

## ABORTION RIGHTS TALKING POINTS AND BACKGROUNDER

**There is no Supreme Court ruling that has been subjected to such a [well-organized](#) and [well-funded](#) attack as *Roe v. Wade*.** Since it was decided in 1973, *Roe* has been under constant attack. In just the past few years alone, state legislatures have enacted [hundreds](#) of measures restricting abortion.

**The fate of *Roe* probably depends on the appointment of the next justice to the Supreme Court of the United States.** There seems to be a narrow majority on the Court in favor of [upholding](#) the fundamental right to abortion. But the retirement of a single justice could devastate that ruling.

**A Supreme Court decision overturning *Roe* would not by itself make abortion illegal in the United States.** Instead, a reversal of *Roe* would remove federal constitutional protection and [give the states full power](#) to set abortion policy. Only 17 states have either statutory or constitutional protection for abortion.

**If *Roe* was overturned, many states have laws on the books that might automatically criminalize all abortions.** Each state depends on its own circumstances. Some states have abortion bans on the books that have never been repealed or blocked by the courts, some states have abortion bans that have been blocked by courts, and many states are highly vulnerable to the enactment of new bans by their legislatures. All told, perhaps [30+ states](#) might criminalize abortion if *Roe v. Wade* is overturned.

**Without access to safe, legal abortions, women will die.** Maternal mortality [dropped dramatically](#) after *Roe* was decided in 1973. In the year after New York legalized abortion, maternal mortality decreased by [45 percent](#) in New York City. Before *Roe*, an estimated [5,000 women](#) died every year from the complications of illegal abortions. Throughout history, laws have never stopped abortions and without access to safe, early abortion, women will again turn to back-alley abortions—and [thousands](#) will die.

**Without *Roe*, women and their doctors will be sent to prison.** Women, their doctors, other healthcare workers, and anyone who helps a woman obtain an abortion could be prosecuted and sentenced to long prison terms without the protections of *Roe*. For example, under [Alabama law](#), those who “aid or abet” an abortion may be sentenced to jail for up to 12 months with “hard labor.” Laws in [Arizona](#) and [Oklahoma](#) punish those who participate in an abortion procedure with two to five years in prison. Abortion is classified as a felony in [Michigan](#), [Mississippi](#) and [North Carolina](#). Before *Roe*, police raided the offices of doctors and arrested physicians, nurses and patients and, without *Roe*, this practice could resume. ([When Abortion Was a Crime](#))

**States can and should enact statutes to protect abortion rights.** Seventeen states protect the right to abortion in either statute or at the state constitutional level (AK, CA, CT, DE, FL, HI, IL, ME, MA, MD, MN, MT, NJ, NM, NV, OR, WA). And [polls have always shown](#) that Americans overwhelmingly support the ruling in *Roe v. Wade*.

**Across the country, policymakers are passing abortion laws that intrude into exam rooms and conflict with professional and ethical standards of medical care.** The laws they are enacting put [politicians' words](#) in the mouths of health care providers, [prohibit providers](#) from communicating important health information, mandate [unnecessary procedures](#) or outdated modes of care, and [much more](#). More information about the extent and impact of this interference can be found at [www.BadMedicine.org](http://www.BadMedicine.org).

**When government regulations infringe upon medical standards or interfere in the doctor-patient relationship, they undermine patient-centered care.** “Politicians are increasingly overstepping their boundaries by considering and enacting unprecedented numbers of measures that inappropriately infringe on clinical practice and patient-physician relationships and improperly intrude into the realm of medical professionalism, often without regard to established, evidence-based care guidelines” [according to the executive leadership](#) of the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American College of Surgeons. In fact, the American Medical Association adopted a [resolution](#) in opposition to “any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling evidence-based benefit to the patient, a substantial public health justification, or both.”

**While abortion care has been a disproportionate target of political interference, the politicization of medical care has infiltrated into other areas as well.** This includes limits on providers' ability to counsel patients about gun safety or to discuss toxic chemical exposure resulting from hydraulic fracturing (fracking). This issue provides an opportunity for unique coalition-building between different social justice issues.

**Political interference in abortion care has become commonplace.** [Several states](#) mandate waiting periods up to 24 hours and/or require reproductive health providers to give women seeking abortion care medically inaccurate information that falsely asserts a link between abortion and breast cancer. [Arizona, Arkansas and South Dakota](#) enacted laws that require providers to tell patients that medication abortion may be “reversible,” an assertion that has no medical support, but the Arizona law has since been repealed. [Fourteen states](#) require providers to perform an ultrasound; in some states providers must describe and display the image, regardless of medical need.

**All patients deserve health care that is medically appropriate and based on scientific evidence.** All health care providers should be able to give their patients high quality, individualized care based on their professional judgment, without fear of political intrusion that undermines professional standards of care. All patients are entitled to receive care based on their individual needs and what is medically appropriate, not on a political ideology.

**The abortion rights movement supports the full range of options for women who are or might become pregnant.** Reproductive rights and justice includes policies to reduce unintended pregnancy; to make abortion safe, accessible and affordable to all; and to support women who bring their pregnancies to term.

