

THE
STATE_{OF}
ABORTION
IN THE UNITED STATES

JANUARY 2017



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, National Right to Life works through legislation and education to protect innocent human life from abortion, infanticide, assisted suicide and euthanasia.

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CAROL TOBIAS

National Right to Life President

It has been 44 years since the U.S. Supreme Court legalized abortion in *Roe v. Wade* and *Doe v. Bolton*. Tragically, National Right to Life estimates that more than 59 million unborn children have lost their lives.

However, while 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—the right-to-life movement continues to see evidence that our efforts to educate our nation about the unborn child’s humanity and our efforts to enact protective pro-life legislation are having a tremendous impact in moving our nation away from *Roe* and *Doe*’s deadly legacy.

Two recent reports analyzed within these pages, one from the U.S. Centers for Disease Control and Prevention, the other from the Guttmacher Institute, both show steep and significant declines, not just in the annual numbers of abortions, but in the number of women who are rejecting

abortion as the answer to an unexpected pregnancy.

The drop in numbers can be traced to a number of factors, but one of the biggest among them are the efforts by National Right to Life and its state affiliates to enact protective legislation that provides legal protection to unborn children and offers hope and help to their mothers. These legislative efforts are at the very heart of our work, and they are one of the keys to ending abortion in the United States.

Polling continues to show that a significant majority of Americans not only oppose *Roe* and *Doe*’s doctrine of abortion for any reason, but they also support legislative solutions to protect unborn children and their mothers and to keep the government out of the abortion-funding business.

We enter 2017 poised to build upon our recent legislative successes with continued pro-life majorities in the U.S. House and U.S. Senate, and significant majorities in state houses across the country. With pro-life President Donald J. Trump, we once again have a White House committed to embracing and promoting a culture of life.

All of this is welcome news. Pro-life education and legislative efforts are making an impact on our culture and in the lives of women facing unexpected pregnancies.

But there is still much to be done.

This fourth annual “State of Abortion in the United States” is not just a snapshot of where we are as the nation observes the 44th anniversary of *Roe v. Wade* and *Doe v. Bolton*, but a blueprint for how we move forward to build a culture that values life and respects mothers and their children.

ABORTION NUMBERS HIT HISTORIC LOW: Guttmacher Data Analysis



EDITOR'S NOTE: *On January 17, 2017, the Guttmacher Institute, which was once a special research affiliate of the Planned Parenthood Federation of America, released its latest study confirming trends previously reported by the U.S. Centers for Disease Control and Prevention (CDC). Both confirm that the annual number of abortions, as well as the abortion rate and abortion ratio continue to see dramatic declines. In the more recent Guttmacher study, researchers found a 12.5% drop in the annual number of abortions from 2011 to 2014 and similar substantial drops in the abortion rate and ratio.*

Immediately below is an analysis of the most recent Guttmacher report. Guttmacher's data is considered more complete and reliable because it relies on survey data it gets directly from abortionists. A full analysis of the CDC data, released in November 2016, begins on page 10. Unlike Guttmacher, which generally has more complete results, the CDC relies on voluntary reporting from state health departments and agencies. As a result, CDC's annual report has no data for Maryland, New Hampshire, and California since 1997.

For the first time since 1974, the number of abortions performed in the United States has dropped below one million—926,190 for 2014. Even better news, longer term, is that abortion rates and ratios, which measure the general frequency of abortion and the likelihood that a pregnant woman will abort, are down to levels below what they were in 1973, when *Roe v. Wade* and *Doe v. Bolton* first made abortion on demand the law of the land.

In “Abortion Incidence and Service Availability In the United States, 2014” (Perspectives on Sexual and Reproductive Health, March 2017), Guttmacher Institute authors Rachel Jones and Jenna Jerman estimate that there were 926,190 abortions performed in the U.S. in 2014.

The Guttmacher Institute also says that there were just 14.6 abortions for every thousand women aged 15-44 as of July 1, 2014 of that year (the abortion rate) and indicates that there were 18.8 abortions for every 100 pregnancies ending in abortion or live births (the abortion ratio).

The U.S. Centers for Disease Control and Prevention (CDC) has reported similar declines in the number of abortions over the past couple of decades. These latest numbers from Guttmacher are a strong confirmation of a significant and enduring change in abortion practice and opinion in the United States.

There were 12.5% fewer abortions in 2014 than there were just three years earlier, when there were 1,058,490. The most recent figure of 926,190 represents a drop of 42.4% from the all-time peak of 1,608,600 in 1990.

**TOTAL ABORTIONS
IN THE UNITED STATES
59,115,995
SINCE 1973**

Guttmacher found that abortion rates and ratios fell 13.6% and 11.3%, respectively from their last report (2011). Both figures are way down from their peaks of a 29.3 abortion rate in 1980 and 1981 and an all-time high abortion ratio of 30.4 reported for 1983.

Abortion was down in nearly every state and region

States in the South and the West saw the biggest drops (13.7% and 13.6%, respectively), but nearly every region saw decreases of nearly 10% (Midwest states down 9.4%, Northeast states down 11.7%).

In the handful of states that saw modest increases, these may have been statistical anomalies caused by heavy recent promotion of RU-486 chemical abortions or the opening of a new clinic.

Overall, and in the longer term, abortion is down everywhere.

Drop in the number of abortion clinics

Nationwide, there were 49 fewer abortion performing facilities in 2014 than there were in 2011, continuing another long term, significant trend. There were 2,918 abortion “providers” in 1982. That had dropped to 2,042 by 1996.

As of 2014, there were just 1,671. Jones and Jerman indicate that some of those they identified as performing at least one abortion in 2014 may have closed by year’s end.

In this report, like Guttmacher’s last for 2011, the most significant decline was found in larger abortion mills—those responsible for 1,000 to 4,999 abortions a year. There were 329 such facilities in 2011, but just 269 in 2014.

If each of those clinics performed just a thousand abortions a year, rather than the maximum, their elimination alone would make these “providers” responsible for at least 60,000 fewer abortions.

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ABORTION NUMBERS HIT HISTORIC LOW

Offered Explanations

One explanation given for the decline in the last several reports is the improved use of contraceptives, particularly to the increased use of LARCs (long-acting reversible contraceptives such as the IUD and implants). This time, however, the authors also conceded that “abortion restrictions” may have been a factor.

Given what we mentioned earlier about the diminishing number of abortion “facilities,” it is hardly surprising that the issue of clinic closures was a major concern of the report. Guttmacher ties these to what it calls “TRAP laws” (the abortion industry’s clever acronym for “Targeted Regulation of Abortion Providers”).

They argue these requirements (not specified, but things such as requiring them to have sanitary tools, unexpired drugs, pass safety inspections, etc.) make it more difficult for clinics to stay in business. Guttmacher says, “Abortion incidence can also decline if women who want abortions are unable to obtain them; abortion restrictions have the potential to reduce abortion incidence by impeding access to services.”

In a January 17, 2017, press release from Guttmacher, Rachel Jones went further. After citing “improved contraceptive use” as a reason for the decline in unintended pregnancy and thus a “decreased need for abortions,” Jones said, “the wave of abortion restrictions passed at the state level over the last five years could also have contributed to the decline by making it more difficult for women to access needed services in highly restrictive states.”

There are a number of assumptions here that deserve some unpacking. There does appear to have been some increase in LARC use because of heavy promotion by the “family planning” lobby and then support from the Obama administration, but this fails to explain how and why the huge fall off in abortions has been going on for 24 years!

Guttmacher, Planned Parenthood, and the abortion lobby have been pushing contraceptives for longer than that, but have only recently been claiming to see any significant increase in usage.

Furthermore, though states have passed many new laws regulating abortion and abortion clinics in the past few years, this has been the case for the past few decades. Some of the recent laws addressed safety and sanitation issues at clinics and dangerous butchers like Kermit Gosnell. But others merely gave mothers a chance to see live ultrasounds of their unborn children, to learn about practical alternatives available in their area, gave parents a voice in their minor child’s decision, or offered protection to pain-capable unborn children.

If those latter “restrictions” lessened the number of abortions, it was primarily by decreasing the demand for abortion, not by closing clinics directly.

After going on and on about these requirements, Guttmacher finally comes to the conclusion that abortions dropped in both states that did and didn’t have these “TRAP” laws: “In some states, increased abortion restrictions likely contributed to the decline in abortions, but in others, the decline may have been driven by a drop in demand.”

In looking at the internal features of every state, legitimately noting the number of clinics and new laws, Guttmacher may have missed the overall educational impact of these laws, advances in technology, and their impact on the national discussion.

Part of the decrease may be fewer women getting pregnant. But one thing that is certain is that fewer women are having abortions.

Chemical abortions continue to increase

While there was plenty of good news in the latest numbers, there would have been even fewer clinics and perhaps even fewer abortions if not for the proliferation of chemical abortions.

Guttmacher says that there were 272,400 “early medication abortions” performed in 2014, about 29.4% of the total. This represented an increase of 13.8% in just the three years since Guttmacher’s last study.

Almost all of these (Guttmacher says 97%) were done with mifepristone (RU-486), typically used in combination with the prostaglandin misoprostol. The remaining 3% were done either with the anti-cancer drug methotrexate, or with misoprostol alone.

Most of the places offering chemical abortions offered surgical abortions as well. However Guttmacher says that “23% of all nonhospital facilities offered only early medication abortions.”

New Jersey was one of the very few states that saw an increase in abortion clinics from 24 in 2011 to 41 in 2014. Most of these were clinics that started offering chemical abortions.

Guttmacher picks up claims advanced by abortion advocates fighting Texas clinic regulations that clinic closures were leading many women to turn to drugs and other means to self-abort. We have refuted this study elsewhere (see www.nationalrighttolifenews.org/news/2015/11/activists-study-threatens-more-self-induced-chemical-abortions-if-pro-life-laws-prevail/).

Guttmacher doesn’t give actual numbers at this point, but claims that “Overall, 12% of nonhospital facilities had seen at least one patient who had attempted to end her pregnancy on her own in 2014.” Whether this involved the actual ingestion of some dangerous chemical substance or just some concoction of juice and soda rumored (falsely) to have abortifacient effects, is not specified.

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Where we go from here

Additional data from this survey will likely be released in the coming months, fleshing out our understanding of the nature and depth of this welcomed decline. That this decline has gone on so long and so deep makes it clear that this is no statistical glitch or aberration and not simply the response to some new medical policy or some recent legislative or judicial happening.

Any of these things may have contributed, but what is now evident, with more than two decades of data pointing in the same direction, is that America more and more is turning away from abortion. Fewer and fewer people believe abortion is simply a morally neutral surgical procedure to remove “tissue.” Old talking points about abortion as an “answer” for unwed pregnancy, or poverty, or collapsing relationships, are no longer convincing.

There are fewer abortions because more and more women just aren’t buying it anymore.

	Guttmacher	CDC
1973	744,610	615,831
1974	898,570	763,476
1975	1,034,170	854,853
1976	1,179,300	988,267
1977	1,316,700	1,079,430
1978	1,409,600	1,157,776
1979	1,497,670	1,251,921
1980	1,553,890	1,297,606
1981	1,577,340	1,300,760
1982	1,573,920	1,303,980
1983	1,575,000	1,268,987
1984	1,577,180	1,333,521
1985	1,588,550	1,328,570
1986	1,574,000	1,328,112
1987	1,559,110	1,353,671
1988	1,590,750	1,371,285
1989	1,566,900	1,396,658
1990	1,608,600	1,429,247
1991	1,556,510	1,388,937
1992	1,528,930	1,359,146
1993	1,495,000	1,330,414
1994	1,423,000	1,267,415
1995	1,359,400	1,210,883
1996	1,360,160	1,225,937
1997	1,335,000	1,186,039
1998	1,319,000	884,273*
1999	1,314,800	861,789*
2000	1,312,990	857,475*
2001	1,291,000	853,485*
2002	1,269,000	854,122*
2003	1,250,000	848,163*
2004	1,222,100	839,226*
2005	1,206,200	820,151*
2006	1,242,200	852,385*
2007	1,209,640	827,609*
2008	1,212,350	825,564*
2009	1,151,600	789,217*
2010	1,102,670	765,651*
2011	1,058,490	730,322*
2012	1,011,000	699,202*
2013	1,058,490	664,435*
2014	926,190	*Excludes NH, CA and often at least one other state.
2015-16	926,190 §	§ NRLC projection for calculation

ABORTION NUMBERS HIT HISTORIC LOW: U.S. CDC Data Analysis

On the eve of Thanksgiving, the U.S. Centers for Disease Control (CDC) released its latest abortion surveillance report, with figures from 2013. Abortion numbers, rates, and ratios all dropped by about 5%, leading to numbers not seen since *Roe v. Wade* took away legal protections for unborn children in 1973.

With such significant and broad-based declines, the analysis of trends is (happily) complicated. Abortions were down in nearly every state, among women in nearly every category, and have been trending this way for some time.

A closer look tells us more about why this is the case. It also reveals a few areas of concern, making it clear that our efforts count and that no gain can ever be taken for granted.

Hard Data and Soft Numbers

The number of abortions is considerably down in the U.S. That much is abundantly clear. Numbers from the CDC are regular, the format is consistent year to year, and nearly every indicator points in the same direction.

The CDC received reports of 664,435 abortions from state health departments (and the District of Columbia) in 2013, nearly 35,000 fewer than it reported just a year ago (699,202).

However this number comes with a huge caveat. The CDC has been missing abortions from California, the nation's most populous state, since 1998, as well as any abortion data from Maryland and New Hampshire.

As discussed earlier, Guttmacher Institute reports have data for the missing states and are generally considered more accurate because it surveys abortion clinics directly, rather than merely accept numbers from state health departments, but it often goes years between surveys.

Still, the CDC does receive numbers from the vast majority of states and these can be compared from year to year to see the unfolding of national trends. Looked at over the past decade and a half, 2013 was clearly not a statistical blip, but the continuation of a positive long-term downward trend.

