoDecides.org.
Protection from Clinic Violence

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

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

CURRENT STATE LAWS

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

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

CURRENT FEDERAL LAWS

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

2012 NOTABLE DEVELOPMENTS

On July 9, Francis Grady was found guilty on federal arson charges for starting a fire at a Planned Parenthood clinic in Grand Chute, Wisconsin in early April. During the trial, Grady said he set the fire to “release the souls of the children.” According to the National Abortion Federation, anti-choice activists have directed more than 6,400 reported acts of violence against abortion providers since 1977, including bombings, arsons, death threats, kidnappings, and assaults, as well as more than 175,000 reported acts of disruption, including bomb threats and harassing calls.
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.

CURRENT STATE LAWS

16 states’ constitutions provide greater protection of a woman’s right to choose than does the federal Constitution: AK, AZ, CA, CT, FL, IL, IN, MA, MN, MT, NJ, NM, OR, TN, VT, WV.
FEDERAL PROFILE
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 7, 2012. 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.
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 7, 2012. 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.

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

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

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

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

Pro-Choice Laws

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

Other Related Laws

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

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 7, 2012. 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
B+

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 7, 2012. For up-to-date information and detailed summaries, please visit Arizona’s Who Decides? web page.

Anti-Choice Laws

ABORTION BANS
Arizona has criminal bans on abortion.

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

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

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

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

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

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

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

Pro-Choice Laws

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

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

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

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

Other Related Laws

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

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

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

Laws in Brief
This information is current as of November 7, 2012. 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.
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 7, 2012. For up-to-date information and detailed summaries, please visit California’s Who Decides? web page.

Anti-Choice Laws

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

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

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

Pro-Choice Laws

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

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

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

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

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

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

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

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

Other Related Laws

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

POST-VIABILITY ABORTION RESTRICTION
California restricts post-viability abortion.
COLORADO

Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. For up-to-date information and detailed summaries, please visit Colorado’s Who Decides? web page.

Anti-Choice Laws

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

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

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

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

Pro-Choice Laws

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

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

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

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.

ACCESS FACT
78 percent of Colorado counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE

STATE AFFILIATE

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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 7, 2012. 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.
**Political Information**

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

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

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**Laws in Brief**

*This information is current as of November 7, 2012. 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.

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**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.

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**Other Related Laws**

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

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**ACCESS FACT**

33 percent of Delaware counties have no abortion provider

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 7, 2012. 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.

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*Because Congress routinely interferes with the District of Columbia’s local abortion-related policy, no local grade is given.*
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 7, 2012. 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.

ACCESS FACT
72 percent of Florida counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
**Political Information**

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

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

**Laws in Brief**
*This information is current as of November 7, 2012. For up-to-date information and detailed summaries, please visit Georgia’s Who Decides? web page.*

**Anti-Choice Laws**

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

**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.

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**ACCESS FACT**

94 percent of Georgia counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

**GRADE**

F
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 7, 2012. For up-to-date information and detailed summaries, please visit Hawaii’s Who Decides? web page.

Anti-Choice Laws

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

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

Pro-Choice Laws

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

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

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

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

ACCESS FACT

20 percent of Hawaii counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. 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 healthcare professionals from providing abortion care and has an unconstitutional and unenforceable law that subjects abortion providers to burdensome restrictions not applied to other medical professionals.

Other Related Laws

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

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

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

Laws in Brief
This information is current as of November 7, 2012. 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 a law 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.

GRADE
B-

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

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Political Information

EXECUTIVE
Governor Mike Pence (R) is anti-choice.

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

Laws in Brief
This information is current as of November 7, 2012. 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.

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

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

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

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

Pro-Choice Laws

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

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.

GRADE
F

ACCESS FACT
95 percent of Indiana counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
IOWA

Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. 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
Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. For up-to-date information and detailed summaries, please visit Kansas’ Who Decides? web page.

Anti-Choice Laws

ABORTION BANS
Kansas has criminal bans on abortion.

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

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

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

PUBLIC FACILITIES RESTRICTION
Kansas prohibits the use of all public funds and public employees for abortion services.

