

THE
STATE OF
ABORTION
IN THE UNITED STATES

JANUARY 2015

The State of Abortion in the United States is a report issued by the National Right to Life Committee (NRLC). Founded in 1968, National Right to Life, the federation of 50 state right-to-life affiliates and more than 3,000 local chapters, is the nation's oldest and largest national grassroots pro-life organization. Recognized as the flagship of the pro-life movement, NRLC works through legislation and education to protect innocent human life from abortion, infanticide, assisted suicide and euthanasia.

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TABLE OF CONTENTS

Introduction by NRLC President Carol Tobias	4
Abortion Numbers	
Declining Abortion Numbers Show Pro-Life Progress	5
Considering the Causes	7
Effective Legislation & Education	11
Remaining Areas of Concern	15
Public Opinion Polling	
Americans Oppose Abortion for Any Reason	17
Federal Policy & Abortion	
Overview	20
Judicial Federalization of Abortion Policy	21
Congressional Action on Federal Subsidies for Abortion	22
Congressional Action on Direct Protection for Unborn Children	17
Federal Conscience Protection Laws	18
Attempts in Congress to Protect “Abortion Rights” in Federal Law	19
State Laws & Abortion	
Overview	28
Pain-Capable Unborn Child Protection Act	29
A Woman’s Right to Know: Ultrasound	30
A Woman’s Right to Know: Informed Consent	31
Web-Cam Abortion Bans	32
Parental Involvement Laws	33
State Policies on Public Funding of Abortion	34
Preventing Taxpayer Subsidy for Abortion	35
Sex-Selection Abortion Bans	36
Protection from Dismemberment Abortions	37
Planned Parenthood: Pro-Abortion, Prosperous, and Proud	38
Synopsis of U.S. Supreme Court Cases	42
About National Right to Life	46



CAROL TOBIAS National Right to Life President

Since the U.S. Supreme Court legalized unrestricted abortion on demand 42 years ago in *Roe v. Wade* and *Doe v. Bolton*, more than 57 million unborn children have lost their lives. Each one of those abortions is a tragedy, not just because an innocent child died, but because of the lasting impact the abortion itself had on the mothers of those children.

Following the Court's decisions on January 22, 1973, the right-to-life movement has worked tirelessly to enact laws that protect unborn children and offer support and life-affirming alternatives to their mothers. Those laws are having a tremendous impact.

In February 2014, the Guttmacher Institute (originally founded as a special research arm of Planned Parenthood), reported that for 2011, the annual number of abortions had dropped to 1.058 million—550,000 fewer than the peak of more than 1.6 million reached in 1990. It's also the lowest annual number of abortions since 1975. The U.S. Centers for Disease Control confirmed this downward trend with its November 2014 release of state reporting data. The CDC also saw lower abortion rates and ratios.

All of this is welcome news and confirms what we have long known: pro-life education and legislative efforts are helping make an impact on our culture and in the lives of women facing unexpected pregnancies.

Abortion remains widely available, but any woman seeking an abortion knows someone close to her who would encourage her *not* to kill her baby. And after years of being told that abortion was “the best choice” or “their only choice,” women are learning that there are alternatives to abortion that affirm their lives and the lives of their children.

This second annual “State of Abortion in the United States” looks at where we are on the 42nd anniversary of *Roe v. Wade* and *Doe v. Bolton*. In preparing the report, we've found that while the numbers are certainly encouraging, we still have a long way to go in our battle to protect mothers & their children.

However, we know that we will ultimately be successful, because at our core as a society, we know the immutable truth: killing unborn children is wrong.



DECLINING ABORTION NUMBERS SHOW PRO-LIFE PROGRESS

There is a long way to go, but it is clear that we have made a lot of progress. Abortions in the United States today are down to levels not seen since the 1970s, when the Supreme Court legalized abortion nationwide.

Abortions rose quickly and topped the million a year mark in 1975 and hit an annual 1.5 million in 1980. They peaked at 1.6 million in 1990, but began dropping in subsequent years. After appearing to level off around 1.2 million in the mid 2000s, the most recent national reports shows the annual total back down to just over one million, and declining abortion rates and ratios show that this is not merely a statistical anomaly.

Reports Concur on Major Abortion Decline

Two different national reports in 2014 confirmed that both the number and rate of abortions in the United States have significantly dropped in recent years, accelerating a long-term decline that has been observed since 1990. This is a clear indication that attitudes and actions have been changing in America, and millions of children are alive today because of it.

The Guttmacher Institute (the one time “special research affiliate” of abortion giant Planned Parenthood) that now serves as an independent research arm of the abortion industry as a whole, released its report, “Abortion Incidence and Service Availability in the United States, 2011,” on February 3, 2014. The U.S. Centers for Disease Control (CDC) published its annual “Abortion Surveillance” report for 2011 on November 28, 2014.

Raw numbers

There were, according to Guttmacher, 1,058,490 abortions in 2011. The last time America got this close to a million was in 1975, when Guttmacher recorded 1,034,200. The CDC reported a total of 730,322 for 2011, but its totals have not included abortions from the country’s most populous state, California, and at least two other states since 1998. Nevertheless, the CDC’s abortion figures have also shown dramatic declines in recent years similar to those reported by Guttmacher.

Guttmacher surveys abortion clinics directly, but normally waits several years between studies. The CDC relies on the reports of state health departments and publishes statistics every year. It offers some valuable trackable demographic data, some states do not report, or only report partial data, making CDC’s totals incomplete. Both Guttmacher and the CDC, however, do show significant declines in abortion numbers, rates, and ratios, particularly in the last three years (2008 to 2011) covered by the studies.

Every single number represents the loss of at least one life (as with births, there are a certain number of twins, triplets, etc. involved), so drops in the raw numbers mean fewer babies dying and that is

encouraging. If numbers had stayed at their 1990 peak of 1.6 million, about six and a half million more abortions would have occurred through the end of last year, meaning a substantial loss of life has been averted.

There is a long way to go, but it is clear that we have made a lot of progress. Abortions in the United States today are down to levels not seen since the 1970s, when the Supreme Court legalized abortion nationwide.

Abortion Rates and Ratios

Encouraging as that is, it doesn't mean the same if the decline was due to some demographic anomaly, such as a sudden drop in the female population. This is why we look not just at the raw number, but also at the abortion rate, the number of abortions for every thousand women of reproductive age, ages 15-44 (Guttmacher adds the specification that this is age as of July 1 of each year, presumably to keep aborting women and women giving birth in the same cohort). On this score, too, we find very good news.

The abortion rate for 2011 was 16.9. This means that occurrence of abortion in the population of women aged 15-44 is less frequent than it has been at any time in the last four decades. In practical terms, if you chose a thousand women of reproductive age at random in 1980, 29.3 of them, nearly twice as many, would have had abortions. In 2011, only 16.9 women per thousand had an abortion. The last time that rate was that low was 1973, the first year under *Roe v. Wade*, when it was just slightly lower, 16.3.

The CDC also reports a lower rate, 13.9, but again this is without any data from California, New Hampshire, or Maryland. For them, though, this is still the lowest rate the agency has recorded since losing California and at least two other states in 1998 and actually the lowest rate it has reported overall since the *Roe* decision in 1973.

There are, of course, many different ways to get a lower abortion rate. Anything that reduces the number of pregnancies—abstinence, the use of birth control, some disease or condition that impacts a large portion of the female population rendering them infertile—could, in theory, reduce the number of abortion candidates, which itself would reduce the rate even if everything else stayed the same.

To get a better idea as to whether there are real attitudinal and behavioral changes behind these lower numbers, one can look at a different number, the abortion ratio. While the abortion rate measures the general prevalence of abortion in the culture, the abortion ratio specifically looks at the likelihood that a pregnant woman will abort.

Though calculated somewhat differently by Guttmacher and the CDC, both essentially balance the number of abortions against the number of births. A higher number means more pregnant women are aborting, a lower number means more are giving birth.

THE STATE OF ABORTION IN THE UNITED STATES

DECLINING ABORTION NUMBERS SHOW PRO-LIFE PROGRESS

According to Guttmacher, there were 21.2 abortions out of every 100 pregnancies that ended in abortion or live birth in 2012. This is also the lowest ratio since 1973, the first year Roe was in effect. It was 30.4 in 1983 and was as high as 25.1 as recently as 1998.

The CDC calculates its abortion ratio differently, but still shows the same big drop. For 2011, the CDC counted 219 abortions for every 1,000 live births, again its lowest figure since 1973.

This hints at something even more significant. While rates tell us generally that abortion is becoming less prevalent in a culture, the ratio tells us what pregnant women are choosing to do with their unborn babies. Dropping abortion ratios are a signal that both attitudes and behaviors are changing, leading to these big abortion drops.

ANALYZING THE NUMBERS: CONSIDERING THE CAUSES

What causes could have resulted in the sudden and significant decline in abortion numbers Guttmacher reported last year for 2008 to 2011, a drop of about 150,000 abortions in just three years? Let's take a closer look at the data, though, and see what it tells us.

Birth Control and the Economy

One claim is that something, such as an economic recession, triggered a sudden surge in the use of birth control, is leading to fewer abortions. This is one of the theories put forward by researchers Rachel K. Jones and Jenna Jerman in Guttmacher's recent report and something the CDC lists as a potential factor.

Let us stipulate up front that anything reducing the population of women becoming pregnant – abstinence, birth control, ^disease, or just ordinary population shifts – would, all other things being equal, reduce the number of abortions. It is not out of the question that some of these could have been involved here, at least to a certain degree. But there is other data that lead us to believe that this is not the best explanation for the decline, or even the bulk of it.

The appeal to the economy is somewhat strange. More than a few pro-abortion sources have argued that poor economic circumstances lead to more, not fewer abortions. The thinking is that pregnant women turn to abortion when the economy turns sour and they determine that they cannot afford to care for the child. This is, in fact, one of the chief reasons women have historically given to Guttmacher and others when asked why they are having abortions.

There was a definite economic downturn during the period under examination, but what we find are not more, but considerably fewer abortions – 1.06 million, a drop of 13% since 2008. Guttmacher suggests that this may have resulted from there being less pregnancies overall due to the use of long acting reversible contraceptive (LARC) birth control methods (this would involve things like intra-uterine devices, or "IUDs," and transdermal implants like Implanon).

^ Contraception is not an issue on which National Right to Life takes a position, but what is offered here is simply an examination of whether this or some other factors offer the best explanation for what took place between 2008 and 2011.

They turn to LARCs because they admit that generally, there has been “little improvement in contraceptive nonuse among all women at risk of unintended pregnancy has been seen in recent years” (this awkward construction means that despite concerted efforts to promote birth control, few new women are responding with more regular use). The CDC acknowledges that there was “little improvement” in contraceptive use over the last few years, but still advocates for free access to such methods as a way to further reduce abortion rates.

The problem is that the 3% decline in “nonuse” (= 3% increased regular use) among younger women Guttmacher mentions does not appear to be sufficient to account for the 13% decline in abortions. Guttmacher appears to pin its hopes on women switching to LARC methods which do not require immediate or daily management (such as condoms or birth control pills), to posit that the use of a more effective method would make up for only paltry increases in overall contraceptive use.

There are holes in this explanation, though. While Guttmacher notes that the number of LARC contraceptive users rose from 2% to 9%, it has this change occurring over a period of seven years, from 2002 to 2009. Though Guttmacher projects that there was some decline in abortions from 2008 to 2009 – a drop of about 60,000 – it claimed that in the years leading up to that, the decline in abortions had largely “stalled.”

There were 1,269,000 abortions in 2002, Guttmacher estimated, but only about 56,000 less in 2008, when there were 1,212,400, working out to fewer than 9,500 per year. While this would be significant in terms of lives saved, it does not represent the sort of factor that can explain a drop of 150,000 abortions in just three years – unless all the switching to LARCs occurred in that last year, which is highly unlikely.

Tied to Birth Rates?

Declining birthrates are mentioned by both Guttmacher and the CDC as possible factors, but the correlation is imperfect, at best.

There was, indeed, an overall drop in birthrates in the U.S. between 2008 and 2011 of about 11.2%, and this would likely involve some of the same factors leading to some of the drop in abortions. But this is the back side of a “birth rate bubble” that occurred between 2002 and now may be evening out.

If there were a close correspondence between birth rates and abortion, one would have expected to see a large increase in abortions between 2002 and 2007 – the conception of more babies leading to more abortions. This did not happen. This was the period where both the CDC and Guttmacher saw abortions largely “stall,” though, dropping slightly, and saw abortion rates show a modest decline. It means that pregnancies were more likely during this period, but not abortions.

In other words, whatever was happening with the economy, with birth control, with birthrates, the data tell us more pregnant women were choosing life, and declining abortion ratios, seen both before and after 2008, bear this out.

DECLINING ABORTION NUMBERS SHOW PRO-LIFE PROGRESS

Different things may have led to the expansion and shrinkage of the universe of pregnant women from 2002 to 2011, but we do see clearly that whatever size that population might have been, it was a much more pro-life group, actions show, at the end of this arc than it was at the beginning, and less likely to abort than any population of pregnant women since 1973.

Shuttering the abortion mills

Jones and Jerman tell us in Guttmacher's report that, "Abortion incidence is inherently affected by service availability," and note that the number of abortionists declined over the study period, but then go on to claim that "the scale of the decline in providers does not appear to account for the considerable drop in abortion incidence nationally."