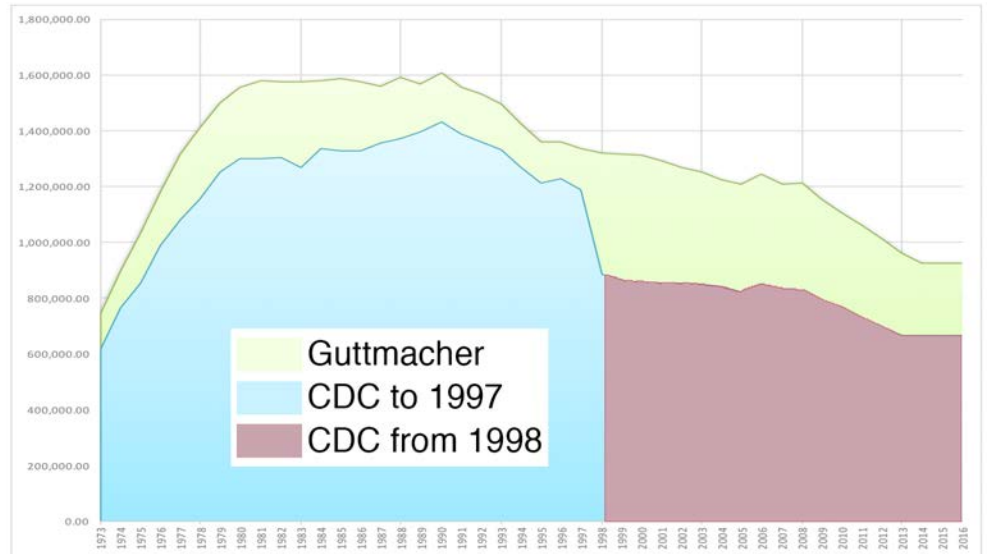
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Not only does the CDC show abortions plunging 22.8% over the previous 15 years, but even more remarkably dropping 15.8% over just the last five recorded years. Abortion rates and ratios confirm that this is not merely some function of population or migration.

The CDC's definition of the abortion rate is the number of abortions per thousand women of reproductive age (ages 15-44). In 2013, it was 12.5, lower than any other rate recorded since *Roe* was decided in 1973, when the CDC recorded a rate of 14.

Again, this does not include abortions from California, New Hampshire, and Maryland. So rates adjusted with data from those states might be somewhat higher, although no one expects to be anywhere near what they were in the 1980s and 1990s .



The highest abortion rate the CDC ever recorded was 25 per 1,000 in 1980. (Abortion rates first hit 21 per 1,000 in 1976 and stayed at 20/1,000 or above through 1997.) Note that the recent figure is half that.

The abortion ratio for the CDC measures the number of abortions for every 1,000 live births. In 2013 it was 200, also approaching a record low. The only year since *Roe* the CDC recorded a lower abortion ratio was in 1973 itself, when it recorded 196.3 abortions for every 1,000 live births.

Ratios in California and the other two states may well be higher than the national average, but would not push this anywhere near the 364.1 recorded in 1984. (Historically CDC abortion ratios reached the 300 level in 1976 and remained above 300 until 1997.)

Evidence in the States

Recorded abortions were down in 40 out of 47 states (again, the CDC has had no numbers for California, Maryland, and New Hampshire since 1998) and in the District of Columbia. Rates and ratios moved largely in the same downward direction (abortion rates down in 39 of 47 states, ratios down in 37 of 47), with only six states showing increased rates, 8 showing increased ratios.

In a couple of states where changes in abortion totals were very small, the rates and/or ratios stayed the same (e.g., there were six fewer abortions in 2013 in Mississippi than in 2012, so abortion rates and ratios were not significantly affected).

In the few states where abortions did appear to increase, this was generally not by much. A couple of states increased only by a few dozen, others by less than a thousand.

Michigan was the state that reported the most sudden and significant increase, from 23,230 in 2012 to 26,120 in 2013, an increase of 2,890 in just a year's time. However nearly all of that increase occurred in three counties in and around Detroit – Macomb, Oakland, and Wayne. Michigan's case can be instructive when trying to determine the reason for statistical outliers.

Sometimes a new megaclinic opens in an area, spurring sudden increases. Planned Parenthood bought a non-abortion performing clinic in Oakland County and began offering chemical abortion at its Detroit location. But its plans for a new megaclinic in the area fell through, making it unlikely this was a main cause.

But Chris Gast, director of communications and education for Right to Life of Michigan, says the more likely reason was simply "better reporting after our Prolife Omnibus Act of 2012 went into effect." That bill increased state scrutiny on abortion clinics, requiring that they were properly inspected and licensed.

Inspections resulted in the closure of several clinics in those counties around Detroit in 2013. These closures may have moved abortions from clinics that did not report to those that did (details can be found in Right to Life of Michigan's November 13, 2014 online blog).

In other words, while more abortions were thus reported, it may not actually be the case that 2,890 more abortions were performed.

Dramatic drops were more the norm in 2013. There were 3,424 fewer abortions in Florida, 2,453 fewer in Illinois, and 6,324 fewer abortions in New York. There were 2,428 fewer abortions in Pennsylvania, 2,257 fewer in Ohio, 2,064 fewer in Virginia, and 1,643 fewer in Tennessee.

The media has made much of clinic closings in Texas, where abortions dropped 4,449 from 2012 to 2013. While some of those clinics may have closed due to the state's redirection of family planning funds away from abortion performing centers, the trend in Texas has been down for some time, pointing to a generally reduced demand.

The number of abortions dropped by nearly 14,000 from 2006 to 2012, and more than 24,000 from the all time peak of 92,681 in 1990.

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Some of these were bigger states, so their drops, in numbers, were bigger to start with. But some smaller states that did not have the huge abortion totals to begin with still saw drops that were, for them, quite significant. These decreases were reflected in big drops in their abortion rates and ratios.

While Delaware had just 781 fewer abortions in 2013 than 2012, because of the population, this represented a large drop in the abortion rate of 4.4 abortions per 1,000 women of reproductive age (from 21.3 to 16.9). Delaware's abortion ratio, measuring the number of abortions per 1,000 live births, took a dive as well. It decreased by 46 – from 327 per 1,000 in 2012 to 281 per 1,000 in 2013.

Delaware was perhaps the most dramatic drop, but it was not the only one. Hawaii's abortion rate dropped 3.3 and its ratio dropped 45. Nevada's abortion rate went from 13 to 10.9, and its abortion ratio from 207 to 173. Connecticut's rate dropped by 2 per 1,000 for women of child-bearing age and its abortion ratio dropped by 34.

Why the Falling Numbers?

Determining why these drops happened in a particular state is complicated. Some of the states seeing big drops passed legislation, others did not. Perhaps some had better pro-life outreach than others. A big clinic may have closed or a high volume abortionist may have retired.

Several states passed laws protecting pain-capable unborn children from abortion in 2012 and 2013. Others passed bans on sex-selection abortion. States have attempted to redirect funding from Planned Parenthood, the nation's largest abortion performer.

Some of the state declines may have been in direct response to some of this legislation and the debate surrounding its passage, some may have been the cumulative effect of pro-life laws such as parental involvement and right to know legislation passed years earlier.

Something important to keep in mind that is often overlooked: The impact of legislation, however, is not necessarily limited to the state where the law is debated and passed. In many states, the nearest clinic is just across the border in a neighboring state, and the radio, television, and newspapers may be centered there as well.

Given modern social media, even a story from a state halfway across the country may show up in one's news feed, provoking thought and research about the skills, motives, and integrity of the local abortion "provider" (think of convicted murderer Kermit Gosnell, who plied his sick trade in Pennsylvania, Delaware, and Louisiana). The same internet that gives women information about the filthy conditions at their local abortion clinic may also expose them to positive life-affirming alternatives to abortion.

The closure of one large abortion mill can have a huge impact on a multi-state area. In Guttmacher's last abortion report, nearly all of the drop of the approximately 150,000 abortions that occurred between 2008 and 2011 was recorded in clinics that performed a thousand or more abortions a year. About half of that occurred at clinics performing 5,000 or more abortions a year.

Whether a clinic closed due to scandal (like Gosnell's), government funding cuts or clinic safety regulations, decreased demand, or simply the retirement of an old abortionist may not be as relevant as the fact that the clinic closed and stopped its marketing and performance of abortion.

Some of these factors likely played a role in several of these states, but the broad-based nature of the decline is an indicator of continued movement in the pro-life direction. The "product" simply isn't selling as well any more. Even with the new packaging of the abortion pill, many women are rejecting the abortion "solution," and either taking steps to prevent pregnancy (abstinence or birth control) or choosing to have their babies if they become pregnant.

These latest numbers from the CDC are confirmation that America is moving, perhaps even accelerating, towards a culture more hospitable to unborn life.

The Demographics Behind the CDC Decline

When looking at abortion statistics in the aggregate, it is easy to miss the trees for the forest. We know from the CDC's reporting that there was a 5% drop in the total number of abortions, abortion rates, and abortion ratios from 2012. But other data released by CDC breaks out those numbers, telling us about the age, race, ethnicity, marital status of aborting women, as well as the timing of their abortions and the method they used.

This yields an illuminating profile. The contrast between these demographics and the CDC's abortion demographics from 15 years ago gives us not just a sense of how that profile has been changing, but also some idea of where pro-lifers have had their most effective impact and where there is more work to be done.

Age: From Younger to Older Women

More than half of the abortions recorded by the CDC by age in 2013 were to women in their 20s. Almost exactly a third (32.7%) were performed on women 20-24, while another quarter (25.9%) went to women 25-29.

In 1998 the CDC reported more abortions (884,273) than in 2013 (664,435). But the distribution percentages for this group of women in 1998 is about the same as in this more recent report – 31.4% for women 20-24, 23.2% for those 25-29.

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It is a different story with other age groups. When looked at over the long term, there is strong evidence abortion is shifting from younger women to older age groups.

For example, in 1973, Roe's first year, the CDC found teens (those 19 and under) responsible for 32.7% of all abortions. Twenty-five years later, in 1998, the CDC figure for teens 15-19 was 18.9%.

By 2013, teen abortions (ages 15-19) had fallen to 11.4%. These drops are even more significant when one considers how the overall number of abortions has dropped from about 1.5-1.6 million a year in the 1980s to just over a million as recently as 2011 (Guttmacher).

At the same time, however, the share of abortions procured by women aged 30 and older has increased. Responsible for 16.5% of abortions in 1975, their percentage had increased to 24.6% in 1998 and approached a third (29.6%) in 2013.¹

Marital Status

The vast majority of abortions in the U.S. are performed on single women as they always have been. In 2013, 85.2% of aborting women were unmarried. This figure for unmarried women is only a little higher than it was fifteen years earlier in the CDC's 1998 study, when 78.9% were unmarried, 18.4% married, and 2.7% unknown. That was similar to what the CDC found in 1984, when 78% were unmarried. Even as far back as 1975, more than seven in 10 (72.7%) were unmarried.

These figures show us that while the abortion demographic is increasingly older (but smaller – numbers shrink for all groups when there are huge overall drops), unmarried women still overwhelmingly have most of the abortions.

Gestational Age and Abortion Method

Increasingly, abortions are occurring on babies earlier in gestation. According to the CDC's 2013 report, 66% were performed at 8 weeks gestation or earlier. This is specified in many states as being calculated from the woman's last menstrual period (LMP), though in some states it is based on the clinician's estimate.

An additional 25.6% of the abortions occurred between weeks 9 and 13, meaning about nine in 10 were performed in the first trimester.

8.4% of abortions were performed at 14 weeks or more, and 1.3% were at 21 weeks or more. However 1.3% means 5,770.

1. The 24.6% share of 1998's abortions to women comes from 13.7% going to women 30-34, 8.2% to women 35-39, and 2.7% to those 40 and up. The 29.6% figure for 2013 adds the 16.8% of abortions to women 30-34, the 9.2% to women 35-39, and the 3.6% to women 40 and older.

Average gestational ages were considerably higher in 1998, and there were also more late abortions. In 1998, 54.6% of abortions were performed at 8 weeks, or earlier, with another 31.7% performed at weeks 9-12 (the breakdowns were different, but comparable).

In 1998, 21% of the abortions were performed at 13 weeks or later. Abortions performed at week 21 and beyond accounted for 4.1% that year.

Leading the trend towards earlier abortions has been the growth of chemical abortions (or “medical abortions,” as abortionists like to call them). There were not many chemical abortions in 1998; RU-486 did not receive U.S. marketing approval until September of 2000.

So called “medical” abortions accounted for just 0.7% of all abortions in 1998, with almost all of the rest (96%) being “suction curettage” and “dilation and evacuation.”

The latest CDC figures for 2013 now show curettage representing 76.5% of abortions. However “medical” abortions now account for 23.4% of the total, with about 95% of these chemical abortions performed at 8 weeks gestation or less.

Race and Ethnicity

Race and ethnicity are tricky elements for the CDC. This is so, not simply because of the political implications, but because racial and ethnic makeup varies greatly from state to state and not every state counts these, counts them the same way, or reports them at all to the CDC.

This makes calculating and tracking the trends of abortion rates and ratios for these groups challenging. So it is not surprising to see race and ethnicity addressed in three different tables in the 2013 study. Each uses slightly different criteria, each presents data from a different number of states, and so each reports slightly different totals, rates, and ratios.²

2. The absence of a large number of states, or large states in particular, presents a problem with any data set, whether it involves the age of aborting women, their marital status, the method of abortion they use, etc. But with race and ethnicity, the particular states included and excluded matter greatly, as these populations vary greatly from state to state.

The absence of Florida or Illinois or Arizona from a data set (missing from all three tables) doesn't simply reduce the amount of data available, but can throw things off simply because of their sizes and their unique racial and ethnic compositions.

This is without even considering the case of California, already problematic for the CDC because it does not report any abortion data to the agency. Here that matters enormously as California has a Hispanic population itself larger than the entire population of 90% of the individual states, seriously threatening to distort calculations of race and ethnicity by its absence.

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ABORTION NUMBERS HIT HISTORIC LOW

Tables that look at race may not fully synchronize with those that look at ethnicity. Tables sorted by race may include significant numbers of Hispanics mixed in with white, black, and “other” populations, and vice versa with those that look at ethnic heritage but do not account for race. What we can say is that women in minority communities continue to have a disproportionate number of abortions.

Table 12 from the CDC report helpfully breaks down figures for both race and ethnicity, but is missing data from nearly half the states. Using data from just 27 states, New York City, and the District of Columbia, the CDC reports 37.3% of abortions going to non-Hispanic whites, 35.6% to non-Hispanic blacks, 8.1% to non-Hispanic “other,” and finally 19% to Hispanics.

In terms of abortion rates, we see the following:

- Non-Hispanic whites: 7.2 per 1,000 women of reproductive age
- Hispanics: 13.8 per 1,000 women of reproductive age
- Non-Hispanic “others”: 15 per 1,000 women of reproductive age (including Asians, Native Americans, Pacific Islanders)
- Non-Hispanic Blacks: 27 per 1,000 women of reproductive age

Abortion ratios break down this way:

- Non-Hispanic Whites: 121 abortions for every 1,000 live births
- Hispanics: 178 per 1,000 live births
- Non-Hispanic “others”: 242 per 1,000 live births
- Non-Hispanic Blacks: 420 per 1,000 live births

Though their numbers have decreased greatly, blacks continue to have the highest abortion rates and ratios and to account for the most abortions as a minority group.

