2011 MID-YEAR LEGISLATIVE WRAP UP

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CENTER FOR REPRODUCTIVE RIGHTS

2011 AT THE MIDPOINT

Every year, anti-choice state legislators propose measures intended to restrict women's access to abortion, including mandatory delays, biased counseling provisions and other burdensome and unnecessary requirements. From the start, the 2011 legislative session was marked by antagonism to women's health and quickly devolved into an all-out assault on women's rights.

The environment in the states has become increasingly hostile towards reproductive rights and towards women, with new energy directed at restricting or even trying to ban abortion in several states. While there are always hundreds of bills proposed that would restrict women's access to abortion and other reproductive health care, the great majority of these bills are usually rejected by legislators. About halfway through this year, however, more than fifty bills restricting women's access to reproductive health care have become law and many are still pending. While pro-choice legislators, advocates and governors continued to stand up for women's health and rights and in many cases defeated harmful legislation, there is no question that 2011 will be viewed as a year in which women lost important ground, had their rights violated in significant ways, and saw governments act time and again to harm, rather than improve, their health. As we begin to assess the impact of the 2011 session on women's access to reproductive healthcare, the Center offers this preliminary recap of the major trends and most onerous laws enacted this session.

MAJOR TRENDS IN 2011

INSURANCE RESTRICTIONS

In 2010, the Patient Protection and Affordable Care Act was passed by Congress and became law. Included in the Act is a provision, commonly referred to as the "Nelson Amendment" after its sponsor, Sen. Ben Nelson (D-Neb.), which restricts the means by which insurers can offer coverage for abortion in the state insurance exchanges that will be created by 2014. The Nelson Amendment also explicitly gives states the ability to ban abortion coverage from state exchanges altogether. During the 2010 state legislative session, six states enacted legislation prohibiting insurers from offering coverage for abortion through the exchanges.

The 2011 legislative session brought further proposals to restrict insurance coverage for abortion, ranging from prohibitions on offering coverage through the exchange to bans on insurance for abortion in the private market to restrictions on state employees' ability to obtain coverage for abortion through their employee health plans. At the mid-point of the year, similar legislation has been introduced in at least twenty-six states and enacted in ten states.

ATTEMPTS TO BAN ABORTION, BANS ON LATER ABORTION

Some legislators hoped to eliminate access to abortion altogether this year. If enacted, a ban on abortion would violate women's constitutional rights and cause grievous harm to their health. In at least five states, legislatures seriously considered measures that could have banned abortion altogether and similar bills were introduced in at least a dozen other states.

