



Non-Legal Obstacles to Reproductive Services

Abortion

- **Providers**— 88% of all U.S. counties and 97% of non-metropolitan counties have no identifiable abortion provider.¹
 - A 1998 survey found that only 46% of first-year ob-gyn residency programs include first trimester abortions as a routine part of training.²
 - Since 1993, three doctors who provided abortions have been murdered, and five others have been shot at by anti-abortion zealots in the U.S. and Canada.
 - 82% of large reproductive health care facilities, which perform 94% of all abortions in the United States, experience one or more types of harassment in a given year.³ In 2002, clinics reported more than 10,000 incidents of protest activity that harassed, intimidated, and/or impeded the movement of staff or patients.⁴
- **Cost**— The cost of abortions depends on many factors, but generally an abortion between six and ten weeks' gestation costs about \$350 at an abortion clinic and \$500 at a physician's office. The cost of the abortion increases later in pregnancy, and after the 20th week, the cost is over \$1,000.⁵
 - As of January 1, 2004, the maximum TANF grant for a single woman with a child ranged from \$142 in Tennessee to \$821 in Alaska. 36 states and the District of Columbia had a maximum TANF grant of under \$400 for single women with one child.⁶
- **Funding**— Abortions are largely paid for out of pocket. Private insurance covers only 13% of abortions; states fund only 13%, and federal funds only in the case of rape, incest, or when the woman's life is endangered.
 - The Hyde Amendment forbids federal funding of abortions except under those three scenarios.
 - Only 21 states cover abortion services beyond the Hyde restrictions.⁷

Emergency Contraception (EC)

On August 24, 2006, the FDA approved Plan B for over-the-counter sale to men and women age 18 and over. Plan B prevents conception when taken within 72 hours of unprotected sex, and is available by prescription only to women under age 18. Women over 18 who lack a government-issued I.D. proving their age also need a prescription for Plan B, which especially hinders immigrants' access to EC.⁸

¹ National Abortion Federation, Access to Abortion, http://www.prochoice.org/about_abortion/facts/access_abortion.html (last visited July 14, 2008).

² Id.

³ Stanley K. Henshaw, Lawrence B. Finer, The Accessibility of Abortion Services In the United States, 2001, 35 *Perspective on Sexual and Reproductive Health* 16, 22 (2003), available at <http://www.guttmacher.org/pubs/psrh/full/3501603.pdf> (last visited Aug. 17, 2008).

⁴ National Abortion Federation, Violence Statistics, http://www.prochoice.org/about_abortion/violence/violence_statistics.html (last visited July 14, 2008).

⁵ National Abortion Federation, Economics of Abortion, http://www.prochoice.org/about_abortion/facts/economics.html (last visited July 14, 2008).

⁶ Meredith Walters, Gene Falk, Vee Burke, CRS Report for Congress, TANF Cash Benefits as of January 1, 2004, available at <http://www.nationalaglawcenter.org/assets/crs/RL32598.pdf> (last visited July 14, 2008).

⁷ National Abortion Federation, Economics of Abortion, http://www.prochoice.org/about_abortion/facts/economics.html (last visited July 14, 2008).

⁸ Pharmacy Access Partnership, What Consumers Need to Know about Obtaining Plan B Over-the-Counter in Pharmacies, <http://www.pharmacyaccess.org/pdfs/ConsumerFAQsOTC.pdf> (last visited July 14, 2008).



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- In AK, CA, HI, NH, NM, MA, ME, VT and WA, some pharmacies participate in a “Pharmacy Access” program, in which a pharmacist may determine if Plan B is appropriate for the woman requesting it. If it is medically appropriate, the pharmacist may provide it to the woman without proof of age or prescription. In these situations, a pharmacist may charge a \$10 consultation fee.⁹
- Plan B is available only through licensed drug wholesalers, pharmacies, and at many family planning clinics with licensed healthcare providers. It is NOT available at convenience stores or non-pharmacy retail operations that may sell other family planning devices such as condoms.¹⁰

Pharmacist Refusals of Contraception

Women seeking to fill prescriptions for contraceptives or purchase emergency contraception over-the-counter are increasingly being refused service by pharmacists who personally object to their use of contraception. There have been reports of pharmacist refusals in many states, including AZ, CA, GA, IL, LA, MA, MN, MO, MT, NH, NY, NC, OH, OR, RI, TN, TX, WA, WV, WI.¹¹ Pharmacist refusals especially burden rural and low-income women who may struggle to travel to a pharmacy willing to meet their needs.

State and federal legislators have worked to protect women’s access to needed contraception:¹²

- Seven states—CA, IL, ME, MA, NV, NJ, WA—explicitly require pharmacists or pharmacies to ensure that valid prescriptions are filled.
- In seven states—AL, DE, NY, NC, OR, PA, TX—pharmacy boards have issued policy statements that prohibit pharmacists from obstructing patient access to medication or from refusing to transfer prescriptions to another pharmacy.
- On June 6, 2007 legislators in both the House of Representatives (H.R. 2956, last action on 6/6/07: referred to Committee on Energy and Commerce) and the Senate (S.1555, last action 6/6/07: read twice and referred to Committee on Health, Education, Labor, and Pensions) introduced the Access to Birth Control Act which, if passed, would require pharmacies to provide contraceptives, including over-the-counter EC, to women without delay.
- Thus far in the 2008 legislative session, thirteen states (FL, IN, MO, NJ, NY, OH, OK, PA, RI, SD, WA, WV, WI) have considered twenty-four bills that would prevent pharmacists or pharmacies from denying access to prescription contraception based on personal beliefs, including thirteen bills that apply to EC over the-counter.

Crisis Pregnancy Centers

Crisis Pregnancy Centers (CPCs) are organizations that attempt to attract pregnant women in order to convince them not to have an abortion. CPCs, also known as Pregnancy Resource Centers, sometimes provide free services to pregnant women, including pregnancy tests and ultrasounds, in order to encourage them to carry fetuses to term. CPCs also counsel women to not get abortions, providing them with biased information, some of which is medically false, such as widespread claims that abortions increase rates of breast cancer and infertility.

⁹ Id.

¹⁰ Emergency Contraception, getting ec, <http://www.ec-help.org/GettingEC.htm> (last visited July 14, 2008).

¹¹ National Women’s Law Center, Pharmacy Refusals 101, http://www.nwlc.org/pdf/FSParmacyRefusals_101_061307.pdf (last visited July 14, 2008).

¹² Id.



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- There are about twice as many CPCs as abortion clinics in the U.S., with about 4,000 CPCs vs. 2,000 clinics that provide abortion care.¹³
- CPCs often intentionally choose a name that will mislead women into believing that they offer a wide range of services, including family planning and abortion care.
- Many CPCs are affiliated with religious organizations, but most don't disclose this affiliation in their advertising.
- Some CPCs receive federal funding; over \$60 million of federal funds have been given to crisis pregnancy centers since 2001.¹⁴

¹³ National Abortion Federation, Crisis Pregnancy Centers, http://www.prochoice.org/about_abortion/facts/cpc.html (last visited July 14, 2008).

¹⁴ Thomas B. Edsall, Grants Flow To Bush Allies On Social Issues, *Washingtonpost.com*, March 22, 2006, at A01, available at http://www.washingtonpost.com/wp-dyn/content/article/2006/03/21/AR2006032101723_pf.html (last visited Aug. 17, 2008).