

THE
STATE OF
ABORTION
IN THE UNITED STATES

JANUARY 2020



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, 47 years later, National Right to Life estimates that more than 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 47th 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 seventh annual "State of Abortion in the United States" is not just a snapshot of where we are as the nation observes the 47th 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: Guttmacher Analysis

EDITOR'S NOTE: On the following pages, National Right to Life provides analysis of abortion data released in 2019 by 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).

It is 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 2017, and the CDC through 2015, and estimating figures for subsequent years (2017-2019), National Right to Life estimates that 61,628,584 abortions have been performed in the United States since 1973.

In September 2019, Guttmacher Institute released a report showing there were 862,320 abortions performed in the U.S. in 2017. This signals a decrease of almost 64,000 a year from the 926,190 Guttmacher reported just three years prior in 2014, and nearly half what it was at the 1990 peak when there were there were over 1.6 million recorded.

Abortion rates and abortion ratios are also down, showing this reflects a real cultural change and not merely some statistical fluke.

The abortion rate, the number of abortions per thousand women of reproductive age (ages 15-44), fell to 13.5/1,000. That figure was 16.3/1,000 in 1973, the first year abortion was legal in the U.S., but it was 29.3/1,000 at its peak in 1980.

What this tells us, thankfully, is that abortion is a significantly less common feature of women's lives today than it has been any time since the 1973 *Roe* decision was handed down. There are different ways to measure the abortion ratio. For Guttmacher, it is the number of abortions per 100 pregnancies ending in abortion or live birth.

[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.



That also reached a new low — hitting 18.3 abortions per 100 pregnancies in 2016 — before inching up to 18.4 for 2017. Both figures are lower than the 19.3 per 100 Guttmacher recorded in 1973 (the previous low), and significantly down from the abortion ratio peak of 30.4 per 100 recorded in 1983.

**ESTIMATED ABORTIONS
IN THE UNITED STATES**
61,628,584
SINCE 1973

What does this mean? That while in the 1980s about one in three pregnancies ended in abortion, current data puts that at just under one in five pregnancies. This is still too many, but a marked and dramatic improvement.

Encouraging as this data may be, there are other numbers that show the abortion industry is far from ready to throw in the towel.

The number of chemical abortions is up, now accounting for about 39% of all abortions. Guttmacher estimates that 339,640 chemical abortions were performed in 2017.

Put another way, Guttmacher says that 339,640 represents approximately 60% of the abortions eligible to be performed up to 10 weeks LMP (after a woman's last menstrual period) under the current Food & Drug Administration cut-off.

According to Guttmacher, the number of overall "abortion providers" is down, from 1,671 in 2014 to 1,587 in 2017. This number includes hospitals (down) and private doctor's offices (up) as well as the usual clinics. The number of facilities Guttmacher classifies as "abortion-providing clinics" is up, from 789 in 2014 to 808 in 2017.

Many of the newer physician's offices and clinics which previously had not performed abortions appear to be those adding chemical abortions to standard health care services. Many of these offer no other abortion methods. Guttmacher says that 269 (or 25%) of all "nonhospital providers" offered only "early medication abortion," the industry's euphemism for chemical abortions using mifepristone.

Overall, the numbers are an indication that fewer abortions than ever are being performed in hospitals (down a total of 120 from 2014 to 2017) and more are performed in clinics.

But even with the additional clinics, the actual numbers of abortions at those clinics fell by 56,880. Other figures from Guttmacher show that most of the overall abortion decline happened at high volume abortion clinics performing between a thousand and 4,999 abortions a year. (It should be noted that the country's nineteen mega-abortion mills—those performing 5,000 abortions or more a year—experienced an increase of about 8,000, or about 428 more abortions per abortion mill.)

As is usually the case for the organization that serves as the statistical handmaiden for the abortion industry, Guttmacher wants to credit the decline to better contraceptive use and claim that pro-life laws and policies had little to do with it. However, this is a bit of a strain even for them.

UNITED STATES ABORTION NUMBERS

Guttmacher touts an increase in the proportion of reproductive aged women using long-acting reversible contraceptives from 13% in 2014 to 16% in 2016 and an increase in sterilization rates from 25% to 26%. Yet at the same time, it admits that the use of other methods, such as the pill and injectable contraception, declined, balancing the equation.

What is clear is that we've seen an overall decrease in fertility. Birth rates dropped along with the number of abortions.

This indicates that there are simply fewer women getting pregnant. Changing cultural attitudes towards sex, pregnancy, and abortion may all contribute to such a trend.

Guttmacher makes a big point (picked up by the Associated Press story) that because there was a drop of abortion rates all across the country—in both states which did and states that did not pass abortion legislation—this indicates that such laws “do not appear to be the primary driver of declining abortion rates.”

Obviously, this begs the question. If true, why do Guttmacher and the abortion industry rail so vehemently against even the most modest protective legislation, laws that just guarantee that a woman knows about abortion's risks and alternatives, laws that ensure that her clinic meets basic health and safety standards?

Guttmacher acknowledges only obliquely and in passing that laws passed in one state may still have an impact on another.

“It is possible,” Guttmacher admits, “that the declines in abortion these states [speaking of Iowa and West Virginia, which lost several clinics and saw larger abortion declines] reflect, at least in part, a decline in the number of individuals who crossed state lines to obtain care, since there were fewer clinics” (Guttmacher Release, 9/18/19)

Large, high volume abortion clinics in many states (think Cherry Hill, NJ, or Charlotte, NC) often exist just across the state line from a major population center. Thus, laws passed in one state may impact the flow of patients in either direction.

The larger point, though, is that state legislation prompts a larger national conversation about abortion—about what it is, how it is performed, and about better alternatives that are available.

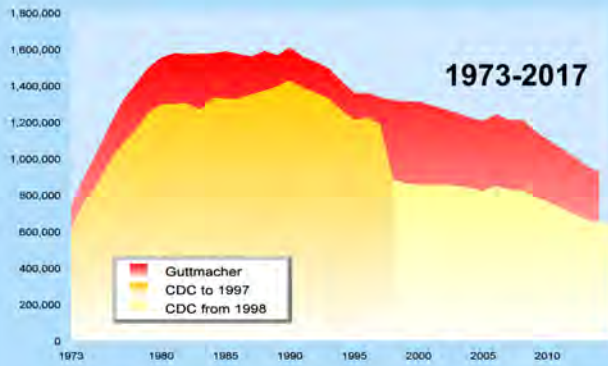
And the more women know about all of this, the more they choose life. The numbers make that clear.

	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	899,500	638,169*
2016	874,100	
2017	862,300	
2018-19	862,320 §	

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

§ NRLC projection for calculation

Reported Annual Abortions



1973	744,610	615,831
1974	898,570	763,476
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*Excludes NH, CA and often at least one other state.

§ NRLC projection for calculation

ABORTION STATISTICS

United States Data and Trends

Abortion Drop Continues

There are two basic sources on abortion incidence in the United States:

- The U.S. Centers for Disease Control (CDC) publishes yearly, but relies on voluntary reports from state health departments (and New York City, Washington, D.C.). It has been missing data from California, New Hampshire, and at least one other state since 1998.
- The Guttmacher Institute (GI) contacts abortion clinics directly for data but does not survey every year.
- Because it surveys clinics directly and includes data from all fifty states, most researchers believe Guttmacher's numbers to be more reliable, though Guttmacher still believes it may miss some abortions.

Both the CDC and Guttmacher show significant recent drops and sustained declines over the last 25 years.

- Total abortions dropped 27.8% from 1998 to 2016 with the CDC, and fell 46.4% from 1990 to 2017 with GI.
- Total abortions fell below 1 million for the first time in the 2013 GI count and have continued downward to 862,320 in the most recent GI figures for 2017.
- The abortion rate for 2017 for GI was 13.5 abortions for every 1,000 women of reproductive age (15-44), less than half what it was in 1981 (29.3) and even lower than when abortion was legalized in the U.S. in 1973 (16.3).
- Guttmacher says there were 18.3 abortions for every 100 pregnancies ending in live birth or abortion in 2016, 18.4 for 2017, lower abortion ratios than any since 1972.
- Guttmacher says that the number of abortion "providers" has dropped from a high of 2,918 in 1982 to 1,587 in 2017.
- Most of the reduction in abortions seen between 2008 and 2017 occurred in facilities performing a thousand or more abortions a year. A loss of 122 such facilities from 2008 to 2017 was accompanied by a decline of 346,280 abortions, virtually all of the drop between those years.
- The percentage performed with chemical abortifacients like mifepristone rose from 16.4% in 2008 to 39.4% in 2017.

The Consequences of *Roe v. Wade*

61,628,584

Total abortions since 1973

Based on numbers reported by the Guttmacher Institute 1973-2017, with 3% added for GI estimated possible 3-5% undercount for 1973-2014. Additional 12,000 per year for 2015-2019 for abortions from "providers" GI says it may have missed in 2015-2017 counts.

UNITED STATES ABORTION NUMBERS

UNITED STATES ABORTION NUMBERS:

U.S. CDC Analysis

Over the Thanksgiving holidays, the government released its latest report on abortion in America, confirming a welcomed long term downward trend in the numbers of abortions.

According to the U.S. Centers for Disease Control (CDC), the number of abortions fell 2% from 2015 to 2016, dropping from 638,169 to 623,471. As has been the case for some years now, this number does not include any abortion data from California, the nation's most populous state, nor any numbers from Maryland, New Hampshire, and for 2016, the District of

Columbia. Data from California, New Hampshire, and at least one other state have been missing from every CDC surveillance report since 1998.

The private abortion industry research group, the Guttmacher Institute, does have data from DC and all states and reported 874,100 for 2016. As noted previously, Guttmacher's number is thought to be more accurate because it surveys abortion clinics directly rather than relying on reports from state health departments like the CDC does.

Though Guttmacher only conducts its surveys every few years, while the CDC reports annually (though taking a couple of years to process data), Guttmacher has reported an estimated figure of 862,320 for 2017, further evidence the drop in the number of abortions is continuing.

The value of the CDC's figures, despite its deficiencies, is that it has data for every year and reports that data with regularity, giving a good read on abortion's demographic trends.

Key Figures

The abortion rate and ratio reported by the CDC for 2016 are the lowest it has recorded since the Supreme Court declared abortion on demand legal in the U.S. in 1973.

According to the CDC, there were just 11.6 abortions for every 1,000 women aged 15-44 in U.S.. The abortion rate in 1973 was 14 abortions for every thousand women of reproductive age. It was more than double that – 25 abortions per thousand – in 1980.

With respect to the abortion ratio, the CDC says it found that there were 186 abortions for every thousand live births in 2016 (so that everyone is clear, that would be 186 abortions out of a total of 1,186 abortions and births). The abortion ratio was 196.3 in 1973, the first year Roe was in operation. That ratio reached a peak of 364.1 in 1984.

All these are very encouraging numbers. It is very important to understand that It is not just that there are fewer abortions, but that fewer pregnant women are turning to abortion. It also means that abortion is becoming a less common occurrence in our country.

Type and Timing of Those Abortions

Relying on state reports means that the CDC not only misses data from big states like California, but also means that the data it does receive and report varies from state to state. Some state reports include gestation, method of abortion, racial and demographic details, etc., while others don't. This means while the overall total reflects abortions reported from 47 states, gestational data may only be available from 40 states (or "reporting areas") or data on abortion methods from just 43 states or fewer.

