

THE
STATE^{OF}
ABORTION
IN THE UNITED STATES

JANUARY 2018



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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TABLE OF CONTENTS

Introduction by NRLC President Carol Tobias	4
United States Abortion Numbers	
U.S. CDC Data Analysis	5
Further Guttmacher Data Analysis	14
States Report Continued Declines	18
Planned Parenthood’s Billion-Dollar Empire	
An Analysis of the Abortion Giant’s Annual Report	20
Public Opinion Polling	
Americans Reject Abortion for Any Reason	26
Federal Policy & Abortion	
Overview	30
Judicial Federalization of Abortion Policy	32
Congressional Action on Federal Subsidies for Abortion	33
Federal Subsidies for Abortion Providers	35
International Abortion Funding	36
Congressional Action on Direct Protection for Unborn Children	37
Federal Conscience Protection Laws	38
Attempts in Congress to Protect “Abortion Rights” in Federal Law	38
State Laws & Abortion	
Overview	40
Pain-Capable Unborn Child Protection Act	42
Protecting Unborn Children from Dismemberment Abortion	43
A Woman’s Right to Know: Ultrasound	44
A Woman’s Right to Know: Informed Consent	45
A Woman’s Right to Know: Abortion Pill Reversal	46
Parental Involvement Laws	47
State Policies on Public Funding of Abortion	48
Preventing Taxpayer Subsidies for Abortion Insurance Plans Through Exchanges	49
Insurance Plans Outside of Exchanges	50
Insurance Plans for Public Employees	51
Web-Cam Abortion Bans	52
Defunding Abortion Giants	53
Sex-Selection Abortion Bans	54
Appendix	
Synopsis of U.S. Supreme Court Cases	56
The Presidential Record on Life	
Donald J. Trump	60
Barack Obama	61
George W. Bush	62
Bill Clinton	63
George H.W. Bush	64
Ronald Reagan	65
Planned Parenthood’s 3% Deception	66
Planned Parenthood’s Power	67
About National Right to Life	68



CAROL TOBIAS

National Right to Life President

Just 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.

Even as pro-lifers were securing victories in the late 1960s and early 1970s, two court cases—one challenging Texas’ abortion law, the other challenging Georgia’s abortion law—were working their way to the Supreme Court. In its twin *Roe v. Wade* and *Doe v. Bolton* decisions, which were handed down on January 22, 1973, the Court federalized the issue and legalized abortion for any reason. Tragically, 45 years later, National Right to Life estimates that over 60 million unborn children have lost their lives as a result of those decisions.

Just one abortion is a tragedy—not just because an innocent child died, but because of the lasting impact the abortion itself had on the mothers of those children. 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.

On this 45th anniversary of the Court’s action, and as National Right to Life observes its own anniversary—50 years of defending life in the United States—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 is in decline. This drop in numbers can be traced to a number of factors, but biggest 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 offers hope and help to their mothers. These legislative efforts are at the very heart of our work, and they are one of the keys to ending abortion in the United States.

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

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 fifth annual “State of Abortion in the United States” is not just a snapshot of where we are as the nation observes the 45th 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.

UNITED STATES ABORTION NUMBERS: CDC Data Analysis



EDITOR'S NOTE: “National Right to Life’s *The State of Abortion in the United States, 2017*” provided abortion data from both the Guttmacher Institute, which was once a special research affiliate of the Planned Parenthood Federation of America, as well as the U.S. Centers for Disease Control and Prevention (CDC). The Guttmacher Institute generally releases abortion data once every several years, while the CDC publishes data annually. On the eve of Thanksgiving 2017, the CDC issued its latest report for abortions performed in the United States in 2014, which confirms much of National Right to Life’s previous analyses.

It is again important to note that Guttmacher’s data is considered more complete and reliable because it relies on survey data it gets directly from abortionists. Unlike Guttmacher, which generally has more complete results, the CDC relies on voluntary reporting from state health departments and agencies. As a result, CDC’s annual report has no data for Maryland, New Hampshire, and California since 1998. Other caveats are provided within the analysis of CDC data below.

As a result of our analysis of data from both Guttmacher and the CDC through 2014, and projecting 2014 figures for subsequent years (2015-2017), National Right to Life estimates that 60,069,971 abortions have been performed in the United States since 1973.

Abortion data for 2014 released by the Guttmacher Institute, which was released in January 2017, found that abortions, abortion rates, and abortion ratios had dropped to levels not seen since the early 1970s. These findings have been reinforced by the publication of state abortion data for 2014 from the U.S. Centers for Disease Control and Prevention (CDC), released in late November 2017.

According to the CDC’s “Abortion Surveillance—United States, 2014,” there were 11,796 fewer abortions performed in 2014 than in 2013. This meant a drop of 2% in just one year.

The CDC’s abortion rate for 2014 was 12.1 abortions per 1,000 women of reproductive age (15-44 years). That is lower than any other rate the CDC has recorded since the Supreme Court legalized abortion in 1973. The CDC abortion ratio, which measures the number of abortions for every 1,000 live births, was 186. Again, this is lower than any ratio the CDC has found since 1973.

Further examination of the CDC data show abortion dropping in nearly every age, racial, and ethnic category.

Demographics: Age

Since 2005, abortion rates have fallen for nearly every age group. For teens 15-19, they fell by nearly half—49.3%—the CDC reported. Rates for women 20-24, which generally have the highest prevalence, fell by 26.8%. Women 25-29 dropped 15.9%; those 30-34 declined 11.9%; while women 35-39 saw a 5.2% drop.

The one exception was women 40 and over, who saw their rates inch up 4%.

While the rate tells us how common abortion is for the general population of women, the abortion ratio gives us a better idea of a pregnant woman's tendency to choose abortion or birth.

Abortion ratios have been down for every age group since 2005. From 2005 to 2014, the CDC reported abortion ratios were down 18%-19% for women in age groups 15-19, 30-34, 35-39, and those over 40 during that time span. They were also down for women 20-24 and 25-29 as well, though not as much—9.9% and 11.7% respectively.

Teens under 15 had a very high abortion ratio—837 abortions for every 1,000 live births—but their abortion rates were very low (0.5 abortions per 1,000 women of that age range). This means they were very likely to choose abortion if they became pregnant, but there are a lot fewer pregnancies in this group.

Ratios tended to decline with age (315 per 1,000 births for those aged 15-19 to 113 for women 30-34). However they rose for women after age 35 (139 abortions per 1,000 births for women 35-39; 227 per 1,000 for those 40 and older).

Abortion rates for women age 35 and older are generally much lower than those for women of other ages. Part of that is because of lower fertility. Abortion ratios for this group may also be somewhat higher, the CDC ventures, because women of this age group may see a greater occurrence of “maternal medical indications or fetal anomalies.”

Demographics: Race and Ethnicity

Racial and ethnic breakdowns are challenging for the CDC. For starters, there is the absence of data from some of the states with the largest concentrations of minorities. Furthermore, states count and report these data differently. This makes it difficult for the CDC to bring all these data into a single set, so it reports it in different formats.

For example, one data table counts Hispanics as a separate group. However another table includes at least some of those Hispanics in the category of whites, yielding different totals or rates for the same racial or ethnic group.

Data from the largest number of reporting areas (36 states plus the District of Columbia) show an abortion rate for whites of 6.9 per 1,000 women and an abortion ratio of 112 abortions per 1,000 live births. That same table reports a 23.2 abortion per 1,000 live births for black women and an abortion ratio of 345 per 1,000 live births. Both are about triple the rate of whites.

**ESTIMATED ABORTIONS
IN THE UNITED STATES
60,069,971
SINCE 1973**

THE STATE OF ABORTION IN THE UNITED STATES

UNITED STATES ABORTION NUMBERS

Hispanic abortion rates and ratios, recorded in a separate table of 36 reporting areas (this one including DC and New York City along with 34 states) were closer to that of whites from the earlier table. This table shows Hispanics with an abortion rate of 11.9 abortions per 1,000 women aged 15-44 and an abortion rate of 146 abortions per 1,000 live births.

Abortion rates and ratios have decreased substantially for all three main racial/ethnic groups. Among the 20 reporting areas that have released consistent data since 2007, abortion rates for non-Hispanic white women fell 26% and rates for non-Hispanic black women dropped 27%. The abortion rate of Hispanic women fell even more during the same time frame—41%.^[1]

Abortion ratios fell in all three groups as well during that same time frame. They declined 23% for non-Hispanic whites, 19% for non-Hispanic blacks, and 22% for Hispanics.

Demographics: Previous Births, Abortions, and Marital Status

Nearly 6 in 10 (59.5%) of these women had already undergone at least one previous live birth before having their abortion.

As for repeat abortions, 44.5% reported having at least one prior abortion. Nearly one in five (17.6%) reported two previous abortions, while 5.6% said they'd had at least three previous abortions.

As has long been the case, in 2014 the overwhelming majority of abortions (85.5%) were to unmarried women

Types and Timing of Abortions

Over two-thirds (67%) of abortions were performed at eight or fewer weeks gestation. The advent of chemical abortions has meant that more and more abortions are performed at earlier gestations. Thus, it is not surprising that just over four in ten (41.1%) were actually performed at six weeks or less in 2014. CDC data show that the number of abortions at 6 weeks or less has risen steadily since 2005.

About a quarter (24.5%) of the abortions occurred between nine and 13 weeks. The remaining 8.5% were performed in the second trimester or later: 3.3% at 14-15 weeks, 2% at 16-17 weeks, 1.9% at 18-20 weeks, and 1.3% at or beyond 21 weeks.

The CDC shows that 76% of all abortions continue to be surgical abortions (67.4% first trimester, 8.6% at second or third trimester). Most of the rest of the abortions (22.6%) were first trimester “medical” (chemical) abortions using drugs like mifepristone (RU-486) and misoprostol. An additional 1.5% were chemical procedures performed at 8 weeks or more.

Just a handful of abortions employed rarely used chemical or surgical methods like instillation or hysterotomy.

[1] A note of caution: These figures contain no data for Hispanics in California, Arizona, New Mexico, Florida, or other states with substantial Hispanic populations. Furthermore, given the difference in heritage and culture (e.g., with some who recently arrived from one particular Central American culture, versus others who were born and raised in the United States), one also cannot assume Hispanics in one state to be just like those in another, or to have the same abortion rates or ratios simply by virtue of their ethnicity.

Overall, though data show first trimester surgical abortions still dominate the industry, they also show abortions being performed earlier and earlier, with more and more using chemical rather than surgical methods.

Significant Single-Year Shifts

CDC figures for 2014 show declines in 28 reporting areas, and another 20 showing increases.^[2] For the most part, the number of abortions rose or fell by modest amounts. However a handful of states saw big drops or increases. Unless noted otherwise, all increases/decreases are from 2013 to 2014.

Shifting Numbers

Why are the abortion rate and abortion ratio important?

When the abortion rate drops, it means fewer women in the state are having abortions. A declining ratio means pregnant women are more often choosing to give birth instead of aborting their babies.

National decreases have been deep and sustained, providing encouragement to pro-lifers everywhere. Both long and short term statistics show not only fewer women becoming pregnant but fewer abortions among those women who did become pregnant.

There are some cautionary notes found in the most recent state abortion data from the CDC.

Over the long term, numbers of abortions, abortion rates and ratios are down in virtually every state. Most states showed drops in most years going back over the past two decades or more. While most of the decreases were modest a few states had profound declines.

It is also true some states saw increases over the numbers in the CDC's report for 2013.

Generally, these changes were slight, only a few dozen or at the most a couple of hundred more. In some cases, however, there appear to have been significant increases in just a year's time.

While the general trend speaks for itself, the larger moves up or down call for some explanation and educated examination.

BIG DROPS AND SIGNIFICANT INCREASES

The number of abortions in Texas dropped by a significant number—9,020. Abortions fell by 2,278 in Illinois and 2,030 in Ohio. In New York, there were 1,335 fewer abortions while in Tennessee there were 1,843 fewer abortions.

Some of this is simply a function of being a large state with a large volume of abortions from the beginning, but there are other reasons that will be discussed later. It is also important to note that a few

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

THE STATE OF ABORTION IN THE UNITED STATES

UNITED STATES ABORTION NUMBERS

smaller states saw diminishing numbers that were significant for them.

For example Montana reported 152 fewer abortions, significant given their smaller population. But Montana also experienced a substantially lower abortion rate (down 0.9 abortions per thousand women aged 15-44, while the national drop was just 0.3) and lower abortion ratio (down 13 abortions for every thousand live births) in 2014.

Rhode Island reported only 261 fewer abortions. However this was huge given their smaller size and population. In addition their abortion rate (again, the number of abortions per 1,000 women of reproductive age) fell 1.3, more than four times the national rate drop. Rhode Island's abortion ratio (the number of abortions for every 1,000 live births) was down 25, nearly double the national ratio drop.

A look at the abortion rates and ratios show that some of the bigger states drops were for reasons more than just their size. New York's rate drop was just 0.4, a hair over the national 0.3 drop. However their abortion ratio dropped by a huge 143 abortions.

Illinois' abortion rate drop (0.9 fewer abortions per thousand women of reproductive age) was three times the national rate drop. Its abortion ratio fell 17. Ohio's rate drop (-0.9) was also three times the national rate drop and its ratio fell 15.

Tennessee and Texas saw huge drops in their abortion rates (drops of 1.5 in the abortion rate for Tennessee, and 1.8 for Texas) as well as significant drops in the abortion ratio (a decline in the abortion ratio of 26 for Tennessee and 28 for Texas).

A FEW STATES MOVED UP

There were 1,509 more abortions in Michigan in 2014. The state's abortion rate rose 0.8 and its abortion ratio increase by 12 for every thousand live births. That means that the incidence of abortion became more frequent among women in Michigan and that pregnant women in that state were a bit more likely to choose abortion over live birth in their state than they were in 2013 .

New Jersey experienced an additional 2,461 abortions in 2014 over 2013. Its abortion rate grew 1.4 and its ratio increased by 22 abortions for every thousand live births.

	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*
2015-17	926,190 §	

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

§ NRLC projection for calculation

North Carolina reported 1,785 more abortions in 2014 than in 2013. Its abortion rate grew 0.8 and its abortion ratio increased by 11. (See below for further explanation.)

There were 2,076 more abortions in Nevada while its abortion rate increased 2.5 and its ratio climbed 54.

A few smaller states—Arkansas, Hawaii, New Mexico and the District of Columbia—did not add as many abortions, given their smaller populations, but saw significant increases in their abortion rates and ratios.

Why Are Some Up and Others Down?

Given the mixed numbers and wide geographic variations, it is difficult to determine any single broad explanation for all states.

The overall trend, of course, is down, as it has continued to be for nearly all these states for the last couple of dozen CDC reports. That should never be forgotten when we look at any one year.

The mixed results from 2013 to 2014 could be an indication that the trend line could be shifting. But a more likely explanation is that unique local factors are coming into play.

THE CASE OF TEXAS

The abortion industry objected loudly when Texas passed safety regulations on clinics in 2014, claiming these were going to close clinics across the state. It was an argument that not only garnered a lot of media attention but also swayed a majority of justices on the U.S. Supreme Court in *Whole Women's Health v. Hellerstedt*, the 2016 case that struck down much of this law.

Clinics did indeed close in Texas, and abortions dropped considerably. But as we analyzed throughout 2017, the data and the dates do not fully match.

Abortion clinics in Texas were closing not just before the 2014 law took effect, but before the law was even passed.

To be sure the portion of the law dealing with safety regulations may have been responsible for some closures. But a closer analysis shows that a different part of the law addressing the chemical abortion drug protocol probably had a greater impact overall on state abortion numbers. Once that passed, many clinics stopped offering the method. It should be noted that this provision of the law was not challenged in the Supreme Court, nor, was the provision banning the abortions of pain-capable unborn children.

