

THE
STATE_{OF}
ABORTION
IN THE UNITED STATES

JANUARY 2019



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

Over five decades ago, a movement began to take shape. Doctors and teachers, lawyers and homemakers, men and women of diverse backgrounds, different faiths and opposing political viewpoints all came together united by one common belief: that taking a human life through abortion was anathema to American values. As pro-abortion forces began pushing for changes in state laws, those dedicated pro-life activists rose up and became a powerful voice against those who viewed human life as expendable.

Their task became more challenging when the U.S. Supreme Court federalized the abortion issue. In its twin *Roe v. Wade* and *Doe v. Bolton* decisions, which were handed down on January 22, 1973, the Court legalized abortion for any reason. Tragically, 46 years later, National Right to Life estimates that nearly 61 million unborn children have lost their lives as a result of those decisions.

However, the right-to-life movement has remained undeterred. Through our determination to protect mothers and their children, we continue 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.

Now, on this 46th anniversary of the Court's action, we pause to look at the state of abortion in the United States. From recent data analyzed in these pages, we know the annual number of abortions continues to decline. This drop in numbers can be traced to a number of factors, but among them are the efforts by National Right to Life and its network of state affiliates to enact protective laws that provide legal protection to unborn children and offer 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.

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 sixth annual "State of Abortion in the United States" is not just a snapshot of where we are as the nation observes the 46th anniversary of *Roe v. Wade* and *Doe v. Bolton*, but also a blueprint for how we move forward to build a culture that values life and respects mothers and their children.



THE STATE OF ABORTION
IN THE UNITED STATES

UNITED STATES ABORTION NUMBERS: CDC Data Analysis

EDITOR'S NOTE: "National Right to Life's *The State of Abortion in the United States, 2017*" provided abortion data from both the Guttmacher Institute, which was once a special research affiliate of the Planned Parenthood Federation of America, as well as the U.S. Centers for Disease Control and Prevention (CDC). The Guttmacher Institute generally releases abortion data once every several years, while the CDC publishes data annually. On the eve of Thanksgiving 2018, the CDC issued its latest report for abortions performed in the United States in 2015, which confirms much of National Right to Life's previous analyses.

It is again important to note that Guttmacher's data is considered more complete and reliable because it relies on survey data it gets directly from abortionists in all 50 states. The CDC, on the other hand, 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 1998. Other caveats are provided within the analysis of CDC data below.

As a result of our analysis of data from both Guttmacher through 2014, and the CDC through 2015, and estimating figures for subsequent years (2015-2018), National Right to Life estimates that 60,942,033 abortions have been performed in the United States since 1973.

In November 2018, the U.S. Centers for Disease Control and Prevention (CDC) issued their annual surveillance report on abortion in the United States. This latest release from the CDC finds that abortions, abortion rates, and abortion ratios all continued to fall for 2015, the latest year for which it has national figures.

These declines are very important, but sometimes CDC numbers can be confusing. To be clear their total of 638,169 abortion represents a significant undercount, which is off by several hundred thousand. Again, the CDC relies on state health departments which vary in their thoroughness,¹ and California, the nation's most populous state, and Maryland and New Hampshire have not reported figures to the CDC since 1998.

[1] The CDC obtains data from 47 states and separate reports from the District of Columbia and New York City. There was no data from California, Maryland or New Hampshire. These together are collectively referred to as "reporting areas." Because data from New York City is also included in data for the state, we will generally only refer to data from DC and the remaining 47 states.



(The Guttmacher Institute reported 926,490 abortions for the U.S. as recently as 2014, and their numbers are generally thought to be more reliable because they survey abortion clinics directly and have data from those missing states.)

However, the CDC collects and publishes its data yearly, offering a good guide to the incidence of abortion and overall demographic trends..

The CDC's total abortions reported for 2015 represented a welcome drop of 14,470 from the national total it reported for the previous year. This represents a reduction just over 2% for the 47 states and two municipal health agencies (New York City and Washington, DC) that provided the CDC with data.

Significantly, abortion rates and abortion ratios also showed declines, both dropping to levels not seen since *Roe* legalized abortion nationwide in 1973.

The CDC's **abortion rate** is the number of abortions per 1,000 women aged 15-44 years. In 2015 it was 11.8, down from 12.1 from the previous year. In 1973 the abortion rate was 14 per thousand women aged 15-44. In 1972 the abortion rate was 13 per thousand in 1972.

Clearly abortion has become considerably less common than it's been since abortion became legal throughout the nation. As a reference point, in 1980 the abortion rate was more than twice that— 25 per thousand— the largest figure CDC ever reported.

The CDC's **abortion ratio** measures the number of abortions for every 1,000 reported live births. This number gives us an indication of the likelihood that a pregnant woman chooses to abort rather than going on to give birth to her baby.

The CDC's most recent abortion ratio showed that there were 188 abortions for every thousand live births in 2015. This, too, is lower than it was in 1973 (196.3 abortions for every thousand live births). That figure has dropped by nearly half from what it was in 1984, when the CDC recorded a high of 364.1 abortions for every 1,000 live births.

All these are clear and welcome indications that fewer women are turning to abortion. The CDC is reluctant to credit any single cause, saying that

Multiple factors influence the incidence of abortion, including access to health care services and contraception; the availability of abortion providers; state regulations, such as mandatory waiting periods, parental involvement laws, and legal restrictions on abortion providers; increasing acceptance of nonmarital childbearing; shifts in the race/ethnicity composition of the U.S. population; and changes in the economy and the resulting impact on fertility preferences and use of contraception.

**ESTIMATED ABORTIONS
IN THE UNITED STATES
60,942,033
SINCE 1973**

UNITED STATES ABORTION NUMBERS

The CDC has long echoed the abortion and family planning lobby's contention that more and better contraceptive use is a key feature in past and any future declines. It's very noticeable, however, that the CDC admits that pro-life laws such as waiting periods, parental involvement, and clinic regulations, may have had a tangible impact on reducing the number of abortions and the likelihood that pregnant women choose abortion.

In its report, the CDC mentions "the availability of abortion providers" as a possible factor. Missing, however, is a further elaboration about the reason those abortionists quit – exiting in scandal (like Kermit Gosnell), retirement, conversion, or simply because of a reduced demand for their "services."

There are some concerning elements among the otherwise encouraging statistical good news. The number of chemical abortions is increasing. The percentage of "early medical abortions" (the CDC's designation for nonsurgical chemical abortions at or earlier than eight weeks gestation) in the last ten years has risen from 11.3% in 2006 to 24.2% in 2015.

High numbers of chemical abortions are why nearly two-thirds (65.4%) of abortions are now performed at eight-weeks' gestation or earlier. Before trials of mifepristone (one half of the typical two drug chemical abortion regimen) began in the U.S. in 1994, the percentage of abortions at eight weeks or earlier never rose above 52.1%

The CDC acknowledges that the situation is worse than that, however. The percentage of later chemical abortions – those at nine weeks or further into pregnancy – jumped in 2015.

This result followed decisions by the National Abortion Federation and the Society of Family Planning in 2013 and 2014 to modify their guidelines to endorse mifepristone use up to 70 days (ten weeks). The Food & Drug Administration did not authorize this change until March of 2016.

After a fairly even climb from 5% of all chemical abortions at nine weeks or later in 2011 to 7.7% in 2014, the percentage suddenly increased to 13% in 2015, a sign that these later chemical abortions were on the rise.

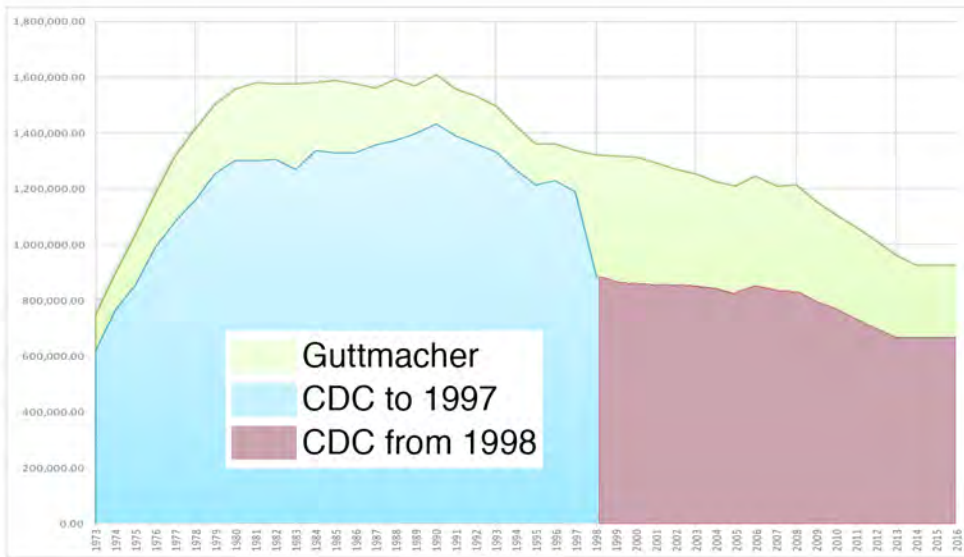
Repeat abortions accounted for 43.6% of all abortions. Nearly six in ten (59.3%) of aborting women reported having at least one previous live birth. About one in 12 (8.2%) had undergone three or more previous abortions while about one in seven (14.2%) had had three or more prior births, according to the CDC.

	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	958,700	664,435*
2014	926,190	652,639*
2015-18	906,308 §	

*Excludes NH, CA and often at least one other state.

§ NRLC projection for calculation

Precise demographic data is hard to measure with states with high minority populations such as California missing from the mix. But higher abortion rates and abortion ratios for black and Hispanic women continue to be a serious problem.



Though all racial and ethnic groups showed improvement over previous numbers, Non-Hispanic black women still had an abortion rate (25.1 abortions per 1,000 women 15-44 years old) and an abortion ratio (390 abortions per 1,00 live births) for 2015 more than three times that of non-Hispanic white women (abortion rate of 6.8 per thousand women and an abortion ratio of 111 abortions per thousand births).

Rates and ratios for Hispanic women for 2015 (11.6 abortions per thousand women, 152 abortions per thousand births) were higher than those for whites but lower than those reported for African American women.

Due to data collection and processing lags, the numbers for abortion-related maternal deaths are a year behind. The CDC says it was able to confirm at least six abortion-related [maternal] deaths due to legal abortion in 2014, a silent rebuke to the abortion industry’s portrayals of modern abortion ease and safety.

UNITED STATES ABORTION NUMBERS

UNITED STATES ABORTION NUMBERS:

Guttmacher Demographic Analysis

EDITOR'S NOTE: In October 2017, the Guttmacher Institute published additional data from its 2014 survey of abortion providers. This release, combined with an article published in the *American Journal of Public Health* by Guttmacher Institute researchers Rachel K. Jones and Jenna Jerman provided a further examination of the demographics behind women having abortions in the United States. Some of this analysis was included in *The State of Abortion Report in 2018*, but the data and analysis bear repeating.

We've known since January 2017 that abortion rates are down to levels not seen since before *Roe v. Wade* was decided in 1973.

But who are getting these abortions, and were the decreases the same across all racial and demographic groups? With the release of additional data from the Guttmacher Institute, we have some answers: declines were seen across the board, but not evenly among all demographic groups.

The number of abortions and the abortion rate (the number of abortions per 1,000 women of childbearing age) are falling across the board. Nationally, abortions finally dipped below a million in 2013 for the first time since 1974, and the abortion rate is lower than it was when the Supreme Court decided *Roe v. Wade*.

While very broad, declines have still been uneven, with rates falling faster and farther for teens and whites than they have for older women and minorities, abortion rates are still high for women at or near the poverty level, for black women, for college-age women, and cohabiting women.

The marketing of abortion to these women certainly plays a part, and the policies supported by the Guttmacher Institute and its industry allies are unlikely to improve things in that regard.

In an October 2017 release, Guttmacher authors express concern about pro-life laws that have been enacted since 2011 (pro-lifers have been passing legislation for years, but abortion advocates have been especially concerned about laws that began to be passed in 2011 after the horrors of Philadelphia abortionist Kermit Gosnell's clinic were exposed). They say these "could have made abortion more difficult to access, especially for poor women, women of color, and those who live in states with particularly restrictive abortion laws."

