

EXPLAINED: Abortion Research & Policy

Targeted Regulation of Abortion Providers (TRAP Laws)

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Abortion,
as currently
provided in
the US, is
very safe.

Only **2** out of every **1000**
women require treatment in a hospital.

The safety profile for abortion is similar to
or better than other outpatient surgeries
that are not regulated in a similar way.

What are TRAP Laws?

TRAP Laws single out the medical practices of clinicians who provide abortions and impose on them requirements that are different and more burdensome than those imposed on other medical practices.

In total 44 states have passed TRAP laws with provisions like:

Requiring hospital
admitting
privileges within a
30 mile radius.

Remodeling the
clinic space into
an ambulatory
surgery center.

Or, requiring
medication to be
taken in the clinic
instead of at home.

In 2013, the state of Texas passed HB2 which enacted the strongest forms of TRAP laws seen in the US.

The Result of HB2?

Before HB2 (enacted in 2013), 41 facilities existed in Texas.

Two years later there were only 17 clinics open.



As clinics closed, the remaining facilities became concentrated in the largest cities. This means that women traveled farther to access care, and they ended up paying more out of pocket.



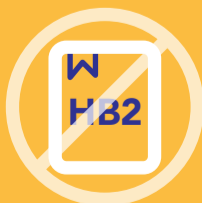
After HB2 Passed in Texas:

The total
number of
abortions
declined by
13%

There was a
70%
drop in
medication
abortions

An increase in
abortions performed
AFTER 12 WEEKS
of gestation

Second-trimester abortion, although very safe, is associated with a higher rate of complications compared to first-trimester abortion. This resulted in a greater expense for women and increased hardship with fewer providers available.



In June of 2016, the Supreme Court ruled provisions of HB2 **unconstitutional.**

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