

## **BACKGROUND: *PLANNED PARENTHOOD V. JEGLEY***

In 2015, Arkansas politicians passed a dangerous law (Act 577) that requires abortion providers to have a signed contract with a physician with admitting privileges in order to provide medication abortion. If this law takes effect, it would make Arkansas the first and only state to effectively ban medication abortion entirely. It would also leave only one health center that provides abortion in the entire state.

Just last year, in *Whole Woman's v. Hellerstedt*, the U.S. Supreme Court struck down a nearly identical Texas law, finding that it provided no medical benefits and greatly burdened women. The effects in Arkansas would be even more sweeping and devastating.

In states like [Texas](#) and [Missouri](#) that have passed similar laws, women have been forced to drive hundreds of miles or cross state lines to access abortions, if at all. Since 2011, politicians have secretly passed nearly 400 restrictions on safe, legal abortion at the state level -- and 29 restrictions in Arkansas alone, according to the Guttmacher institute.

### **Abortion access in Arkansas**

In [2014](#), 97 percent of Arkansas counties had no clinics that provided abortions, and 77 percent of Arkansas women lived in those counties. Already, women who need to access safe, legal abortion in Arkansas must make at least two trips to access a safe, legal abortion at least 48 hours apart, due to an existing law. Women in areas like El Dorado and Jonesboro already must make a 250-mile round-trip, twice to reach a provider in their state.

There are only three health centers that provide abortion in Arkansas. This includes medication abortion at Planned Parenthood's health centers in Fayetteville and Little Rock, and medication and surgical abortion at Little Rock Family Planning. None of their physicians are able to comply with Act 577.

### **What would happen if Act 577 takes effect?**

If this dangerous law takes effect, Planned Parenthood would be forced to stop providing abortions at both of its Arkansas health centers. Little Rock Family Planning would also be forced to stop providing medication abortions, though it would continue to provide surgical abortions. This would ban medication abortion and leave only one health center to provide abortion in Arkansas.

Women in areas like Fayetteville would be forced to make a 380-mile round-trip (more than five hours of travel time) to access an abortion in Little Rock. This is hardest on people who already face barriers to care such as people of color, young people, and those with low incomes. As a result, one-quarter of medication abortion patients in the state and 36 percent of women in the Fayetteville area would lose access to safe, legal abortion altogether.

The majority of Planned Parenthood's patients in Fayetteville have low incomes. Many of them work jobs that don't offer vacation or sick time, and already struggle to take off even a half-day for an appointment at their local health center. For many of these women, taking multiple days off from work and paying for travel to Little Rock is not an option. As a result, 36 percent of women in Fayetteville and 25% of women in the entire state will not be able to access medication abortion at all.

Women for whom medication abortion is medically indicated and thus safer than surgical abortion would lose access to this service altogether. This is also true for women who strongly prefer medication abortion, including survivors of rape, incest, and domestic violence who may choose medication abortion to feel more in control of the experience and avoid what may feel like a more invasive, surgical procedure.

### **What does Act 577 require?**

The law in question requires that physicians that provide medication abortion have a formal agreement with a backup provider who has admitting privileges at a hospital. Planned Parenthood Great Plains works every day to make sure women receive high-quality health care in a safe, respectful environment.

We have rigorous standards and training for staff as well as emergency plans in place because women's safety is our first priority.

Leading medical experts like the [American College of Obstetricians and Gynecologists](#) oppose medically unnecessary restrictions like these because they bar access to safe medical care. Abortions are very safe. Studies, including those from the Centers for Disease Control and Prevention, demonstrate that abortion has a more than 99 percent safety record. In those rare cases when complications do occur, they are similar to those that may occur from miscarriage, which OB-GYNs and other physicians treat every day.

This requirement is difficult to meet for many reasons, including that this law limits eligible backup providers to a very narrow scope of medical practitioners. This law also fails to guarantee the privacy, and therefore the safety, of the backup providers and could open them up to harassment or political pressure.

### **What is medication abortion?**

Medication abortion is an extremely safe, effective method of abortion early in pregnancy. American women have been safely and legally using medication abortion for well over a decade. In fact, one in four women decides on this method if it is an option. And medical studies have shown that medication abortion is just as safe as surgical abortion.

Medication abortion gives a woman the option of what may feel like a more private and less invasive method of ending a pregnancy, in a setting in which she feels most comfortable. And she is supported throughout the process by a medical professional. The patient is told how the process works, the range of normal symptoms to expect, and the warning signs to look out for, and receives resources, including a medication guide and a 24-hours-a-day, seven-days-a-week telephone number to call if they have any questions or concerns.

In the extremely unlikely event that a patient experiences a serious complication from an abortion and requires hospital-based care, the high-quality, experienced physicians and nurses who work at Planned Parenthood have detailed systems in place to ensure that a patient gets care quickly. [A recent, large-scale study](#) showed that only 0.16 percent of medication abortion patients experienced a significant complication, and only six out of every 10,000 patients (0.06 percent) experienced complications resulting in hospital admission.

Women who have a medication abortion can reach a Planned Parenthood medical professional 24 hours a day, seven days a week to answer questions. Just like any outpatient medical facility, health centers that provide abortion have the staffing, equipment, and referral arrangements in place to handle emergencies in the unlikely event of a complication.