The number of abortion "providers" dropped from 1,793 in 2008 to 1,720 in 2011, a drop of 4%. Though chemical abortion has added a number of new abortionists to the ranks since RU486's approval in 2000, the long-term trend is down and has been for many years. There were in fact 1,819 in 2000, and 2,582 as recently as 1988. The peak was 2,918 in 1982. (The CDC does not regularly publish figures on the number of clinics)

The drop in "providers" does indeed correspond to a declining number of abortions, prompting worries in the industry about "access" (we see the familiar refrain in this report about 89% of counties lacking an abortion clinic). But even Guttmacher admits here that the closure of clinics, at least in some states, may reflect reduced demand rather than closure due to any particular legal barriers.

A loss of just 73 "providers," four percent less than what it found in its 2008 report, though, is not enough, according to Jones and Jerman, to account for there being 13% fewer abortions in 2011.

A closer examination of the data seems to indicate that the closing of these particular "providers" may have had more of an impact than Guttmacher lets on.

Guttmacher's survey covers all sorts of "providers" – giant abortion mills, "family planning" clinics that do a hefty abortion business, hospitals, as well as private practice physicians that may do a few abortions on the side. Guttmacher sorts these out according to the type of establishment these are and caseloads – those performing less than 30 a year, those doing between 30 and 399 a year, those doing 400 or more and less than a thousand, those doing between a thousand and 4,999, and those doing 5,000 abortions a year or more.

Here's some information that may surprise you if you were unaware of all the consolidation that has taken place in the abortion industry. Though those performing a thousand or more abortions a year made up just 20% of the total number of "providers" in 2011, they performed 78% of the total number of abortions.

And when you go further and compare the distributional data from 2011's "providers" with that from the 2008 survey, you find some very interesting results.

The numbers of abortions done by "providers" in the lower volume categories was roughly the same for each year – 232,490 abortions done by the "providers" with caseloads under a thousand a year in 2008, 233,060 for abortionists in the same category in 2011.

The huge dropoff in business was in the categories of abortionists doing a thousand or more. All told, these abortionists did 154,440 fewer abortions in 2011 than 2008, making them appear to be responsible for virtually all of the drop from 2008 to 2011.

It wasn't, from anything we can tell, that this group suddenly grew a conscience, nor does it appear, from the available data, that any of these large clinics suddenly slashed its workload to become a medium sized 'provider.' Instead, their ranks thinned, with 47 of these major abortion mills for some reason simply going out of business.

Nothing here tells us why this happened, whether abortionists simply retired, whether there were financial problems, whether they were bought out and consolidated with another mega-clinic, or whether a fed up public protested or prayed the "provider" out of town. The stories are probably different for each one.

One of those who may have been on the 2008 list, but would have been missing from the one in 2011, was Kermit Gosnell, the "high volume, high profit" abortionist from Philadelphia whose license was suspended in 2010, and was convicted last year of murdering babies born alive.

That alone could have impacted some of these statistics. It is interesting to note that in 2011, the year after Gosnell's license was suspended in nearby Delaware, where he had worked one day a week at a Wilmington area abortion clinic, abortion rates in that state dropped by 22%.

Guttmacher admits that the closure of even a single clinic can have considerable consequences. When just a handful of clinics were temporarily closed in Louisiana in 2010, Guttmacher speculates that the "disruption in services" may have contributed to the 19% decline in abortions seen between 2008 and 2011. Later, Guttmacher speculates that the closure of a single clinic in Kansas and Oklahoma may have been part of the reason for larger than average abortion declines there.

DECLINING ABORTION NUMBERS SHOW PRO-LIFE PROGRESS

ANALYZING THE NUMBERS: EFFECTIVE EDUCATION AND LEGISLATION

While the CDC grants that, at least in theory, pro-life legislation like waiting periods, parental involvement and other regulations might have an impact on abortion rates, Guttmacher goes to great lengths to try and downplay this as a possible explanation.

A questionable theory

In a nutshell, Guttmacher attempts to claim that the 13% drop in the national number of abortions, from 1.21 million to 1.06 million, from 2008 to 2011, cannot be the result of pro-life legislation because the bulk of that legislation did not become law until 2011 or after, and because there were little measurable results in the states where the laws did pass during that period.

Both the history and the assumptions are questionable here, but the case should be laid out.

Guttmacher makes much of the fact that abortions often went down as much in states that didn't pass laws as those which did and says there were no obvious state-specific trends.

There were declines even in states that generally support abortion, and, in some cases, Guttmacher says, greater declines than the decline in national abortion rates, even in states that use state Medicaid funds to pay for abortions.

Guttmacher says that certain new state laws, which only made modest changes, or addressed a very small subset of abortion patients, would not be expected to have much impact and implies that they didn't. For example, Missouri, North Dakota, and Utah added new information to their counseling requirements, and Utah, along with Arizona, Arkansas, and Nebraska passed laws affecting only later abortions, which constitute a small percentage of abortions.

Guttmacher too simplistic

This is more complex of a situation here than Guttmacher lets on, however. Certain of these states did, in fact, see abortion rates falling faster than the national average. Utah's and Arizona's abortion rates dropped 18%. Missouri's fell 21%. Nebraska beat the national average with a 14% drop. Arkansas and Nebraska both saw rates fall, 11% and 10% respectively, but one reason for this is that abortion rates in those states were already so low (both less than half the national rate) that large drops are difficult.

It is not always easy to tease apart the influence of every possible event or even every new law. For example, during this same time frame, Missouri also passed an ultrasound viewing law and a law requiring a counseling visit 24 hours before an abortion. Guttmacher suggests that this additional time commitment may have been responsible for most of Missouri's drop, but how is it certain that it was not the materials in the counseling or the new ultrasound law?

Guttmacher puts forward the example of Illinois as one of the states that saw a higher than the national average decline in abortion rates without passing any new "restrictions." While it is true

that Illinois did not pass any pro-life legislation during this time frame, this ignores what was in fact happening on the ground in the state at this time.

Illinois passed a parental notice law in 1995, but never put it into operation because it was tied up in the courts for more than a decade. In 2009, however, an appeals court lifted a federal injunction, clearing the way for the law's implementation. While further appeals and hearings delayed that implementation until 2013, all the legal maneuvering put abortion back in the news precisely during the time covered by this report, generating some uncertainty as to when and whether the law would be upheld.

Oregon is another state which Guttmacher offers as an example of state which passed no abortion laws but which had an abortion rate which dropped further than the national average. It is not accurate, however, to say that the state did not pass any laws which drew attention to humanity of the unborn child since in 2009, according to a Guttmacher publication, the state passed a law making the assault or murder of a woman known to be pregnant a crime.

These are the two states Guttmacher offers as specific counterexamples to Missouri and Louisiana, where Guttmacher admits that regulations might have played a part.

Neighbors, Previous Legislative History Matter

Of course each state has its own unique circumstances and characteristics, many of which can make it hard to measure its progress against another. In some states, for example, the nearest (or cheapest) clinic may be just across the border of a neighboring state. A law change – a new parental involvement law, an ultrasound law, a right to know law, etc. – in a woman's state of residence would not necessarily greatly impact the women in that community. On the other hand, a new law in the state where the clinic was located, or a clinic closure, would drive down abortion rates not only in that state but in the neighboring one, whether the woman's state of residence passed any new laws of their own or not.

Consider the case of South Carolina. South Carolina is one of the states listed by Guttmacher as passing abortion laws but not being able to beat the national average decline in abortion rates (10% lower for South Carolina, 13% down nationally).

In 2008, South Carolina passed a law requiring women considering abortion to be offered an opportunity to view an ultrasound, and in 2010, passed a measure mandating a 24 hour waiting period in which women were able to consider information offered in a counseling session on the development of their unborn child, the risks of the abortion procedure, and resources available for them if they chose to continue the pregnancy.

Two things are important to note here. First, before 2008, South Carolina already had in place a parental consent law, clinic regulations, a right to know law and other pro-life measures. By 2008, the number of abortions (Guttmacher puts it at 7,300) was already about half of what it was at abortion's peak in the state in 1988 (Guttmacher reported 14,160). In other words, a large part

THE STATE OF ABORTION IN THE UNITED STATES

DECLINING ABORTION NUMBERS SHOW PRO-LIFE PROGRESS

of the law's function had already been performed before these most recent laws were passed. Abortions have dropped in the U.S. as a whole, of course, but not by as much as they have in South Carolina.

Second, women in certain parts of the state could, as described above, simply cross the state line and get abortions. A clinic in Charlotte, North Carolina, where there was no waiting period or required counseling at the time, was just across the border. Another major abortion megaclinic which Planned Parenthood opened in Fayetteville, North Carolina in 2009 is just a little over an hour from the South Carolina line.

North Carolina has since enacted such laws of its own, but it may take until the next report to see their impact.

There are other local factors that keep abortion rates higher in some states than others, independent of whatever laws they have in place (though often making the passage of such legislation less likely)—whether a state funds abortion or not, high concentrations of abortion clinics, heavy minority populations (who have higher abortions rates and are the subject of much industry marketing), entrenched abortion advocates on critical legislative committees or in state government offices, etc.

While there are a few states that stood pat or saw increases[^], the good news has been that this has been pretty much a drop seen across the board, both in states that did and did not pass legislation.

This does not mean that state and federal legislation had no effect.

Previous Legislation Bearing Fruit

Guttmacher acts as if the only relevant legislation was that that passed between 2008 and 2011, but, as noted above, pro-lifers have been passing protective legislation for decades and abortions, abortion rates, and abortion ratios have been falling for decades. While the dropoff over this three year period was substantial, the decline has been going on for a number of years and the current results are, certainly in part, part of this longer trend.

Many states began passing parental involvement laws once the Supreme Court first allowed them in 1979. Right to know laws and waiting periods were affirmed[^] by the Court in Casey in 1992, prompting another flurry of legislation.

It did not all happen at once, as it often took years to get sympathetic legislators in office, on the right committees, someone in the governor's office who would sign the bill, and for the bill work its way through the state (or federal courts).

[^]Wyoming, Montana, West Virginia, New Hampshire, and Maryland, but most of these were states where there were already very few abortions and only a few more were able to alter the trajectory of the rate; Maryland was the exception, with one of the nation's highest abortion rates and high, steady numbers of abortions.)

Though only a handful passed such laws between 2008 and 2011, there were, by that last year, at least 29 states with substantive parental involvement laws and another 24 with effective right to know statutes.

What Guttmacher says about laws relating to later abortions (these were often directed towards protecting unborn children scientifically proven to be capable of feeling pain) – that they would be expected to have little impact because most abortions are done in the first trimester – could also be said about laws prohibiting partial-birth abortion, passed at the federal level and signed by President Bush in 2003 after years of debate and presidential vetoes under President Clinton, and finally upheld by the Supreme Court in 2007.

Guttmacher’s argument that these make little difference because few abortions are done at this stage ignores the considerable educational effect that the debate over laws like the Partial-Birth Abortion ban and the Pain-Capable Unborn Child Protection Act have in changing not only minds, but behavior.

One wonders why, of course, that Guttmacher and its allies in the abortion industry invest such money and effort in trying to stop this legislation if it they really thought these so ineffective.

Influential Information

Education’s impact is, by its very nature, difficult to measure in any direct fashion. But, for years, discussion that had only focused narrowly on “women’s rights” and “choice,” suddenly included the humanity and rights of the unborn child. When people were looking at the line drawings of a half-delivered fetus being stabbed in the back of the skull and having his or her brains sucked out, the usual “clump of cells” and “blob of tissue” arguments did not hold water any more.

This influenced far more than just the handful of women who were being offered this particularly gruesome form of abortion.

Films and photographs of the child in utero became popular, and the proliferation of ultrasound, a novelty in Roe’s early years, became commonplace over the next decade or so, confirming the humanity of the unborn child to a wider public audience, making the pro-life case clearer and more powerful.

Pregnancy care centers offering practical help and assistance to women with unplanned pregnancies sprang up all over the country, helping make alternatives to abortion real and accessible.

A great deal of this happened before the period covered in this recent report, but much of it would have been new to women facing pregnancy for the first time. What a woman knew about her child and about her alternatives was quite different in 2009 than it was in 1979 or even 1989.

When one state considers passing a parental involvement, or right to know, or ultrasound law, or a pain-capable abortion ban, the debate itself affects not only the discussion of abortion in that state, but across the country.

THE STATE OF ABORTION IN THE UNITED STATES

DECLINING ABORTION NUMBERS SHOW PRO-LIFE PROGRESS

While Guttmacher may try to downplay this effect, it is not one that the rest of the abortion lobby treats lightly. This is why they spend money, bring in the abortion lobby's superstars, and bus in activists from all over the country whenever one state considers even the most basic commonsense legislation. The 2013 legislative battle in Texas is a prime example.

Protective pro-life legislation can and does change the trajectory of the decision-making, not only of those pregnant women at the time they are considering their future, but also raises the general level of public knowledge, altering decisions for years to come.

The proof for this is seen not just in a given state, but in the decline in abortion numbers, rates, and ratios seen in the nation as a whole, which is what the data shows.

ANALYZING THE NUMBERS: REMAINING AREAS OF CONCERN

While there was much great news in these latest reports, it was not all good.

Chemical Killing

Chemical abortions continue to rise. According to Guttmacher, there were 40,400 more chemical abortions in 2011 than 2008, with the 239,400 now representing 22.6% of all U.S. abortions.

Though many clinics have closed and a number of abortionists have retired, the industry is looking to meet "demand" by having private physicians add chemical abortions to their practices.

Several affiliates of abortion giant Planned Parenthood have been doing chemical abortions by web-cam, in which an abortionist from perhaps a hundred miles away conducts a video interview with a patient over the internet. If he receives satisfactory answers, he clicks his computer mouse, remotely releasing a drawer at the patient's location containing the abortifacient pills. She takes the first set while he watches on camera and then takes the rest home to complete her abortion later. She's given a hotline number to call if she has problems. This reduces the need for office space and allows a single abortionist to handle many more patients, even though it leaves the women vulnerable to complications they may have to deal with all alone if they can't get to the emergency room in time.

