



## The TRAP:

### Targeted Regulation of Abortion Providers

#### What is a TRAP bill?

TRAP stands for Targeted Regulation of Abortion Providers. TRAP bills single out abortion providers for medically unnecessary, politically motivated state regulations. They can be divided into three general categories:

- a measure that singles out abortion providers for medically unnecessary regulations, standards, personnel qualifications, building and/or structural requirements;
- a politically motivated provision that needlessly addresses the licensing of abortion clinics and/or charges an exorbitant fee to register a clinic in the state; or
- a measure that unnecessarily regulates where abortions may be provided or designates abortion clinics as ambulatory surgical centers, outpatient care centers, or hospitals without medical justification.

#### What is the purpose of a TRAP bill?

TRAP bills stigmatize and burden abortion providers and are calculated to chip away at abortion access under the guise of legitimate regulation. These measures are often introduced by abortion opponents who claim that abortion is an unsafe and unregulated procedure. By implying that abortion clinics are uniquely dangerous and in need of special regulation, such bills recklessly promote an unfounded fear that abortion is unsafe. Abortion is in fact one of the safest medical procedures provided in the United States.

Many TRAP bills grant broad authority to the state department of health to develop structural and staffing requirements for abortion clinics. Often, the resulting regulations are based on existing hospital guidelines including specific dimensions for procedure rooms and hallways, doorway widths, and complex ventilation systems. Some regulations mandate what types of medical professionals must be on staff, assign certain duties to various staff members or require patient evaluations that are not medically necessary. These types of regulations are not medically justified. Abortion has an outstanding safety record. Instead, these regulations create a large burden for small outpatient clinics. Clinics can be forced to extensively remodel and hire new staff or even close entirely, resulting in women having to travel great distances to obtain abortion care.

#### What are the real facts?

##### Abortion is very safe.

Abortion is one of the safest and most commonly provided medical procedures in the United States. Fewer than 0.3% of abortion patients experience a complication requiring hospitalization.<sup>1</sup> In the U.S., more than 90% of all abortions are provided in outpatient facilities such as doctors' offices and clinics. Credit for the outstanding safety record of abortion care is attributed to the specialized quality care given and received in these facilities. Since the legalization of abortion in 1973, the provision of abortion services in the U.S. has become a public health model for the rest of the world. There is no evidence that abortions would be safer in another setting, or that abortions are performed inadequately in outpatient facilities.

##### Abortion is already regulated.

All health care facilities, including abortion providers, are required to comply with a variety of federal and state regulations. These include the federal Clinical Laboratory Improvement Amendments (CLIA), Health Insurance

Portability and Accountability Act (HIPAA), and Occupational Safety and Health Administration (OSHA) requirements, as well as state and local regulations including building and fire codes. All medical professionals, including physicians and clinicians who work in abortion care, are required to maintain professional standards and licenses and complete continuing medical education courses.

#### NAF and other groups work to ensure safe, quality abortion care.

The National Abortion Federation, the professional association of abortion providers, has established evidence-based *Clinical Policy Guidelines* which help ensure the highest standards of quality care. These guidelines are available on the NAF website at [www.prochoice.org](http://www.prochoice.org).<sup>2</sup> Other medical organizations, such as Planned Parenthood Federation of America and the American College of Obstetricians and Gynecologists, have also established professional guidelines for abortion clinics.

**In 2005, twenty-one state legislatures considered TRAP bills:**

Alabama, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Missouri, Mississippi, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, Virginia, Vermont, Washington, and West Virginia.

**Four states enacted TRAP bills in 2005:**

Florida, Indiana, Missouri and Mississippi.

**The Kansas Governor vetoed a TRAP bill in 2005, stating in her veto message:** “Once again in 2005, the Legislature has chosen pure politics over good policy, has rejected uniform standards for all procedures, and has instead chosen to regulate only one procedure – abortion.”

#### **What is the impact of TRAP laws?**

Enactment of this type of legislation discourages health care providers from offering abortion care and can make provision very burdensome and/or expensive for smaller providers. This exacerbates the provider shortage that already exists in the United States. In 2000, 87% of

counties in the U.S. did not have a single abortion provider, and this number rose to 97% for non-metropolitan counties.<sup>3</sup> In addition, mandated staffing requirements and qualifications that often appear in TRAP bills restrict clinicians’ autonomy by tying them to a particular hospital within a certain distance of the clinic, which unnecessarily limits the ability of providers to travel to serve underrepresented populations.

#### **How prevalent are TRAP laws?**

Currently, at least 34 states have some type of TRAP law. Each year, state legislatures across the country introduce new TRAP provisions or modify their existing regulations. In 2005, twenty-one states introduced TRAP bills, and four of these bills were enacted. As these restrictions continue to build on each other, it becomes more and more difficult for abortion providers to remain open and for women to safely access their full range of reproductive health care services. Activists must be vigilant to ensure that these targeted regulations do not force clinics to close and deny women access to safe and legal abortion services.

<sup>1</sup> See The Guttmacher Institute, “Facts on Induced Abortion in the United States,” 2006 (available at [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html)).

<sup>2</sup> Available at [http://www.prochoice.org/pubs\\_research/publications/clinical\\_policy.html](http://www.prochoice.org/pubs_research/publications/clinical_policy.html).

<sup>3</sup> See The Guttmacher Institute, “Abortion Incidence and Services in the United States in 2000,” (available at <http://www.guttmacher.org/pubs/journals/3500603.pdf>).

#### **For More Information**

For information or referrals to abortion providers offering quality care, call the National Abortion Federation’s toll-free hotline: 1-800-772-9100.

Weekdays: 8:00AM-9:00PM

Saturdays: 9:00AM-5:00PM Eastern time.

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