



The Reproductive Health Protection Act

Bill Number: HB980 and SB733

Patrons: Delegate Charniele Herring and Senator Jennifer McClellan

What: Current restrictions that create unnecessary burdens in accessing safe, legal abortion care are targeted at abortion providers, and prevent a woman from being able to access the healthcare she needs, while making decisions that are best for her family, future and health. These restrictions have already closed clinics and prevent qualified medical providers who would otherwise provide comprehensive reproductive health care from doing so. Abortion care should be safe, legal, and accessible and the removal of these restrictions will expand access to quality, medically accurate care, free from political interference. Abortion is healthcare and should be regulated like any other medical procedure.

The Reproductive Health Protection Act will:

- Establish Virginia at the forefront of reproductive health and rights and act as the access point for abortion in the Southern United States.
- Give patients and medical providers the ability to work with patients to make healthcare decisions based on best medical practices and science, not disinformation and rhetoric that has nothing to do with patient health and safety.
- Remove medically unnecessary and onerous restrictions that harm the health and safety patients and can block them from getting critical care.

What the bill does: The Act removes political interference between a patient and her doctor and gets rid of the medically unnecessary restrictions for a patient seeking access to safe and legal abortion including:

- Requiring patients to undergo a forced, medically unnecessary ultrasound.
- The 24-hour mandatory delay, which often stretches for far longer.
- Mandated biased counseling.
- The requirement that abortion care be performed solely by physicians and blocks qualified Advanced Practice Clinicians (APC) from doing so, despite their rigorous post-graduate training and extensive clinical experience.
- The Targeted Regulation of Abortion Providers (TRAP) laws, that unfairly single out abortion providers.

Why: For over two decades, anti-choice legislators in Virginia have held control of the state House and Senate and passed a series of laws – including mandatory 24-hour waiting periods, mandatory medically unnecessary ultrasounds, and mandatory biased counseling – aimed to limit and hinder a woman’s ability to access safe and legal abortion care.

Since 2011, anti-abortion politicians in Virginia have introduced over 170 medically unnecessary abortion bills and regulations that have politically interfered between a woman and her doctor. Their actions have jeopardized Virginians’ health and created an increasingly uncertain future for abortion access in the country and the state.

These actions have led to Virginia becoming an increasingly hostile state for abortion access in the country, with 92 percent of Virginia counties having no abortion clinic at all. These undue burdens to care are hardest on people who already face systemic barriers to accessing healthcare, including people of color, immigrant populations, people living in rural areas, young people, and people with low incomes.

Facts:

We should not allow lawmakers to ignore the science. These targeted regulations are purely political, medically unnecessary attacks intended to limit access to abortion, not improve women's health.

- Nearly [7 in 10 Virginians](#) believe that abortion care should remain safe, legal and accessible.
- [Research](#) from the non-partisan and objective National Academies of Sciences, Engineering and Medicine (NASEM) concludes that abortion is a safe and effective medical procedure. However, the quality and accessibility of care is impacted by medically unnecessary abortion regulations at the state level.
- The Centers for Disease Control and Prevention, show that abortion has over a 99 percent safety record. Peer-reviewed medical literature – including a [recent four-year study](#) of more than 11,000 abortion patients published in the American Journal of Public Health – uniformly confirms that Advanced Practice Clinicians (APC) can safely and effectively provide this care early in pregnancy.
- Medical authorities ranging from the American College of Obstetricians and Gynecologists, to the American Public Health Association, to the World Health Organization, have all concluded that laws prohibiting APCs from providing abortion services early in pregnancy are medically unfounded. The research finds that abortions can be performed safely by a trained physician or an advanced practice clinician with the appropriate training and experience.
- Like most of the other restrictions on abortion care, the ultrasound requirement creates a major obstacle to those already facing significant barriers to healthcare access.
- Currently, patients are forced to make multiple trips to the clinic due to the medically unnecessary 24-hour waiting period before returning to the clinic for their abortion. Often these delays are even longer because of scheduling conflicts, the need for patients to arrange childcare, and time off from work as well as travel.
- The additional costs of a second visit, which are not covered by health insurance or government-provided health-insurance plan (that pesky *Hyde* amendment), increases the cost of the abortion for those traveling less than 100 miles to a clinic.
- For hourly employees, part-time, and low-wage workers, an extra day off work can make the difference between making rent or not, and, in some instances, even keeping a job or not.
- Childcare costs, transportation costs, and potential costs for overnight lodging, if a patient is able to get back-to-back appointments, add up quickly, falling heavily on people of color, those living in rural areas, the low-income, the undocumented and the otherwise marginalized.

Talking Points:

- Virginians should be able to get abortion care without burdensome delays and unnecessary travel. This law is an outdated restriction that singles out abortion and prevents a patient from getting care from qualified providers in her community.
- These burdensome laws are proposed under the guise of protecting patient health. In reality, they only work to decimate access to care.
- The Targeted Regulation of Abortion Providers (TRAP) laws have no medical benefit to patients, and instead were designed to shut down clinics and limit access to high-quality, affordable reproductive healthcare.

- No other medical decision is treated with the same level of political intrusion, and it is about time that these decisions be left in the hands of patients and medical professionals.
- Forcing a patient to undergo a medically unnecessary procedure is unethical and demeaning. For many women seeking abortion care, an ultrasound is not medically necessary.
- The 24-hour mandated delay serves no purpose other than to make obtaining an abortion more difficult, burdensome and expensive for a patient. It also disproportionately harms those patients with the fewest resources; who are often low-income women, young women, rural women, and women of color, who will most likely have to plan to take time off from work and suffer lost wages, find affordable childcare, and pay for transportation and potential hotel costs.
- This outdated restriction interferes with a woman's ability to access abortion care without unnecessary delays and unnecessary travel and would expand women's choices for quality abortion care in Virginia if repealed.
- The current law requires that abortion care be performed solely by physicians and blocks qualified Advanced Practice Clinicians (APC) from doing so, despite their rigorous post-graduate training and extensive clinical experience.
- In rural communities throughout Virginia, APCs are a lifeline to communities, improving women's access to quality care. It's good medicine and good policy to end the prohibition on these qualified professionals providing abortion care as well.
- Many patients already receive gynecological and prenatal care from a nurse practitioner or other APC—this restriction prevents those patients from getting abortion care from their regular, trusted provider. Restricting APCs from providing safe abortion care goes against evidence and medical consensus.
- A woman's healthcare needs, not political interference, should drive important medical decisions—and the U.S. Supreme Court agreed in *Whole Woman's Health v. Hellerstedt*.