Despite the rapid proliferation of chemical abortions, surgical abortions still make up the majority of procedures in the U.S., the CDC reports. About six in ten (59.9%) were surgical abortions performed at 13 weeks gestation or less. Another 8.8% were surgical procedures performed at greater than 13 weeks. This means that more than two-thirds (68.7%) of those abortions in the U.S. (in the 43 reporting areas) in 2016 were surgical.

The CDC no longer separates these out by individual surgical method. But it does say that this includes "aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, sharp curettage, and dilation and evacuation procedures."

The CDC still reports on the number of hysterotomies (in which both the baby and the uterus are removed) as a separate category, but these were extremely rare. Only New Jersey appears to have reported any by name, with 34, and only 51 are reported for the entire U.S.

The abortions that the CDC classifies as "medical" are typically (but not always) those chemical abortions involving mifepristone (RU-486) and a prostaglandin (some abortions use misoprostol, a prostaglandin, alone, or in combination with another drug, methotrexate).

About a third of the abortions reported to the CDC for 2016 were chemical ["medical"] abortions. Most of them—27.9% of all abortions— were reported at or earlier than 8 weeks gestation. An additional 3.4% were those chemical abortions reported at more than 8 weeks.

The CDC's chemical abortion accounting is complicated by a decision made by the U.S. Food and Drug Administration (FDA) in 2016. The FDA extended the cut off point for mifepristone abortions from 49 days after a woman's last menstrual period to 70 days. Some of the abortions recorded by the CDC as after 8 weeks obviously cross the old barrier.

The CDC also reports 129 "intrauterine instillation" abortions, ones in which chemicals like prostaglandins, urea, or saline are introduced into the placenta to stimulate contraction to expel the child from the uterus.

As made clear above, most abortions continue to be performed in the first trimester, with 90.9% being performed at or earlier than 13 weeks gestation. As has increasingly been the case since the advent of chemical abortions, more than a third (37.7% for 2016) of all abortions are done at six weeks gestation or less. Nearly two-thirds (65.3%) are performed at 8 weeks gestation or less.

About 9% of abortions are performed at 13 weeks gestation or more — meaning in the second (or third) trimester. The CDC reported that 7.7% percent of abortions were performed somewhere between 14 and 20 weeks gestation. A little over one percent (1.3%) were at 21 weeks gestation or more.

UNITED STATES ABORTION NUMBERS

Details on Demographics

Age

By far, the largest percentage of abortions were those performed on women in their twenties: a total of 58.5% on women 20-29. Of these 30% were performed on women aged 20-24, 28.5% for women 25-29. About a third (28.3%) were to women in their thirties and just a small percentage (3.5%) were to women aged 40 and older.

Those aged 19 and younger were responsible for less than one in ten (9.7%) of all abortions. Two-thirds of those (according to a separate CDC table) were performed on the oldest teenagers—18 or 19. The CDC shows that the portion of abortions going to younger teens has been decreasing in the last ten years along with their rates and ratios, demonstrating the continued impact of parental involvement laws.

Race and Ethnicity

Race and ethnicity are difficult for the CDC to measure precisely. States categorize and report these differently, resulting in data charts with competing sets of numbers.

By one data set from 36 reporting areas, whites accounted for 46.7% of abortions, blacks for 42% and 11.3% from other. On a separate chart, Hispanic abortions (which may include women of white, black, and other races) were reported by the CDC to reflect 17.5% of total U.S. abortions, though another CDC data set put these at 18.8%.

Because all CDC data sets are missing data not only from California, but also, in this case, Florida, which have a significant Hispanic population, it is expected that these percentages may be low. This is especially so if Hispanic abortion rates and ratios in those states are at all comparable with those from states that did report. (CDC reported an abortion rate of 11.3 abortions per thousand women of reproductive age for Hispanic women from 36 reporting areas and a ratio of 151 abortions for every 1,000 live births for that same group in 2016.)

Marital Status, Previous Births and Abortions

As would be expected, the vast majority (85.9%) of abortions were to unmarried women. It has been above 80% every year with the CDC since at least 1994.

One shockingly stubborn statistic is that 59% of women who had an abortion report at least one previous live birth. Nearly a third of women (32.7%) reported having already given birth to two children, or more. The CDC does not tell us whether these previous children were still living with their mothers, but owing to the relative dearth of domestic U.S. infant adoptions, it is expected that many do.

Though for most women in 2016, her abortion was her first, a substantial percentage (43.1%) of women reported having at least one prior abortion. Nearly one in nine (10.9%) reported having two previous abortions and more than one in 13 said she had had three abortions or more.

UNITED STATES ABORTION NUMBERS

CDC analysts say that increased contraceptive use among adolescents and “Changing patterns of contraceptive use may have contributed to this decrease in unintended pregnancy.” But it is clearly the case that many women are still using abortion as a means of birth control.

How Far Have We Come?

The number of abortions has been coming down, falling substantially in the past three decades. There were 1.6 million abortions in 1990, meaning that the number has dropped by almost half (using Guttmacher’s higher, more complete totals) by 2016.

Data from the CDC confirm that downward slide. The number of abortions has fallen across the country, particularly dropping among teens, but with rates and ratios falling among nearly all groups.

Still, much higher rates for minorities persist, as do percentages of repeat abortions. Chemical abortions keep rising, and later abortions continue to be performed.

Clearly there is more work to do, and there will be as long as abortions are legal and women facing unexpected pregnancies seek them out.

But real progress has been made. There is tangible evidence that what we are doing has been working. Not just in the smaller numbers, but in the babies alive today that have been spared the knife or the poison pill of the abortionist.

THE EQUAL RIGHTS AMENDMENT

THE EQUAL RIGHTS AMENDMENT An Analysis

In January, 2020, the Virginia legislature adopted a resolution that purports to ratify the Equal Rights Amendment (ERA), a proposed constitutional amendment submitted by Congress to the states in March 1972, with a seven-year deadline for ratification.

In the view of pro-ERA activists, Virginia was the 38th state to ratify the ERA, thereby meeting the constitutional requirement of ratification by three-quarters of the 50 states. Pro-ERA advocacy groups are already proclaiming that the Virginia legislature's action will be the successful culmination of decades of struggle for constitutional "equality."

However, there are many who find these claims implausible. Douglas D. Johnson, who directed National Right to Life's ERA-related efforts during his years as the organization's Federal Legislative Director (1981-2016), and continues to do so today as National Right to Life Senior Policy Advisor, has made the following observation:

This is an attempt to air-drop into the Constitution a sweeping provision that could be used to attack any federal, state, or local law or policy that in any way limits abortion -- abortion in the final months, partial-birth abortion, abortions on minors, government funding of abortion, conscience-protection laws, you name it. Pro-abortion advocates have been unable to accomplish their goal by the amendment process provided in Article V of the Constitution -- their proposal expired unratified 40 years ago -- so they are attempting to accomplish it through a brazen political campaign, dressed up in legal terminology.

Johnson and other critics of the ERA "ratification" campaign got a powerful boost on January 6, 2020, when the Office of Legal Counsel (OLC) of the U.S. Department of Justice issued a 38-page legal memo that firmly concluded that the ERA died without being ratified in 1979, and that neither state legislatures nor Congress have power to resurrect it.

The only constitutional avenue to adoption of an ERA would be for ERA proponents to start over, requiring two-thirds approval in each house of Congress, followed by a new round of consideration by state legislatures, the OLC memo concluded.

OLC's function is to advise Legislative Branch agencies on major legal issues. Therefore, the January 6 opinion now governs the actions of the Archivist of the United States, David Ferriero, to whom it was directed. This means that when the Virginia legislature transmits its "ratification" papers to Ferriero, he will not certify that the ERA has been ratified and made part of the Constitution, which are functions that the Archivist would perform in the case of a genuine ratification.

In a January 8 statement, the National Archives and Records Administration (NARA), the agency that Ferriero heads, said, "NARA defers to DOJ on this issue and will abide by the OLC opinion, unless otherwise directed by a final court order."

The OLC opinion also forcefully rejected the theory that Congress could retroactively nullify the ratification deadline on the 1972 ERA, which is the premise of a measure that the Democrat-controlled U.S. House of Representatives is expected to take up in early 2020 (H.J. Res. 79).

The opinion says, “[The current] Congress may not revise the terms under which two-thirds of both Houses proposed the ERA Resolution and under which thirty-five state legislatures initially ratified it. Such an action by this Congress would seem tantamount to asking the 116th [current] Congress to override a veto that President Carter had returned. . . a power this Congress plainly does not have.”

U.S. House to Take Up Pro-ERA Measure

Undeterred, the Democratic leaders who hold majority control of the U.S. House of Representatives intend to pass H.J. Res. 79, a measure that they claim would retroactively nullify the deadline.

The Democratic leaders say that this measure could pass with only majority votes in the House and Senate, even though Congress’s role in the constitutional amendment process is defined in Article V of the Constitution, which requires two-thirds votes in both houses.

The measure has been co-sponsored by more than half of the members of the House (although by only three Republicans), and therefore will pass the House. However, it is expected to encounter a cool reception in the U.S. Senate, where Republicans currently hold a 53-47 seat majority.

As Johnson further observed:

This resolution is a legislative mutant – nothing like it is described in the Constitution. Its authors claim it can reach backwards in time and change the terms of a constitutional amendment resolution that a different Congress passed with two-thirds votes nearly 48 years ago – and even more remarkably, this mutant resolution can accomplish this time-warping feat on the strength of simple-majority votes.

Despite its legal implausibility, the clear intent of the resolution is to air-drop the ERA into the Constitution – therefore, it is fair that lawmakers who vote for it should be held accountable for the likely legal effects of the ERA, including its likely sweeping pro-abortion effects – effects that leading abortion-advocacy groups now openly predict.

In a letter to the U.S. House, National Right to Life said, “In our communications with our members, supporters, and affiliates nationwide, a vote in favor of this resolution will be accurately characterized as a vote in favor of inserting language into the U.S. Constitution that could invalidate any limits whatsoever on abortion, including late abortions, and to require government funding of abortion.”

Multiple Lawsuits

Ultimately, the federal courts, and quite likely the U.S. Supreme Court, will sort out the irreconcilable claims about the viability of the ERA. As of January 20, 2020, the Archivist had already been sued by two different groups, and further lawsuits are expected after Virginia transmits its “ratification” papers.

On December 16, 2019, Alabama Attorney General Steve Marshall, joined by the attorneys general of Louisiana and South Dakota, sued the Archivist in federal court in Alabama. That lawsuit asks the court to order the Archivist to stop accepting papers that purport to ratify a long-expired amendment. The

THE EQUAL RIGHTS AMENDMENT

lawsuit also asks the court to declare as valid the actions of five state legislatures that rescinded their ERA ratifications, prior to the 1979 deadline.

On January 7, a pro-ERA group called Equal Means Equal filed a suit in federal court in Boston, arguing that the deadline that Congress included in the 1972 ERA resolution should be regarded as unconstitutional. The group's lawyer, Wendy Murphy, has criticized efforts to pass a deadline-nullification measure in Congress as unnecessary and diversionary.

Additional lawsuits are expected from the pro-ERA side after Virginia approves its "ratification" resolution. The legal issues surrounding the ERA's ratification process may ultimately be decided by the U.S. Supreme Court, although that could take some time.

