

## TEN YEARS OF *DEFENDING LIFE*

# Accumulating Legislative Victories and Laying the Groundwork for *Roe*'s Demise

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After inventing a constitutional “right” to abortion and declaring themselves the “National Abortion Control Board”—with the final word on every federal or state regulation or limitation of abortion<sup>1</sup>—certain members of the U.S. Supreme Court may have believed that democratic debate over the issue would dissipate. Instead, legislative gains over the last ten years have demonstrated both the resilience of the pro-life movement and a growing awareness among Americans that every abortion ends at least one human life and can gravely endanger another.

Americans United for Life (AUL) began publishing *Defending Life* at a critical time in the movement to protect women and their unborn children. The Supreme Court’s 2000 decision in *Stenberg v. Carhart*<sup>2</sup>, striking down partial birth abortion limitations in 30 states, left pro-life state legislators—previously emboldened by the Court’s endorsement of various abortion restrictions in *Planned Parenthood v. Casey*<sup>3</sup> and other cases—uncertain about what types of life-affirming legislation would continue to pass judicial scrutiny.

AUL recognized the need for solid legislative and policy guidance on the life issues and, through the development and publication of *Defending Life*, AUL increased its effectiveness in helping states to enact strong and effective pro-life laws. Armed with *Defending Life* and its growing catalogue of pro-life model legislation, legislators were prepared in 2007 when the Supreme Court reversed course, upholding the federal

partial birth abortion ban in *Gonzales v. Carhart*<sup>4</sup>, and spurring a flood of new pro-life legislation.

Remarkably, even the election in 2008 (and reelection in 2012) of the most pro-abortion President in history has not derailed the enactment of a substantial number of cutting-edge and comprehensive state laws protecting both maternal health and the unborn. Many of these new laws were based on or inspired by the AUL model legislation featured in *Defending Life*. Moreover, the expert analysis provided by AUL’s legal and policy experts also helped to defeat anti-life measures introduced in Congress.

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### AUL’S INFLUENCE INCREASES FOLLOWING INTRODUCTION OF *DEFENDING LIFE*

AUL’s promotion of legislation that protects both women and their unborn children and efforts to educate the public through the articles in *Defending Life*, public testimony, and other resources have been extraordinarily successful and, as a result, have received extensive media attention. For example, AUL has been described as “the most powerful right-to-life legal organization in the country,”<sup>5</sup> “an influential advocacy group that creates model anti-abortion legislation for the states,”<sup>6</sup> “*de facto* lawmakers,”<sup>7</sup> “perhaps [the group] most responsible for a barrage of new state [pro-life] laws,”<sup>8</sup> and “a less confrontational, more pragmatic force.”<sup>9</sup> In January of 2014, the *Rolling Stone* reported, with alarm, that AUL is

“chiefly responsible for the most recent and highly successful under-the-radar strategy.”<sup>10</sup>

*Defending Life* has been central to AUL’s efforts and has even been referred to as “the pro-life playbook.”<sup>11</sup> AUL experts assist state legislators and other allies to customize the model legislation in *Defending Life* to fit their state’s particular needs.

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## STATE ABORTION RESTRICTIONS: PROTECTING WOMEN AND THEIR UNBORN CHILDREN

In the last four years alone, nearly 220 state laws protecting women and their unborn children from the dangers inherent in abortion have been enacted. Nearly a third of these laws are based on AUL model legislation or were otherwise assisted by AUL professionals. State legislators or policy groups have ready access to AUL’s model legislation through *Defending Life*.

