



The Texas Model: A National Leader in Building a Culture of Life

Introduction and Overview

The Supreme Court's 1973 *Roe v. Wade* decision struck down an 1854 Texas law which proscribed all abortions except those to save the life the woman. That decision was interpreted as striking down laws protecting legal protection for unborn children in all 50 states. As such, the decision effectively legalized abortion-on-demand nationally throughout all nine months of pregnancy.

Since then, state legislatures have enacted countless measures to limit and reverse the legality of abortion-on-demand. Despite numerous legal setbacks by courts across the decades, creative measures and bills continued to be introduced to reduce the frequency and effects of abortion. That perseverance is paying off as an increasing number of pro-life measures are steadily being upheld by courts in recent years.

Both sides—pro-abortion and pro-life—now believe that an overturn or significant modification of *Roe v. Wade* is on the near horizon—a belief held even by pro-abortion US Supreme Court Justice Stephen Breyer.¹ A reversal will not necessarily end abortion-on-demand but rather will return the issue to the states. For this reason, states on both sides are scrambling to enact measures either to protect or prohibit abortion-on-demand.² The pro-life side has been especially active in this regard.³

Over the years, Texas has been a leader in its consistent opposition to abortion as well as its legislative attempts to regulate and restrict it. Since 1977, it has successfully passed 54 separate pro-life measures, 47 of them since 1999. Many have been challenged in court, and most have survived. These efforts have had a measurable impact: abortion rates are declining, abortion facilities are closing, and there has been a dramatic increase in the number of alternative organizations offering assistance to pregnant women. The statistical evidence affirming the positive impact of these laws is staggering.

This document is a comprehensive list of Texas' 54 pro-life measures and serves both as a catalog as well as a model for other states in their efforts to build a statewide culture of life. Texas State Representative Phil King, a stalwart and unwavering voice for unborn life, initiated the idea for this list. Rep. King, Texas Alliance for Life, and Texas State Attorney General Ken Paxton all invested extensive time and effort in compiling this list of pro-life measures. Dr. Michael New (a noted statistical analyst) provided the analytical information on the effects of specific Texas measures in the list, highlighting five with particularly positive and measurable impact.

The intent of this piece is to assist other states who also wish to build a culture of life, one state after another across the nation. The remainder of this report is divided into four sections:

- The Results of Five Specific Texas Pro-Life Measures
- Appendix A: The pro-life bills enacted in Texas in chronological order
- Appendix B: The categories of pro-life legislation enacted in Texas
- Appendix C: Aspect data on declining abortion rates in Texas



Special Note from Texas State Representative Phil King

With *Roe v. Wade* the Supreme Court legalized abortion in 1973 by striking state statutes prohibiting the practice. The court left some room in its ruling permitting states a limited authority to regulate abortion. Since then, many, if not most, states have restricted abortion through a sundry of both prominent (and sometimes obscure) statutory and appropriation measures.

These legislative acts have often been struck, in whole or in part, by both federal and state courts with oft conflicting rulings state to state, appellate circuit to appellate circuit. The result is a confused mixture of state and federal regulation across our country.

Earlier this year Texas State Representative Phil King, Texas Alliance for Life Executive Director Joe Pojman and WallBuilders President David Barton began a joint research project to identify and categorize the many legislative enactments to restrict abortion in Texas. The intent was to assess the status and impact of each and to compare these with other states to help identify best practices.

What we quickly learned was that there was not even a complete list available of actions taken by the Texas Legislature over the last 46 years—much less any comprehensive analysis as to the legal status and impact of these efforts. Granted, there were partial reports by various organizations but nothing at all adequate for research. We suspect the same is true in other states.

We hope this report will serve as an encouragement to all who have worked in the pro-life movement when they see the surprising number of legislative enactments in Texas over the decades. It provides a comprehensive list of abortion law and corresponding data of reported annual abortions. It also presents the current status of each resulting from the many legal challenges and court rulings.

Our analysis demonstrates the great lengths to which the Texas Legislature has gone to restore parents' rights to protect their daughters from abortion through parental notice and consent laws and to protect the health and safety of women at abortion facilities through requirements for basic hygienic, surgical, and informed consent standards comparable to the standard of care at outpatient medical facilities for other procedures.

The results have been dramatic. From 2010 to 2017, reported abortions in Texas have plummeted by 25,000 per year, a 32% drop. Abortions on minors have fallen by 70% since the first parental notice law went into effect.

We hope that other states will undertake similar studies. This would, undoubtedly, reveal ideas and best practices that can be shared state to state in hope of further reducing and, we pray, someday eliminating the tragedy of abortion in our nation.

¹ See, for example, Tierney Sneed, “With Abortion cases on horizon, Breyer warns of SCOTUS eagerness to overturn precedent,” May 13, 2019, <https://talkingpointsmemo.com/dc/supreme-court-breyer-dissent-precedent-abortion> (Accessed on October 30, 2019); and Micaiah Bilger, “Supreme Court decision just opened the door for overturning Roe v. Wade,” May 13, 2019, <https://www.lifenews.com/2019/05/13/supreme-court-decision-just-opened-the-door-for-overturning-roe-v-wade/> (Accessed on October 30, 2019).

² Sabrina Tavernise, “‘The time is now’ States are rushing to restrict abortion, or protect it,” May 15, 2019, *New York Times* <https://www.nytimes.com/2019/05/15/us/abortion-laws-2019.html> (Accessed on October 30, 2019).

³ See, for example, Calvin Freiburger, “41 states have introduced pro-life laws since January, Planned Parenthood complains,” March 29, 2019, <https://www.lifesitenews.com/news/41-states-have-introduced-over-250-pro-life-laws-since-january-planned-parenthood-complains> (Accessed on October 30, 2019); and Fr. Shenan J. Bouquet, “250 pro-life bills have been introduced in state legislatures in 2019; 50% would ban all or some abortions,” April 10, 2019, <https://www.lifenews.com/2019/04/10/250-pro-life-bills-have-been-introduced-in-state-legislatures-in-2019-50-would-ban-all-or-some-abortions/> (Accessed on October 30, 2019).

