

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 providers who perform medication abortion procedures to be licensed physicians,³ despite recommendations from the World Health Organization that other highly qualified health care providers can safely provide medication abortion.⁴
-] **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.⁵
-] **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.⁶

"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 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.⁷

) **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.⁸

) **BAN** on abortions after viability without constitutionally adequate exceptions for the woman's life or health.⁹

) **REQUIREMENT** that abortion after 16 weeks must be performed in a hospital when the procedure can be safely performed in clinics.¹⁰

(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 Missouri.

² Mo. Rev. Stat. § 188.027.

³ Mo. Rev. Stat. § 188.020; Mo. Rev. Stat. § 334.245; Mo. Rev. Stat. § 188.080.

⁴ See World Health Org., Safe Abortion: Technical and Policy Guidance for Health Systems 65 (2nd ed. 2012), available at http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1.

⁵ 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. Additionally, this law is presumptively unconstitutional under *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292, 2314-18 (2016).

⁶ Mo. Code Regs. Ann. tit. 19, § 30-30.070.

⁷ Mo. Rev. Stat. Ann. § 188.080, presumptively unconstitutional under *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292, 2310-13 (2016).

⁸ Mo. Rev. Stat. § 188.021.

⁹ Mo. Rev. Stat. § 188.030.

¹⁰ 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).