**Legislative gains in the last ten years have demonstrated both the resilience of the pro-life movement and a rapidly growing awareness among Americans that every abortion ends at least one human life and gravely endangers another.**

Critical to many of AUL’s achievements is our Mother-Child strategy, our emphasis on protecting both women and their unborn children, most recently through our 2013 initiative, the *Women’s Protection Project*<sup>12</sup>. Abortion is always deadly for an unborn child. The Supreme Court has repeatedly acknowledged “abortion is inherently different from other medical procedures, because no other procedure involves the purposeful termination of a potential life.”<sup>13</sup> However, a robust and growing body of evidence documents how dangerous abortion is to a mother’s physical and psychological health.<sup>14</sup>

Given the extensive health risks posed by abortion,

which increase substantially with gestation,<sup>15</sup> legislative and educational efforts to limit or prohibit abortions must be based on facts detailing the impact of abortion on both women and their unborn children.

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## DEFENDING LIFE PRECIPITATES A DECADE OF CONSEQUENTIAL LEGISLATIVE ACTION

### **Abortion: Abortion Bans or Limitations**

Understandably, measures banning or limiting abortions are widely popular with pro-life legislators and their constituents. In 2006, at least 21 states considered measures banning all or most abortions. Nearly a decade later, in 2014, at least 20 states considered measures to ban or limit abortions, demonstrating the resilience of public support for such limitations.

However, driven by the demand for AUL’s innovative legislation, the nature of the abortion bans being considered has evolved. While post-viability bans, partial-birth abortion bans, and nearly complete bans on abortion continue to be introduced and, in some cases, enacted, the most popular abortion bans or limitations today include:

- Based on AUL’s *Women’s Health Defense Act*, limits on abortion at five months (i.e., 20 weeks) based on concerns for women’s health and fetal pain. Arizona was the first state to enact the *Women’s Health Defense Act*, and in 2014, Mississippi became the most recent.
- Based on AUL’s *Prenatal Nondiscrimination Act*, prohibitions on abortions for sex-selection and genetic abnormalities. In the last two years, both North Dakota and South Dakota enacted this protective legislation.

### **Abortion: Informed Consent and Parental Involvement**

Abortion advocates aggressively oppose laws ensuring that women considering abortions are provided with information about the abortion procedure itself, abortion's substantial health risks to women and the pain experienced by their unborn child, as well as parental involvement requirements designed to safeguard minors against both the risks of abortion and the risk of continuing sexual and other abuse at the hands of predators. In contrast, these laws are very popular with the American public and their elected state representatives.

It is indefensible for abortion providers to withhold critical information from their clients. Further, it is particularly dangerous for abortion providers to presume that minors understand risks posed by abortion. The pro-abortion Guttmacher Institute has acknowledged that because minors are less likely than adults to take prescribed antibiotics or follow other regimens of treatment, they are at greater risk for serious long-term complications from abortion.<sup>16</sup> Further, minors face dangers beyond the physical and psychological complications of abortion. When they obtain “secret” abortions, minors often do so at the behest of the older men who impregnated them and then return to abusive situations.

Between 2006 and 2014, each year an average of 20 states considered enacting informed consent laws or enhancements to their existing laws. (Thirty-two states currently maintain enforceable informed consent laws for abortion.) Ultrasound requirements are one of the most popular informed consent “enhancements,” with a median of 18 states considering them each year since 2006. Ultrasound provisions promote the woman's physical and psychological health and advance the state's important and legitimate interest in protecting life.<sup>17</sup> AUL's model ultrasound requirement, which was introduced in *Defending Life* 2007, requires an abortion provider or other qualified practitioner to perform an ultrasound and give the woman the option

of viewing the ultrasound image and hearing the fetal heart tone. Currently, at least 13 states require both the performance of an ultrasound before an abortion and the ability for a woman to view the ultrasound image and have it explained to her.



Interest in parental involvement laws experienced a renaissance in 2011, when at least 28 states considered new or enhanced parental involvement provisions, compared to just 9 states in 2010. Six of these states enacted laws, with Nebraska adopting AUL's *Parental Consent for Abortion Act*, to replace its existing parental notification law. Also, in 2012, with assistance from AUL, New Hampshire overrode a veto to enact a parental notification law.