There is really only one constitutional route for those who want to put an ERA into the Constitution. They must begin the process over again, which would entail congressional consideration of possible revisions to the 1972 ERA language. They would need to muster a two-thirds vote in each house of Congress for the final resolution -- and then, approval by at least 38 state legislatures.

The ERA-Abortion Connection

National Right to Life long has opposed ratification of the 1972 ERA, because of the predictable likelihood that pro-abortion groups would use it as a powerful legal weapon against state and federal policies that place any limits on abortion.

In 1983, the Democratic leadership of the U.S. House of Representatives, recognizing that the 1972 ERA was dead, attempted to re-start the entire process by sending a new ERA (with the same language) to the states. They were stunned when the proposed do-over ERA fell short of the required two-thirds majority on the House floor — which was due in no small part to forceful intervention by National Right to Life against the measure. (Nov. 15, 1983)

For decades, most pro-ERA leaders and their allied officeholders denounced pro-life concerns about the ERA-abortion link as "right-wing scare tactics." Most journalists covering the issue accepted this framing at face value -- even after pro-abortion groups began using ERAs that had been added to state constitutions in precisely the manner that pro-life groups had predicted.

For example, the New Mexico Supreme Court in 1998 unanimously struck down a state law restricting public funding of elective abortions, entirely on the basis of the state ERA, in a lawsuit brought by affiliates of Planned Parenthood and NARAL.

In January 2019, the Women's Law Project, Planned Parenthood filed a lawsuit urging courts in Pennsylvania to strike down limitations on state funding of elective abortion as violations of the state ERA. A past ruling declining to take such a step "is contrary to a modern understanding" of ERA, the groups said in their complaint.

THE EQUAL RIGHTS AMENDMENT

As recently as April 30, 2019, several pro-ERA members of the U.S. House of Representatives denounced pro-life lawmakers who had expressed concerns about the ERA-abortion connection. For example, Rep. Carolyn Maloney (D-La.) told a House Judiciary subcommittee, “The Equal Rights Amendment has absolutely nothing to do with abortion . . . saying so is just divisive and a tool to try to defeat it.”

In response, Rep. Mike Johnson (R-La.) read into the record a sampling of recent statements by pro-abortion groups, including NARAL, NOW, Planned Parenthood, and the Women’s Law Project, proclaiming that the ERA should or is likely to sweep away laws limiting abortion.

For example, in a national alert sent out on March 13, 2019, NARAL Pro-Choice America asserted that “the ERA would reinforce the constitutional right to abortion . . . [it] would require judges to strike down anti-abortion laws . . .”

The National Organization for Women circulates a monograph on the ERA that makes numerous sweeping claims about its hoped-for pro-abortion legal effects -- stating, for example, that “an ERA — properly interpreted — could negate the hundreds of laws that have been passed restricting access to abortion care . . .”

Moreover, the Associated Press on January 1, 2020 reported that Emily Martin, general counsel for the National Women’s Law Center, “affirmed that abortion access is a key issue for many ERA supporters; she said adding the amendment to the Constitution would enable courts to rule that restrictions on abortion ‘perpetuate gender inequality.’”

In 1983 and since, National Right to Life has said it will strongly oppose any start-over ERA in Congress, unless an “abortion-neutralization” amendment is added, which would state: “Nothing in this Article [the ERA] shall be construed to grant, secure, or deny any right relating to abortion or the funding thereof.” ERA proponents have vehemently rejected such a revision.

PLANNED PARENTHOOD: More Abortions, Less Care

Analyzing the Abortion Giant's Annual Report

WE ARE PLANNED PARENTHOOD



A record number of abortions performed by nation's abortion giant

Planned Parenthood may have closed a few clinics, experienced a major upheaval in top management, and even seen its revenues dip ever so slightly. But that hasn't stopped the abortion giant from performing a record number of abortions and continuing to grab an ever increasing share of the U.S. abortion market.

In its most recent 2018-2019 Annual Report, Planned Parenthood reports performing 345,672 abortions for 2018, the most the organization has ever reported.

That figure represents 40.1% of all the abortions the Guttmacher Institute says were performed in the U.S. in 2017 (the most recent year available). This continues to cement Planned Parenthood's reputation as the country's top abortion performer and promoter.

Closing Clinics, Yet More Abortions

Planned Parenthood doesn't share exactly how many clinics it currently has, writing only they have "more than 600 health centers across the country." That exactly the same phrasing that they used in last year's report, though we know there were nearly 900 centers as recently as 2010.

Obviously, a large number of clinics have closed (for example, two recently closed in Ohio, according to ABC News, September 9, 2019). However, Planned Parenthood has made sure to keep its abortion business humming, building giant new regional mega-clinics to pick up and possibly expand on the caseloads formerly going to the now closed centers.

PLANNED PARENTHOOD:
A 1.6 BILLION DOLLAR EMPIRE

The latest mega-clinic opened in Fairview Heights, Illinois in October of 2019. The stated intent here was to pick up abortion patients who could no longer visit Planned Parenthood clinics in Missouri.

Though the media, egged on by Planned Parenthood's relentless hype machine, thought this was some new sort of development, it was only the latest in a long line of mega-clinics the organization has been opening all across the United States (Houston, Denver, Chicago, Queens, NY, Washington, DC, New Orleans, Portland, OR, St. Paul, MN, etc.) for at least the past decade and a half.

Other Non-Abortion Health Services Decline

Interestingly enough, while the expansion of these centers has been accompanied by an increase in the number of abortions, that's not been the case in the provision of other key Planned Parenthood services. Contraception, Planned Parenthood's signature product, continued to decline for the sixth year in a row. At 2,556,413 in 2018, birth control services are down nearly 36% of what they were just twelve years earlier.

Every time someone challenges their mission or (especially) funding, Planned Parenthood likes to talk about all the lives they potentially save providing cancer screenings. But the number of those services have fallen every year since at least 2005.

At one time, over two million a year (2,011,637 in 2005), all Planned Parenthood's "cancer screenings and prevention" services barely totaled half a million (566,186) in 2018. This represents a whopping fall of more than 71.8% in just 14 years.

And those are just simple things such as Pap smears and manual breast exams. Despite what you may have heard, Planned Parenthood does not — and has never — provided mammograms.

They've Got Plenty of Money

It isn't as if Planned Parenthood lacks the money to buy a few mammogram machines. Revenues this year were down just a hair, from \$1,665,100,000 for the fiscal year ending June 30, 2018 to \$1,638,600,000 for the fiscal year ending June 30, 2019.

"Government Health Services Grants Reimbursements & Grants" were up \$53 million during that same period, from \$563.8 million to \$616.8 million. "Non-Government Health Services" Revenue increased from \$365.7 million to \$369.6 million.

Private donations were very high, but appear to have flagged a bit from last year's record. After reaching \$630.8 million in 2018 with their latest "sky is falling" campaign, they fell back to "just" \$591.3 million for FY 2019.

PLANNED PARENTHOOD: A 1.6 BILLION DOLLAR EMPIRE

Planned Parenthood Won't Say Wen

How much of this is a result of tumult at the top of the organization's administration is unknown. Leana Wen, a medical doctor who, with great fanfare, took over as head of Planned Parenthood in September of 2018, was ousted by the board of directors in July of 2019 after less than a year on the job.

Wen was as committed to abortion as anyone, but made the "mistake" of seeing it as part of a broader health care mission. When she made clear that she didn't see abortion as the be-all, end-all of Planned Parenthood's existence, she and Planned Parenthood parted ways over "philosophical differences." Wen wrote in *The New York Times* September 19, 2019, "I believe abortion is about health care, not politics. Many of my colleagues disagreed."

Wen somehow manages to go unmentioned in this latest report.

Planned Parenthood installed Alexis McGill Johnson, a reliable abortion advocate, as "Acting President and CEO" and kept the abortion mills humming. No official word on when or if the acting president will be replaced.

Abortion as the Clear Theme

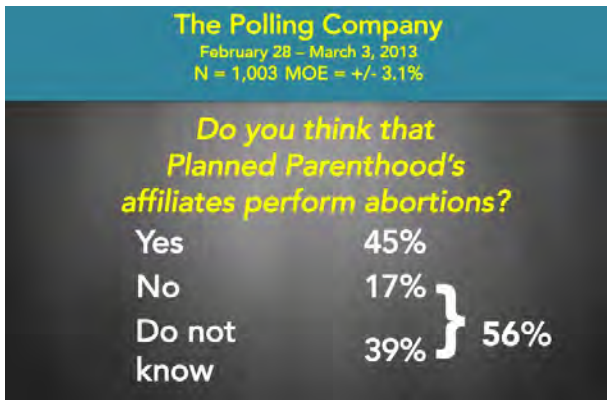
The organization's latest annual report makes it plain that Planned Parenthood continues to be all about abortion, in more ways than one. The record number of abortions speak for themselves, as do the declining figures for genuine health care services.

In the report, PPFA trumpets their legal and political successes in opposing "abortion bans." They celebrate "technology" allowing them to perform webcam abortions in 16 states and research on these abortions and other topics they were able to get published in national medical journals. They talk about their work promoting "sexual and reproductive services" and "reproductive rights" around the world and among ethnic minorities in the United States, "organizing and mobilizing" on college campuses and rallying against the nomination of Justice Brett Kavanaugh.

In addition to stopping or delaying pro-life legislation they didn't like in Florida, West Virginia, South Carolina, Kansas, Montana, Missouri, Wisconsin and North Carolina, Planned Parenthood expressed pride in being able to enable "proactive legislation to protect and expand access to safe and legal abortion" in Hawaii, Illinois, Maine, Nevada, New York, Rhode Island, and Washington state. Planned Parenthood says that its doctors, educators and activists wake up each day with one mission: Care, No Matter What.

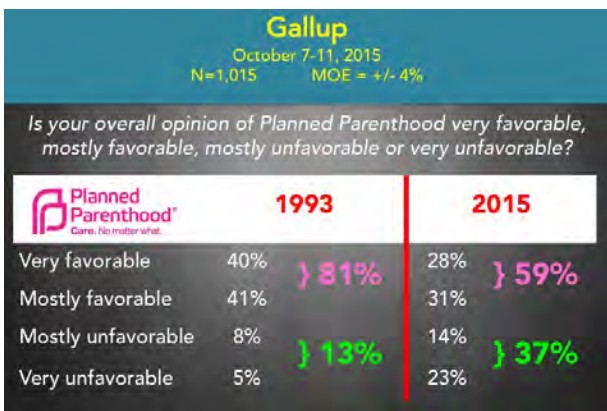
When it comes to the lives of tender, innocent, precious unborn children, however, this report makes is clear, once again, that Planned Parenthood "Doesn't Care — No Matter What."