Hispanics now account for a greater percentage of the nation’s abortions that they did 15 years ago, but this is likely a function of their growing population rather than increased rates. Comparing data from 1998 with 2013 is difficult because of the shifting number of states and different ways of recording race and ethnicity. That said, abortion rates and ratios were down more than 30% for Hispanics even while the overall number of abortions stayed about even.

This sort of odd statistical aberration can happen when your ethnic group’s population increases by nearly 50% in just 16 years – Hispanics were 11.4% of the population in 1998, but were estimated to be 17% as of 2014.

The take home message is that pro-life work has been generally effective, but there is a greater need for it in minority areas, that is, where years of abortion have devastated the black community, and among the rapidly growing Hispanic community. The abortion industry has recognized this and aimed its marketing campaigns at these communities, and pro-lifers need to be prepared to provide counter programming.

Previous Abortions

As has been the case for many years, close to half (45%) of all women having abortions in 2013 reported having at least one prior abortion. More than 20% reported at least two. Nearly one in every 11 (8.8%) reported having three previous abortions or more.

Tragically, this is hardly a new development. The percentage repeat abortions had already climbed to around 37.6% in 1984 and hit 45% by 1998.

Previous Births

Six in 10 (59.7%) women in the CDC's survey reported having already given birth to at least one child. Already at 42.9% by 1984, the percentage of aborting women who had already given birth rose to 57.2% by 1998. The figure has hovered around 60% from 2000 forward.

Given what we know about declining teen abortions, this information tells us that the dominant image of the young, frightened teen turning to abortion to conceal her first pregnancy may be somewhat dated. While not married, many of these women are older and already have children. And many have aborted before.

Maternal Mortality

Women in America still die from legal abortion—something you are not likely to hear from the mainstream media and surely not information you're likely to hear advertised at your local Planned Parenthood clinic.

Though the CDC's data on abortion mortality (maternal mortality, strictly speaking, since the mortality rate for abortion is nearly 100% for the unborn child) is always an extra year behind, the latest report shows four women dying from legal abortions in 2012.

It is interesting to note that while the abortion industry continually defends the safety of abortion, case fatality rates have actually gone up and the number of maternal deaths have now gone over a hundred since RU486 went on the market in the U.S. in 2000.

Given the many reasons an abortion may not show up on a woman's death certificate (there may be no place to note it, the immediate cause may be an infection brought on by the abortion, families may not wish such information to be public, etc.), that even this many have been noted is both surprising and concerning.

If anything, it may be an indication that the "new" methods of abortion are even more dangerous than the old ones.

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Conclusion: An Emerging Portrait

The latest CDC demographic data tell us that the woman who aborts today is more likely to be an unmarried minority, a twenty-something who already has at least one child. Chances are she will have her abortion at 8 weeks gestation or less and she is increasingly likely to turn to a chemical method.

These are critical factors to keep in mind when developing a legislative, educational, or outreach strategy. Other surveys have told us that women often turn to abortion because they simply don't see any other options. Measures that not only make women aware of but help create and provide realistic alternatives to abortion may be one very effective means of saving lives.

It is not just individuals, but whole families and entire communities that have been corrupted and destroyed by abortion. We have made a dent in the juggernaut by years of standing for life, but there is still a long ways to go.

PLANNED PARENTHOOD'S BILLION-DOLLAR EMPIRE: Wealthiest Supporters

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



In the early days, the wealthy elite funded Planned Parenthood's efforts to halt the "breeding" of the lower classes. Tax forms made available in 2016 by foundations of some of the nation's wealthiest families show that, rather than waning, that interest has grown, now helping to fund not only Planned Parenthood, but also a worldwide abortion empire.

According to its most recent annual report, budget figures for the fiscal year ending June 30, 2015, show that Planned Parenthood Federation of America (PPFA) took in \$353.5 million in "private contributions and bequests." That on top of the \$553.7 million PPFA gets from taxpayers, and the \$309.2 million it receives from customers in "non-government health services revenue."

Planned Parenthood tells us that these private contributions represent 518,000 active individual contributors. However this masks the fact that there are a handful of donors providing a huge portion of the group's funding.

Warren Buffett's foundation is by far the largest contributor—over \$70 million in one year alone!

The Packard Foundation and Soros' Open Society Institute

According to their 2013 Form 990 PF, the David and Lucille Packard Foundation, run by the heirs of one of the founders of printer manufacturer Hewlett Packard, gave the Planned Parenthood Federation of America \$455,000 for "Population and Reproductive Health."

Individual Planned Parenthood affiliates were recipients of the Packard Foundation's largesse as well. Planned Parenthood Gulf Coast, one of those featured prominently in recent videos on fetal parts sales from the Center for Medical Progress, received \$250,000. The California Planned Parenthood Education Fund received \$170,000, also for "Population and Reproductive Health."

The International Planned Parenthood Federation, of which PPFA is a member, received \$150,000 from the Packard Foundation for these purposes.

The Guttmacher Institute, an independent agency that was once a special research affiliate of Planned Parenthood, got \$2,820,000 for "Population and Reproductive Health" from the David and Lucille Packard Foundation, and an additional \$75,000 for "Organizational Effectiveness and Philanthropy."

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George Soros and his Open Society Institute (OSI) have also been major players. Soros' group is supposed to have given around a million dollars to support the promotion of RU486 after it received marketing approval from the U.S. Food & Drug Administration in 2000 (*Wall Street Journal*, November 14, 2000.) (The Packard Foundation loaned the distributor \$10 million in 1998 to help make it available, according to the September 30, 2000, *New York Times*, and has continued supporting abortion and its leading U.S. performer.)

On the Open Society Institute's 2013 Form 990 PF, the most recent available, OSI gave PPFA \$1,650,000 "to address health disparities in the south and southeast regions of the United States by building health centers and other infrastructure that is key to expanding access to critical reproductive health services." In case one needs reminding, a key issue in the "south and southeast regions of the United States" in 2013 was the passage of protective pro-life laws by the Texas legislature.

Buffett the Big Abortion Backer

When it comes to giving to Planned Parenthood and abortion-related causes, no one holds a candle to Warren Buffett.

Through the Susan Thompson Buffett Foundation, named for the multi-billionaire investor's late wife, Buffett has contributed millions to promote abortion here and around the world. In its 2014 Form 990 PF, the Buffett Foundation gave a total of \$40,620,507 to PPFA for "project support." That's \$40.6 million, if you thought you missed a decimal point.

It gave an additional \$13,472,258 to various Planned Parenthood affiliates across the United States.

That wasn't all. International Planned Parenthood received \$9,669,606 and the Guttmacher Institute received \$3,709,208.

Planned Parenthood's political action committee, committed to electing pro-abortion candidates, got a cool \$7,250,000 from Buffett's foundation.

That's over \$70 million to Planned Parenthood related entities in just one year's time. This was not a unique, one-time occurrence. Form 990s from previous years show similar or even higher totals going to PPFA and related organizations (\$48.6 million to PPFA alone in 2013).

Other national and international abortion backers were also the beneficiaries of Buffett's "generosity." IPAS, international sellers and promoters of manual vacuum aspiration (a large hand-operated vacuum syringe for abortions in areas without electricity) received \$26,670,418. Marie Stopes International (MSI) performs abortion in countries all over the world. The U.S. affiliate of MSI received \$27,988,937 from Buffett to support its projects.

Others receiving large gifts from Buffett in 2014 include Population Services International (\$45.4 million), the National Abortion Federation Hotline (\$25.4 million), Catholics for Choice (\$3 million), the Center for Reproductive Rights (\$2.5 million), Population Council (\$2.1 million), Gynuity (promoter of chemical abortions worldwide, \$2 million) and abortion promoting newsblog, RH Reality Check (renamed “Rewire,” \$2.6 million).

Smaller, but still substantial gifts went to the Feminist Majority (\$300,326), Medical Students for Choice (\$450,212), the National Abortion Federation (\$500,399), NARAL Pro-Choice America (\$751,636, though individual NARAL state foundations together received an additional million dollars), the Family Planning Association of Maine (which just this year added webcam abortion, \$301,326), and Whole Woman’s Health (the clinic chain that brought the challenge to Texas’ HB2 abortion law, \$891,159).

Somewhat suspicious gifts (all given for vague “project support”) went to the long time medical defenders of abortion, the American College of Obstetricians & Gynecologists (\$359,033), the Board of Regents of the University of Texas (which launched the Texas Policy Evaluation Project in Austin in 2011 to develop data against abortion legislation, \$2,024,449), and more than \$13 million to the University of California – San Francisco, long established as America’s “abortion academy.”

New Money, Old Patterns

The concern that drove corporate titans to invest in and promote groups like Planned Parenthood in the 1950s and 1960s does not seem to have abated. As recently as 2009, several of the richest and most powerful people in America got together, at Bill Gates’ request, to discuss solutions to some of the world’s most pressing problems. Chief among them? Overpopulation (“Billionaire club in bid to curb overpopulation” *London Sunday Times*, May 24, 2009).

Members of that group that met included David Rockefeller Jr., Warren Buffett, George Soros, Michael Bloomberg, Ted Turner, and Oprah Winfrey.

Tax forms show that key members of this group have put their money where mouths are. The Media Research Center (MRC) says that Buffett donated more than \$1.2 billion to pro-abortion causes worldwide from 2001 to 2012, with Planned Parenthood the recipient of \$289 million.

MRC points out that years ago, Warren’s daughter Susie told the Chronicle of Philanthropy (November 13, 1997) that her father has always believed that population control was “the biggest and most important issue.” And Roger Lowenstein said in his 1995 biography that Buffet had “a Malthusian dread that overpopulation would aggravate problems in all other areas—such as food, housing, even human survival.”

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Packard wrote a letter to his kids before he died instructing them to spend his fortune on conservation, science, and the arts. According to a 1998 article in the Wall Street Journal, Packard declared that the foundation's highest priority "must be to reduce world-wide population growth. Whether that meant supporting family-planning clinics or abortion rights, he wrote, trustees should have the courage to proceed." Sadly, it is clear that his children have followed through with his wishes.

While Soros did not give as much to Planned Parenthood as Buffet, he is making his mark in other ways. According to Politico (July 27, 2016), he committed to give long time friend Hillary Clinton and other Democrat candidates and causes more than \$25 million.

In the end, no amount of noble sounding rhetoric about how money will be used to rid the world of poverty, disease, hunger will be able to mask to whom the money is going and the purposes for which it will be used. The best spin money can buy cannot mask the reality of what abortion is and what it does to not just a mother and her unborn child, but how it destroys an economy and a nation.

In the meantime, the hundreds of millions this enormously wealthy handful of individuals and foundations give to abortion promoting and performing groups will, for now, keep them operating, help them to get out their messages, and fund their political candidates.

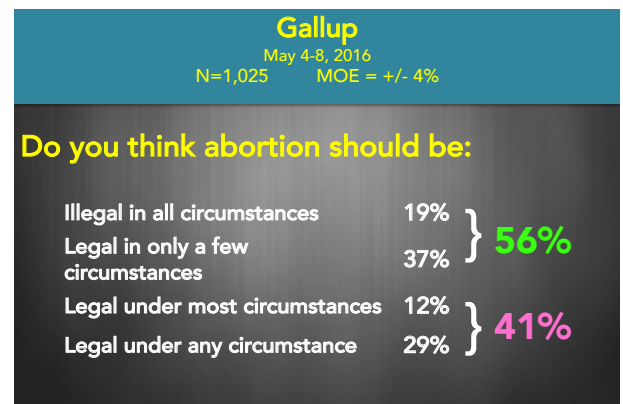
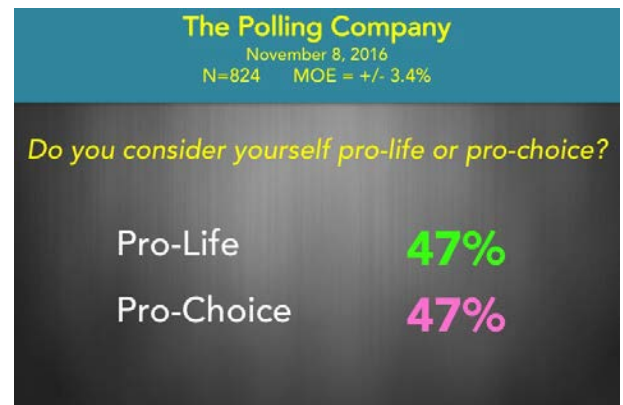
PUBLIC OPINION POLLING AND ABORTION: A Continuing Pro-Life Majority



For the better part of almost three decades, public opinion polling has consistently shown a solid majority of Americans are opposed to the vast majority of elective abortions performed annually in the United States.

However, this is often overlooked because media reports often tend to rely on a single question that requires 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.” In May 2012, 50% of Americans identified as “pro-life.” A November 2016 poll conducted by The Polling Company found both “pro-life” and “pro-choice” respondents equal at 47%.



It is not unusual for this question to yield parity between the answers, but more likely a slight plurality or majority has been found. However, this question doesn’t tell the whole story about American opinions on abortion.

More revealing is a question that asks respondents when they feel abortion should be illegal or legal. This question comes closer to revealing American attitudes toward *Roe* and *Doe*’s regime of unrestricted abortion. A Gallup poll from May 2016 found that only 29% agree with that position (legal under any circumstances), while 56% feel abortion should not be legal at all or legal in only a few circumstances.

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PUBLIC OPINION POLLING AND ABORTION



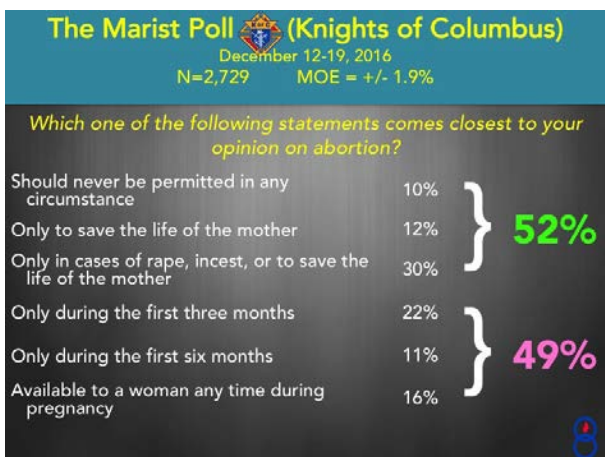
A similar poll released by CNN in March 2016 found virtually identical results. That poll also found that only 29% agree with that position (legal under any circumstances), while 54% feel abortion should not be legal at all or legal in only a few circumstances.

The data found by Gallup and others, track with similar findings in polling conducted for National Right to Life over the past two and a 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.”*



A December 2016 Marist Poll commissioned by the Knights of Columbus asked a similar question. Only 16% said their position—legal for any reason at any time during a woman’s pregnancy—matched the *Roe* and *Doe* doctrine. And only another 11% would allow abortion through the first six months of pregnancy. Thus, at most, 27% supported the effect of *Roe v. Wade*. Another 22% would allow abortion but restrict it to the first trimester. A total of 52% 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.