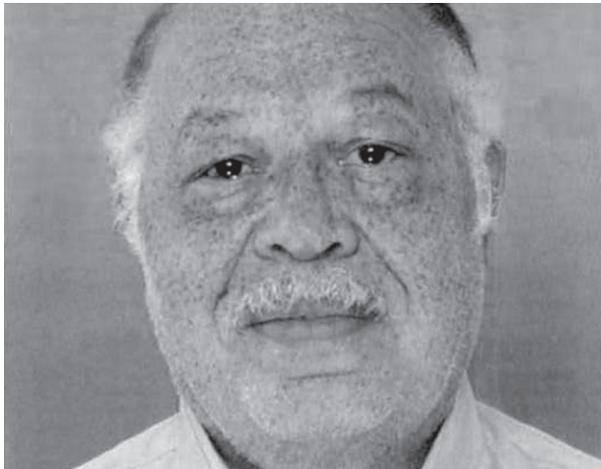
In response to increased state interest in new or improved parental involvement laws, AUL introduced the *Parental Involvement Enhancement Act* in *Defending Life* 2012. This model legislation assists states in closing loopholes that permit abortion providers to sidestep laws requiring parental involvement. In 2013, Montana and Oklahoma enacted enhancements featured in the new AUL model.

### **Abortion: Health and Safety Standards for Abortion Clinics**

The 2010 raid on the Philadelphia clinic operated by notorious late-term abortionist Kermit Gosnell—and his later convictions for involuntary manslaughter in the death of a client and for murder for using scissors to cut the spinal cords of struggling born-alive infants—awakened many Americans to the dangerous

conditions present in many of the nation's abortion clinics. AUL has long advocated for stringent health and safety standards for abortion clinics and the tools needed to adequately enforce these requirements.

In recent years, AUL has led the nationwide effort to require abortion clinics to meet the same medical standards as facilities performing other outpatient surgeries. Most recently, in 2014, AUL assisted Arizona with amending its law to permit unannounced state visits to clinics and helped Oklahoma enact comprehensive health and safety regulations based on AUL's *Women's Health Protection Act*, first developed in 2002.



The Gosnell case brought discussion about abortion regulations into the national spotlight

To augment health and safety standards for abortion facilities, AUL provides model legislation, the *Abortion Providers' Admitting Privileges Act*, to ensure that abortion providers maintain admitting privileges at hospitals near their clinics.

The need for such lifesaving requirements is clear. Relying on the abortion industry's own conservative estimates of complication rates along with the pro-abortion Guttmacher Institute's latest report on induced abortions, in 2011 alone, more than 26,000 women experienced abortion-related complications, and more than 3,000 of these women required hospitalization. Admitting privileges requirements are necessary to ensure that these women receive high-

quality, post-abortive and emergency care.

In the last four years, at least 11 states have enacted admitting privilege requirements for abortion providers, bringing the total number of states that have enacted these protective requirements to 15.

### **Abortion: Regulation of Abortion-Inducing Drugs**

A "chemical abortion revolution" has arrived, posing grave dangers to women and their unborn children. Abortion-inducing drugs such as RU-486 (the Mifeprex regimen) are being dispensed with greater frequency from non-specialized clinics and often in a manner not approved by the U.S. Food and Drug Administration (FDA).

AUL assists states with ensuring that profit-driven abortion providers do not abandon their responsibility to their patients after dispensing life-ending drugs. In *Defending Life 2011*, AUL introduced the *Abortion-Inducing Drugs Safety Act* to ensure that abortion providers follow FDA-approved protocols, examine women before prescribing the Mifeprex regimen, and meet other critical safety standards. In the last four years, at least 18 states have regulated the use of abortion-inducing drugs, including requiring physicians' adherence to the FDA-approved protocols and performance of patient examinations prior to prescribing the drugs.