Disturbing Demographics

Other trends show up in the CDC's demographic breakdowns of its 2011 data. Abortions are increasingly occurring at earlier gestations, with nearly two-thirds (64.5%) being performed at 8 weeks or less. This is not entirely unexpected with the ascendancy of chemical abortions.

Not surprisingly, younger women—those 29 and younger—have the most abortions. This group accounted for 71.7% of all abortions reported by the CDC in the 2011 surveillance report. Abortions are down in every age category, but have dropped most among teens. Teens accounted for nearly a third (29.2%) of abortions the CDC counted in 1980, but only 13.9% in 2011.

At the same time, the abortion rate for women 30-34 only dropped 7.9% in the past ten years (2002-2011), less than half the drop for women in their 20s (16%), and considerably less than the

THE STATE OF ABORTION IN THE UNITED STATES

DECLINING ABORTION NUMBERS SHOW PRO-LIFE PROGRESS

drop seen by teens (33%) in that period. Chillingly, abortion rates for women 35-39 went up during that ten years, by 1.4%, and women over 40 experienced a 7.7% increase in their rate.

What might explain this? This could be part of a generational attitude difference, reflecting more pro-life views among the younger population. Or it could be the result of increased pre-natal genetic testing, with couples aborting upon receiving a negative diagnosis.

Abortion rates and ratios dropped among all racial and ethnic groups, but minorities continued to have higher abortion rates than the population as a whole. While the national abortion rate reported by the CDC was 13.9 abortions for every thousand women of reproductive age (15-44), the CDC found a rate of 16.1 for Hispanics. The abortion rate for African Americans was even higher, more than three times what it was for whites (25.8 for blacks versus 7.8 for non-Hispanic whites).

Most abortions, the CDC found, still involve unmarried women (85.5%), and a high number of abortions in 2011 were by women having repeat abortions (46.4%). About a quarter of women (25.5%) had one previous abortion, but 11.6% had had two abortions, while 9.3% reported having three or more. Perhaps more shocking, six in ten (60%) of aborting women reported having had at least one previous live birth.

Despite huge drops in the number of abortions over the past twenty years and constant claims about the safety of modern abortions, women are still dying from abortions in America. Ten women are known to have died in 2010 (this is the most recent government figure, as CDC mortality figures for abortion related maternal deaths are always an extra year behind). That makes the eleventh year in a row that at least six women have been officially identified as dying from abortions.

MOVING FORWARD

The latest numbers show that abortions have decreased significantly, over half a million a year from the 1.6 million there were in 1990. Many factors may have played a role, but pro-life legislation, education, and outreach clearly had a major impact, saving countless lives.

Progress has been made on many fronts, but there are still many areas where work remains to be done. Minorities continue to have higher abortion rates than the population as a whole. Many of those having abortions are single moms. The abortion industry is heavily pushing chemical abortions to deal with there being fewer trained abortionists and surgical clinics.

Given information, given time to think, given support and realistic alternatives, millions of women have shown they'd rather let their unborn babies live. National Right to Life has been working to make that possible, and it's clearly paying off.

AMERICANS OPPOSE ABORTION FOR ANY REASON: PUBLIC OPINION POLLING

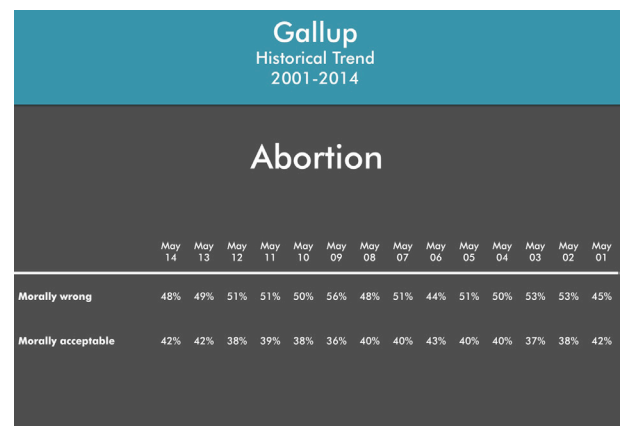
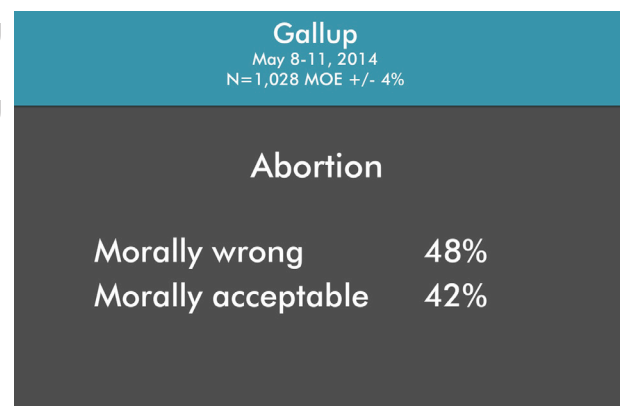
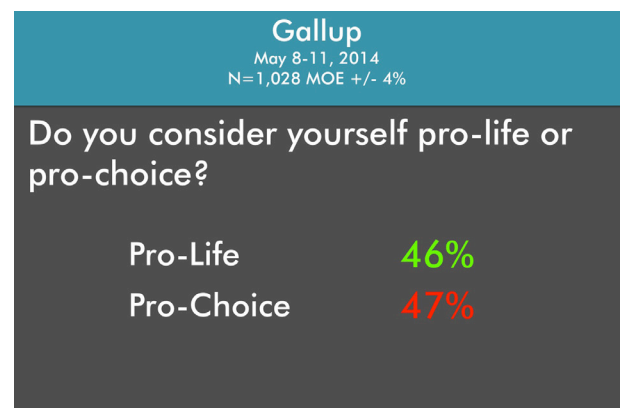
Public opposition to abortion as practiced in the United States under the Roe v. Wade doctrine has continued for more than two decades, though many media reports would have the public believe otherwise.

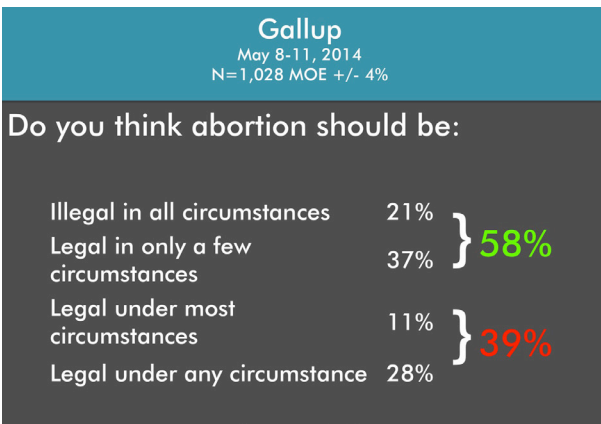
In our 2014 report, we noted that media reports tend to rely on a question that asks respondents to self-identify as either “pro-life” or “pro-choice.” This question tells us how someone would label their views on abortion based on their personal understanding of those terms and provides valuable insights into how the American public view the pro-life and pro-choice movements.

Gallup provides the most consistent data on this question and has found the gap close considerably over the past two decades. In a September 1995 poll by Gallup, 56% identified themselves as “pro-choice” with just 33% identifying themselves as “pro-life.” The most recent Gallup poll in May 2014 found 47% “pro-choice” and 46% “pro-life.” Reviewing the Gallup data finds that there has not been a majority identifying themselves as “pro-choice” since its May 2008 poll.

Also telling is data from Gallup showing a consistent plurality of Americans who believe abortion to be “morally wrong.” In May 2014, Gallup found 48% who believe abortion to be morally wrong, compared to 42% who said abortion was morally acceptable.

In their polling, Gallup has also consistently asked respondents: “Do you think abortion should be 1) illegal in all circumstances; 2) legal in only a few circumstances; 3) legal under most circumstances; or 4) legal under any circumstances. Analyzing the responses to this question finds that just 28% of the country agrees with Roe and Doe’s doctrine of unrestricted abortion for any reason. That’s compared to a combined 58% who feel abortion should be completely illegal or legal in only a “few circumstances.”





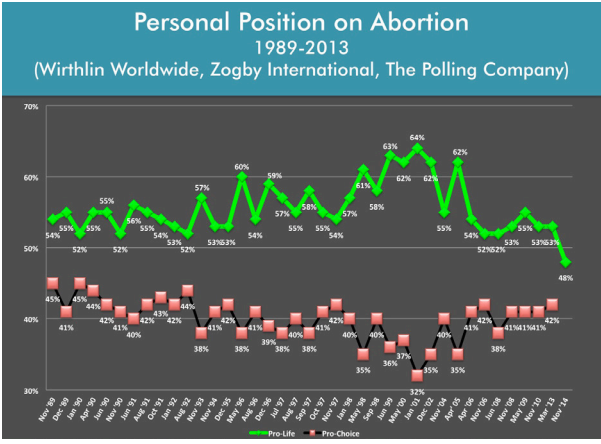
This question comes closer to revealing American attitudes toward Roe and Doe’s regime of abortion, revealing that only 28% agree with that position (legal under any circumstances), while 58% feel abortion should not be legal at all or legal in only a few circumstances.

Gallup’s question dives farther into how Americans view abortion, and the data track with similar findings in polling conducted for National Right to Life over the past two and half decades.



Beginning in 1989, National Right to Life has regularly commissioned a six-point question which explores public opinion regarding the legality of abortion by defining the circumstances in which the public believes abortion should be legal.

First asked in polling conducted by Wirthlin Worldwide, and subsequently in polls fielded by Zogby International and The Polling Company, this six-point question asks respondents: “Which of the following statements most closely describes your own position on the issue of abortion: 1) Abortion should be prohibited in all circumstances; 2) Abortion should be legal only to save the life of the mother; 3) Abortion should be legal only in cases of rape or incest, and to save the life of the mother; 4) Abortion should be legal for any reason, but not after the first three months of pregnancy; 5) Abortion should be legal for any reason, but not after the first six months of pregnancy; or 6) Abortion should be legal for any reason at any time during a woman’s pregnancy.”



In the question’s most recent fielding by The Polling Company, November 4, 2014, only 13% said their position—legal for any reason at any time during a woman’s pregnancy—matched the Roe and Doe doctrine. And only another 8% would allow abortion through the first six months of pregnancy. Thus, at most, 21% supported the effect of Roe v. Wade. Another 22%

would allow abortion but restrict it to the first trimester. A total of 48% indicated that they would either restrict abortion in all circumstances, or allow it only when the mother’s life was in danger, or in cases of rape or incest—reasons which account for very few abortions.

THE STATE OF ABORTION IN THE UNITED STATES

AMERICANS OPPOSE ABORTION FOR ANY REASON

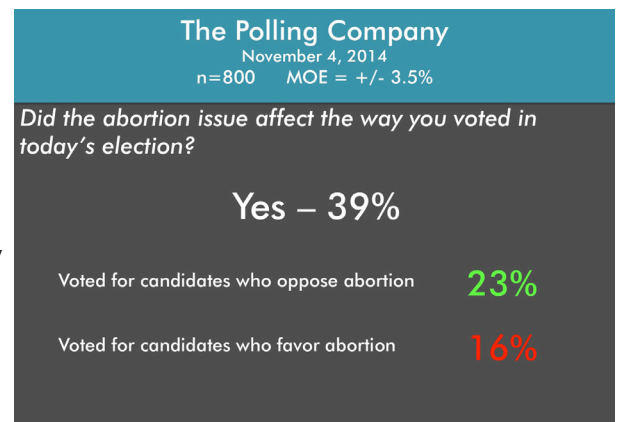
This most recent result tracks with results from virtually every other poll in which the question has been asked since November 1989. A solid and steady majority of Americans disagree with the current policy that allows abortion for any reason at any time during pregnancy.

Combined with the most recent Gallup poll, these results show that not only do Americans disagree with the abortion policy established by the U.S. Supreme Court in *Roe and Doe*, but they are becoming more willing to embrace the “pro-life” than the “pro-choice” label to describe their position.

These Americans who are embracing the need to protect unborn children and their mothers from abortion want their elected officials to do the same. In November 2014, The Polling Company found that in the general election, 39% said the abortion issue affected their vote. Fully 23% voted for pro-life candidates, compared to just 16% who voted for pro-abortion candidates. Pro-life candidates enjoyed a 7% advantage over their pro-abortion opponents.

As a result of this voting trend, the 114th Congress begins with pro-life majorities in both chambers, and pro-life majorities were elected in several state legislatures as well. In turn, these elected officials will work to enact life-affirming legislation that provides legal protections for unborn children, provides help and assistance to their mothers, and challenges the abortion-for-any-reason regime established by *Roe and Doe*.

One such proposal, as discussed later in this report, is the Pain-Capable Unborn Child Protection Act, a bill which would protect unborn children after 20 weeks, a point at which there is scientific evidence that the unborn child is capable of feeling pain. This proposal, which has been enacted in ten states, and is currently before Congress, enjoys broad public support. A nationwide poll of 1,623 registered voters in November 2014 conducted by Quinnipiac University found that 60% would support a law such as the Pain-Capable Unborn Child Protection Act prohibiting abortion after 20 weeks, while only 33% opposed such legislation. Women voters split 59-35% in support of such a law, while independent voters supported it by 56-36%.