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.

What is even more telling is how this significant public opposition to abortion plays out in the nation's elections.

In 2016, Gallup asked respondents about how important a candidate's views on abortion were when determining their vote. One in five (20%) said a candidate for public office must share their views on abortion. Of pro-life respondents to the Gallup poll, 23% said a candidate must share their views on abortion, while only 17% of pro-choice respondents said a candidate's view on abortion must match their own.

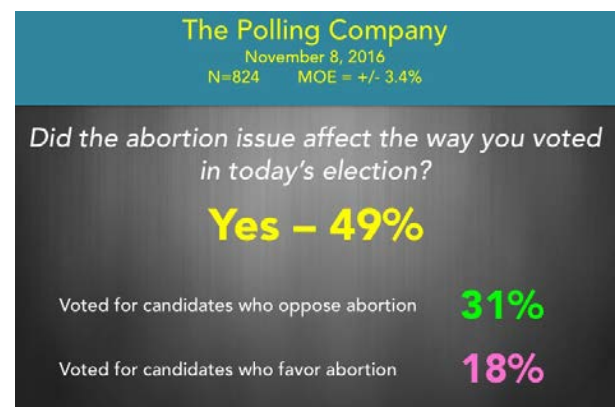
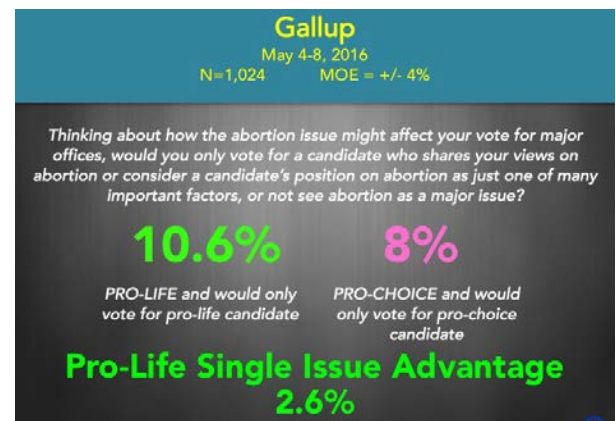
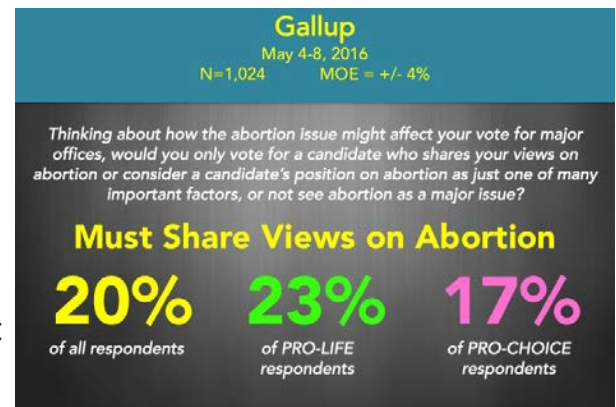
Digging deeper into the Gallup data that pro-life voters were more likely to vote only for pro-life candidates. Nearly 11% of respondents were pro-life and would only vote for pro-life candidates, compared to just 8% who were pro-choice and would only vote for pro-choice candidates, yielding a nearly 3% pro-life, single issue advantage for pro-life candidates.

Six months later, when Americans went to the polls, The Polling Company found that nearly half (49%) of voters said the abortion issue affected the way they voted. Fully 31% voted for pro-life candidates, compared to just 18% who voted for candidates who oppose abortion. In total, pro-life candidates, including pro-life Republican presidential candidate Donald J. Trump, enjoyed a 13% advantage over their pro-abortion opponents.

A significant reason for this pro-life advantage can be traced to National Right to Life's political outreach to pro-life voters in election after election. National Right to Life has two political committees: the National Right to Life Political Action Committee (NRL PAC), which has been involved in every election since Ronald Reagan's victory in 1980, and the National Right to Life Victory Fund, an independent expenditure political committee formed in 2012.

In the previous five elections (2004-2014), between 22% and 29% of voters recalled hearing or seeing information or advertising about pro-life candidates from National Right to Life.

During the 2016 presidential election, National Right to Life's political committees were heavily involved in the campaign, and 29% of voters recalled hearing, seeing, or receiving something



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National Right to Life Election Activities Voter Recall: 2004-2014

As you know, there were a number of groups and organizations that actively supported various political candidates or causes in the election. Do you recall hearing or seeing advertising, receiving any information in the mail, receiving any literature, or receiving a telephone call from National Right to Life?

		YES
2004	Wirthin Worldwide	22%
2008	Heart and Mind Strategies	26%
2010	The Polling Company	24%
2012	The Polling Company	27%
2014	The Polling Company	28%

from National Right to Life on behalf of pro-life candidates. As a result of this voting trend, and the involvement of National Right to Life's political committees, Donald J. Trump was sworn in as the 45th president and the 115th Congress has pro-life Republican majorities in both chambers, and pro-life majorities were elected in several state legislatures as well. In turn, these elected officials have been working 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*.

The Polling Company

November 8, 2016
N=824 MOE = +/- 3.4%

Do you recall hearing or seeing any advertising, receiving any information in the mail, receiving any literature, or receiving a telephone call from the National Right to Life?

Yes – 29%

One such proposal is National Right to Life's 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. The Marist poll for the Knights of Columbus found that 59% of Americans support such legislation, while 35% oppose it.

The Marist Poll (Knights of Columbus)

December 12-19, 2016
N=2,729 MOE = +/- 1.9%

Support or oppose using tax dollars to pay for a woman's abortion

Oppose	61%
Support	35%

Marist also asked respondents about their opinion on taxpayer funding of abortions and using federal funds to support abortion overseas. Sixty-one percent of Americans oppose using tax dollars to pay for abortion domestically, compared with 35% who support it. An overwhelming 83% oppose using tax dollars to support abortion in other countries.

The Marist Poll (Knights of Columbus)

December 12-19, 2016
N=2,729 MOE = +/- 1.9%

Support or oppose using tax dollars to support abortion in other countries

Oppose	83%
Support	14%

As discussed later in this report, during the terms of Republican presidents Ronald Reagan, George H.W. Bush, and George W. Bush, funding of such abortion-promoting international organizations was curbed by executive actions, but the Obama Administration removed such barriers and has actively promoted expansion of abortion access around the world. On January 23, 2017, President Donald Trump issued an executive directive which began the process of dismantling the Obama directives and restoring a pro-life policy as applied to U.S. foreign aid.

FEDERAL POLICY AND ABORTION: A SYNOPSIS



Overview

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.

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 saved on the order of two million lives. Conversely, certain provisions of Obamacare, unless repealed, are likely to 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 play a pivotal if indirect role in determining abortion policy, through confirmation or rejection of nominees to the U.S. Supreme Court and the circuit courts of appeals.

Forty-four 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. Abortion performed with consent of the mother by any other method, up to the moment of birth, does not violate any federal law.

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FEDERAL POLICY AND ABORTION

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.” Much stronger federal protection would be provided by the Born-Alive Abortion Survivors Protection Act, legislation sponsored by Congressman Trent Franks (R-Az.) and Senator Ben Sasse (R-Ne.), which passed the House of Representatives in 2015 on a near-party-line vote of 248-177 but died without a vote in the Senate. The bill has already been re-introduced in the 115th Congress (H.R. 37, S. 220). This legislation would enact an explicit requirement that a baby born alive during an abortion must be afforded “the same degree” of care that would apply “to any other child born alive at the same gestational age,” including transportation to a hospital, and applies the existing penalties of 18 U.S.C. § 1111 (the federal murder statute) to anyone who performs “an overt act that kills [such] a child born alive.”

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. For example, 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/)

Pro-abortion advocacy groups have periodically campaigned for enactment of federal “abortion rights” statutes (e.g., the “Freedom of Choice Act” and more recently 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 severely undermined enforcement of those laws and pursued various 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.” Eventually the Court stepped back somewhat from this approach, tolerating some types of state regulations on abortion, while continuing to deny legislative bodies the right to place “undue burdens” on abortion prior to “viability.” In *Gonzales v. Carhart* (2007), a five-justice majority upheld the federal Partial-Birth Abortion Ban Act, which placed a prohibition on use of a specific abortion method either before or after “viability.” However, in its 2016 ruling in *Whole Women’s Health v. Hellerstedt*, the Court declared unconstitutional

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Texas laws requiring abortion clinics to meet surgical-center standards, and requiring abortionists to have admitting privileges at a hospital within 30 miles. The majority ruled that these requirements constituted an “undue burden” on access to pre-viability abortions. In his dissent, Justice Clarence Thomas wrote, “[T]he majority’s undue-burden balancing approach risks ruling out even minor, previous valid infringements on access to abortion.” Whether the Court continues to enforce this hard-line hostility to limitations on abortion will depend on the jurisprudential approach held by the jurists who are nominated and confirmed to the seat left vacant by the February 2016 death of Justice Antonin Scalia and to other seats likely to become vacant within the next four years.

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 sharply deviated from this longstanding policy. While the President repeatedly claimed that his legislation would not allow “federal funds” to pay for abortions, a claim reiterated in 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 would not really constitute “federal funding” of abortion because a “separate payment” would be required to cover the costs of the abortion coverage. National Right to Life and other pro-life groups dismissed this requirement as nothing more than an exercise in deceptive re-labeling, and as a “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 later became evident that the Obama Administration ignored the two-payment requirement in the law – a development that few journalists or “factcheckers” took 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. Muskett, J.D., December 9, 2013, www.nationalrighttolifeneews.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

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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/)

The No Taxpayer Funding for Abortion Act (H.R. 7, S. 184) 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, 2014, and 2015, but it has yet to be voted on in the U.S. Senate. On January 24, 2017, the House again passed the measure, 238-183.

On January 6, 2016, the House of Representatives gave final approval to legislation (the budget reconciliation bill, H.R. 3762), earlier approved by the Senate, that would repeal many provisions of Obamacare, including the program that provides the tax-based subsidies to plans that cover elective abortion. However, on January 8, 2016, President Obama vetoed the bill, and the veto was sustained. Renewed action on similar legislation is anticipated early in 2017.

During 2013, the Obama Administration interpreted a different 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 Obama White House) went 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 continues to prohibit inclusion of abortion coverage in the health plans of over 8 million federal employees and dependents—a limitation that does not 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

Federal Subsidies for Abortion Providers

Despite the laws already described that are intended to prevent federal funding of elective abortion, many organizations that provide and actively promote abortion receive large amounts of federal funding from various health programs. For example, the Planned Parenthood Federation of America (PPFA), which provides more than one-third of all abortions within the United States, also receives approximately \$450 million a year in federal funding from various programs, of which Medicaid is the largest. Pro-life forces in Congress have made repeated

attempts to enact a new law to deny PPFA eligibility for federal funds. In December, 2015, the Senate for the first time passed legislation (H.R. 3762) that would disqualify PPFA from receiving funds under Medicaid and certain other federal programs, and the House gave final approval to this legislation on January 6, 2016. However, as noted above, President Obama vetoed this bill on January 8, 2016, and the veto was sustained. Renewed action on similar legislation is anticipated early in 2017.

PPFA's status as a major recipient of federal funds drew increased public attention beginning in mid-2015, with the release of a series of undercover videos showing various PPFA-affiliated doctors and executives discussing the harvesting of baby body parts for sale to researchers. After initial probes by several House committees and by the Senate Judiciary Committee, the House Republican leadership created the Special Investigative Panel on Infant Lives, a 14-member committee that probed various aspects of the abortion industry, including trafficking in body parts, and released a report on December 30, 2016.

U.S. funds currently also sustain abortion-promoting organizations overseas, through various foreign aid programs and contributions to U.N.-affiliate agencies such as the United Nations Population Fund. During the terms of Republican presidents Ronald Reagan, George H.W. Bush, and George W. Bush, funding of such abortion-promoting international organizations was curbed by executive actions, but the Obama Administration removed such barriers and has actively promoted expansion of abortion access around the world. On January 23, 2017, President Donald Trump issued an executive directive which began the process of dismantling the Obama directives and restoring a pro-life policy as applied to U.S. foreign aid.

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.

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Study of the Court’s reasoning in *Gonzales* 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. In response to the *Gonzales* ruling, National Right to Life 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 National Right to Life model legislation has now been enacted, with slight variations, in 15 states (see page 40.)

A federal version of the legislation was approved by the U.S. House of Representatives in May, 2015, 242-184; the Obama White House issued a veto threat on the bill. A subsequent attempt to move the House-passed bill to the Senate floor was blocked by a filibuster by Democrat senators; 54 senators voted to advance the bill, and 42 voted to obstruct it. The legislation (H.R. 36) was reintroduced in January, 2017, by Congressman Trent Franks (R-Az.), and renewed legislative action is anticipated. National Right to Life has estimated that there are at least 275 abortion providers performing abortions past the fetal-age point that the federal legislation would allow.

During the 114th Congress, the Dismemberment Abortion Ban Act was introduced in Congress by Congressman Chris Smith (R-N.J.), co-chairman of the Pro-Life Caucus in the U.S. House of Representatives, and Senator James Lankford (R-Ok.) in the Senate. The legislation is based on a model state-level bill developed by National Right to Life, which has been enacted in 6 states—see page 48.) The federal bill would prohibit nationally the performance of “dismemberment abortion,” defined as “with the purpose of causing the death of an unborn child, knowingly dismembering a living unborn child and extracting such unborn child one piece at a time or intact but crushed from the uterus through the use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush or grasp a portion of the unborn child’s body in order to cut or rip it off or crush it.” This prohibition would apply to many applications of the method referred to by abortionists as “dilation and evacuation” (D&E), which currently is the most common second-trimester abortion method, employed starting at about 14 weeks of pregnancy; the method is depicted in a medical illustration here: www.nrlc.org/abortion/pba/deabortiongraphic/

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 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. Various pieces of remedial legislation were proposed during the 114th Congress, including the Conscience Protection Act, sponsored by Rep. Diane Black (R-Tn.) and Sen. James Lankford (R-Ok.), and it is anticipated such legislation will be re-introduced and receive active consideration during the 115th Congress.

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.

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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. The legislation was re-introduced in the 114th Congress and gathered many co-sponsors in both houses, but was the subject of no formal legislative action.

(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 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*.)

Recent Supreme Court Action

In June 2016, the U.S Supreme Court struck two provisions of Texas H.B. 2, an omnibus law originally passed by the Texas legislature and signed by then-Gov. Rick Perry (R) in 2013.

