



BANS ON LATER ABORTION: A THREAT TO HEALTH AND DIGNITY

WHAT ARE LATER ABORTION BANS?

Abortion is a safe, legal, and constitutionally protected form of medical care in the United States, yet opponents continue to introduce and pass legislation that chips away at the ability to access, obtain, and afford abortion care. Attempts to limit access to abortion care and persistent health inequities combine to render the constitutional right meaningless in the face of often insurmountable obstacles.

One of the strategies for attacking the accessibility of abortions is to ban abortions later in pregnancy. While abortion is constitutionally permissible up to the time of viability,¹ state and federal legislators continue to introduce bills to ban abortion after 6, 12, or 20 weeks. While state governments are constitutionally allowed

“Latin@s and communities of color are disproportionately impacted by 20-week abortion bans, which make it more difficult to plan the timing and spacing of our families.”*

— Jessica González-Rojas
Executive Director, National Latina Institute for Reproductive Health

to limit access to abortion care up to the point of viability in order to protect the government interest in “fetal life,”² an outright ban on abortion care at any point before viability would be unconstitutional. Nine states currently ban abortion at 20 weeks post-fertilization, with an additional three states unconstitutionally banning later abortions, though performed pre-viability.³ A 20-week ban, deceptively titled the “Pain Capable Infant Protection Act,” passed the U.S. House of Representatives in May of 2013⁴ and

was introduced on January 6, 2015 as H.R. 36. The proposed law contains no exception for pregnancy which may endanger health, and is seen by many opponents as an intentional challenge to *Roe v. Wade*.⁵

HOW DO LATER ABORTION BANS HURT LATIN@S?

While little is known about the demographics of those who need later abortion services, these services are an important component of full spectrum pregnancy-related care. What we do know is that 98.8 percent of all abortions occur before 20 weeks and only 1.2 percent of abortions occur after 20 weeks.⁶ Furthermore, 28 percent of Latin@s will have an abortion over the course of their lives, compared to only 11 percent of their white counterparts. Latin@s are therefore twice as likely to need pregnancy-related care.⁷

Abortion services remain under attack: the gap is widening between those states where a person seeking care can find an abortion provider and access care in a safe and affordable manner, and those states where abortion services are almost altogether out of reach. In 2013, 56 percent of women of reproductive age lived in one of the 27 states considered to be hostile for women seeking abortion.⁸ Over half of the women of reproductive age in the United States face politically motivated and medically unnecessary restrictions on their legal right to access abortion services.

Not everyone knows that they are pregnant in time to obtain abortion care. Studies show that for young people, low-income people, and those with limited sex education, a pregnancy

can take longer to suspect and confirm.⁹ Someone in these circumstances has less time to decide to terminate a pregnancy, make arrangements, and raise funds. For some, a 20-week ban can function as an outright ban on abortion care.

The time it takes to raise abortions funds delays care. Fifty-eight percent of abortion patients say they would have liked to have had their abortion earlier. Nearly 60 percent of those who experienced a delay in obtaining an abortion cite the time it took to make arrangements and raise money.¹⁰

In 2012, 29 percent of Latin@ adults and children were enrolled in Medicaid.¹¹ The same year, 60 percent of Medicaid recipients in Texas were Latin@, and in Florida the number was 33 percent.¹² Twenty-five percent of Latinas nationally live below the poverty level.¹³ These factors mean that Latin@ families are among the least likely to be able to afford out-of-pocket healthcare, whether for abortion services or any other type of care. Thus, Latin@s are disproportionately affected by federal bans on abortion coverage, forced to choose between the abortion care they need and putting food on the table. These restrictions disproportionately affect low-income people of color who are forced to pay steep fees out-of-pocket to obtain abortion care.

* NLIRH embraces gender justice and LGBTQ liberation as core values and recognizes that inappropriately gendered language marginalizes many in our community. As such, we use the gender-inclusive term “Latin@” to recognize multiple gender identities and gender nonconforming people.



Those who can afford to do so often must travel long distances and across state lines to obtain abortion care. Those who cannot afford to pay out-of-pocket have much more limited access and are either forced to continue a pregnancy to term, or seek other means.

Fetal abnormalities incompatible with life are often diagnosed after 20 weeks. Such anomalies can be difficult to diagnose with certainty before 20-22 weeks of a pregnancy.¹⁴ Once

diagnosed, it is important that patients are given the choice to do what is best for themselves and their families. Forcing someone to continue a wanted pregnancy that will result in stillbirth or a short painful life for the child does not advance the government interest in preserving life, but rather humiliates and punishes a person during an already very difficult time in their life.

NLIRH POLICY RECOMMENDATIONS

NLIRH believes that each person must be able to decide for themselves whether to end a pregnancy or become a parent. The decision to seek abortion services, including later abortion care, is a personal decision that each of us must be able to make for ourselves with the care and guidance of a medical provider.

- Congress should enact comprehensive sex education legislation that would ensure federal dollars going to comprehensive sex education programs are medically accurate and age-appropriate, evidence-based, and inclusive of LGBTQ relationships.
- Congress should remove all language in annual appropriations legislation that restricts coverage for, or the provision of, abortion care in public health insurance programs. This includes repeal of the Hyde Amendment, and all policies that restrict funding for abortion care and coverage.

- Congress should support and fully fund Title X family planning counseling and services, including the full range of FDA-approved contraceptive methods.
- State and federal policymakers should support proactive legislation, such as the Women's Health Protection Act, which aims to ensure reproductive health by working to remove barriers to abortion access.
- State and federal policymakers should repeal all existing previability bans on abortion care, and block passage of such future bans.
- State and federal policymakers should support legislation to improve maternal and child health and increase access to prenatal, maternity, and postnatal care.

The National Latina Institute for Reproductive Health (NLIRH) is the only national reproductive justice organization dedicated to building Latina power to advance health, dignity, and justice for the 26 million Latinas, their families, and communities in the United States through leadership development, community mobilization, policy advocacy, and strategic communications.

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