FEDERAL POLICY AND ABORTION: A SYNOPSIS

In the United States, the basic legal framework governing the legality of abortion and the legal status of unborn human beings has been “federalized” primarily by decisions of the United States Supreme Court, rather than by acts of Congress.

Overview

Certainly, in the four decades since the U.S. Supreme Court handed down *Roe v. Wade* and *Doe v. Bolton* in 1973, there have been many proposals in Congress to overtly challenge or overturn the *Roe* doctrine by statute or constitutional amendment, or conversely to ratify and reinforce the *Roe* doctrine by federal statute, but neither approach has ever been enacted into law.

However, that does not mean that the Congress has not played an important role in shaping abortion-related public policies. Certainly, Congress has enacted laws that have impacted on the number of abortions performed. For example, the Hyde Amendment, limiting abortion funding in Medicaid and certain other programs, has prevented well over one million abortions by even the most conservative extrapolations. Conversely, certain provisions of Obamacare, if fully implemented, can be expected to ultimately result in wider reliance on abortion as a method of birth control, at least in some states. See: www.nrlc.org/uploads/ahc/ProtectLifeActDouglasJohnsonTestimony.pdf

In addition, the U.S. Senate has played and will continue to be an important influence on abortion policy, due to its role in confirmation of nominees to the U.S. Supreme Court and the circuit courts of appeals.

Forty-two years after *Roe v. Wade*, it does not violate any federal law to kill an unborn human being by abortion, with the consent of the mother, in any state, at any moment prior to live birth. However, *the use of one specific method of abortion, partial-birth abortion, has been banned nationwide under a federal law, the Partial-Birth Abortion Ban Act (18 U.S.C. §1531), that was enacted in 2003 and upheld by the U.S. Supreme Court in 2007. Partial-birth abortion, which is explicitly defined in the law, was a method used in the fifth month and later (i.e., both before and after “viability”), in which the baby was partly delivered alive before the skull was breached and the brain destroyed. All other methods of abortion performed with consent of the mother, up to the moment of birth, remain completely unrestricted as a matter of federal law.*

Under the 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. This law says that “with respect to a member of the species *homo sapiens*,” the term *born alive* “means the complete expulsion or extraction from his or her mother of that member, at any

stage of development, who after such expulsion or extraction breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion.”

Humans carried in the womb “at any stage of development” who are injured or killed *during the commission of certain violent federal crimes* are fully recognized as human victims under the Unborn Victims of Violence Act (PL 108-212), enacted in 2004. Under certain circumstances, conviction of killing an unborn child during commission of a federal crime can subject the perpetrator to a mandatory life sentence for murder. (The majority of states have enacted similar laws, usually referred to as “fetal homicide” laws. See: www.nrlc.org/federal/unbornvictims/statehomicidelaws092302. Federal and state courts have consistently ruled that such laws in no way conflict with the doctrine of *Roe v. Wade*. See: www.nrlc.org/federal/unbornvictims/statechallenges/)

It should be noted that while only these few federal statutes provide direct protection for unborn children, it is also true that there are no federal statutes that prevent state legislatures from enacting laws to provide broad protections from abortion for unborn children.

Pro-abortion advocacy groups have periodically campaigned for enactment of federal “abortion rights” statutes (e.g., the “Freedom of Choice Act” or, in the current Congress, the “Women’s Health Protection Act”), and have extracted endorsements of such measures from two presidents (Clinton and Obama), but they have never been able to move such a measure through even one house of Congress.

A number of federal laws generally prohibit federal subsidies for abortion in various specific programs, the best known of these being the Hyde Amendment, which governs funds that flow through the annual federal health and human services appropriations bill. However, as discussed below, the Obamacare health law enacted in 2010 contains provisions that sharply depart from the Hyde Amendment principles, primarily by authorizing federal subsidies for purchase of private health plans that cover abortion on demand.

Various federal laws seek to prevent discrimination against health care providers who do not wish to participate in providing abortions (often called “conscience protection” laws), but the Obama Administration has undermined enforcement of those laws and has pursued policies that are directly contrary to the principles that they embody.

JUDICIAL FEDERALIZATION OF ABORTION POLICY

Until the 1960s, unborn children were protected from abortion by laws enacted by legislatures in every state. Between 1967 and 1973, some states weakened those protections, beginning with Colorado in 1967. During that era, the modern pro-life movement formed to defend state pro-life laws, and the pro-life side had turned the tide in many states when the U.S. Supreme Court in effect “federalized” abortion policy in its January 1973 rulings in *Roe v. Wade* and *Doe v. Bolton*. Those rulings effectively prohibited states from placing any value at all on the lives of unborn children, in the abortion context, until the point that a baby could survive independently of the mother (“viability”). Moreover, these original rulings even effectively

negated state authority to protect unborn children *after* “viability.” As *Los Angeles Times* Supreme Court reporter David Savage wrote in a 2005 retrospective on the case:

But the most important sentence appears not in the Texas case of *Roe vs. Wade*, but in the Georgia case of *Doe vs. Bolton*, decided the same day. In deciding whether an abortion [after “viability”] is necessary, Blackmun wrote, doctors may consider “all factors – physical, emotional, psychological, familial and the woman’s age – relevant to the well-being of the patient.” It soon became clear that if a patient’s “emotional well-being” was reason enough to justify an abortion, then any abortion could be justified.

(See “Roe Ruling More Than Its Author Intended,” *Los Angeles Times*, Sept. 14, 2005, www.nrlc.org/communications/resources/savagelatimes091405)

In a detailed series on late abortions published in 1996, *Washington Post* medical writer David Brown reached a similar conclusion:

Contrary to a widely held public impression, third-trimester abortion is not outlawed in the United States . . . Because of this definition [the “all factors” definition from *Doe v. Bolton*, quoted by Savage above], life-threatening conditions need not exist in order for a woman to get a third-trimester abortion.” (“Viability and the Law,” *Washington Post*, Sept. 17, 1996.)

For many years after *Roe* and *Doe* were handed down, a majority of Supreme Court justices enforced this doctrine aggressively, striking down even attempts by some states to discourage abortions after “viability.” However, the reasoning contained in the most recent Supreme Court ruling directly on the substance of an abortion-related law, *Gonzales v. Carhart* (2007), upholding the federal Partial-Birth Abortion Ban Act, suggests that there is now a one-vote majority on the current Supreme Court that is open to broader protections. A number of states have adopted pro-life reforms based on that premise, as discussed in the “State Legislation” section of this report.

CONGRESSIONAL ACTION ON FEDERAL SUBSIDIES FOR ABORTION

As early as 1970, Congress added language to legislation authorizing a major federal “family planning” program, Title X of the Public Health Service Act, providing that none of the funds would be used “in programs where abortion is a method of family planning.” In 1973, Congress amended the Foreign Assistance Act to prohibit the use of U.S. foreign aid funds for abortion.

However, after *Roe v. Wade* was handed down in 1973, various federal health programs, including Medicaid, simply started paying for elective abortions. Congress never affirmatively voted to require or authorize funding for abortions under any of the programs, but administrators and courts interpreted general language authorizing or requiring payments for medical services as including abortion. By 1976, the federal Medicaid program alone was paying for about 300,000 abortions a year, and the number was escalating rapidly. Congress responded by attaching a “limitation amendment” to the annual appropriations bill for health and human services – the Hyde Amendment – prohibiting federal reimbursement for abortion, except to save the mother’s life. In a 1980 ruling

(*Harris v. McRae*), the U.S. Supreme Court ruled, 5-4, that the Hyde Amendment did not contradict *Roe v. Wade*. The Court said:

By subsidizing the medical expenses of indigent women who carry their pregnancies to term while not subsidizing the comparable expenses of women who undergo abortions (except those whose lives are threatened), Congress has established incentives that make childbirth a more attractive alternative than abortion for persons eligible for Medicaid. These incentives bear a direct relationship to the legitimate congressional interest in protecting potential life. Nor is it irrational that Congress has authorized federal reimbursement for medically necessary services generally, but not for certain medically necessary abortions. Abortion is inherently different from other medical procedures, because no other procedure involves the purposeful termination of a potential life.

In later years, as Medicaid moved more into a managed-care model, the Hyde Amendment was expanded to explicitly prohibit any federal Medicaid funds from paying for any part of a health plan that covered abortions (with narrow exceptions). Thus, the Hyde Amendment has long prohibited not only direct federal funding of abortion procedures, but also federal funding of plans that include abortion coverage – a point often misrepresented by Obama Administration officials during the 2009-2010 debate over the Obamacare legislation, and often missed or distorted by journalistic “factcheckers.” The Hyde Amendment reads in pertinent part:

None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion. . . . The term ‘health benefits coverage’ means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

Following the Supreme Court decision upholding the Hyde Amendment, Congress enacted a number of similar laws to prohibit abortion coverage in other major federally subsidized health insurance plans, including those covering members of the military and their dependents, federal employees, and certain children of parents with limited incomes (S-CHIP). By the time Barack Obama was elected president in 2008, this array of laws had produced a nearly uniform policy that federal programs did not pay for abortion or subsidize health plans that included coverage of abortion, except when necessary to save the life of the mother, or in cases of rape or incest.

Provisions of the 2009 Obamacare health law ruptured this longstanding policy. While the President repeatedly claimed that his legislation would not allow “federal funds” to pay for abortions, and even signed a hollow executive order, the law itself explicitly authorized massive federal subsidies to assist many millions of Americans to purchase private health plans that will cover abortion on demand, in states that fail to pass laws to limit abortion coverage.

Some defenders of the Obamacare law originally insisted that this was not really “federal funding” of abortion because a “separate payment” would be required to cover the costs of the abortion coverage. NRLC and other pro-life groups dismissed this requirement as a mere “bookkeeping

gimmick” that sharply departed from the principles of the Hyde Amendment. This discussion of the significance of the “separate payment” has been rendered rather academic by the fact that it has recently become evident that the Obama Administration is ignoring the two-payment requirement in the law – a development that few journalists or “factcheckers” have taken note of, despite the previous credence they gave to the “two-payment” gimmick. (See “Bait-and-Switch: The Obama Administration’s Flouting of Key Part of Nelson ‘Deal’ on ObamaCare,” by Susan T. Muscott, J.D., December 9, 2013, www.nationalrighttolifenews.org/news/2013/12/bait-and-switch-the-obama-administrations-flouting-of-key-part-of-nelson-deal-on-obamacare/).

The Congressional Budget Office has estimated that between 2015 and 2024, \$726 billion will flow from the federal Treasury in direct subsidies for Obamacare health plans. In September, 2014, the Government Accountability Office (GAO) issued a report that confirmed that elective abortion coverage is widespread in federally subsidized plans on the Obamacare exchanges. In the 27 states (plus D.C.) that did not have laws in effect that restrict abortion coverage, over one thousand exchange plans covered abortion, the report found. (See “GAO report confirms elective abortion coverage widespread in Obamacare exchange plans,” www.nrlc.org/communications/releases/2014/release091614/)

During 2013, in the same ignore-the-law mode, the Obama Administration interpreted a provision of Obamacare to authorize the Office of Personnel Management (OPM) to collect health care premiums from members of Congress and their staffs, along with subsidies from the legislative branch bureaucracy, for purchase of private health insurance plans that cover elective abortions. The OPM (under instructions from the White House) has gone forward with this plan despite a longstanding law (the Smith Amendment) that explicitly prohibits OPM from spending one penny on administrative expenses connected with the purchase of any health plan that includes any coverage of abortion (except to save the life of the mother, or in cases of rape or incest). The Smith Amendment is the law that continues to prohibit inclusion of abortion coverage in the health plans of over 8 million federal employees and dependents—a limitation that will no longer apply to members of Congress or their staffs, solely because of Obamacare, according to the Obama Administration. See: www.nrlc.org/uploads/ahc/NRLCCommentonProposedRuleAndSmithAmendment.pdf

The No Taxpayer Funding for Abortion Act, sponsored by Reps. Chris Smith (R-N.J.) and Dan Lipinski (D-Ill.) and by Senator Roger Wicker (R-Miss.), would apply the full Hyde Amendment principles in a permanent, uniform fashion to federal health programs, including those created by the Obamacare law. With respect to Obamacare, this would mean that private insurance plans that pay for elective abortions would not qualify for federal subsidies, although such plans could still be sold through Obamacare exchanges, in states that allow it, to customers who do not receive federal subsidies. The U.S. House of Representatives passed this legislation in 2011, and again in 2014, but it has yet to be considered by the U.S. Senate.

CONGRESSIONAL ACTION ON DIRECT PROTECTION FOR UNBORN CHILDREN

During the Reagan Administration there were attempts to move legislation to directly challenge *Roe v. Wade*, but no such measure cleared either house of Congress.

After the Republicans took control of Congress in the 1994 election, Congress for the first time approved a direct federal ban on a method of abortion – the Partial-Birth Abortion Ban Act. President Clinton twice vetoed this legislation. The House overrode the vetoes, but the vetoes were sustained in the Senate.

After the election of President George W. Bush, the Partial-Birth Abortion Ban Act was enacted into law in 2003. This law was upheld 5-4 by the U.S. Supreme Court in the 2007 ruling of *Gonzales v. Carhart*, and is in effect today. The law makes it a federal criminal offense to perform an abortion in which the living baby is partly delivered before being killed, unless this was necessary to save the mother's life. The law applies equally both before and after "viability" (and most partial-birth abortions were performed before "viability"), and it does not contain a broad "health" exception such as the Court had required in earlier decisions.