At issue in *Whole Woman’s Health v. Hellerstedt* were two provisions: (1) that abortion clinics meet the same building standards as ambulatory surgical centers (ASCs); and (2) that abortionists have admitting privileges at a nearby hospital for situations of medical emergencies.

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Austin-based U.S. District Judge Lee Yeakel declared the requirements unconstitutional, but was reversed by the U.S. Court of Appeals for the 5th Circuit. It is important to note that pro-abortion groups never challenged the Pain-Capable Unborn Child Protection Act language in HB2. Also not before the justices was a provision that requires the abortionist to be in the same room as the woman receiving the chemical abortifacients (which is not the case with so-called “web-cam” abortions) and that abortionists follow the protocol approved by the FDA for the use of the two-drug “RU-486” abortion technique.

HB2 is best known to outsiders as the bill pro-abortion state Sen. Wendy Davis filibustered in 2013. Although pro-life Gov. Rick Perry quickly called a special session and the bill was signed into law, Davis used the enormous publicity as a springboard to what turned out to be a disastrous campaign to succeed Perry.

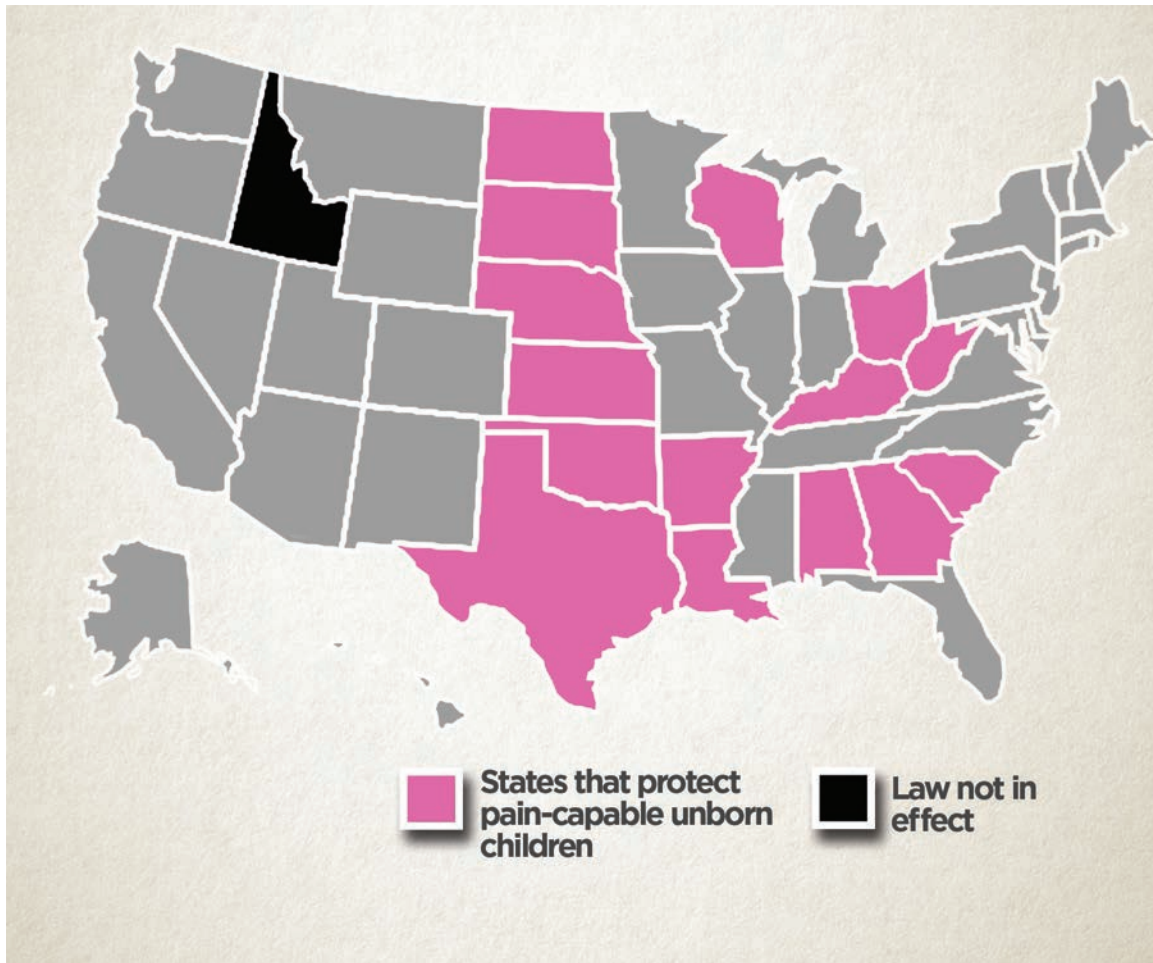
While *Whole Woman’s Health v. Hellerstedt* was considered a loss for the pro-life community, National Right to Life remains focused on its continued efforts to draft legislation that focuses on protecting the vulnerable.

Synopsis of State Laws

The following pages provide a summary of state laws, which highlight several types of key legislation enacted by National Right to Life’s network of state affiliates over the past 25 years. These state laws have certainly had an impact on the abortion numbers, as discussed earlier in this report. Several states, including Kansas, Nebraska, South Carolina, and Wisconsin, can track dramatic decreases in their abortion numbers to the enactment of protective pro-life legislation.

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PAIN-CAPABLE UNBORN CHILD PROTECTION ACT



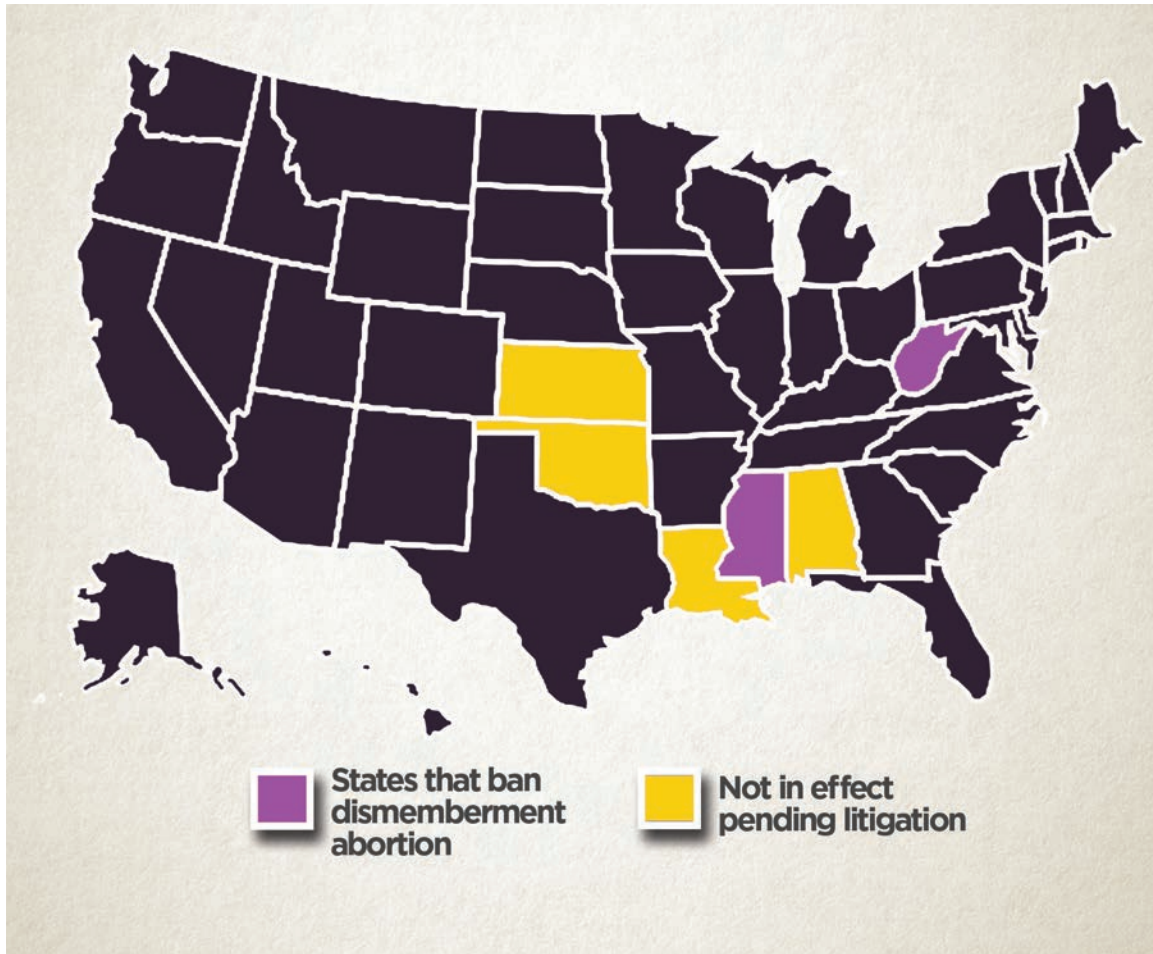
First enacted by the state of Nebraska in 2010, the model Pain-Capable Unborn Child Protection Act, drafted by National Right to Life's Department of State Legislation, is legislation which protects from abortion unborn children who are capable of feeling pain. There has been an explosion in scientific 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, Kentucky, Louisiana, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, West Virginia, and Wisconsin.

*These laws were challenged in court. Idaho is enjoined and Georgia was previously challenged and partially enjoined. This case was later dismissed on the grounds of sovereign immunity. The law is now in effect.

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PROTECTING UNBORN CHILDREN FROM DISMEMBERMENT ABORTION



During the 2015 state legislative session, Kansas* and Oklahoma* became the first two states to enact the Unborn Child Protection from Dismemberment Abortion Act. D&E dismemberment abortions are as brutal as the partial-birth abortion method, which is now illegal in the United States. Four more states (Alabama, Louisiana,* Mississippi, and West Virginia) have enacted laws to protect unborn children from this brutal abortion procedure.

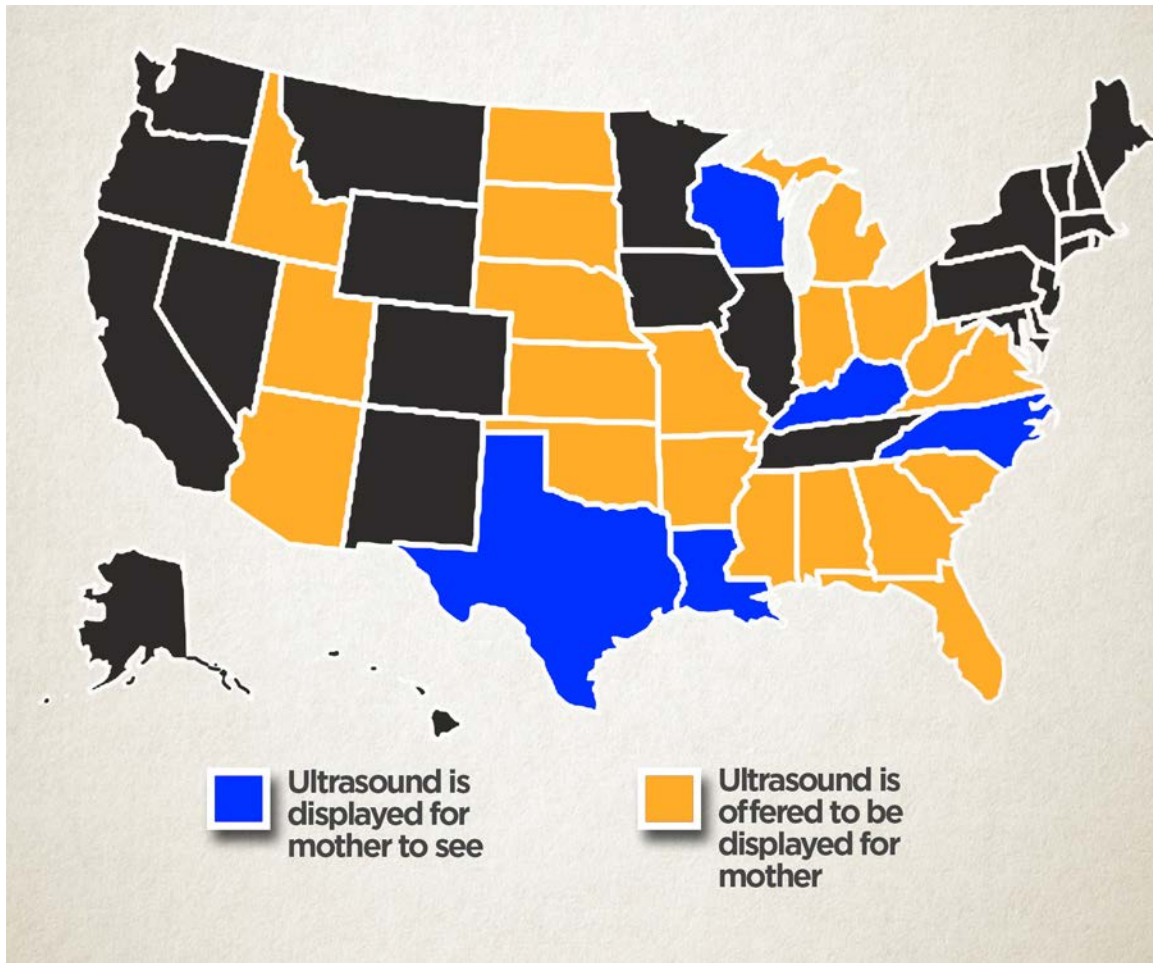
In his dissent to the U.S. Supreme Court's 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in D&E dismemberment abortions, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning 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, they are 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.

*not in effect pending litigation

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A WOMAN'S RIGHT TO KNOW: ULTRASOUND LAWS



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.