PLANNED PARENTHOOD: A 1.6 BILLION DOLLAR EMPIRE



Planned Parenthood and Public Opinion

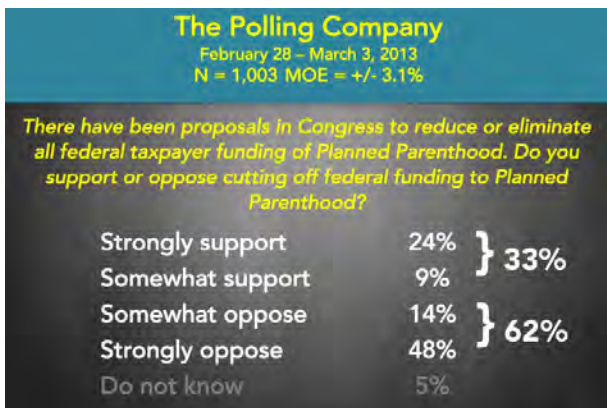
As noted above, Planned Parenthood still receives well over one-half billion dollars in funding from local, state and federal grants and contracts. In recent years, some state governments have moved to redirect Medicaid and Title X funding away from abortion-performing organizations like Planned Parenthood. 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 their 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-seven 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.

On February 25, fifty-three (53) senators voted to take up the bill but 60 votes were required, so the bill did not advance. Additionally, House Republican leadership filed a discharge petition for H.R. 962 on the same legislation in an attempt to force a vote against the wishes of Democrat leadership. While currently garnering 204 signatures, the petition is still short of the needed majority of signatures (217). 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.

FEDERAL POLICY AND ABORTION

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), and the Trump administration has taken numerous actions to enforce these laws.

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.

Congressional Action on Federal Subsidies for Abortion

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

However, after *Roe v. Wade* was handed down in 1973, various federal health programs, including Medicaid, simply started paying for elective abortions. Congress never affirmatively voted to require or authorize funding for abortions under any of the programs, but administrators and courts interpreted general language authorizing or requiring payments for medical services as including abortion. By 1976, the federal Medicaid program alone was paying for about 300,000 abortions a year, and the number was escalating rapidly. Congress responded by attaching a “limitation amendment” to the annual appropriations bill for health and human services—the Hyde Amendment—prohibiting federal reimbursement for abortion, except to save the mother’s life. In a 1980 ruling (*Harris v. McRae*), the U.S. Supreme Court ruled, 5-4, that the Hyde Amendment did not contradict *Roe v. Wade*. The Court said:

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

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

FEDERAL POLICY AND ABORTION

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. The U.S. Senate in the 116th Congress voted on this legislation with a vote of 48-47, but 60 votes were required, so the bill did not advance.

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. 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, 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 2020.

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 apparently 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 June 19, 2019, the U.S. House of Representatives considered the Labor HHS Appropriations bill (H.R. 367), a bill to fund certain government programs through September 30, 2020. The bill contained language to overturn President Trump's pro-life Protecting Life in Global Health Assistance program, the House passed the bill, 226-203. Ultimately, the Senate did not agree to this anti-life language, and it was not included in the final appropriations package.

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 last 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. The House is currently under Democrat leadership and a vote is not expected. Action is expected in the Senate in 2020. 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 116th Congress, the Dismemberment Abortion Ban Act was introduced in Congress by Congresswoman Debbie Lesko (R-AZ) in the House and Sens. Lankford (R-OK) and Rounds (R-SD) in the Senate. 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.”

FEDERAL POLICY AND ABORTION

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 116th Congress, including the Conscience Protection Act, and it is possible such legislation will receive consideration during the 116th Congress. The Trump administration has taken numerous steps to enforce existing conscience rights.

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.

The “Freedom of Choice Act”

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 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 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 has gathered many co-sponsors in both houses, and is expected to receive legislative action in the U.S. House currently under Democrat control.

The “Equality Act”

On May 16, 2019, the so-called “Equality Act” (H.R. 5) became one of the most pro-abortion pieces of legislation to ever be voted on in the House of Representatives. The legislation was supported by 228 Democrats and 8 Republicans. It was opposed by 173 Republicans.

Despite being billed as legislation dealing with sexual orientation and gender discrimination, H.R. 5 contains language that could be construed to create a right to demand abortion from health care providers, and likely would place at risk the authority of state and federal government to prohibit taxpayer-funded abortions. If enacted, this legislation could be used as a powerful tool to challenge any and all state abortion restrictions.

The Equality Act amends the Civil Rights Act of 1964 by defining “sex” to include “pregnancy, childbirth, or a related medical condition.” It is well established that abortion will be regarded as a “related medical condition.” H.R. 5 goes on to expand this anti-discrimination provision by stating that “pregnancy, childbirth, or a related medical condition shall not receive less favorable treatment than other physical conditions,” and would add “establishments that provide health care” to the list of covered “public accommodations.” What these provisions will mean, taken together, is that health care establishments and individuals providing healthcare will be required to provide abortion as a “treatment” for pregnancy. H.R. 5’s new definition of “public accommodations” includes any “establishment that provides health care.” The bill has an additional rule of construction that the term “establishment...shall not be construed to be limited to a physical facility or place.”

National Right to Life Committee strongly opposed passage of H.R. 5. While passing the House, action is not currently expected in the current U.S. Senate, where Republicans currently hold a 53-47 seat majority.

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 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 pro-abortion thought leaders are scared, they want to frighten the public and intimidate legislators.

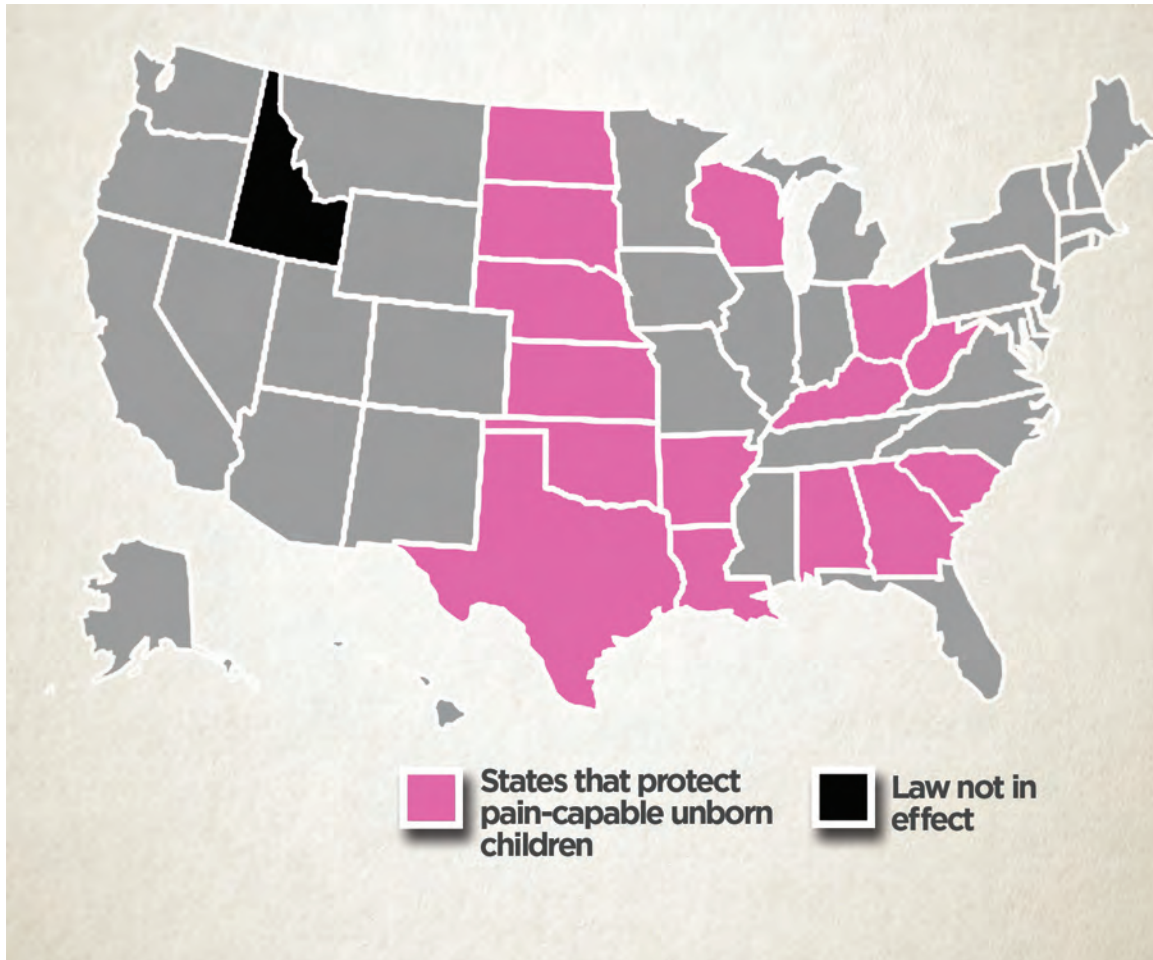
Roe was built on a foundation of lies. Those same lies, and many new ones, have been used to erect a protective wall around *Roe*.

But commonsense protective laws National Right to Life has promoted for decades are 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.

Pain-Capable Unborn Child Protection Act

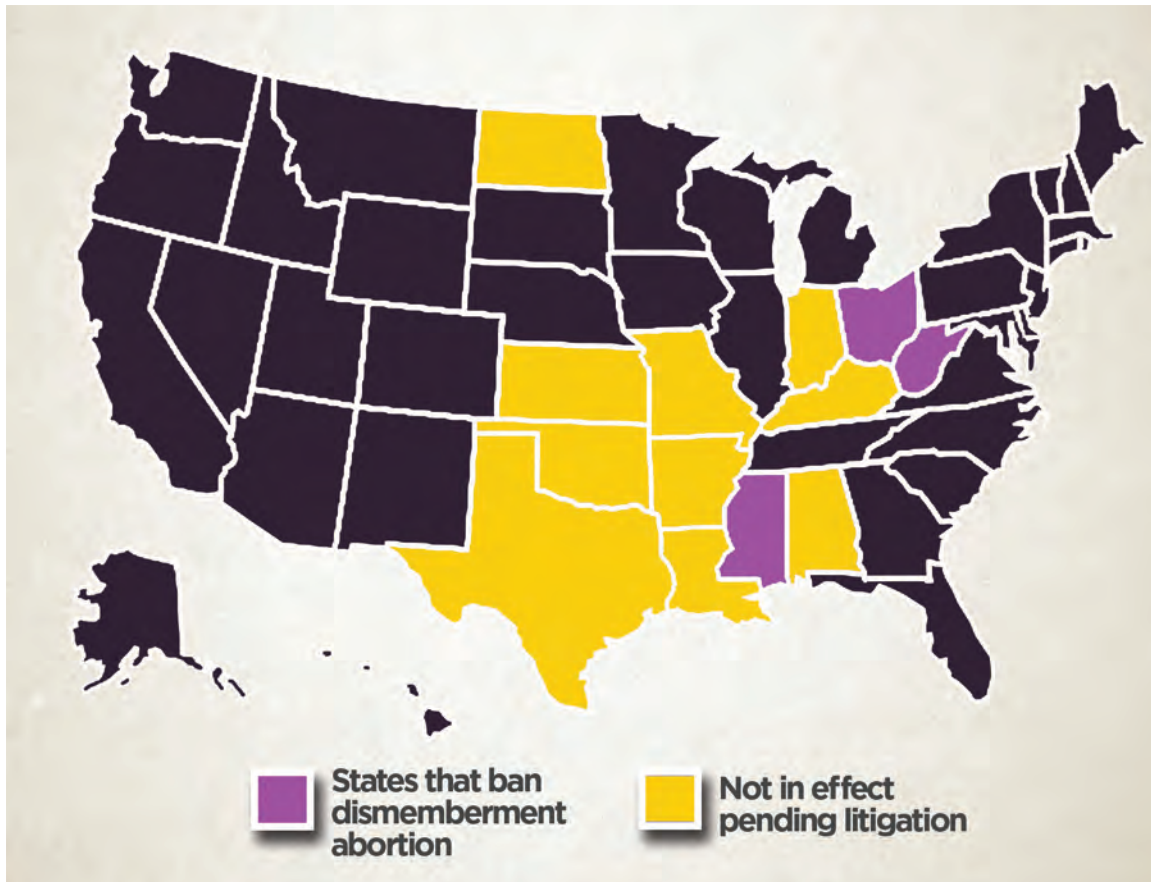


First enacted by the state of Nebraska in 2010, the model Pain-Capable Unborn Child Protection Act, drafted by National Right to Life's Department of State Legislation, is legislation which protects from abortion unborn children who are capable of feeling pain. There has been an explosion in scientific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