Analysis of the Court's reasoning in *Gonzales* has led many legal analysts, on both sides of the abortion issue, to conclude that the Court majority had opened the door for legislative bodies to enact broader protections for unborn children. For examples of commentaries by legal analysts who differ greatly in philosophical perspective but who reached roughly parallel conclusions regarding the implications of *Gonzales*, see "*Gonzales, Casey, and the Viability Rule*," by Randy Beck, associate professor, University of Georgia School of Law, 103 Nw. U. L. Rev. 249 (2009); and "*Capturing the Judiciary: Carhart and the Undue Burden Standard*," by Khiara M. Bridges, associate professor, Boston University, 67 Wash & Lee L. Rev. 915 (2010).

In response to the *Gonzales* ruling, NRLC developed the model Pain-Capable Unborn Child Protection Act, which declares that capacity to experience pain exists at least by 20 weeks fetal age, and generally prohibits abortion after that point. As described in the State Legislation section of this report, the NRLC model legislation has now been enacted in 10 states.

A federal version of the legislation was approved by the U.S. House of Representatives in 2013, but was not taken up by the U.S. Senate during the 2013-14 Congress. The Obama Administration Issued a veto threat on the bill. Both houses of Congress are expected to consider the legislation during 2015-16. NRLC has estimated that there are at least 275 abortion providers performing abortions past the point that the federal legislation would allow.

On January 13, 2014, the U.S. Supreme Court declined to review a lower-court order blocking enforcement of an Arizona law limiting abortions past 18 weeks fetal age; this is not a law based on the NRLC model act, and in any event, such a denial of review is not a ruling by the Supreme Court on the constitutionality of a state law. See: www.nrlc.org/communications/releases/2014/release011314

FEDERAL CONSCIENCE PROTECTION LAWS

Congress has repeatedly enacted federal laws to protect the rights of health care providers who do not wish to participate in providing abortions, including the Church Amendment of 1973, and the Coats-Snowe Amendment of 1996. One of the most sweeping such protections, the Hyde-Weldon Amendment, has been part of the annual health and human services appropriations bill since 2004; this law prohibits any federal, state, or local government entity that receives any federal HHS funds from engaging in “discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.” The law defines “health care entity” as including “an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

However, the Obama Administration has undercut enforcement of the various federal conscience laws in various ways, and indeed has orchestrated attacks on conscience rights in a more sweeping and aggressive fashion than any previous administration. The Health Care Conscience Rights Act is NRLC-backed legislation that would reinforce conscience rights, including establishment of a right to sue in federal court to vindicate the conscience rights protected by federal law.

ATTEMPTS IN CONGRESS TO PROTECT “ABORTION RIGHTS” IN FEDERAL LAW

During the administration of President George H. W. Bush (1989-93), the Democrat-controlled Congress made repeated attempts to weaken or repeal existing laws restricting inclusion of abortion in various federal programs. President George H.W. Bush vetoed ten measures to protect existing pro-life policies, and he prevailed on every such issue.

Beginning about 1989, pro-abortion advocacy groups declared as a major priority enactment of a federal statute, styled the “Freedom of Choice Act” (FOCA), a bill to override virtually all state laws that limited access to abortion, both before and after “viability.” Bill Clinton endorsed the FOCA while running for president in 1992. As Clinton was sworn into office in January 1993, leading pro-abortion advocates predicted Congress, with lopsided Democrat majorities in both houses, would send Clinton the FOCA within six months.

The FOCA did win approval from committees in both the Senate and House of Representatives in early 1993, but it died without floor votes in either house when the pro-abortion lobby found, much to its surprise, that it could not muster the votes to pass the measure after NRLC engaged in a concerted campaign to educate members of Congress regarding its extreme effects. This episode illustrated that even many lawmakers who endorse “the right to choose” in general terms, recoil when presented with the prospect of voting to endorse legislation to explicitly invalidate many types of state laws that have broad popular support, such as limitations on late abortions, waiting periods, conscience protection laws, and laws prohibiting performance of abortions by non-physicians.

The original drive for enactment of FOCA ended when Republicans gained majority control of Congress in the 1994 elections. The only affirmatively pro-abortion statute enacted during the Clinton years was the “Freedom of Access to Clinic Entrances” statute (18 U.S.C. §248), enacted in 1994, which applies federal criminal and civil penalties to those who interfere with access to abortion clinics in certain ways.

However, starting in 2004, pro-abortion advocacy groups renewed their agitation for FOCA. (See www.nrlc.org/federal/foca/article020404foca)

In July, 2007, then-Senator Obama told Planned Parenthood, “The first thing I’d do as president is sign the Freedom of Choice Act. That’s the first thing that I’d do.” After his election, President Obama initially pushed versions of health-care legislation that contained provisions with FOCA-like effects, but those particular provisions were scaled back when abortion-related issues became a major impediment to enactment of sweeping health care restructuring legislation.

In 2013, alarmed by the enactment of pro-life legislation in numerous states, leading pro-abortion advocacy groups again unveiled a proposed federal statute that would invalidate virtually all federal and state limitations on abortion, including various types of laws that have been explicitly upheld as constitutionally permissible by the U.S. Supreme Court. This updated FOCA is formally styled the “Women’s Health Protection Act,” although NRLC noted that it would accurately be labeled the “Abortion Without Limits Until Birth Act.” On July 15, 2014, the U.S. Senate Judiciary Committee (then controlled by Democrats) conducted a hearing on the bill, at which NRLC President Carol Tobias presented testimony explaining the radical sweep of the legislation.

Following the hearing, the Judiciary Committee took no further action on the bill during the 113th Congress.

(For further details, including links to the Tobias testimony, see “U.S. Senate Democrats launch push for ‘the most radical pro-abortion bill ever considered by Congress’,” www.nrlc.org/communications/releases/2014/release071514)



STATE LAWS & ABORTION

The goal of both National Right to Life and its state affiliates is to shape state legislative proposals that will save lives in such a way that passage is more likely, and which may ultimately give the Supreme Court the opportunity to rethink elements of its abortion jurisprudence

*“The place you change America isn’t in Washington. It’s in the states. ... That’s how we’ll change the life debate. It will be at the state level. Different states doing this, making very positive key changes until it can migrate to the federal level. And a court case can get up to the Supreme Court and *Roe v. Wade* be overturned. Which will ultimately happen. We have to keep pushing at these state levels.”*

*-Kansas Governor Sam Brownback
speaking at the NRLC 2012 Convention*

Both NARAL and the Guttmacher Institute provide their own tallies of pro-life state legislation (both proposed and passed.) While their numbers differ from National Right to Life’s for a host of reasons, we can agree that the past several years have been excellent years for the pro-life movement in many state legislatures. The aggressive legislative outreach by National Right to Life and its network of state affiliates to save unborn babies and protect their mothers begins with National Right to Life’s Department of State Legislation.

The goal of both National Right to Life and its state affiliates is to shape state legislative proposals that will save lives in such a way that passage is more likely, and which may ultimately give the Supreme Court the opportunity to rethink elements of its abortion jurisprudence (as it has on previous occasions in decisions like *Bellotti v. Baird (II)*, *Planned Parenthood v. Casey*, *Webster v. Reproductive Health Services*, and *Gonzales v. Carhart*.)

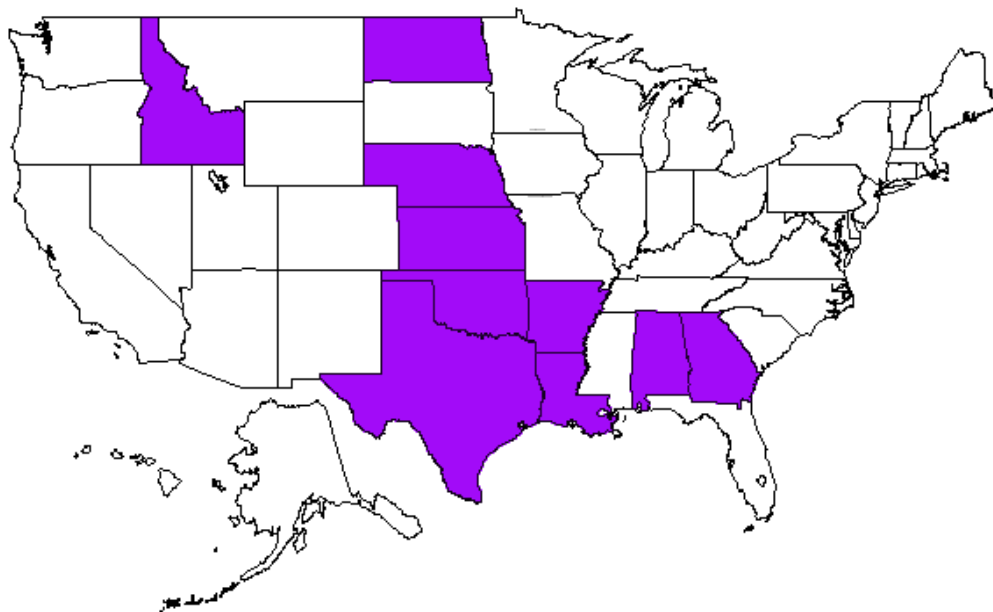
The following pages provide a summary of state laws, which highlights several types of key legislation enacted by National Right to Life’s network of state affiliates over the past two decades. As discussed earlier in this report, these state laws certainly have had an impact on the abortion numbers as witnessed in states like Kansas, Nebraska, South Carolina, and Wisconsin - all of which have seen dramatic decreases in their abortion numbers following enactment of protective pro-life legislation.

THE STATE OF ABORTION IN THE UNITED STATES

STATE LEGISLATION AND ABORTION

PAIN-CAPABLE UNBORN CHILD PROTECTION ACT

10 States



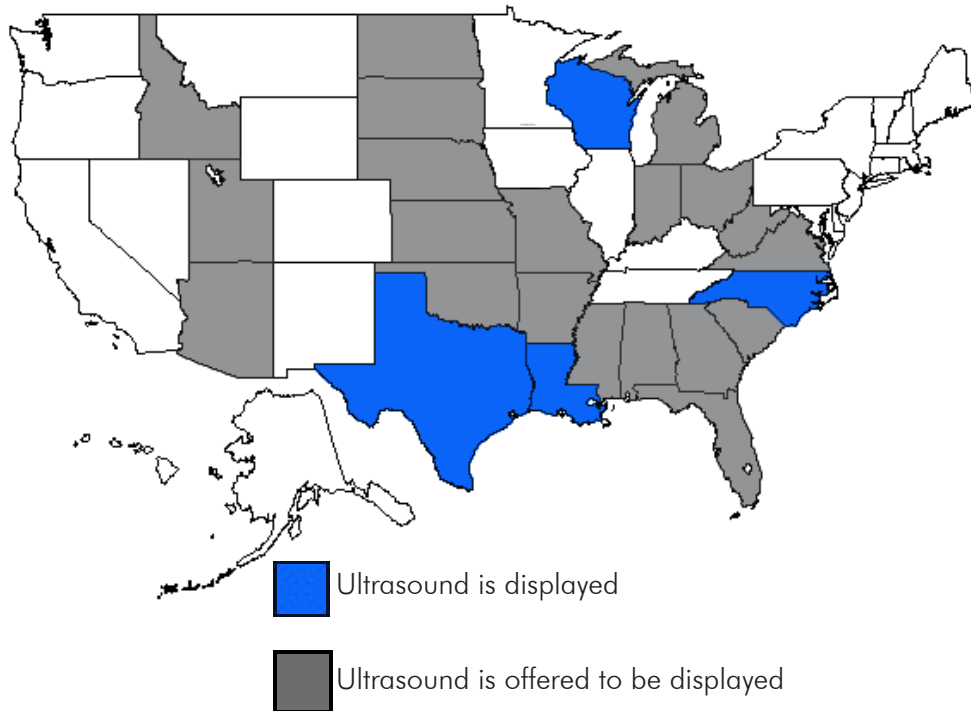
First enacted by the state of Nebraska in 2010, the model Pain-Capable Unborn Child Protection Act, drafted by National Right to Life's Department of State Legislation, is legislation which protects from abortion unborn children who are capable of feeling pain. There has been an explosion in scientific knowledge concerning the unborn child since 1973, when *Roe v. Wade* was decided. Now, for example, there is substantial medical evidence that an unborn child is capable of experiencing pain by at least 20 weeks after fertilization. These laws protect the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain.

States that protect pain-capable unborn children: Alabama, Arkansas, Georgia*, Idaho*, Kansas, Louisiana, Nebraska, North Dakota, Oklahoma, Texas

**enjoined pending litigation*

A WOMAN'S RIGHT TO KNOW: ULTRASOUND

24 States



Providing a “window to the womb,” ultrasound images give a mother the unique opportunity to see her living unborn child in “real time.” Pro-life laws dealing with ultrasound mainly require abortion facilities to offer a pregnant mother the opportunity to view an ultrasound of her unborn child before an abortion is performed.

Four states require that an ultrasound be performed prior to an abortion. The screen must be displayed so the mother can view it and a description of the image of the unborn child must be given. They are Louisiana, North Carolina*, Texas, and Wisconsin.

Five states require that an ultrasound be performed and that the mother be offered the opportunity to view the ultrasound. They are Alabama, Arizona, Florida, Mississippi and Virginia.

Eleven states require that the mother be provided with an opportunity to view an ultrasound if ultrasound is used as part of the abortion process. They are Arkansas, Georgia, Idaho, Kansas, Michigan, Nebraska, Ohio, Oklahoma, South Carolina, Utah and West Virginia.

Four states require that the mother be provided with the opportunity to view an ultrasound. They are Indiana, Missouri, North Dakota, and South Dakota.