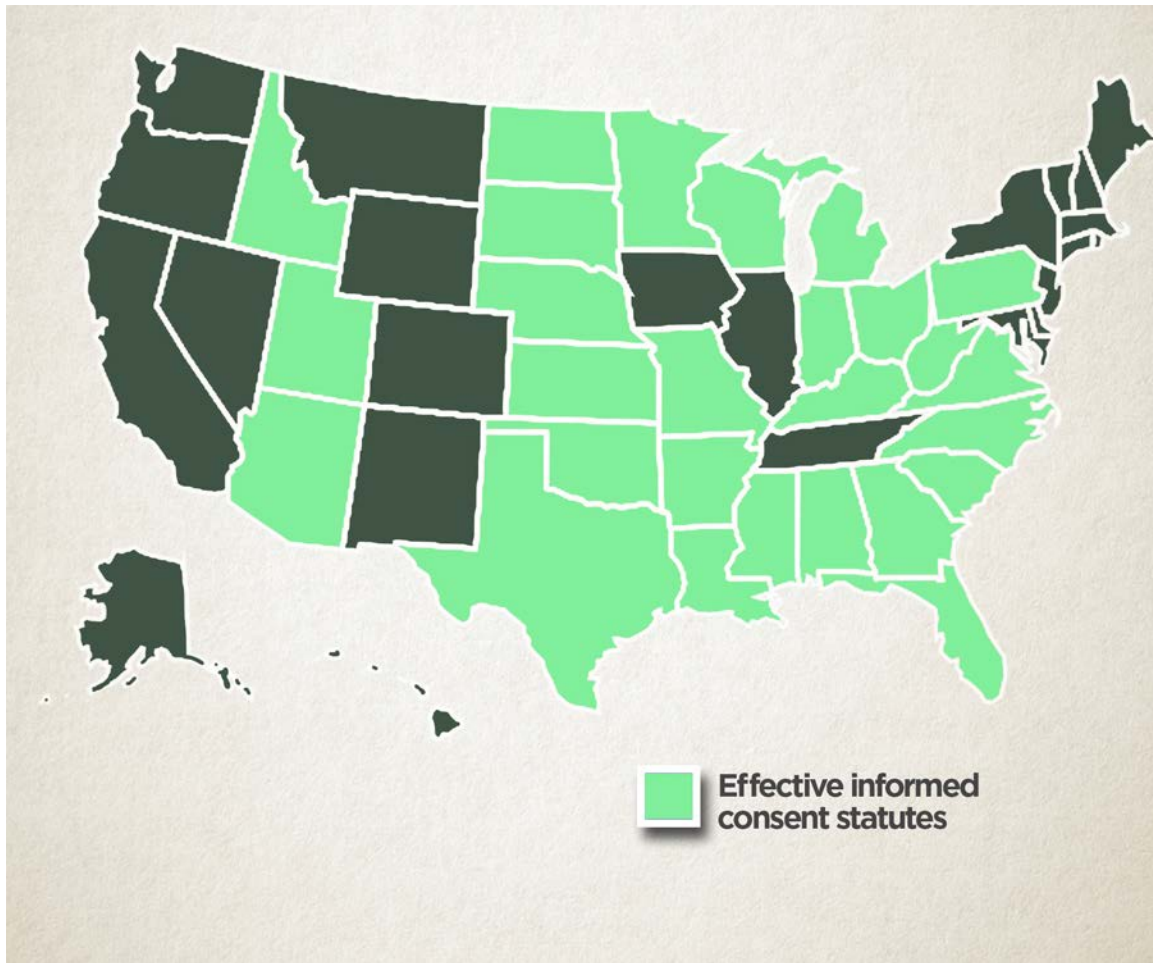
Five states require that an ultrasound be performed prior to an abortion. The screen must be displayed so the mother can view it and a description of the image of the unborn child must be given. They are Kentucky, Louisiana, North Carolina,* Texas, and Wisconsin.

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 enjoined.

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A WOMAN'S RIGHT TO KNOW: INFORMED CONSENT



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.

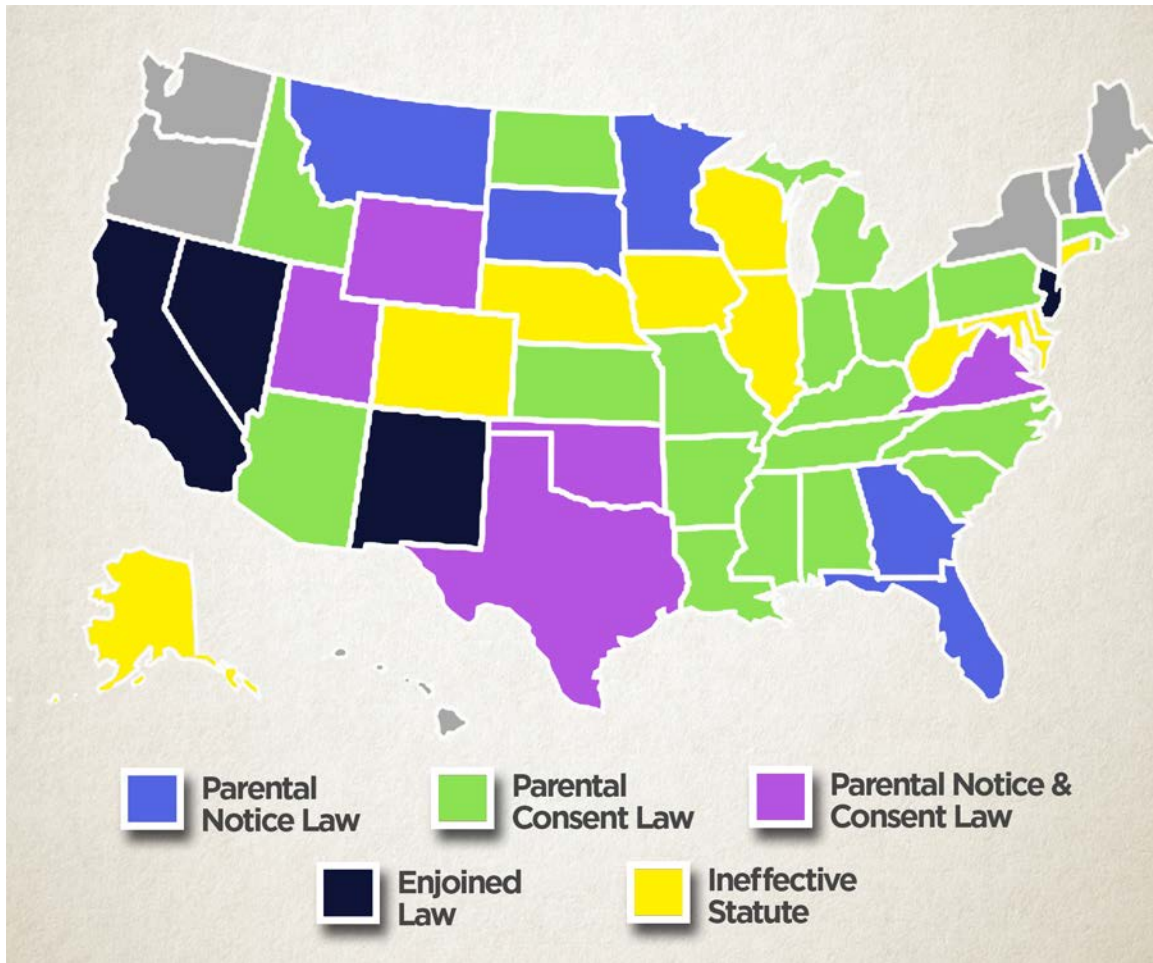
Twenty-seven states* currently have effective informed consent laws in place: Alabama,[^] Arizona, Arkansas, Florida, Georgia, Idaho, Indiana,[^] Kansas, Kentucky, Louisiana,[^] Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania,[^] South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

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PARENTAL INVOLVEMENT LAWS



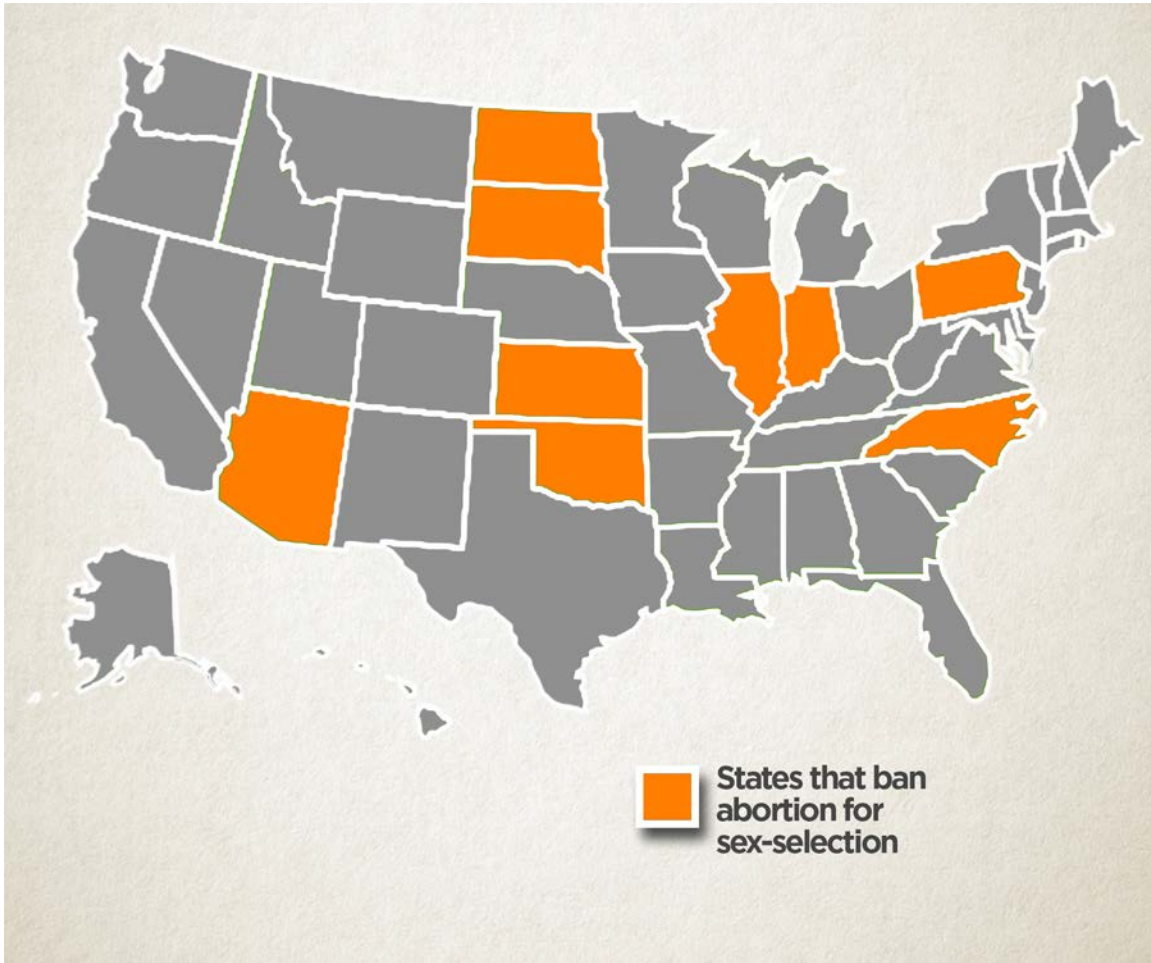
Most parental involvement laws require that abortionists either notify or obtain consent of a parent or guardian before a minor girl has an abortion. Studies show the positive impacts these laws have in significantly reducing the rates of abortion, birth, and pregnancy among minors. Public opinion polls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

Six states have passed parental notice laws, 19 have parental consent laws, five states provide for parental notice and consent, and four states have laws that are enjoined.

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.

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BANS ON ABORTION FOR SEX-SELECTION



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 nine (9) states have enacted laws protecting unborn children who would be aborted solely because of their gender.

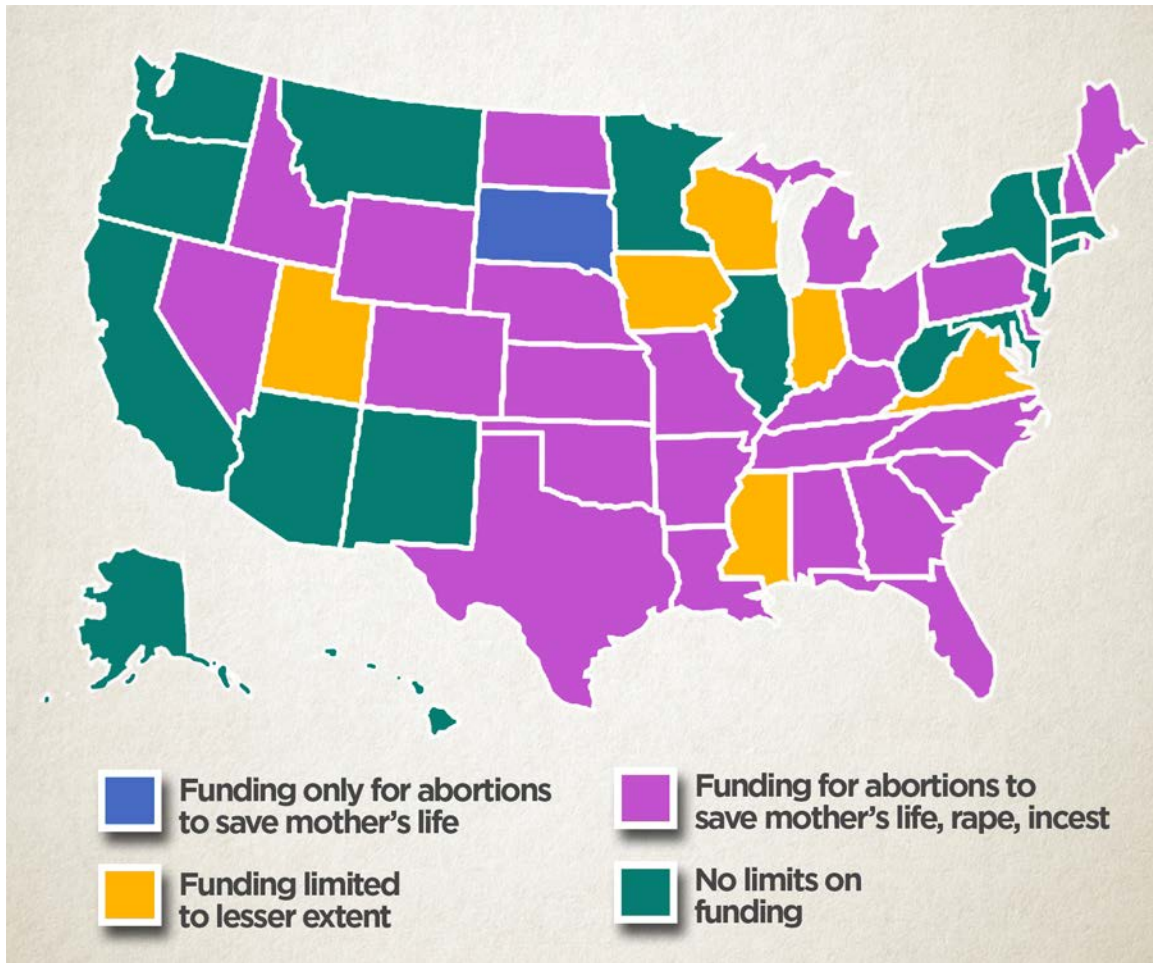
State Laws (in order of enactment)

- Illinois - 1975*
- Pennsylvania - 1982
- Oklahoma - 2010
- Arizona - 2011
- North Dakota - 2013
- Kansas - 2013
- North Carolina - 2013
- South Dakota - 2014
- Indiana - 2016