Interestingly, Guttmacher admits that the policies it supports could take things in a different direction. Heather Boonstra, a policy expert for Guttmacher, says in the release "Supportive policies like Medicaid coverage can make it easier for women to access needed abortions, while restrictive policies do exactly the opposite." She argues, "All women, regardless of age, income, or race, should be able to obtain reproductive health services, including abortion, free from political and economic barriers."

This sounds like the sort of "help" that led these poor and minority women to have high abortion rates in the first place. These statistics show that these women do need help, but not the sort that Guttmacher and its allies offer.

What they need is help that affirms both the value of their lives and the lives of their unborn children. That is the sort of help that will reduce abortion rates further.

Concentrated Among Low Income

According to Guttmacher, abortion has long been concentrated among women on the lower end of the economic scale. On a chart accompanying their latest report, 56% of abortions in 1987 were to women making below or up to two times the official federal poverty level. Those numbers had swelled to 75% by 2014.

In general, a greater concentration of abortion among lower income women is understandable. Women of childbearing age are in the younger part of the workforce, some still in high school, or college, likely in the first decade or so of their participation in the workforce. Their earnings will be lower than what might be expected of the broader spectrum of older working women.

According to the journal article in which Guttmacher researchers published their broader findings, women earning at or below the poverty level saw their abortion rates decrease 26% from 2008 to 2014, a good thing, but still ended with the highest abortion rate (36.6 abortions per 1,000 women of that group) of any demographic studied. This is against an overall 14.6 abortion rate for the population of women as a whole.

What these data point to is an increased concentration of abortion among women of lesser means. Women of greater means (making greater than 200% of the poverty level) had an abortion rate of just 6 per 1,000 for 2014, one-sixth that of the poorest group.

This is in line with previous findings that put economic factors as one of the biggest reasons women give for abortion (One 2013 study had 40% citing some financial reason as a factor in their abortion, and an earlier study from 2004 had 23% giving inability to afford the child as a primary reason.)

How much an improved economy will help these women is yet to be seen. But policies favored by Guttmacher, such as having state funds or state insurance subsidies cover abortion will only incentivize abortion without doing anything to improve the economic situation for these women.

Racial and Ethnic Disparities

Greater declines in abortion rates were seen among minorities in recent years than whites, but their overall rates are still considerably higher than the population of women as whole.

The abortion rate for black, non-Hispanic women, which was above 60 per 1,000 women in 1991, fell to 27.1 in 2014. A huge portion of that drop came in recent years.

Rates for black, non-Hispanics were 39.8 per 1,000 women as recently as 2008. That rate is still nearly three times what it is for whites, whose abortion rate as of 2014 was just 10 per 1,000 women.

Hispanic abortion rates were somewhere in-between, ending up at 18.1 per 1,000 women in 2014, down from 28.4 per 1,000 women in 2008, a 36% drop.

UNITED STATES ABORTION NUMBERS

Guttmacher attributes these high rates among minorities as “likely due to a combination of factors that stem from a long history of racism and discrimination, as well as lack of access to high-quality, affordable health insurance and care.”

How racism and discrimination are supposed to factor in is not explained and is hard to understand. Are racism and discrimination supposed to be pushing these women to abort their babies? Who is it that is marketing and selling abortion to women in these communities? Is it not Guttmacher’s allies in the abortion industry?

It certainly isn’t pro-lifers, who want to see the abortion profiteers close their clinics and demand for abortion to dry up. Indeed, it is pro-lifers who have been working for years to provide life-affirming alternatives to women of all races and ethnicities.

Furthermore, it is hard to see how pushing for abortion coverage as part of “affordable health insurance and care,” as Guttmacher does, would do anything to reduce the pressure to abort among these women.

Age and Other Demographics

Most abortions are performed on women under thirty—no statistical surprise. But this group saw their abortion rates drop more than did the over thirty group.

About 110,000 of the 926,190 abortions performed in 2014 were on teenagers. Most of these (about 69%) were to young women aged 18-19.

Women between the ages of 20 and 29, accounted for over 60% (556,240 of 926,190) of the abortions in 2014.

Older women (between 30 and 44) had 259,810. This represented 28% of the abortions in 2014.

Abortion rates for teens 15-17 fell 56% from 2008 to 2014, the highest drop for any demographic studied. This makes clearer than ever the impact of parental involvement laws.

Abortion rates were higher for women in their twenties, but comparisons of 2014 rates to earlier ones from 2008 show interesting changes.

Women between the ages of 20 and 24, and those 25-29 saw abortion rates fall 30% and 21%, respectively.

Rates for older women did not drop as much from the previous 2008 count. They were down 20% for women between 30-34. For women, 35-39, the decline was 11%. Finally there was a 16% drop for women 40-44.

It stuns people, but statistics consistently show, and it is once again demonstrated here, that most women having abortions have already given birth to at least one child. In 2014, a total of 59.3% of women who were having abortions had one (26.2%) or more (33.1%) previous births. Abortion rates were down for women who had given birth and those that hadn’t from 2008.

Those who were foreign born accounted for about 16.1% of abortions in America (149,390 out of 926,190). About half (73,910) of the abortions to foreign born women were to women who were Hispanic. Abortion rates for that group fell only 12% from 2008 to 2014.

The role of education, given a general corollary to age, is hard to pin down. Generally, lower abortion rates were associated with higher educational attainment. High school grads or those with a GED had a 2014 abortion rate of 20 per 1,000. Those with some college, 17.6 per 1,000, and college grads just 10.3 per 1,000.

The outlier in this group, because the abortion rate was so low, were women who had not finished high school. Their abortion rate (14.8 per 1,000) was almost identical to the national average of 14.6 per 1,000. But their lower rates may be due to the impact of parental involvement laws, which would not have affected the others.

UNITED STATES ABORTION NUMBERS: Guttmacher on Repeat Abortions

An August 2017 study by the Guttmacher Institute confirms that in 2014, nearly half of abortions – 44.8% – were actually repeat abortions, that is, abortions to women who have had at least one previous abortion.

Although this is something that many have known or suspected for years, there are details in this study from Planned Parenthood's one-time in-house think tank that help us better understand why this happens and which women are most likely to have multiple abortions. And, as is so often the case, assessed objectively, these findings challenge some of the abortion lobby's most constant arguments.

Guttmacher researchers Rachel Jones, Jenna Jerman, and Meghan Ingerick published their study "Which Abortion Patients Have Had a Prior Abortion? Findings from the 2014 U.S. Abortion Patient Survey" in the August 23, 2017 issue of the *Journal of Women's Health*. Their basic finding was that 44.8% of women reported having at least one or more previous abortions.

Methodology

Guttmacher compiled data from a national sample of 8,380 abortion patients from 87 non-hospital facilities scattered across the U.S. Women were asked about far more than whether they had previous abortions. Guttmacher asked about their age, race, ethnicity, education, prior births, contraceptive use, in addition to how they paid for their abortions, how far they traveled to obtain their abortions, and how many "disruptive events" they had experienced in the past year..

While some of the results were pretty much as expected, other results were most assuredly not.

UNITED STATES ABORTION NUMBERS

Basic Demographic Data

The older a woman was at the time of her abortion, the more likely she was to have had a prior abortion, which makes intuitive sense. For example, women having abortions in their 30s were two and a half times more likely to have undergone a prior abortion than those aged 20-24. Some of this is probably just that being older, there simply being more time and opportunity to have gotten pregnant.

This is also the case with women having prior births. It surprises many people, but most women having abortions – about six in ten – have already given birth to a child.

Women who had previously given birth were twice as likely to have had a prior abortion than those who had not given birth. Again, this may be partially attributable to age and an associated likelihood of having gone through more pregnancies, although concerns about family size and having children at a later age may have also been factors.

Black women have a much higher overall abortion rate. The U.S. Centers for Disease Control has found that black women have an abortion rate at least twice the national rate, and more than three times that of white women. Consequently, it is not surprising to find that black women are also more likely to have had a second or “repeat” abortion.

Aborting Hispanic women were close to the national average, with 43.7% reporting previous abortions. Aborting white women reported the lowest percentage of repeat abortions — 39.2%.

More education appeared to be associated with fewer repeat abortions. Almost 47% of women who were high school graduates or had only some college having abortions in 2014 were experiencing a repeat abortion, according to Guttmacher. The figure for college graduates with at least one prior abortion was 40.7%.

Challenging Pro-Abortion Mantras on Contraception, Funding

For years, abortion advocates have maintained that the way to bring abortions down is to promote and provide (that is, pay for) more contraception. Data from this study does not appear to support this claim.

More than half (52.6%) of these women and girls having abortions were using contraception at the time they became pregnant. But whether they were using birth control or not, their likelihood of having a repeat abortion was about the same – so long as they had used contraception at some point in their reproductive lives. So Guttmacher found that those using contraception were about as likely to have had a previous abortion (44.3%) as those who were not using contraception (46.6%).

The one group least likely to report having a previous abortion? Those who had never used birth control before. Guttmacher reported that 40.5% of those women said they had a previous abortion.

Jones and her team point out that a woman’s exposure to or use of birth control may be traced to her original visit to the abortion clinic. They concede that “it is likely that many women who had a prior abortion obtained a method of contraception at that time, or at a follow up visit.” If this is so and Guttmacher’s data is accurate, this would mean that the clinic may be responsible for exposing those women to the factor that made a repeat abortion more likely.

Abortion advocates also repeatedly call for public funding of abortion and have scoffed at the efforts of pro-lifers to ensure that federal monies do not go to private insurance plans that cover abortion.

However, when it comes to repeat abortion, the data here actually validates pro-life concerns about the connection between abortion and funding.

50.4% of those women whose abortions were covered by insurance reported having previous abortions. About the same percentage of those receiving some sort of financial assistance for their abortions (49%) reported they had had abortions before. Slightly fewer than four in ten of those who paid for the abortions themselves indicated they had previous abortions.

The obvious, but perhaps not surprising takeaway here is that a woman is more likely to have a second or third abortion if someone else is paying for or subsidizing it. Amazingly, Guttmacher admits as much.

Given that first-trimester abortion cost around \$500, Jones and her colleagues say that “Women may only be able to come up with the money to pay for the procedure one time. By contrast, women able to use insurance may not have to scrape money together, making abortion — including second- and higher-order procedures — easier to access.”

Guttmacher also points out that women may have learned about financial assistance, such as discounts and subsidies clinics sometimes make available to poorer women, when obtaining their first abortion. This awareness of possible assistance might have been a factor in their having a subsequent abortion.

Distance Does Make a Difference

Abortion advocates have long complained about the distance that women must travel to obtain their abortions. That was a feature argument in the Supreme Court’s 2016 Hellerstedt case. The study here demonstrates that distance does make a difference; it helps to save the lives of unborn children.

The percentages of those women reporting previous abortions were highest for those closest to the clinics — 48.5% for those less than 10 miles away, 46.8% for those 10-24 miles distant. Both were higher than the overall 44.8% national norm Guttmacher found.

If a woman lived further than 25 miles away from the abortion clinic, the percentages reporting previous abortions were lower than the national norm: 41.3% for those traveling 25-49 miles; 35.7% for those traveling 50-99 mile; and 31.9% for those traveling a distance of a hundred miles or more.

Without granting the obvious, Guttmacher indicates that distance may be a factor in some unborn babies not being aborted. “One potential explanation,” say Jones and company, “is that women who lived further from the facility where they obtained care, were not necessarily at decreased risk of repeat unintended pregnancy but, rather, were unable to access abortion care multiple times.”

In other words, although perhaps just as likely to get pregnant as those living closer to a clinic, women living more than 25 miles away were less likely to travel that distance a second time to have another abortion.

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What It All Means

The combined message of these elements? If you fund abortion; if there are more abortion clinics and they are close by; and if you offer birth control as your solution to unsought pregnancy, when women become pregnant again, you can expect to see more returning for another abortion.

Guttmacher says it less directly, but admits that

“one implication of the above associations [distance, funding] is that the incidence of prior abortion might increase if barriers to abortion were removed; for example, if all women with insurance could use it to pay for abortion care, or if there were more clinics and women did not have to travel so far, more women would be able to access abortion each time they needed it.”

