

## Against the Tide: Moving Forward on Abortion Rights

Signs are beginning to emerge that abortion-rights activists have had enough of only playing defense. While a number of states have enacted a record-setting number of antiabortion laws in recent years, this past summer California enacted two new laws that actually protect and advance access to safe abortion care. Then, in November, Sen. Richard Blumenthal (D-CT) and Rep. Judy Chu (D-CA), along with 30 original cosponsors in the Senate and 58 in the House, introduced the Women's Health Protection Act of 2013, the first major proactive abortion rights legislation to be introduced in Congress in many years.

In California, it is now legal for mid-level clinicians such as nurse practitioners, physician assistants and certified nurse midwives to provide first trimester surgical and medication abortions. In addition, California abortion clinics are now required to meet the same licensing and structural standards as primary care clinics, which provide basic and low-risk services; before, abortion clinics had been required to meet additional, unnecessary standards that applied only to them. These two new laws should have a meaningful impact on increasing access to services, by expanding the potential pool of qualified providers of safe abortion care. Moreover, the fact that enactment of protective laws is even still possible has provided a political lift for abortion-rights activists that has been felt nationwide.

Along those lines, the Women's Health Protection Act is designed to reframe the debate at the national level. Its message is that women's health is at stake, but it is the wave of antiabortion laws in the states that is the problem, not the solution. The bill, introduced on November 13, would invalidate onerous, illegitimate and irrelevant licensing requirements singling out abortion providers and clinics, known as targeted regulation of abortion providers (TRAP) laws. These laws are aimed at shutting down clinics and restricting abortion providers' practices by imposing clinic standards and hospital admitting privilege requirements that have no bearing on the safety or well-being of patients (see "TRAP Laws Gain Political Traction While Abortion Clinics—and the Women They Serve—Pay the Price," Spring 2013). The Women's Health Protection Act would also overturn restrictions on medication abortion—such as bans on its provision through telemedicine and requirements that abortion providers use outdated protocols that have greater side effects and costs than newer, evidence-based protocols that are now the standard of care—that make it more difficult for women to access this safe and effective method of early abortion (see "Medication Abortion Restrictions Burden Women and Providers—and Threaten U.S. Trend Toward Very Early Abortion," Winter 2013). Furthermore, the bill would invalidate any laws that require women to make

separate visits to clinics (or crisis pregnancy centers) prior to receiving abortion care for non—medically necessary reasons, be it state-dictated counseling or mandatory ultrasounds (which would also be prohibited if not medically indicated). Additionally, the Women's Health Protection Act would outlaw previability abortion bans and prohibitions on medical training specifically for abortion.

In anticipation of new types of abortion restrictions that antiabortion activists and policymakers may develop in the years to come, the sponsors of the bill made sure that it would prohibit other restrictions, now and in the future, that would interfere with a medical provider's ability to provide quality abortion care according to best practices or would likely result in decreased availability of abortion services in the state or delay a woman's access to care. This bill, however, does not attempt to address every current and potential threat to abortion access; rather, it must be seen as just one component of a new offensive by abortion-rights activists. As the bill itself makes clear, it does not address clinic violence, restrictions on insurance coverage of abortion, or requirements for parental consent or notification before a minor may obtain an abortion, issues that, the sponsors argue, should be addressed by Congress through separate legislation.—*Andrea Rowan*