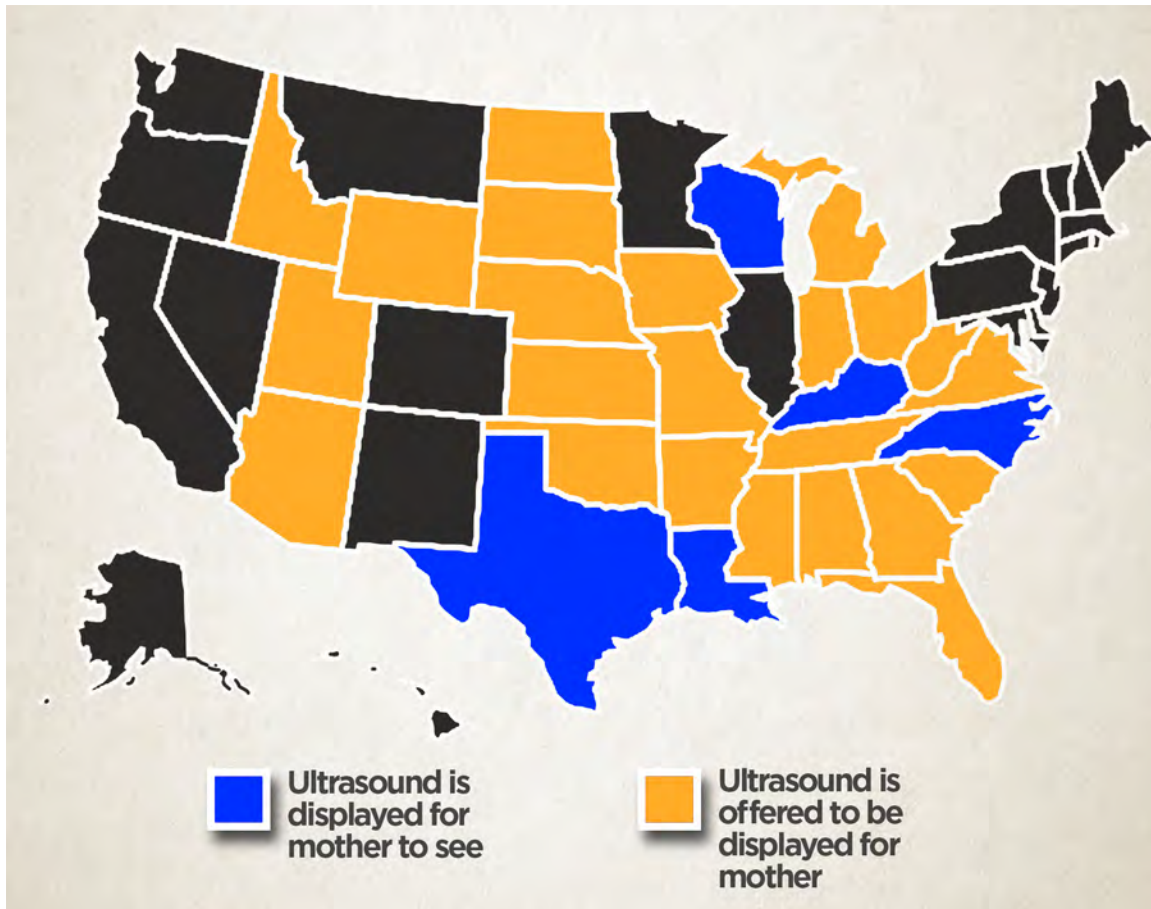
During the 2015 state legislative session, Kansas* and Oklahoma* became the first two states to enact the Unborn Child Protection from Dismemberment Abortion Act. D&E dismemberment abortions of living unborn babies are as brutal as the partial-birth abortion method, which is now illegal in the United States. Eight more states (Alabama*, Arkansas*, Indiana*, Kentucky*, Louisiana*, Mississippi, North Dakota*, 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



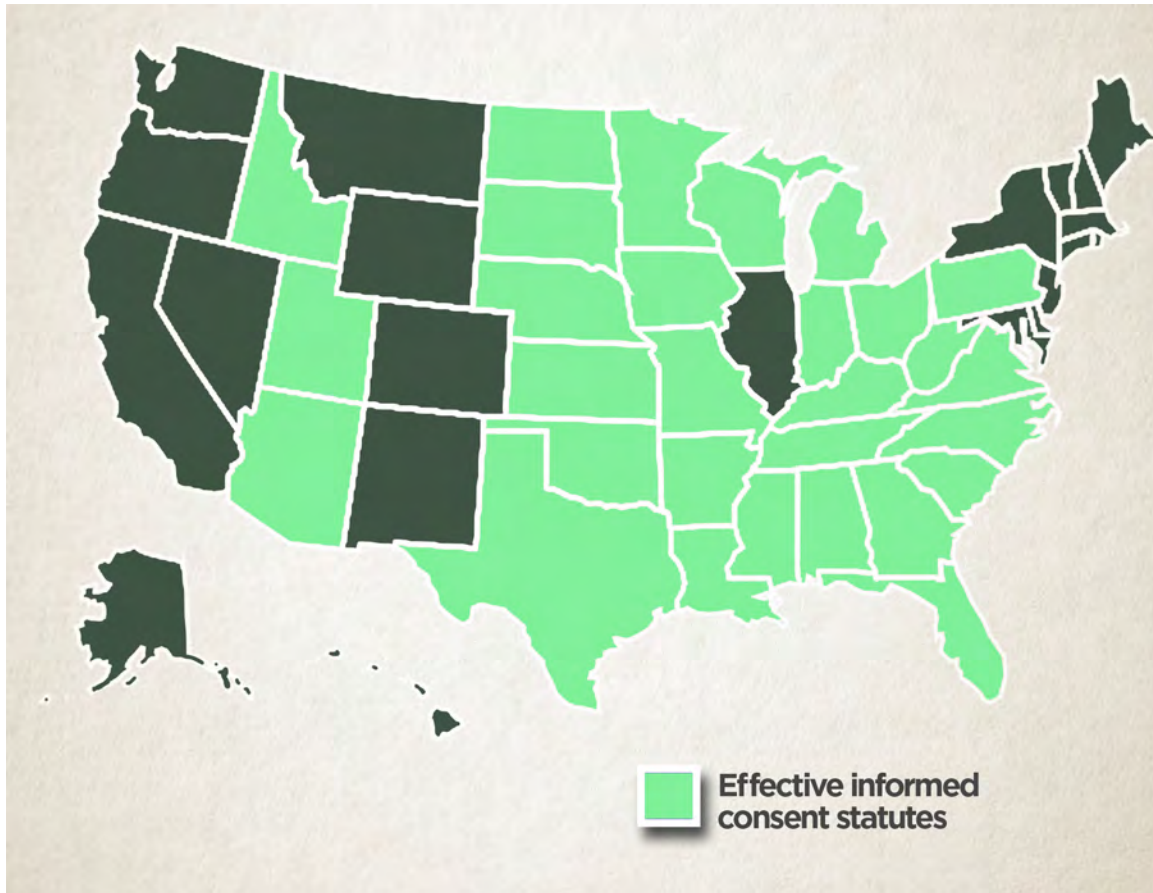
Providing a “window to the womb,” ultrasound images give a mother the unique opportunity to see her living unborn child in “real time.” Pro-life laws dealing with ultrasound mainly require abortion facilities to offer a pregnant mother the opportunity to view an ultrasound of her unborn child before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



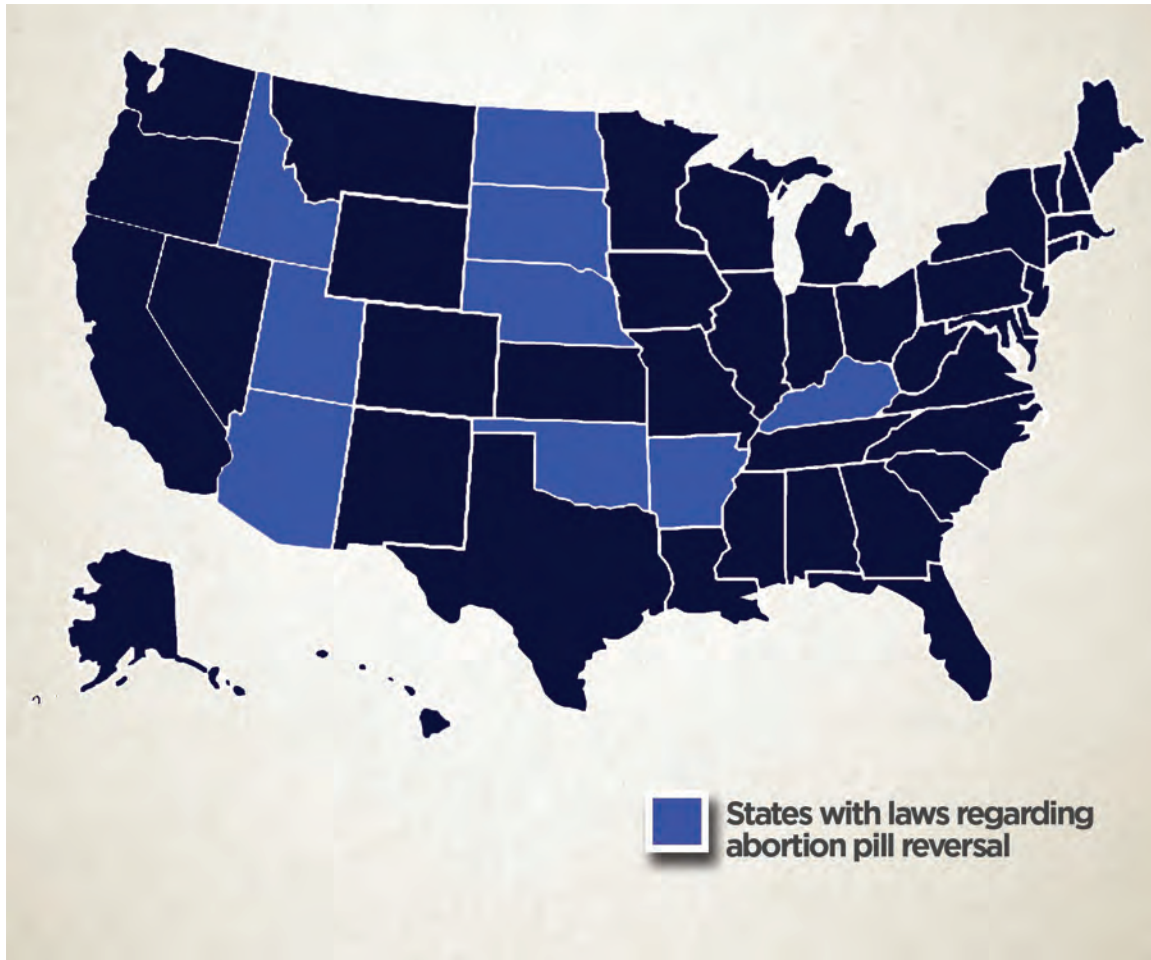
An informed consent law protects a woman's right to know the medical risks associated with abortion, the positive alternatives to abortion, and to be provided with nonjudgmental, scientifically accurate medical facts about the development of her unborn child before making this permanent and life-affecting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