### **Abortion: Public Funding and Insurance Coverage of Abortion**

Increased public awareness about the breadth of taxpayer subsidization of abortion and growing suspicion about the abortion industry have arguably inaugurated a new era in the use of state funding restrictions to limit or eliminate state taxpayer funding for abortion providers and to, ultimately, protect women and unborn children from a parasitic industry more concerned with profits than the health and safety of women and their unborn children. In the last four years, at least 12 states diverted or withheld federal and/or state family planning funding from abortion providers



including Planned Parenthood, the nation's largest abortion provider. These actions, encouraged by AUL model legislation and other material in *Defending Life* and aided by AUL's legal and policy experts, are having consequential effects on the nation's abortion industry.

Further, the enactment of the *Affordable Care Act* (ACA), also known as "Obamacare," raised awareness about insurance coverage for abortion. Twenty-five states have laws prohibiting or limiting abortion coverage in their state insurance Exchanges required by the ACA. Half of these laws are based on AUL's *Federal Abortion-Mandate Opt-Out Act* or were enacted with AUL's assistance. Further, ten states now have limitations or prohibitions on private insurance plans offering abortion coverage in their state, and at least 16 states restrict abortion coverage for public employees.

### **Legal Recognition and Protection of Unborn and Newly Born Children**

States have embraced opportunities to protect and to provide immediate and effective legal status for unborn children through laws that recognize and protect unborn and newly born children outside the context of abortion. The most popular of these consensus-building laws include criminal and civil penalties for actions that result in the death of or an injury to an unborn child and protections for unborn children who

are born alive during abortions.

Today, states that have previously lagged behind in affording unborn children these basic protections are enacting new laws. For example, in 2014, Alaska enacted AUL's *Unborn Wrongful Death Act* which permits wrongful death lawsuits to be brought on behalf of an unborn child, and Florida enacted a measure removing viability as the point at which a person may be charged with a crime against an unborn child. In 2013, following testimony from AUL President and CEO Dr. Charmaine Yoest, Florida enacted a law requiring that children born alive following an attempted abortion receive appropriate medical care and attention and not be abandoned to die.

States that have not enacted or strengthened these protections are missing an opportunity to have a conversation about the humanity of unborn children, free from the sometimes polarizing debate over abortion.

### **Bioethics and Biotechnologies**

In this "brave new world" of biotechnologies, AUL has focused on providing accurate and up-to-date information on legal advances in biotechnology including human cloning, destructive embryo research (DER), and ethical alternatives to DER such as adult stem cells, induced pluripotent stem (iPS) cells, and

cord blood. AUL provides model legislation to help states promote ethical research and prohibit research that destroys human life.

Tragically, much of the biotechnology legislation considered by states is not life-affirming. For instance, in 2014, only two states considered measures prohibiting human cloning for all purposes, and only two states considered measures opposing destructive embryo research. When states pursue the dream of “miracle cures” through unethical research, they devalue life and draw resources from successful adult stem cell research.

### **End of Life**

The need for laws that respect the lives of sick, elderly, and disabled Americans has never been greater. The most obvious threat to vulnerable populations is the legalization of assisted suicide, or even worse, euthanasia. “Aid in dying” and “death with dignity,” terms preferred by supporters of assisted suicide, are merely euphemisms for physician-assisted suicide. Further, experiences in European countries demonstrate that once assisted suicide becomes legal, the slide towards euthanasia is inevitable.

Oregon was the first state to experiment with legalizing physician-assisted suicide, adopting the practice by ballot initiative in 1994. Washington followed suit in 2008. In 2009, the Montana Supreme Court held that physicians could use the consent defense against a charge of homicide when aiding a suicide. Later, in 2012, Vermont legalized physician-assisted suicide.

However, there is good news. AUL has recently assisted other states—Connecticut, Massachusetts, and New Hampshire—in defeating aggressive efforts to legalize physician-assisted suicide. Importantly, in 2011 Idaho enacted AUL’s *Assisted Suicide Ban Act*, explicitly prohibiting the practice.

