

# Facts about Abortion Care

Since 1939, Planned Parenthood South Texas has been providing and protecting the health care and information people need to plan their families and their futures. Although abortion became legal nationwide in 1973 due to the U.S. Supreme Court decision in *Roe v. Wade*, it didn't become part of our services until 1998 in response to changes in the availability of and access to abortion in San Antonio.

While the U.S. Supreme Court in June [overturned a restrictive Louisiana law](#) that would have decimated abortion access in the state, it's clear that the court's new conservative majority is [open to other challenges](#) to abortion rights. With 16 other abortion cases one step away from the Supreme Court, there is no doubt abortion rights and access are on the line. To understand the importance of defending access to this essential health care, we must first understand the facts about abortion care.

## Abortion is health care.

Planned Parenthood South Texas provides a wide range of health care services, including lifesaving cancer screenings, birth control, and STI testing and treatment. We are also proud to provide safe and legal abortion—and we take measures to ensure that our patients have accurate information about **all** of their options so they can make their own, fully informed decisions about their health, their family, and their future. From 2015 through 2019, an average of 7.5% of our patients accessed abortion care.

## Who gets an abortion in the United States?

- **1 in 4 women** will get an abortion by age 45
- **62% reported a religious affiliation**—24% Catholic; 30% Protestant; 8% identified with another religion
- **59%** of abortions were obtained **by women who have children**
- **45%** of people who received abortion care were **married or living with their partner**
- **60% of patients were in their 20s**; 25% were in their 30s. Adolescents—those younger than 20—accounted for 12% of abortion patients, and fewer than 4% were younger than 18.
- **39% were white, 28% black, 25% Hispanic**, 6% Asian or Pacific Islander, and 3% of other background.

[Source](#)



## Abortion is safe.

Medical experts and researchers agree: abortion is one of the safest medical procedures in the United States.

- Abortions have few complications, according to a landmark study by the [National Academies of Sciences, Engineering and Medicine](#) released in 2018. In fact, [studies show](#) that over the short term, childbirth is associated with more risks to a woman's health than abortion.
- Major complications in abortion care occur less than .025% of the time, according to [an analysis by the University of California San Francisco](#) published in 2014.
- Organizations including the [American Cancer Society](#), [Susan G. Komen](#) and the [National Cancer Institute](#) state that unbiased [scientific research](#) has found no link between abortion and breast cancer. Experts also agree that earlier studies of the relationship between prior induced abortion and breast cancer risk were [methodologically flawed](#).
- In addition, there is [no link](#) between safe abortion and the ability to get pregnant in the future.
- When it comes to mental health, [research](#) has shown that having an abortion is not associated with increased risk of mental health problems. Having an abortion does not increase a woman's risk for depression, according to [a study of nearly 400,000 women](#) that was published in 2018 by the University of Maryland School of Public Health. A [new study](#) published in January 2020 found that relief was the most commonly felt emotion at all times over 5 years for people who received abortion care.

- Additionally, [research](#) has found that women who are denied an abortion are more likely to initially experience higher levels of anxiety, lower life satisfaction and lower self-esteem compared with women who received an abortion. Experiencing unwanted pregnancies appears to be strongly associated with poor mental health effects for women later in life.

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### Major health care organizations support abortion access and rights.

Mainstream American medical organizations recognize the importance of access to safe, legal abortion and unbiased information about abortion care, including:

[American College of Obstetricians and Gynecologists](#)

[American College of Physicians](#)

[American Academy of Pediatrics](#)

[American Academy of Family Physicians](#)

[American Psychiatric Association](#)

[American Psychological Association](#)

## Many faith communities support abortion access and rights.

In December 2019, faith leaders from Just Texas, a project of the Texas Freedom Network, signed an [open letter](#) to policy makers in support of women's access to all reproductive health care services. It states, in part, "We join the world's religious traditions in affirming the sanctity of life. But we acknowledge that there is no moral or theological consensus about when life begins or what constitutes personhood. These are complex questions that theologians and philosophers have argued about for centuries. What's dangerous is when individuals try to write their particular answers to these questions into law and impose them on the rest of us."

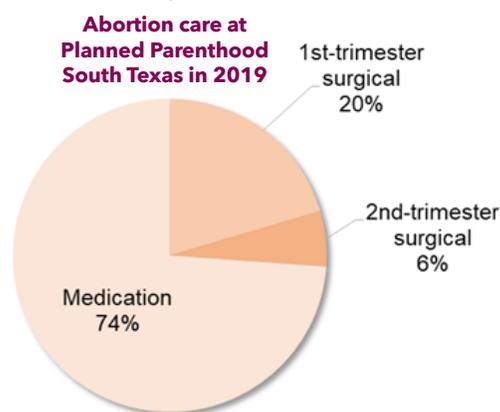
## Abortion later in pregnancy is rare.

