



Restricting Abortion: Missouri¹

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

- REQUIREMENT that forces a woman to wait at least 72 hours and make two separate trips to a provider before she can obtain an abortion.²
- REQUIREMENT that abortion facilities meet the same strict
 structural and other regulatory standards as newly constructed
 ambulatory surgical facilities, essentially becoming "small
 hospitals," despite those standards being completely unrelated to ensuring patient safety.³
- "I do not know if my daughter would have a mother if we had not had this procedure or, if she did, what our lives would now be like. I shudder to think what would have happened to us ..."
- Phil Wood, father of twins diagnosed in utero with a placental disease that would have killed both fetuses and possibly his wife without a safe abortion provided by Dr. George Tiller
- **REQUIREMENT** that clinics be located within 15 minutes of a hospital, burdening them with a rule that is not necessary to ensure patient safety nor required of similar health care providers in the state.⁴
- REQUIREMENT that abortion providers have admitting privileges at local hospitals that offer obstetrical or gynecological
 care, a medically unnecessary limitation that prevents qualified, experienced physicians from providing care to their
 patients.⁵
- 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.⁶
- BAN on abortions after viability without constitutionally adequate exceptions for the woman's life or health.⁷
- REQUIREMENT that abortion after 16 weeks must be performed in a hospital when the procedure can be safely performed in clinics.⁸

1634 Eye Street, NW Suite 600 Washington, DC 20006 Tel. 202 628 0286

(Endnotes)

- ¹ The restrictions highlighted herein are examples of the types of restrictions that the Women's Health Protection Act of 2013 seeks to invalidate. This fact sheet is not intended as a comprehensive guide to abortion restrictions in Missouri.
- ² Mo. Rev. Stat. § 188.027.
- ³ Mo. Rev. Stat. § 197.200 (including abortion facilities in the definition of ambulatory surgical center); Mo. Code Regs. Ann. tit. 19 § 30-30.070 (regulations describing ambulatory surgical center requirements); *Planned Parenthood of Kan. & Mid-Mo. v. Drummond*, 2007 WL 2811407 (W.D. Mo. 2007) (preliminarily enjoining requirement as applied to two clinics). This law was challenged by the State's existing abortion providers in 2007 and, in 2010, the parties reached a settlement that allowed the existing providers to continue in their existing facilities without meeting the construction requirement for new ambulatory surgical facilities.
- ⁴ Mo. Code Regs. Ann. tit. 19 § 30-30.070.
- ⁵ Mo. Rev. Stat. § 188.080.
- ⁶ Mo. Rev. Stat. § 188.021.
- ⁷ Mo. Rev. STAT. § 188.030.
- ⁸ Mo. Rev. Stat. § 188.025, declared unconstitutional by Reprod. Health Servs. v. Webster, 851 F.2d 1071 (8th Cir. 1988), aff'd in part and rev'd in part on other grounds, 492 U.S. 490 (1989).