Put another way, they are essentially saying, “Give us the policies we’ve repeatedly asked for, the ones we’ve claimed are the solutions needed for these problems, and there will be more, not less, repeat abortions.”

Ambiguity Abounds

As noted above one other factor Guttmacher measured was “disruptive events.” These were events such as the death of a close friend, problems paying rent/mortgage, moving, separation, incarceration or arrest of partner, giving birth, extended unemployment, etc.

Certain of these events, or a combination of several, Guttmacher says, may have been a motivating factor in a woman deciding to abort a baby she had initially planned to carry to term. The presence of these was associated with more repeat abortions, their absence with fewer. For women experiencing two of more of these events, the repeat abortion rate was 51.8%. Women reporting none of these had a repeat percentage of 39.6%.

Though Guttmacher gives examples of these sorts of “events,” nothing in this published study gives any correlation to any particular sort of event, keeping this from being particularly useful or informative. The loss of a job and a sudden inability to pay the rent, the father (or the mother) being incarcerated would all be obvious existential stressors.

But to include these in the same category as “giving birth” which should not be a negative event, or moving, which may be an improvement, mixes bad and potentially good events and makes the data difficult to interpret.

Different Conclusions

If Guttmacher were interested in reducing the number of repeat abortions, what would the data appear to recommend? Abortions should be self-paid, not funded or subsidized or covered by insurance; that there should be fewer clinics, farther apart; and that reliance on birth control is misplaced.

Special concern would be directed toward minorities, particularly blacks, who have high abortion rates; to those out of high school and in college; and to women that are older and have already given birth to one or more children.

UNITED STATES ABORTION NUMBERS

Of course, Guttmacher and its allies don't see reducing the number of repeat abortions as an imperative. Actually just the opposite. The authors here declare, "The findings from this study suggest that continued and expanded access to abortion services is essential for women experiencing an unintended pregnancy."

It is hard to fathom the thinking behind such a statement. But when Guttmacher says the circumstances surrounding each repeat abortion are often beyond a person's ability to control and may be unique to their individual situation, there is no obvious policy solution.

But, true to form, Jones and her team still contend that "reducing or eliminating barriers to abortion care may enable those who want or need abortion services, at any point in their lifetime, to more readily access care."

What is this supposed to mean? Are they saying that eliminating these distances and funding "barriers" will help even things out by bringing repeat abortion rates for these women with low repeat rates up to the "norm"?

The authors say that "While 'repeat abortion' is sometimes characterized as problematic, the ability to access abortion care when it is needed — even if more than once — should be prioritized."

Activists quoted at Rewire (9/13/17) think the answer lies in "destigmatizing" repeat abortion. Kenya, a 42-year old working at the clinic where she had her abortions, told Rewire that

"I started to ask myself why I wouldn't say that I've had multiple abortions aloud. Maybe it can help someone else not feel bad about their choices or not feel judged. There's nothing to be ashamed about. Multiple abortions are necessary, and a lot of women do it."

PLANNED PARENTHOOD: More Abortions, Less Care

Analyzing the Abortion Giant's Annual Report



2nd most number of abortions ever performed by nation's abortion giant

Planned Parenthood has gone through some big changes this past year, but its latest annual report, released just before the 46th anniversary of *Roe v. Wade*, reaffirms that its commitment to abortion is as strong as ever.

Powerful, politically connected Planned Parenthood President Cecile Richards has stepped down, replaced by Leana Wen, a highly credentialed doctor with an actual background in public health.

But nothing in Planned Parenthood's 2017-2018 Annual Report gives indication of any change in direction or agenda.

The killing of unborn children is still at the center of its business (as Wen reassured the world in a tweet sent out in early January). All signs in the annual report point to defending and expanding its "core mission."

More abortions any way you measure

While the overall number of abortions has declined in the past decade, the number of babies lost to abortion at Planned Parenthood Federation of America has held steady. PPFA has increased its share of the market while other clinics closed their doors.¹

[1] PPFA has closed lots of clinics in the past several years as well, but has often replaced smaller, older buildings with giant new regional abortion mega-clinics, keeping that part of the business strong.

PLANNED PARENTHOOD:
A 1.6 BILLION DOLLAR EMPIRE

Planned Parenthood performed 332,757 abortions in 2017, adding over 11,000 from the 321,592 it did in 2016. (Planned Parenthood counts “services” from October 1st through the last day of the next September in order to obtain its yearly figures. 2017’s data is the most recent.) This is the second most abortions Planned Parenthood has ever performed in a single year, eclipsed only by a total of 333,964 reported for 2011.

Whether this 3.5% surge is something unique to Planned Parenthood or a sign of a wider abortion industry rebound will have to wait until national abortion figures for the whole country are released. But study the rest of the report and you’ll see that the increase is neither accidental nor incidental.

One of the first things Planned Parenthood points out early in the annual report in the section on “Expanding Access to Expert Care” is that “Medication abortion available in 357 health centers.” “Medication abortion” is Planned Parenthood’s euphemism for chemical abortions using drugs like mifepristone and misoprostol.

Planned Parenthood earlier in the report identifies itself as having “more than 600 health centers.” This means that more than half of Planned Parenthood clinics are now performing abortions. (For reference, in 2010, Planned Parenthood had some 872 clinics with just over a third (35%), or 302, performing or at least advertising abortion.)

Also helping to explain the increase in the number of abortions, the annual report notes that Planned Parenthood is now offering “telemedicine abortion services” in thirteen states. “Telemedicine abortions,” or those chemical abortions facilitated by an abortionist interacting with a woman via a webcam, started at Planned Parenthood’s Iowa affiliate in 2008.

In a webcam abortion, an abortionist hundreds of miles away is able to click a button after a short video chat, and remotely release a drawer holding doses of abortion pills. The pregnant woman takes the mifepristone there, the misoprostol later at home, and can go to her local emergency room if she has any problems. The woman may be risking her life, but it is easy money for Planned Parenthood.

How much abortion revenue?

Not surprisingly, Planned Parenthood doesn’t reveal how much money it takes in from abortion. However current industry estimates indicate the sum is likely to be enormous.

A 2014 study by researchers from the Guttmacher Institute (once a special research affiliate of Planned Parenthood) put the average price paid for a surgical abortion at 10 weeks in the U.S. at \$480. The average paid price for an “early medical abortion” before 10 weeks was \$504.

PLANNED PARENTHOOD: A 1.6 BILLION DOLLAR EMPIRE

Some Planned Parenthood clinics may charge less, but we know some charge more. And we know that, just a few years back, more than a hundred said they did 2nd trimester abortions, and at least a dozen offered abortions at 20 weeks or more, which are considerably more expensive.

But even if one takes the lower figure, assumes all abortions are the earlier, cheaper surgical ones, and ignores inflation, Planned Parenthood's 332,757 abortions easily represent more than \$159.7 million in revenues.

The actual figure is probably much, much higher.

Bulging coffers at Planned Parenthood

Planned Parenthood complains loudly and mobilizes its political muscle whenever anyone dares to suggest that our tax dollars shouldn't go to an organization already making hundreds of millions off the slaughter of unborn babies.

Though it claims to be an essential provider of health care for poor women, its most recent annual report tells us Planned Parenthood is anything but poor.

Planned Parenthood shattered its old record from its prior fiscal year (\$1,459 billion.) It took in \$1.6651 billion in revenues for the fiscal year ending June 30, 2018.

While Planned Parenthood took in \$365.7 from private patients seeking health services, about 22% of the overall revenues it reported, a much larger portion, 34%, or \$563.8 million, came from "government health services reimbursement & grants"— what appears to be a new record. A lot of that is Medicaid or Title X reimbursements for "family planning" or reproductive health services, but it also includes other state and local money paid for abortions.

Private giving also continued to soar. PPFA took in a record \$630.8 million for the year, about \$98 million more than last year's previous record (\$532.7 million). This involves millions given by the foundations of billionaires like Warren Buffett and George Soros, major abortion backers, as well as money raised by mail and internet fundraising campaigns.

Most of that money (61%) goes back into the clinic for "medical services" (\$871.4 million) but a substantial amount goes for "sexuality education" (\$54 million), to "engage communities" (\$13.1 million), and of course \$45 million for "public policy." Another \$76.9 million goes for "advocacy."

"Management & General," paying the salaries of Planned Parenthood executives and employees at the affiliate and national level, run \$193.5 million and Planned Parenthood's formidable "fundraising" operation costs \$102.2 million.

Just \$2.5 million, or less than two tenths of one percent of its revenues, went to this premier “reproductive health care” organization’s “research” budget. Note, however, that PPFA ended the fiscal year with \$244.8 million in “excess of revenue over expenses.”

That’s a lot of “excess revenues” for a non-profit.

Where the money does and doesn’t go

Although Planned Parenthood says most of its money goes back into health care, service statistics examined over several past annual reports reveal that, despite record revenues, they are doing a fewer and fewer of the services they like to talk about the most.

The “cancer screenings” they say are critical to saving so many women’s lives? They did less of those in 2017 than they did even a year ago, which was already the lowest in years.

In 2005, Planned Parenthood reported 2,011,637 “cancer screens and prevention.” The figure for 2017 was just 614,361, a drop of nearly 70% in just a dozen years!

This meant 842,536 fewer women received Pap tests in 2017 than in 2005. During that same time frame, there were 547,891 fewer “breast exams” (manual breast exams – Planned Parenthood can’t seem to afford to buy mammogram machines or hire mammography technicians).

Even contraception, Planned Parenthood’s signature product, showed great losses. In 2006, at what looked to be the peak for the last dozen years, 3,989,474 women received birth control at Planned Parenthood. In 2017, there were just 2,620,867 contraceptive customers, a fall off of 34.3%.

Where did the extra money come from?

And yet, Planned Parenthood revenues rose by more than \$760 million during that same time frame. Where did that extra money come from?

Revenues from government grants and reimbursements were up. How much is difficult to say, since Planned Parenthood adjusted how they count government revenues in 2010. But they did increase by some \$75 million from 2010 on.

Private giving nearly tripled; it was “just” \$212.2 million in 2006.

Adoption referrals never got above four thousand in the past dozen years, and there was a temporary swell in prenatal services (up to 40,489 in 2009) which fell back below 10,000 in 2015. What product/service showed the most obvious increase during that time frame? Abortion.

PLANNED PARENTHOOD: A 1.6 BILLION DOLLAR EMPIRE

Planned Parenthood performed 264,943 abortions in 2005 and first breached the 300,000 barrier in 2007 with 305,310. It hit 324,008 by 2008 and then stayed somewhere between 320,000 and 334,000 for the next ten years. And all this while abortions in the U.S. as a whole were dropping—1,242,200 in 2006, but 926,190 in Guttmacher’s latest count for 2014.

Despite the talk and the spin, the numbers and the service vectors make it readily apparent that PPFA is a business, an organization tilted towards the promotion and sale of one particular product—abortion.

This is why Planned Parenthood takes time out in its annual report to express worries about new Supreme Court justice Brett Kavanaugh and his possibly being “the deciding vote on more than a dozen cases that could determine the future of abortion access for generations.”

This is why Dr. Wen, in her “message from leadership” note in the annual report, tries to argue that Planned Parenthood’s services “from birth control to cancer screenings to abortion – are standard medical care.”

This is why Planned Parenthood in the report rails against what it calls President Trump’s “gag rule,” which they saw as threatening their revenue stream. In fact the rule simply said that those involved in government funded Title X family planning projects were to do family planning, not to perform, promote, refer for, or support abortion as a means of family planning.

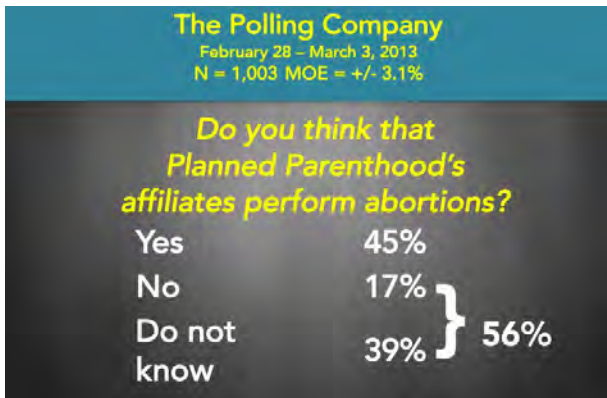
This is why Planned Parenthood got involved in court fights in Maine, Missouri, and Virginia over abortion clinic regulations; why they fought efforts to limit abortion in Iowa; and why they pushed a law in Washington state to make sure insurers covering maternity care also covered abortion.