According to the Centers for Disease Control and Prevention, 1.2% of abortions in 2016 were performed at more than 21 weeks' gestation; 91% were performed before 13 weeks.

The [need for an abortion later in pregnancy](#) may occur due to a severe fetal diagnosis or complications that threaten the patient's health. People needing abortion care should make this decision based on what is best for their health and their family, without government interference.

Some anti-abortion politicians claim that people can get abortions up until the actual moment of birth. That's simply not how medical care works. These misleading statements are false, dangerous, and offensive to people who need abortion later in pregnancy. Anti-abortion politicians and

groups are pushing these claims to scare people and stigmatize abortion and abortion providers, and what they describe is simply not what happens. These claims lack compassion for the families who have to make very serious, difficult decisions with their doctors.



## Most abortion restrictions are aimed at reducing access, not helping women.

Texas has some of the most onerous, medically unnecessary [restrictions on abortion](#) in the country, including:

- A patient must undergo an ultrasound and must wait 24 hours after the ultrasound before the procedure is provided (the law does not explicitly state “transvaginal ultrasound,” but because most abortion is in early pregnancy, a transvaginal ultrasound is what needs to be used). The doctor must display the sonogram image in front of the woman, provide a verbal explanation of the image (including descriptions of the fetus, its heart activity, and its internal organs), and make the heartbeat audible, if present. The physician must also give the woman government-written materials about abortion that are medically and scientifically inaccurate.
- Only a physician licensed by the state may provide abortion care (even though some states allow nurse practitioners to administer medication abortion). The patient must see the same physician at every visit.
- Texas requires parental notification and parental consent for minors seeking abortion, unless they undergo the laborious process of seeking judicial bypass.
- Abortions after 20 weeks gestation (22 weeks after the last menstrual period or LMP) are banned, unless the woman’s life or health is at risk or in the case of a severe fetal anomaly.
- Hospitals or health care workers can refuse to provide abortion care,
- Health insurance plans cannot cover abortion as part of an overall plan, except when a woman’s life or health is endangered. A policy holder must purchase a separate policy to cover abortion.
- The state cannot contract with health care facilities or individuals who provide abortion or are affiliated with facilities that provide abortion. Since 2011, the Texas Department of Health and Human Service and its employees are prohibited from referring women to organizations that provide or “promote” abortion care –even for services other than abortion. That means they can’t refer patients to Planned

Parenthood to obtain services such as cancer screenings, birth control or pelvic exams, even at a Planned Parenthood health center that doesn’t offer abortion care.

- Governmental entities (state, counties, and municipalities) are prohibited from entering into a “taxpayer resource transaction with an abortion provider or an affiliate of an abortion provider.”

### THE HYDE AMENDMENT

**What is it?** The Hyde Amendment bars the use of federal funds for abortion except in cases of rape, incest, or if the pregnancy is determined to endanger the woman’s life. The policy is not a permanent law but is attached to the Congressional appropriations bill for the Department of Health and Human Services and has been renewed annually by Congress.

**History:** Soon after *Roe v. Wade*, [anti-choice Republican Congressman Henry Hyde introduced the amendment](#) to block the use of federal Medicaid funds for abortion except when the woman’s life is endangered. Congress passed the amendment in 1977, although its implementation was blocked by an injunction obtained by Planned Parenthood and other entities. The Supreme Court eventually vacated the injunction.

**Impact:** This cruel amendment means that low-income women who rely on Medicaid for their health coverage essentially cannot easily access safe and legal abortion. States can choose to pay for abortion care for women who receive Medicaid, but they must use their own revenue, not federal funds. Currently, 16 states pay for abortion care for women insured by Medicaid. Texas is not one of them. [Women covered by Medicaid in 34 states have extremely limited abortion coverage because of the Hyde Amendment.](#)

Congress and the executive branch have used the Hyde Amendment as a model to further limit access to abortion by creating similar restrictions for people who obtain their coverage through the federal government in other ways. Native American women, women who receive Medicare, federal employees and their dependents, Peace Corps volunteers, low-income residents of Washington, D.C., military personnel and their dependents, and people incarcerated in federal prisons have all been denied abortion coverage.

In 2019, the Trump-Pence administration introduced [new regulations](#) prohibiting providers that receive Title X federal family planning funding from even telling patients how they can access safe, legal abortion. Known as the “gag rule”, it states that any family planning provider that receives federal funding is prohibited from performing abortions or referring patients to abortion providers. This rule means that patients do not receive full and accurate information about their health care from providers and staff at government-funded family planning clinics. Planned Parenthood health centers no longer receive federal family planning funding – even health centers that do not provide abortion care – because we refuse to compromise our commitment to educating patients about all their options. To be clear, Title X-funded health centers already were prohibited from performing abortions with those funds – and the care provided by Title X-funded health centers actually helps prevent abortions by preventing unintended pregnancies. Both state and federal regulations on abortion care disproportionately impact women of color with low incomes.