### **Healthcare Freedom of Conscience**

Healthcare providers, institutions, and payers should be free to exercise their moral, ethical, and religious beliefs. However, without robust legal protection

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for healthcare freedom of conscience, they can face serious repercussions for refusing to provide or pay for services that violate their consciences. The battle over the freedom of conscience has gained great attention because of coercive measures in the federal healthcare law and subsequent litigation seeking to defend Americans’ First Amendment freedoms.

After a 2012 surge in legislation to protect healthcare freedom of conscience (aided significantly by AUL), however, the number of conscience-protecting bills dropped dramatically in 2014—to only roughly one-third of 2013 activity levels, while the number of bills seeking to coerce conscience almost doubled. Overall, the amount of conscience-protective legislation has fluctuated over the last nine years. In some years, coercive measures (e.g., forcing insurance companies to cover contraceptives or forcing pharmacies to dispense contraception) significantly outpace the protective measures.

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## **LIFE-RELATED LEGISLATION IN CONGRESS**

Not surprisingly, President Obama and a pro-abortion majority in the United States Senate have blocked most efforts to protect life at the federal level since 2008. However, AUL has helped prevent the enactment of some extreme pro-abortion measures and blunted the impact of others.

With pro-abortion majorities in both the House and the Senate from 2008-2010, abortion advocates pushed for unregulated, unrestricted, and taxpayer-funded abortion-on-demand through the radical *Freedom of*

*Choice Act* (FOCA) and undertook covert efforts to mainstream abortion as “healthcare” through the *Affordable Care Act* (ACA).

### **The Freedom of Choice Act**

The goal of the *Freedom of Choice Act* (FOCA) is to create a fundamental right to abortion, to eliminate federal and state protections for women and their unborn children, and to bar legislatures from regulating or restricting abortion in the future. Some of the protections that FOCA would have eliminated include parental involvement laws, informed consent laws, and requirements that abortion only be performed by licensed physicians. These commonsense protections are supported by the vast majority of Americans.

Through *Defending Life* and other initiatives, AUL and others were successful at heading off this dangerous legislation by educating the American people about just how radical FOCA is. By early 2009, the abortion lobby switched gears, claiming that FOCA was not an immediate priority and admitting that they did not have the votes for passage.

### **Women’s Health Protection Act (FOCA 2.0)**

In November 2013, the abortion lobby launched a new tactic, asserting that its expansive pro-abortion policies are necessary to protect women’s health. Senator Richard Blumenthal (D-CT) introduced the disingenuously named federal *Women’s Health Protection Act*, which would accomplish the same goal as FOCA: invalidating virtually all abortion-related protections for women and their unborn children. Furthermore, Senator Blumenthal’s bill would bar states from enacting future protections. Through this legislation, abortion advocates callously claim that virtually any limitation on access to abortion is unduly burdensome to women and that any regulation of abortion is medically unnecessary.

The pro-life movement continues to meet these disingenuous claims head on. For example, in her testimony before the Senate Judiciary Committee in July 2014, AUL Board member Dr. Monique Chireau effectively

debunked several assumptions underlying this dangerous bill: that abortion is good and healthy for women; that restrictions on and regulations of abortion are “medically unwarranted;” that mere access to abortion



In 2014 Dr. Monique Chireau, AUL Board member, testified against the Women’s Health Protection Act

is necessary for women’s health; and that the state has no interest in protecting unborn human life.

### **The Affordable Care Act**

If the pro-life movement had not been vigilant, President Obama’s signature healthcare law could have explicitly included direct taxpayer funding for abortions and might have been used to mandate abortion coverage in private insurance plans. However, constant pressure by pro-life members of Congress and pro-life groups like AUL helped to blunt pro-abortion efforts to mainstream abortion as “health care.”

Nonetheless, significant anti-life provisions remain, necessitating the law’s repeal.