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

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STATE POLICIES ON PUBLIC FUNDING OF ABORTION



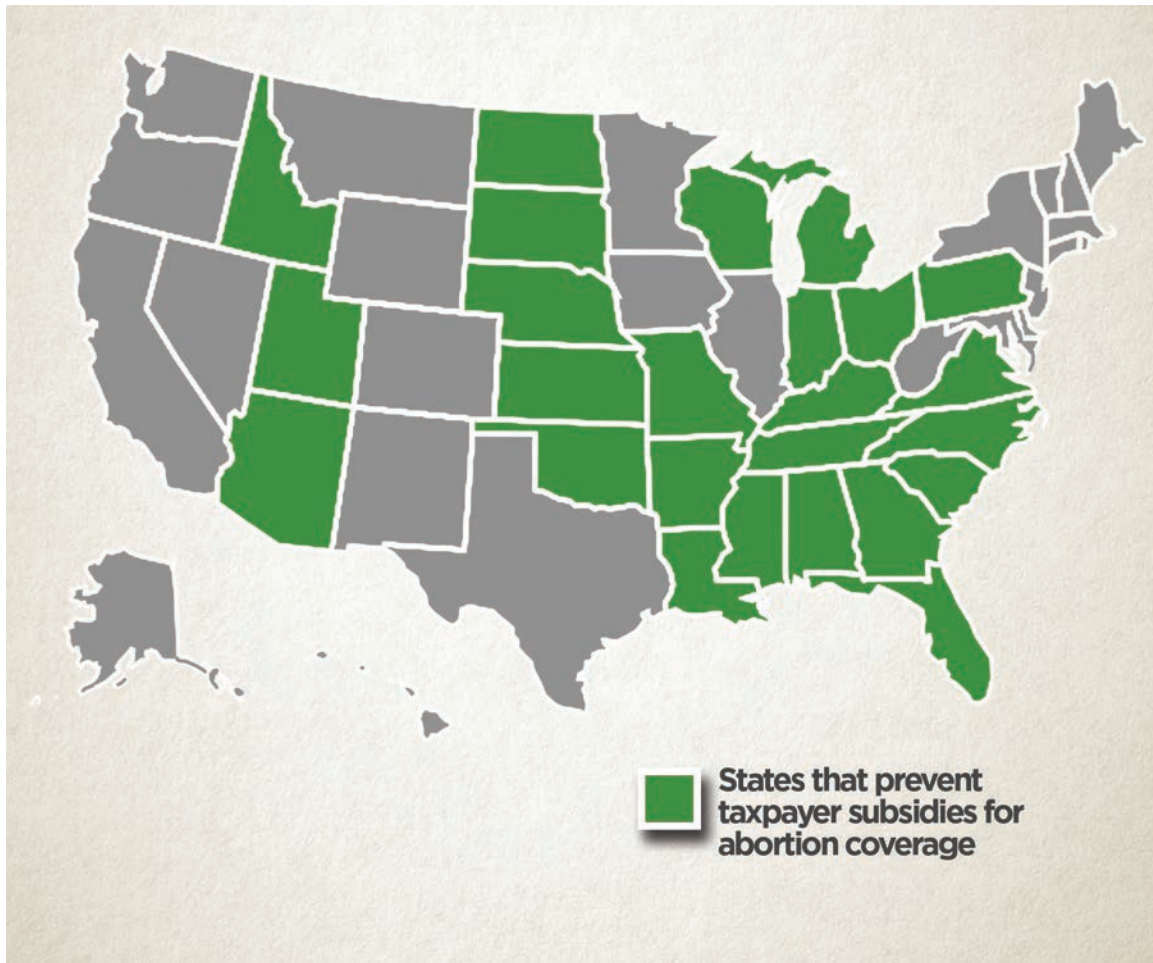
Prior to the enactment of the Hyde Amendment in 1976, the federal government paid for abortions through the Medicaid program. Between 1976 and 1980, the Hyde Amendment was enacted in several different forms. (During part of this period, its enforcement was blocked by federal court orders.) From June 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.

In 1993, Congress changed the Hyde Amendment to allow federal reimbursement for abortions performed in cases of rape and incest, in addition to life-of-mother cases. Some states attempted to continue to exclude coverage of the rape and incest categories, based on their state laws, but the federal courts uniformly ruled against such policies where they were challenged; today only South Dakota limits Medicaid coverage to life-endangerment cases.

Currently, 17 states have no limits on Medicaid funding of abortions (of these, 13 are due to court decisions). Twenty-six (26) states limit funding to cases of life endangerment, rape, and incest; six states limit abortion funding to a lesser extent.

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PREVENTING TAXPAYER SUBSIDIES FOR ABORTION COVERAGE



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 prevent 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.

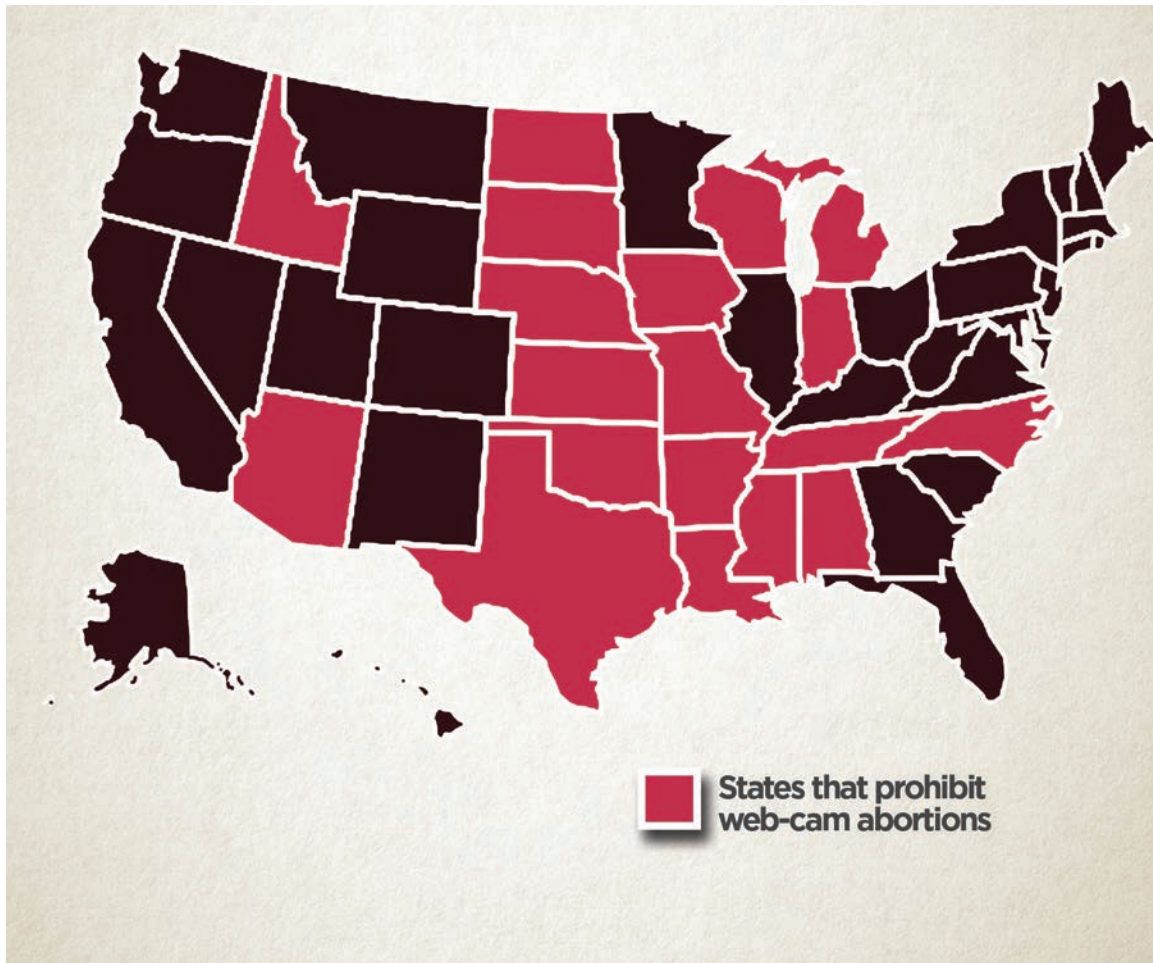
In addition, the following states prohibit elective abortion coverage for plans outside of the health insurance exchange: Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Nebraska, North Dakota, Oklahoma, Pennsylvania, Rhode Island, and Utah.

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.)

THE STATE OF ABORTION IN THE UNITED STATES

WEB-CAM ABORTIONS PROHIBITED



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

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



THE
STATE_{OF}
ABORTION
IN THE UNITED STATES

APPENDIX

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 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.

THE STATE OF ABORTION IN THE UNITED STATES

THE SUPREME COURT AND ABORTION

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

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

***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.

Simopoulous 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 OF ABORTION IN THE UNITED STATES

THE SUPREME COURT AND ABORTION

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.

***Whole Woman's Health v. Hellerstedt* (2016)**

By a vote of 5-4, the Court declared unconstitutional Texas laws requiring abortion clinics to meet surgical-center standards, and requiring abortionists to have admitting privileges at a hospital within 30 miles. The majority ruled that these requirements constituted an "undue burden" on access to pre-viability abortions. In his dissent, Justice Clarence Thomas wrote, "[T]he majority's undue-burden balancing approach risks ruling out even minor, previously valid infringements on access to abortion."



THE PRESIDENTIAL RECORD ON LIFE

President Donald J. Trump 2017-present

“America, when it is at its best, follows a set of rules that have worked since our Founding. One of those rules is that we, as Americans, revere life and have done so since our Founders made it the first, and most important, of our ‘unalienable’ rights.”

-President Donald J. Trump

- **Supreme Court:** During his campaign for the presidency, President Trump repeatedly pledged to nominate pro-life judges to the federal bench and to the U.S. Supreme Court. In October 2016, during an interview on CBS’ “60 Minutes,” he said, “The justices that I’m going to appoint will be pro-life.”
- **Appointments:** President Trump appointed dedicated pro-life supporters to key positions in his administration and cabinet including, among many others: Chief of Staff Reince Priebus; Senior Advisor Kellyanne Conway; Attorney General Jeff Sessions; Secretary of Health and Human Services Tom Price, M.D.; Secretary of Education Betsy DeVos; Secretary of Energy Rick Perry, Secretary of Housing and Urban Development Ben Carson; and United Nations Ambassador Nikki Haley.
- **Health Care Law:** President Trump has pledged that one of his top priorities will be the repeal and replacement of the Affordable Care Act (Obama Care) that has resulted in federal funding of health plans that pay for elective abortion and that will lead to large-scale rationing of lifesaving medical treatments.
- **Funding Abortion Providers:** President Trump has called for legislation to prohibit federal funding from going to Planned Parenthood, the nation’s largest abortion provider. In a September 2016 letter to pro-life leaders, he noted that “I am committed to...defunding Planned Parenthood as long as they continue to perform abortions, and re-allocating their funding to community health centers that provide comprehensive health care for women.”
- **Abortion Funding:** President Trump has pledged to sign the No Taxpayer Funding for Abortion Act, a bill to permanently prohibit any federal program from funding elective abortions. In a September 2016 letter to pro-life leaders, he wrote, “I am committed to making the Hyde Amendment permanent law to protect taxpayers from having to pay for abortions.”
- **International Abortion Advocacy:** On January 23, 2017, President Trump took executive action to reinstate a Reagan-era directive known as the “Mexico City Policy,” which prevents tax funds from being given to organizations that perform or promote abortion overseas.



THE PRESIDENTIAL RECORD ON LIFE

President Barack Obama 2009-2017

On January 22, 2011, the 38th anniversary of the Roe v. Wade Supreme Court ruling that legalized abortion on demand, President Obama issued an official statement heralding Roe as an affirmation of “reproductive freedom,” and pledging, “I am committed to protecting this constitutional right.”

- **Supreme Court:** President Obama appointed pro-abortion advocates Sonia Sotomayor (2009) and Elena Kagan (2010) to the U.S. Supreme Court. Both have consistently voted on the pro-abortion side since joining the Supreme Court.
- **Late Abortions:** President Obama threatened to veto the Pain-Capable Unborn Child Protection Act, a bill to protect unborn children from abortion after 20 weeks fetal age, with certain exceptions.
- **Born-Alive Infants:** President Obama threatened to veto the Born-Alive Abortion Survivors Protection Act (H.R. 3504), a bill to require that a baby born alive during an abortion must be afforded “the same degree” of care that would apply “to any other child born alive at the same gestational age,” and to apply federal murder penalties to anyone who performs “an overt act that kills” such a born-alive child. The White House said such a law “would likely have a chilling effect” on provision of “abortion services.” (September 15, 2015)
- **Sex-Selection Abortion:** In May 2012, the White House announced President Obama’s opposition to a bill (H.R. 3541) to prohibit the use of abortion to kill an unborn child simply because the child is not of the sex desired by the parents. The White House said that the government should not “intrude” on “private family matters.”
- **Embryo-Destroying Research:** By executive order, President Obama opened the door to funding of research that requires the killing of human embryos.
- **Funding Abortion Providers:** In January 2016, President Obama vetoed an entire budget reconciliation bill that would have blocked, for one year, most federal funding of Planned Parenthood, the nation’s largest abortion provider.
- **Health Care Law:** In 2010, President Obama narrowly won enactment of a massive health care law (“ObamaCare”) that has resulted in federal funding of over 1,000 health plans that pay for elective abortion, and opened the door to large-scale rationing of lifesaving medical care. Obama actively worked with pro-abortion members of Congress to prevent effective pro-life language from becoming part of the final law, and has failed to enforce even weak provisions written into the law.
- **Abortion Funding:** The Obama Administration has failed to enforce some long-standing laws restricting federal funding health plans that cover elective abortion, and has threatened vetoes of bills that would strengthen safeguards against federal funding of abortion (such as the No Taxpayer Funding for Abortion Act), on grounds that such limitations interfere with “health care choices.”
- **International Abortion Advocacy:** In 2009, President Obama ordered U.S. funding of private organizations that perform and promote abortion overseas. While serving as his Secretary of State, Hillary Clinton told Congress that the Administration would advocate world-wide that “reproductive health includes access to abortion.”
- **Conscience Protection:** The Obama Administration has engaged in sustained efforts to force health care providers to provide drugs and procedures to which they have moral objections, and has refused to enforce the federal law (Weldon Amendment) that prohibits states from forcing health care providers to participate in providing abortions.



THE PRESIDENTIAL RECORD ON LIFE

President George W. Bush 2001-2009

“The promises of our Declaration of Independence are not just for the strong, the independent, or the healthy. They are for everyone -- including unborn children. We are a society with enough compassion and wealth and love to care for both mothers and their children, to see the promise and potential in every human life.”

