

Restricting Abortion: Virginia¹

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

- **REQUIREMENT** that the 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, whether or not the provider believes it is appropriate.²
- **REQUIREMENT** that forces most patients to make two separate trips to a provider before they may obtain an abortion.³
- **REQUIREMENT** that clinics meet structural and other regulatory standards unrelated to patient safety.⁴
- **REQUIREMENT** that every clinic have a written transfer agreement with a local hospital, burdening them with a rule that is not necessary to ensure patient safety nor required of similar health care providers in the state.⁵
- **BAN** on abortions after viability without constitutionally adequate exceptions for the woman's life or health.⁶

(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 Virginia.

² VA. CODE ANN. §§ 18.2-76(B)-18.2-76(C).

³ VA. CODE ANN. § 18.2-76(B).

⁴ VA. CODE ANN. § 32.1-127(B)(1) (mandating Board of Health classify first trimester abortion providers as a category of "hospital"); 12 VA. ADMIN. CODE §§ 5-412-10 et seq. (first trimester abortion provider regulations); VA. CODE ANN. § 18.2-73; VA. CODE ANN. § 32.1-123 (requiring second trimester abortions be performed in a hospital or outpatient surgical hospital), *invalidated by Akron*

"These regulations are really dramatically disturbing for me, as someone that has dedicated the last 14 years to expanding women's health."

-Rosemary Codding, director of a women's health clinic in Falls Church, speaking about TRAP laws passed in Virginia in 2011. The new regulations will cost her clinic \$2 million in renovations and the clinic will have to forego updating medical equipment for several years in order to pay for the changes to make her two clinics meet Virginia's new, unnecessary structural standards.

v. Akron Ctr. for Reprod. Health, Inc., 462 U.S. 416, 438-39 (1983) (internal citations omitted) (state may not require that second-trimester abortions be performed in hospitals); Planned Parenthood v. Ashcroft, 462 U.S. 476, 481-82 (1983) (same holding). This holding of *Akron* is unaffected by the Supreme Court's subsequent decision in Planned Parenthood of Se. Pa. v. *Casey*, 505 U.S. 833, 877 (1992), because the *Akron* Court applied a standard virtually identical to the "undue burden" standard later adopted in *Casey*.

⁵ VA. ADMIN. CODE § 5-412-290(C).

⁶ VA. CODE ANN. § 18.2-74(b).