**Women need access to all reproductive options and, therefore, we must make all forms of contraception available and affordable.** Each year nearly half of pregnancies are unintended. As a Colorado program dramatically proved, when all contraceptive options are made fully available to women, it contributes to the dramatic decline of unintended pregnancies.

**Women need access to all reproductive options and, therefore, we must we make abortion more accessible.** Because of restrictive laws and physical threats, [the number of abortion providers has declined in recent years](#). The American College of Obstetricians and Gynecologists (ACOG) [recommends](#) allowing trained advanced practice clinicians (APCs)—nurse practitioners, certified nurse-midwives and physician assistants—to perform aspiration and medication abortions, yet only a few states allow it.

**Women need access to all reproductive options and, therefore, we must ensure fair workplace treatment of pregnant women and mothers.** Pregnant women and women who have recently given birth need reasonable accommodations in the workplace.

**It is a prime tactic of the anti-abortion movement to [deceive women and misrepresent medical facts about abortion](#).** Their misrepresentations are neither inadvertent nor infrequent. Instead they are, in fact, talking points disseminated by the movement’s national leadership. All Americans have a First Amendment right to say what they want, truthful or not, but it is unconscionable for those who represent themselves as health care authorities to [lie about medical facts](#).

**Crisis Pregnancy Centers (CPCs) present themselves as legitimate reproductive health clinics, but have the purpose of deceiving women seeking all-options medical care.** CPCs commonly provide unlicensed counselors or volunteers whose main objective is to do whatever it takes to convince women to forego obtaining an abortion. Most of these CPCs are in business to [misrepresent medical facts](#).

**CPCs don’t need to be licensed and [most are not](#).** “CPCs are generally staffed by volunteers committed to Christian beliefs but who lack medical training,” explains an article in the [Cardozo Law Review](#). Nevertheless, CPC staff and volunteers, sometimes dressed like doctors and nurses, [counsel and serve women](#) as if they were medical professionals. For [example](#), when an investigator posing as a pregnant woman was given a sonogram by a CPC staff member, which is not unusual, the staff member identified the investigator’s IUD as her fetus.

**Most of the [2,500 Crisis Pregnancy Centers \(CPCs\)](#) across the United States are in business to deceive women who are seeking all-options medical care.** According to a [report](#) by the U.S. House of Representatives Committee on Government Reform Minority Staff, Crisis Pregnancy Centers (also called “pregnancy resource centers”) “are virtually always pro-life organizations

whose goal is to persuade teenagers and women with unplanned pregnancies to choose motherhood or adoption.” That report found: “the vast majority” of CPCs investigated “provided information about the risks of abortion that was false or misleading. In many cases, this information was grossly inaccurate or distorted.” [Other reports](#) have [similar](#) conclusions

**Five lies are particularly common:**

- 1) *That having an abortion can raise a woman’s risk of developing breast cancer.* But in fact, this claim has been refuted by a meta-analysis by the [American Cancer Society](#), which also cited medical [journal articles](#); by a workshop called by the [National Cancer Institute](#); and by the [American College of Obstetricians and Gynecologists](#).
- 2) *That having an abortion can increase a woman’s risk of infertility.* But in fact, a [Guttmacher Institute](#) survey of scientific studies found that abortion poses “virtually no long-term risks of future fertility-related problems such as infertility...”. And as the [medical director](#) of Physicians for Reproductive Health explains, this myth is based upon long-outdated data.
- 3) *That having an abortion can increase a woman’s risk of negative emotional or mental health problems or increase her risk of suicide ideation.* But in fact, an [American Psychological Association](#) Task Force found there is no such evidence. The same conclusion was reached by the [Medical Royal Colleges](#), a comprehensive study in the [New England Journal of Medicine](#), and an analysis by the [Johns Hopkins School of Public Health](#).
- 4) *That most women regret having an abortion.* But in fact, a [peer-reviewed study](#) found that nearly all women having an abortion believed they had made the right decision. Another study [by the University of California, San Francisco](#) found the same result; actually, it is women who are denied an abortion who feel more regret and anger, and less relief and happiness.
- 5) *That abortion is more dangerous or poses greater health risks than the average medical procedure.* But in fact, the [Centers for Disease Control](#) found that legal abortion is significantly safer than childbirth, and a study in the [American Journal of Public Health](#) reported that first-trimester abortion is one of the safest medical procedures in America.

**Women who seek health care or counseling during pregnancy require and deserve accurate information about these pregnancy-related facilities.** That is why the state of California enacted [legislation](#) in 2015 to require unlicensed facilities that provide pregnancy-related services, such as Crisis Pregnancy Centers (CPCs), to disclose in both advertising and on signs at the facility that they are not licensed medical providers. A similar requirement was [upheld](#) by the federal Second Circuit Court of Appeals.

**Women who seek health care or counseling during pregnancy require and deserve accurate information about the services that CPCs provide.** That is why the city of San Francisco enacted legislation in 2011 to create a mechanism for law enforcement authorities to notify a limited services pregnancy center about apparent false or fraudulent advertising, with penalties accruing when the fraud continues after this notification. The federal district court in San Francisco [upheld this law](#).