If anything, an earlier law passed by Texas in 2011 that disqualified abortion business affiliates from participating in the state's Women's Health Program may have been a bigger factor in there being both fewer clinics and fewer abortions than the 2014 law.

All of these factors may have had an impact.

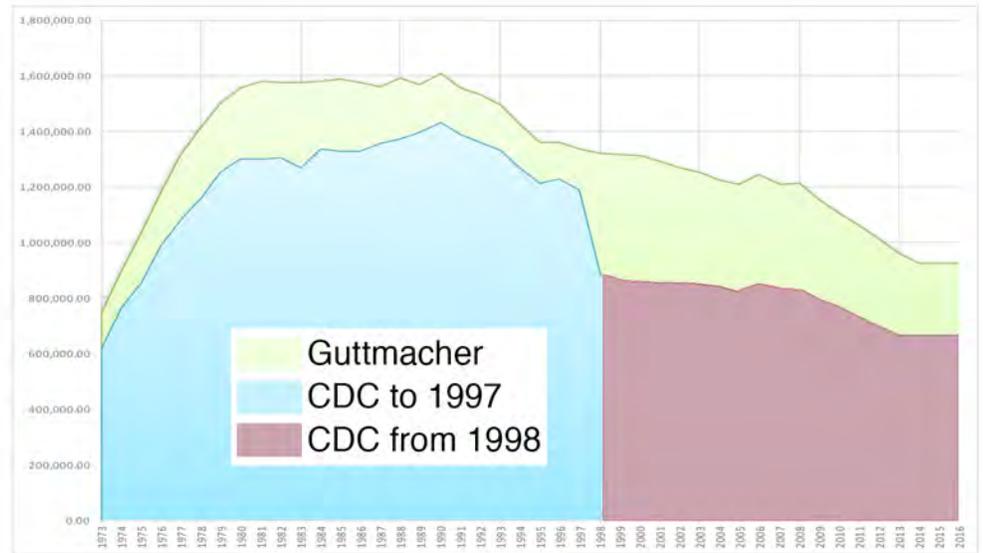
THE STATE OF ABORTION IN THE UNITED STATES

UNITED STATES ABORTION NUMBERS

DOWN IN TENNESSEE, ILLINOIS, OHIO

In 2014 in Tennessee, there was a concerted campaign for an amendment declaring that there was no right to abortion in the state constitution. This was intended to address a supposed legal ambiguity that had made the passage of pro-life legislation difficult for years and had given courts an excuse to demand continued funding for groups like Planned Parenthood.

That amendment passed in November 2014, garnering 53% of the vote. Though abortion advocates were able to delay formal recognition of the amendment by litigation, months and months of advertising and public debate gave the pro-life view a significant boost and likely prompted many women to seek alternatives to abortion.



Illinois passed a parental notification law in 1995, but abortion advocates, through legal maneuvering, kept that law from going into effect for nearly two decades. That law finally went into effect in August of 2013, making 2014 the first full year of its operation.

Though abortions have been dropping in Illinois for some years, this significant legal change was surely a part of the explanation for the most recent drop.

Ohio Right to Life credited governor John Kasich and pro-life legislators for their work in bringing down abortions in that state. “We’ve seen 16 new pro-life laws signed in the past four years and half of the state abortions clinics have closed,” spokesperson Katherine Franklin told the *The (Cleveland) Plain-Dealer*. (September 2, 2015). “[W]e think there’s a lot to be said for pro-life policies.”

UP IN MICHIGAN AND NEW JERSEY

A NARAL Pro-Choice Ohio spokesperson noted that the decline in Ohio has been matched by an increase in Michigan. While they do share a border and some crossing over state lines is possible, there is still an overall decrease if abortion totals for both states are added and compared for 2013 and 2014.

The case of Michigan highlights the significant role that abortion-performing and abortion-promoting groups like Planned Parenthood play. Though the number of abortion clinics in Michigan fell from 41 in 2011 to 29 in 2014, Planned Parenthood, the nation’s largest and most aggressive abortion chain, increased the number of abortion performing locations from one to six from 2010 to 2016.

New Jersey’s increase is not hard to explain when you count the clinics. According to the Guttmacher Institute, the number of abortion performing facilities in New Jersey went from 24 in 2011 to 41 in 2014. Most of those were clinics that began offering chemical abortions.

LEARNING SOMETHING FROM NORTH CAROLINA'S "INCREASE"

There were officially fewer “clinics” in North Carolina in 2014 than 2011, Guttmacher says, but more “providers.” Guttmacher doesn’t clarify the distinction in that document (www.guttmacher.org/fact-sheet/state-facts-about-abortion-north-carolina), but the idea appears to be that, although five clinics officially closed, reducing the number from 21 to 16, the number of abortionists in the state rose from 36 to 37.

To get an idea of what transitions like these entail, FemCare of Asheville was one of the major abortion clinics to close in March of 2014 after being exposed for multiple health code infractions. That clinic was hardly missed, though, with patients being slated to transfer over to a new Planned Parenthood clinic scheduled to open later that summer.

From North Carolina, we learn that a recorded numerical increase does not necessarily mean that there was an actual increase in the number of abortions.

In North Carolina there was a recorded increase of 1,785 abortions in just one year’s time. Sometimes such things can happen if the abortion industry opens up big new shiny abortion clinic or a good piece of protective legislation gets bottled up in court, but the explanation here appears to have been, in large part, just better reporting.

If you go to the state’s vital statistics page for “Reported Pregnancies,” you will read the following message: ‘The number of induced termination of pregnancy [abortion] forms submitted to the State Center for Health Statistics (SCHS) was underreported from 2011-2014. Please use caution when interpreting abortion and pregnancy numbers and rates from 2011 to 2014.’

When the new assistant secretary took office at North Carolina’s Department of Health and Human Services (DHHS) in 2015, he noticed there were some clinics reporting abortions to department’s licensing regulators but not to the state’s center for health statistics, giving the state conflicting official counts.

Beginning that year, a more concerted effort was made by the statistics department to obtain these counts, with more intensive follow-up for the stragglers.

Though the new policy officially kicked off in 2015, it actually affected the last few months of 2014 as the state was still processing data from the previous year. The state’s heightened scrutiny thus appears to have resulted in the counting of several hundred abortions in the last part of 2014 that probably would not have been recorded in 2013.

On paper, this looks like a big increase for 2014, but that may be somewhat of an illusion created by improved reporting.

Reports from Nevada indicate something similar occurred with regard to the reported “increase” in that state.

THE STATE OF ABORTION IN THE UNITED STATES

UNITED STATES ABORTION NUMBERS

The Bottom Line

As noted above, nailing down all the factors that contributed to the rise or fall of abortions in any particular state can be very difficult. Many factors, large and small, can cause abortions, abortion rates, and abortion ratios to tick up or down. Again, we need to remember the trend is downward.

In its own analysis, the CDC declared

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

Some of these we have definitely seen come into play. Parental involvement laws apparently prompted teens to discuss their unintended pregnancies with their parents rather than to try to cover them up with clandestine abortions. Safety regulations closed some clinics, while other states saw abortion expand when they added clinics with chemical abortions. Efforts to prevent state funding from going to organizations that perform abortion led to some closures.

But above all else (the megatrend) it is that fewer women are becoming pregnant and fewer among them that do are choosing to abort.

How much of the drop in demand is due to legislative efforts by pro-lifers passing laws that make abortion's risks and reality plain, how much is due to education which makes knowledge of the humanity of the unborn child common, how much is due to outreach which makes realistic alternatives to abortion accessible, is hard to quantify precisely.

But abortions and abortion rates and ratios are down across the board, and more pregnant moms are choosing life for themselves and their unborn children.

UNITED STATES ABORTION NUMBERS: Further Analysis of Guttmacher

EDITOR'S NOTE: In October, the Guttmacher Institute published additional data from its 2014 survey of abortion providers. This release, combined with an article published in the *American Journal of Public Health* by Guttmacher Institute researchers Rachel K. Jones and Jenna Jerman provided a further examination of the demographics behind women having abortions in the United States. What follows below is an analysis of these data.

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

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

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

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

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

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

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

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

THE STATE OF ABORTION IN THE UNITED STATES

UNITED STATES ABORTION NUMBERS

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

Concentrated Among Low Income

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

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

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

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

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

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

Racial and Ethnic Disparities

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

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

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

[1] Rachel K. Jones, Jenna Jerman, "Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014," *American Journal of Public Health*, published online 10/19/17.

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

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

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

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

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

Age and Other Demographics

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

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

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

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

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

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

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

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

THE STATE OF ABORTION IN THE UNITED STATES

UNITED STATES ABORTION NUMBERS

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

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

The role of education, given a general corollary to age, is hard to pin down. Generally, lower abortion rates were associated with higher educational attainment.

High school grads or those with a GED had a 2014 abortion rate of 20 per 1,000. Those with some college, 17.6 per 1,000, and college grads just 10.3 per 1,000.

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

UNITED STATES ABORTION NUMBERS: States Report Continued Declines Post-2014

Editor's Note: Throughout 2017, several state health agencies reported abortion numbers for 2015 and 2016, and in most of these cases, the resulting reports showed a continued decline. While National Right to Life relies on data gathered by the Guttmacher Institute and reported directly to the CDC for a complete analysis of annual abortion numbers, the sampling of these state-level reports provide a compelling snapshot look at trending data that continue to show abortion in decline.



ARIZONA

For the 2015 reporting year, the Arizona Department of Health Services reported the total number of abortions in the state dropped to 12,655 from 12,900 in 2014. The 2015 figure is down from 13,606 abortions in 2011.

ILLINOIS

The Illinois Department of Public Health reported that for 2016, a total of 38,382 abortions were performed in the state compared to 39,856 for 2015 and 38,472 for 2014. The majority of these abortions (21,747) were performed in Cook County (Chicago) and suburban counties.



INDIANA

Data released by the Indiana State Department of Health show there were 7,277 abortions in 2016, compared to 7,957 abortions in 2015. The decline represents an 8.5% drop. Abortion numbers have declined in Indiana for eight consecutive years.

KANSAS

Data for 2016 show a 2.4% drop in the total number of Kansas abortions compared to 2015. A total of 6,810 abortions were registered to the Kansas Department of Health & Environment in 2016 compared to 6,974 in 2015.



LOUISIANA



The number of abortions in Louisiana decreased by 4% from 2015 to 2016 according to preliminary figures from the state Department of Health. It represents the second straight year that abortion numbers have dropped. There were 8,972 abortions reported in 2016, down from 9,362 abortions in 2015, and 10,211 abortions in 2014.

THE STATE OF ABORTION IN THE UNITED STATES

UNITED STATES ABORTION NUMBERS

MICHIGAN



The Michigan Department of Health and Human Services showed induced abortions in Michigan declined by 2.8% from 2015 to 2016. Overall, abortions are down 46.2% from their high of 49,098 in 1987. Michigan DHHS reported 26,395 abortions were reported in the state in 2016, compared to 27,151 in 2015.

MINNESOTA

The Minnesota Department of Health reported a slight increase in the number of abortions in the state from 2015 to 2016. Abortions rose to 9,953 in 2016 after falling to 9,861 — the lowest level since 1974. Despite this increase, the state has seen a 28% decrease in abortions over the past decade.



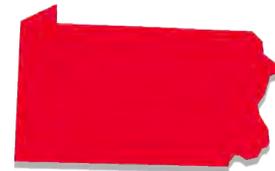
OHIO

Abortions in 2016 in Ohio were at their lowest number in 40 years according to an Ohio Department of Health report. A total of 20,672 abortions were reported—the lowest figure since 1976—a decrease from 20,976 in 2015 and down by over 12,000 as recently as 2006 when there were 32,936 abortions.



PENNSYLVANIA

In 2016, 30,881 abortions occurred in the Commonwealth of Pennsylvania according to the Department of Health. This is a decline from 31,818 in 2015. The Department of Health reported that more than 80% of abortions in Pennsylvania occurred in four counties: Philadelphia (14,626), Allegheny [Pittsburgh] (6,080) Northampton [Allentown/Bethlehem] (3,042), and Dauphin [Harrisburg] (1,504).



WISCONSIN

Abortions in Wisconsin decreased from 5,660 in 2015 to 5,612 in 2016 according to a report from the Wisconsin Department of Health Services. This continues a steady decrease in abortions over the past seven years in the state.



PLANNED PARENTHOOD'S BILLION-DOLLAR EMPIRE: An Analysis of the Abortion Giant's Annual Report



2016-2017 Annual Report

In the opening “Message from Our Leadership,” Planned Parenthood President Cecile Richards and Board Chair Naomi Aberly tell supporters “despite the historic threat to our missionas we enter our 101st year, we are stronger and bolder than ever before.”

When it comes to their bottom line, this is true. As we examine below, that case is more mixed when it comes to other areas of Planned Parenthood’s activities.

Money Up, Abortion Steady, Other Services Down

To begin our analysis, we start with a look at Planned Parenthood’s 2009 report as a point of comparison. Revenues in 2009 for the nation’s largest abortion provider were \$1,100,800,000.

This latest report, “The 2016-2017 Annual Report of the Planned Parenthood Federation of America” pegs revenues for the fiscal year ending June 30, 2017 at \$1,459,600,000.

That is nearly a nearly a billion and a half dollars—and an increase of more than a \$100 million above last year’s revenues, which themselves were a record.

Yet in 2016, Planned Parenthood’s affiliates performed about seven thousand fewer abortions—321,384 abortions—than the year before. This is very noteworthy because while abortions in the United States have decreased by almost a quarter (23%) since 2008, abortions at Planned Parenthood have remained largely stable, hovering in the 320,000-334,000 range since 2008. While this recent number is at the low end of that range, it does not appear to be an indicator of a new significant downward trend. Planned Parenthood works hard to maintain its lucrative abortion business, even in a down market.

Looking further at their data, we find the number of patients seen drops 20%, and “cancer screenings” fall by almost two-thirds.

If one compares Planned Parenthood annual reports over time, it’s easy to see that while abortions remain essentially unchanged, the number of patients treated for anything else continue to plunge.

THE STATE OF ABORTION IN THE UNITED STATES

PLANNED PARENTHOOD'S BILLION-DOLLAR EMPIRE

In 2008, Planned Parenthood affiliates were seeing 3 million patients a year. Today, they see only 2.4 million—a huge drop of 20%.

Planned Parenthood's highly publicized "cancer screenings" fell by almost two-thirds – from 1,830,811 in 2009 to just 660,777 in 2016. What about contraception services? They dropped from 3,868,901 in 2009 to 2,701,866 in 2016—a 30% tumble. How about their much vaunted (but barely existent) prenatal services? From 40,489 in 2009 to just 7,762 in 2016—a decline of more than three-fourths.

This means that Planned Parenthood is somehow making more money with fewer patients. That could be done by charging patients more for services, or by closing underperforming clinics and firing unproductive managers.

Of course, Planned Parenthood still receives a healthy portion of its funding from federal, state and local grants and payments. Several states have tried to cut these funds, and they were down about \$10 million this year over last. But those sources still provided a hefty \$543.7 million, or 37%, of its total in revenues, according to the report.

"Non-governmental health services revenues" (money from patients or insurance plans not managed by the government) rose slightly, about \$11 million, to \$318.1 million for 2017.

So where did the bulk of the increased revenue come from? Surges in private giving seen in the last two annual reports. Private giving was \$353.5 million in 2015. A year later it had jumped to \$445.8 million. In 2017 the figure had risen to \$532.7 million.