Let us see whether under Dr. Wen Planned Parenthood does revitalize its efforts to fight cancer; whether it buys a few mammogram machines; whether it decides to boost prenatal care and adoption; whether it actually tries to help infertile couples plan families; and whether it adds birthing centers and well baby clinics.

Let’s see if Dr. Wen leads the fight to end sex selection and forced abortion in her home country of China. Let us find out whether Dr. Wen’s concern for the lives and health of women ever extends to women in the womb, which have long been the most vulnerable patients in Planned Parenthood’s network.

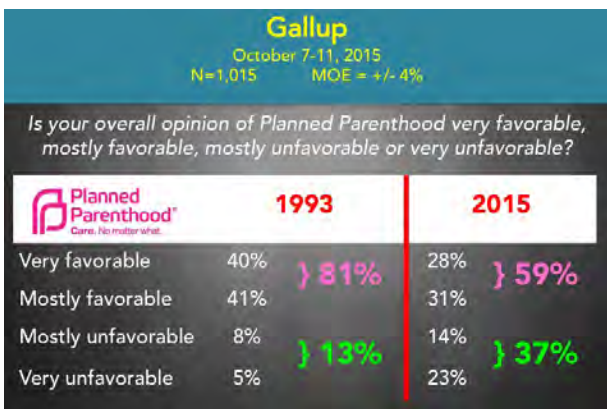
But trends from the latest annual report don’t look good.

PLANNED PARENTHOOD: A 1.6 BILLION DOLLAR EMPIRE

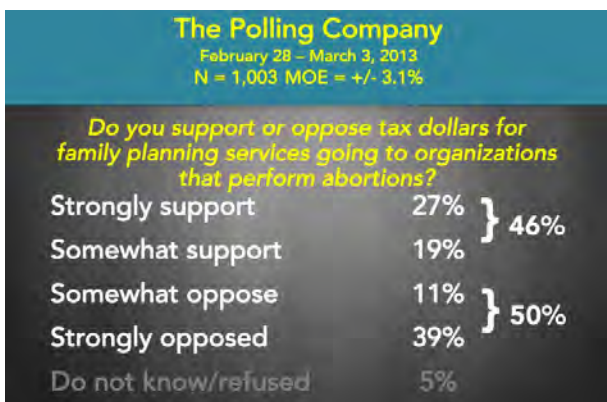


Planned Parenthood and Public Opinion

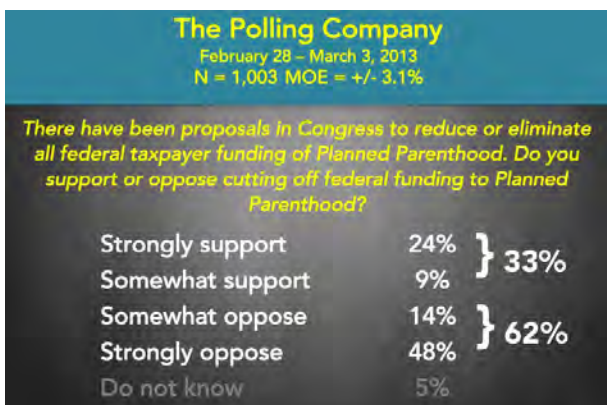
As noted above, Planned Parenthood still receives well over one-half billion dollars in funding from local, state and federal grants and contracts. In recent years, some state governments have moved to redirect Medicaid and Title X funding away from abortion-performing organizations like Planned Parenthood. In response, and building off of their favorable public opinion, Planned Parenthood has fomented vehement opposition to these efforts, and in some cases, succeeded in defeating these defunding efforts.



Much of their favorable public image stems from the obfuscation of how much abortion contributes to their bottom line, as demonstrated by a 2013 poll conducted by The Polling Company. That poll found 56% of respondents did not believe or did not know that Planned Parenthood's affiliates performed abortions.



Obscuring this fact over the years allowed the organization to be seen in an overwhelmingly favorable light by the public. Data from Gallup found 81% of Americans had a favorable rating of the abortion giant in 1993. However, after years of education by the right-to-life movement, that favorability rating fell to 59% in October 2015.



Still, many Americans continue to be fooled. In the same 2013 poll by the Polling Company, while 50% of Americans opposed tax dollars for family planning services going to organizations that perform abortion, 62% opposed cutting off funding to Planned Parenthood (an organization that receives tax dollars for family planning services and, as demonstrated, performs abortions.)

Clearly Planned Parenthood benefits from a massive public relations operation funneled through the organization's allies in the media that, despite explicit evidence to the contrary, Planned Parenthood is not in the business of abortion.

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 and a half 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 the number of abortions performed. For example, the Hyde Amendment, limiting abortion funding in Medicaid and certain other programs, is estimated to have 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.

Additionally, the U.S. Senate has played and will continue to play a pivotal if indirect role in determining abortion policy, through confirmation of or rejection of nominees to the U.S. Supreme Court and the circuit courts of appeals.

Forty-six 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.

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, which passed the House of Representatives in 2018 on a near-party-line vote of 241 - 183, but died without a vote in the Senate. The bill has been re-introduced in the 116th Congress by Sen. Ben Sasse (R-Neb.). 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 the 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 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 seats likely to become vacant within the next several years.

On April 7, by a 54-45 vote, the United States Senate confirmed Neil Gorsuch as associate justice of the United States Supreme Court, filling the vacancy created by Justice Antonin Scalia’s death in 2016. On October 6, 2018, by a vote of 50-48 the Senate confirmed Brett Kavanaugh to serve as an associate justice of the U.S. Supreme Court, filling the vacancy created by Justice Anthony Kennedy’s retirement. As National Right to Life president Carol Tobias observed when Kavanaugh was confirmed, **“Today’s Senate vote is a victory for Judge Kavanaugh, and for the President, but also for the rule of law – it is a victory for all who believe that the federal courts should enforce the rights truly based on the text and history of the Constitution, and otherwise leave policy questions in the hands of elected legislators.”**

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

FEDERAL POLICY AND ABORTION

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.nationalrighttolifenews.org/news/2013/12/bait-and-switch-the-obama-administrations-flouting-of-key-part-of-nelson-deal-on-obamacare.)

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

The No Taxpayer Funding for Abortion Act (S. 109) 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, 2015, and 2017, but it is expected to be voted on in the U.S. Senate in the 116th Congress.

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. The U.S. House has since voted numerous times to defund Planned Parenthood, but none of these measures have passed the U.S. Senate. Renewed action on this is possible in 2019.

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.

International Abortion Funding

There are also numerous policy issues related to foreign aid and abortion. One policy at issue was originally announced by the Reagan Administration in 1984 at an international population conference in Mexico City, and therefore until now it has been officially known as the Mexico City Policy. That policy required that, in order to be eligible for certain types of foreign aid, a private organization must sign a contract promising not to perform abortions (except to save the mother's life or in cases of rape or incest), not to lobby to change the abortion laws of host countries, and not to otherwise "actively promote abortion as a method of family planning." The Mexico City Policy has been adopted by each Republican president since, and rescinded by each Democrat president.

Under previous Republican presidents, the policy applied to family planning programs administered by the U.S. Agency for International Development (USAID) and the State Department. However, in the decades since 1984, a number of new health-related foreign assistance programs have been created, under which the U.S. provides support to private organizations that interact with many women of childbearing age in foreign nations. All too many of these organizations have incorporated promotion of abortion into their programs—even in nations which have laws that provide legal protection to unborn children. When President Trump reinstated the Mexico City Policy, now called the Protecting Life in Global Health program, he also widened its reach. The expanded policy will reach to a substantially expanded array of overseas health programs, including those dealing with HIV/AIDS, maternal and child health, and malaria, and including some programs operated by the Defense Department. On January 3, 2019, the U.S. House of Representatives considered the Consolidated Appropriations Act (H.R. 21), a bill to fund certain government programs through September 30, 2019. The bill contained language to overturn President Trump's pro-life Protecting Life in Global Health Assistance program, the House passed the bill, 241-190. The bill then went to the U.S. Senate, which is not expected to pass it without extensive modifications.

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.

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.

A federal version of the legislation was approved by the U.S. House of Representatives on October 3, 2017 by a vote of 237-189; the Trump Administration issued a statement indicating they would sign the measure into law. While the Senate voted in favor of the measure by 51 - 46, the legislation needed 60 votes to advance. The Pain-Capable Unborn Child Protection Act has been among the right-to-life movement’s top congressional priorities for the 116th Congress. 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 115th 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. It is expected that the legislation will be introduced in the House and Senate in the 116th Congress. The legislation is based on a model state-level bill developed by National Right to Life, which has been enacted in seven states) 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 undercut enforcement of the federal conscience laws in various ways, and indeed 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 115th Congress, including the Conscience Protection Act, and it is possible such legislation will receive consideration during the 116th 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. During his term in office, President 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 National

FEDERAL POLICY AND ABORTION

Right to Life engaged in a concerted campaign to educate members of Congress regarding its extreme effects. This episode illustrated that even many lawmakers who endorse “the right to choose” in general terms, recoil when presented with the prospect of voting to endorse legislation to explicitly invalidate many types of state laws that have broad popular support, such as limitations on late abortions, waiting periods, conscience protection laws, and laws prohibiting performance of abortions by non-physicians.

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

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

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

In 2013, alarmed by the enactment of pro-life legislation in numerous states, leading pro-abortion advocacy groups again unveiled a proposed federal statute that would invalidate virtually all federal and state limitations on abortion, including various types of laws that have been explicitly upheld as constitutionally permissible by the U.S. Supreme Court. This updated FOCA is formally styled the “Women’s Health Protection Act,” although National Right to Life 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 National Right to Life 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 is expected to be re-introduced in the 116th Congress and gathered many co-sponsors in both houses, and is expected to receive legislative action in the U.S. House currently under Democrat control.

(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 effectively 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*.)

An Altered Abortion Landscape

Those opposed to protecting innocent unborn children are claim there is an altered abortion landscape. They are right in the sense that clearly the landscape has changed. But it’s not because legislators are out of step with public opinion, as pro-abortionists insist, but because they are in step with public opinion.

National Right to Life has been the leader in passing meaningful legislation since the mid-1980s. NRLC has been successful in passing laws such as the Pain-Capable

STATE LAWS AND ABORTION

Unborn Child Protection Act which protects unborn children who are capable of feeling pain from abortion, and the Unborn Child Protection from Dismemberment Act, which protects living unborn babies from being ripped apart limb from limb from a gruesome abortion procedure.

Among the most recent legislative initiatives, are laws requiring that information be made available to women that should they change their minds half-way through a chemical abortion, there is a realistic possibility of saving their baby. And don't forget "Prenatal Nondiscrimination Acts" which are intended to prevent eugenic abortions—abortions undertaken because a woman wants a boy rather than a girl.

With a new legislation session just now beginning, it is not surprising that editorial boards and articles are popping up with increased frequency on the web. Because they are scared, they want to frighten the public and intimidate legislators.