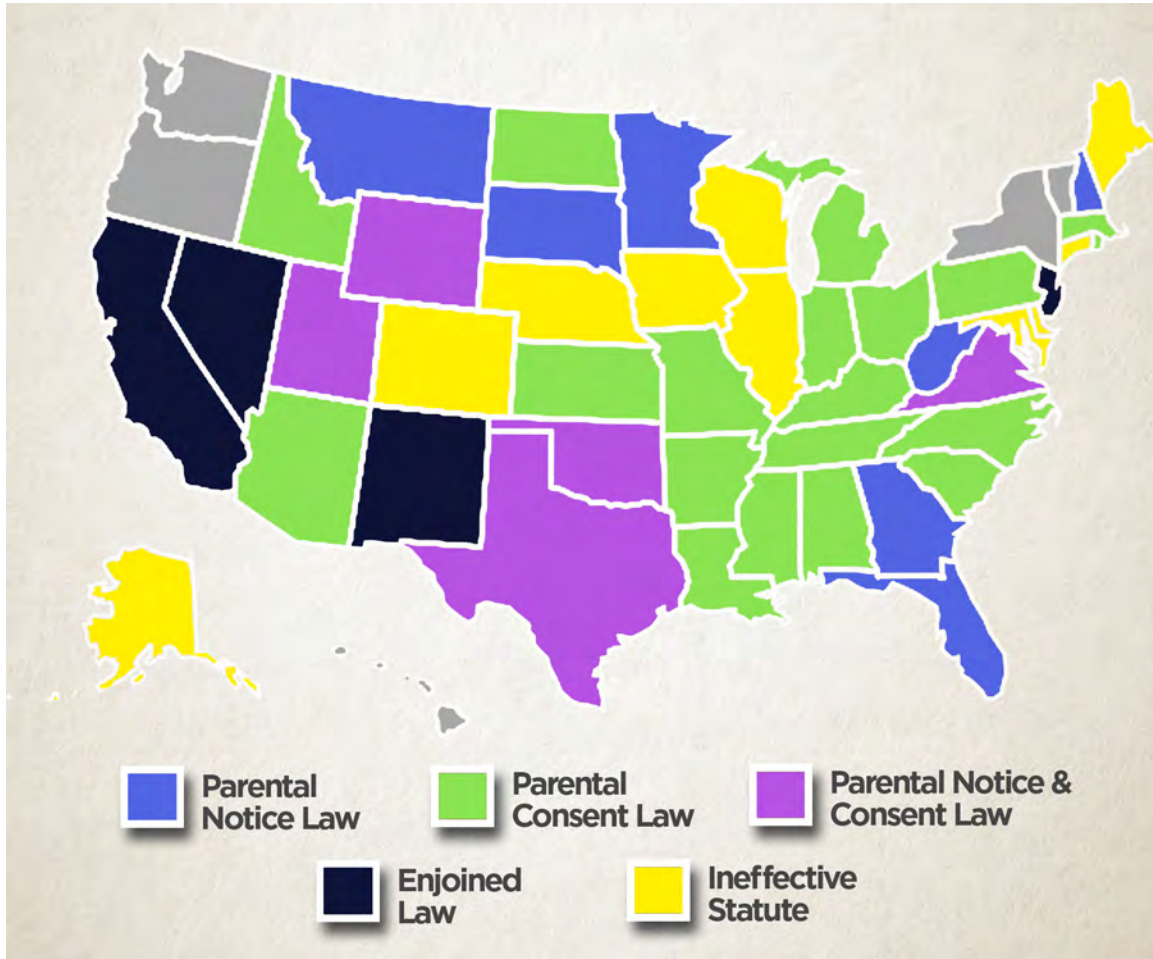
Most recently, states have moved to enact a form of informed consent law that requires abortion facilities to inform a woman prior to or soon after the first step of a chemical abortion that if she changes her mind, it may be possible to reverse the effects of the chemical abortion, but that time is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

Currently nine states have enacted laws requiring this information to be provided: Arizona*, Arkansas, Idaho, Kentucky, Nebraska, North Dakota, Oklahoma, 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 LAWS AND ABORTION

Parental Involvement Laws

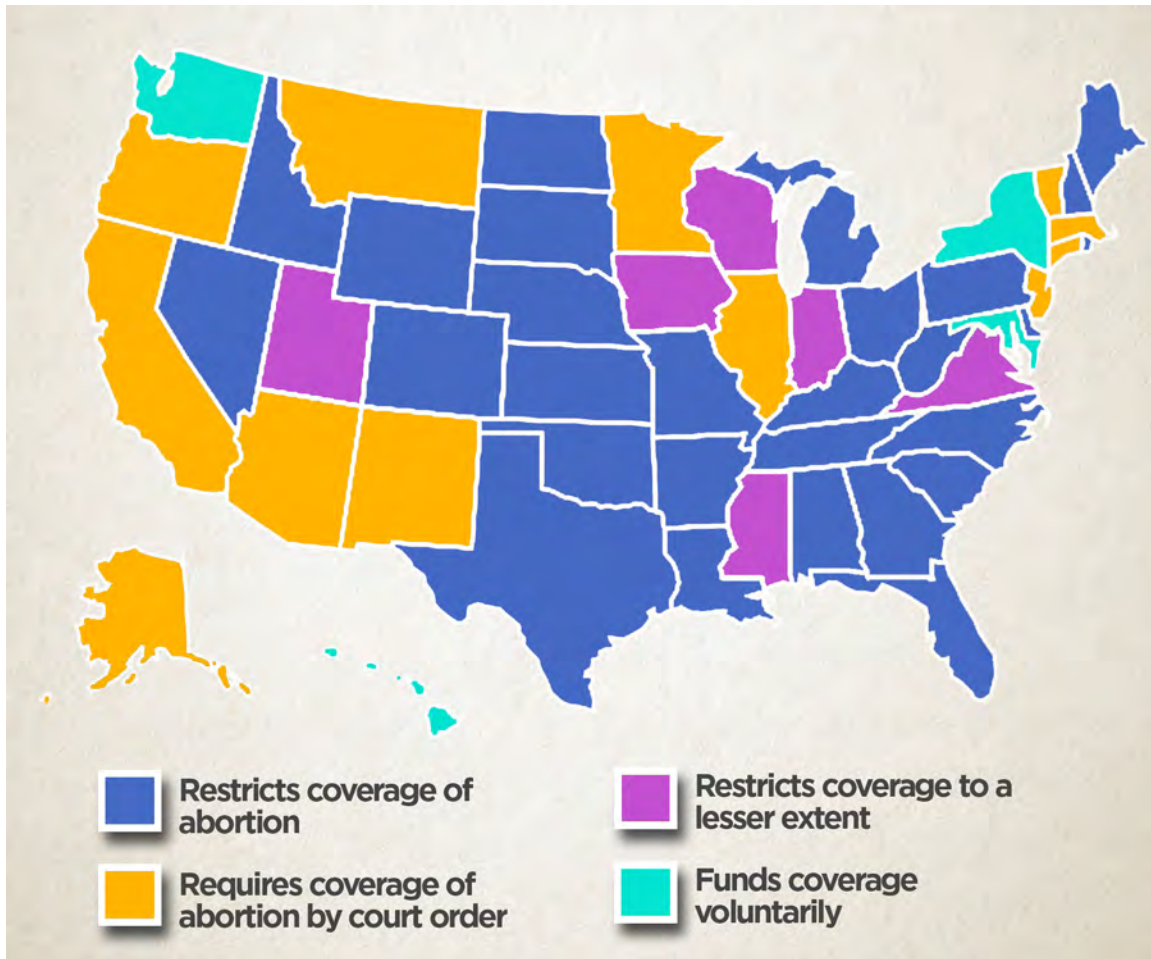


Most parental involvement laws require that abortionists either notify or obtain consent of a parent or guardian before a minor girl has an abortion. Studies show the positive impacts these laws have in significantly reducing the rates of abortion, birth, and pregnancy among minors. Public opinion polls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

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

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

State Policies on Public Funding of Abortion



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

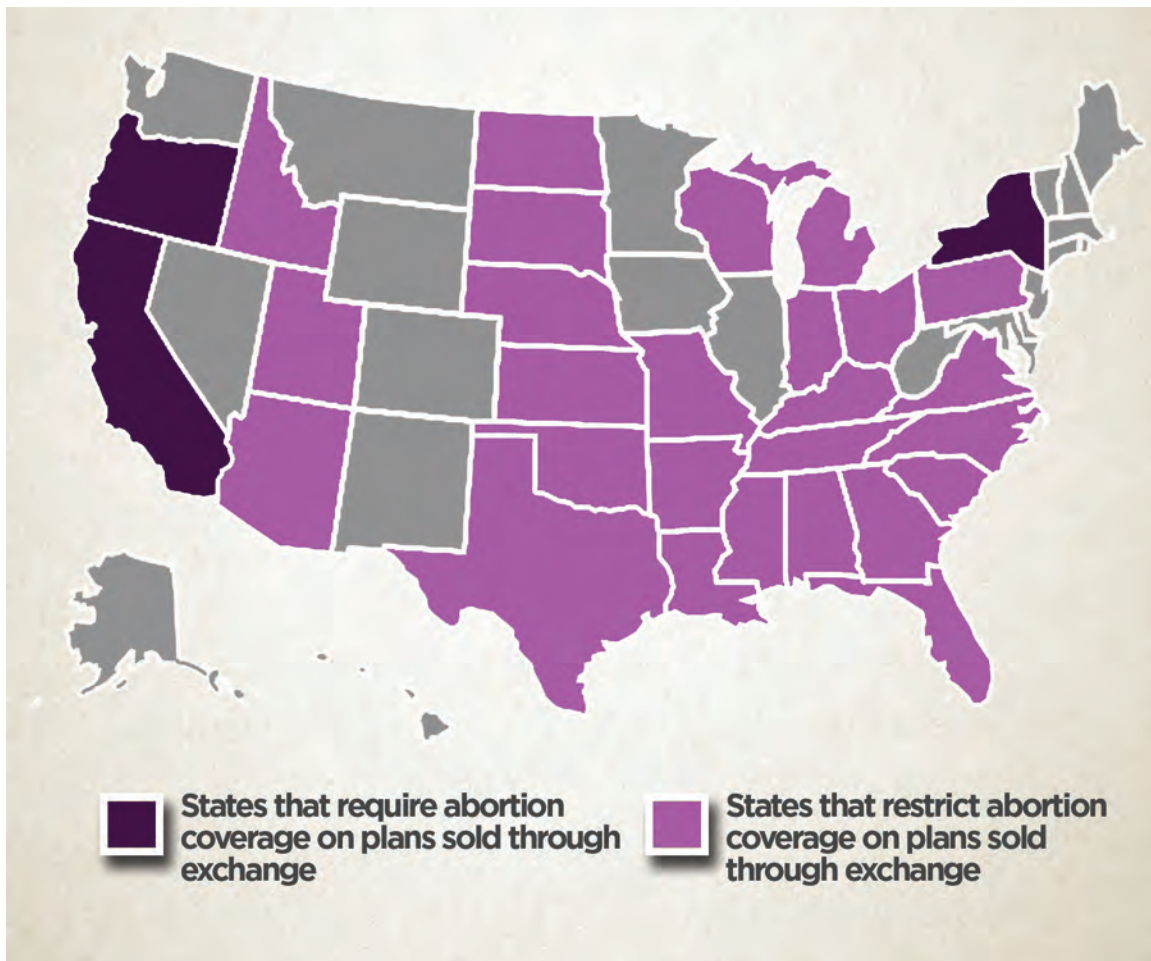
In 1993, Congress changed the Hyde Amendment to allow federal reimbursement for abortions performed in cases of rape and incest, in addition to life-of-mother cases. Some states attempted to continue to exclude coverage of the rape and incest categories, based on their state laws, but the federal courts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

Currently, 17 states 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.