The Results of Five Specific Texas Pro-Life Measures

After Texas' loss in the *Roe v. Wade* decision, Texas began to fund all therapeutic abortions and also abortions for women on Medicaid. But in 1976, Congress enacted the Hyde Amendment, which restricted the federal government from paying for elective abortions through Medicaid. States have always been free to use their own state taxpayer dollars to fund abortions for women on Medicaid, but the Hyde Amendment stopped the use of federal funds for this purpose. After that amendment became law, Texas chose to stop funding Medicaid abortions.¹ (Significantly, at least 18 peer-reviewed studies in economics, political science, and public health journals show that limits on taxpayer funding for elective abortions save lives.² In fact, researchers on both sides of the abortion debate agree that legal limits on Medicaid-funded abortions lower abortion rates.³)

For most of the 1970s, '80s, and early '90s, Texas was not a national leader in enacting pro-life laws. Democrats controlled both chambers of the state legislature, which made it difficult to pass life-affirming legislation. In the 1990's, Texas' political winds began shifting, and Republicans have won every gubernatorial election since 1994. In 1996 they won control of the State Senate, and in 2002, the State House. Under unified Republican control of state government, 42 pro-life laws have been enacted (Appendix A). This section highlights five of those laws, showing their significant statistical impact.

1) 1999 Parental Involvement Law

In 1999, Texas passed a parental involvement law requiring that parents of minor girls be notified before abortions could be performed on their daughters. This type of law has been upheld by the US Supreme Court in numerous decisions, including *Planned Parenthood v. Casey* (1992),⁴ so 37 states now have some type of parental involvement law in effect.⁵ At least 19 peer-reviewed studies have evaluated the impact of these laws, finding that they result in a decline in the in-state abortion rates for minors⁶ ranging from 13 percent⁷ to 42 percent,⁸ with most studies finding a 15 to 20 percent decrease.⁹

Specifically concerning Texas' law, a rigorous study published in *The New England Journal of Medicine* found that in-state abortion rates for Texas minors dropped 16 percent for 17-year-olds, 20 percent for 16-year-olds, and 11 percent for 15-year-olds.¹⁰ The study also found that very few Texas girls obtained abortions in other states, and that there was a small but statistically significant increase in the minor birthrate in the months after the law took effect,¹¹ meaning that some Texas girls chose to carry their pregnancies to term instead of obtaining abortions out of state.

In 2005, Texas passed legislation to require parental consent instead of parental notice; and in 2015, the judicial bypass provisions were reformed, raising the standard of evidence necessary for judges to grant minors permission to obtain an abortion.

Overall, since 1996, the number of abortions performed on Texas minors has fallen by more than 77 percent. While there has been long term decline in the percentage of teenagers who are sexually active since the 1990s, the evidence is still clear that the 1999 Texas parental involvement law resulted in a dramatic decline in minor abortions and helped build a culture of life in Texas.¹²

2) 2003 Informed Consent Legislation

In 2003, Texas passed the Women's Right to Know Act, which:

- requires a 24-hour waiting period before an abortion
- requires that women seeking abortions in Texas be given a pamphlet containing information about potential health risks, fetal development, and public and private sources of support for single mothers
- requires abortions performed after 16 weeks of pregnancy to be conducted in ambulatory surgical centers or hospitals

Twenty-nine states have enacted informed consent laws,¹³ and properly designed informed consent laws reduce abortion rates¹⁴ from 4 to 6 percent.¹⁵ Informed-consent laws that require women to view color photos of fetal development prior to the abortion reduce abortion rates from 2 to 7 percent,¹⁶ and informed consent laws that require two separate visits to the abortion facility reduce abortion rates anywhere from 7 to 12 percent.¹⁷

Texas' specific requirement that abortions after 16 weeks of gestation take place in ambulatory surgical centers or hospitals reduced abortions 88 percent,¹⁸ and overall, Texas' informed-consent law reduced abortions by 54 percent.¹⁹ While other factors also contributed to the long-term decline in the abortion rate both in Texas and across the country (such as a sizeable increase in the percentage of unintended pregnancies carried to term since the early 1980s²⁰), the research nevertheless demonstrates that the 2003 Women's Right to Know Act played a significant role in building Texas' culture of life.

3) 2011 Legislation To Remove Planned Parenthood from the State Family Planning Program

Planned Parenthood remains America's number one provider of abortions. (In 2017, they performed 332,757 abortions in the US²¹—38 percent of the nation's total.) Not only do they promote student sex education curricula that results in increased student pregnancies but they have also been caught failing to report statutory rape cases, assisting minor girls to circumvent state parental involvement laws, and overbilling state and local governments by millions of dollars.²²

For such reasons, in 2011, the Texas state legislature removed Planned Parenthood from state family planning programs. Opponents predicted this change would result in a significant increase in both unintended pregnancies and abortions,²³ but the actual results were just the opposite. Texas' minor birth rate (ages 13-17) fell by over 49 percent; the minor abortion rate fell by over 57 percent; and the total number of abortions performed on Texas women, both in- and out-of-state, fell by 26 percent.²⁴

Texas removed not only Planned Parenthood from the state family planning program but also any other entity that performed or promoted abortions. Thus, in 2001, the legislature prevented money from the Rural Foundation from funding elective abortions; in 2011 they prevented the Medicaid Women's Health Program (WHP) from funding entities that perform or promote elective abortions; and in 2019, Texas banned contracts at the local level between local governments and abortion providers. Texas' statistics make clear that positive public health outcomes are definitely possible without requiring taxpayers to send millions of dollars to Planned Parenthood.

4) 2013 Legislation to Improve Health and Safety Regulation for Abortion Clinics

The 2013 trial of late-term abortionist Kermit Gosnell focused national attention on the squalid and unsanitary conditions as well as the substandard level of medical care in his unregulated²⁵ Philadelphia abortion clinic. The Texas legislature took the lead in strengthening the health and safety regulations for abortion facilities in Texas, passing a bill banning abortions after 20 weeks gestation, requiring that abortion doctors have admitting privileges at a nearby hospital, and mandating that abortion clinics meet the same standards as other surgical health care facilities in the state. As a result, between 2013 and 2016, the number of abortion clinics in Texas fell from 42 to 19.²⁶

The US Supreme Court eventually struck down Texas' law in *Whole Woman's Health v. Hellerstedt* (2016), but the legislation nevertheless had a far-reaching positive impact. The 55 percent reduction in abortion facilities in Texas following the immediate passage of the law before it was struck down demonstrated that many clinics were unable to comply with the basic health and safety requirements that other surgical health care facilities are required to follow.

