

# When Safety Doesn't Come First: Legal Restrictions and Access to Safe Abortions in the U.S.

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## I. Introduction

In the United States, women have historically faced challenging barriers to accessing safe abortions.

In recent years, the U.S. has seen a significant rise in anti-abortion rhetoric, measures, and legislation. Many state laws regulate access through harsh legal restrictions such as bans and mandatory waiting periods/ultrasounds.

How do restrictive measures placed on abortion, which are often justified in the name of safety, end up diminishing the legal protections for safe abortions and the personhood of women before the law?

## II. Literature Review

### 1: Women's Legal Personhood

Historically, women have been excluded from both the polity and legal institutions. This has made it more difficult for the interests of women to be represented under the law.

### 2: Legal Frameworks

Courts previously used the trimester framework developed in *Roe* to examine abortion regulations. *Casey* introduced the undue burden standard and viability analysis, resulting in a "paradox of privacy."

### 3: Medical Arguments

Laws regulating safe and legal abortions are not based on medical evidence. While lawmakers claim these restrictions protect women's health and wellbeing, they often cause unnecessary harm.

### 4: Anti-Abortion

Popular arguments include: Abortion can lead to depression and suicide. It can cause cancer and reduce fertility. Using the guise of safety, policy makers promote restrictive laws on abortion access.

## III. Case Study: Planned Parenthood IN & KY v. Com'r Indiana DOH (2018)

### Section A: Background



**18-hour law:** "In order to access abortion, a person must receive an ultrasound at least 18 hours before the procedure."

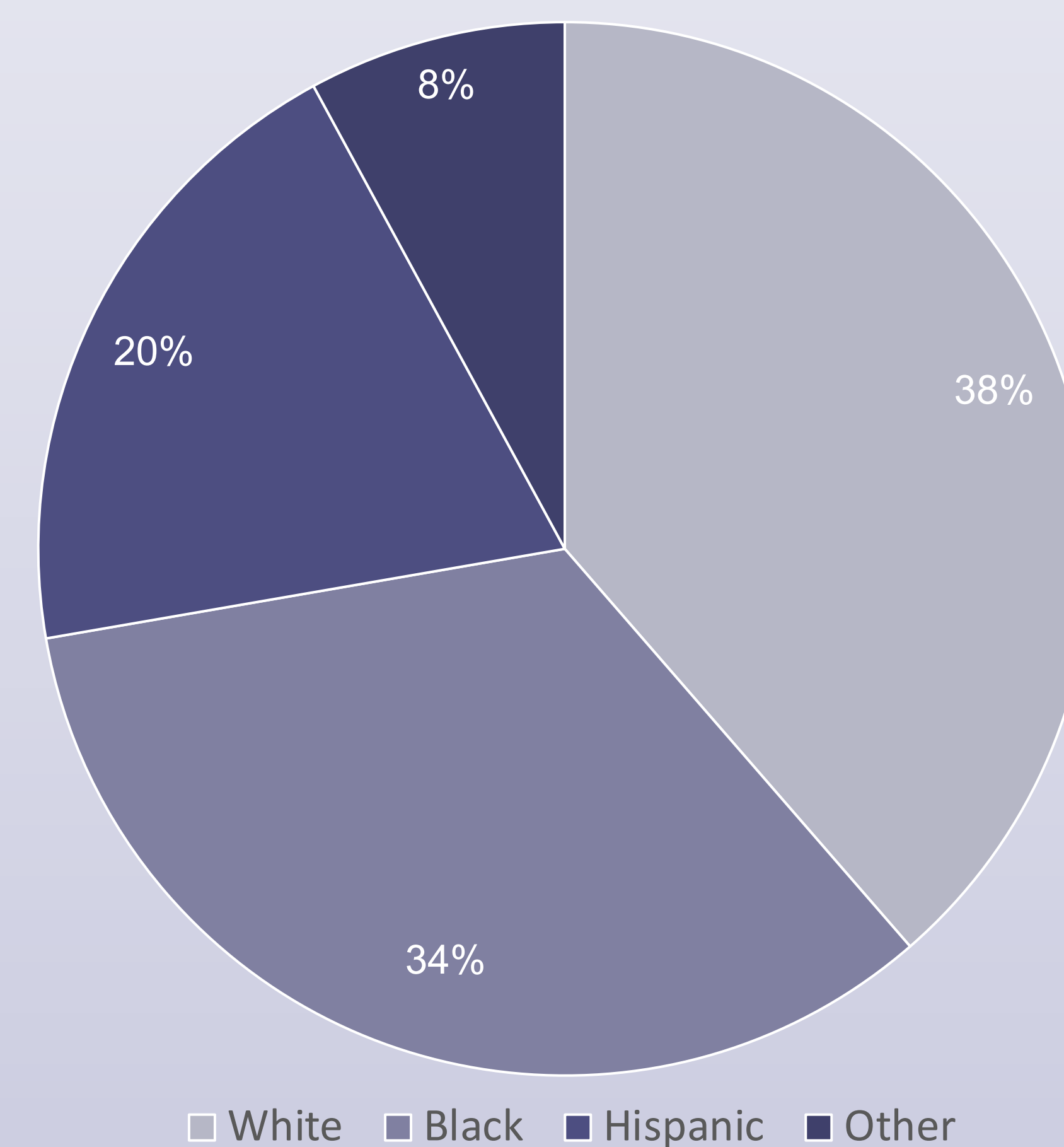
## III. Case Study

### Section B: What Would This Look Like for Women Seeking Safe Abortions?

Prior to the passage of the law in 2016, women could receive state mandated ultrasounds on the same day as their abortion procedure. The 18-hour law made it so that this was no longer possible. At the time of the case, only 4 Planned Parenthood centers in Indiana offered abortion services (with those 4 being the only ones with ultrasound machines). The times of these services were also extremely limited, being offered 1-3 times a week. This law significantly increased travel times for women seeking safe abortions who lived far from these 4 Planned Parenthood centers.

Income Level of PPINK Patients Relative to the FPL	
Income	% of patients
Unknown	22%
0-100%	37%
101-150%	11%
151-200%	8%
201-250%	5%
251+%	16%

Proportion of U.S. Abortions, 2018



## III. Case Study

### Section C: Consequences

Most women seeking services at PPINK are low-income or poor. Restricting state mandated ultrasounds to 18 hours before the procedure instead of same day has no medical necessity. Women seeking safe abortion services at PPINK will face the barrier of significantly increased travel times (one example shows 8 hours, round trip).

Factoring in the unique situations that women might face (not all can afford to take time away from work or their families, for example) this law places an unnecessary, undue burden on women's access to safe and legal abortions.

## III. Conclusion

**"A single barrier to access is one too many."**

- Hannah Brass Greer, chief legal counsel for PPINK

By creating undue burdens for women, restrictive measures placed on abortion procedures and providers diminish the legal protections for safe abortions and the personhood of women before the law.

Specifically, the women who are most impacted by these measures are poor or low-income women, as well as WOC, who make up the majority percentage of women who received abortions nationwide.

## References:

Planned Parenthood of Ind. & Ky., Inc. v. Comm'r of the Ind. State Dep't of Health, 896 F.3d 809 (7th Cir. 2018)  
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 Catharine A. MacKinnon, "Reflections on Sex Equality under Law," *The Yale Law Journal* 100, no. 5 (1991): 1281.