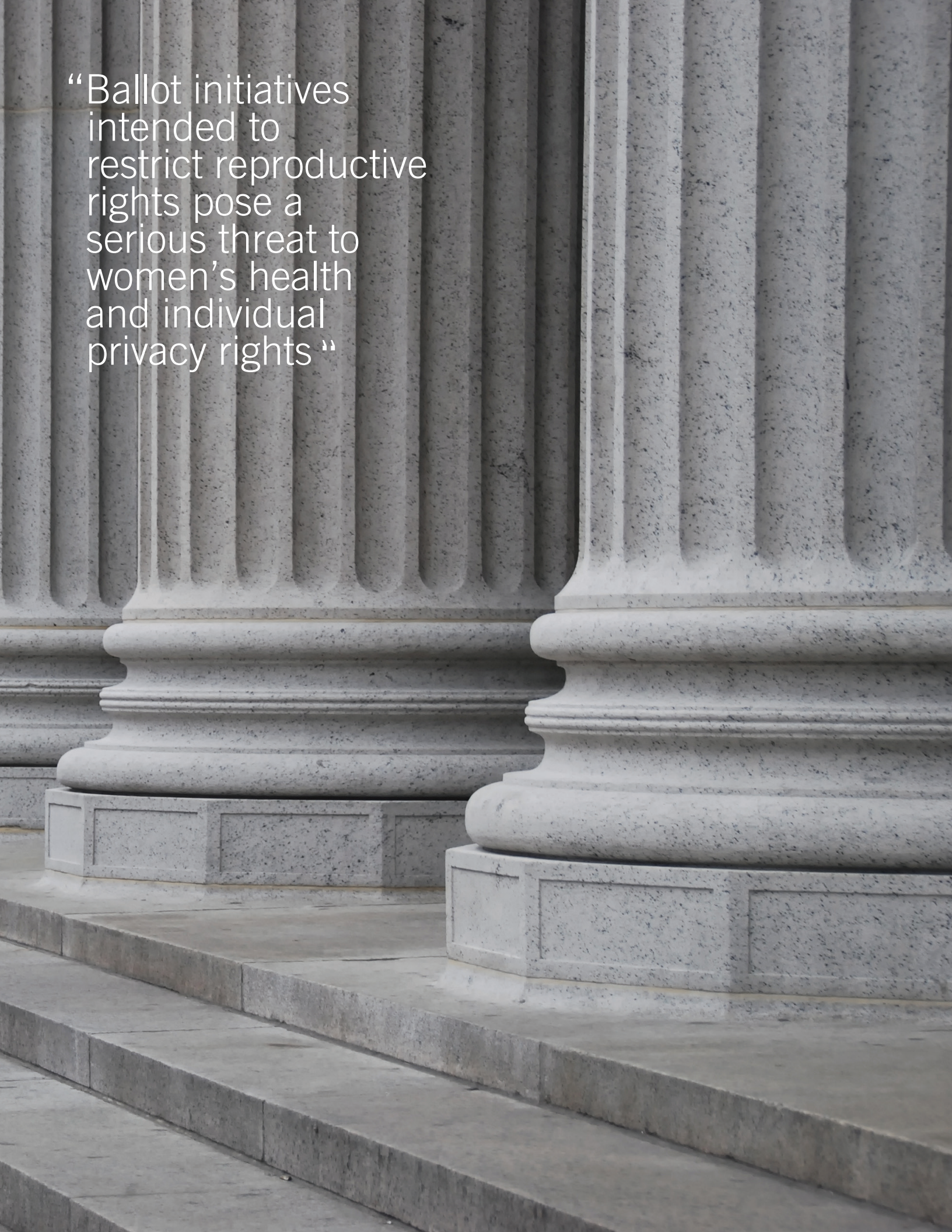
While no state has passed a total ban on abortion (although legislation is still pending in a few states), several states enacted bans on abortions at twenty-weeks gestation, with only the most narrow exceptions, copying an extreme law passed in Nebraska in 2010.

Bans on Methods of Abortion

Another new trend in 2011 involved proposals to limit access to medication abortion, both by restricting how the medication may be given and also by prohibiting provision of medication abortion through telemedicine. Telemedicine is an increasingly common health care delivery method that expands access to healthcare for many people, especially those in rural areas or who lack funds to travel for services.

A number of states considered, and two enacted, laws that deny women seeking medication abortion access to the appropriate standard of care and to what they and their physician believe is the best abortion procedure for them.

All of these bills, whether intended to outlaw abortion, restrict it at twenty-weeks gestation, or prohibit certain methods of abortion, raise serious constitutional questions and are harmful to women's health. The radical agenda of anti-abortion activists has created a climate where women seeking abortions, including in situations where their health is threatened or fetal health is severely compromised, may no longer be able to access the care they need. This is


“Ballot initiatives intended to restrict reproductive rights pose a serious threat to women’s health and individual privacy rights”

an alarming trend and one that legislators and advocates who are concerned about women's health and well-being should pay close attention to as the 2011 session continues and in the years to come.

TARGETED RESTRICTIONS OF ABORTION PROVIDERS (TRAP)

This year also brought a series of new laws requiring regulation of abortion facilities, or TRAP laws. TRAP laws regulate the medical practices of doctors who provide abortions by imposing burdensome requirements that are different and more stringent than regulations applied to comparable medical practices. The real purpose of TRAP laws is to make it harder for women to exercise their constitutional right to choose abortion. These excessive and unnecessary government regulations ultimately harm women's health and inhibit their reproductive choices.