5) Legislation to Fund Pro-Life Pregnancy Help Centers

In 2005, Texas launched the Alternatives to Abortion Program, allocating state funding to non-profit agencies that provide pregnant women life-affirming alternatives to abortion, such as pregnancy help centers, maternity homes, and adoption agencies. The legislature initially designated \$5 million a year for this program, but in 2015, annual funding was increased to \$9.15 million, \$18.3 million in 2017, and \$40 million in 2019.²⁷ (Texas is one of 16 states that authorizes some form of government funding to pregnancy help centers.²⁸) The number of Texas organizations assisting pregnant women has grown from 82 to 280 (since 1988)—an increase of over 241 percent.²⁹ This funding has played an important role in the sizeable increase in the number of prolife organizations helping pregnant women in Texas.

Conclusion

Texas has emerged as a leader in enacting policies to create a culture of life, with 54 separate prolife measures since *Roe v. Wade*. Since 1981, the abortion rate in Texas has fallen by almost 70 percent—a decline significantly larger than the national average.³⁰ Policymakers in other states are encouraged to examine the acts passed by Texas to assist in building a strong culture of life in their respective states.

¹ Merz, Jon, Catherine Jackson, and Jacob Klerman. 1995. “A Review of Abortion Policy: Legality, Medicaid Funding, and Parental Involvement, 1967-1994.” *Women’s Rights Law Reporter* 17:12–57.

² Blank, Rebecca, Christine George, and Rebecca London. 1996. “State Abortion Rates: The Impact of Policies, Providers, Politics, Demographic, and Economic Environment.” *Journal of Health Economics* 15(5): 513–53; Chrissman M., R. Moore, L. Mondy, B. Weber, W.P. Peter, P.C. Price, C.R. Webb, J.R. Trussell, and J. Menken. 1980. “Effects of Restricting Federal Funds For Abortion—Texas.” *Morbidity and Mortality Weekly Report* 29(22):253–254; Cook, Philip J., Allan Parnell, Michael Moore, and Deanna Pagnini. 1999. “The Effects of Short-Term Variation in Abortion Funding on Pregnancy Outcomes.” *Journal of Health Economics* 18(2): 241–57; Haas-Wilson, Deborah. 1993. “The Economic Impact of State Policy Restrictions on Abortion: Parental Consent and Notification Laws and Medicaid Funding Restrictions.” *Journal of Policy Analysis and Management* 12: 498–511; Haas-Wilson, Deborah. 1996. “The Impact of State Abortion Restrictions on Minors’ Demand for Abortions.” *Journal of Human Resources* 31:140–158; Haas-Wilson, Deborah. 1997. “Women’s Reproductive Choices: The Impact of Medicaid Funding Restrictions.” *Family Planning Perspectives* 29(5): 228–33; Hansen, Susan D. 1980. “State Implementation of Supreme Court Decisions: Abortion Rates since *Roe v. Wade*.” *Journal of Politics* 42(2): 372–95; Korenbrot, Carol, Claire Brindis, and Fran Priddy. 1990. “Trends in Rates of Live Births and Abortions Following State Restrictions on Public Funding of Abortion.” *Public Health Reports* 105(6): 555–62; Levine, Phillip, Amy Trainor, and David Zimmerman. 1996. “The Effect of Medicaid Abortion Funding Restrictions on Abortions, Pregnancies and Births.” *Journal of Health Economics* 15(5): 555–78; Lundberg, Shelly, and Robert D. Plotnick. 1990. “Effects of State Welfare, Abortion and Family Planning Policies on Premarital Childbearing among White Adolescents.” *Family Planning Perspectives* 22(6): 246–75; Matthews, Stephen, David Ribar, and Mark Wilhelm. 1997. “The Effects of Economic Conditions and Access to Reproductive Health Services on State Abortion Rates and Birthrates.” *Family Planning Perspectives* 29(2): 52–60; Medoff, Marshall. 1999. “An Estimate of Teenage Abortion Demand.” *Journal of Socioeconomics* 28(2): 175–84; Medoff, Marshall. 2007. “Price Restriction and Abortion Demand.” *Journal of Family and Economic Issues* 28(4): 583–599; Meier, Kenneth J., Donald Haider-Markel, Anthony Stanislawski, and Deborah MacFarlane. 1996. “The Impact of State-Level Restrictions on Abortion.” *Demography* 33:307–12; Meier, Kenneth J., and Deborah McFarlane. 1994. “State Family Planning and Abortion Expenditures: Their Effect on Public Health.” *American Journal of Public Health* 84(9): 1468–72; Morgan, S. Philip, and Allan M. Parnell. 2002. “Effects on Pregnancy Outcomes of Changes in the North Carolina State Abortion Fund.” *Population Research and Policy Review* 21: 319–338; Sheier, R and L.J. Tell. 1980. “Despite Obstacles, Most Poor Women Pay For Their Abortions.” *The Chicago Reporter* 9(10):1–2 & 7; Trussell, James, Jane Menken, Barbara Lindheim, and Barbara Vaughan. 1980. “The Impact of Restricting Medicaid Financing for Abortion.” *Family Planning Perspectives* 12(3): 120–23 and 127–30.

³ In 2009, a comprehensive literature review published by the Guttmacher Institute found a strong consensus among academic researchers that limits on Medicaid funding of elective abortions lowered abortion rates (Henshaw, Stanley K., Theodore J. Joyce, Amanda Dennis, Lawrence B. Finer, and Kelly Blanchard. 2009. “Restrictions on Medicaid Funding for Abortions: A Literature Review.” New York: Guttmacher Institute.). Additionally, a 2010 paper published by the Center for Reproductive Rights stated that the federal Hyde Amendment prevented over one

million abortions (Center for Reproductive Rights. 2010. *Whose Choice? How the Hyde Amendment Harms Poor Women*. New York: Center for Reproductive Rights). Finally, a 2016 Charlotte Lozier Institute study found that the federal Hyde Amendment saved over 2.1 million lives nationally and prevented over 250,000 abortions in Texas alone (New, Michael 2016. “Hyde @ 40: Analyzing the Impact of the Hyde Amendment.” Washington, DC: Charlotte Lozier Institute).