For example, the ACA:

- Fails to comprehensively prohibit the use of federal tax dollars for abortions or insurance coverage for abortion, creating a loophole that can be and has been easily exploited.
- Permits health plans that provide abortion coverage to participate in the Exchanges established in each state under the law and permits those plans to obtain federal subsidies (unless states affirmatively “opt-out” of permitting this).

- Requires Americans in states without opt-out laws who are enrolled in insurance plans that cover abortion to pay an “abortion premium” that is used exclusively to pay for abortions, even if they are enrolled inadvertently or through employment.
- Creates a mechanism whereby insurance plans that cover abortions within state Exchanges will be permitted to directly use federal subsidies to pay for abortions if Congress ever fails to add the Hyde Amendment to the yearly Labor, Health & Human Services (LHHS) Appropriations Bill—an “omission” the abortion lobby actively pursues.
- Includes a “preventive care” mandate that is being used to require insurance plans to cover life-ending drugs and devices inappropriately classified as “emergency contraception.”
- Lacks real conscience protections.

In early September 2014, the non-partisan Government Accountability Office (GAO) released a report showing that federal funds are likely paying for abortions through some insurance plans, in some state Exchanges. The Obama Administration promised the American people that there would be no taxpayer funding of abortion in the ACA, but the GAO report proves that the Obama Administration is not enforcing that promise.

The ACA requires insurers that cover abortion to collect a separate payment for abortions and a separate payment for legitimate healthcare that may be subsidized by taxpayers—in order to keep taxpayer funds from co-mingling with abortion funds. The GAO report revealed that insurers are not collecting a separate “abortion premium,” and that at least some insurers do not have a system for segregating abortion funds from taxpayer funds.

The GAO found 1036 plans that cover abortion on demand in the 2014 Exchanges. Since insurance issuers are not collecting a separate payment for legitimate health care and a separate payment for abortion, taxpayers are effectively paying for abortion coverage

in some or all of these plans. Congressional action is needed to stop this abuse and to hold the Obama Administration accountable.

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## PROGRESS FOR FEDERAL PRO-LIFE LEGISLATION

In 2010, pro-life Republicans retook the House of Representatives. Under their leadership, the House has passed several pieces of pro-life legislation including:

- *Pain Capable Unborn Child Protection Act* prohibiting abortion after 5 months (i.e., 20 weeks gestation);
- *No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act* applying the restrictions on abortion funding found in the Hyde Amendment to all federal funding streams and requiring that all plans offered through the ACA Exchanges disclose if abortion coverage is included;
- *Prenatal Nondiscrimination Act* prohibiting sex-selective abortions;
- *Protect Life Act* ensuring that no funds appropriated or authorized through the ACA can be used for abortion or insurance plans that provide abortion coverage;
- *H.AMDT. 95*, known as the “Pence Amendment,” which would have prohibited the use of federal funds for Planned Parenthood;
- *H.Cong.Res. 36*, known as the “Black-Roby Resolution to Defund Planned Parenthood,” which would have defunded Planned Parenthood in the Continuing Resolution;
- *H.AMDT. 298*, known as the “Foxx Amendment,” which would prohibit federal funds from being used to train abortion providers.

President Obama and the pro-abortion Senate, however, have blocked these House-passed measures from enactment. While, Republicans have managed

to keep provisions in annual appropriations bills that prevent many sources of federal funds from being used for abortions, these laws will have a better chance of enactment if pro-life Republicans take control of the Senate following the 2014 mid-term elections, and if we elect a pro-life president in 2016.

As we wrote at the outset, legislative gains over the last ten years have demonstrated both the resilience of the

pro-life movement and a growing awareness among Americans that every abortion ends at least one human life and gravely endangers another. As noted above, publishing *Defending Life* continues to be an important and strategic tool at a critical time in the movement to protect women and their unborn children.