In 2011, restrictive, medically inappropriate and burdensome TRAP laws were enacted in several states. Moreover, in two of the states, anti-choice governors and administrations chose to pursue emergency regulatory processes, bypassing the normally required public notice and comment period and in one case forcing providers to comply with regulations in a simply absurd time frame.[1]

BALLOT INITIATIVES

Although most restrictions on women's access to abortion are enacted in state legislatures, each year anti-abortion activists attempt to push their extreme agenda by placing proposals on the ballot as well. Unlike a statute that must be passed by both houses of a legislature and signed by a governor, a ballot measure is decided by the voters and generally becomes law if approved by a simple majority. There are several different ways for ballot initiatives to get on the ballot: In some cases, a small number of individuals can gather a sufficient number of signatures to place an initiative on the ballot; in others, the legislature itself decides to put a question to the voters; and in still others, certain types of questions must be put to the voters in order for the legislature to act.

Over the next two years, four ballot initiatives related to reproductive rights will be up for a vote. This November, in Mississippi, an initiative proposes to amend the state constitution to recognize life from the moment of conception, potentially outlawing abortion as well as many common forms of birth control and assisted reproduction. In Montana in 2012, voters will be asked whether to approve a clearly unconstitutional parental involvement statute. In Florida and Tennessee, measures seeking to roll back women's privacy rights under the state constitutions will be on the ballot in 2012.

Ballot initiatives intended to restrict reproductive rights pose a serious threat to women's health and individual privacy rights and all four of these measures should be actively opposed. When the elections take place, voters will have an opportunity to let their legislators know that they do not approve of efforts to restrict their rights.

[1] See the summaries of events in Kansas and Virginia below for more information.

STATE BY STATE: MAJOR RESTRICTIONS ON WOMEN'S ACCESS TO ABORTION

ALABAMA

This year, Alabama placed itself alongside a handful of other radical states by enacting a law that is among the most extreme restrictions on abortion seen in the past few decades. HB 18 bans abortions at twenty-weeks gestation (*i.e.*, before viability), with only limited exceptions for situations in which an abortion would be necessary to either save a woman's life or to prevent the risk of substantial and irreversible physical impairment of a major bodily function. The law excludes mental health from its narrow health exception, and contains a special clause prohibiting physicians from performing an abortion even if the physician believes there is a risk the woman may commit suicide. Notably, the law lacks exceptions for fetal anomalies or pregnancies that result from rape or incest, and subjects providers to penalties including imprisonment.

ARIZONA

Arizona enacted four anti-abortion laws this year. The first, HB 2416, requires physicians to perform an ultrasound prior to an abortion and to offer the woman the opportunity to look at the ultrasound image, hear the fetal heart tones, hear a detailed explanation of the image, and be provided with a physical picture of the ultrasound image. The woman may decline each of these offers but must certify her decision in writing. The bill also prohibits the use of telemedicine in the provision of medication abortion.

Arizona also passed legislation (HB 2443) prohibiting so-called "race or sex selection abortions." In the U.S., bans on race and sex-selective abortion are proposed by anti-abortion legislators as a way to restrict access to abortion; they are not intended to and do not remedy the core problem of discrimination against women and people of color.

In addition, Arizona passed HB 2384, which contains two distinct anti-abortion provisions: First, it bans public funding for medical training to perform abortions. Second, it prohibits taxpayers from taking advantage of a charitable state tax deduction if the taxpayer donates to any organization that provides or refers for abortion, or financially supports any other entity that provides or refers for abortions. This law would, for example, bar an individual from giving a tax-deductible donation to a state-based domestic violence shelter that refers women to reproductive health clinics.

Finally, in another attempt to limit access to care, Arizona enacted a law (SB 1030) that bans physicians' assistants from providing mifepristone, one of the drugs used to induce a medication abortion. Planned Parenthood filed a lawsuit challenging the constitutionality of this law and it has been enjoined by a state court for the duration of the case.

ARKANSAS

This session, Arkansas enacted a TRAP bill (HB 1855) requiring any facility that provides 10 or more abortions per month to become licensed as an abortion facility and to follow a set of regulations that apply only to abortion facilities and not to any other outpatient surgical facility .