⁴ *Planned Parenthood of Southeastern Pennsylvania v. Casey*. 1992. 505 U.S. 833.

⁵ Americans United for Life. 2019 “Signs of Progress” <https://aul.org/wp-content/uploads/2019/10/2019-Signs-of-Progress-Flyer.pdf> (accessed October 15, 2019).

⁶ This is true of studies that analyze time series-cross sectional data on minor abortion rates (Haas-Wilson, Deborah. 1993. “The Economic Impact of State Policy Restrictions on Abortion: Parental Consent and Notification Laws and Medicaid Funding Restrictions.” *Journal of Policy Analysis and Management* 12: 498–511; Haas-Wilson, Deborah. 1996. “The Impact of State Abortion Restrictions on Minors’ Demand for Abortions.” *Journal of Human Resources* 31:140–158; Levine, Philip. 2003. “Parental Involvement Laws and Fertility Behavior.” *Journal of Health Economics* 22(5): 861–878; Medoff, Marshall. 2007. “Price Restriction and Abortion Demand.” *Journal of Family and Economic Issues* 28(4): 583–599; New, Michael. 2011. “Analyzing the Effect of Anti-Abortion U.S. State Legislation in the Post-Casey Era.” *State Politics and Policy Quarterly* 11(1): 28-47; Ohsfeldt, Robert, and Stephan Gohman. 1994. “Do Parental Involvement Laws Reduce Adolescent Abortion Rates?” *Contemporary Economic Policy* 12: 65–76; Tomal, Annette. 1999. “Parental Involvement Laws and Minor and Non-Minor Teen Abortion and Birth Rates.” *Journal of Family and Economic Issues* 20(2): 149-162). It is also true of studies that focus on the impact of individual state-level parental involvement laws. There have been separate studies analyzing the laws in eight states including Indiana (Ellertson, Charlotte. 1997. “Mandatory Parental Involvement in Minors’ Abortions: Effects of the Laws in Minnesota, Missouri, and Indiana.” *American Journal of Public Health* 87: 1367–1374), Massachusetts (Donovan, Patricia. 1983. “Judging Teenagers: How Minors Fare When They Seek Court Authorized Abortions.” *Family Planning Perspectives* 15(6): 259-267; Cartoof, Virginia, and Lorraine Klerman. 1986. “Parental Consent for Abortion: Impact of the Massachusetts Law.” *American Journal of Public Health* 76: 397–400; Minnesota (Donovan, Patricia. 1983. “Judging Teenagers: How Minors Fare When They Seek Court Authorized Abortions.” *Family Planning Perspectives* 15(6): 259-267; Ellertson, Charlotte. 1997. “Mandatory Parental Involvement in Minors’ Abortions: Effects of the Laws in Minnesota, Missouri, and Indiana.” *American Journal of Public Health* 87: 1367–1374; Rogers, James, Robert Boruch, George Storms, and Dorothy DeMoya. 1991. “Impact of the Minnesota Parental Notification Law on Abortion and Birth.” *American Journal of Public Health* 81: 294–98), Mississippi (Henshaw, Stanley K. 1995. “The Impact of Requirements for Parental Consent on Minor’s Abortions in Mississippi.” *Family Planning Perspectives* 27: 120–122; Joyce and Kaestner 2001), Missouri (Ellertson, Charlotte. 1997. “Mandatory Parental Involvement in Minors’ Abortions: Effects of the Laws in Minnesota, Missouri, and Indiana.” *American Journal of Public Health* 87: 1367–1374; Pierson, Vicky. 1995. “Missouri’s Parental Consent Laws and Teen Pregnancy Outcomes.” *Women & Health* 22(3): 47–57), South Carolina (Joyce and Kaestner 1996, 2001), Tennessee (Joyce and Kaestner 1996), and Texas (Joyce, Theodore, Robert Kaestner, and Silvie Colman. 2006. “Changes in Abortions and Births and the Texas Parental Involvement Law.” *New England Journal of Medicine* 354: 1031–1038; Colman, Joyce, and Kaestner 2008).

⁷ Henshaw, Stanley K. 1995. “The Impact of Requirements for Parental Consent on Minor’s Abortions in Mississippi.” *Family Planning Perspectives* 27: 120–122.

⁸ Cartoof, Virginia, and Lorraine Klerman. 1986. “Parental Consent for Abortion: Impact of the Massachusetts Law.” *American Journal of Public Health* 76: 397–400.

⁹ Colman, Joyce, and Kaestner 2008; Ellertson, Charlotte. 1997. “Mandatory Parental Involvement in Minors’ Abortions: Effects of the Laws in Minnesota, Missouri, and Indiana.” *American Journal of Public Health* 87: 1367–1374; Haas-Wilson, Deborah. 1996. “The Impact of State Abortion Restrictions on Minors’ Demand for Abortions.” *Journal of Human Resources* 31:140–158; Joyce, Theodore, Robert Kaestner, and Silvie Colman. 2006. “Changes in Abortions and Births and the Texas Parental Involvement Law.” *New England Journal of Medicine* 354: 1031–1038; Levine, Philip. 2003. “Parental Involvement Laws and Fertility Behavior.” *Journal of Health Economics* 22(5): 861–878; New, Michael. 2011. “Analyzing the Effect of Anti-Abortion U.S. State Legislation in the Post-Casey Era.” *State Politics and Policy Quarterly* 11(1): 28-47; Ohsfeldt, Robert, and Stephan Gohman. 1994. “Do Parental Involvement Laws Reduce Adolescent Abortion Rates?” *Contemporary Economic Policy* 12: 65–76; Tomal, Annette. 1999. “Parental Involvement Laws and Minor and Non-Minor Teen Abortion and Birth Rates.” *Journal of Family and Economic Issues* 20(2): 149-162.