Pro-Choice Laws

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

Other Related Laws

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

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

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

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)
Kansas has an unenforceable regulatory scheme which imposes a variety of burdensome requirements on abortion providers that are not imposed on other health-care providers.

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

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

GRADE
F

ACCESS FACT
97 percent of Kansas counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
KENTUCKY

Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. 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.

GRADE
F

ACCESS FACT
98 percent of Kentucky counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
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 7, 2012. For up-to-date information and detailed summaries, please visit Louisiana’s Who Decides? web page.

Anti-Choice Laws

ABORTION BANS
Louisiana has criminal bans on abortion and has a near-total criminal ban on abortion that would take effect if Roe v. Wade were 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.

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

Political Information

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

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

Laws in Brief

This information is current as of November 7, 2012. 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.

GRADE

A

ACCESS FACT

69 percent of Maine counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE
MARYLAND

Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. 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.

Other Related Laws

POST-VIABILITY ABORTION RESTRICTION
Maryland restricts post-viability abortion.
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 7, 2012. For up-to-date information and detailed summaries, please visit Massachusetts’ Who Decides? web page.

Anti-Choice Laws

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

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

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

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

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

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

Pro-Choice Laws

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

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

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

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

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

Other Related Laws

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

**Political Information**

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

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

**Laws in Brief**

*This information is current as of November 7, 2012. 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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**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 pro-choice. The Minnesota House is anti-choice.

Laws in Brief

This information is current as of November 7, 2012. 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.

ACCESS FACT

95 percent of Minnesota counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

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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 7, 2012. For up-to-date information and detailed summaries, please visit Mississippi’s Who Decides? web page.

Anti-Choice Laws

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

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

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

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

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

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

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

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

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

Pro-Choice Laws

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

ACCESS FACT

99 percent of Mississippi counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
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 7, 2012. 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

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

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

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Political Information

EXECUTIVE
Governor Steve Bullock (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 7, 2012. For up-to-date information and detailed summaries, please visit Montana’s Who Decides? web page.

Anti-Choice Laws

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

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

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

Pro-Choice Laws

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

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

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

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 7, 2012. 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.
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 7, 2012. For up-to-date information and detailed summaries, please visit Nevada’s Who Decides? web page.

Anti-Choice Laws

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

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

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

Pro-Choice Laws

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

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.

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

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

Political Information
EXECUTIVE
Governor Maggie Hassan (D) is pro-choice.

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

Laws in Brief
This information is current as of November 7, 2012. For up-to-date information and detailed summaries, please visit New Hampshire’s Who Decides? web page.

Anti-Choice Laws
ABORTION BAN
New Hampshire bans a safe abortion procedure.

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

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

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

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NEW JERSEY

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

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

Laws in Brief
This information is current as of November 7, 2012. 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.

ACCESS FACT
24 percent of New Jersey counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
NEW MEXICO

Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. For up-to-date information and detailed summaries, please visit New Mexico’s Who Decides? web page.

Anti-Choice Laws

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

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

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

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

Pro-Choice Laws

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

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

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

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

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

Other Related Laws

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

91 percent of New Mexico counties have no abortion provider

SOURCE: GUTTMACHER INSTITUTE

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ACCESS FACT

GRADE

ACCESS FACT
NEW YORK

**Political Information**

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

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

**Laws in Brief**
This information is current as of November 7, 2012. 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.
**Political Information**

**EXECUTIVE**
Governor Patrick McCrory (R) is anti-choice.

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

**Laws in Brief**
This information is current as of November 7, 2012. For up-to-date information and detailed summaries, please visit North Carolina’s Who Decides? web page.

**Anti-Choice Laws**

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

**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.

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

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

**Access Fact**
86 percent of North Carolina counties have no abortion provider.

**Source:** Guttmacher Institute

**State Affiliate**

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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 7, 2012. For up-to-date information and detailed summaries, please visit North Dakota’s Who Decides? web page.

