



WOMEN'S HEALTH PROTECTION ACT (S. 510/ H.R. 1322)

Safe. Legal.
Where we live.

Protecting Fundamental Reproductive Rights from Ideological Interference

In 1973, the United States Supreme Court issued the landmark *Roe v. Wade* decision, enshrining a woman's right to abortion into federal law. This judicial milestone ushered in an era of greater freedom for women to determine whether, when, and how to have children. Over the same period, a vocal minority opposed to reproductive rights has sought to undermine *Roe* and subsequent court decisions, advancing a battery of state actions which contravene federal law and impair women's health. In the 45 years since *Roe*, many restrictions have been signed into law that delay, obstruct, or completely restrict abortion access. In the last few years, the pace of these obstructions has accelerated, with states passing bills that delay, complicate, or outright ban access,

leading to a landscape in which residents of some states are denied the same degree of legal protection and safety that others freely access.

Since 2011, states have enacted more than 400 abortion restrictions. The Women's Health Protection Act is federal legislation that would invalidate laws that obstruct abortion access and ensure that women all over the country enjoy the same rights regardless of where they live. By prohibiting harmful laws that interfere with access to care and personal decisionmaking, the Women's Health Protection Act at once protects reproductive rights and health and establishes a legal standard for protection against future interference.

A VOCAL MINORITY OPPOSED TO REPRODUCTIVE RIGHTS HAS SOUGHT TO UNDERMINE ROE AND SUBSEQUENT COURT DECISIONS, ADVANCING A BATTERY OF STATE ACTIONS WHICH CONTRAVENE FEDERAL LAW AND IMPAIR WOMEN'S HEALTH.

Abortion Restrictions Have a Disparate Impact on Various Communities

State laws that restrict abortion access do not affect all communities equally. Poor and low-income people, women of color, immigrants, and young people are most impacted when barriers to clinics or care are put in place, largely because these groups often face other serious obstacles securing health care and services.

- Nationwide, 75 percent of abortion patients are poor or low income.
- Nearly half live below the federal poverty level.
- Nearly three in five (59 percent) abortion patients already have children.
- More than 61 percent of abortion patients are women of color.
- 60 percent of abortion patients are in their 20s.

Why Do We Need the Women's Health Protection Act?

Over the course of her lifetime, one in four women will have an abortion, a procedure the U.S. Centers for Disease Control and Prevention calls one of the safest available—as many as 14 times safer than childbirth. Despite clear constitutional recognition in the landmark Supreme Court decision *Roe v. Wade*, women in many parts of the country face obstacles to safe abortion access. In 1982, almost 3,000 clinics provided safe, legal abortions and other health services all over the United States, reducing health complications and maternal mortality by bringing abortion care out of the shadows. But over time opposition efforts have cut the number of clinics in half, the result of a calculated strategy to burden providers with unnecessary and dangerous regulations. In 2018, 90 percent of U.S. counties do not have a single known abortion clinic. Six states have only one.

Since *Roe*, attempts by states to thwart abortion access have evolved.

Limits on insurance access were followed by bans on certain methods of abortion and requirements that applied to no other surgical procedure, such as mandated hospital admitting privileges for providers. At present, 26 states require patients to get an ultrasound and 14 require patients to make two separate trips to the provider before receiving abortion care. And, in direct violation of the *Roe* decision, 19 states ban abortion at points in pregnancy before viability.

Where women's health is concerned, a recent National Academy of Sciences, Engineering, and Medicine report found that the biggest threat to quality abortion care is the litany of regulations that raises costs and delays procedures, amplifying the risks to women's health. The upshot of this restrictive environment is clear: today, more than 58 percent of women of reproductive age live in a state considered hostile towards the legal right to abortion.

The U.S. Supreme Court has ruled again and again—most recently in the historic *Whole Woman's Health v. Hellerstedt* decision—that abortion is a fundamental right and that “undue burdens” on access violate the Constitution's 14th Amendment. Yet politicians continue to propose and pass laws based on ideology and sham science, laws which single out abortion for restrictions under the false pretense of protecting women's health. These laws interfere with the safe provision of abortion services, undermine providers' effectiveness, create a climate of obstruction and stigma imposed on no similar medical practice, and ultimately, shame women and shut down access to care. The Women's Health Protection Act will give the U.S. Department of Justice enforcement authority to challenge abortion restrictions that unjustifiably burden access to reproductive health care.

How does the Women's Health Protection Act Work?

The Women's Health Protection Act protects access to safe, legal abortion in every state by invalidating laws that single out providers with unnecessary requirements and restrictions, that do not promote women's health or safety, and that limit a woman's access to abortion services.

Among the deceptive practices that would be made unlawful are

laws requiring unneeded tests and procedures; laws requiring doctors to adhere to outdated and less effective medical regimens; laws that apply onerous and medically unnecessary requirements on facilities and providers and are designed to shut down clinics; and pre-viability bans. In other words, WHPA would nullify regulations passed under the false premise of improving women's health.

THE WOMEN'S HEALTH PROTECTION ACT WILL GIVE THE U.S. DEPARTMENT OF JUSTICE ENFORCEMENT AUTHORITY TO CHALLENGE ABORTION RESTRICTIONS THAT UNJUSTIFIABLY BURDEN ACCESS TO REPRODUCTIVE HEALTH CARE.