

Talking About Reproductive Rights in 2020

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The Trump Administration and its allies in Congress have made rolling back reproductive rights a staple of their social policy agenda. At the federal level, they have cut off access to family planning care for millions of Americans, stripped coverage for reproductive care from the *Affordable Care Act*, and appointed and confirmed over countless pro-life federal judges, including two Justices that have fundamentally changed the balance of the Supreme Court. Following the President's lead, pro-life governors and state legislatures throughout the country have launched partisan efforts to defund family planning providers and passed blatantly unconstitutional laws in an effort to queue up a case to overturn *Roe v. Wade*.

Yet most Americans strongly support access to birth control and do not believe the decision to have an abortion should be illegal. Nearly 80 percent of voters think birth control should be considered a basic part of women's health care, and a similar number support policies increasing access to contraception.¹ After close to half-a-century as the law of the land, over

three-fourths of country supports *Roe* and the protections it provides.² But for many

three-fourths of country supports Roe and the protections it provides. But for many Independent and moderate voters, issues related to reproductive rights are not black and white. Rather than identifying overwhelmingly with either side of the partisan debate, they believe the decision to end a pregnancy should be made by a woman, her family, and her doctor, and they support actions that would reduce the need for abortion while still protecting the right to have one.

To build a broad coalition that will safeguard essential access to reproductive health care, policymakers should talk about the need to expand reproductive services with the goal of reducing the need for abortion—both by preventing unintended pregnancies and supporting women who decide to carry a pregnancy to term—while protecting the right to choose.

Current Landscape

Federal Attacks

Attacks from the Trump administration. Since he declared on the campaign trail that women who seek abortions should be subject to “some form of punishment” the president has made rolling back reproductive rights a leading priority of his legislative agenda. In the first few weeks of his presidency, President Trump reinstated and expanded the **global gag rule**, forcing health care providers around the world to choose between receiving U.S. global health assistance—to fund programs providing access to contraception, preventing and treating HIV/AIDS, combating malaria, and improving maternal and child health—and the ability to counsel and provide women with a full range of reproductive health care options.³ He followed by imposing a **domestic gag rule** in March of 2019, stripping Title X funding from reproductive health providers that provide an array of critical health care services, in particular, to low-income women.⁴ It’s estimated that the domestic gag rule alone will negatively impact nearly four million women.⁵ In addition, experts have projected that changes to the *Affordable Care Act* made by the administration in December of 2019 have jeopardized access to reproductive services for more than three million Americans.⁶

Attacks in Congress. Following the president’s lead, pro-life Members of Congress have pursued an increasingly out-of-touch reproductive rights legislative agenda during the Trump era. In February of 2018, Mitch McConnell and Senate Republicans introduced a destined-to-fail and unconstitutional **20-week abortion ban**, brought to the floor for the sole purpose of putting vulnerable Democrats on the record before the 2018 midterms.⁷ The bill and midterm effort failed, but Republican members of Congress have offered even more extreme measures in its wake. Last January, Rep. Steve King of Iowa reintroduced one of two **fetal heartbeat bills**, which make it a crime to terminate a pregnancy at as early as five weeks—before most women know they’re pregnant. The bill makes no exceptions for cases of rape or incest and imposes up to a five-year prison sentence on doctors.

State Attacks

STATE ATTACKS

Family Planning and Health Restrictions: State legislatures have spent the past decade steadily chipping away at the effectiveness of family planning providers, first by making state funding contingent on providers not offering abortion services. Steadily, however, states are beginning to up the ante by denying funds to groups that even offer abortion counseling or referrals, even if no abortion services are provided at the same location. This drastically impacts access to contraception, as the providers hurt by these laws are often the leading providers of general reproductive health services. Led by Republican legislatures, both Texas and Indiana dramatically cut funding Planned Parenthood for over a decade. In Texas, the legislature successfully removed Medicaid funding from the state's Women's Health Program, effectively defunding all Planned Parenthood health centers statewide. Defunding threatens access to vital health services. Planned Parenthood clinics across the country conduct over 500,000 Pap tests and breast cancer screening to mostly low-income patients each year.⁸ Maternal mortality rates also significantly increased in the immediate aftermath due to pregnancy and childbirth complications. In Indiana, similar cuts shut down five Planned Parenthood health centers across the state, even though none of the centers offered abortion services. In a harrowing example of what can happen when reproductive health providers are the targets of partisan and thoughtless attacks, Indiana was hit with the worst HIV outbreak in the history of the state in the immediate aftermath of the clinic shutdowns.⁹

Abortion Bans: Republican state legislatures have taken a "let's see what sticks" approach against reproductive rights, targeting the right to choose at several different stages of pregnancy through an array of blatantly unconstitutional bans. In the past year, Arkansas and Utah became the two latest states to begin banning abortion at either **18 or 20 weeks**—several weeks before viability. "**Fetal heartbeat**" bills, which ban abortions at as early as six weeks, have been passed in Georgia, Kentucky, Mississippi, Missouri, and Ohio. These laws would likely operate functionally as complete bans on abortion services in those states, as many women don't even learn that they're pregnant until after six weeks (and later pregnancy awareness is more prevalent among African-American and Hispanic women—making "fetal heartbeat" especially punitive for women of color).¹⁰ Alabama has done away with pretext entirely, passing an **outright ban** on all abortions this year, including in cases of rape and incest, and a maximum 99-year sentence on doctors who perform an abortion. And though it has been blocked by the courts, the intent of the law was clear: a blunt and intentionally direct challenge to *Roe*.