¹⁰ Joyce, Theodore, Robert Kaestner, and Silvie Colman. 2006. “Changes in Abortions and Births and the Texas Parental Involvement Law.” *New England Journal of Medicine* 354: 1031–1038.

¹¹ Joyce, Theodore, Robert Kaestner, and Silvie Colman. 2006. “Changes in Abortions and Births and the Texas Parental Involvement Law.” *New England Journal of Medicine* 354: 1031–1038.

¹² National Survey of Family Growth (NSFG); Abma, Joyce C. and Gladys M. Martinez. 2017. “Sexual Activity and Contraceptive Use Among Teenagers in the United States, 2011-2015.” *National Health Statistics Reports* 104: 1-12; Youth Risk Behavior Survey (YRBS); Witwer, Elizabeth, Rachel Jones, and Laura Lindberg. 2017. “Sexual Behavior and Contraceptive and Condom Use Among U.S. High School Students, 2017.” New York: Guttmacher Institute.

¹³ National Right to Life Committee. 2018. “A Woman’s Right to Know: Casey Style Informed Consent Laws.” <https://www.nrlc.org/uploads/stateleg/WRTKFactSheet.pdf> (accessed October 15, 2019).

¹⁴ Althaus, Francis and Stanley K. Henshaw 1994. “The Effects of a Mandatory Delay Law on Abortion Patients and Providers.” *Family Planning Perspectives* 26(5): 228-223; Joyce, Theodore, Stanley K. Henshaw, and JD Skatrud. 1997. “The Impact of Mississippi’s Mandatory Delay Law on Abortions and Births.” *Journal of the American Medical Association*. 278(8): 653–658; Joyce, Theodore and Robert Kaestner. 2000. “The Impact of Mississippi’s Mandatory Delay Law on the Timing of Abortion.” *Family Planning Perspectives* 32(1): 4–13.

¹⁵ New, Michael. 2011. “Analyzing the Effect of Anti-Abortion U.S. State Legislation in the Post-Casey Era.” *State Politics and Policy Quarterly* 11(1): 28-47; New, Michael. 2014. “Analyzing the Impact of U.S. Antiabortion Legislation in Post-Casey Era: A Reassessment.” *State Politics and Policy Quarterly* 14(3): 228-268.

¹⁶ New, Michael. 2014. “Analyzing the Impact of U.S. Antiabortion Legislation in Post-Casey Era: A Reassessment.” *State Politics and Policy Quarterly* 14(3): 228-268.

¹⁷ New, Michael. 2014. “Analyzing the Impact of U.S. Antiabortion Legislation in Post-Casey Era: A Reassessment.” *State Politics and Policy Quarterly* 14(3): 228-268.

¹⁸ Colman and Joyce 2011

¹⁹ Colman and Joyce 2011

²⁰ Henshaw, Stanley K. 1998. “Unintended Pregnancy in the United States” *Family Planning Perspectives* 30(1): 24-29, 46; Finer, Lawrence B. and Mia Zolna. 2016. “Declines in Unintended Pregnancy in the United States, 2008-2011” *The New England Journal of Medicine* 374: 843-852.

²¹ Planned Parenthood. 2019. 2018-2018 Annual Report. https://www.plannedparenthood.org/uploads/filer_public/4a/0f/4a0f3969-cf71-4ec3-8a90-733c01ee8148/190124-annualreport18-p03.pdf (Accessed October 15, 2019).

²² Foster, Catherine Glenn, 2017. “Planned Parenthood: Profit. No Matter What.” Washington, DC: Charlotte Lozier Institute and Alliance Defending Freedom. <https://s27589.pcdn.co/wp-content/uploads/2017/01/plannedparenthood-profit-no-matter-what.pdf> (accessed October 16, 2019).

²³ A Legislative Budget Board analysis predicted an increase of over 20,000 unplanned births (Tan, Thanh. 2011 “31 Days, 31 Ways: Family Planning Funding Slashed” *The Texas Tribune*. 15 August.

<https://www.texastribune.org/2011/08/15/day-15/> (accessed October 15, 2019)). A Guttmacher Institute analysis predicted that in the absence of these family planning grants, abortions in Texas would increase by 22 percent (Smith, Jordan. 2011a. “Rick Perry’s War on Women” *The Nation*. 30, November.

<https://www.thenation.com/article/rick-perrys-war-women/> (accessed October 15, 2019)). Fran Hagerty, CEO of the Women’s Health and Family Planning Association of Texas, echoed these concerns, predicting increases in both unintended pregnancies and abortions (Smith Jordan. 2011b “The War on Women’s Health” *The Austin Chronicle*. 22 April. <https://www.austinchronicle.com/news/2011-04-22/the-war-on-womens-health/> (accessed October 15, 2019)).

²⁴ Texas Health and Human Services. 2019. “ITOP Statistics.” <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/itop-statistics> (accessed October 15, 2019).

²⁵ The 2011 grand jury report indicated that the Pennsylvania Department of Health never once did an onsite inspection of Gosnell’s clinic between 1993 and 2010 (Wang, Marian. 2011. “Why a Gruesome Pennsylvania Abortion Clinic Had Not Been Inspected for 17 Years.” *ProPublica*. 21 January. <https://www.propublica.org/article/gruesome-pennsylvania-abortion-clinic-had-not-been-inspected-for-17-years> (accessed October 15, 2019)). Furthermore, the grand jury report also found violations that did not receive follow-up inspections and numerous complaints that were never addressed.

²⁶ Cook, Lindsey and Kimberly Leonard. 2016. “Explaining the Whole Woman’s Health vs. Hellerstedt Abortion Case.” *U.S. News and World Report*. 11 January. <https://www.usnews.com/news/blogs/data-mine/2016/01/11/supreme-court-and-abortion-why-whole-womans-health-v-hellerstedt-matters> (accessed October 15, 2019).

²⁷ Texas Health and Human Services Commission. 2017. “Alternatives to Abortion” <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/leg-presentations/alternatives-to-abortion-report-fy17-17-11-01.pdf> (accessed October 15, 2019).

²⁸ Maxon, Jeanneane. 2019. “State Funding for PHCs: Flexible Models for Expanding Worthy Work” Washington, DC: Charlotte Lozier Institute.