Anti-Choice Laws

ABORTION BAN
North Dakota has an unconstitutional and unenforceable criminal ban on abortion and has a near-total criminal ban on abortion that would take effect if Roe v. Wade were 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 7, 2012. 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.
OKLAHOMA

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 7, 2012. 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.
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 7, 2012. 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 includes 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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**PENNSYLVANIA**

**Political Information**

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

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

**Laws in Brief**

*This information is current as of November 7, 2012. 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.

**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 7, 2012. 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.

GRADE
D+

ACCESS FACT

80 percent of Rhode Island counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. 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.

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
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 7, 2012. 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, has a near-total criminal ban on abortion that would take effect if Roe v. Wade were overturned, and has an unconstitutional and unenforceable ban on abortion procedures.

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.

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

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.

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

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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 7, 2012. 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.

ACCESS FACT

94 percent of Tennessee counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
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 7, 2012. 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

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

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.
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 7, 2012. For up-to-date information and detailed summaries, please visit Utah’s Who Decides? web page.

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

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.

UTAH GRADE
F
ACCESS FACT
97 percent of Utah counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
VERMONT

Political Information

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

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

Laws in Brief
This information is current as of November 7, 2012. 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 7, 2012. 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.
Political Information

EXECUTIVE
Governor Jay Inslee (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 7, 2012. 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 mixed-choice.

Laws in Brief
This information is current as of November 7, 2012. For up-to-date information and detailed summaries, please visit West Virginia’s Who Decides? web page.

Anti-Choice Laws

ABORTION BANS
West Virginia has unconstitutional and unenforceable criminal bans on abortion.

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

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

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

Pro-Choice Laws

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

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

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

ACCESS FACT
96 percent of West Virginia counties have no abortion provider
SOURCE: GUTTMACHER INSTITUTE
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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 7, 2012. For up-to-date information and detailed summaries, please visit Wisconsin’s Who Decides? web page.

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

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

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

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

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

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

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

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

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

EMERGENCY CONTRACEPTION
Wisconsin law improves women’s access to emergency 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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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 7, 2012. For up-to-date information and detailed summaries, please visit Wyoming’s Who Decides? web page.

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

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

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

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

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

Other Related Laws
POST-VIABILITY ABORTION RESTRICTION
Wyoming restricts post-viability abortion.
CONCLUSION
METHODOLOGY

GENERAL METHODOLOGY

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation have 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 and 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 “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. require crisis pregnancy centers to disclose anti-choice bias); improve reproductive health; support healthy childbearing; and provide young people with comprehensive sex education.

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

REPORT CARD METHODOLOGY

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

For 15 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 weighted most heavily.

For each issue area 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. Points were added based on the exceptions included in the law.

Low-Income Women’s Access to Abortion (and Restrictions on Low-Income Women’s Access to Abortion)  
(- up to 25 points)  
Points were deducted 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 added 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 and 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 has adequate life and health exceptions and does not define viability as occurring at a particular point in pregnancy, no points were subtracted. Points were subtracted for the lack or inadequacy of the health exception and if the state defines viability as occurring at a particular point in pregnancy.

Protection Against Clinic Violence  
(+ up to 15 points)  
Points were added if the law prohibits interference with entry or exit to a facility; physical invasion of the facility including trespass, property damage, arson, and bombing; excessive noise, odors, or telephone calls; and threats, including weapon possession at demonstrations. Points were also added if the law creates a buffer zone, and/or permits injunctive relief.
METHODOLOGY

Public Facilities and Public Employees Restriction(s)  
(- up to 10 points)  
Points were subtracted if all or some public employees and/or facilities are prohibited from providing abortion services. Points were added based on the exceptions included in the law.

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

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

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 and NARAL Pro-Choice America Foundation do 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 7, 2012.

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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.
“Why would anyone object to the use of deadly force to prevent the murder of an unborn human?”
— Frank Szabo, Hillsborough County sheriff candidate

“Life is that gift from God that I think even if life begins in that horrible situation of rape, that it is something that God intended to happen.”
— Indiana state treasurer and Senate candidate Richard Mourdock (R)

“Women don’t care about contraception.”
— Gov. Nikki Haley (R-SC)

“Personally I’d like to make a law that mandates a woman watch an abortion being performed prior to having a “surgical procedure.”
— Arizona state Rep. Terri Proud (R)