FLORIDA

Florida took a number of steps this year towards reducing women's access to abortion, enacting five anti-abortion laws. First, Florida passed HB 1127, requiring physicians to perform an ultrasound prior to an abortion and to offer the woman the opportunity to look at the ultrasound image and to hear a detailed explanation of the image. She may decline those offers, but must do so in writing.

Second, the legislature placed a constitutional amendment on the 2012 ballot designed to overturn a state supreme court decision that held that there are strong protections in the state constitution for women's right to terminate a pregnancy. If approved, the measure would roll back women's privacy rights, as well as enshrine in the Florida Constitution a harmful provision prohibiting the state from providing funding for abortion .

Third, Florida enacted HB 1247, which will make it more difficult and time-consuming for a minor to obtain an abortion if she feels she cannot involve a parent. Under this law, a minor seeking a judicial bypass of the state's parental notice requirement must file her petition in her county of residence, rather than being allowed to file in one of the state's other counties, potentially compromising her privacy. In addition, the law gives judges more time to issue a decision, potentially delaying minors for as many as five business days after they file their petition.

Fourth, Florida enacted a law (HB 97) prohibiting health insurance plans offered in the state exchange that are purchased in whole or part with federal or state funds from covering abortion. This law only allows insurers to offer insurance coverage for abortion for women who are victims of rape and incest and when a woman's life is endangered—not even allowing coverage when a woman's health is seriously threatened by her pregnancy.

Fifth, Florida enacted a law (HB 501) that redirects the public funds collected from the fees for state's "Choose Life" license plates—while these funds are currently distributed to Florida counties, they will now be given directly to an anti-choice organization called "Choose Life, Inc."

IDAHO

Idaho enacted two anti-abortion laws this year. First, the legislature enacted a "copycat" version of the extreme law passed by Alabama and a handful of states this year (SB 65), banning abortions at twenty-weeks gestation (*i.e.*, before viability), with only the same narrow exceptions as those included in the Alabama bill.

Idaho also enacted a law (SB 1115), barring any insurer from offering insurance coverage for abortion in the state exchange, except when the woman's life is endangered or in cases of rape or incest.

INDIANA

This year, Indiana enacted an extreme, wide-ranging abortion law containing a myriad of restrictions on women's access to abortion and other reproductive health care. HB 1210 includes six major provisions. First, the law prohibits the state agencies charged with distributing Medicaid funds from providing any funding to Planned Parenthood of Indiana, despite its standing as a qualified Medicaid provider in the state. If implemented, this provision would reduce low-income women's access to a range of reproductive healthcare, including STI testing, pap smears, and contraception. Second, the bill enacts the same ban on abortions at twenty-weeks gestation, with the same narrow exceptions, as several other states. Third, the law requires abortion providers to give their patients additional state-mandated, ideological counseling and to tell their patients specific, false, misleading and irrelevant statements. Fourth, the bill requires providers to offer each abortion patient the opportunity to view an ultrasound image and hear the fetal heart tone if audible, and requires the patient to certify in writing whether or not she has agreed to view the image or hear the heartbeat. Fifth, the law places new limitations on minors' access to judicial bypass, restricting the venues in which the minor may bring her petition. Sixth, the law requires physicians who provide abortion services to obtain admitting privileges at a hospital within thirty miles of the abortion facility or to enter into an agreement with another physician who has such privileges. Finally, after making abortion more difficult to get and attempting to shame patients by showing them that the state disapproves of their decisions, the law made abortion more expensive for women and families by prohibiting insurers from offering insurance coverage for abortion on the state exchanges, except in cases in which the woman's life is in danger, there is a risk of substantial and irreversible impairment of a major bodily function, or the pregnancy is a result of rape or incest.

Planned Parenthood of Indiana brought a suit challenging two different pieces of House Bill 1210, the prohibition on funding for Planned Parenthood and a part of the bill that requires doctors to give patients false and misleading information. In June, a federal court granted a preliminary injunction against both parts of the bill. The state has appealed that decision and the appeal is pending before the federal Court of Appeals for the 7th Circuit.

In addition, Indiana passed a law (HB 1474) requiring abortion providers to report additional information about minor patients.