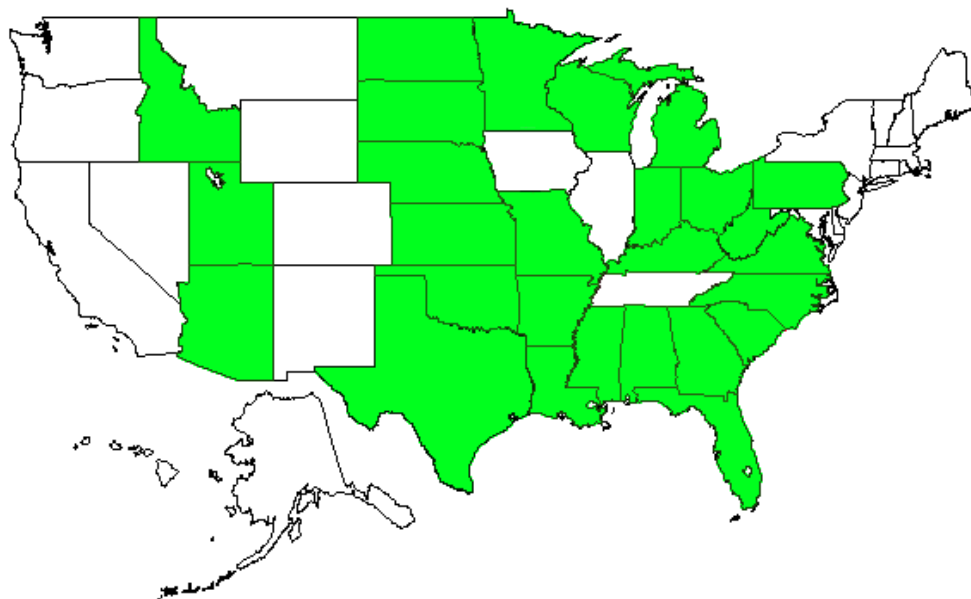
**North Carolina is currently in litigation*

THE STATE OF ABORTION IN THE UNITED STATES

STATE LEGISLATION AND ABORTION

A WOMAN'S RIGHT TO KNOW: INFORMED CONSENT

27 States



An informed consent law protects a woman's right to know the medical risks associated with abortion, the positive alternatives to abortion, and to be provided with nonjudgmental, scientifically accurate medical facts about the development of her unborn child before making this permanent and life-affecting decision.

If advocates of legal abortion were truly "pro-choice" instead of "pro-abortion," they would not object to allowing women with unexpected pregnancies access to all the facts. Perhaps they fear that full knowledge might lead to fewer abortions.

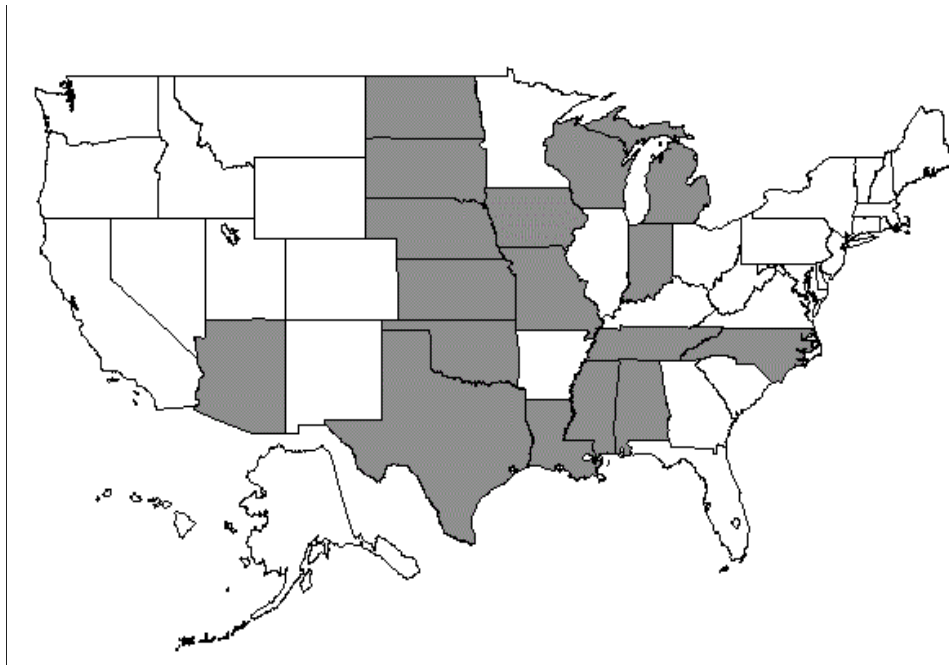
Twenty-seven states* currently have effective informed consent laws in place: Alabama[^], Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana[^], Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania[^], South Carolina, South Dakota, Texas, Utah[^], Virginia, West Virginia, and Wisconsin[^].

*These states use language like that upheld in *Planned Parenthood v. Casey*, 505 U.S. 833 (1992)

[^] These statutes in these five states (Alabama, Louisiana, Pennsylvania, Utah, and Wisconsin) contain a loophole allowing the withholding of information when the physician believes that furnishing the information would result in an adverse effect on the physical or mental health of the patient.

WEB-CAM ABORTION BANS

17 States



“Web-cam” abortions are chemical abortions done via a video conferencing system where the abortionist is located at one location and uses a closed circuit television to talk over a computer video screen with a woman who is at another location. The abortionist never sees the woman in person because they are never actually in the same room.

This important pro-life legislation prevents web-cam abortions by requiring that, when RU-486 or some other drug or chemical is used to induce an abortion, the abortion doctor who is prescribing the drug must be physically present, in person, when the drug is first provided to the pregnant woman. This allows for a physical examination to be done by the doctor, both to ascertain the state of the mother’s health, and to be sure an ectopic pregnancy is not involved.

Currently 17 states ban these “web-cam” abortions: Alabama, Arizona, Indiana, Iowa*, Kansas*, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Carolina, North Dakota*, Oklahoma, South Dakota, Tennessee, Texas, and Wisconsin.

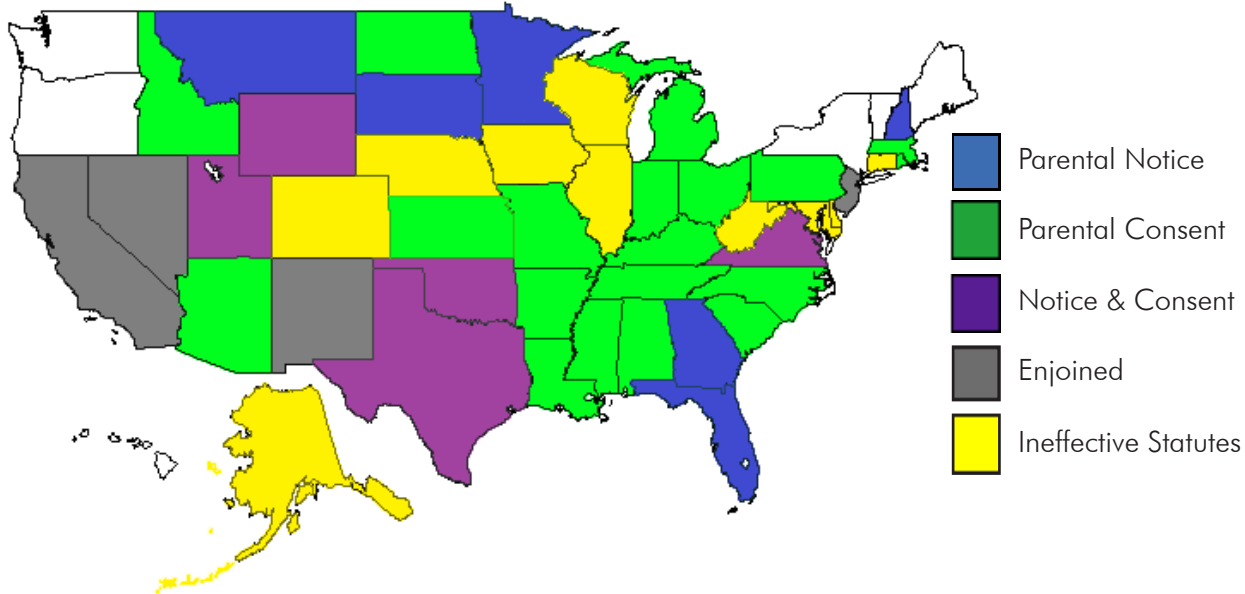
**Iowa, Kansas, and North Dakota laws are currently enjoined.*

THE STATE OF ABORTION IN THE UNITED STATES

STATE LEGISLATION AND ABORTION

PARENTAL INVOLVEMENT LAWS

30 States with effective statutes



Most parental involvement laws require that abortionists either notify or obtain consent of a parent or guardian before a minor girl has an abortion. Studies show the positive impacts these laws have in significantly reducing the rates of abortion, birth, and pregnancy among minors.

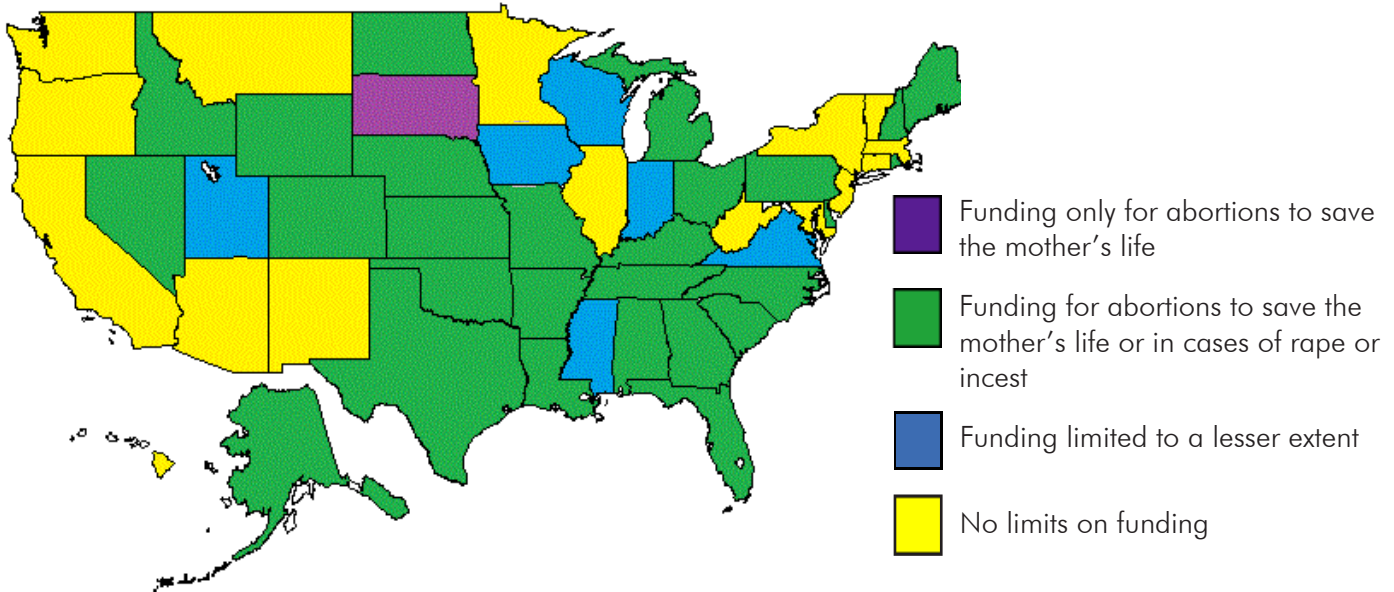
Public opinion polls consistently show strong support for parental involvement in a minor's abortion decision.

In the December, 1989 issue of *American Psychologist*, Everett L. Worthington, Jr., and others discussed the following benefits of parental involvement:

- Teens gain assistance with decision-making. Opponents argue that teens are competent to decide whether or not to have an abortion. However, studies show that teens lack decision-making skills that come only with maturity.
- Teens gain support. Parents are their teen's "most powerful and permanent social support." Requiring parental notification ensures that the vast majority of teens have this vital support.
- Parents benefit. Informed parents can better support their daughter as well as each other during the crisis. They can be prepared to help if any mental or physical complications occur.
- Family benefits. Required parental involvement gives the family an opening to resolve conflicts while a secret pregnancy and abortion can increase the conflicts if these events become known after the fact.

Eleven states have passed parental involvement laws that are deemed ineffective based on statutory language that may allow notification to be given to another adult family member instead of a parent, or provides that the abortionist himself may consent to the abortion on the minor's behalf, or contains some other language that undermines real parental involvement. These states include: Alaska, Colorado, Connecticut, Delaware, Illinois, Iowa, Maine, Maryland, Nebraska, West Virginia and Wisconsin.

STATE POLICIES ON PUBLIC FUNDING OF ABORTION



Prior to the enactment of the Hyde Amendment in 1976, the federal government paid for abortions through the Medicaid program. Between 1976 and 1980, the Hyde Amendment was enacted in several different forms. (During part of this period, its enforcement was blocked by federal court orders.) From June 1981 to October 1993, the Hyde Amendment allowed federal funding of abortion only when “the life of the mother would be endangered” if the unborn child were carried to term.

The current federal policy has been altered by a decision of Congress to include a states’ option to fund additionally abortions in cases of rape and incest by an amended Hyde Amendment. The Clinton Administration took the offensive to federally mandate that all states must fund rape, incest and life of the mother cases regardless of existent state constitutions or statutes to the contrary. The Administration furthered their mandate by informing states that honored their existent legislation by threatening loss of matching federal funds for state Medicaid programs.

States that Limit Funding of Abortions for Life of the Mother Only (1 State): South Dakota.