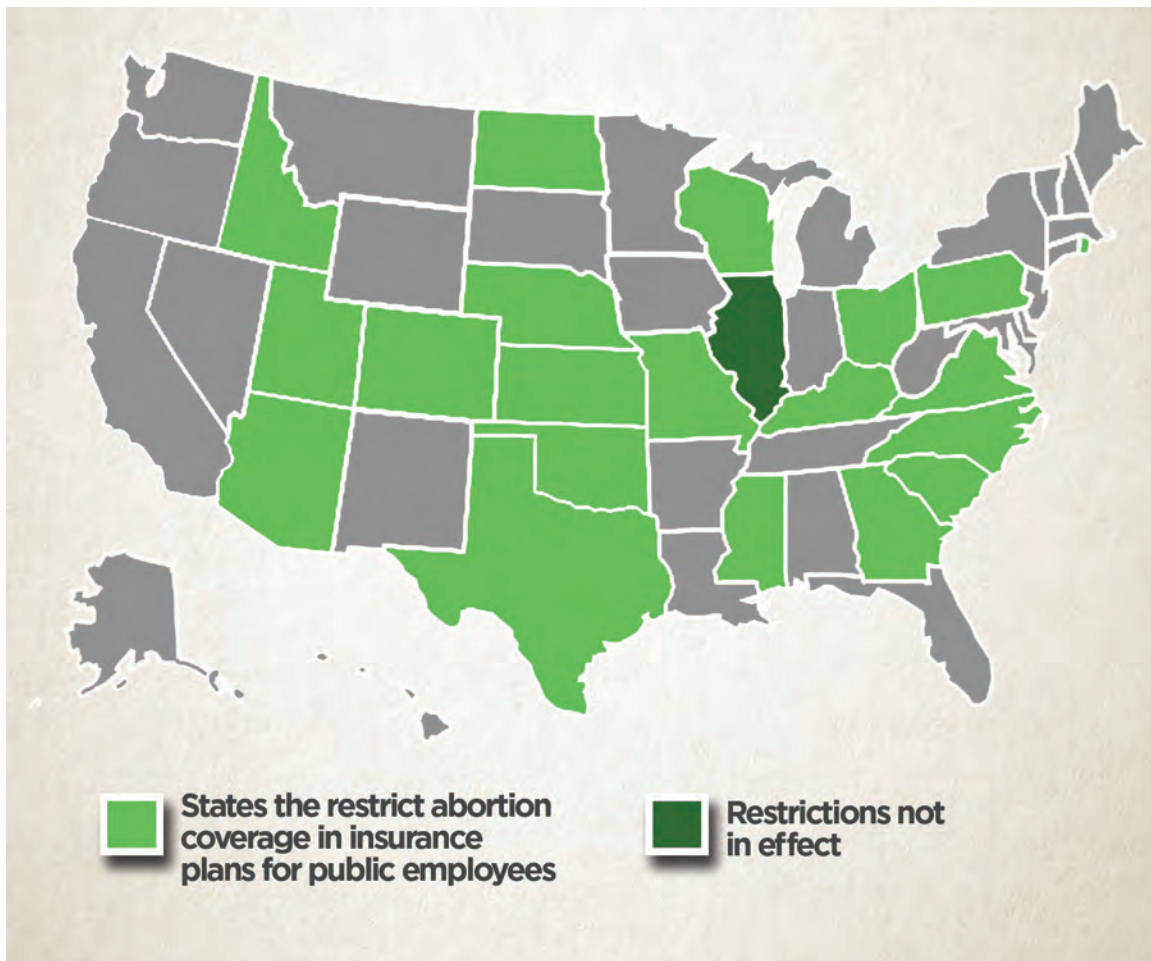
INSURANCE PLANS SOLD THROUGH THE EXCHANGE



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.

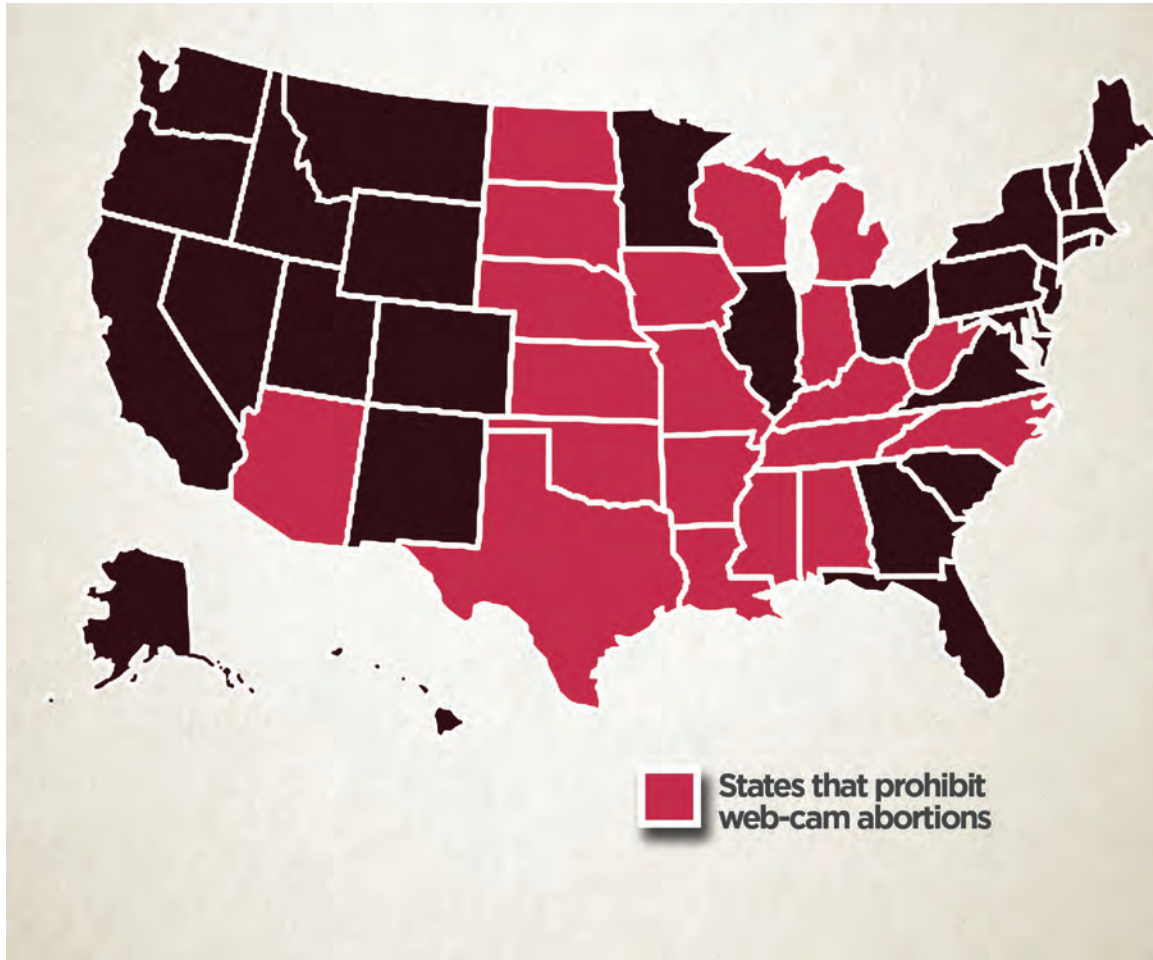
Preventing Taxpayer Subsidies for Abortion Coverage

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



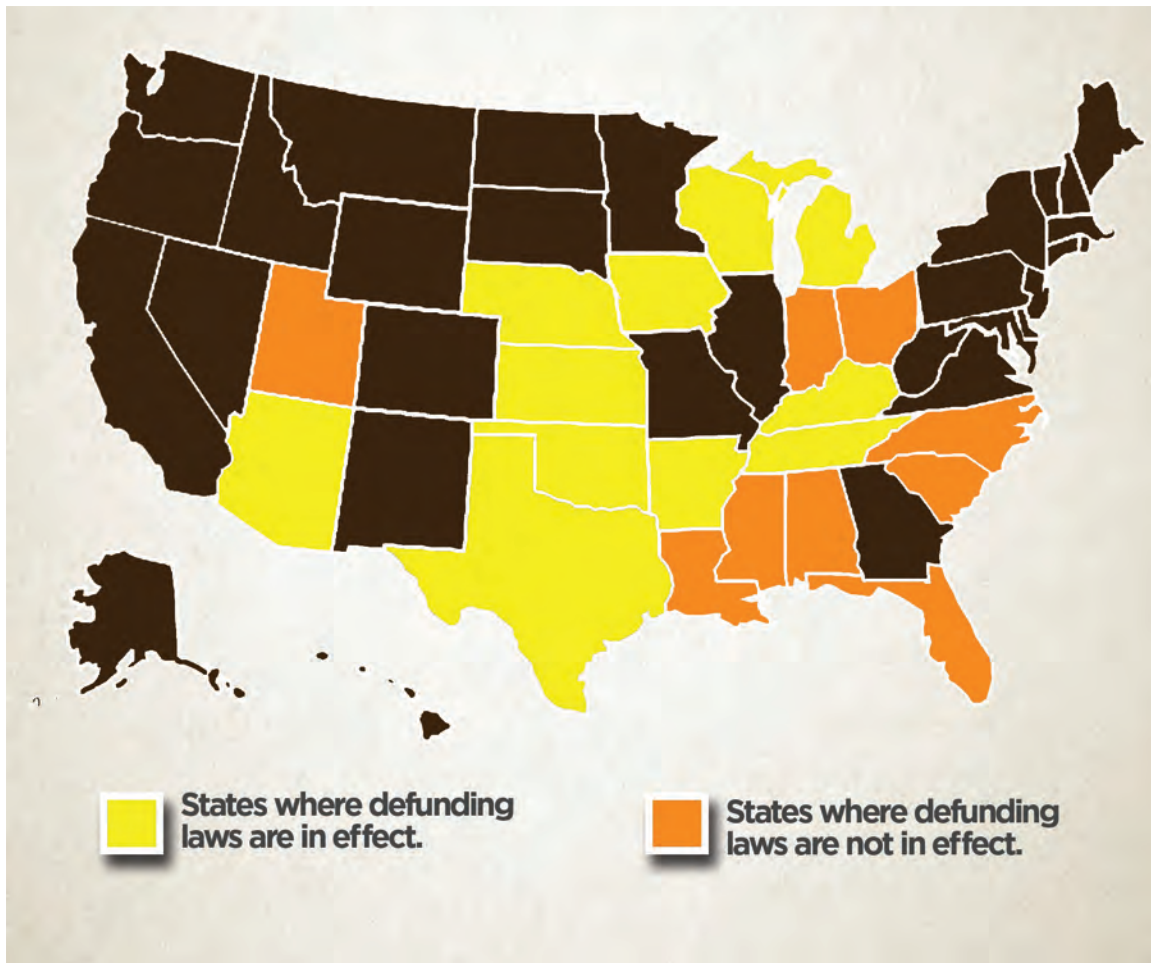
“Web-cam” abortions are chemical abortions done via a video conferencing system where the abortionist is located at one location and uses a closed circuit television to talk over a computer video screen with a woman who is at another location. The abortionist never sees the woman in person because they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