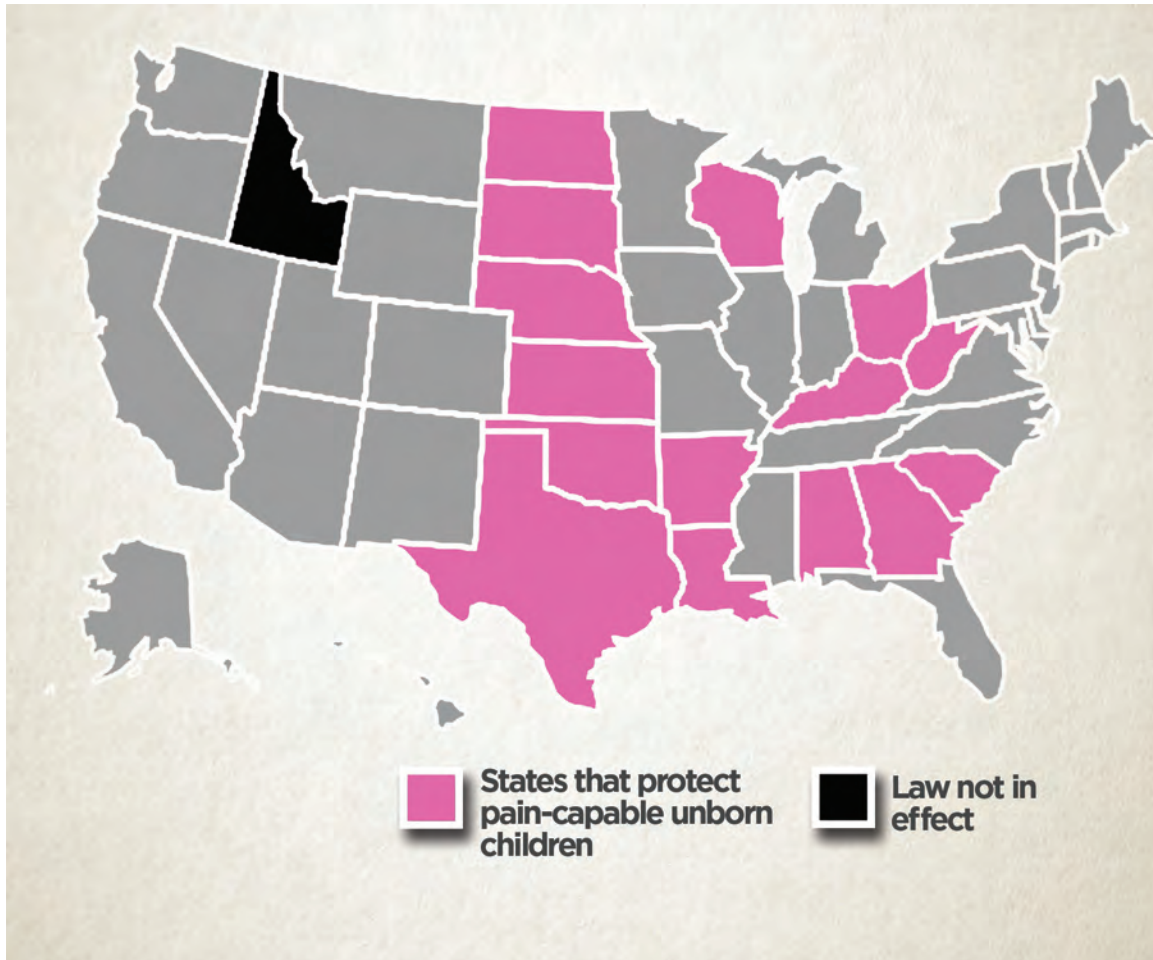
Roe was built on a foundation of lies. Those same lies, and many new ones, have been used to erect a protective wall around *Roe*.

But commonsense protective laws that National Right to Life has promoted for decades is slowly chipping away at those lies. Laws like the Pain-Capable Unborn Child Protection Act, The Unborn Child Protection from Dismemberment Abortion Act, Ultrasound laws, Informed Consent laws, Parental Involvement laws, and Unborn Victims of Violence laws—among so many others.

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. situations of medical emergencies.

Pain-Capable Unborn Child Protection Act

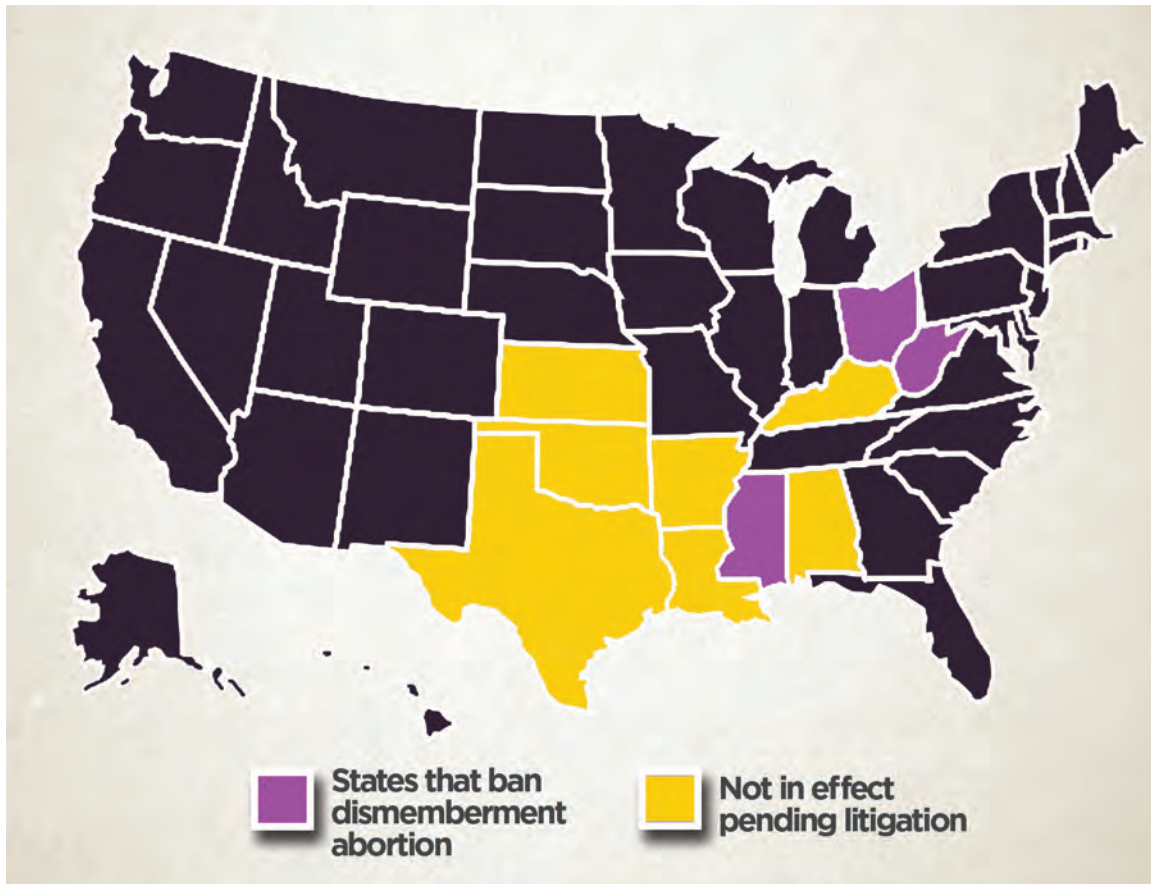


First enacted by the state of Nebraska in 2010, the model Pain-Capable Unborn Child Protection Act, drafted by National Right to Life's Department of State Legislation, is legislation which protects from abortion unborn children who are capable of feeling pain. There has been an explosion in scientific 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.

Protecting Unborn Children from Dismemberment Abortion



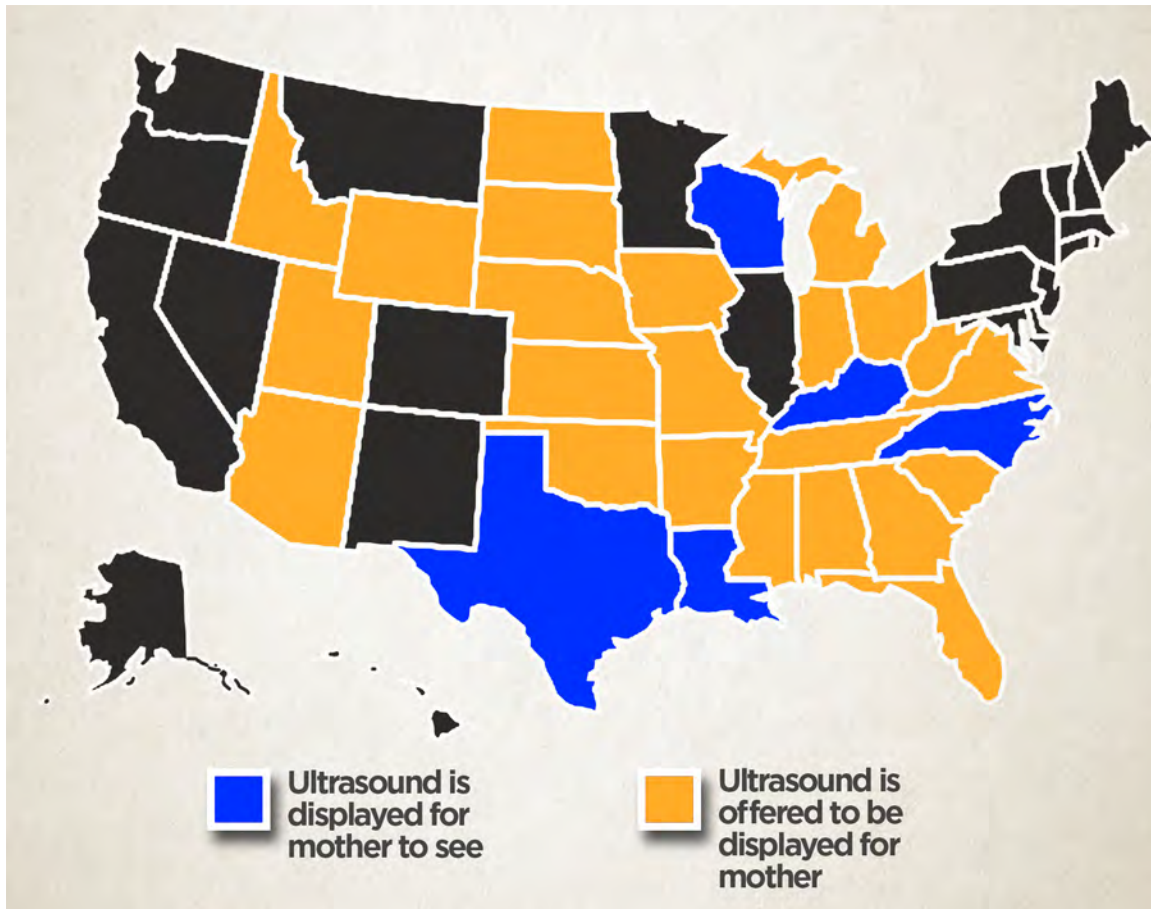
During the 2015 state legislative session, Kansas* and Oklahoma* became the first two states to enact the Unborn Child Protection from Dismemberment Abortion Act. D&E dismemberment abortions of living unborn babies are as brutal as the partial-birth abortion method, which is now illegal in the United States. Eight more states (Alabama*, Arkansas*, Kentucky*, Louisiana*, Mississippi, Ohio, Texas* 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* decision, the compelling interest a state has in protecting the integrity of the medical profession and also to 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

