

Restricting Abortion: Mississippi¹

In far too many places throughout this country, it has become extremely difficult for women to safely and legally end a pregnancy. In too many states, politicians have enacted laws that single out the provision of abortion services for restrictions that are more burdensome than those imposed on medically comparable procedures, do not significantly advance women's health or the safety of abortion services, and make abortion services more difficult to access. It's time for politicians to stop interfering with women's personal decision-making. We need a federal law that puts women's health, safety, and rights first. The Women's Health Protection Act does just that.

In Mississippi, the following restrictions are among those that would be unlawful under the Women's Health Protection Act once enacted:

- **BAN** on the use of telemedicine to provide medication abortion, reducing the potential for access to safe, nonsurgical abortion services and eliminating an important way to expand access to many low-income and rural women.²
- **BAN** on abortion at 20 weeks of pregnancy (an unconstitutional pre-viability ban), with unconstitutionally narrow exceptions only if a woman's life or physical health is in danger.³
- **REQUIREMENT** that forces a woman to wait at least 48 hours and make two separate trips to a provider before she can obtain an abortion.⁴
- **REQUIREMENT** that abortion providers have admitting and staff privileges at a local hospital, a medically unnecessary requirement that is designed to prevent qualified, experienced physicians from providing care to their patients.⁵ If enforced, this will shut down the last abortion clinic in the entire state.
- **REQUIREMENT** that a woman undergo an ultrasound before obtaining an abortion—even when medically unnecessary—and that the provider offer the woman the opportunity to see the image and hear it described in detail, whether or not the provider believes it is appropriate.⁶
- **REQUIREMENT** that clinics that perform first trimester abortions meet structural and other regulatory standards unrelated to patient safety.⁷

"These incremental laws are part of a greater strategy to end abortion in our country It's part of it, and one day, our country will be abortion free."

- Tanya Britton, a board member for Pro-Life Mississippi, said the laws enacted in her state and others, including the admitting-privilege requirement, were intended not just to make abortion safer but to end them

- **REQUIREMENT** that clinics performing second trimester abortions meet the same structural standards as ambulatory surgical centers—essentially forcing them to become “small hospitals”—despite those standards being completely unrelated to ensuring patient safety.⁸

(Endnotes)

¹ The restrictions highlighted herein are examples of the types of restrictions that the [Women’s Health Protection Act](#) seeks to invalidate. This fact sheet is not intended as a comprehensive guide to abortion restrictions in North Dakota.

² MISS. CODE ANN. § 41-41-107(2).

³ MISS. CODE ANN. § 41-41-137. There is also an exception for lethal fetal anomalies.

⁴ MISS. CODE ANN. § 41-41-33(1)(a).

⁵ MISS. CODE ANN. § 41-75-1(f).

⁶ MISS. CODE ANN. § 41-41-34.

⁷ MISS. CODE ANN. §§ 41-75-1 *et seq.*; MISS. CODE R. 15-16-1:44.1 *et seq.*

⁸ MISS. CODE ANN. § 41-75-1(e); *see generally* § 41-75-1 *et seq.*; MISS. CODE R. §§ 15-16-1:42.1 *et seq.*