This is a clear indication that Planned Parenthood has been able to turn well founded criticism against their reputation and their industry to their own financial advantage. It also illustrates, ironically, that there are non-governmental sources that Planned Parenthood can tap into if states chose to prioritize health funding to full-service clinics.

Whether Planned Parenthood can continue to make money while losing patients, only time will tell. But one thing the numbers from this latest annual report tell us: Planned Parenthood, though struggling to hold on to customers, is still rich and dangerous foe.

Clinics and Affiliates Down

Cementing its reputation as the nation's largest abortion provider, as noted, Planned Parenthood performed 321,384 abortions in 2016, more than a third of all abortions performed in the United States.

But Planned Parenthood is more than just a "reproductive health care provider." They are also the nation's top abortion advocates and increasingly connected to much of the nation's burgeoning political activism.

Looking at the gross revenues alone, it would appear that Planned Parenthood's business is thriving. But, tucked away in that increase of \$100 million over the previous fiscal year, is the growing impact of increased private contributions. Combine that with the diminishing numbers of clinics and 20% fewer customers, and a quite different picture emerges.

Early in the introduction penned by Richards and Aberly, Planned Parenthood heralds the care provided by their "more than 600 health centers across the country" and the group's 56 affiliates.

To be sure, Planned Parenthood remains a big and powerful organization. However check back a few years and you'll see that they aren't what they used to be.

For example, as recently as 2010, there were 872 clinics listed on Planned Parenthood's website, hailing from about a hundred local affiliates. From 872 to 600—that's a huge drop off in just seven years.

While many centers have closed, quite often these were non-abortion performing clinics—smaller and unprofitable. Sometimes they were replaced by modern, giant regional abortion featuring mega-clinics.

This may explain why abortions have held steady at Planned Parenthood, despite the huge drop in the number of operating clinics.

The decline in the number of affiliates is largely a consequence of larger, richer and more politically powerful affiliates gobbling up smaller, less efficiently run affiliates with clinics that often did not perform abortions. With new management, unprofitable operations and expensive, inefficient middle management were cut.

Still About Abortion

Of course, Planned Parenthood continues to downplay abortion's significance to its bottom line, recycling the much-debunked statistic that abortion constitutes merely 3% of its services. As National Right to Life has analyzed previously, this is a statistical artifice that even Planned Parenthood's media allies are reluctant to defend. The data show abortion still plays a huge role in Planned Parenthood's mission and policies, not to mention its bottom line.

Planned Parenthood now performs more than a third of all abortions in the United States and continuing to be its biggest defender in the legislature and the courts. At current rates, Planned Parenthood's take from abortion is just under \$160 million. Contrary to the 3% meme, abortion is no mere sideline for the group.

Steps are being taken to increase Planned Parenthood's abortion business. It notes with pride that 26 of their affiliates have launched online scheduling for abortion appointments. A chat/

THE STATE OF ABORTION IN THE UNITED STATES

PLANNED PARENTHOOD'S BILLION DOLLAR EMPIRE

text program set up by Planned Parenthood allows people to discuss “reproductive health questions” with a trained educator. It garnered as many as 30,000 individual conversations a month. Planned Parenthood’s statistics show that one in three chat/text users ended up at a clinic within 10 days of their conversation.

Politics and Legislation

With their emphasis on abortion, it is no surprise that many of the legislative and court victories they tout were abortion centered. They celebrated Delaware’s codification of *Roe* into state law and were happy that Oregon ensured “abortion coverage for all Oregonians, regardless of gender identity, income, or immigration status”—that is, tax-payer funded abortion on demand.

Pro-abortion judges and holdover Democrat governors thwarted abortion limits and clinic regulations in Florida, Mississippi and Pennsylvania. Planned Parenthood states, correctly, that “Litigation is a crucial tool for protecting and expanding access to care,” and noted that “Planned Parenthood (along with partner organizations, in some cases) filed seven new lawsuits to protect and expand access to safe, legal abortion.”

Planned Parenthood also fights for abortion in other countries. Through Planned Parenthood Global, they launched the Niñas No Madres (Girls Not Mothers) program in Latin America to “educate” the public and lawmakers about “the impact of draconian laws and practices restricting abortion access.”

Pumping Up the Resistance

Planned Parenthood has long complained that federal policies and state laws cut them off from taxpayer funds and make it difficult for their clinics to operate. The last paragraph in the “Message from Our Leadership” includes the sentence: “This year has defined the dedication, defiance, and power of the Planned Parenthood family.” The 35-page annual report is filled with plenty of talk about their efforts to defend themselves and mobilize opposition.

In the annual report, they refer to the “historic threat to our mission” and facing “higher, harder barriers to getting care” and attempts to defund Planned Parenthood. They talk about “fending off attacks” and “continuing to mobilize our supporters to fight for the health and rights of the people we serve.”

Many of the pictures featured in the 2016-2017 Annual Report are from the Women’s March held in January of last year to coincide with the inauguration of pro-life President Trump and the language of “resistance” and “defiance” echoes throughout the report.

In the face of a “hostile administration” that has fought to repeal ObamaCare and has cut off funding to international groups (like Planned Parenthood Global) that perform, refer or advocate for abortion, Planned Parenthood says they are “Building a Movement & Mobilizing Our Supporters.” They say such “attacks” haven’t tired supporters—“They resist, they persist, and they are fighting to win.”

Planned Parenthood has clearly adjusted their tactics to deal with the political reality that they no longer control the presidency, the federal legislature or many of the state houses. Under the heading “Fueling the Resistance to Protect Health Care Access” they talk about building allies with leaders in the “racial justice, immigrant rights, and economic justice movement to highlight the intersection between these issues and access to health care.”

They argue that “far too often, systemic barriers, including the harmful legacies of oppression and white supremacy, stand in the way of achieving health equity for all.” (How exactly is the reality that over the years Planned Parenthood has likely aborted millions of black and other minority babies supposed to be addressing this “oppression”?)

Beyond the “strong partnerships with organizations with other resistance leaders” that Planned Parenthood says followed the Womens’ March, Planned Parenthood celebrates their #IStandWithPP and #IDefy campaigns to help identify and inspire a new generation of activists.

Until their political fortunes improve, the plan in the meantime is to generate, with the media’s help, the appearance of such broad opposition to pro-life laws, clinic regulations, funding limits, and healthcare repeal that legislators won’t institute such policies or courts won’t let them go forward.

Planned Parenthood and Public Opinion

As noted, 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 (see page 53). 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 favorability stems from the obfuscation of how much abortion contributes to their bottom line, as demonstrated by a 2013 poll conducted by The Polling Company. That poll found 56% of respondents did not believe or did not know that Planned Parenthood’s affiliates performed abortions.



Obscuring this fact over the years allowed the organization to be seen in an overwhelmingly favorable light by the public. Data from Gallup found 81% of Americans had a favorable rating of the abortion giant in 1993. However, after years of education by the right-to-life movement, including undercover videos that surfaced in 2015 showing Planned Parenthood officials discussing the procurement of body parts from aborted babies, that favorability rating fell to 59% in October 2015.

THE STATE OF ABORTION IN THE UNITED STATES

PLANNED PARENTHOOD'S BILLION DOLLAR EMPIRE

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 that continues to convince the organization's allies in the media that, despite explicit evidence to the contrary, Planned Parenthood is not in the business of abortion.

Eyes on the Future

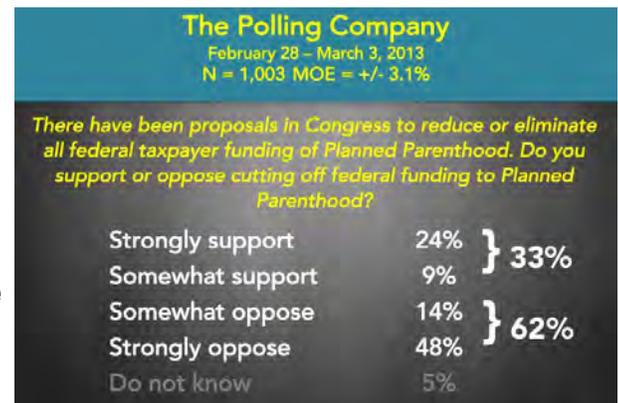
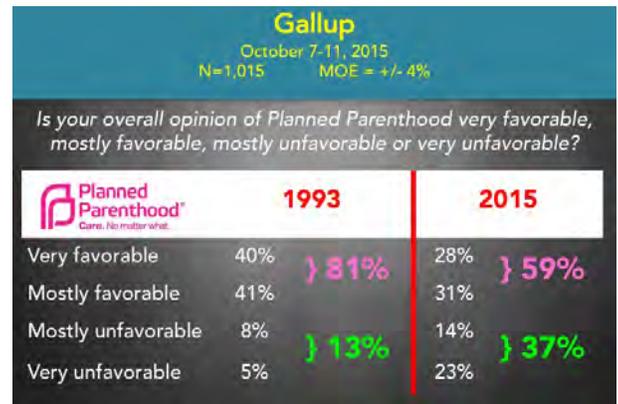
Executives at Planned Parenthood have certainly seen the same figures that we have for the past several years. There is no ignoring the drop in the number of patients, the greatly reduced numbers of cancer screenings, or the even fewer number of clients receiving contraceptives.

They've lost access to a lot of state funding and, as noted above, closed significant numbers of clinics and merged many affiliates. But Planned Parenthood has been able to increase their revenues and hold the number of abortions performed steady.

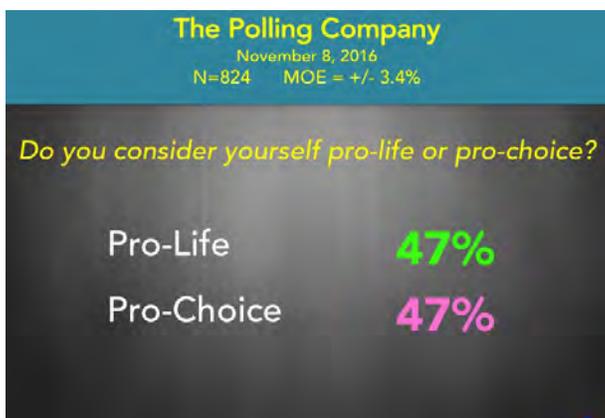
Rather than dump their abortion business to concentrate on the other services they say are so critical, they've done the exact opposite. Planned Parenthood has chosen to double down on abortion, adding abortion services to most of their remaining clinics, requiring that every affiliate have at least one abortion performing center, and refusing to give it up in order to receive state funding.

They've built new megaclinics which can handle enormous abortion volume, to put into new web technology to attract and serve new customers, and to stimulate more political activism. They've got big private donors and the media defending their every move, which makes their job easier.

All of that may sustain a certain level of business for now, but in the end, it will not, cannot succeed. Why? Because there isn't any future in it.

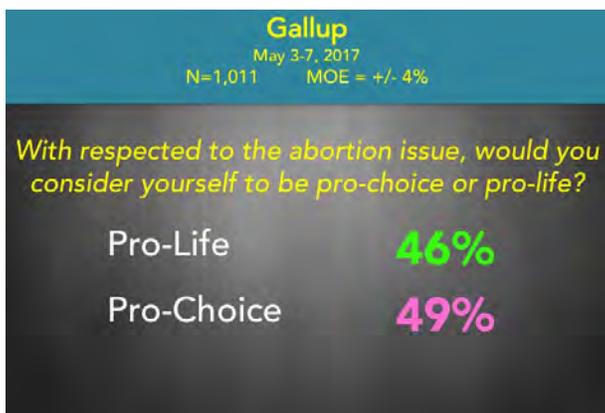


PUBLIC OPINION POLLING AND ABORTION: Americans Reject Abortion for Any Reason

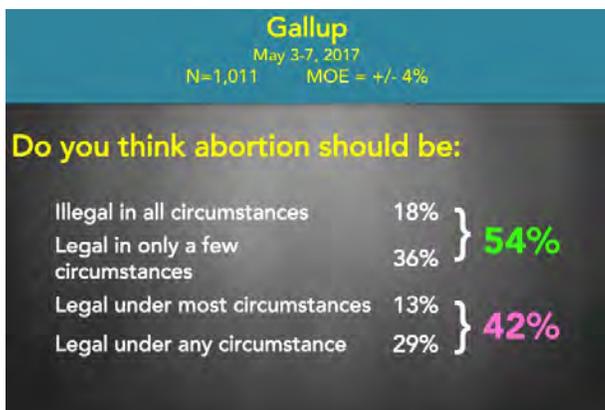


For the better part of almost three decades, public opinion polling has consistently shown a solid majority of Americans are opposed to the vast majority of abortions performed annually in the United States.

However, this is often overlooked because media reports tend to rely on a single question that asks respondents to self-identify as either “pro-life” or “pro-choice.” This question tells us how someone would label their views on abortion based on their personal understanding of those terms and provides valuable insights into how the American public view the pro-life and pro-choice movements.



Gallup provides the most consistent data on this question and has found the gap close considerably over the past two decades. In a September 1995 poll, Gallup found 56% identified themselves as “pro-choice,” with just 33% identifying themselves as “pro-life.” In May 2012, 50% identified as “pro-life.” A November 2016 poll conducted by The Polling Company found both “pro-life” and “pro-choice” respondents equal at 47%. Gallup’s most recent fielding of the question in May 2017 found a slight plurality among those who identified as “pro-choice”—49%—compared to 46% who identified as “pro-life.”



It is not unusual for this question to yield parity between the answers, but more recently one of the responses has yielded a slight plurality. However, this question doesn’t tell the whole story about American opinions on abortion.

More revealing is a question that asks respondents when they feel abortion should be illegal or legal. This question comes closer to revealing American attitudes toward *Roe* and *Doe*’s regime of unrestricted abortion. The Gallup

THE STATE OF ABORTION IN THE UNITED STATES

PUBLIC OPINION POLLING AND ABORTION

poll from May 2017 found that only 29% agree with that position (legal under any circumstances), while 54% feel abortion should not be legal at all or legal in only a few circumstances. These figures are virtually unchanged from Gallup's 2016 polling and have been relatively consistent for several years.

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

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

First asked in polling conducted by Wirthlin Worldwide, and subsequently in polls fielded by Zogby International and The Polling Company, this six-point question asks respondents: *"Which of the following statements most closely describes your own position on the issue of abortion:*

- 1) Abortion should be prohibited in all circumstances;
- 2) Abortion should be legal only to save the life of the mother;
- 3) Abortion should be legal only in cases of rape or incest, and to save the life of the mother;
- 4) Abortion should be legal for any reason, but not after the first three months of pregnancy;
- 5) Abortion should be legal for any reason, but not after the first six months of pregnancy; or
- 6) Abortion should be legal for any reason at any time during a woman's pregnancy."

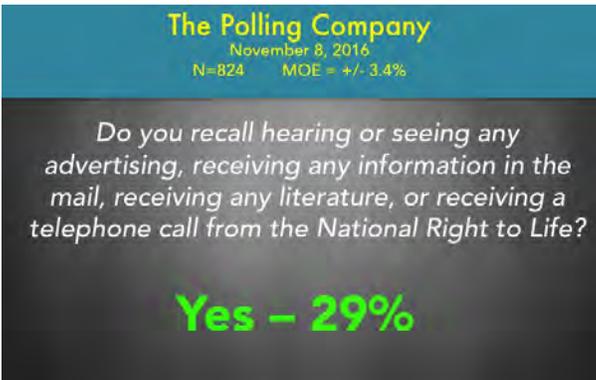
A December 2017/January 2018 Marist Poll for the Knights of Columbus asked a similar question. Only 12% said their position—legal for any reason at any time during a woman's pregnancy—matched the *Roe* and *Doe* doctrine. Another 11% would allow abortion through the first six months of pregnancy. Thus, at most, 23% supported the effect of *Roe v. Wade*. Another 22% would allow abortion but restrict it to the first trimester. A total of 52% indicated that they would either restrict abortion in all circumstances, or allow it only when the mother's life was in danger, or in cases of rape or incest—reasons which account for very few abortions.