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Women of color are more likely than white women to be insured by Medicaid and have higher rates of unintended pregnancy and abortion. Paying for abortion care out of pocket, which may also include costs of transportation and missing work, can be a barrier for women with low incomes.



**Roe v. Wade: Past, present and future**

In 1973, the U.S. Supreme Court affirmed the legality of a woman’s right to have an abortion.

**New attacks on abortion access:** In its ruling in [Roe v. Wade](#), the court recognized for the first time that the constitutional right to privacy “is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy.”

**Background:** Roe v. Wade was a challenge to a Texas statute that made it a crime to perform an abortion unless a woman’s life was at stake. The case had been filed by “Jane Roe,” a Texas woman who wanted to safely and legally end her pregnancy. At the time the decision was handed down, nearly all states outlawed abortion except to save a woman’s life or for limited reasons such as preserving the woman’s health, or instances of rape, incest, or fetal anomaly. Roe rendered these laws unconstitutional, making abortion services vastly safer and more accessible to women throughout the country. The decision also set a legal precedent that affected dozens of subsequent Supreme Court cases involving restrictions on access to abortion.

**Limitations:** In Roe, the Supreme Court found that a woman’s right to make her own decisions about her pregnancy deserves the highest level of constitutional protection, but the court also recognized that the right to privacy is not absolute and found that a state has valid interests in safeguarding maternal health and protecting “potential life.” A state may prohibit abortion after viability, except when it is necessary to protect a woman’s life or health.

**Consequences:** In the decades following Roe, states have repeatedly tried to limit abortion access. While many of these restrictions were found unconstitutional, the court has upheld laws such as requirements that minors obtain the consent of or notify their parents prior to an abortion. In [Planned Parenthood of Southeastern Pennsylvania v. Casey](#) (1992), the court reaffirmed that the constitutionally protected right to privacy includes every woman’s right to make her own personal medical decisions

but made it more difficult for women to succeed in challenging laws that were less than absolute prohibitions on abortion. The court ruled that in order to succeed in a constitutional challenge, a law must be shown to have the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion. Under this test many abortion restrictions have been upheld, including requirements that women make multiple trips to an abortion provider and suffer an enforced delay prior to obtaining an abortion.

In the 2016 case [Whole Women’s Health v. Hellerstedt](#), the Court found two provisions in a Texas law—one requiring physicians who perform abortions to have admitting privileges at a nearby hospital and one requiring abortion clinics in the state to have facilities comparable to an ambulatory surgical center—to be substantial obstacles that were not medically necessary and thus unconstitutional. On June 29, 2020, the Court struck down a Louisiana law requiring admitting privileges that was almost identical to the Texas law. Four justices voted to uphold the Louisiana law despite the very recent precedent.

Anti-abortion politicians have continued to chip away at reproductive rights repeatedly and regularly. As we’ve seen in Texas, attacks on our rights have devastating consequences. Women have been forced to travel hundreds of miles, cross state lines, and wait weeks to get a safe and legal abortion, if they can at all.

**The future of Roe:** The current administration is radically remaking the judicial branch, appointing federal judges with anti-abortion views and as a result, allowing the courts to shirk precedent. [Supreme Court Justice Brett Kavanaugh’s](#)

nomination emboldened politicians to introduce more than 300 anti-abortion restrictions in the last year, all in an effort chip away or completely overturn Roe.

## What happens next?

### **Safeguarding the right to abortion is paramount.**

Before Roe v. Wade, safe, legal abortion was not accessible for millions of women, causing an unknown number to attempt to [end their pregnancies themselves](#). They swallowed toxic substances, inserted objects into their vaginas or turned to other dangerous methods—any of which could cause infection, sterility or even death.

While many states are passing anti-abortion bills, several states—such as Illinois, Vermont, Colorado, Massachusetts, and Virginia—have passed bills in the last year to protect abortion access if the Supreme Court weakens the protections under Roe. [The overwhelming majority of Americans want some level of legal abortion](#). More importantly, Americans under age 35 support abortion rights much more than prior generations.

No matter one’s personal feelings about abortion, we can all agree that it is not the place of politicians

to make this decision for someone else. Each person who is pregnant, ultimately, must be trusted to make whatever decisions are needed while she is pregnant, including decisions about abortion.

Heroic abortion rights activists are finding creative ways to ensure access to this essential care. Dr. Rebecca Gomperts founded [Women on Waves](#) and [Women on](#)

[Web](#) to provide information and abortion pills to countries where the procedure is not available. In 2018, she founded [Aid Access](#) to increase access to abortion in the United States.

