



July 14, 2014

The Honorable Patrick Leahy
437 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Chuck Grassley
135 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Leahy and Ranking Member Grassley,

Thank you for the opportunity to submit this statement on behalf of the Guttmacher Institute in support of the Women's Health Protection Act of 2013, S. 1696, for the July 15, 2014 hearing entitled: The Women's Health Protection Act: Removing Barriers to Constitutionally Protected Reproductive Rights.

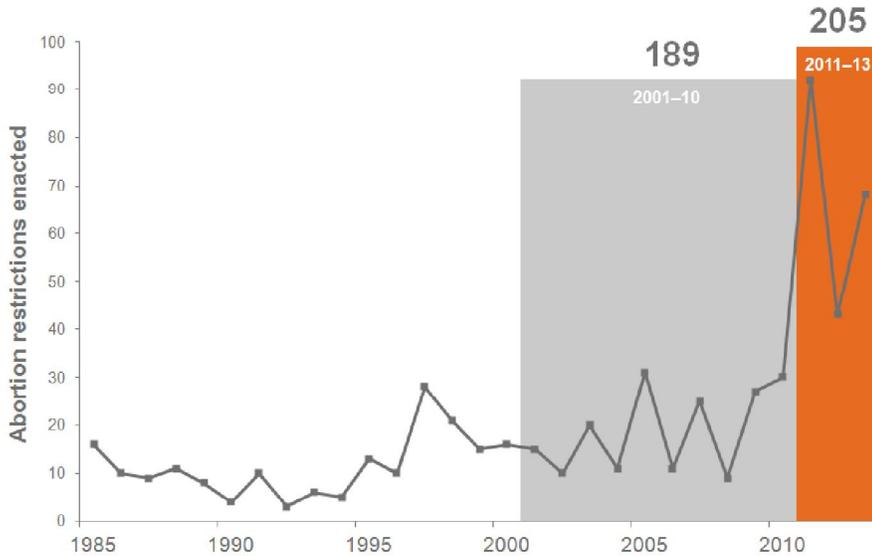
The Guttmacher Institute is an independent, not-for-profit organization focusing on sexual and reproductive health research, policy analysis and public education in the United States and internationally. The Institute's work is considered authoritative and is cited as much by opponents of reproductive rights as by advocates of those rights. Guttmacher monitors, analyzes and regularly updates the status of state laws regarding a range of reproductive health and rights issues, including restrictions on access to abortion care. Moreover, the Institute has collected and analyzed a great deal of information on abortion incidence and trends nationwide.

The avalanche of restrictive state abortion laws, especially since 2010, demonstrates why the time is now for a federal law such as the Women's Health Protection Act (WHPA) to address the fact that in wide swaths of the country, access to abortion care is increasingly difficult if not impossible for many women.

The primary purpose of the WHPA is to guard a woman's right and ability to access safe, legal abortion services and ensure that providers and health care facilities are not targeted by unwarranted restrictions. The bill would invalidate unnecessary and burdensome regulations known as targeted regulation of abortion providers (TRAP) and overturn policies on medication abortion that make it more difficult for women to access early abortion. The bill would also outlaw previability abortion bans and invalidate any laws that compel women to make multiple trips to the provider for reasons unrelated to medical necessity, be it state-dictated counseling or mandatory ultrasounds. Young women, poor women and women of color bear the brunt of the obstacles to care that these types of laws are creating and therefore have the most to gain from the bill's enactment into law.

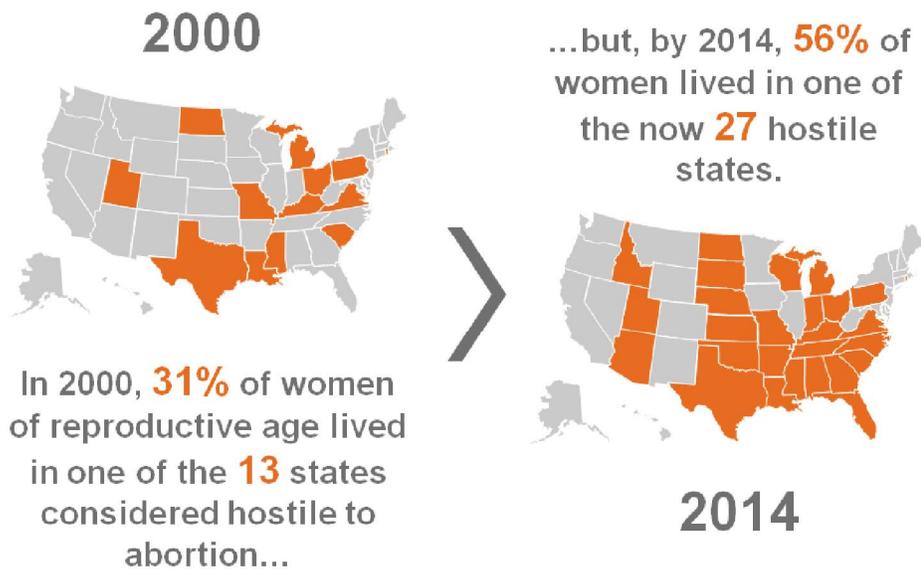
Advancing sexual and reproductive health worldwide through research, policy analysis and public education

