**MEMORANDUM**

Re: Planned Parenthood Endorsement Event

Date: September 6, 2013

While abortion remains a deeply polarizing issue across the country, New Jerseyans are strongly pro-choice. Nearly 90% believe abortion should be allowed with restrictions, and 37% support abortion in all cases. New Jersey is one of 13 states that requires hospital emergency rooms to dispense emergency contraception on request to sexual assault victims.

**Background on Key Planned Parenthood Issues:**

**Women’s Right to Choose (*Roe v. Wade*)**: A woman’s right to choose is under attack in Congress and in statehouses across the country. In addition to a ban on abortion after 20 weeks that recently passed the House, states have increasingly embraced Targeted Regulation of Abortion Providers (TRAP) laws to make it more difficult (or impossible) to provide abortions. While the Roe v. Wade decision declares that women have a right to an abortion, these types of measures limit a woman’s ability to exercise this right.

* Decisions about a woman's health must remain between a woman and her doctor. Politicians should not be making these decisions for women. In the Senate, I will oppose government intrusion into women’s health decisions and work to ensure that women are able to make the decisions necessary to protect their health.

**Cuts to Planned Parenthood:** Planned Parenthood centers across the country continue to close down due to drastic state funding cuts and misguided legislation targeting clinics. Between September 2011 and March 2013, over 50 Planned Parenthood clinics were forced to close. A clinic in Manville, NJ closed just last month. Gov. Christie cut $7.5 million from family planning in FY 2012.

* If elected, I will work to make sure that these vital services remain available to women who need them.
* I stand in strong opposition to efforts in statehouses across the country that make it increasingly difficult for women to access the health care they need or restrain their right to choose.
* Our resources are better spent on strengthening reproductive health education, increasing the availability of contraceptives, and ensuring that women receive equal pay for equal work – policies that would reduce the need for abortions.

**Women’s Healthcare Funding: Planned Parenthood (PP) fights to protect the three major programs that provide funding for women’s health priorities, including the ACA, Title X, and Medicaid. PP notes that “**investing in family planning programs not only saves lives, it saves taxpayer money.”

* The Affordable Care Act includes many strong, important provisions to advance women’s health, which I, as Senator, will work to safeguard.
* Title X and Medicaid are essential; I will oppose efforts to eliminate funding and dismantle domestic and international family planning programs.

**Access to Contraception:** **The Affordable Care Act gives women coverage without co-pay for the full range of FDA-approved contraceptive methods.**

* **More importantly, birth control is central to women’s health.**
* **I support funding for all essential reproductive health services, including birth control and prenatal care, and will fight to safeguard the important progress made by the ACA.**

**Supreme Court:** In Roe v. Wade, the Supreme Court found that a woman’s right to make her own decisions about her pregnancy deserves the highest level of constitutional protection.

* I would oppose the appointment of any individual to the United States Supreme Court with a demonstrated hostility to a woman’s right to choose, but I will not commit to any litmus test regarding any judicial or executive nominations.

**Partial Birth:** In 2007, in a 5–4 decision, the Supreme Court upheld the federal Partial Birth Abortion Ban Act passed by Congress and signed by President Bush in 2003. This bill prohibits the "dilation and extraction (D&X)," method, which involves removing the fetus intact by dilating a pregnant woman's cervix, then pulling the entire body out through the birth canal, from being used. The court decided, "the government may use its voice and its regulatory authority to show its profound respect for the life within the woman." The procedure was developed because abortions performed after the 20th week of pregnancy can involve substantial blood loss and may increase the risk of lacerating the cervix, potentially causing infertility. The D&X method helps prevent this outcome. Because the ban does not have a "health exception" for a woman who might suffer serious medical complications from other procedures, many in the pro-choice community oppose the ban.

**Later-Term Abortions:** There is no concrete definition when an abortion is late-term. Pro-life advocates generally refer to those abortions conducted after 20 weeks of gestation as late-term. Since viability can occur somewhere during the 20th and 27th week, most pro-choice advocates draw a line based on the word viability. This year, House Republicans tried to define this line when they passed their bill to ban abortions after 20 weeks.