A Woman's Right to Know: Ultrasound Laws



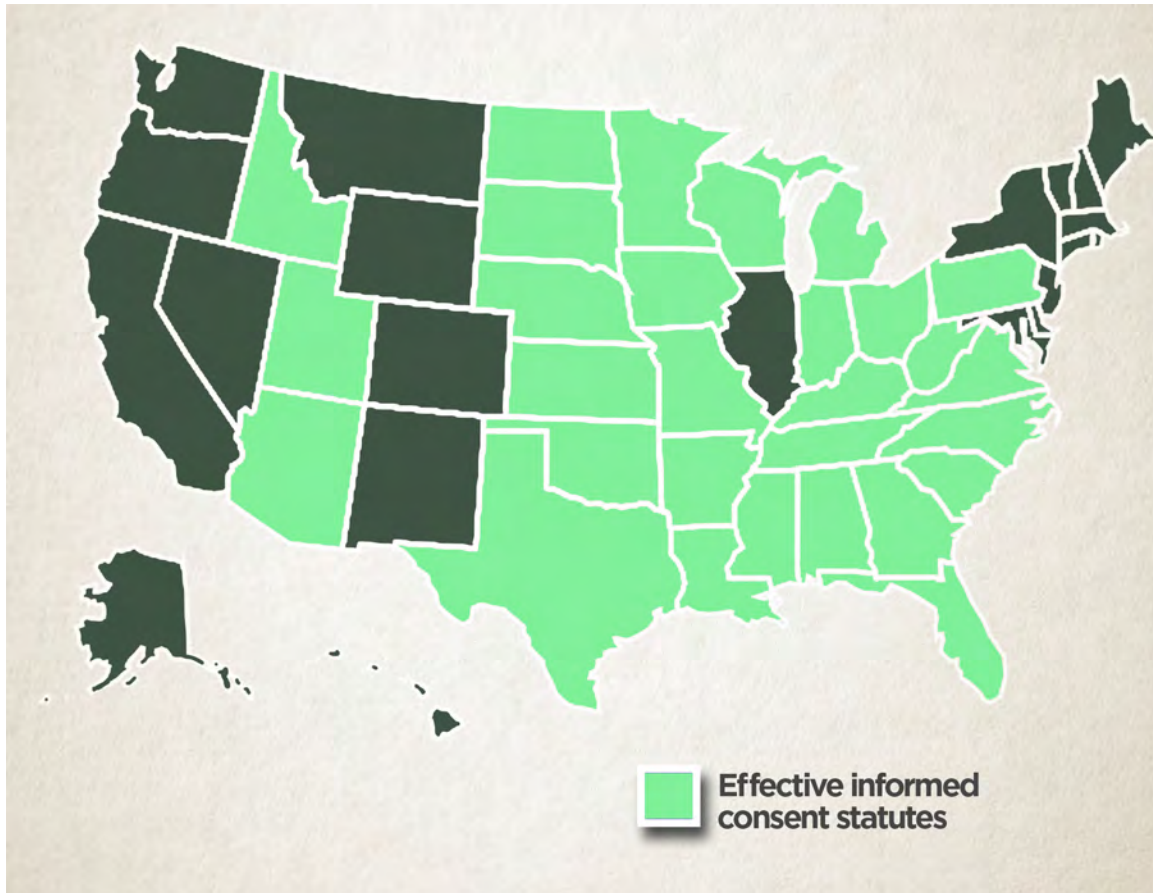
Providing a “window to the womb,” ultrasound images give a mother the unique opportunity to see her living unborn child in “real time.” Pro-life laws dealing with ultrasound mainly require abortion facilities to offer a pregnant mother the opportunity to view an ultrasound of her unborn child before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

Six states require that an ultrasound be performed and that the mother be offered the opportunity to view the ultrasound. They are Alabama, Arizona, Florida, Iowa, Mississippi and Virginia. Twelve 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, Tennessee, Utah and West Virginia. Five states require that the mother be provided with the opportunity to view an ultrasound. They are Indiana, Missouri, North Dakota, South Dakota and Wyoming.

*North Carolina is enjoined.

A Woman's Right to Know: Informed Consent



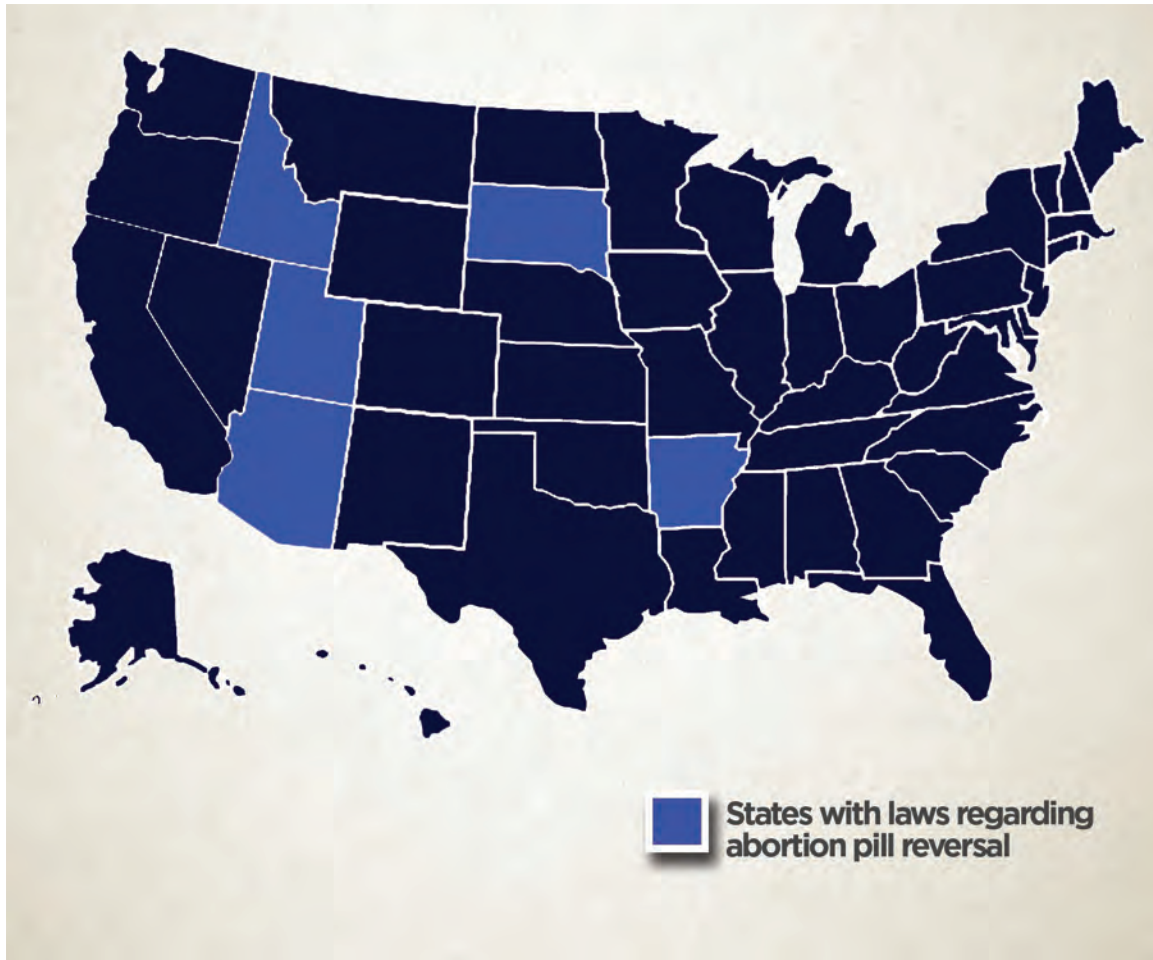
An informed consent law protects a woman's right to know the medical risks associated with abortion, the positive alternatives to abortion, and to be provided with nonjudgmental, scientifically accurate medical facts about the development of her unborn child before making this permanent and life-affecting 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-nine states [using language like that upheld in *Planned Parenthood v. Casey*, 505 U.S. 833 (1992)] currently have effective informed consent laws in place: Alabama[^], Arizona, Arkansas, Florida, Georgia, Idaho, Indiana[^], Iowa^{**}, Kansas, Kentucky, Louisiana,[^] Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania[^], South Carolina, South Dakota, Tennessee, Texas, Utah[^], Virginia, West Virginia, and Wisconsin[^].

[^]The 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.

^{**} Iowa is temporarily enjoined pending litigation.

A Woman's Right to Know: Abortion Pill Reversal

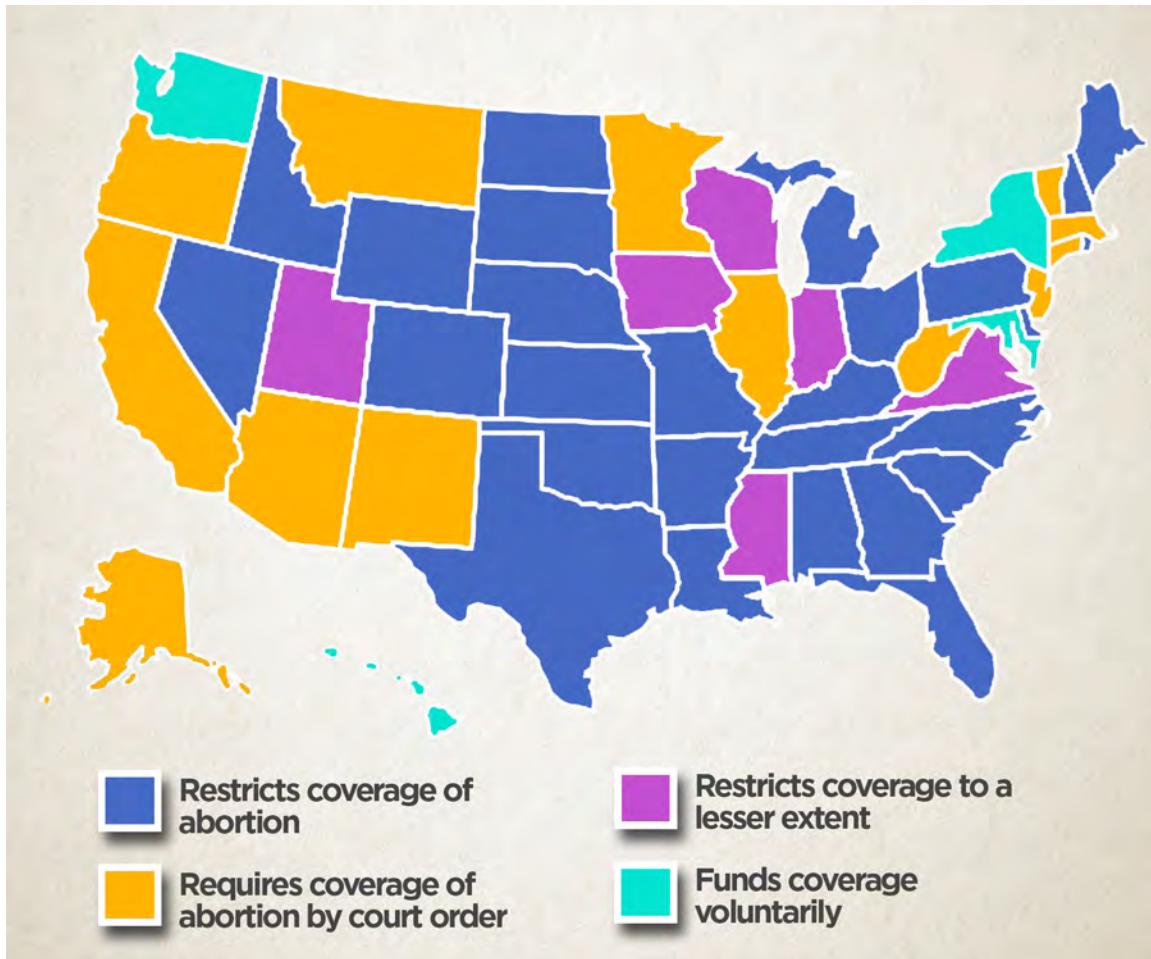


Most recently, states have moved to enact a form of informed consent law that requires abortion facilities to inform a woman prior to or soon after the first step of a chemical abortion that if she changes her mind, it may be possible to reverse the effects of the chemical abortion, but that time is of the essence.

Currently five states have enacted laws requiring this information to be provided: Arizona*, Arkansas, Idaho, South Dakota, and Utah.

*A previous abortion pill reversal law was repealed following legal action and was replaced with weaker language in accordance with the consent agreement. See *Planned Parenthood Arizona, Inc., et. al., vs Mark Brnovich*.

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.