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**19 states have laws that could restrict abortion.**

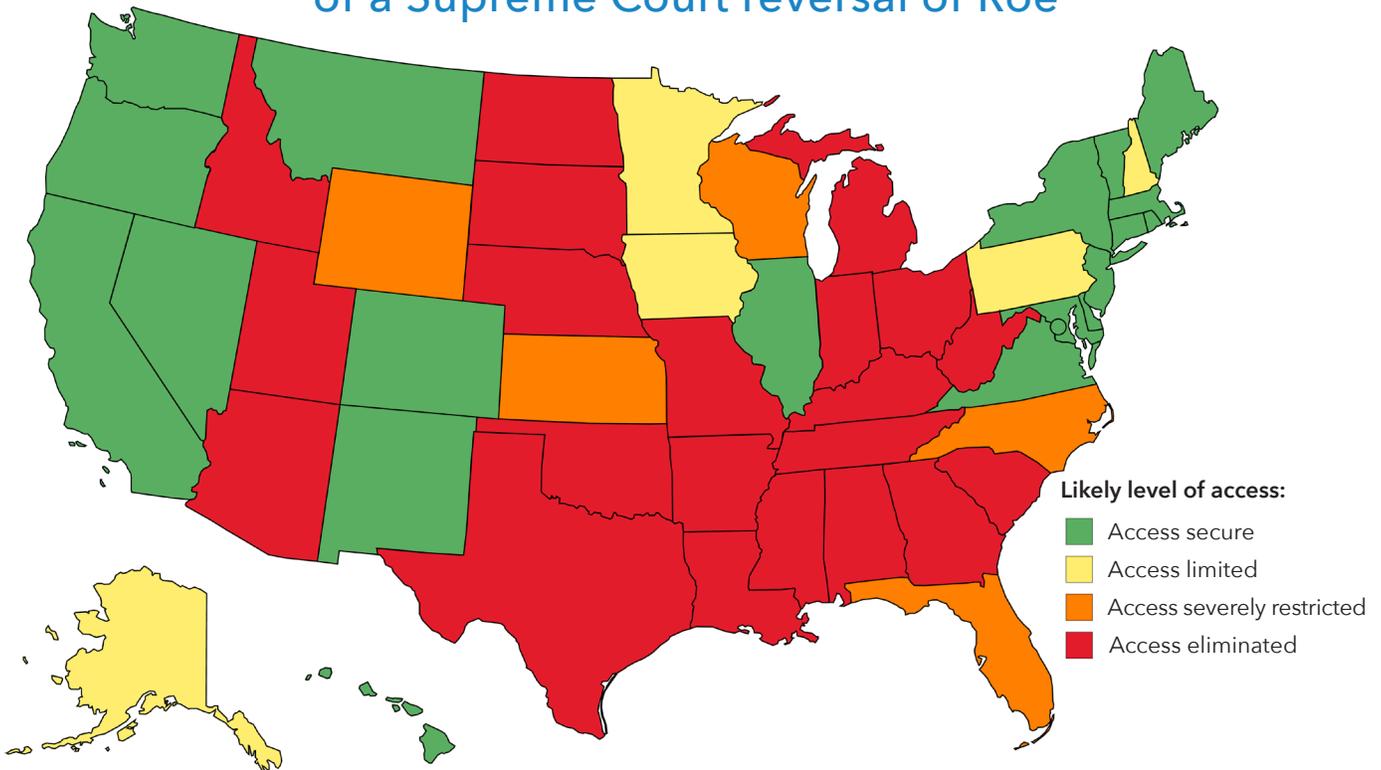
- 9 states retain unenforced, pre-Roe abortion bans.
- 8 states have passed post-Roe abortion bans.
- 5 states have unconstitutional post-Roe restrictions that are currently blocked by courts but become viable if Roe falls
- 7 states have laws expressing intent to restrict

abortion to the extent allowed by law if Roe falls.

**13 states have laws that protect abortion access.**

- 2 states have codified the right to abortion throughout pregnancy.
- 11 states permit abortion prior to viability or when necessary to protect the life or health of the woman.

**Likely abortion access scenario within three years of a Supreme Court reversal of Roe**



The Planned Parenthood family is actively working on plans for how we will operate if we find ourselves in a world where abortion is not permissible in Texas and other states. No one at Planned Parenthood intends to give up on women in South Texas who need abortion care, even if we cannot provide that care ourselves. We will continue to fight for people’s right to make decisions about their pregnancies, without interference from politicians who ideologically oppose abortion. We will become what women in South Texas will need us to be in order for them to receive the abortion care they choose for themselves.

**This is a promise.**