KANSAS

Kansas started this year poised to restrict abortion in as many ways it could. The legislature considered a number of bills, and the governor expressed his intent to sign any anti-choice legislation presented to him. By the end of the session, Kansas had enacted four different anti-abortion bills as well as a budget with anti-abortion provisions. First, Kansas passed HB 2035, an omnibus piece of legislation that, among other things, restricts even further minors' access to abortion, changing the existing requirement for parental notification to a requirement of written, notarized parental consent before a minor may obtain an abortion. Furthermore, for those minors who cannot inform their parents and choose instead to pursue a judicial bypass, the law narrows the facts that the court can take into consideration and gives the court the ability to order the minor to undergo psychological counseling before issuing a decision. The law also amends the existing biased counseling law to require that each patient must now be informed by her health care provider that "the abortion will terminate the life of a whole, separate, unique, living human being."

Kansas is also one of the handful of states that enacted a ban on later abortions, banning abortions at twenty-two weeks dating from the woman's last menstrual period, with the same narrow exceptions as found in the other bills.

In the last days of the session, the legislature passed a TRAP bill with a variety of new restrictions on abortion facilities, but no other surgical facilities. The law orders the Kansas Department of Health and Environment to issue new regulations and licensure requirements for abortion facilities. Although not required to do so, the Department of Health chose to promulgate a series of inappropriate, onerous and complicated regulations and to require that providers comply these regulations within only a few days in order to be eligible for a license prior to the law's effective date. As a result, litigation has been filed by two different clinics in Kansas and on July 1st, a federal district judge issued a preliminary injunction halting this law during the pendency of the lawsuit.

Kansas took two other steps to make sure that women could not access reproductive health care services. The legislature enacted HB 2075, prohibiting insurers in the private market from offering insurance coverage for abortion in any case other than where an abortion is necessary to save a woman's life. Insurers may offer optional riders with coverage for abortion. Finally, the legislature and governor included a provision in the 2012 budget that will defund Planned Parenthood, reducing women's access to a range of essential reproductive health services in Kansas.

LOUISIANA

Louisiana enacted a law (HB 636) requiring all facilities that provide abortions to post large, detailed and conspicuous signs in every patient waiting room or treatment room that reiterate many of the elements of the information included in the state-mandated biased counseling information, including that it is unlawful for anyone to force a woman to have an abortion against her will, that the father is legally obligated to support the child, and that state agencies are available to help women carry to term and to assist them after a birth .

MISSISSIPPI

Despite the fact that the Mississippi constitution plainly prohibits making any changes to the Bill of Rights through the ballot, an initiative has been proposed that would amend the Bill of Rights to recognize life from the moment of conception and to endow fertilized eggs and fetuses with the status of a "person" under the law. Not only would this measure unconstitutionally ban abortion, it would also ban many forms of birth control and could result in the end of assisted reproductive technology, such as in-vitro fertilization (IVF). Furthermore, this measure would have unintended and unpredictable impacts on thousands of state laws that use the word "person." This measure is currently being challenged in court by the Center for Reproductive Rights, Planned Parenthood and the ACLU, and a decision should be issued by the end of the summer. The measure could be on the ballot in November 2011.

MISSOURI

Although Missouri law already restricts abortion after the point of viability, the legislature passed a law (SB 65) placing further, unnecessary, and inappropriate burdens on physicians who provide abortions after twenty weeks gestation (prior to viability). Moreover, the law

rewrites the existing exceptions for abortions that are necessary after viability so that it no longer adequately protects women's health; while current law permits abortions whenever necessary to save a woman's life or health, this law will prohibit abortions after viability unless the woman's life is physically threatened or she is at serious risk of "substantial and irreversible physical impairment of a major bodily function." This bill was enacted when the governor, rather than veto the bill or sign it, allowed it to become law without his signature.