²⁹ Heartbeat International. Various Years. Worldwide Directory of Pregnancy Help: Columbus, OH. Heartbeat International.

³⁰ Guttmacher Institute. 2019 “State Data Center” <https://data.guttmacher.org/regions> (accessed October 15, 2019).

Appendix A

Chronological Listing of Pro-life Legislation Enacted in Texas

Below is a brief summary of every pro-life law passed in Texas from 1977 to present day. The laws are listed by the year they were passed, and the corresponding House/Senate bill number is listed after each law with the legislative session in which the law was passed.

- 1977:** Medical personnel given right to object to performance of abortion (SB 416, 65(R)).
- 1979:** Established a living human child born alive after an abortion or premature birth is entitled to the same rights, powers, and privileges as any other child born alive after the normal gestation period. Established a petition for custody of a child born after an abortion may be granted with respect to one parent against another. Further, an authorized representative of Texas Department of Family and Protective Services may assume the care, control, and custody of the child (SB 117, 66(R)).
- 1985:** Prohibited selling human organs and tissue, including fetal tissue, making it a third-degree felony offense (SB 33, 69(R)).
- 1987:** Banned abortions in the third trimester for viable unborn babies (included exceptions for risk of serious impairment to the physical or mental health of the woman and for a fetus with a severe and irreversible abnormality) (HB 410, 70(R)).
- 1985:** Texas Abortion Facility Licensing Act established licensing and regulations for abortion facilities required reporting of abortions to Texas Department of State Health Services and mandating that only physicians may perform abortions (HB 2091, 69(R)).
- 1997:** Improved abortion facility regulations by including requirements for quality assurance and annual inspections; required abortion facilities to provide a unique identifying number in abortion advertisements and post public information regarding violations and a toll-free number; and created administrative penalties (HB 2856, 75(R)).
- 1999:** Lowered the threshold for requiring abortion facilities to be licensed to those facilities that perform 300 abortions per year as well as to facilities that violate the Health and Safety Code (HB 2085, 76(R)).
- 1999:** Required parental notification before an abortion can be performed on a minor; provided exceptions in which parental notification is not in the child's best interest (SB 30, 76(R)).
- 1999:** Advance Directive Act included an exception for withholding or removing life-sustaining treatment from pregnant women (SB 1260, 76(R)).
- 1999:** Baby Moses Law/Safe Haven Law allowed infants to be legally abandoned at an EMS (emergency medical services) center (HB 3423, 76(R)).
- 2001:** Prohibited funds from the Rural (health) Foundation from being used to provide an abortion or a referral for an abortion, unless there is a medically necessary reason to provide the referral (SB 115, 77(R)).

- 2003:** Woman’s Right to Know Act required informed consent information be provided to women 24 hours before an abortion and that late abortions be performed only in an Ambulatory Surgery Center or hospital (HB 15, 78(R)).
- 2003:** Prenatal Protection Act recognized the personhood of unborn children, beginning at fertilization. The act allowed the prosecution of a person who harms or kills an unborn child unless the death was a legal abortion or was the result of an action taken by the mother. Additionally, the Act amended the Civil Practice and Remedies Code to allow for wrongful death lawsuits involving unborn children, except for legal abortion and medical procedures (SB 319, 78(R)).
- 2003:** Prohibited state funds from being used to pay the direct or indirect costs of abortion procedures provided by contractors of the Department of Health, and prohibited funds from being distributed to individuals or entities that perform elective abortion procedures or that contract with providers of elective abortion procedures (HB 1, Appropriations Act - Department of Health Rider 8, 78(R)).
- This provision was challenged in federal court by Planned Parenthood in *Planned Parenthood v. Sanchez*. The State and Planned Parenthood reached a settlement and dismissal agreement, negotiating an agreement to separate the abortion business from the family planning affiliates in order to remain eligible for funding. The parties agreed that “legal” affiliate status could be achieved by separate accounting, separate timekeeping, separate signage, and separate boards of directors so as to remain eligible for state funds.
- 2003:** Lowered the threshold for requiring abortion facilities to be licensed to facilities that perform 50 abortions per year (House floor amendment to HB 2292, 78(R)).
- 2005:** Required parental consent for abortions on minor girls with a judicial bypass order from a judge that allows minors to get abortions; banned abortions after six months of pregnancy (SB 419, 79(R)).
- 2005:** Created a certificate of birth resulting in stillbirth from the State of Texas (SB 271, 79(R)).
- 2005:** Allocated funding for the Alternatives to Abortion program to be available for organizations that promote childbirth and provide support services to pregnant women and adoptive parents (SB 1, Appropriations Act, 79(R)).
- 2006:** Texas Medical Board adopted a rule requiring parental consent via a signed, notarized six-page form before a physician can perform an abortion on a minor girl.
- 2007:** Allocated funding for adult (not embryonic) stem cell treatments (HB 1, Appropriations Act, 80(R)).

- 2009:** Prohibited grants for school-based health clinics from being awarded to licensed abortion facilities or their affiliates (HB 281, 81(R)).
- 2011:** Sonogram Law required that women have the opportunity to see the ultrasound image of their unborn child and hear the child’s heartbeat before they consent to abortion, and that doctors must consult with patients 24 hours before the abortion (HB 15, 82(R)).
- 2011:** Defunded Planned Parenthood \$29 of \$31 million per year by prioritizing the Department of State Health Services family planning grants, and prohibiting abortion providers and their affiliates from being a part of the Women’s Health Program (HB 1, Appropriations Act, 82(R)) & SB 7, 82(1)) .
- 2011:** Authorized the creation of the “Choose Life” specialty license plate to promote infant adoption as an alternative to abortion (SB 257, 82(R)).
- 2011:** Banned state funding for hospital districts that fund elective abortions, and authorized the creation of an autologous (adult) stem cell bank (SB 7, 82(1)).
- 2013:** Required that public universities prevent public school sexuality education programs from promoting abortion (SB 67, 83(R)).
- 2013:** Planned Parenthood excluded from the Department of State Health Services Primary Care Services (SB 14, 83(R)).
- 2013:** Banned abortions after five months gestation (20 weeks post fertilization) and substantially increased abortion facility safety regulations (HB 2, 83(R)).
- Two portions of this law relating to increased abortion facility safety regulations were ruled unconstitutional:
 - The Admitting Privileges Rule requiring abortionists to obtain admitting privileges at a hospital within 30 miles of their abortion clinics. (It was challenged in *Planned Parenthood v. Abbott* and upheld, but challenged again in *Whole Woman’s Health v. Hellerstedt* and permanently enjoined.)
 - The Ambulatory Surgical Center (ASC) Standards required abortion clinics to adhere to the building and safety standards already in law for ambulatory surgical centers. (Also permanently enjoined in *Whole Woman’s Health v. Hellerstedt*.)
- 2015:** Continued Defunding of Planned Parenthood as already enacted regarding women’s health programs, and also excluded Planned Parenthood from the Breast and Cervical Cancer Services (HB 1, General Appropriations Act - DSHS Rider 63, 72 and HHSC Riders 29, 74, 85, 87, and 88, 84(R)).
- 2015:** Increased funding for the Alternatives to Abortion program from \$5.15 to \$9.15 million/yr (Amendment to HB 1, General Appropriations Act, 84(R)).