As we have concluded in previous reports, when combined with the most recent Gallup poll, these results continue to show that not only do Americans disagree with the abortion policy established by the U.S. Supreme Court in *Roe* and *Doe*, but they are more willing to embrace the “pro-life” label to describe their position.

More telling is how this significant public opposition to abortion plays out in the nation’s elections.



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



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

Six months later, as Americans went to the polls, The Polling Company found that nearly half (49%) of voters said the abortion issue affected they way the voted. Fully 31% voted for pro-life candidates, compared to just 18% who voted for candidates who oppose abortion.

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

In the previous six elections (2004-2014), between 22% and 28% of voters recalled hearing or seeing information or advertising about pro-life candidates from National Right to Life. During the 2016 election, National Right to Life’s political committees were heavily involved, and 29% of voters recalled hearing, seeing, or receiving something from National Right to Life.

THE STATE OF ABORTION IN THE UNITED STATES

PUBLIC OPINION POLLING AND ABORTION

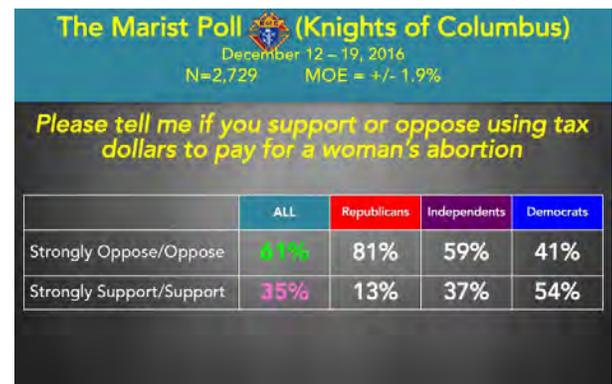
The bottom line: pro-life candidates experienced tremendous victories in 2016 at the federal and state levels. In turn, these elected officials have been working to enact life-affirming legislation that provides legal protections for unborn children, provides help and assistance to their mothers, and challenges the abortion-for-any-reason regime established by *Roe* and *Doe*.

One such proposal is National Right to Life’s Pain-Capable Unborn Child Protection Act, a bill which would protect unborn children after 20 weeks, a point at which there is scientific evidence that the unborn child is capable of feeling pain. December 2017/January 2018 Marist Poll found that 63% of Americans support such legislation, while just 33% oppose it. Fifty-six percent of Democrats, as well as 56% of those who identify as “pro-choice” support such legislation.

Marist also asked respondents about their opinion on taxpayer funding of abortions. Sixty-one percent of Americans oppose using tax dollars to pay for abortion domestically, compared with 35% who support it.

Even as the nation’s abortion giant, Planned Parenthood, continues to post record-breaking revenues, the majority of Americans do not believe tax dollars should be used for abortion. And that opposition carries across political lines. Fully 89% of Republicans oppose tax dollars paying for abortion, as do 58% of Independents, and significantly, 43% of Democrats.

While polling is interpreted differently by journalists and activists alike, the take-away from these current polling trends is that most Americans are not comfortable with unrestricted abortion for any reason, they don’t want to underwrite abortion with their tax dollars, and they will take their opposition into the voting booth in virtually every election.



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 or rejection of nominees to the U.S. Supreme Court and the circuit courts of appeals.

Forty-five 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.

THE STATE OF ABORTION IN THE UNITED STATES

FEDERAL POLICY AND ABORTION

Under the Born-Alive Infants Protection Act (PL 107-207), enacted in 2002, humans who are born alive, whether before or after “viability,” are recognized as full legal persons for all federal law purposes. This law says that “with respect to a member of the species homo sapiens,” the term born alive “means the complete expulsion or extraction from his or her mother of that member, at any stage of development, who after such expulsion or extraction breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion.” Much stronger federal protection would be provided by the Born-Alive Abortion Survivors Protection Act, legislation sponsored by Rep. Marsha Blackburn (R-Tenn.) and Sen. Ben Sasse (R-Neb.), which passed the House of Representatives in 2015 on a near-party-line vote of 248-177, but died without a vote in the Senate. The bill has been re-introduced in the 115th Congress (H.R. 4712, S. 220). This legislation would enact an explicit requirement that a baby born alive during an abortion must be afforded “the same degree” of care that would apply “to any other child born alive at the same gestational age,” including transportation to a hospital, and applies the existing penalties of 18 U.S.C. § 1111 (the federal murder statute) to anyone who performs “an overt act that kills [such] a child born alive.”

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

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

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

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

Judicial Federalization of Abortion Policy

Until the 1960s, unborn children were protected from abortion by laws enacted by legislatures in every state. Between 1967 and 1973, some states weakened those protections, beginning with Colorado in 1967. During that era, the modern pro-life movement formed to defend state pro-life laws, and the pro-life side had turned the tide in many states when the U.S. Supreme Court in effect “federalized” abortion policy in its January 1973 rulings in *Roe v. Wade* and *Doe v. Bolton*. Those rulings effectively prohibited states from placing any value at all on the lives of unborn children, in the abortion context, until the point that a baby could survive independently of the mother (“viability”). Moreover, these original rulings even effectively negated state authority to protect unborn children after “viability.” As *Los Angeles Times* Supreme Court reporter David Savage wrote in a 2005 retrospective on the case:

But the most important sentence appears not in the Texas case of *Roe vs. Wade*, but in the Georgia case of *Doe vs. Bolton*, decided the same day. In deciding whether an abortion [after “viability”] is necessary, Blackmun wrote, doctors may consider “all factors – physical, emotional, psychological, familial and the woman’s age – relevant to the well-being of the patient.” It soon became clear that if a patient’s “emotional well-being” was reason enough to justify an abortion, then any abortion could be justified. (See “*Roe* Ruling More Than Its Author Intended,” *Los Angeles Times*, Sept. 14, 2005, www.nrlc.org/communications/resources/savagelatimes091405)

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

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

For many years after *Roe* and *Doe* were handed down, a majority of Supreme Court justices enforced this doctrine aggressively, striking down even attempts by some states to discourage abortions after “viability.” Eventually the Court stepped back somewhat from this approach, tolerating some types of state regulations on abortion, while continuing to deny legislative bodies the right to place “undue burdens” on abortion prior to “viability.” In *Gonzales v. Carhart* (2007), a five-justice majority upheld the federal Partial-Birth Abortion Ban Act, which placed a prohibition on use of a specific abortion method either before or after “viability.” However, in its 2016 ruling in *Whole Women’s Health v. Hellerstedt*, the Court declared unconstitutional

THE STATE OF ABORTION IN THE UNITED STATES

FEDERAL POLICY AND ABORTION

Texas laws requiring abortion clinics to meet surgical-center standards, and requiring abortionists to have admitting privileges at a hospital within 30 miles. The majority ruled that these requirements constituted an “undue burden” on access to pre-viability abortions. In his dissent, Justice Clarence Thomas wrote, “[T]he majority’s undue-burden balancing approach risks ruling out even minor, previous valid infringements on access to abortion.” Whether the Court continues to enforce this hard-line hostility to limitations on abortion will depend on the jurisprudential approach held by the jurists who are nominated and confirmed to the seats likely to become vacant within the next several years. On April 7, by a 54-45 vote, the United States Senate confirmed Neil Gorsuch as associate justice of the United States Supreme Court, filling the vacancy created by Justice Antonin Scalia’s death in 2016. As National Right to Life president Carol Tobias observed when Gorsuch was confirmed, “Judge Gorsuch appears to believe that judges are constrained to enforce the text and original intent of constitutional provisions, and on all other matters should defer to democratically elected lawmakers—this heartens us, and alarms those who have relied on activist judges to impose their radical pro-abortion policies.”

Congressional Action on Federal Subsidies for Abortion

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

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

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

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

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

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

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

Some defenders of the Obamacare law originally insisted that this would not really constitute “federal funding” of abortion because a “separate payment” would be required to cover the costs of the abortion coverage. National Right to Life and other pro-life groups dismissed this requirement as nothing more than an exercise in deceptive re-labeling, and as a “bookkeeping gimmick” that sharply departed from the principles of the Hyde Amendment. This discussion of the significance of the “separate payment” has been rendered rather academic by the fact that it later became evident that the Obama Administration ignored the two-payment requirement in the law—a development that few journalists or “factcheckers” took note of, despite the previous credence they gave to the “two-payment” gimmick. (See “Bait-and-Switch: The Obama Administration’s Flouting of Key Part of Nelson ‘Deal’ on ObamaCare,” by Susan T. Muskett, J.D., December 9, 2013, www.nationalrighttolifenews.org/news/2013/12/bait-and-switch-the-obama-administrations-flouting-of-key-part-of-nelson-deal-on-obamacare/.)

THE STATE OF ABORTION IN THE UNITED STATES

FEDERAL POLICY AND ABORTION

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 (H.R. 7, S. 184) would apply the full Hyde Amendment principles in a permanent, uniform fashion to federal health programs, including those created by the Obamacare law. With respect to Obamacare, this would mean that private insurance plans that pay for elective abortions would not qualify for federal subsidies, although such plans could still be sold through Obamacare exchanges, in states that allow it, to customers who do not receive federal subsidies. The U.S. House of Representatives passed this legislation in 2011, 2014, 2015, and 2017, but it has yet to be voted on in the U.S. Senate.

On May 4, 2017, the House of Representatives passed the American Health Care Act of 2017 (H.R. 1628) to repeal many provisions of Obamacare, including the program that provides tax-based subsidies to plans that cover elective abortion. On July 28, the Senate failed to advance American Health Care Act of 2017, and that budget reconciliation bill subsequently expired. While there have been numerous stops and starts, Congressional Leadership and the White House have both signaled that they will continue to look at legislative and administrative solutions to the many problems of Obamacare in 2018.

During 2013, the Obama Administration interpreted a different provision of Obamacare to authorize the Office of Personnel Management (OPM) to collect health care premiums from members of Congress and their staffs, along with subsidies from the legislative branch bureaucracy, for purchase of private health insurance plans that cover elective abortions. The OPM (under instructions from the Obama White House) went forward with this plan despite a longstanding law (the Smith Amendment) that explicitly prohibits OPM from spending one penny on administrative expenses connected with the purchase of any health plan that includes any coverage of abortion (except to save the life of the mother, or in cases of rape or incest). The Smith Amendment continues to prohibit inclusion of abortion coverage in the health plans of over 8 million federal employees and dependents—a limitation that does not apply to members of Congress or their staffs, solely because of Obamacare, according to the Obama Administration. See: www.nrlc.org/uploads/ahc/NRLCCommentonProposedRuleAndSmithAmendment.pdf

Federal Subsidies for Abortion Providers

Despite the laws already described that are intended to prevent federal funding of elective abortion, many organizations that provide and actively promote abortion receive large amounts of federal funding from various health programs. For example, the Planned Parenthood

Federation of America (PPFA), which provides more than one-third of all abortions within the United States, also receives approximately \$450 million a year in federal funding from various programs, of which Medicaid is the largest. Pro-life forces in Congress have made repeated attempts to enact a new law to deny PPFA eligibility for federal funds. In December, 2015, the Senate for the first time passed legislation (H.R. 3762) that would disqualify PPFA from receiving funds under Medicaid and certain other federal programs, and the House gave final approval to this legislation on January 6, 2016. However, as noted above, President Obama vetoed this bill on January 8, 2016, and the veto was sustained. In 2017, several measures to repeal and replace portions of Obamacare have also contained language to defund Planned Parenthood, but none of these measures have passed the U.S. Senate. Renewed action on this is possible in 2018.

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

International Abortion Funding

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

Under previous Republican presidents, the policy applied to family planning programs administered by the U.S. Agency for International Development (USAID) and the State Department. However, in the decades since 1984, a number of new health-related foreign assistance programs have been created, under which the U.S. provides support to private organizations that interact with many women of childbearing age in foreign nations. All too many of these organizations have incorporated promotion of abortion into their programs—even in nations which have laws that provide legal protection to unborn children.

When President Trump reinstated the Mexico City Policy, 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.

THE STATE OF ABORTION IN THE UNITED STATES

FEDERAL POLICY AND ABORTION

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 (see page 42.)

A federal version of the legislation was approved by the U.S. House of Representatives on October 3, 2017 by a vote of 237-189; the Trump Administration issued a statement indicating they would sign the measure into law. The Pain-Capable Unborn Child Protection Act has been among the right-to-life movement's top congressional priorities for the 115th Congress. The Senate is expected to consider the measure, sponsored by Sen. Lindsay Graham (R-S.C.) in early 2018. National Right to Life has estimated that there are at least 275 abortion providers performing abortions past the fetal-age point that the federal legislation would allow.

During the 115th Congress, the Dismemberment Abortion Ban Act was introduced in Congress by Congressman Chris Smith (R-N.J.), co-chairman of the Pro-Life Caucus in the U.S. House of Representatives. It is expected that the legislation will be introduced in the Senate in 2018. The legislation is based on a model state-level bill developed by National Right to Life, which has been enacted in seven states—see page 43.) The federal bill would prohibit nationally the performance of “dismemberment abortion,” defined as “with the purpose of causing the death of an unborn child, knowingly dismembering a living unborn child and extracting such unborn child one piece at a time or intact but crushed from the uterus through the use of clamps,

grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush or grasp a portion of the unborn child's body in order to cut or rip it off or crush it." This prohibition would apply to many applications of the method referred to by abortionists as "dilation and evacuation" (D&E), which currently is the most common second-trimester abortion method, employed starting at about 14 weeks of pregnancy; the method is depicted in a medical illustration here: www.nrlc.org/abortion/pba/deabortiongraphic/

Federal Conscience Protection Laws

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

However, the Obama Administration undercut enforcement of the federal conscience laws in various ways, and indeed orchestrated attacks on conscience rights in a more sweeping and aggressive fashion than any previous administration. Various pieces of remedial legislation were proposed during the 114th Congress, including the Conscience Protection Act, sponsored by Rep. Diane Black (R-Tenn.) and Sen. James Lankford (R-Okla.), and it is anticipated such legislation will receive active consideration during the 115th Congress.

Attempts in Congress to Protect "Abortion Rights" in Federal Law

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

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

THE STATE OF ABORTION IN THE UNITED STATES

FEDERAL POLICY AND ABORTION

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

In 2013, alarmed by the enactment of pro-life legislation in numerous states, leading pro-abortion advocacy groups again unveiled a proposed federal statute that would invalidate virtually all federal and state limitations on abortion, including various types of laws that have been explicitly upheld as constitutionally permissible by the U.S. Supreme Court. This updated FOCA is formally styled the “Women’s Health Protection Act,” although National Right to Life noted that it would accurately be labeled the “Abortion Without Limits Until Birth Act.” On July 15, 2014, the U.S. Senate Judiciary Committee (then controlled by Democrats) conducted a hearing on the bill, at which National Right to Life President Carol Tobias presented testimony explaining the radical sweep of the legislation. Following the hearing, the Judiciary Committee took no further action on the bill during the 113th Congress. The legislation has been re-introduced in the 115th Congress and gathered many co-sponsors in both houses, but has not been the subject of formal legislative action.