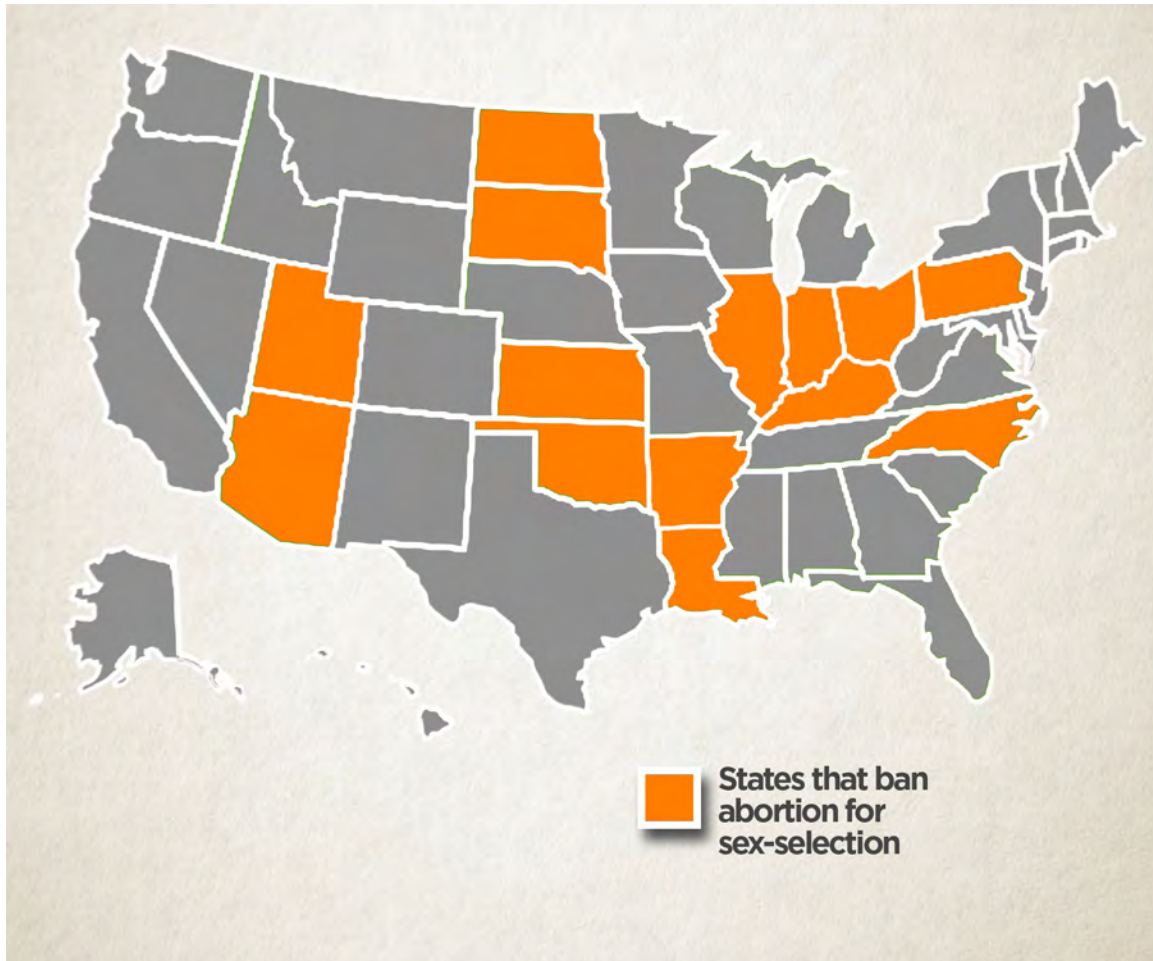
Defunding Abortion Giants



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 of 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



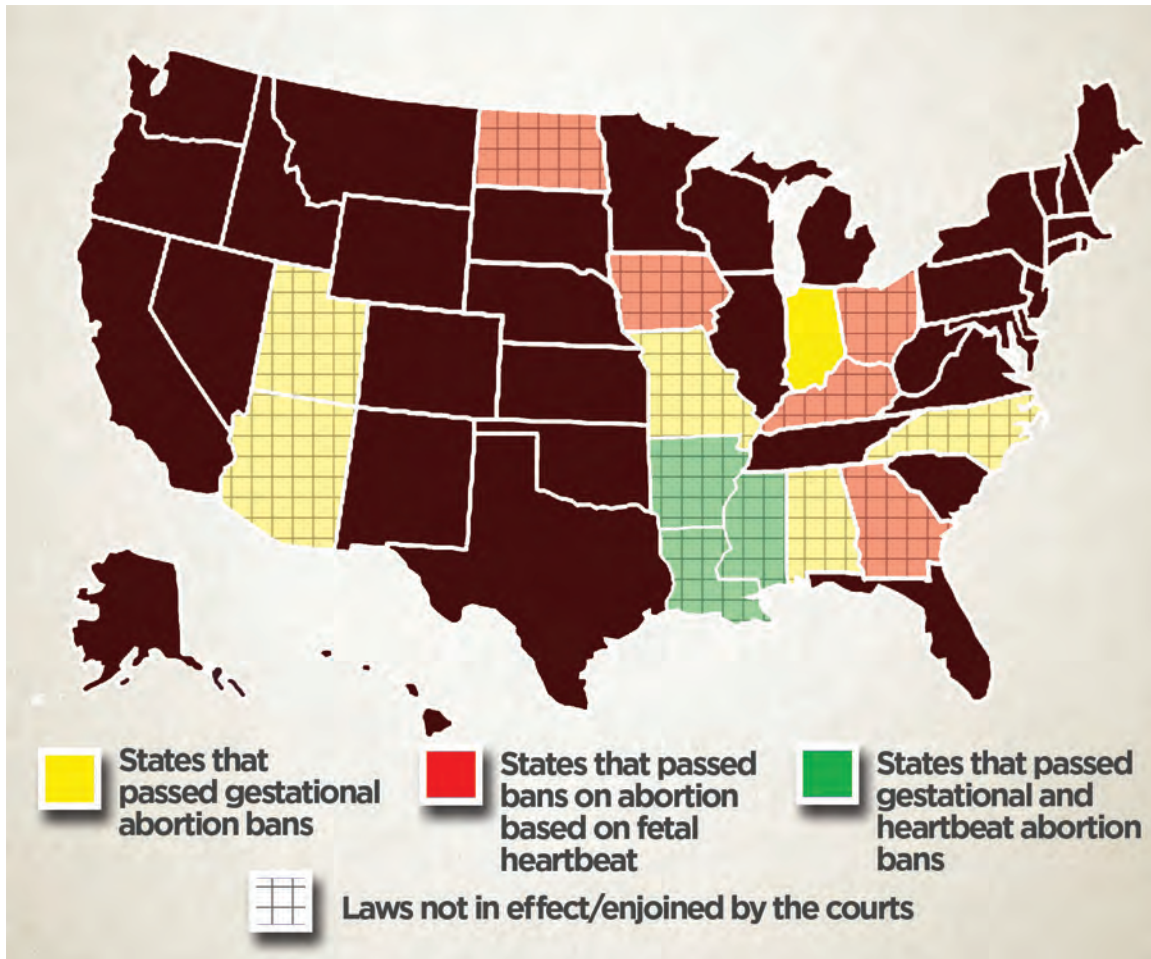
These laws protect unborn babies from being aborted on account of their sex, race, and/or genetic disability. Sex Selection Abortion is a form of prenatal discrimination that wages a war typically on unborn baby girls. In April 2013, a poll taken by The Polling Company found that 85% of respondents supported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

Currently fourteen (14) 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)^, Kentucky (2019)^, and Utah^, .

*"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.

Gestational & Heartbeat Abortion Bans



Beginning in 2011, several states have attempted to pass laws banning abortion after the unborn child's heartbeat is detected or after a certain number of weeks of gestation. A total of eight states (Arkansas*, Georgia, Iowa, Kentucky, Louisiana*, Mississippi*, North Dakota and Ohio) have passed laws prohibiting abortion after the unborn child's heartbeat is detected. These laws are currently either enjoined pending litigation or permanently blocked.

Nine states have passed laws banning abortion after a certain number of weeks of gestation (Alabama, Arizona, Arkansas*, Indiana^, Louisiana*, Mississippi*, Missouri, North Carolina, and Utah.) All but Indiana are currently either enjoined pending litigation or permanently blocked.

*Arkansas, Louisiana, and Mississippi have each passed laws banning abortion based on both the detection of the unborn child's heartbeat and the gestational age of the unborn child. As noted above, these laws are currently either enjoined pending litigation or permanently blocked.

^Indiana's 2011 law prohibits abortion after the point at which the unborn baby is viable or 20 weeks, whichever is earlier, unless necessary to prevent a "substantial permanent impairment of the life or physical health" of the woman.

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, when coupled with *Roe*’s companion case, *Doe v. Bolton* (below), 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.

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*.

THE SUPREME COURT AND ABORTION

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

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

Simopoulous v. Virginia (1983)

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

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

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

Webster v. Reproductive Health Services (1989)

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

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

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

Rust v. Sullivan (1991)

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

Planned Parenthood of Southern Pennsylvania v. Casey (1992)

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

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 5-3, 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.

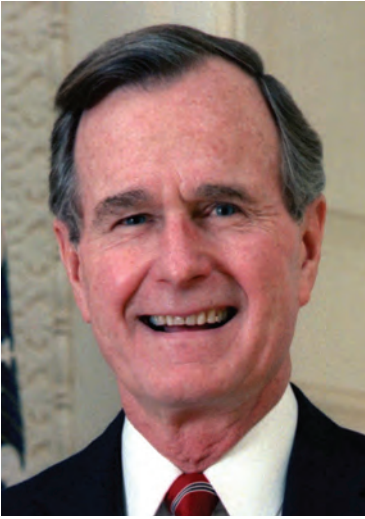


THE PRESIDENTIAL RECORD ON LIFE

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 2,300 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 a 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/stateofabortion2020.pdf.



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