- 2015:** Prevented public school sexuality education programs from promoting abortion; banned Medicaid funding for sexuality education from going to abortion providers or their affiliates; limited sexuality education spending to only programs that comply with each of the federal A-H components of abstinence education; and required an annual report to be submitted to the Legislature on contractor compliance of the previously stated laws (HB 1, General Appropriations Act - HHSC Rider 31 and DSHS Rider 53, 84(R)).
- 2015:** Continued to prohibit dispensing prescription drugs such as birth control drugs and devices to minors without parental consent (HB 1, General Appropriations Act - HHSC Riders 31 and 86, 84(R)).
- 2015:** Reformed the judicial bypass process (the process in which an order from a judge could allow minors to get abortions without the notification or consent of their parents) for abortions performed on minor girls and required written, notarized parental consent be kept; stopped the practice of venue shopping for abortions; increased the standard of evidence necessary to grant a minor an abortion; lengthened the timeline by which a court is required to decide on a judicial bypass application; and required a separate guardian-ad-litem and attorney-ad-litem for the minor be appointed by the court (HB 3994, 84(R)).
- 2015:** Protected victims of sex trafficking at abortion facilities by requiring abortion facility workers and volunteers undergo training to recognize and assist victims of human sex trafficking (HB 416, 84(R)).
- 2015:** Protected unborn babies with disabilities by providing state-created educational materials to parents of unborn babies diagnosed with Down syndrome, without referrals for abortion (HB 3374 84(R)).
- 2015:** Promoted adult, not embryonic, stem cell research and treatments (HB 1, General Appropriations Act, 84(R)) and created the Texas Adult Stem Cell Research Consortium (HB 177, 84(R)).
- 2015:** Required disclosure of sponsors of research projects at public universities like the Texas Policy Evaluations Project at The University of Texas at Austin, which opposes pro-life laws passed by the Legislature; required reporting of sponsors of research in public communications; and required universities to respond to public information requests for the sponsor information (HB 1295 and SB 20 84(R)).
- 2015:** Required counties to report on pregnant women in county jails who suffer miscarriages (HB 1140, 84(R)).
- 2017:** Doubled funding to \$9.15 million/yr for the Alternatives to Abortion Program; continued to defund Planned Parenthood; limited sexuality education spending to programs that comply with each of the A-H components of abstinence education; prohibited funds for prescription drugs to minors without parental consent; prohibited state funded long acting contraceptives from including abortifacients; and continued funding for adult stem cell research (SB 1, General Appropriations Act, 85(R)).

- 2017:** Stopped Planned Parenthood’s trafficking of baby body parts by banning partial-birth abortions, sale and donation of organs and tissues after elective abortion, and research on tissues and organs of victims of elective abortions; and required humane disposition of the bodies of babies who die from abortion and miscarriage (SB 8, 85(R)).
- 2017:** Protected Women from forced abortion, especially victims of sex trafficking, by requiring human trafficking hotline signs at abortion facilities and hospitals; created first degree felony for killing an unborn child of a minor girl who is a victim of sex trafficking; and created enhanced penalties for assaulting woman to force her to have an abortion (HB 2552, 85(R)).
- 2017:** Created conscience protection for foster care providers by protecting the rights of foster care providers to follow their sincerely held religious beliefs to not provide or refer for abortion (HB 3859, 85(R)).
- 2017:** Protected victims of rape by making it easier to terminate the paternity rights of rapists (SB 77, 85(R)).
- 2017:** Required physicians involved in In-Vitro-Fertilization (IVF) to provide information regarding the option of donation of unused human embryos in order to promote donation of, rather than destruction of, human embryos (HB 785, 85(R)).
- 2017:** Banned telemedicine abortions (SB 1107, 85(R)).
- 2017:** Required abortion complications that occur or are treated at abortion facilities to be reported within 72 hours; required abortion complications treated at hospitals to be reported within 30 days; and required the Health and Human Services Commission to publish an annual report (HB 13, 85(1)).
- 2017:** Eliminated mandatory coverage for elective abortions in health insurance plans in the federal Affordable Care Act exchange, government plans, and private plans; and only allowed optional abortion coverage through the purchase of a separate plan (HB 214, 85(1)).
- 2017:** Increased reporting of abortions on minor girls by requiring a physician performing an abortion on a minor girl to report how consent for the abortion was obtained—whether by parental consent or by a court order through the judicial bypass process. HHSC may report the number of abortions on minors and how consent is obtained (HB 215, 85(1)).
- 2019:** Doubled funding for the State’s highly successful Alternatives to Abortion program to \$80 million per biennium (HB 1 - General Appropriations Act, 86(R)).
- 2019:** Defunded Planned Parenthood and other abortion providers at the local level (cities, counties, hospital districts and school districts) (SB 22, 86(R)).
- 2019:** Texas Alternatives to Abortion Information Act required doctors to hand the state’s “A Woman’s Right to Know” brochure to women before consenting to abortion. The brochure is informational resource material (SB 24, 86(R)).