Overburdensome Restrictions: For the second time in less than four years, the Supreme Court will consider a challenge to an anti-choice state regulation that requires abortion providers to hold **admitting privileges** at a nearby hospital in order to operate. Disguised as public health regulation, admitting privileges statutes are specifically intended to limit the pool of available

doctors licensed to perform abortions statewide, and often impact rural communities the

doctors licensed to perform abortions statewide, and often impact rural communities the harshest. This exact restriction was already ruled unconstitutional by the Supreme Court in 2016, but Louisiana is now offering its own version of the requirement to a reshaped Court in a case to be heard later this term, with a decision expected by the end of the term in June.¹¹ Most observers acknowledge, that if allowed, requiring clinics to maintain admitting privileges will almost entirely eliminate safe and legal access to abortion services in many states, while providing no positive impact on public health.¹²

A Common Ground Framework: Reducing the Need for Abortion While Protecting the Right to Have One.

Candidates can protect and defend reproductive freedom while also speaking to the concerns of voters who are torn on the issue.

Step 1: Champion policies that reduce the need for abortion while protecting the right to have one. The American people wholeheartedly agree that women should have access to a full range of healthcare options, including reproductive care. A message with broad appeal should focus on four actionable goals: 1) funding family planning providers, 2) supporting comprehensive pregnancy prevention and sexual education programs, 3) supporting pregnant women and new families, and 4) defending and codifying the basic protections of *Roe v. Wade*.

Funding full access to health care. Family planning providers serve a critically important role in providing health care access to Americans across the country, particularly low-income women. Organizations like Planned Parenthood provide a wealth of services to those who need them, including primary healthcare, cancer screenings, pregnancy testing and prenatal care, birth control and education, and HIV and STI testing, and comprehensive health care for LGBT people. And far too frequently, reproductive health care clinics are the only affordable providers in a low-income community. We are a healthier, safer, and better country when these providers are supported and well-funded.

Support pregnancy prevention and sexual education programs. Progressive candidates should champion programs that protect the right to have an abortion while reducing the need to have one. One of the best programs at accomplishing this two-faceted goal was the Teen Pregnancy Prevention Program (TPPP). A bipartisan, evidence-based initiative, TPPP brought the teen pregnancy rate to an historic low in 2016—down 51 percent over the course of the decade.¹³ In doing so, it significantly helped reduce demand for abortions without imposing on women's ability to make their own health care decisions. In spite of these standout results, the Trump administration reorganized TPPP as an abstinence-only program in 2017. Moving

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forward, candidates should call for restoring evidence-based education to the TFF, which proved better at reducing the need for abortion in this country than any restriction or ban.

Support pregnant women and new families. One of the two most commonly reported reasons women cite for having an abortion is that they cannot afford a child.¹⁴ In order to reduce the need for abortion, we need to ensure that pregnant women and their new families will be supported through pregnancy, as well as after birth. Candidates should champion policies that support women who choose to carry their pregnancies to term—and their new families—and point out where their opponent is actively making life harder for pregnant women and families with young children.

Defend and Codify *Roe*. In addition to supporting measures to reduce the need for abortion, candidates should stand firm with a clear majority of voters to support the basic protections of *Roe*, as well as legislation that codifies those fundamental rights into statute to protect erosion in the courts. As we soon may see, leaving women's access to comprehensive health care up to the whims of this Supreme Court is simply too risky.

Step 2: Focus rebuttals on your opponents' disconnect with the broadly shared values of most Americans. Voters are not interested in continued battles on contraceptive services or abortion. They view *Roe* as settled law and are not interested in changing the Constitution.¹⁵ Progressive candidates do best when they frame Trump and his allies as rigid absolutists solely committed to indefinitely prolonging an already 40-year debate. Proposals to defund family planning providers or ban abortions at 20, 18, and even 6 weeks – in many cases without exceptions for rape, incest, birth defects, or without regard for the health of the woman – are so stunningly indiscriminate that only an extreme ideologue could support them. Voters, particularly moderate and independent voters, are interested in cooperative and productive government. While they may have personal reservations regarding abortion, they want no part in furthering partisan divides over moral wedge issues. Americans have grown to rely upon reproductive rights as a means of effective career and family planning. Progressive candidates can make a clear distinction to voters invested in a Washington that “works” as the conduits to a productive and functioning government—in stark contrast to the rigidity of their opponents, who are distracted by half-a-century-old culture wars.

TOPICS

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ENDNOTES

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