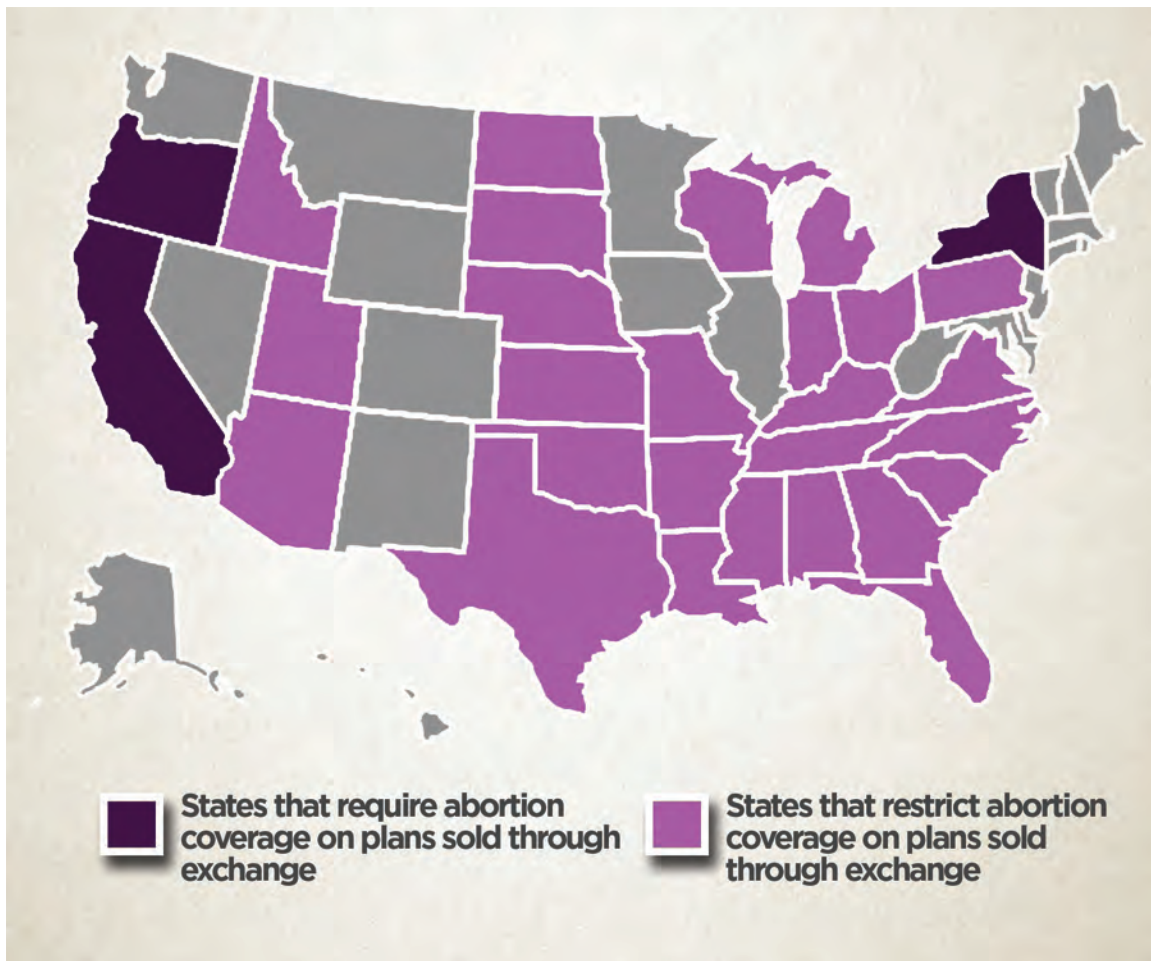
In 1993, Congress changed the Hyde Amendment to allow federal reimbursement for abortions performed in cases of rape and incest, in addition to life-of-mother cases. Some states attempted to continue to exclude coverage of the rape and incest categories, based on their state laws, but the federal courts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

Currently, 17 fund Medicaid coverage of abortion voluntarily or have laws in place requiring funding (of these, 13 are due to court decisions). Twenty-seven (27) states and the District of Columbia have laws that limit funding to cases of life endangerment, rape, and incest; six states limit abortion funding to a lesser extent.

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.

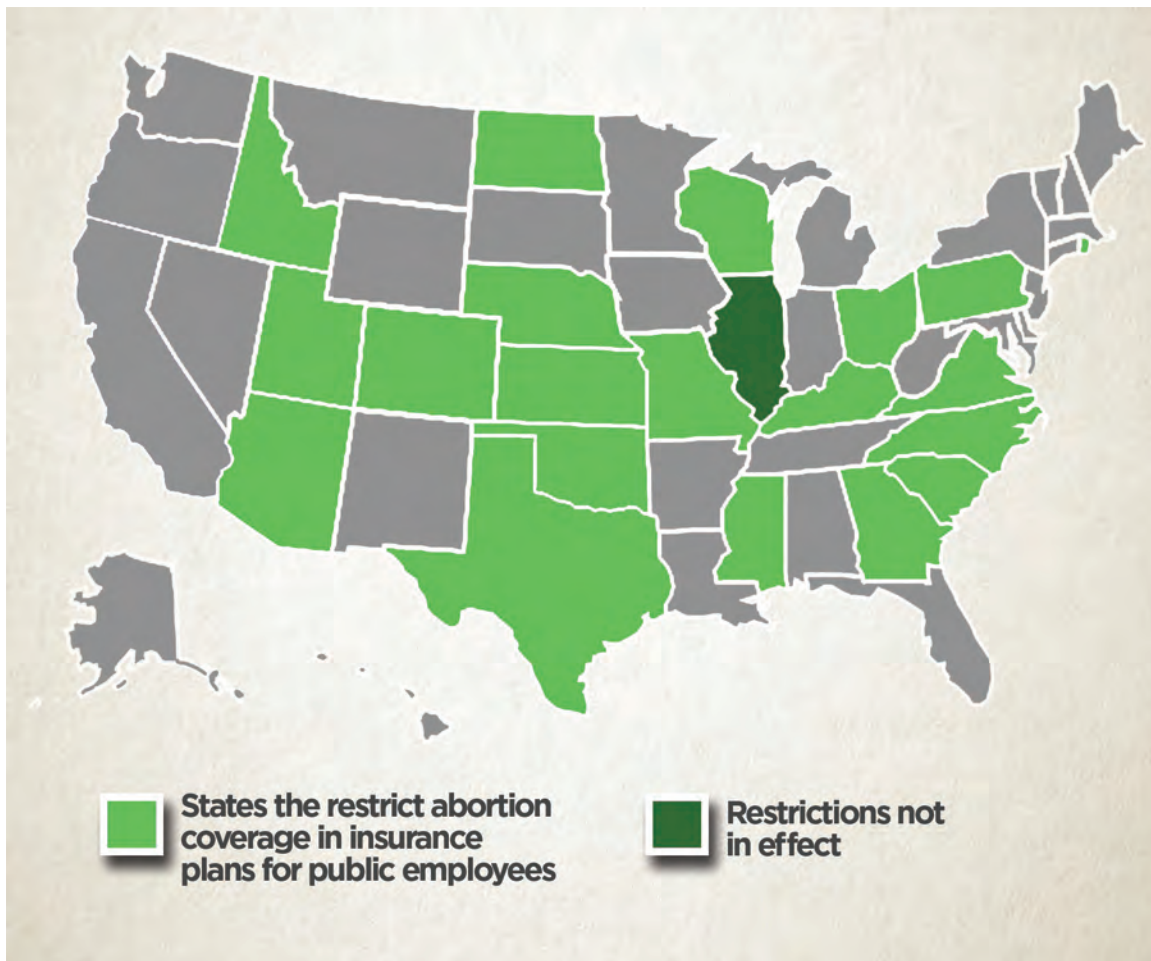
INSURANCE PLANS SOLD THROUGH THE EXCHANGE



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, Texas, Utah, Virginia, and Wisconsin.

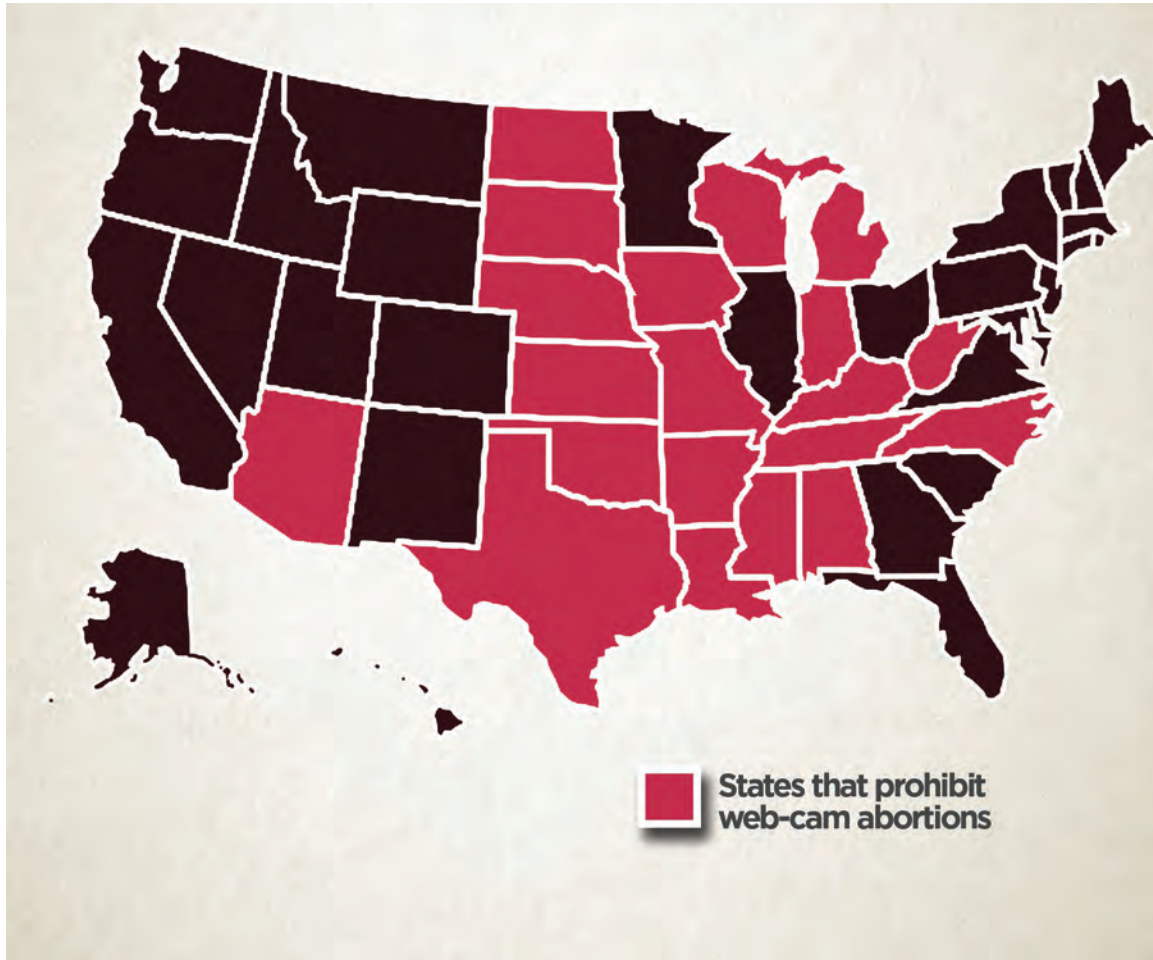
Preventing Taxpayer Subsidies for Abortion Coverage

