

## The Truth

### Pro-Life Responses to Extreme Pro-Abortion State Laws

#### Pro-Abortion Argument:

In arguing for late-term abortion, abortion activists like to say that every pregnancy is unique and that women need a broad physical or mental health exception when deciding to get an abortion.

#### Pro-Life Response:

According to the American Association of Pro-Life Obstetricians & Gynecologists, “With any serious maternal health problem, termination of pregnancy can be accomplished by inducing labor or performing a cesarean section, saving both mother and baby.” Simply put, ***delivering the baby*** is the modern and medically sound approach if there are health complications with the mother in late pregnancy.

Additionally, at this late stage, most late abortion methods require a much lengthier and more complicated process than inducing birth – with the abortion process taking as many as three to four days.

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#### Pro-Abortion Argument:

Third trimester abortions are extremely rare.

#### Pro-Life Response:

Abortions late in pregnancy are not rare. According to the most recent data for 2014 from the Guttmacher Institute (originally founded as a special research arm of Planned Parenthood,) 1.3% of the estimated 926,000 elective abortions performed annually in the United States are on unborn children at 21 weeks gestation or older.

These findings are generally corroborated by the U.S. Centers for Disease Control & Prevention (CDC) Abortion Surveillance Report for 2015 which reported that in most states 1.3%, of abortions were performed at 21 weeks gestation or later (Three states – California, Louisiana and New Hampshire – did not submit any data. Six states – Florida, Illinois, Maryland, Massachusetts, Mississippi, and Nebraska – either did not report gestational age or gestational age was reported as unknown for more than 15% of women – so the number is likely higher.)

Based on the data from Guttmacher and the CDC, at least 8,000 – and more likely as many as 12,000 – unborn children are killed late in pregnancy every year.

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**Pro-Abortion Argument:**

These laws do not allow infanticide.

**Pro-Life Response:**

Under the Federal Born-Alive Infants Protection Act (PL 107-207), enacted in 2002, humans who are born alive, whether before or after “viability,” are recognized as full legal persons for all federal law purposes.

But legislation like the law enacted in New York, roll back state protections for babies who survive abortion and eliminate penalties for abortionists who permit born-alive infants to die.

Babies can be and have been born-alive during failed abortions, many of whom, now as adults, publicly share their stories.

Much stronger federal protection is needed and would be provided by the Born-Alive Abortion Survivors Protection Act. This legislation would enact an explicit requirement that a baby born alive during an abortion must be afforded “the same degree” of care that would apply “to any other child born alive at the same gestational age,” including transportation to a hospital.

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**Pro-Abortion Argument:**

Most abortions done at this late state are due to major health complications with the baby.

**Pro-Life Response:**

In hearings for the Partial Birth Abortion Ban Act, Ron Fitzsimmons, then-executive director of the National Coalition of Abortion Providers, said that the “vast majority” of partial-birth abortions were performed in the fifth and sixth months of pregnancy, on healthy babies of healthy mothers.

Even in the case of a baby with an adverse diagnosis, we don't cure illness by killing the patient. When a family learns that the child they are expecting may have a special need, that family needs support and good solid medical information – not the death of their most fragile member.

Even when born with some fatal condition, perinatal hospice offers a more humane and sensitive solution allowi natural grief and separation with the support of the medical community and family. It is a positive alternative to abortion.

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**Pro-Abortion Argument:**

These laws are merely codifying what is already permitted under *Roe v. Wade*.

**Pro-Life Response:**

Unbelievable as it may sound, this is correct. In deciding *Roe v. Wade*, the Supreme Court legalized abortion on demand throughout the full nine months of pregnancy to protect the mother’s “health.”

On the same day, in a companion case to *Roe*, *Doe v Bolton*, the Supreme Court defined the health exception to include: “all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well being of the patient. All these factors may relate to “health.” Because application of the health exception is determined by the abortionist, legislation directly prohibiting any abortion containing a “health” exception, was rendered practically unenforceable.

(This is why, in recent years, some states have enacted pro-life legislation with language specifying that “health” applies only in cases where the mother will face severe or irreparable damage to her physical health.)

Subsequent Supreme Court action in cases like *Planned Parenthood v. Casey*, *Harris v. McRae*, and *Gonzalez v. Carhart* have led the way for states states to enact many pro-life protective laws, including women’s right to know laws, parental involvement laws, and prohibitions on public funding of abortion.

In addition, 16 states have enacted laws protecting from abortion unborn children who are capable of feeling pain. These laws generally limit abortion after 20 weeks when scientific evidence shows unborn babies suffer greatly during late abortions. When states like New York codify *Roe v Wade*, they roll back critical pro-life gains.

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**Pro-Abortion Argument:**

Doctor-only requirements are not necessary. Abortions earlier in pregnancy have been safely performed by other qualified medical professionals across the country for years.

**Pro-Life Response:**

It has long been the strategy of the pro-abortion movement to “expand access” to abortion. Abortion is already dangerous because it claims the life of one person, now the pro-abortion movement wants to allow non-physicians to perform abortions. Expanding the number of people who can provide abortion will increase the number of unborn children being killed. It also lowers the level of expertise and education of those performing abortions, which could threaten the lives of women who experience some of the common physical complications that arise from abortion.

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**Pro-Abortion Argument:**

This law simply removes medically unnecessary, outdated, and burdensome requirements that have been known to delay and deny care.

**Pro-Life Response:**

Pro-life laws save lives! Radical pro-abortion extremists have rejected every common-sense Constitutionally-upheld proposal from women’s right to know laws including those that allow a woman to view an ultrasound to bans on particularly grizzly methods of abortion including partial-birth abortion. From recent data, we know the annual number of abortions continues to decline. This drop in numbers can be traced to a number of factors, but among them are the efforts by National Right to Life and its network of state affiliates to enact protective laws in the states that provide legal protection to unborn children and offer hope and help to their mothers. The more women know about fetal development, abortion, and abortion alternatives, the more they choose life.

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**Pro-Abortion Argument:**

This law does not permit abortion if the woman is already in labor.

**Pro-Life Response:**

The so-called “Reproductive Health Act” (RHA) as passed in New York established abortion as a fundamental right in New York, creating an unregulated right to abortion at any time for any reason. There is no language whatsoever under the RHA that addresses what stage of the pregnancy the mother is in, so as long as the baby has not been born, it can be aborted.