MONTANA

The state legislature in Montana this year was determined to pass an unconstitutional restriction on minor's access to abortion in the state. The Montana Constitution provides strong protections for individuals' right to privacy, women's right to choose whether to continue a pregnancy, and minors' rights in general. A Montana court has already struck down a parental notification law under the state constitution. Nonetheless, the state legislature this year first passed an almost identical unconstitutional restriction, which was vetoed by the governor, and then passed a measure placing that proposal on the 2012 ballot. If approved, the measure would require that a physician personally notify one parent of a minor at least 48 hours before the abortion can take place. Minors could only avoid parental notice by seeking a judicial bypass, and the bypass standards set up by the bill are constitutionally inadequate under both the state and federal constitutions, allowing courts to grant bypasses only if they find both that the minor is competent to choose an abortion and that it was in her best interests, or that she is the victim of abuse.

NEBRASKA

This year, Nebraska continued to restrict women's reproductive rights by enacting three new abortion restrictions, despite the extensive, unnecessary restrictions on abortion already on the books in the state. First, LB 22 essentially prohibits insurers in either the private market or the state health care exchange from offering insurance coverage for abortion, other than for abortions necessary to avert a woman's death, except through individually paid-for riders.

Second, LB 521 prevents patients from accessing medication abortion through telemedicine.

Finally, Nebraska passed a parental consent bill, LB 690. Existing law already required that a parent of a minor seeking abortion be notified, but the new law applies a more stringent requirement that one parent provide written, notarized consent. In cases of abuse, the law requires the minor to seek consent from a grandparent instead. Minors may only avoid the consent requirement by seeking a bypass in court.

NEW HAMPSHIRE

The New Hampshire legislature this year enacted HB 329, which will require physicians to notify a parent of any minor seeking an abortion 48 hours before the procedure can take place. HB 329 provides an exception only for medical emergencies, but not for victims of abuse, rape or incest. For that reason and others, the state's governor vetoed the legislation, but the legislature ultimately overrode the veto.

NORTH CAROLINA

The North Carolina legislature this year enacted a budget (HB 200), over the governor's veto, which specifically prohibits Planned Parenthood from receiving any funds distributed by the state. The prohibition will result in Planned Parenthood losing both state and federal funds from Medicaid, Title X and other programs, and will mean that women in the state have less access to critical and preventative reproductive health services. The budget bill also prohibits any state employee insurance plan from offering coverage that covers abortion.

In July, Planned Parenthood of Central North Carolina filed a suit in federal court challenging the part of the budget prohibiting any funding from going to their organization.

In late July, the North Carolina legislature enacted, over the governor's veto, a law imposing mandatory delay, biased counseling, and mandatory ultrasound requirements on all women seeking abortions in the state (HB 854). The bill will require all abortion patients to receive state-mandated information twenty-four hours before being permitted to seek an abortion, could seriously limit minors' access to abortion services beyond the limits already imposed by the existing parental consent for abortion law, and would apparently require all patients to be shown an ultrasound image and given a verbal description of that image at least four hours before an abortion. Like the ultrasound law enacted in Texas this year, this bill could subject women to information and images that are not medically necessary, even over their objections, thus interfering with the doctor/patient relationship and demonstrating that the North Carolina legislature does not believe that women are capable of making their own decisions.

NORTH DAKOTA

This legislative session, North Dakota moved aggressively to restrict women's access to abortion by enacting a law (HB 1297) that could completely eliminate access to medication abortion, one of the most common forms of early abortion. The provisions of HB 1297 demonstrate a fundamental misunderstanding on the part of the North Dakota legislature as to the role of the FDA in approving drugs and drug labeling for marketing in the United States, such that the bill, if not a complete ban on medication abortion, is incomprehensible. In addition, HB 1297 imposes additional TRAP regulations and other burdensome requirements on abortion providers in addition to those already in place.

In July, the Center for Reproductive Rights filed a suit in North Dakota state court challenging the restriction on medication abortion and seeking a preliminary injunction against the bill. The court immediately granted a temporary restraining order, enjoining the bill until a hearing is held in late August. The court will then decide whether to grant a temporary injunction that would be in place for the duration of the litigation.

OHIO

Ohio enacted a bill (HB 78) that could require any provider of abortion services after twenty weeks to perform unnecessary testing to ensure that the fetus is not viable, even though fetal viability does not occur until weeks later. The bill also eliminates existing exceptions for abortions performed after viability in cases in which women's lives or health are endangered. Instead, a physician who provides an abortion in such circumstances may offer as a defense in court that the woman was in danger.