States that Limit Funding of Abortions under the 1993 Clinton Regulations (Life of the Mother, Rape, Incest) (28 States): Alabama, Alaska*, Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Kansas, Kentucky, Louisiana, Maine, Michigan, Missouri, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Wyoming.

* Enjoined, pending trial

States that Limit Funding to a Lesser Extent (allowing additional exceptions beyond rape, incest, life of mother) (6 States): Indiana, Iowa, Mississippi, Utah, Virginia, Wisconsin.

States that Contain NO Limit on the Use of Public Funding for Abortions on Demand (16 States): Arizona, California, Connecticut, Hawaii, Illinois, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Oregon, Vermont, Washington, West Virginia.

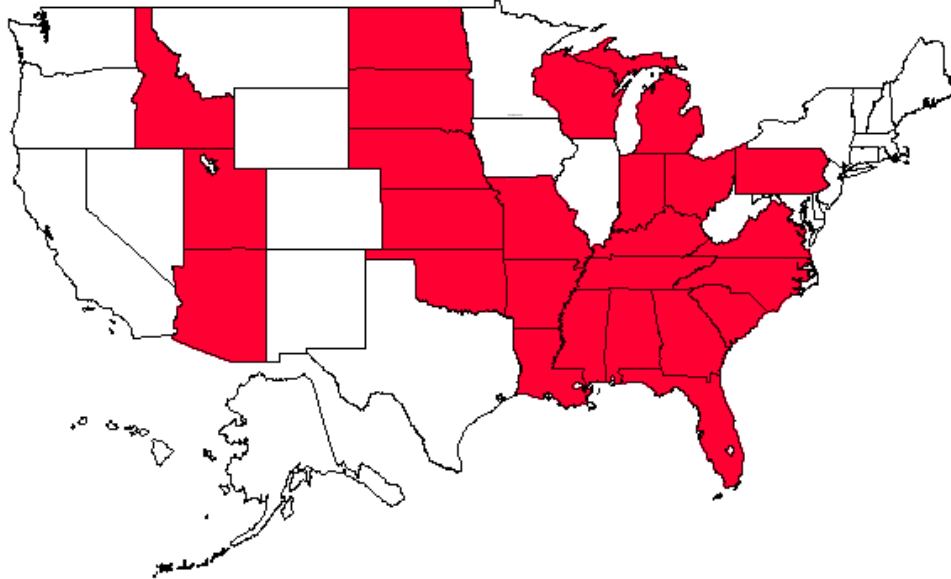
^These 12 states fund abortion due to a court decision.

THE STATE OF ABORTION IN THE UNITED STATES

STATE LEGISLATION AND ABORTION

PREVENTING TAXPAYER SUBSIDY FOR ABORTION

24 States



The Obama health care law, requires states to operate and maintain a “health insurance exchange” or the Federal government will set one up for them. Health insurance plans offering abortion coverage are allowed to participate in a state’s exchange and to receive federal subsidies unless the state legislature enacts a law to restrict abortion coverage by exchange-participating plans (or unless a state already has a law preventing health insurance in the state from covering elective abortions, except by a separate rider). Specific language in the Obama health care law authorizes the states to prevent abortion coverage in the exchanges.

States that substantially restrict abortion coverage by plans in the exchange: (as shown in map): Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, and Wisconsin.

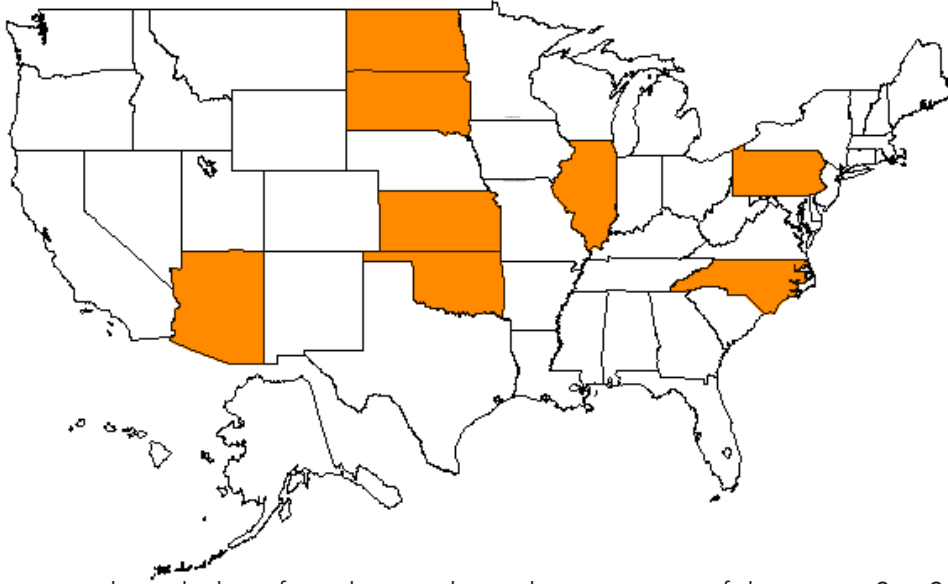
In addition, the following states prohibit elective abortion coverage for plans *outside* of the health insurance exchange: Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Nebraska, North Dakota, Oklahoma, Pennsylvania, Rhode Island, and Utah.

The following states prohibit elective abortion coverage in insurance policies for public employees: Arizona, Colorado, Georgia, Idaho, Illinois, Kansas, Kentucky, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Utah, and Virginia.

(Note: some of the state laws permit coverage for elective abortion through the purchase of a premium rider.)

SEX SELECTION ABORTION BANS

8 States



These laws protect unborn babies from being aborted on account of their sex. Sex Selection Abortion is a form of prenatal discrimination that wages a war typically on unborn baby girls. In April 2013, a poll taken by The Polling Company found that 85% of respondents supported banning sex selection abortions.

Currently eight (8) states have enacted laws protecting unborn children who would be aborted solely because of their gender.

State Laws (in order of enactment)

Illinois-1975*
Pennsylvania-1982
Oklahoma-2010
Arizona-2011
North Dakota-2013
Kansas-2013
North Carolina-2013
South Dakota-2014

* "Enjoined only to extent that it subjects physicians to criminal liability for performing certain pre-viability abortions."
Per consent decree, 1993

UNBORN CHILD PROTECTION FROM DISMEMBERMENT ABORTION ACT

Currently pending in Kansas

In January 2014, National Right to Life announced a move that will change the landscape of abortion policy in the United States. The *Unborn Child Protection from Dismemberment Abortion Act*, was introduced in the Kansas on January 14, 2015, by state Sen. Garrett Love (R-Montezuma). As proposed, the bill would protect unborn children from the brutality of dismemberment abortion.

Dilation and evacuation (D&E) dismemberment abortions are as brutal as the partial-birth abortion method, which is now illegal in the United States.

In his dissent to the U.S. Supreme Court's 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in D&E dismemberment abortions, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off." Justice Kennedy added in the Court's 2007 opinion, *Gonzales v. Carhart*, which upheld the ban on partial-birth abortion, that D&E abortions are "laden with the power to devalue human life..."

The states enacting the Unborn Child Protection from Dismemberment Abortion Act are not asking the Supreme Court to overturn or replace the 1973 *Roe v. Wade* holding that the state's interest in unborn human life becomes "compelling" at viability. Rather, it is asking the court to apply, as it did in the 2007 *Gonzales* case, the compelling interest a state has in protecting the integrity of the medical profession and also to again recognize the additional separate and independent compelling interest the state has in fostering respect for life by protecting the unborn child from death by dismemberment abortion.

A medical illustration of a D&E dismemberment abortion is available here:
www.nrlc.org/abortion/pba/deabortiongraphic.

Background materials on the bill are available on National Right to Life's online state legislative center: www.nrlc.org/statelegislation/dismemberment.

**WHEN YOU
THINK PLANNED
PARENTHOOD,
THINK
ABORTION!**



PLANNED PARENTHOOD: PRO-ABORTION, PROSPEROUS, AND PROUD

Despite the closing of some clinics (usually in pursuit of greater profits) and constant complaints about “assaults on reproductive rights,” Planned Parenthood again made millions last year off of abortion as the country’s largest “abortion provider,” and is today responsible for about a third of all America’s abortions.

The Planned Parenthood Federation of America’s overall \$1.3 billion income for the fiscal year ending June 30, 2014, was a record. To put in perspective, according to 2013 figures from the World Bank, a country with a gross domestic product this high would rank ahead of Greenland, Grenada, Tonga, Micronesia, and several other independent countries.

To be clear, the aforementioned \$1.3 billion in income is not all directly from abortion, but a substantial portion of it is, and a lot more is indirectly connected. (See below.)

According to Planned Parenthood’s 2013-2014 Annual Report, “Our Health, Our Decisions, Our Moment” (www.plannedparenthood.org/files/6714/1996/2641/2013-2014_Annual_Report_FINAL_WEB_VERSION.pdf), clinics affiliated with the Planned Parenthood Federation of America (PPFA) performed 327,653 abortions in 2013. This is up slightly from 2012 (327,166), but just a bit below 2011’s record of 333,964.

The stability of Planned Parenthood’s abortion count – between 324,000 and 334,000 since 2008 – is remarkable, given that national figures for abortions have been in a nosedive since 2008; they have dropped 13% in just three years. Planned Parenthood’s ability to continue to prosper in a “down market” is a testament to PPFA’s unchallenged role as the overwhelmingly dominant provider of abortion in America and its powerful political connections.

Abortion Income: Direct and Indirect

At the going rate for standard surgical abortion at 10 weeks (\$451 is the figure from Guttmacher for 2009), the 327,653 abortions performed by Planned Parenthood would represent at least \$147.7 million. That does not account for the greater cost of chemical abortions, which are a big part of Planned Parenthood’s total and are heavily promoted and widely available at its clinics.

Nor does the figure take into consideration that many PPFA clinics offer considerably more expensive second trimester abortions (over a hundred clinics, with more than a dozen of those offering abortions at 20 weeks or more), meaning that \$147.7 million is likely an extremely conservative figure.

Not often talked about is that when women come into Planned Parenthood for abortion, they are also sold pregnancy tests, contraceptives, and may be tested and treated for sexually transmitted diseases or infections. These will be counted and costed as separate “services” but all may be connected to the abortion visit.

PLANNED PARENTHOOD: PRO-ABORTION, PROSPEROUS, AND PROUD

For all their talk about “choice” and allowing women to make their own determinations with regard to their pregnancies, the services such women receive at PPFA clinics are decidedly one-sided. According to the annual report, the breakdown of services rendered specifically to pregnant women shows Planned Parenthood’s clear institutional bias: prenatal care 5.4%, adoption 0.5%, abortion 94.1%.

Looked at another way, these figures tell us nearly 19 out of every 20 pregnant women who got these services at Planned Parenthood were sold abortions. And notice that abortions outnumbered adoption referrals by a more than a 174 to one.

Using Tax Dollars, Angling For More

Despite of (and sadly, in some places, perhaps because of) its clear abortion agenda, Planned Parenthood continues to receive an inordinate amount of its funding from taxpayers. We learn from the report that 41% of its revenues are from “Government Health Services Grants & Reimbursements.”

These are services or programs paid for by local, state, or federal governments. While law prevents federal dollars from paying directly for abortion (those dollars mean more private funds available for that purpose, though), many state and local governments do fund abortions, helping to keep the abortion giant running.

PPFA is fully aware of the significance of its government ties, seen not only in the dollars and energy expended in recent elections (see: www.nationalrighttolifeneews.org/news/2014/11/political-money-mobilization-unable-to-buy-elections-for-planned-parenthoods-political-arm), but in their concerted effort to promote ObamaCare, which could deliver them customers for years to come.

The annual report notes that Planned Parenthood reached “more than 1.7 million people in 18 cities across eight states” with information about their eligibility for new health insurance and says it was able to help over 100,000 fill out their applications. It also noted, in the same sentence, that it had registered 15,000 people to vote.

Abortion Defense and Advocacy

Planned Parenthood bills itself not only as “the nation’s leading reproductive health care provider” but also adds “and advocate.” It is clear from this latest annual report that they take that “advocate” role seriously, and that the defense and promotion of abortion is a central part of that advocacy.

While Planned Parenthood’s abortion agenda was being thwarted in many statehouses across the country, the group trumpets the claim that, “We won court victories protecting abortion access.” They have in mind restrictions placed on chemical abortions in Arizona that enforced the protocol approved by the U.S. Food and Drug Administration, and a rule in Iowa requiring physicians to be present when chemical abortions are prescribed (which is not the case with so-called “web-cam abortions” where the abortionist only interacts with his patient over the internet). Appeals were pending at the time of the report.

Planned Parenthood also hailed a federal judge's decision on an Alabama law that would have required abortionists to have admitting privileges at a local hospital, a reasonable regulation designed to insure the abortionist be able to accompany his "patient" to a local hospital when emergencies arise.

What is remarkable is not that Planned Parenthood temporarily won in some courts what they could not win in the legislatures – this is, after all, the legacy of *Roe v. Wade* – but that they were only partially, and one hopes, temporarily successful in that regard.

The photo from one section of "Our Health, Our Decisions, Our Moment" features a woman wearing a "Stand with Texas Women" t-shirt, a state where Planned Parenthood invested enormous amounts of money and publicity. Their political star—pro-abortion state Senator Wendy Davis—was obliterated in her race for governor, and the courts are still listening with varying amounts of skepticism to a flurry of lawsuits filed against Texas' H.B.2. Planned Parenthood also says they're "pushing back" against other laws in Louisiana, Mississippi, Oklahoma, and Wisconsin where they have seen limited success.