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

STATE LAWS & ABORTION



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

-Kansas Governor Sam Brownback
speaking at the NRLC 2012 Convention

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

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

Most Recent Supreme Court Action

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

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

THE STATE OF ABORTION IN THE UNITED STATES

STATE LEGISLATION AND ABORTION

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

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

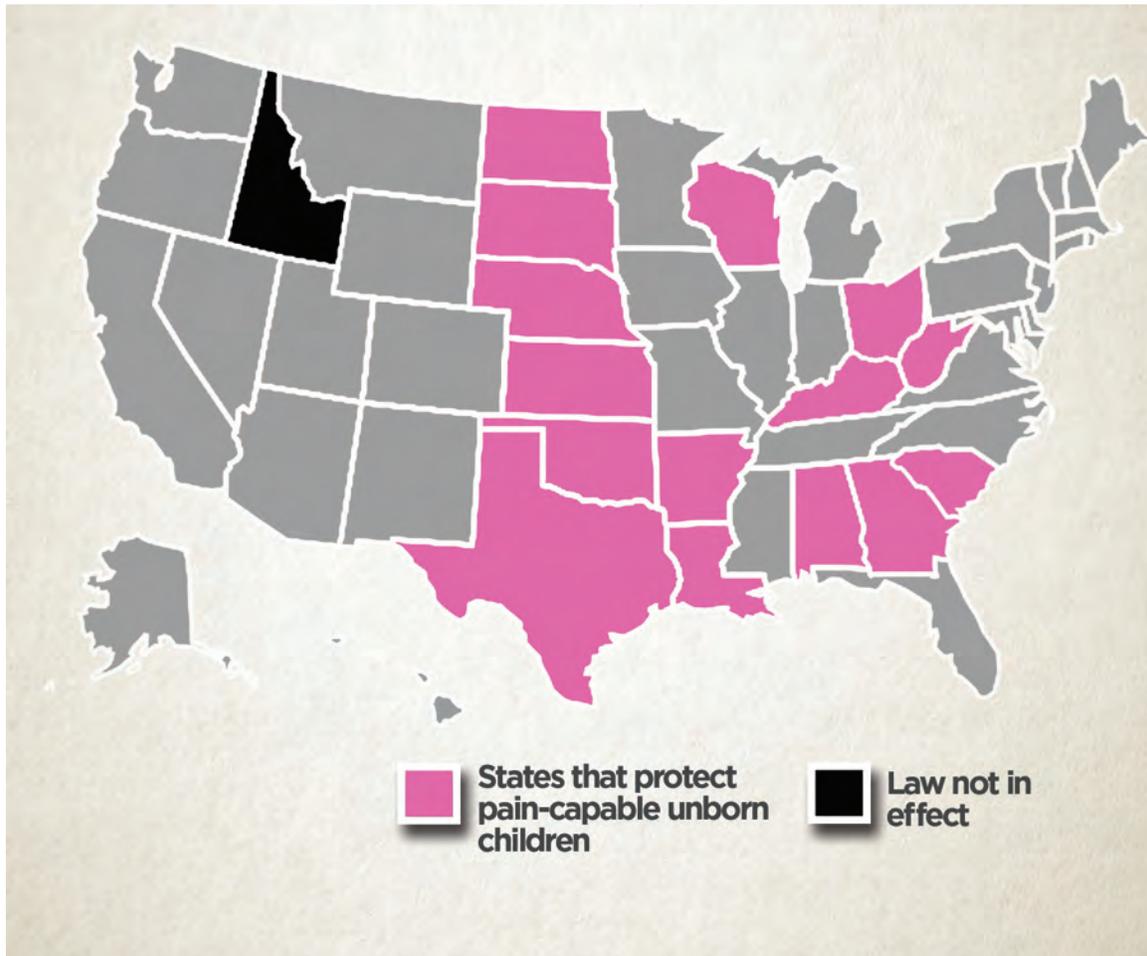
While *Whole Woman’s Health v. Hellerstedt* was considered a loss for the pro-life community, National Right to Life has remained focused on its continued efforts to draft legislation that focuses on protecting the vulnerable.

Synopsis of State Laws

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

THE STATE OF ABORTION IN THE UNITED STATES

PAIN-CAPABLE UNBORN CHILD PROTECTION ACT



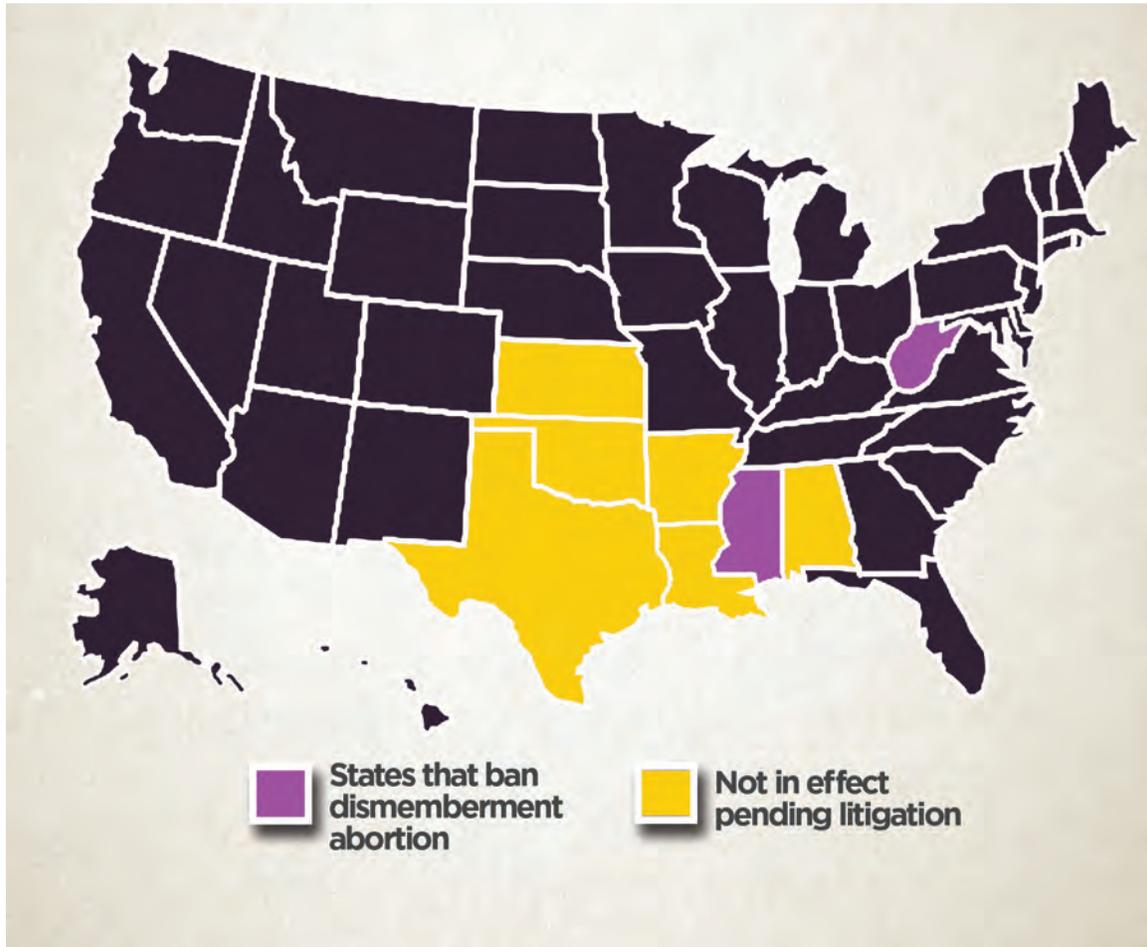
First enacted by the state of Nebraska in 2010, the model Pain-Capable Unborn Child Protection Act, drafted by National Right to Life's Department of State Legislation, is legislation which protects from abortion unborn children who are capable of feeling pain. There has been an explosion in scientific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

THE STATE OF ABORTION IN THE UNITED STATES

PROTECTING UNBORN CHILDREN FROM DISMEMBERMENT ABORTION



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

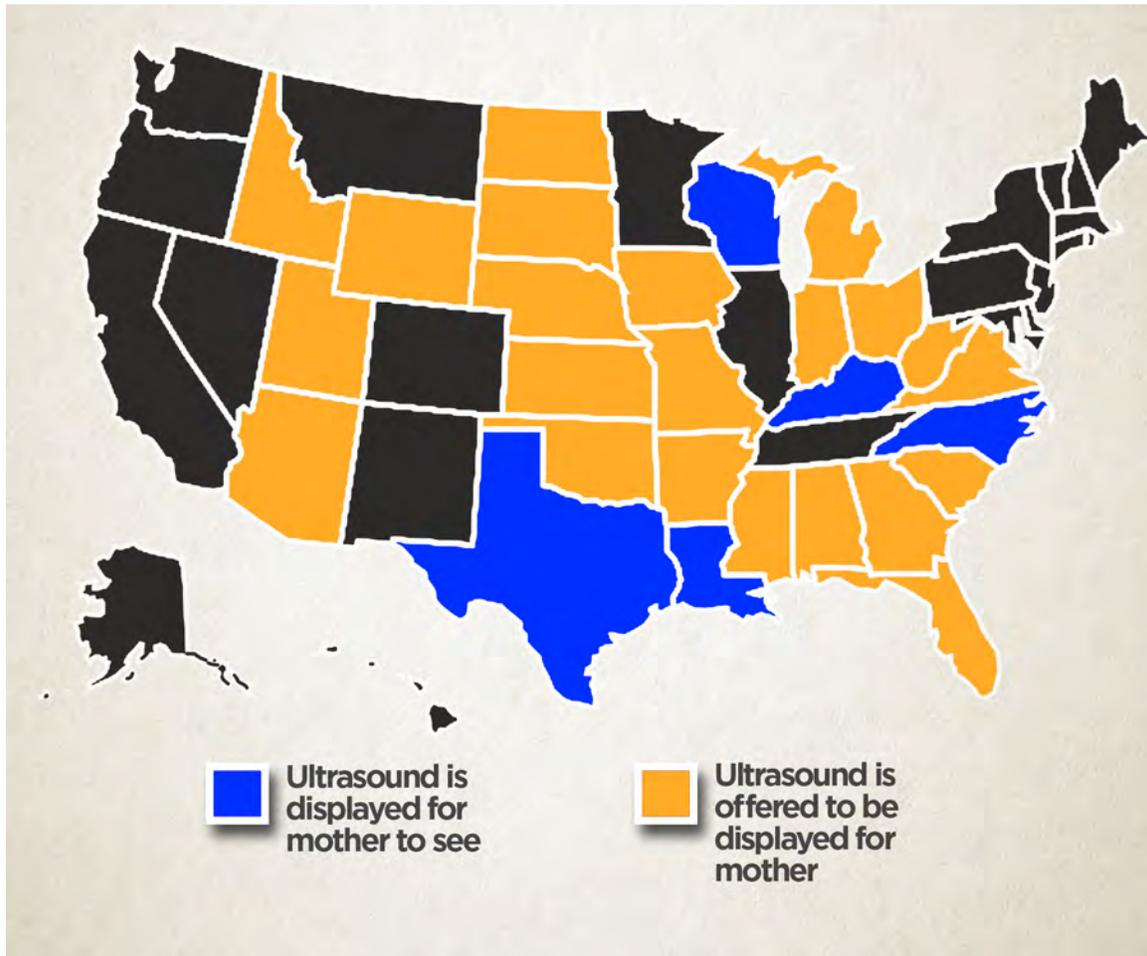
In his dissent to the U.S. Supreme Court's 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in D&E dismemberment abortions, "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning 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 again recognize the additional separate and independent compelling interest the state has in fostering respect for life by protecting the unborn child from death by dismemberment abortion.

*not in effect pending litigation

THE STATE OF ABORTION IN THE UNITED STATES

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.

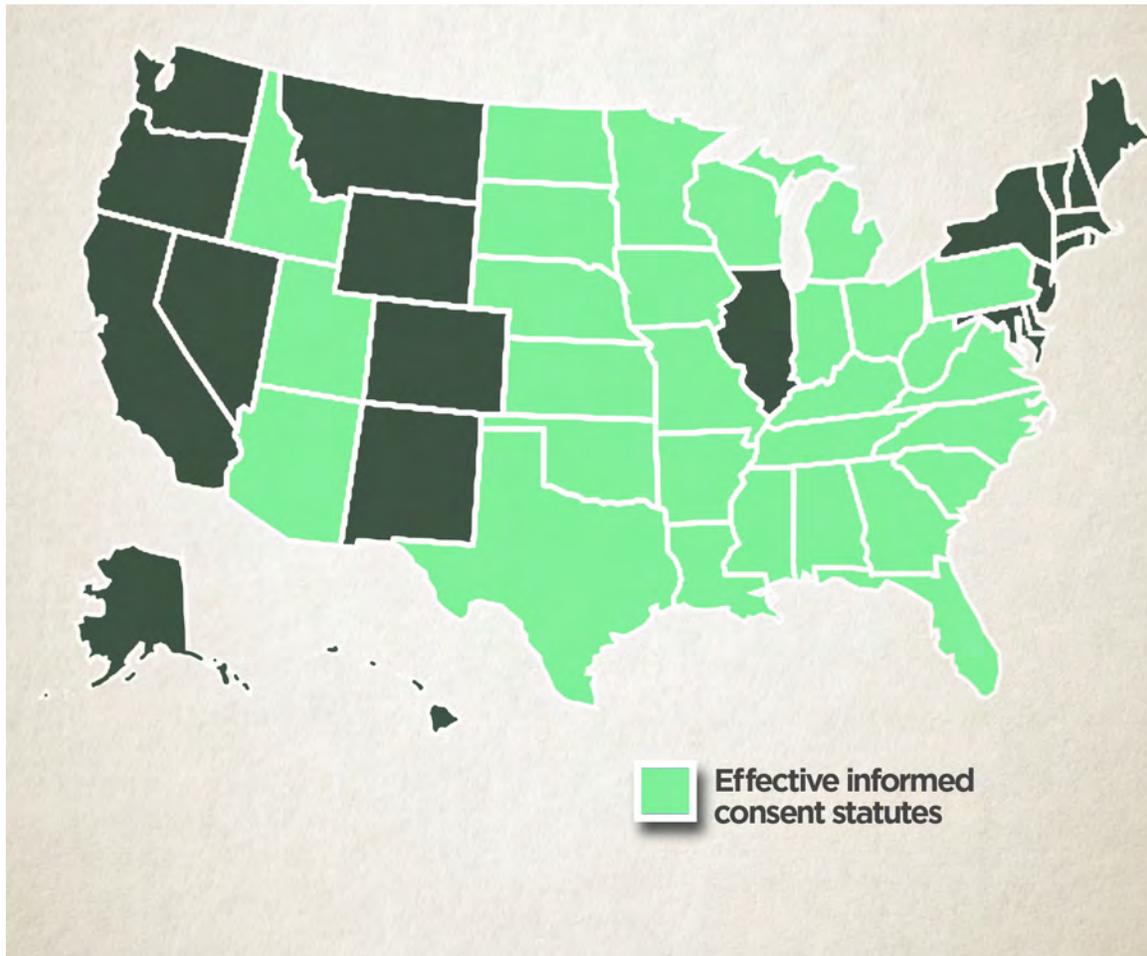
Five states require that an ultrasound be performed prior to an abortion. The screen must be displayed so the mother can view it and a description of the image of the unborn child must be given. They are Kentucky, Louisiana, North Carolina,* Texas and Wisconsin.