Ohio also passed a budget (HB 153) including two anti-abortion provisions. The budget bans abortions from being performed in public facilities and prohibits abortion coverage in insurance plans of local public employees, with exceptions in both cases for pregnancies that threaten a woman's life or are the result of rape or incest.

OKLAHOMA

Oklahoma continued its now-years long tradition of attacking women's health and rights, enacting three different restrictions on women's access to abortion this year. First, Oklahoma passed a law (HB 1888) that is identical to the bills passed in a few other states banning abortion at twenty weeks gestation except in the most narrow of circumstances. Second, Oklahoma passed HB 1970, which restricts access to medication abortion. The new law requires physicians to follow only the protocol for medication abortion found on the FDA-approved label, instead of evidence-based protocols that result from additional clinical trials and that account for the vast majority of medication abortions nationwide. Finally, after a similar bill was vetoed by the previous governor, this year Oklahoma enacted SB 547, a law prohibiting insurers both in the exchange and in the private market from offering comprehensive insurance plans that cover abortion. Plans can only provide coverage for cases where the woman's life is at risk. The law permits insurers to offer separate, optional "riders" solely for abortion coverage, as long as those riders are purchased in the private market outside of the exchange.

SOUTH DAKOTA

This year, South Dakota passed a law (SB 1217) containing the most extreme waiting period in the country. The law requires that 72 hours prior to obtaining an abortion, the woman must meet with the physician, receive state-mandated counseling designed to dissuade her from having an abortion, and then visit a "pregnancy help center" that does not perform or refer for abortions. These "crisis pregnancy centers" (CPCs) have as their central mission dissuading women from seeking abortions and they use a variety of tactics, including, at some centers, providing biased, false, and misleading information about abortion. In addition the law also requires women to provide their personal, private medical information to the staff of the pregnancy help center, who are not subject to the same confidentiality rules that govern licensed medical providers. Finally, in a rural state like South Dakota where access to abortion is already severely limited, forcing women to make three separate trips in order to obtain an abortion could pose an insurmountable obstacle, particularly for low-income women who lack transportation, funds for a hotel, or need child care.

For these reasons and others, Planned Parenthood of Minnesota, North Dakota and South Dakota filed a lawsuit and on June 30, 2011, the federal district court in South Dakota granted a preliminary injunction, finding that Planned Parenthood was likely to succeed in its claims that the bill violates South Dakota women's constitutional rights.

TENNESSEE

The Tennessee legislature completed the final step required to put a ballot initiative on the ballot in 2014 that will ask voters whether they want to amend the state constitution to roll back protections for privacy and reproductive rights. This initiative is intended to reverse a Tennessee Supreme Court decision holding that the state constitution provides strong protection for a woman's right to choose to terminate a pregnancy. If approved, this measure would

limit women's privacy rights under the state constitution and further restrict women's access to reproductive health care.

TEXAS

This year, both the Texas legislature and governor made it a top priority to enact anti-abortion legislation. In fact, the governor started off the year by declaring it an "emergency" that the legislature enact a law forcing women to view and hear descriptions of ultrasound images before being permitted to have an abortion. The legislature ultimately enacted, and the governor was quick to sign, HB 15, which requires abortion providers to show each patient seeking an abortion an ultrasound image, describe that image to her and offer to make the fetal heart tone audible, a full twenty-four hours before the woman is permitted to have an abortion. The bill contains a few narrow exceptions for women in specific situations, such as victims of sexual assault, and allows women who live more than 100 miles from the closest abortion provider to wait two hours as opposed to twenty-four. These requirements are intrusive, interfere in the doctor-patient relationship, patronize women, and violate both patients' and providers' constitutional rights. For those reasons and others, the Center for Reproductive Rights has filed a lawsuit seeking to enjoin the law in its entirety, and that case is pending in federal court in Texas.

In addition, Texas also found ways to reduce women's access to reproductive health care through the state budget. In June, the legislature passed a budget that includes cuts to family planning programs, a provision that essentially prohibits Planned Parenthood from receiving any state or federal funding, and a provision prohibiting any hospital district from choosing to fund medically necessary abortions beyond those necessary to save a woman's life.