Trends in State Laws. An unprecedented wave of state-level abortion restrictions swept the country over the past three years, as is described in the Institute’s *Guttmacher Policy Review* article, [A Surge of State Abortion Restrictions Puts Providers—and the Women They Serve—in the Crosshairs](#). In 2011–2013, legislatures in 30 states enacted 205 abortion restrictions—more than the total number enacted in the entire previous decade. No year from 1985 through 2010 saw more than 40 new abortion restrictions; however, each year between 2011 and 2013 topped that number.



In terms of sheer numbers, this wave of new restrictions has shifted the abortion policy landscape dramatically. To assess how and where the volume of abortion restrictions changed over time, analysts at the Guttmacher Institute identified 10 categories of major abortion restrictions and considered whether—in 2000 and 2014—states had in place at least one provision in any of these categories. A state was considered “supportive” of abortion rights if it had enacted provisions in no more than one of the restriction categories, “middle ground” if it had enacted provisions in two or three, and “hostile” if it had enacted provisions in four or more.

According to the analysis, the overall number of states hostile to abortion rights—and the proportion of U.S. women living in those states—has grown substantially since 2000, while the number of supportive and middle-ground states has shrunk:



Antiabortion leaders disingenuously insist that these restrictions are necessary to protect women’s health and safety. The safety of abortion, however, is well established. Rather, these restrictions burden women and potentially threaten their health. And they prevent providers from engaging in practices that are accepted as mainstream in other medical specialties. Simply put, restrictions on abortion make the procedure more costly—financially and in terms of women’s health and safety.

Abortion Rate Is Declining. Antiabortion activists have been quick to jump on the recent wave of restrictions as the explanation for the reported decline in abortion in recent years. A Guttmacher study released earlier this year found that the U.S. abortion rate dropped 13% between 2008 and 2011, and had reached its lowest level since 1973. The dramatic drop during this most recent period cannot be explained by the recent rash of state restrictions, however, according to the *Guttmacher Policy Review* article [U.S. Abortion Rate Continues to Decline While Debate over Means to the End Escalates](#). First, the abortion decline mostly predated the wave of new abortion restrictions. Moreover, since the drop in the abortion rate was accompanied by a steep drop in the birthrate too, it is clear that it was the drop in the overall pregnancy rate that was the underlying factor. The evidence shows that improved contraceptive use, including use of highly effective methods like the IUD and implant, was likely the main driver of the abortion decline by helping to reduce women’s need for abortion care.

Women Pay the Price. Even though abortion restrictions appear not to have been a major factor in the most recent abortion decline, the analysis warns that such laws can have a severe financial and emotional impact on women even when falling short of deterring them from having an abortion. In 2014, 59% of women of reproductive age live in one of the 26 states with TRAP laws and 35% of women live in one of the 16 states that limit access to medication abortion. And research shows that the most coercive laws, those that significantly raise the economic cost for women seeking abortion care, can have a

measurable impact on abortion incidence by making abortion unattainable for the poorest and most vulnerable women.

TRAP provision



Medication abortion restriction



Ban at 20 weeks from fertilization



Proportion of women of reproductive age living in state with abortion restriction

“Abortion opponents may try to cloak their policies in prowoman rhetoric, but the simple fact remains that these laws are intended to push reproductive decision making in one direction: toward pregnancy and childbearing,” as the article explains. “Viewed this way, the question is not whether coercive approaches ‘work’ in reducing abortion incidence. Rather, these coercive approaches are unacceptable in principle. U.S. women and couples have been increasingly successful at achieving their goal of having small families, and they increasingly are doing so without relying on abortion. Even with abortion services legal and accessible to women who need them, abortion can become more rare—for all the right reasons.”

Given the demonstrated hostility toward abortion rights in so many states, it is clear that enactment of the WHPA is necessary and urgent. In blocking key aspects of the concerted nationwide antiabortion campaign that neither promotes women’s health nor can reduce the need for abortion, enacting the WHPA would begin to restore respect for and protection of women’s health and dignity no matter where in the United States they live.

Thank you for the opportunity to provide these comments.

Sincerely,

Susan A. Cohen
Acting Vice President for Public Policy
Guttmacher Institute