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

THE STATE OF ABORTION IN THE UNITED STATES

A WOMAN'S RIGHT TO KNOW: INFORMED CONSENT



An informed consent law protects a woman's right to know the medical risks associated with abortion, the positive alternatives to abortion, and to be provided with nonjudgmental, scientifically accurate medical facts about the development of her unborn child before making this permanent and life-affecting decision. If advocates of legal abortion were truly "pro-choice" instead of "pro-abortion," they would not object to allowing women with unexpected pregnancies access to all the facts. Perhaps they fear that full knowledge might lead to fewer abortions.

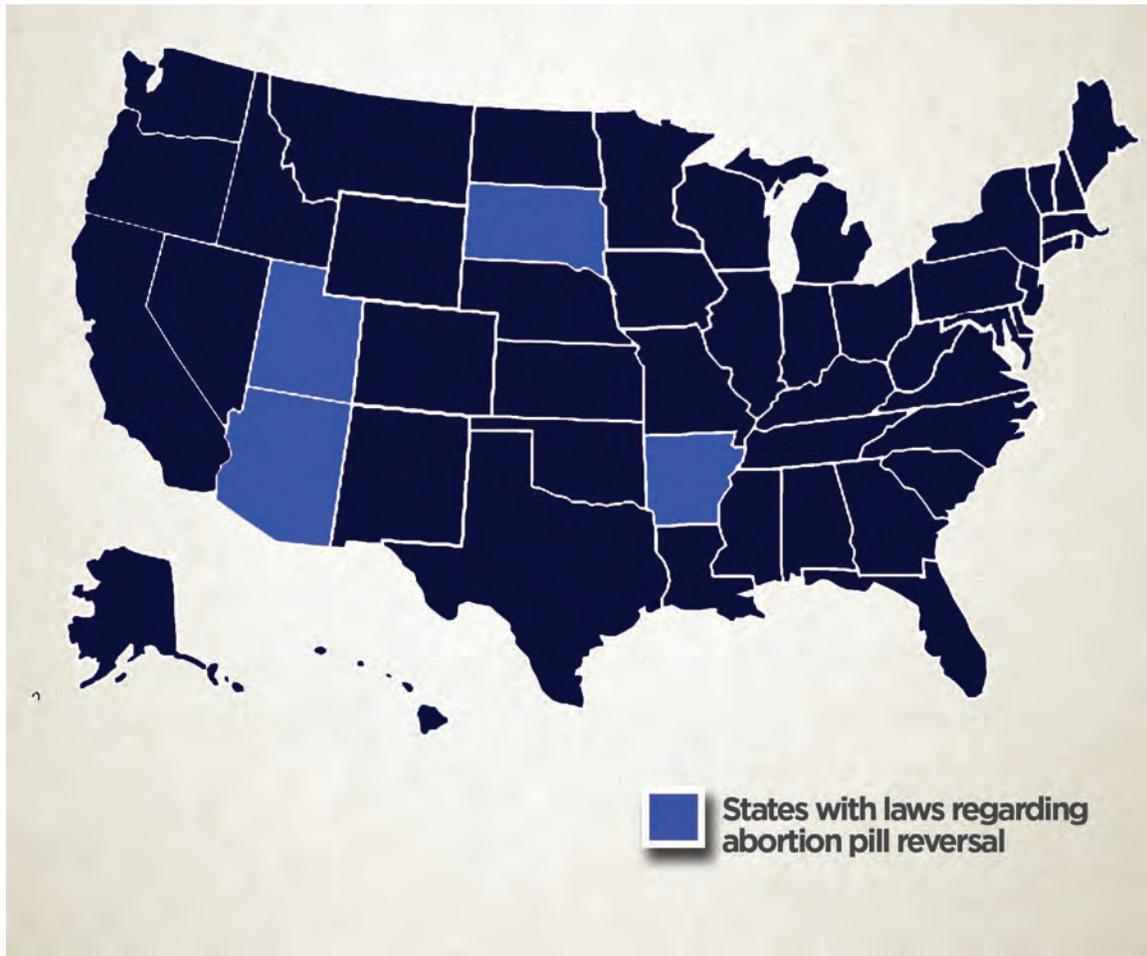
Twenty-seven states [using language like that upheld in *Planned Parenthood v. Casey*, 505 U.S. 833 (1992)] currently have effective informed consent laws in place: Alabama[^], Arizona, Arkansas, Florida, Georgia, Idaho, Indiana[^], Iowa^{**}, Kansas, Kentucky, Louisiana,[^] Michigan, Minnesota, Mississippi, 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.

THE STATE OF ABORTION IN THE UNITED STATES

A WOMAN'S RIGHT TO KNOW: ABORTION PILL REVERSAL



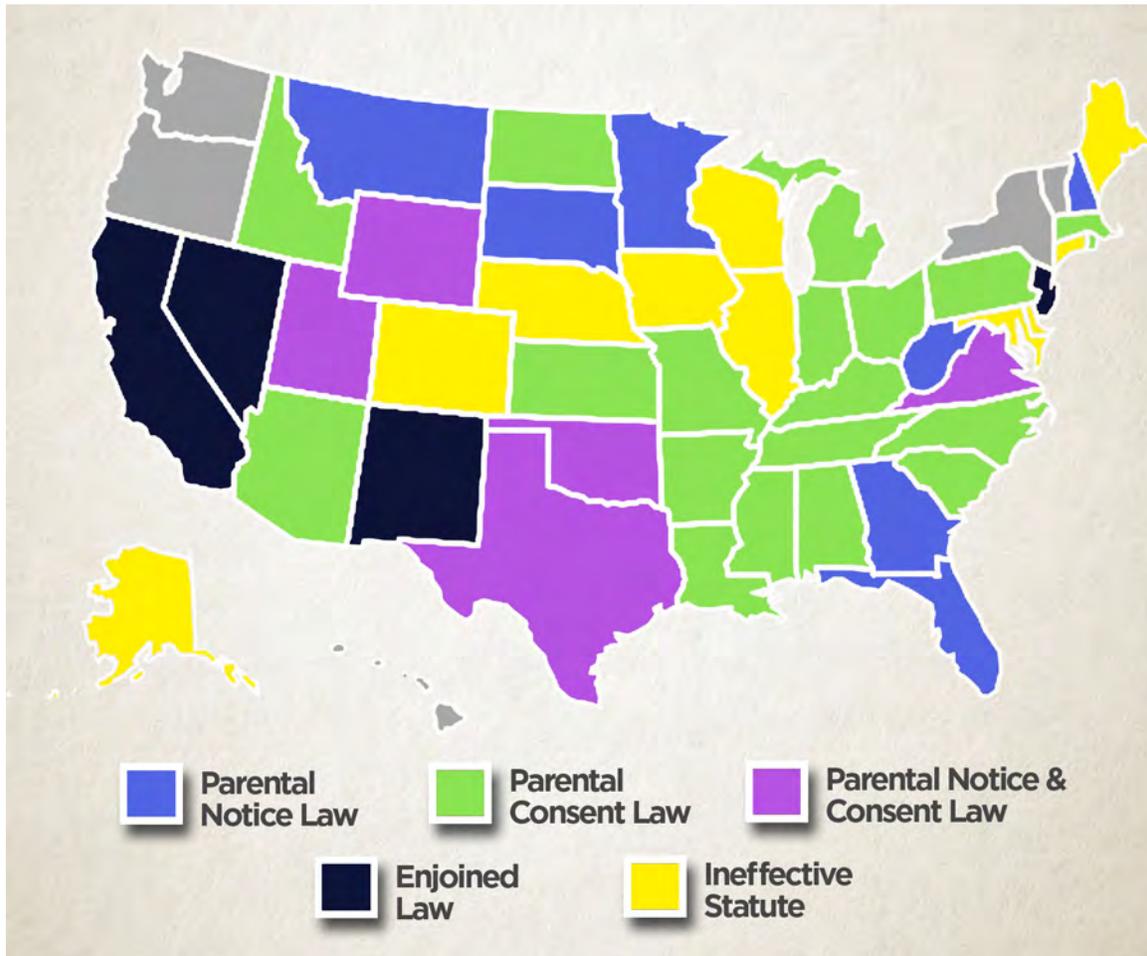
Most recently, states have moved to enact a form of informed consent law that requires abortion facilities to inform a woman prior to or soon after the first step of a chemical abortion that if she changes her mind, it may be possible to reverse the effects of the chemical abortion, but that time is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

Currently four states have enacted laws requiring this information to be provided: Arizona*, Arkansas, 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*.

THE STATE OF ABORTION IN THE UNITED STATES

PARENTAL INVOLVEMENT LAWS



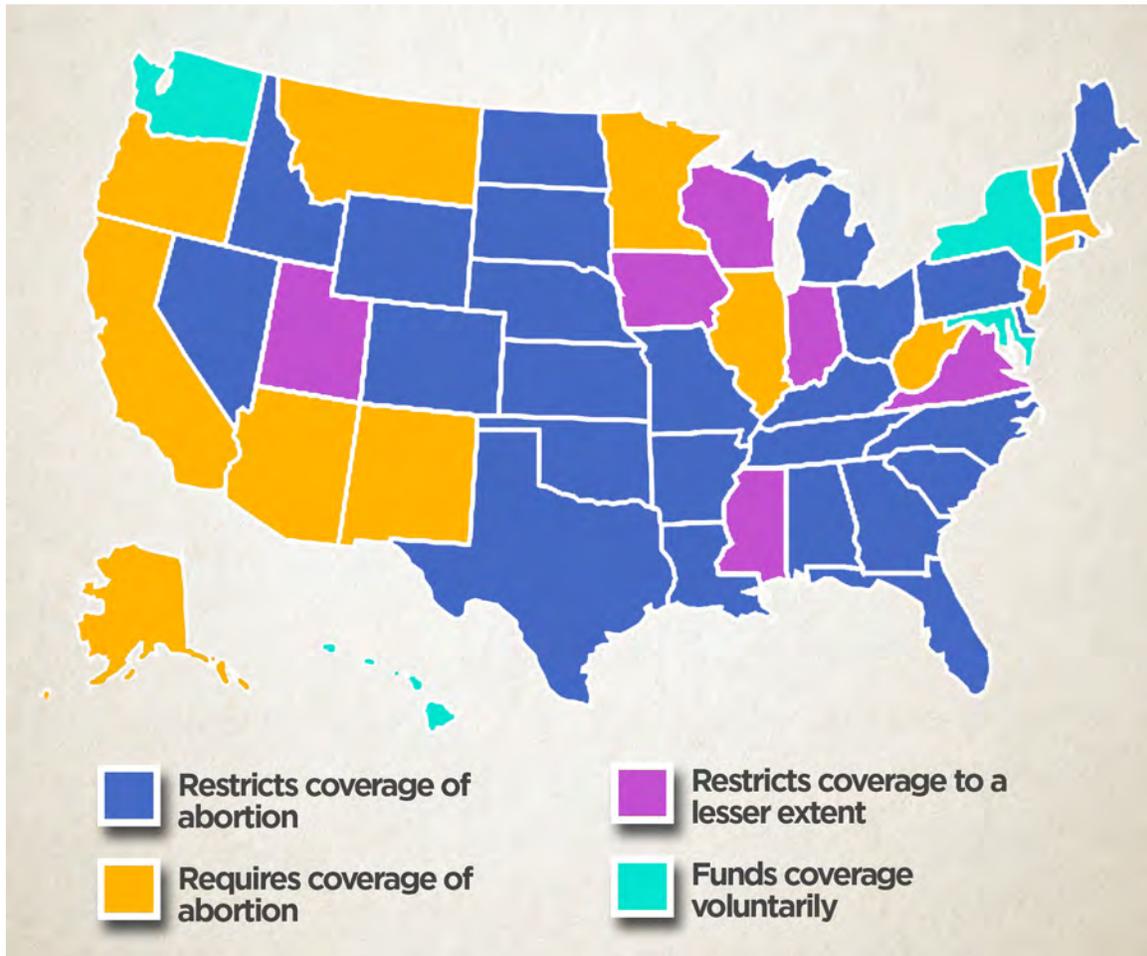
Most parental involvement laws require that abortionists either notify or obtain consent of a parent or guardian before a minor girl has an abortion. Studies show the positive impacts these laws have in significantly reducing the rates of abortion, birth, and pregnancy among minors. Public opinion polls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

THE STATE OF ABORTION IN THE UNITED STATES

STATE POLICIES ON PUBLIC FUNDING OF ABORTION



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

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

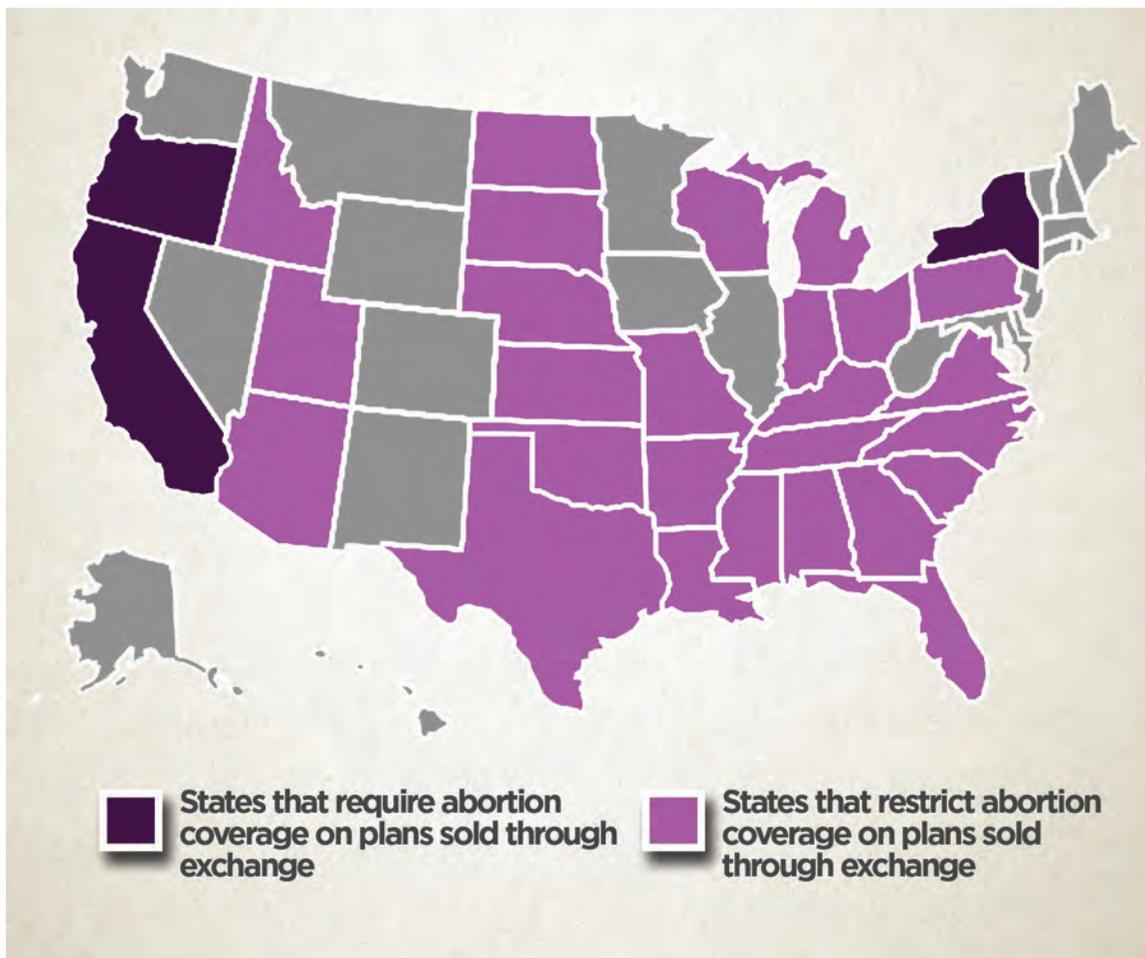
Currently, 17 fund Medicaid coverage of abortion voluntarily or have laws in place requiring funding (of these, 13 are due to court decisions). Twenty-seven (27) states and the District of Columbia have laws that limit funding to cases of life endangerment, rape, and incest; six states limit abortion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

