Physicians' Groups Respond to TRAP Laws Passed During 2013 Legislative Session

The last three years of state legislative sessions have seen an increase in the number of abortion restrictions passed to block clinics and medical professionals from providing abortions. Twenty-eight states now have laws that create onerous and irrelevant licensing requirements for abortion providers, known as Targeted Regulation of Abortion Provider (TRAP) laws,1 which are designed to discourage medical professionals from providing abortion and make it impossible for clinics to remain open (see "TRAP Laws Gain Political Traction While Abortion Clinics—and the Women They Serve—Pay the Price," Spring 2013). Moreover, states have enacted laws dictating the manner in which clinicians may provide medication abortion and requiring physicians who provide abortion to have hospital admitting privileges, effectively giving hospitals veto power over the availability of abortion in their community. These types of laws interfere with physicians' ability to provide evidencebased and individualized health care and have been met with strong opposition from physicians' groups and leading academics in the field of reproductive health.

In June, the chilling impact of TRAP laws on the availability of safe and legal abortion care received widespread attention due to Texas State Senator Wendy Davis's (D) filibuster of a measure that contained numerous abortion-related provisions, including TRAP regulations, an admitting privilege requirement for providers and

restrictions on the provision of medication abortion. Although Sen. Davis's filibuster prevented the passage of that bill, Gov. Rick Perry (R) called a second special session for July during which a similar measure was passed.

As the debate over the Texas measure raged in July, the American Congress of Obstetricians and Gynecologists (ACOG) published a full-page advertisement in the Austin American Statesman strongly objecting to the proposed restrictions. While ACOG acknowledged that not all its members agree on the subject of abortion, the leadership felt duty-bound to oppose legislative measures that are "as much about interfering with the practice of medicine and the relationship a patient has with her physician as they are about restricting women's access to abortion."2 In the advertisement, ACOG asserted that government should not be in the business of barring physicians from practicing responsible and evidencebased medicine and that "women do not need—or want—any government to make medical decisions for them"; rather, women are fully capable of making informed decisions based on options offered to them by physicians "based on scientific facts, not political ideology."

This emphatic rebuttal to the repeated exam-room meddling by state legislatures was echoed in a letter published in the September issue of the American Journal of Obstetrics and Gynecology endorsed by 100 profes-

sors of obstetrics and gynecology. The letter revisited the predictions made in a 1972 letter by 100 professors concerning reproductive and abortion care in the United States. The present-day letter writers note that the predicted liberalization of abortion laws did not occur as supposed in the initial letter. Rather, "40 years of medical progress" have been accompanied by "political regression that the 100 professors did not anticipate."3 The letter writers decry the onerous legislative burdens motivated by political ideology being placed on reproductive health practitioners, noting that these new laws are "threats to the autonomy of our patient relationships, to evidence-based medical practice, to the training of our students and residents, and ultimately to the health of our patients."-Andrea Rowan

REFERENCES

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