-President George W. Bush

- President Bush appointed two justices to the U.S. Supreme Court, Chief Justice John Roberts and Justice Samuel Alito. In 2007 both justices voted to uphold the federal Partial-Birth Abortion Ban Act.
- In 2003, President Bush signed into law the Partial-Birth Abortion Ban Act. When legal challenges were filed to the law, his Administration successfully defended the law and it was upheld by the U.S. Supreme Court.
- President Bush also signed into law several other crucial pro-life measures, including the Unborn Victims of Violence Act, which recognizes unborn children as victims of violent federal crimes; the Born-Alive Infants Protection Act, which affords babies who survive abortions the same legal protections as babies who are spontaneously born prematurely; and legislation to prevent health care providers from being penalized by the federal, state, or local governments for not providing abortions.
- In 2007, President Bush sent congressional Democratic leaders letters in which he said that he would veto any bill that weakened any existing pro-life policy. This strong stance prevented successful attacks on the Hyde Amendment and many other pro-life laws during 2007 and 2008.
- The Administration issued a regulation recognizing an unborn child as a “child” eligible for health services under the State Children’s Health Insurance Program (SCHIP).
- In 2001, President Bush declared that federal funds could not be used for the type of stem cell research that requires the destruction of human embryos. He used his veto twice to prevent enactment of bills that would have overturned this pro-life policy. The types of adult stem cell research that the President promoted, which do not require the killing of human embryos, realized major breakthroughs during his administration.
- The Bush Administration played a key role in the United Nations, in adoption by the UN General Assembly of the historic UN declaration calling on member nations to ban all forms of human cloning (2005), and in including language in the Convention (Treaty) on the Rights of Persons with Disabilities, which protects persons with disabilities from being denied food, water and medical care (2006).
- President Bush strongly advocated a complete ban on human cloning, and helped defeat “clone and kill” legislation.
- President Bush restored and enforced the “Mexico City Policy,” which prevents tax funds from being given to organizations that perform or promote abortion overseas. The President’s veto threats blocked congressional attempts to overturn this policy. The Administration also cut off funding for the United Nations Population Fund, due to that agency’s involvement in China’s compulsory-abortion program.

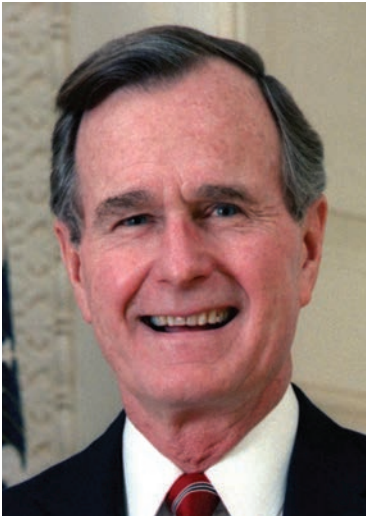


THE PRESIDENTIAL RECORD ON LIFE

President William Clinton 1993-2001

President Bill Clinton said he has “always been pro-choice” and has “never wavered” in his “support for Roe v. Wade.” “I have believed in the rule of Roe v. Wade for 20 years since I used to teach it in law school.”

- President Clinton urged the Supreme Court to uphold *Roe v. Wade*.
- The Clinton Administration endorsed the so-called “Freedom of Choice Act,” (a bill to prohibit states from limiting abortion even if it is overturned). FOCA was defeated in Congress.
- The Clinton Administration urged Congress to make abortion a part of a mandatory national health insurance “benefits package,” forcing all taxpayers to pay for virtually all abortions. The Clinton Health Care legislation died in Congress.
- President Clinton unsuccessfully attempted to repeal the Hyde Amendment, the law that prohibits federal funding of abortion except in rare cases.
- President Clinton twice used his veto to kill legislation that would have placed a national ban on partial-birth abortions.
- President Clinton ordered federally funded family planning clinics to counsel and refer for abortion.
- The Clinton Administration ordered federal funding of experiments using tissue from aborted babies. President Clinton’s appointees proposed using federal funds for research in which human embryos would be killed.
- President Clinton ordered U.S. military facilities to provide abortions.
- President Clinton ordered his appointees to facilitate the introduction of RU-486 in the U.S.
- The Clinton Administration resumed funding to the pro-abortion UNFPA, which participates in management of China’s forced abortion program.
- President Clinton restored U.S. funding to pro-abortion organizations in foreign nations. His administration declared abortion to be a “fundamental right of all women,” and ordered U.S. ambassadors to lobby foreign governments for abortion.
- The Clinton Administration’s representatives to the United Nations and to U.N. meetings worked to establish an international “right” to abortion.



THE PRESIDENTIAL RECORD ON LIFE

President George H.W. Bush 1989-1993

“Since 1973, there have been about 20 million abortions. This a tragedy of shattering proportions.”

*“The Supreme Court’s decision in *Roe v. Wade* was wrongly decided and should be overturned.”*

-President George H.W. Bush

- The Bush Administration urged the Supreme Court to overturn *Roe v. Wade* and allow states to pass laws to protect unborn children, stating “protection of innocent human life -- in or out of the womb -- is certainly the most compelling interest that a State can advance.”
- President Bush opposed the “Freedom of Choice Act,” a bill which, he said, “would impose on all 50 states an unprecedented regime of abortion on demand, going well beyond *Roe v. Wade*.” The President pledged, “It will not become law as long as I am President of the United States.”
- President Bush vowed, “I will veto any legislation that weakens current law or existing regulations” pertaining to abortion. He vetoed 10 bills that contained pro-abortion provisions, including four appropriations bills which allowed for taxpayer funding of abortion.
- President Bush vetoed U.S. funding of the UNFPA, citing the agency’s participation in the management of China’s forced abortion program.
- President Bush strongly defended the “Mexico City Policy,” which cut off U.S. foreign aid funds to private organizations that performed or promoted abortion overseas. Three separate legal challenges to the policy by pro-abortion organizations were defeated by the Administration in federal courts.
- President Bush prohibited 4,000 federally funded family planning clinics from counseling and referring for abortions.
- President Bush steadfastly refused to fund research that encouraged or depended on abortion, including transplantation of tissues harvested from aborted babies.
- The Bush Administration prohibited personal importation of the French abortion pill, RU-486.
- The Bush Administration prohibited the performance of abortion on U.S. military bases, except to save the mother’s life and fought Congressional attempts to reverse this policy.



THE PRESIDENTIAL RECORD ON LIFE

President Ronald Reagan 1981-1989

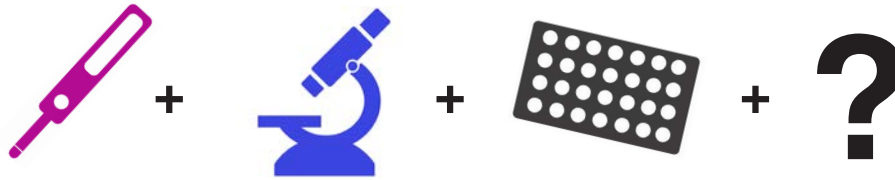
“My administration is dedicated to the preservation of America as a free land, and there is no cause more important for preserving that freedom than affirming the transcendent right to life of all human beings, the right without which no other rights have meaning.”

-President Ronald Reagan

- President Reagan supported legislation to challenge *Roe v. Wade*, the 1973 Supreme Court decision that legalized abortion on demand.
- President Reagan adopted the “Mexico City Policy,” which cut off U.S. foreign aid funds to private organizations that performed or promoted abortion overseas.
- The Reagan Administration cut off funding to the United Nations Fund for Population Activities (UNFPA) because that agency violated U.S. law by participating in China’s compulsory abortion program.
- The Reagan Administration adopted regulations to prohibit federally funded “family planning” clinics from promoting abortion as a method of birth control.
- The Reagan Administration blocked the use of federal funds for research using tissue from aborted babies.
- The Reagan Administration helped win enactment of the Danforth Amendment which established that federally funded education institutions are not guilty of “sex discrimination” if they refuse to pay for abortions.
- President Reagan introduced the topic of fetal pain into public debate.
- The Reagan Administration played a key role in enactment of legislation to protect the right to life of handicapped newborns and signed the legislation into law.
- President Reagan designated a National Sanctity of Human Life Day in recognition of the value of human life at all stages.
- President Reagan wrote a book entitled *Abortion and the Conscience of a Nation*, in which he made the case against legal abortion and in favor of overturning *Roe v. Wade*.

Planned Parenthood's 3% Deception

How the nation's largest abortion chain uses a misleading figure to distract the public from the staggering number of abortions it performs.



A claim repeated by Planned Parenthood is that abortion makes up “only 3%” of Planned Parenthood’s “services.” But they count everything given to, or done to, a given patient as a separate “service.”

For example: a pregnant woman who enters a Planned Parenthood clinic for an abortion may also receive a pregnancy test, STD screening, birth control pills, and other “services” that may be required for the abortion itself. Each of these counts as a “service.” **In this scenario, a woman who walks in for an abortion receives not one, but four or more “services.”**

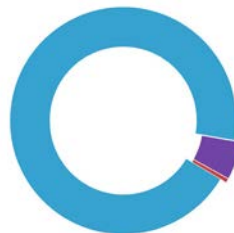
The 3% figure is often used to hide the fact that abortion is a huge profit center for Planned Parenthood. At an average rate for a standard surgical abortion performed at 10 weeks (and it is no secret that they advertise and perform more expensive chemical and later surgical abortions), the 327,653 abortions it performed in 2013 represented **an income of at least \$147,771,503, which is far more than 3% of their reported annual income of \$1,303,400,000.**



Although abortions in the U.S. have declined since 1990, the percentage of abortions for which Planned Parenthood is responsible has steadily increased from 8% in 1990 to more than 30% today. **Planned Parenthood is now responsible for more than 1/3 of all abortions in the U.S.**

If you look at services that could only be provided to pregnant women at Planned Parenthood, you see another picture.

In 2013, abortions at Planned Parenthood outnumbered adoption referrals 174 to 1.



94.1% Abortions
5.4% Prenatal Care
0.5% Adoption referrals

The bottom line is that the 3% figure is purposefully misleading. A much more instructive measure is to look at the numbers of clients, rather than the number of “services.” Based on data from their own annual report from 2013-2014, nearly one in eight women walking through the door of a Planned Parenthood clinic has an abortion.

It is no wonder that *Slate* Senior Editor Rachel Larimore referred to the 3% figure as “meaningless – to the point of being downright silly...”

SOURCES: Larimore, Rachel. “The Most Meaningless Abortion Statistic Ever.” *Slate*, 7 May, 2013, http://www.slate.com/blogs/xx_factor/2013/05/07/3_percent_of_planned_parenthood_s_services_are_abortion_but_what_about.html. Jones RK and Kooistra K, Abortion incidence and access to services in the United States, 2008, *Perspectives on Sexual and Reproductive Health*, 2011, 43(1):41-50. Planned Parenthood Annual Report FY 2013-2014. https://www.plannedparenthood.org/files/2114/5089/0863/2014-2015_PPFA_Annual_Report_.pdf.

Planned Parenthood's Power

The funds and connections that ended more than 6.7 million lives in their 100 year history

THE MONEY

The Planned Parenthood Federation of America (PPFA) took in **\$1.296 billion in revenues** in the fiscal year ending on 6/30/15.

Your tax dollars alone accounted for **42.7% of PPFA's annual revenue**, a total of \$553,700,000 in government grants and reimbursements.

Major private contributors to PPFA include billionaire financier Warren Buffett and Microsoft founder Bill Gates.

Planned Parenthood's estimated revenue from abortion in 2015 was at least \$155,519,500.

Because they advertise and perform more expensive chemical and late-term abortions, the real amount is almost certainly higher.



PPFA President Cecile Richards received **\$957,952 in 2015 in pay and benefits** from PPFA and related organizations.

WHERE THE MONEY GOES:

"Medical Services" (\$782.3 million).

"Sexuality Education" (\$48.3 mil) includes programs for schools, churches, rehab centers.

"Public Policy" (\$39.3 mil) includes fighting pro-life laws, lobbying for pro-abortion healthcare laws, protecting government funding.

"Engage Communities" (\$22.8 mil)

"Build Advocacy Capacity" (23.7 mil)

THE POLITICS

PPFA and Planned Parenthood Votes (Planned Parenthood's Super PAC) **spent a combined total of \$11,925,582 in the 2012 General Election.**

Planned Parenthood planned to **spend nearly \$30 million in the 2016 Election.**

In 2016, Planned Parenthood launched a nationwide campaign to register voters at its clinics, on college campuses, and online.

PPFA received \$553,700,000 in government grants and reimbursements in 2015.



Despite complaining about funding cuts, government funding to PPFA has increased every year since 1998.

PPFA FIGHTS AGAINST REASONABLE ABORTION LIMITS:

- **Pain-Capable Unborn Child Protection Act** that would protect babies from painful abortion procedures.
- **Right to Know laws** ensuring women know about abortion's physical/psychological risks, fetal development, and alternatives to abortion.
- **Waiting Periods** that give women opportunity to reflect on their abortion decisions.
- **Parental Involvement laws** allowing parents to be informed if their minor daughter is undergoing an abortion.

SOURCES: Young, Lindsay. "Outside spenders' return on investment." Sunlight Foundation, 17 Dec, 2012, http://sunlightfoundation.com/blog/2012/12/17/return_on_investment/. Planned Parenthood Form 990 (2014): https://www.plannedparenthood.org/files/4414/6470/5454/PPFA_FY15_990_-_public_disclosure.pdf. Planned Parenthood Annual Report FY 2014-2015: https://www.plannedparenthood.org/files/2114/5089/0863/2014-2015_PPFA_Annual_Report_.pdf.

The mission of National Right to Life is to protect and defend the most fundamental right of humankind, the right to life of every innocent human being from the beginning of life to natural death. America's first document as a new nation, The Declaration of Independence, states that we are all "created equal" and endowed by our Creator "with certain unalienable Rights, that among these are Life..." Our Founding Fathers emphasized the preeminence of the right to "Life" by citing it first among the unalienable rights this nation was established to secure.

National Right to Life welcomes all people to join us in this great cause. Our nation-wide network of 50 affiliated state groups, thousands of community chapters, hundreds of thousands of members and millions of individual supporters all across the country act on the information they receive from us.

The strength of National Right to Life is derived from our broad base of diverse, dedicated people, united to focus on one issue, the right to life itself. Since National Right to Life's founding in 1968 as the first nationwide right to life group, it has dedicated itself entirely to defending life, America's first right.

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 nine directors elected at-large.

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

Abortion: Abortion stops a beating heart more than 2,500 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 legislation. 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.

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, advertisements, and pro-life educational activities.
- **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/stateofabortion2017.pdf.



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