INSURANCE PLANS FOR PUBLIC EMPLOYEES



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

Web-Cam Abortion Prohibitions



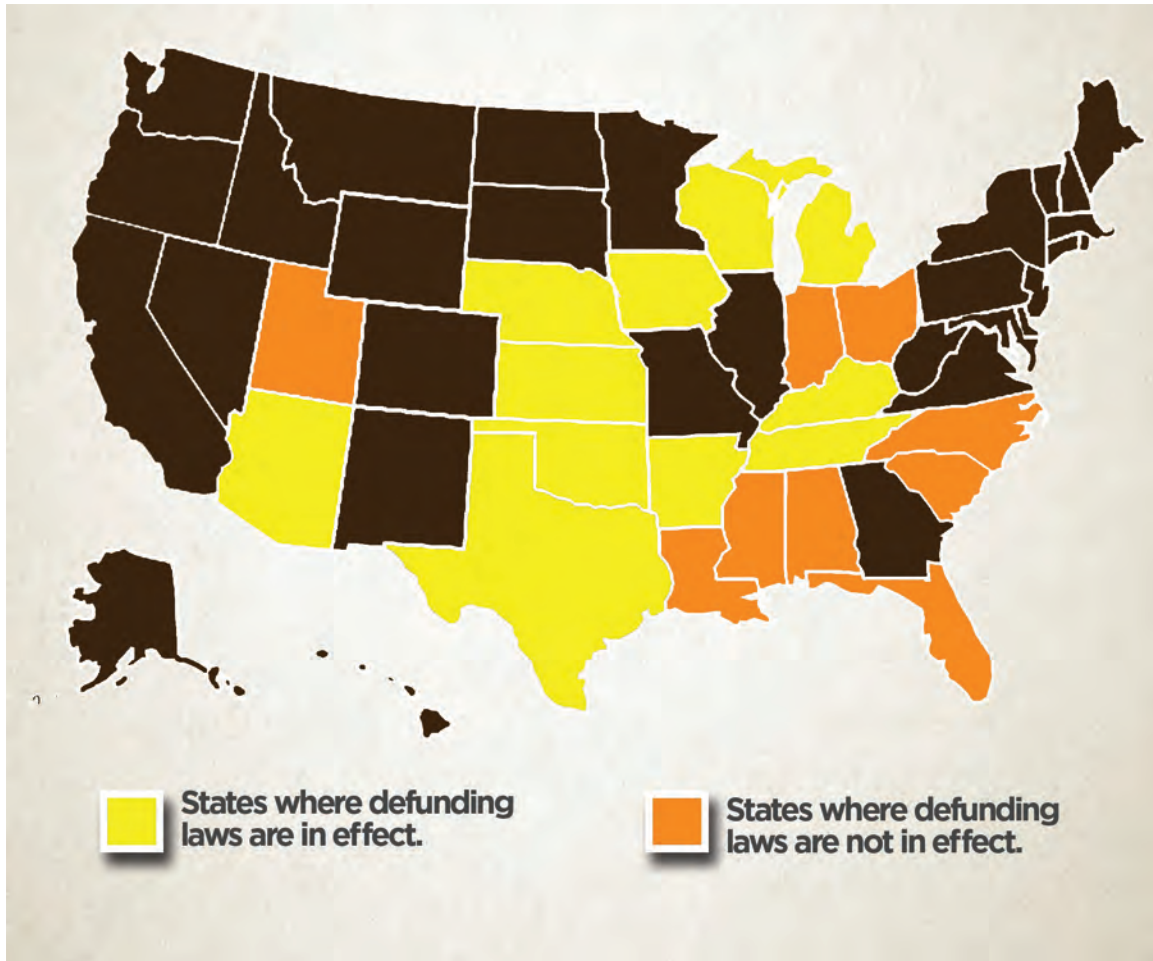
“Web-cam” abortions are chemical abortions done via a video conferencing system where the abortionist is located at one location and uses a closed circuit television to talk over a computer video screen with a woman who is at another location. The abortionist never sees the woman in person because they 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 20 states prohibit these “web-cam” abortions: Alabama, Arizona, Arkansas, Indiana, Iowa,* Kansas,* Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, and Wisconsin.

*Iowa and Kansas laws are currently enjoined.

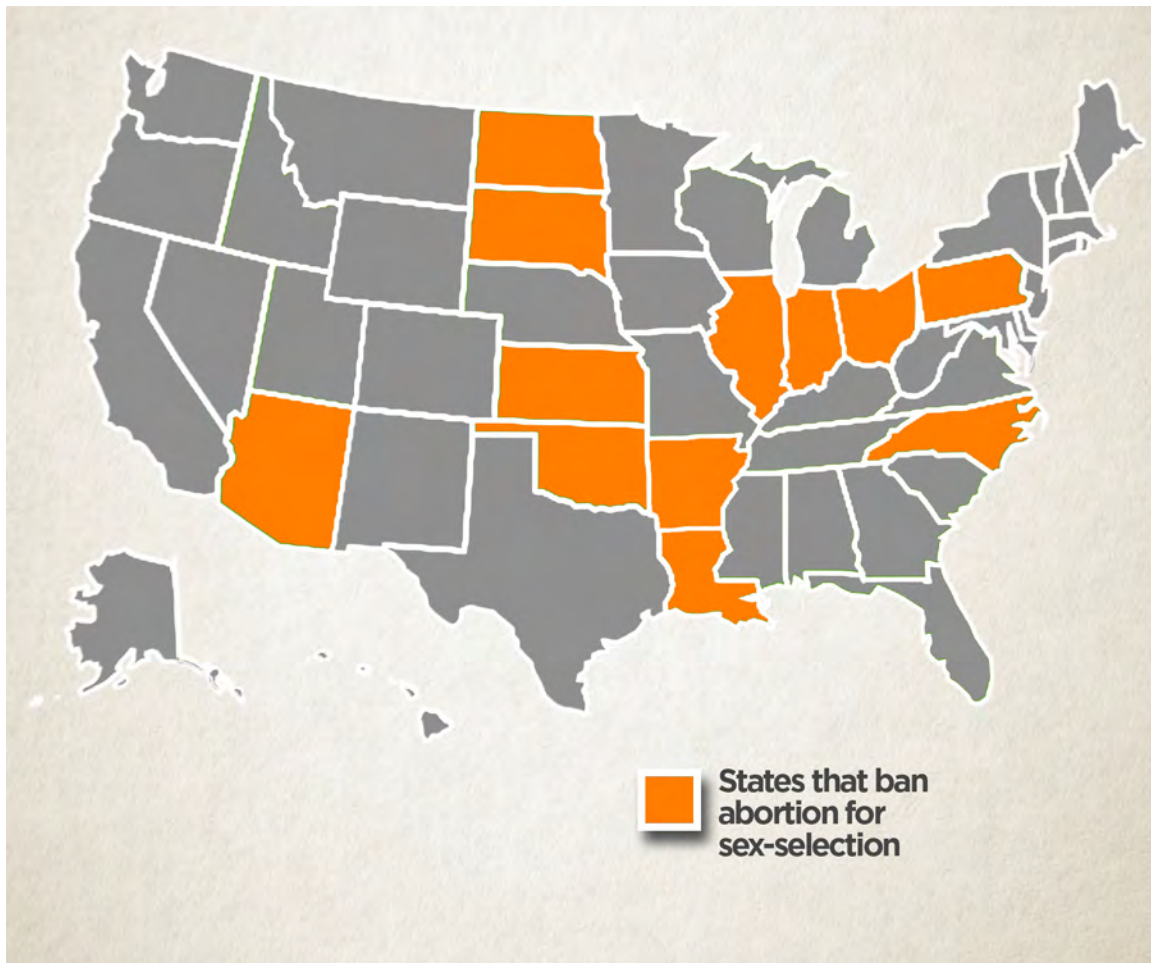
Defunding Abortion Giants



In recent years, several states have passed laws that attempt to defund abortion giants like Planned Parenthood, and similar abortion facilities, both directly and indirectly. Title X provides for Medicaid funds to be distributed to the states by the federal government for the purpose of supplementing family planning programs. The states contract with public and private entities to provide those family planning services. Legislators in some states have worked to restrict government funding to these facilities by refusing to contract with them, or any abortionist. Naturally, the minute a state passes legislation intent on defunding abortion facilities, the national abortion giants file suit against that state.

A total 20 states have acted to prevent Title X funds from being distributed to abortion providers in their state. Of these, eleven are currently in effect (Arizona, Arkansas, Iowa, Kansas, Kentucky, Michigan, Nebraska, Oklahoma, Tennessee, Texas, and Wisconsin).

Anti-Discrimination Abortion Bans



These laws protect unborn babies from being aborted on account of their sex, race, and/or genetic disability. 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 twelve (12) states have enacted laws protecting unborn children from discrimination based on their sex, race, and/or genetic disability. These states, in order of enactment are: Illinois (1975)*, Pennsylvania (1982), Oklahoma (2010), Arizona (2011), North Dakota (2013)^, Kansas (2013), North Carolina (2013), South Dakota (2014), Indiana (2016)^, Louisiana (2016)^, Ohio (2017)^, Arkansas (2017)^.

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

^These laws also ban abortions due to a potential genetic anomaly like Down Syndrome.

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.

THE SUPREME COURT AND ABORTION

Maier v. Roe and Beal v. Doe (1977)

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

Poelker v. Doe (1977)

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

Colautti v. Franklin (1979)

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

Bellotti v. Baird (II)* (1979)

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

Harris v. McRae (1980)

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

Williams v. Zbaraz (1980)

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

HL v. Matheson (1981)

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

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

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

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

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

Simopoulos v. Virginia (1983)

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

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

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

Webster v. Reproductive Health Services (1989)

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

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

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

Rust v. Sullivan (1991)

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

Planned Parenthood of Southern Pennsylvania v. Casey (1992)

To the surprise of many observers, the Court narrowly (5-4) reaffirmed what it called the “central holding” of *Roe*, that “a State may not prohibit any woman from making the ultimate decision to terminate her pregnancy before viability.” However, the Court also indicated a shift in its doctrine that would allow more in the way of state regulation of abortion, including pre-viability regulations: “We reject the rigid trimester framework of *Roe v. Wade*. To promote the

THE SUPREME COURT AND ABORTION

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:** President Trump has appointed Neil Gorsuch and Brett Kavanaugh to the U.S. Supreme Court. These appointments are consistent with the belief that federal courts should enforce the rights truly based on the text and history of the Constitution, and otherwise leave policy questions in the hands of elected legislators.
- **Mexico City Policy:** President Trump restored the “Mexico City Policy,” which prevents tax funds from being given to organizations that perform abortions or lobby to change the abortion laws of host countries. He later expanded the policy to prevent \$9 billion in foreign aid from being used to fund the global abortion industry.
- **Abortion Funding:** In 2017, President Trump issued a statement affirming his strong support for the No Taxpayer Funding for Abortion Act, saying he “would sign the bill.” The bill would permanently prohibit any federal program from funding elective abortion.
- **Funding Abortion Providers:** In 2018, President Trump’s Health and Human Services Department issued regulations to ensure Title X funding does not go to facilities that perform or refer for abortions. In 2017 President Trump signed a resolution into law that overturned an eleventh-hour regulation by the Obama administration that prohibited states from defunding certain abortion facilities in their federally funded family planning programs.
- **Protecting Pro-Life Policies:** President Trump has pledged “to veto any legislation that weakens current pro-life federal policies and laws, or that encourages the destruction of innocent human life at any state.”
- **Appointments:** President Trump has appointed numerous pro-life advocates in his administration and cabinet including Counselor to the President Kellyanne Conway, Secretary of State Mike Pompeo, Secretary of Education Betsy DeVos, Secretary of Energy Rick Perry, former United Nations Ambassador Nikki Haley, Secretary of Housing and Urban Development Ben Carson, and former Chief of Staff Reince Priebus.
- **Defunding Planned Parenthood:** President Trump supports directing funding away from 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.”
- **International Abortion Advocacy:** The Trump Administration cut off funding for the United Nations Population Fund due to that agency’s involvement in China’s forced abortion program. Additionally, President Trump instructed the Secretary of State to apply pro-life conditions to a broad range of health-related U.S. foreign aid.
- **Protecting the Unborn:** President Trump supports the Pain-Capable Unborn Child Protection Act. This legislation extends protection to unborn children who are at least 20 weeks because by this point in development (and probably earlier), the unborn have the capacity to experience excruciating pain during typical abortion procedures.



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 failed to enforce some long-standing laws restricting federal funding health plans that cover elective abortion, and 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 engaged in sustained efforts to force health care providers to provide drugs and procedures to which they have moral objections, and 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.

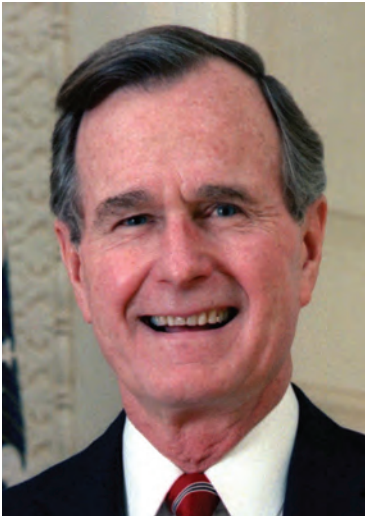


THE PRESIDENTIAL RECORD ON LIFE

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*.

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 nation's founders 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 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 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.

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, is 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/stateofabortion2019.pdf.



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