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#### ENDNOTES:

<sup>1</sup> See Clarke Forsythe, *Can Roe v. Wade Be Overturned After 40 Years?* DEFENDING LIFE 2013: DECONSTRUCTING ROE: ABORTION'S NEGATIVE IMPACT ON WOMEN (2013).

<sup>2</sup> 530 U.S. 914 (2000).

<sup>3</sup> 505 U.S. 833 (1992).

<sup>4</sup> 550 U.S. 124 (2007).

<sup>5</sup> Tony Dokoupil, *To Catch a Killer Gene: Sisters Race to Stop Mystery Disease*, NBC NEWS (Feb. 6, 2014), available at <http://www.nbcnews.com/news/us-news/catch-killer-gene-sisters-race-stop-mystery-disease-n14451> (last visited Sept. 3, 2014).

<sup>6</sup> Robin Abcarian, *Are Abortion Foes Happy the Abortion Rate has Dropped? Of Course Not*, LOS ANGELES TIMES (Feb. 3, 2014), available at <http://www.latimes.com/local/abcarian/la-me-ra-are-abortion-foes-happy-the-abortion-rate-has-dropped-of-course-not-20140203-story.html#ixzz2sYmhx9jt> (last visited Sept. 3, 2014).

<sup>7</sup> Katherine Stewart, *The Rightwing Donors Who Fuel America's Culture Wars*, THE GUARDIAN (Apr. 23, 2013), available at <http://www.theguardian.com/commentisfree/2013/apr/23/rightwing-donors-fuel-america-culture-wars> (last visited Sept. 3, 2014).

<sup>8</sup> Michael Mechanic, *Happy Birthday to Roe v. Wade—What's Left of it*, MOTHER JONES (Jan. 16, 2013), available at <http://www.motherjones.com/mojo/2013/01/gutmacher-charts-roe-v-wade-anniversary-abortion-rights> (last visited Sept. 3, 2014).

<sup>9</sup> Jennifer Skalka, *Abortion Opponents Have a New Voice*, THE CHRISTIAN SCIENCE MONITOR (Aug. 13, 2011), available at <http://www.csmonitor.com/USA/Society/2011/0813/Abortion-opponents-have-a-new-voice> (last visited Sept. 3, 2014).

<sup>10</sup> Janet Reitman, *The Stealth War on Abortion*, ROLLING STONE (Jan. 14, 2014), available at <http://www.rollingstone.com/politics/news/the-stealth-war-on-abortion-20140115> (last visited at Oct. 14 2014).

<sup>11</sup> Andrew Harris, *New Abortion Restrictions in States are 0 for 8 in Courts*, BLOOMBERG (Aug. 20, 2013), available at <http://www.bloomberg.com/news/2013-08-20/new-abortion-restrictions-in-states-are-0-for-8-in-courts.html> (last visited Sept. 3, 2014).

<sup>12</sup> Women's Protection Project, available at <http://www.aul.org/womens-protection-project/> (last visited Sept. 4, 2014).

<sup>13</sup> *Harris v. McRae*, 448 U.S. 297, 325 (1980).

<sup>14</sup> For a comprehensive discussion of the medical risks posed by abortion, please see Byron C. Calhoun, M.D. & Mailee R. Smith, Esq., *Significant Potential for Harm: Growing Medical Evidence of Abortion's Negative Impact on Women*, DEFENDING LIFE 2013: DECONSTRUCTING ROE: ABORTION'S NEGATIVE IMPACT ON WOMEN (2013).

<sup>15</sup> See, e.g., L.A. Bartlett et al., *Risk Factors for Legal Induced Abortion—Related Mortality in the United States*, OBSTETRICS & GYNECOLOGY 103(4):729 (2004).

<sup>16</sup> Guttmacher Institute, *Teenage Pregnancy: Overall Trends and State-by-State Information* (Feb. 19, 2004).

<sup>1</sup> *Roe v. Wade*, 410 U.S. 113, 162 (1973).