* I oppose the Partial-Birth Abortion Ban Act and the Supreme Court’s dramatic break from precedent in upholding it.
* I do not oppose restrictions on post-viability abortions if exceptions are made for the health and the life of the mother.

**Global gag rule**: The gag rule, also known as the “Mexico City policy,” stipulates that nongovernmental organizations receiving U.S. assistance cannot use separately obtained non-U.S. funds to inform the public or educate their government on the need to make safe abortion available, provide legal abortion services, or provide advice on where to get an abortion. The last three Republican presidents imposed the rule. President Obama, fulfilling a campaign pledge, signed an executive order lifting the global gag rule shortly after taking office in 2009.

* The global gag rule restricts critically important access to family planning information and education.
* I support President Obama’s executive order rescinding the rule and would enthusiastically back full legislative repeal.

**Background on Key Issues and Trends**

Find below additional background information on reproductive health provisions of the Affordable Care Act and state-level trends in abortion rights. These are arguably the two most consequential developments in reproductive health policy in the last 5 years.

**Reproductive health provisions in the Affordable Care Act (ACA)**

Greater access to contraception coverage: Health care reform guarantees millions of women access to recommended preventive services at no personal cost.

* The ACA requires all new private insurance plans to cover a wide range of preventive services, including services such as mammograms, pap smears, smoking prevention and contraceptives without co-payments or other cost sharing requirements.
* The ACA initially defined contraceptive coverage as one of the essential benefits employers must provide free of charge. In response to opposition groups, HHS released a final rule in early July that makes it easier for employers with religious objections to avoid providing contraceptive coverage. For-profit companies do not qualify for the exemption.

Continuation of federal abortion policy: The ACA does not meaningfully alter federal abortion policy. The extent of abortion coverage that women will receive once ACA is fully implemented in 2014 will depend largely on policies enacted at the state level as well as choices that insurers and consumers will make in terms of coverage of abortion services.

* The ACA reinforces the Hyde Amendment, which bans the use of any federal funds for abortion, except when the pregnancy is a result of rape, incest, or if it is determined to endanger the woman’s life. This will not change for Medicaid under health reform: state Medicaid programs can only cover medically necessary abortions using state funds.
* The ACA explicitly prohibits states from including abortion in any essential benefits package (a minimum set of services included in every plan offered on the insurance exchange). No state or insurer offering a plan in an exchange will be required to offer abortion coverage, and each exchange must include at least one plan that does not cover abortions beyond those permitted by current federal law.

**State-level trends in abortion policy**

Over the last several years, much of the action in reproductive policy has taken place at the state level, with states taking in a number of demand- and supply-side approaches. Over 1000 anti-choice provisions have been introduced in current state legislative sessions across the country.

Demand-side abortion restrictions: Many states have sought to put roadblocks directly in the path of women seeking an abortion by, for example, mandating that women receive biased counseling or imposing parental involvement requirements for minors. In others, states have tried to make it harder for women to pay for the procedure by restricting public or private insurance coverage.

Supply-side abortion restrictions: States have increasingly embraced Targeted Regulation of Abortion Providers (TRAP) laws to make it more onerous to provide abortions. TRAP restrictions include instituting expensive physical plant requirements unrelated to public safety or restricting medically appropriate ways of providing medication abortion. In Virginia, for example, new rules not only mandate larger-than-necessary dimensions for procedure rooms and corridors, but also specify requirements for the ventilation system, parking lot and covered entrances. TRAP requirements are now in place in 27 states, where 60% of women of reproductive age live. A number of legal challenges to TRAP laws are pending in state courts.

Other state restrictions: A number of efforts have been made to tee up challenges to Roe, including pre-viability ban, post-viability limitations, and fetal “personhood” amendments. In 2011, voters in Mississippi defeated an initiative that would have restricted women’s access to both abortion and contraception by defining the term “person” under the state constitution as “every human being from the moment of fertilization.”