THE STATE OF ABORTION IN THE UNITED STATES

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

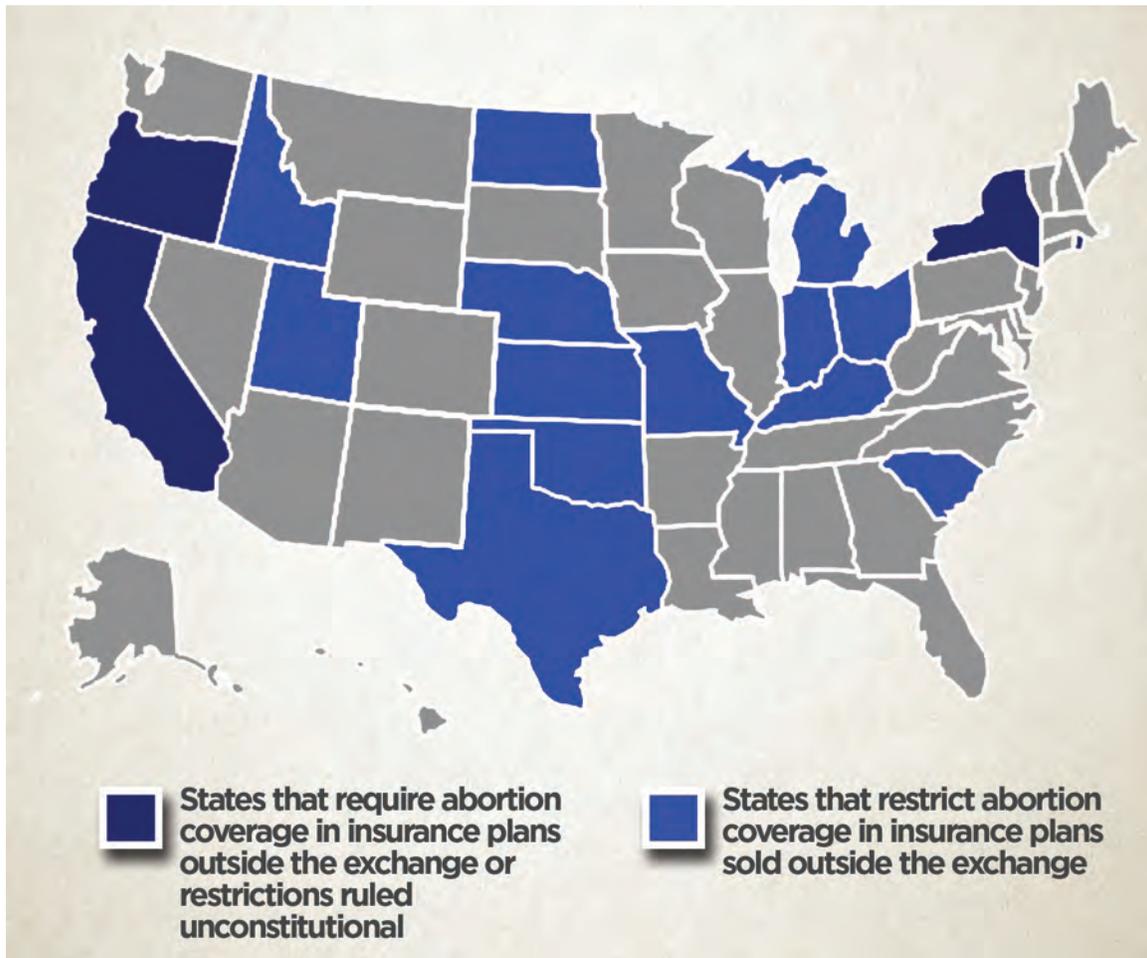


States that substantially prevent abortion coverage by plans in the exchange (as shown in map): Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina,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

THE STATE OF ABORTION IN THE UNITED STATES

PREVENTING TAXPAYER SUBSIDIES FOR ABORTION COVERAGE

INSURANCE PLANS SOLD OUTSIDE THE EXCHANGE

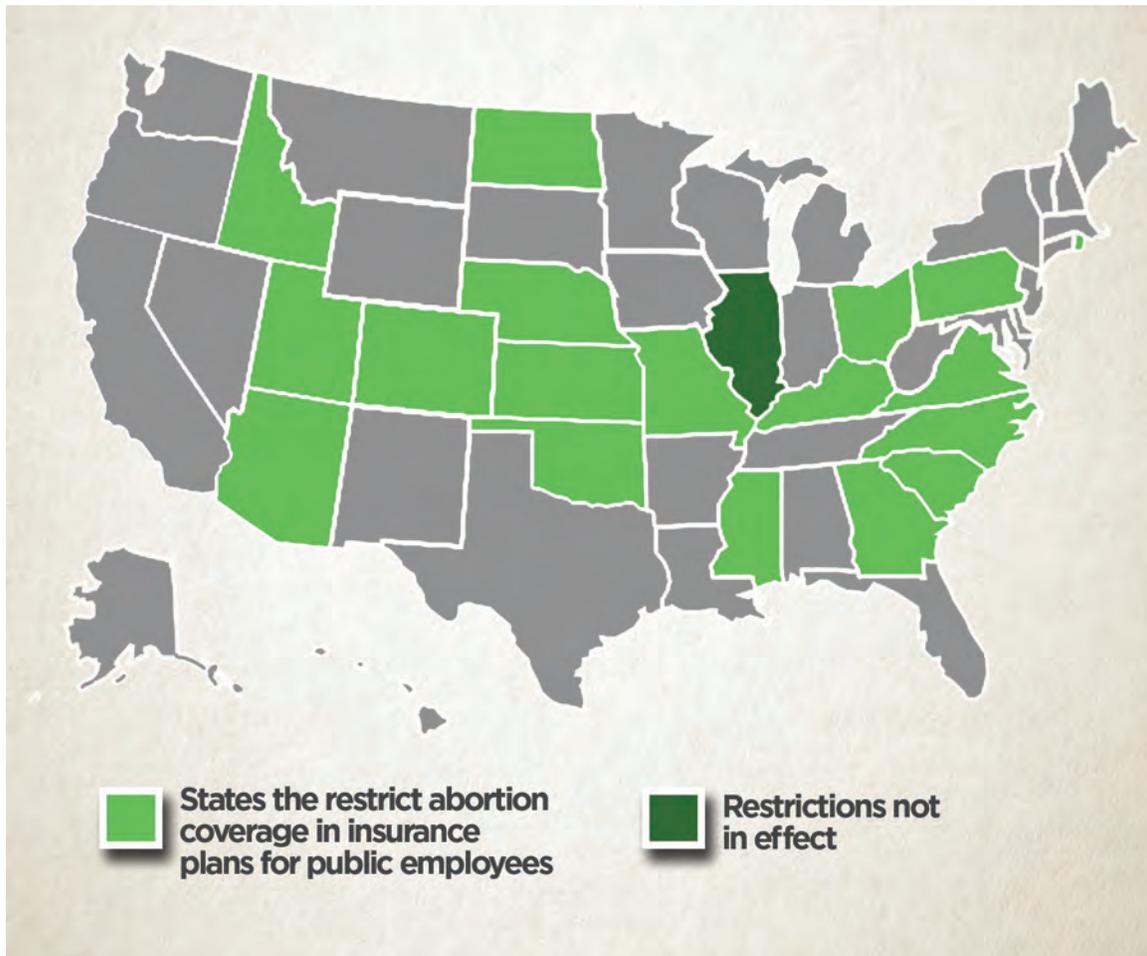


Twelve states prohibit elective abortion coverage for plans outside of the health insurance exchange: Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Nebraska, North Dakota, Oklahoma, Pennsylvania, Texas and Utah.

THE STATE OF ABORTION IN THE UNITED STATES

PREVENTING TAXPAYER SUBSIDIES FOR ABORTION COVERAGE

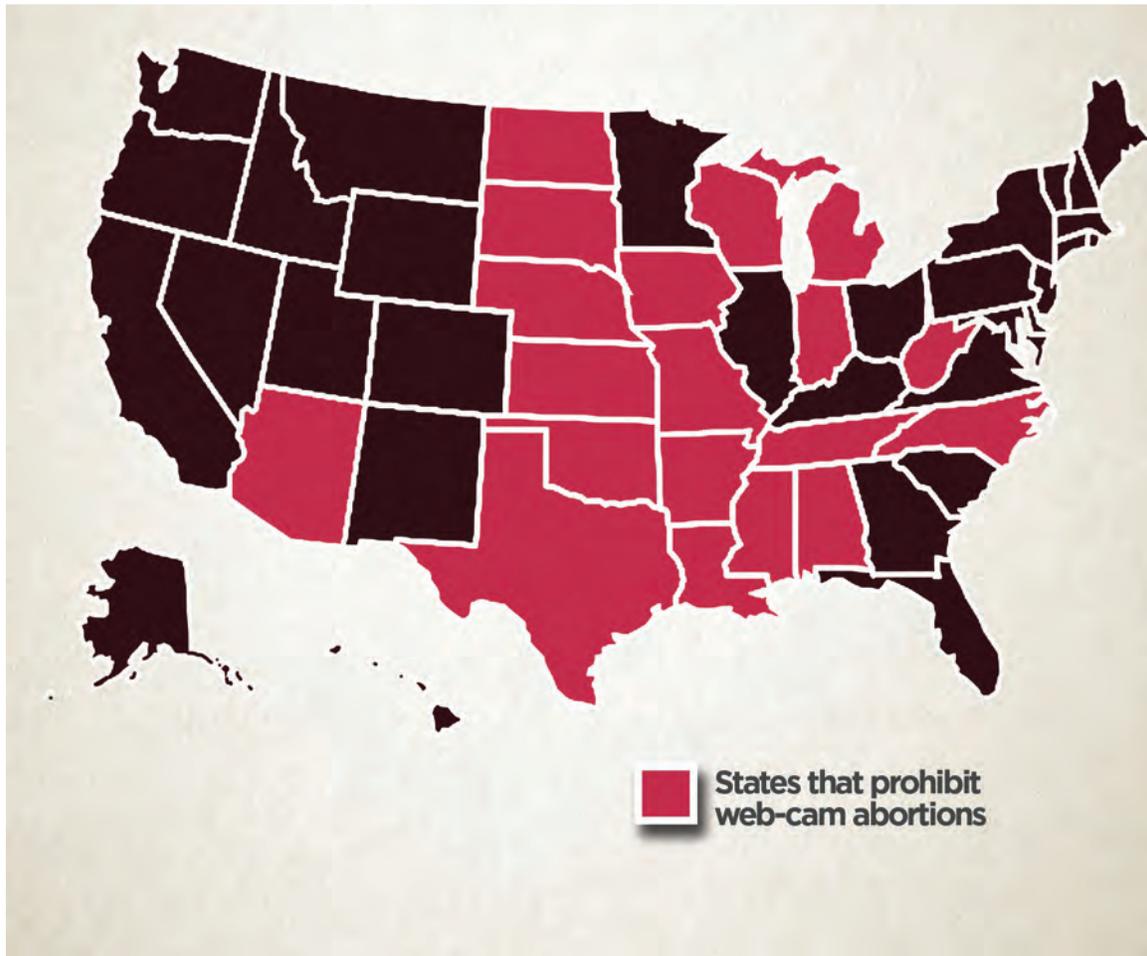
INSURANCE PLANS FOR PUBLIC EMPLOYEES



Eighteen 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, Utah, and Virginia.

THE STATE OF ABORTION IN THE UNITED STATES

WEB-CAM ABORTIONS PROHIBITED



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

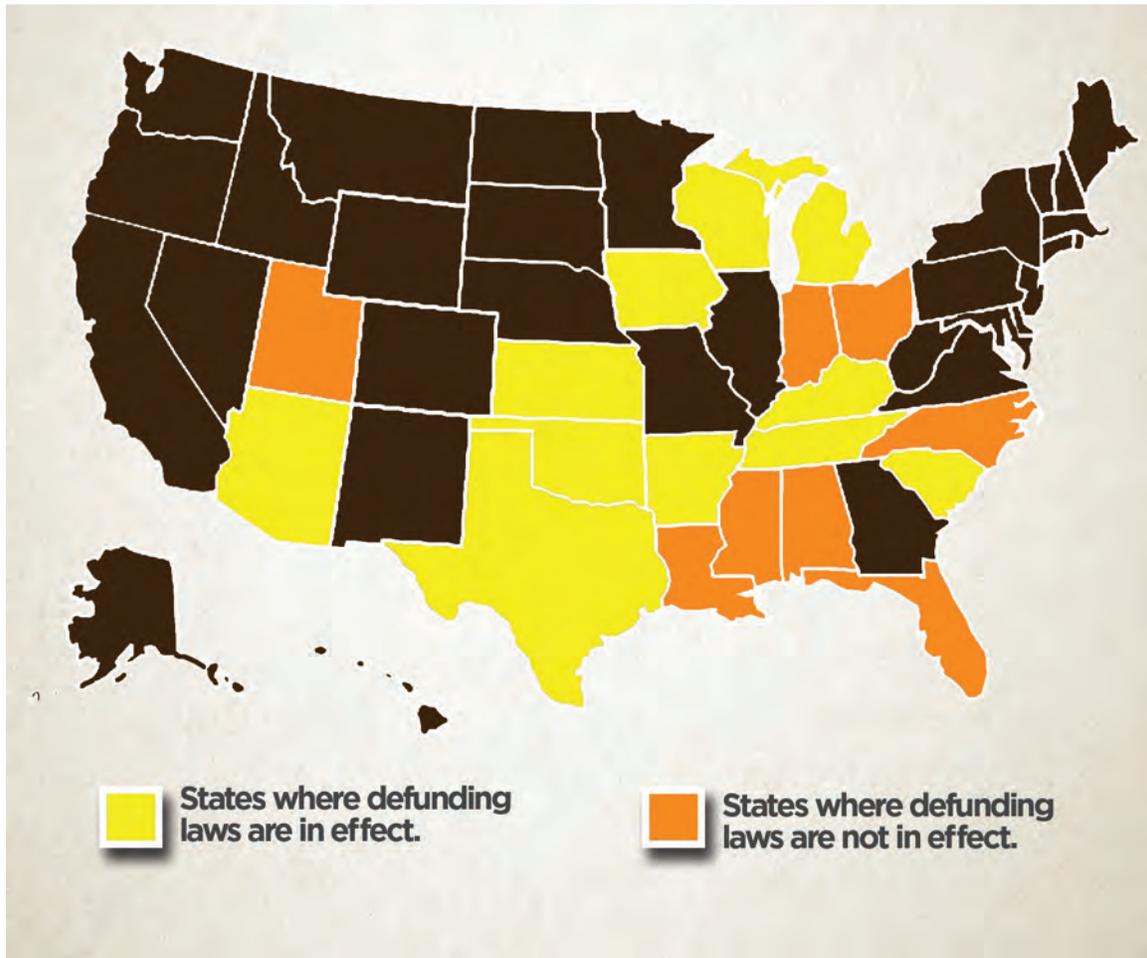
This important pro-life legislation prevents web-cam abortions by requiring that, when RU-486 or some other drug or chemical is used to induce an abortion, the abortion doctor who is prescribing the drug must be physically present, in person, when the drug is first provided to the pregnant woman. This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

Currently 19 states prohibit these “web-cam” abortions: Alabama, Arizona, Arkansas, Indiana, Iowa,* Kansas,* 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.