Aiming for the Next Generation

Planned Parenthood touts the existence of 200 college campus groups, 182% more than they had just three years ago, and the deployment of 1,503 "peer educators" – young advocates for Planned Parenthood's agenda – to reach "nearly 100,000" of their peers across the country.

A quote featured in this section shows where this outreach is headed. After "Dakota" mentioned learning about Planned Parenthood when visiting the clinic with her mother, and eventually getting involved in the peer educator program there, she shares, "My plan is to go to medical school and become an abortion provider. Being part of Planned Parenthood gives me the space to do this work."

Just how saturated the report is with spin is made apparent in the section proudly proclaiming that "We fought abortion stigma in popular culture." The discussion here centers around the awful film "Obvious Child," which featured the story of a woman unapologetically getting an abortion. It was supposed to be a comedy. Planned Parenthood calls it "edgy, hip, funny, remarkably honest," though there was little-to-no honesty about either the humanity of the "obvious child" or the psychological pain that follows many women after their abortion.

Planned Parenthood hailed the movie as a "major breakthrough" when it came out, but failed to highlight the integral role it played in bringing the story to screen. Now, in their annual report PPA mentions how they "worked for years with the film's writer, director, and producers to shape the story, helped them film it in a Planned Parenthood Hudson Peconic health center, and oversaw its release to widespread critical and commercial success."

While there were some of the usual media sycophants that gave "Obvious Child" the politically correct praise that might be expected, it is a far stretch to call the film a "commercial success." According to Box Office Mojo, the domestic total gross for the film was just \$3,123,963. The highest

THE STATE OF ABORTION IN THE UNITED STATES

PLANNED PARENTHOOD: PRO-ABORTION, PROSPEROUS, AND PROUD

it ever ranked in any week of its release was #19. For the year, it came in #158, behind “The Lunchbox,” “Vampire Academy,” and the 30th anniversary re-release of “Ghostbusters.”

Like much of the rest of Planned Parenthood’s talk about abortion and the unborn child, there’s more spin than substance to their claims.

Leaner ... and Meaner

Planned Parenthood does not mention how many clinics it closed or affiliates it merged in the year, but notes the “25 percent increase in productivity” that followed efforts to help “35 affiliates strengthen their operations.”

Planned Parenthood claims to have opened 10 new “health centers,” though one of the three it specifically mentions (Tacoma, Washington) appears to be a relocation and another (Fayetteville, North Carolina) seems to be a mega-clinic that opened in 2009.

PPFA affiliates all over the country have been building and opening giant new megaclinics over the past ten years, massive modern new facilities that can not only process many more abortions a day, but also can meet new health codes being passed by many state legislatures.

Even as the culture around them grows increasingly uncomfortable with their signature product, Planned Parenthood is as committed to abortion as it ever was and is looking for ways to defend and expand its abortion empire.



THE SUPREME COURT & ABORTION

A Brief Synopsis of Cases

***Roe v. Wade* (1973)**

Relying on an unstated “right of privacy” found in a “penumbra” of the Fourteenth Amendment, the Court effectively legalized abortion on demand throughout the full nine months of pregnancy in this challenge to the Texas state law regarding abortion. Although the Court mentioned the state’s possible interest in the “potentiality of human life” in the third trimester, legislation to protect that interest would be gutted by mandated exceptions for the “health” of the mother (see *Doe* below).

***Doe v. Bolton* (1973)**

A companion case to *Roe*, which challenged the abortion law in Georgia, *Doe* broadly defined the “health” exception so that any level of distress or discomfort would qualify and gave the abortionist final say over what qualified: “The medical judgment may be exercised in the light of 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 the application of the health exception was left to the abortionist, legislation directly prohibiting any abortion became practically unenforceable.

***Bigelow v. Virginia and Connecticut v. Menillo* (1975)**

Bigelow allowed abortion clinics to advertise. *Menillo* said that despite *Roe*, state prohibitions against abortion stood as applied to non physicians. *Menillo* also said states could also authorize non physicians to perform abortions.

***Planned Parenthood of Central Missouri v. Danforth* (1976)**

The court rejected a parental consent requirement and decided that (married) fathers had no rights in the abortion decision. Furthermore, the Court struck down Missouri’s effort to ban the saline amniocentesis abortion procedure, in which salt injected into the womb slowly and painfully poisons the child.

***Maher v. Roe and Beal v. Doe* (1977)**

States are not required to fund abortions, though they can if they choose. A state can use funds to encourage childbirth over abortion.

***Poelker v. Doe* (1977)**

In *Poelker*, the Court ruled that a state can prohibit the performance of abortions in public hospitals.

THE STATE OF ABORTION IN THE UNITED STATES

THE SUPREME COURT AND ABORTION

Colautti v. Franklin (1979)

Although *Roe* said states could pursue an interest in the “potential life” of the unborn child after viability (*Roe* placed this at the third trimester), the Court struck down a Pennsylvania statute that required abortionists to use the abortion technique most likely to result in live birth if the unborn child is viable.

Bellotti v. Baird (II)* (1979)

The Court struck down a Massachusetts law requiring a minor to obtain the consent of both parents before obtaining an abortion, and insisted that states needed to offer a “judicial bypass” exception by which the child could demonstrate her maturity to a judge or show that the abortion would somehow be in her best interest. **In Bellotti v. Baird (I) 1976, the Court returned the case to the state court on a procedural issue.*

Harris v. McRae (1980)

The Court upheld the Hyde Amendment, which restricted federal funding of abortion to cases where the mother’s life was endangered (rape and incest exceptions were added in the 1990s). The Court said states could distinguish between abortion and “other medical procedures” because “no other procedure involves the purposeful termination of a potential life.” While the Court insisted that a woman had a right to an abortion, the state was not required to fund the exercise of that right.

Williams v. Zbaraz (1980)

The Court ruled that states are not required to fund abortions that are not funded by the federal government, but can opt to do so.

HL v. Matheson (1981)

Upholding a Utah statute, the Court ruled that a state could require an abortionist to notify one of the minor girl’s parents before performing an abortion without a judicial bypass.

City of Akron v. Akron Center for Reproductive Health (1983)

The Court struck down an ordinance passed by the City of Akron requiring: (1) that abortionists inform their clients of the medical risks of abortion, of fetal development and of abortion alternatives; (2) a 24-hour waiting period after the first visit before obtaining an abortion; (3) that second- and third-trimester abortions be performed in hospitals; (4) one-parent parental consent with no judicial bypass; (5) and the “humane and sanitary” disposal of fetal remains. The Court later reversed some of this ruling in its 1992 decision in *Casey*.

Planned Parenthood Association of Kansas City v. Ashcroft (1983)

The Court upheld a Missouri law requiring that post-viability abortions be attended by a second physician and that a pathology report be filed for each abortion.

Simopoulos v. Virginia (1983)

The Court affirmed the conviction of an abortionist for performing a second-trimester abortion in an improperly licensed facility.

Thornburgh v. American College of Obstetricians and Gynecologists (1986)

The Court struck down a Pennsylvania law requiring: (1) that abortionists inform their clients regarding fetal development and the medical risks of abortion; (2) reporting of information about the mother and the unborn child for second- and third-trimester abortions; (3) that the physician use the method of abortion most likely to preserve the life of a viable unborn child; and (4) the attendance of a second physician in post-viability abortions. The Court later reversed some of this ruling in its 1992 decision in *Casey*.

Webster v. Reproductive Health Services (1989)

The Court upheld a Missouri statute prohibiting the use of public facilities or personnel for abortions and requiring abortionists to determine the viability of the unborn child after 20 weeks.

Hodgson v. Minnesota and Ohio v. Akron Center for Reproductive Health (1990)

In *Hodgson*, the Court struck down a Minnesota statute requiring two-parent notification without a judicial bypass, but upheld the same provision with a judicial bypass. In the same decision, the Court allowed a 48-hour waiting period for minors following parental notification. In *Ohio v. Akron*, the Court upheld one-parent notification with judicial bypass.

Rust v. Sullivan (1991)

In *Rust*, the Court upheld a federal regulation prohibiting projects funded by the federal Title X program from counseling or referring women regarding abortion. If a clinic physically and financially separated abortion services from family planning services, the family planning component could still receive Title X money. Relying on *Maher* and *Harris*, the Court emphasized that the government is not obliged to fund abortion-related services, even if it funds prenatal care or childbirth.

Planned Parenthood of Southern Pennsylvania v. Casey (1992)

To the surprise of many observers, the Court narrowly (5-4) reaffirmed what it called the “central holding” of *Roe*, that “a State may not prohibit any woman from making the ultimate decision to terminate her pregnancy before viability.” However, the Court also indicated a shift in its doctrine that would allow more in the way of state regulation of abortion, including pre-viability regulations: “We reject the rigid trimester framework of *Roe v. Wade*. To promote the State’s profound interest in potential life, throughout pregnancy the State may take measures to ensure that the woman’s choice is informed, and measures designed to advance this interest will not be invalidated as long as their purpose is to persuade the woman to choose childbirth over abortion. These measures must not be an undue burden on the right.” Applying this “undue burden” doctrine, the Court explicitly overruled parts of *Akron* and *Thornburgh*, and allowed informed consent requirements (that the woman be given information on the risks of abortion and on fetal development), a mandatory 24-hour waiting period following receipt of the information, the collection of abortion statistics, and a required one-parent consent with judicial bypass. A spousal notification requirement, however, was held to be unconstitutional.

***Mazurek v. Armstrong* (1997)**

The Court upheld a Montana law requiring that only licensed physicians perform abortions.

***Stenberg v. Carhart* (2000)**

Nebraska (as did more than half the other states) passed a law to ban partial-birth abortion, a method in which the premature infant (usually in the fifth or sixth month) is delivered alive, feet first, until only the head remains in the womb. The abortionist then punctures the baby's skull and removes her brain. On a 5-4 vote, the Court struck down the Nebraska law (and thereby rendered the other state laws unenforceable as well). The five justices said that the Nebraska legislature had defined the method too vaguely. In addition, the five justices held that *Roe v. Wade* requires that an abortionist be allowed to use even this method, even on a healthy woman, if he believes it is the safest method.

***Gonzales v. Carhart* (2007)**

By a vote of 5-4, the Court in effect largely reversed the 2000 *Stenberg* decision, rejecting a facial challenge to the federal Partial-Birth Abortion Ban Act, enacted by Congress in 2003. This law places a nationwide ban on use of an abortion method—either before or after viability—in which a baby is partly delivered alive before being killed. In so doing, the Court majority, in the view of legal analysts on both sides of the abortion issue, opened the door to legislative recognition of broader interests in protection of unborn human life, and signaled a willingness to grant greater deference to the factual and value judgments made by legislative bodies, within certain limits.



Founded in 1968, National Right to Life is the nation's oldest and largest national pro-life group. National Right to Life works to protect innocent human life threatened by abortion, infanticide, assisted suicide, euthanasia and embryo-killing research. National Right to Life is a non-partisan, non-sectarian federation of 50 state affiliates and more than 3,000 local chapters. National Right to Life is governed by a representative board of directors with a delegate from each state affiliate, as well as eight directors elected at-large.

National Right to Life's efforts center around the following policy areas:

Abortion: Abortion stops a beating heart more than 3,000 times a day. National Right to Life works to educate Americans on the facts of fetal development and the truth about abortion; works to enact legislation protecting unborn children and providing abortion alternatives in Congress and state legislatures; and supports activities which help women choose life-affirming alternatives to abortion.

Infanticide: National Right to Life works to protect newborn and young children whose lives are threatened and who are discriminated against simply because they have a disability.

Euthanasia: Through the work of the Robert Powell Center for Medical Ethics, National Right to Life fights rationing of health care on a national level, such as in the context of Medicare legislation or more general health care reform. National Right to Life speaks out against efforts by the pro-death movement to legalize assisting suicide and euthanasia based on an ethic which says that certain persons do not deserve to live because of a perceived "low quality of life." National Right to Life also makes available to individuals the Will to Live, a pro-life alternative to the living will.

THE STATE OF ABORTION IN THE UNITED STATES

ABOUT NATIONAL RIGHT TO LIFE: THE NATION'S OLDEST & LARGEST PRO-LIFE GROUP

National Right to Life works to restore protection for human life through the work of:

- the **National Right to Life Committee (NRLC)**, which provides leadership, communications, organizational lobbying and legislative work on both the federal and state levels.
- the **National Right to Life Political Action Committee (NRL PAC)**, founded in 1979 and the nation's largest non-partisan, pro-life political action committee, which works to elect, on the state and federal level, officials who respect democracy's most precious right, the right to life.
- the **National Right to Life Victory Fund**, an independent expenditure political action committee founded in 2012 with the express purpose of electing a pro-life president and electing pro-life majorities in the U.S. House of Representatives and U.S. Senate.
- the **National Right to Life Educational Trust Fund** and the **National Right to Life Educational Foundation, Inc.** which prepare and distribute a wide range of educational materials and advertisements.
- various **outreach efforts** to groups affected by society's lack of respect for human life: the disability rights community; the post-abortion community; the Hispanic and African-American communities; the community of faith; and the Roe generation – young people who are missing brothers, sisters, classmates and friends.
- **National Right to Life NEWS** – published daily Monday-Saturday and available at www.nationalrighttolifeneeds.org, is the pro-life news source of record providing a variety of news stories and commentaries about right-to-life issues in Washington and around the country.
- the **National Right to Life website**, www.nrlc.org, which provides visitors the latest, most up-to-date information affecting the pro-life movement, as well as the most extensive online library of resource materials on the life issues.

This report may be downloaded from the National Right to Life website at:
www.nrlc.org/uploads/communications/stateofabortion2015.pdf



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