Finally, Texas passed a law (SB 257) creating new "Choose Life" license plates. Fees generated for these plates will be used to provide funds to nonprofits that do not provide or refer for abortion.

UTAH

This year, Utah enacted laws that will affect and restrict abortion services in the state in several ways, including regulation of medical practice, bans on insurance coverage, and TRAP.

First, Utah enacted a TRAP bill, HB 171, requiring the Utah Department of Health to create a new licensure scheme exclusively for health care facilities that provide abortion care, but not any other type of surgical medical care. The bill vests oversight authority with the Department of Health, requires clinic inspections, and provides additional reporting requirements.

Second, the state enacted a complete ban on insurance coverage for abortion in plans offered both on the private market and in the health care exchanges (HB 354). The bill does not allow insurers to offer riders or separate policies for abortion coverage and only allows insurers to offer coverage for abortions necessary to save a woman's life or avert severe injury, or in cases of rape, incest or where there is a lethal fetal anomaly.

Third, the state made it more difficult for patients to access care by enacting HB 353, which allows health care providers to refuse, for either religious or moral reasons, to treat a patient seeking an abortion, or a patient undergoing a procedure that could possibly result in the

termination of a pregnancy. The law also allows hospitals and health care facilities to refuse to even admit a patient for the same reasons. The law contains no exceptions for situations where a woman needs urgent medical care.

VIRGINIA

Virginia enacted two restrictive laws this year. First, the legislature pushed through at the last minute a TRAP bill that could threaten the ability of women in Virginia to access abortion at all. The governor immediately urged the adoption of extreme, unnecessary and medically inappropriate regulations and insisted on an expedited time frame, reducing the opportunities for public input and agency consideration. This law, SB 924, requires abortion clinics in the state to be classified as a category of "hospital" and requires the Virginia Board of Health to promulgate "emergency" regulations of these facilities. Because abortion clinics are now a type of "hospital" under this bill, the Board of Health has several options: The Board could require abortion facilities to meet medically appropriate regulations that would ensure access to care, or could require that abortion clinics maintain far more complicated and expensive facilities than are necessary to ensure the provision of safe abortion, which could limit access to care. Draft regulations are expected to be released in September.

Virginia also enacted a law (HB 2434) prohibiting plans in the state's health care exchange from offering coverage for abortion, with exceptions for pregnancies that endanger the life of the woman or where the pregnancy was the result of rape or incest.

WISCONSIN

Wisconsin enacted a budget bill (AB 40) that defunds Planned Parenthood and other health care facilities that perform or refer for abortions, limiting women's access to a range of reproductive health services, such as birth control, Pap smears, and cancer screenings. This provision will disproportionately harm low-income and uninsured women, as Planned Parenthood is often the only provider able to offer them these needed services.

A NOTE ABOUT PROACTIVE LEGISLATION

This report is intended to canvass some of the more significant trends in reproductive health legislation and highlight some of the most troubling restrictions passed thus far this year. However, while the majority of reproductive health related legislation enacted this year was restrictive, there were also some positive advances in the form of policies related to maternal health and rights, as well as minors' access to reproductive healthcare. Several states enacted important new laws that prohibit shackling of prisoners during labor and delivery, and many states increased funding for maternal mortality research and improved outcomes. For a more complete look at proactive legislation in 2011, please see our year-end review to be published in December 2011.

In at least twenty states, legislation designed to restrict women's access to reproductive health care and impinge on their constitutional rights has already become law. As the year continues, and more harmful bills are considered, pro-choice advocates and legislators in several states still have the opportunity to prevent these bad public health choices from being made in their own states. Over the next five months, the **Center for Reproductive Rights** will continue to analyze the impact of this year's legislation and to work with advocates and legislators to oppose similar legislation.

For more information on individual states' new laws and state legislative activity across the country, please contact **Jordan Goldberg**, State Advocacy Counsel, at **jgoldberg@reprorights.org**. For press inquiries, please contact **Dionne Scott**, at **dscott@reprorights.org**.