THE STATE OF ABORTION IN THE UNITED STATES

DEFUNDING ABORTION GIANTS

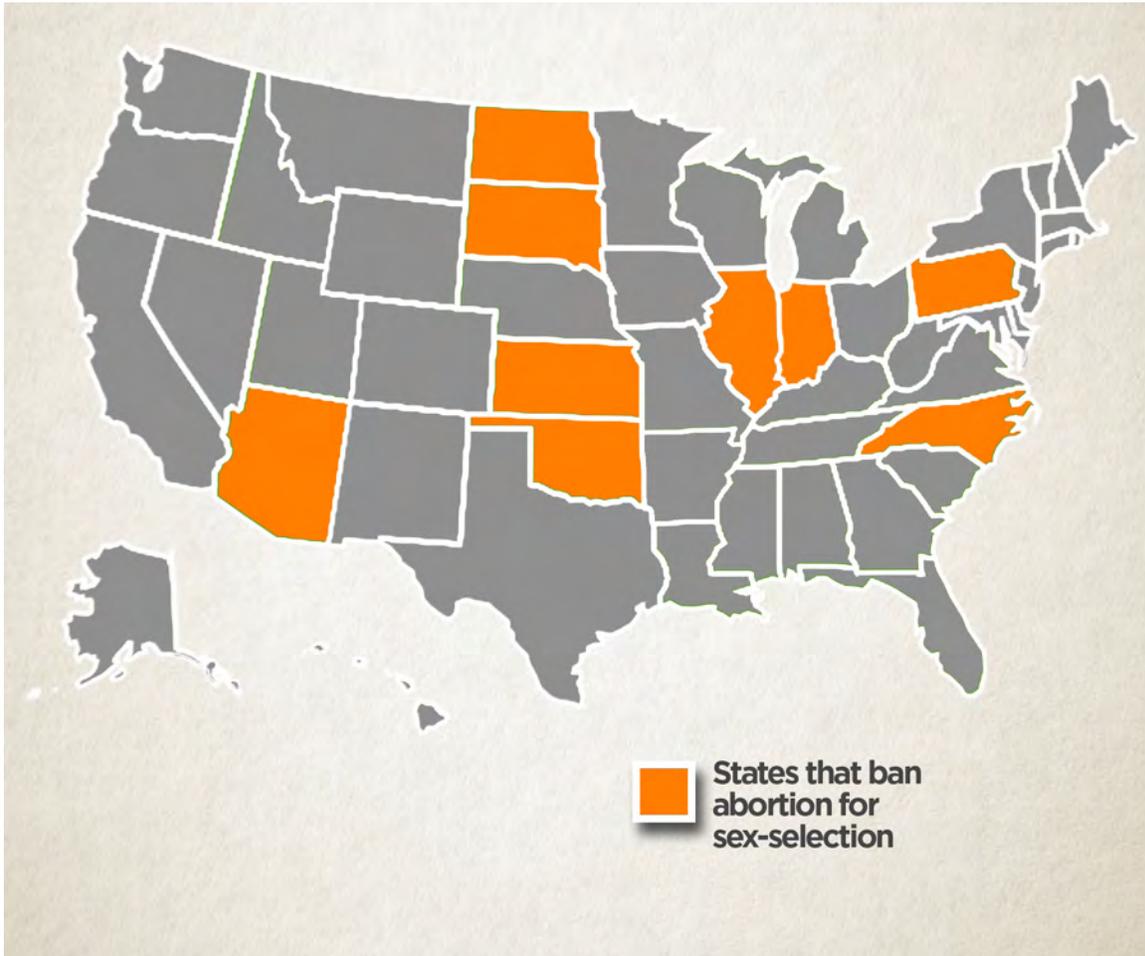


In recent years, several states have passed laws that attempt to defund abortion giants like Planned Parenthood, and similar abortion facilities, both directly and indirectly. Title X provides for Medicaid funds to be distributed to the states by the federal government for the purpose of supplementing 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 19 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, Oklahoma, South Carolina, Tennessee, Texas, and Wisconsin).

THE STATE OF ABORTION IN THE UNITED STATES

BANS ON ABORTION FOR SEX-SELECTION



These laws protect unborn babies from being aborted on account of their sex. Sex-selection abortion is a form of prenatal discrimination that wages a war typically on unborn baby girls. In April 2013, a poll taken by The Polling Company found that 85% of respondents supported banning sex selection abortions. Currently nine (9) states have enacted laws protecting unborn children who would be aborted solely because of their gender.

State Laws (in order of enactment)

Illinois - 1975*

Pennsylvania - 1982

Oklahoma - 2010

Arizona - 2011

North Dakota - 2013^

Kansas - 2013

North Carolina - 2013

South Dakota - 2014

Indiana - 2016^ (permanently enjoined)

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

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

THE
STATE_{OF}
ABORTION
IN THE UNITED STATES

APPENDIX

THE SUPREME COURT & ABORTION

A Brief Synopsis of Cases



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

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

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

A companion case to *Roe*, which challenged the abortion law in Georgia, *Doe* broadly defined the “health” exception so that any level of distress or discomfort would qualify and gave the abortionist final say over what qualified: “The medical judgment may be exercised in the light of all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the well being of the patient. All these factors may relate to “health.” Because the application of the health exception was left to the abortionist, legislation directly prohibiting any abortion became practically unenforceable.

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

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

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

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

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

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

THE STATE OF ABORTION IN THE UNITED STATES

THE SUPREME COURT AND ABORTION

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

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

***Colautti v. Franklin* (1979)**

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

***Bellotti v. Baird (II)** (1979)**

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

***Harris v. McRae* (1980)**

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

***Williams v. Zbaraz* (1980)**

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

***HL v. Matheson* (1981)**

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

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

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

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

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

Simopoulous v. Virginia (1983)

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

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

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

Webster v. Reproductive Health Services (1989)

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

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

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

Rust v. Sullivan (1991)

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

Planned Parenthood of Southern Pennsylvania v. Casey (1992)

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

THE STATE OF ABORTION IN THE UNITED STATES

THE SUPREME COURT AND ABORTION

the State's profound interest in potential life, throughout pregnancy the State may take measures to ensure that the woman's choice is informed, and measures designed to advance this interest will not be invalidated as long as their purpose is to persuade the woman to choose childbirth over abortion. These measures must not be an undue burden on the right." Applying this "undue burden" doctrine, the Court explicitly overruled parts of *Akron* and *Thornburgh*, and allowed informed consent requirements (that the woman be given information on the risks of abortion and on fetal development), a mandatory 24-hour waiting period following receipt of the information, the collection of abortion statistics, and a required one-parent consent with judicial bypass. A spousal notification requirement, however, was held to be unconstitutional.

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

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

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

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

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

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

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

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



THE PRESIDENTIAL RECORD ON LIFE

President Donald J. Trump 2017-present

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

-President Donald J. Trump

- **Supreme Court:** President Trump appointed Neil Gorsuch to the U.S. Supreme Court. As a judge on the U.S. Court of Appeals for the 10th Circuit since 2006, Gorsuch showed support for conscience rights in two cases involving Obamacare mandates. Gorsuch has written that “human life is inherently valuable, and that the taking of human life by private persons is always wrong.”
- **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.
- **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:** President Trump signed a law dealing with Title X and Planned Parenthood. Title X of the Public Health Service Act is a major federal “family planning” program. In 2016, the Obama Administration issued a regulation to prevent individual states from directing funds from Title X away from providers deemed unsuitable, such as Planned Parenthood. The law restores the previous authority of states to direct Title X funds to the providers that they deem suitable.
- **Appointments:** President Trump has appointed numerous pro-life advocates in his administration and cabinet including Attorney General Jeff Sessions, Counselor to the President Kellyanne Conway, Secretary of Education Betsy DeVos, Secretary of Energy Rick Perry, United Nations Ambassador Nikki Haley, and Secretary of Housing and Urban Development Dr. Ben Carson.
- **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 has failed to enforce some long-standing laws restricting federal funding health plans that cover elective abortion, and has threatened vetoes of bills that would strengthen safeguards against federal funding of abortion (such as the No Taxpayer Funding for Abortion Act), on grounds that such limitations interfere with “health care choices.”
- **International Abortion Advocacy:** In 2009, President Obama ordered U.S. funding of private organizations that perform and promote abortion overseas. While serving as his Secretary of State, Hillary Clinton told Congress that the Administration would advocate world-wide that “reproductive health includes access to abortion.”
- **Conscience Protection:** The Obama Administration has engaged in sustained efforts to force health care providers to provide drugs and procedures to which they have moral objections, and has refused to enforce the federal law (Weldon Amendment) that prohibits states from forcing health care providers to participate in providing abortions.



THE PRESIDENTIAL RECORD ON LIFE

President George W. Bush 2001-2009

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

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

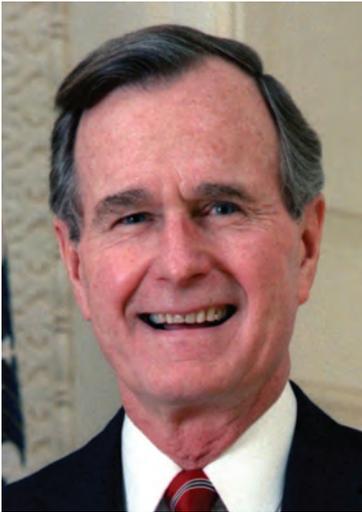


THE PRESIDENTIAL RECORD ON LIFE

President William Clinton 1993-2001

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

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



THE PRESIDENTIAL RECORD ON LIFE

President George H.W. Bush 1989-1993

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

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

-President George H.W. Bush

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



THE PRESIDENTIAL RECORD ON LIFE

President Ronald Reagan 1981-1989

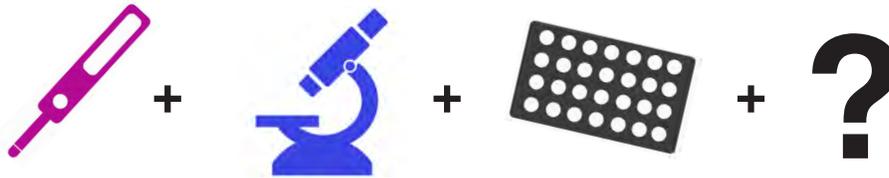
“My administration is dedicated to the preservation of America as a free land, and there is no cause more important for preserving that freedom than affirming the transcendent right to life of all human beings, the right without which no other rights have meaning.”

-President Ronald Reagan

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

Planned Parenthood's 3% Deception

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



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

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

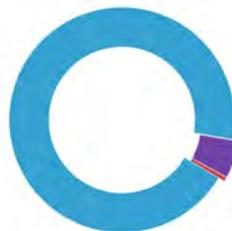
The 3% figure is often used to hide the fact that abortion is a huge profit center for Planned Parenthood. At an average rate for a standard surgical abortion performed at 10 weeks (and it is no secret that they advertise and perform more expensive chemical and later surgical abortions), the 321,184 abortions it performed in 2016 represented **an income of at least \$159,085,080, which is far more than 3% of their reported annual income of \$1,459,600,000.**



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

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

In 2016, abortions at Planned Parenthood outnumbered adoption referrals 82 to 1.



96.5% Abortions
2.3% Prenatal Care
1.2% Adoption referrals

The bottom line is that the 3% figure is purposefully misleading. A much more instructive measure is to look at the numbers of clients, rather than the number of “services.” Based on data from their own annual report from 2016-2017, nearly one in eight women walking through the door of a Planned Parenthood clinic has an abortion.

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

SOURCES: Larimore, Rachel. “The Most Meaningless Abortion Statistic Ever.” *Slate*, 7 May, 2013, http://www.slate.com/blogs/xx_factor/2013/05/07_3_percent_of_planned_parenthood_s_services_are_abortion_but_what_about.html. Rachel K. Jones and Jenna Jerman, “Abortion Incidence and Service Availability In the United States, 2014,” *Perspectives on Sexual and Reproductive Health*, Vol 49, Number 1 (March 2017). [OR, their way of writing the last part of that reference, *Perspectives on Sexual and Reproductive Health*, 2017, 49(1):TK, doi: 10.1363/psrh.12015]. Planned Parenthood Annual Report, 2016-2017, includes service data for 2016 and financial data for fiscal year ending 6/30/17, www.plannedparenthood.org/uploads/filer_public/71/53/7153464c-8f5d-4a26-bead-2a0df2b32ec/20171229_ar16-17_p01_lowres.pdf

Planned Parenthood's Power

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

THE MONEY

The Planned Parenthood Federation of America (PPFA) took in **\$1.459 billion in revenues** in the fiscal year ending on 6/30/17.

Your tax dollars alone accounted for **37% of PPFA's annual revenue**, a total of \$553,700,000 in government grants and reimbursements.

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

Planned Parenthood's estimated revenue from abortion in 2016 was at least \$159,085,080.

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



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

WHERE THE MONEY GOES:

"Medical Services" (\$822 mil).

"Sexuality Education" (\$47.9 mil) includes programs for schools, churches, rehab centers.

"Public Policy" (\$40.1 mil) includes fighting pro-life laws, lobbying for pro-abortion healthcare laws, protecting government funding.

"Global" (\$17.5 mil)

"Movement Building" (75.6 mil)

"Management/Fundraising" (259.8 mil)

THE POLITICS

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

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

PPFA received \$543,700,000 in government grants and reimbursements in 2016/2017.



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

PPFA FIGHTS AGAINST REASONABLE ABORTION LIMITS:

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

SOURCES: Young, Lindsay. "Outside spenders' return on investment." Sunlight Foundation, 17 Dec, 2012, http://sunlightfoundation.com/blog/2012/12/17/return_on_investment/. Planned Parenthood Form 990 (2014): https://www.plannedparenthood.org/files/4414/6470/5454/PPFA_FY15_990_-_public_disclosure.pdf. Planned Parenthood Annual Report, 2016-2017, includes service data for 2016 and financial data for fiscal year ending 6/30/17. www.plannedparenthood.org/uploads/filer_public/71/53/7153464c-8f5d-4a26-bead-2a0dfe2b32ec/20171229_ar16-17_p01_lowres.pdf.

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

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

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

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

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

Abortion: Abortion stops a beating heart more than 2,500 times a day. National Right to Life works to educate Americans on the facts of fetal development and the truth about abortion; works to enact legislation protecting unborn children and providing abortion alternatives in Congress and state legislatures; and supports activities which help women choose life-affirming alternatives to abortion.

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

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

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

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

- the **National Right to Life Committee (NRLC)**, which provides leadership, communications, organizational lobbying and legislative work on both the federal and state levels.
- the **National Right to Life Political Action Committee (NRL PAC)**, founded in 1979, and the nation's largest non-partisan, pro-life political action committee, which works to elect, on the state and federal level, officials who respect democracy's most precious right, the right to life.
- the **National Right to Life Victory Fund**, an independent expenditure political action committee founded in 2012 with the express purpose of electing a pro-life president and electing pro-life majorities in the U.S. House of Representatives and U.S. Senate.
- the **National Right to Life Educational Trust Fund** and the **National Right to Life Educational Foundation, Inc.**, which prepare and distribute a wide range of educational materials, advertisements, and pro-life educational activities.
- **outreach efforts** to groups affected by society's lack of respect for human life: the disability rights community; the post-abortion community; the Hispanic and African-American communities; the community of faith; and the *Roe* generation—young people who are missing brothers, sisters, classmates and friends.
- **National Right to Life NEWS** – published daily Monday-Saturday and available at www.nationalrighttolifenews.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/stateofabortion2018.pdf.



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