2019: Texas Born Alive Infant Protection Act protected babies who are born alive after an abortion by creating a civil cause of action and a specific criminal offense to hold physicians accountable. The Act created a civil penalty and authorized the Attorney General of Texas to impose a \$100,000 fine on a physician who fails to provide appropriate medical treatment to a child born alive after an abortion. Additionally, it made the criminal offense a third-degree felony (HB 16, 86(R)).

2019: Increased the penalties for assaulting a pregnant woman (HB 902, 86(R)).

Appendix B

Categories of Pro-Life Legislation Enacted in Texas

Abortion Prohibitions

Bans on Abortions

- Banned abortions unless the life of the mother was threatened. (1854: Vernon’s Civil Statutes, Articles 4512.1-4512.4, 4512.6).
 - United States Supreme Court ruled in *Roe v. Wade* (1973) that Arts. 4512.1-4512.4, 4512.6 may not be enforced.
- Banned abortions “during parturition... in the state of being born and before actual birth.” (1854: Vernon’s Civil Statutes, Articles 4512.5)
 - United States Supreme Court did not rule that Art. 4512.5 was unconstitutional.
- Banned abortions in the third trimester for viable unborn babies. Included exceptions for risk of serious impairment to the physical or mental health of the woman and for a fetus with a severe and irreversible abnormality (1987: § 170.002, Health and Safety Code).
- Banned abortions in the third trimester of pregnancy with exception for severe cases (2005: § 164.052(a)(18) Occupations Code).
- Banned abortions after five months gestation (20 weeks post fertilization) and substantially increased abortion facility safety regulations (2013: Subchap. C, Chap. 171, Health and Safety Code).

Bans on Abortion Methods

- FDA Regulations on Abortion-Inducing Drugs — Requires that abortion-inducing drugs may only be administered by a physician according to FDA regulations and the physician must examine the woman 14 days after the procedure (2013: Subchap. D, Chap. 171, Health and Safety Code).
 - Challenged in *Planned Parenthood v. Abbott* and upheld by the 5th Circuit (2014).
- Partial-Birth Abortion Ban — abortions that take place during live birth are banned (Codified federal ban in 2017: Subchapter F, Health and Safety Code).
- Dismemberment Abortion Ban — dilation and evacuation abortions on live babies are banned (2017: Subchapter G, Health and Safety Code).
 - Ban on dismemberment abortions struck down in federal district court; appeal is pending in the 5th Circuit (*Whole Woman’s Health v. Paxton*).
- Telemedicine Abortion Ban — a practitioner-patient relationship is not present if a practitioner prescribes an abortifacient or any other drug or device that terminates a pregnancy (2017: § 111.005(c), Occupations Code).

Legal Recognition and Protection of the Unborn

- Prohibited selling human organs and tissue, including fetal tissue, “for valuable consideration,” making it a third-degree felony offense (1985: § 48.03, Penal Code).

- Included an exception for withholding or removing life-sustaining treatment from pregnant women in the Advance Directive Act (1999: Chap. 166, Health and Safety Code).
- Prenatal Protection Act — Recognized the personhood of unborn children, beginning at fertilization:
 - The act allowed the prosecution of a person who harms or kills an unborn child unless the death was a legal abortion or was the result of an action taken by the mother. (2003: § 1.07(a)(26), § 19.06, § 22.12, § 49.12, Penal Code)
 - Amended the Civil Practice and Remedies Code to allow for wrongful death lawsuits involving unborn children, except for legal abortion and medical procedures. (§ 71.001, Civil Practice and Remedies Code).
- Required counties to report on procedures related to pregnant women in county jails (2015: Chap. 33, Family Code).
- Criminalized all sale, purchase, and donation of organs and tissues after elective abortion and banned research on tissues and organs of victims of elective abortions (2017: Chapter 173, Health and Safety Code and § 48.03, Penal Code).
- Required humane disposition of the bodies of babies who die from abortion and miscarriage (2017: Chap. 697, Health and Safety Code).
 - Humane disposition rule struck down in federal district court; pending in the 5th Circuit (*Whole Woman's Health v. Smith*).
- Required physicians involved in *in vitro* fertilization (IVF) to provide information to patients regarding the option of donation of unused human embryos in order to promote donation, not destruction, of human embryos (2017: Chap. 159, Occupations Code).

Legal Recognition and Protection of Newborns

- Established a living human child born alive after an abortion or premature birth is entitled to the same rights, powers, and privileges as any other child born alive after the normal gestation period. Established a petition for custody of a child born after an abortion may be granted with respect to one parent against another. Further, an authorized representative of Texas Department of Family and Protective Services may assume the care, control, and custody of the child (1979: § 151.002, § 161.006, and § 262.006, Family Code).
- Baby Moses Law / Safe Haven Law — Allowed infants to be legally abandoned at an EMS center (1999: § 262.301, Family Code).
- Texas Born-Alive Infant Protection Act — Protected babies who are born alive after an abortion by creating a civil cause of action and a specific criminal offense to hold physicians accountable by establishing a physician-patient relationship between the infant and the abortion doctor. The Act created a civil penalty and authorized the Attorney General of Texas to impose a \$100,000 fine on a physician who fails to provide appropriate medical treatment to a child born alive after an abortion. Additionally, it made the criminal offense a third-degree felony (2019: § 151.002, Family Code).

Child Abuse and Sex Trafficking

- Required contractors to report suspected child abuse, including statutory rape (2007-Current: HHSC Section 31).
- Protected victims of sex trafficking at abortion facilities by requiring abortion facility workers and volunteers to undergo training to recognize and assist victims of human sex trafficking (2015: Subchap. E, Chap. 171, Health and Safety Code).
- Required human trafficking hotline signs at abortion facilities and hospitals. (2017: § 245.025, Health and Safety Code).
- Created a first-degree felony for killing the unborn child of a minor girl who is a victim of sex trafficking (2017: § 20A.02(b), Penal Code).
- Enhanced penalties for assaulting woman to force her to have an abortion (2017: § 22.01(b) and (c), Penal Code).
- Assist victims of rape by making it easier to terminate the paternity rights of rapists (2017: § 154.001, Family Code).
- Health and Human Services agencies must make a good-faith effort to comply with all child abuse reporting guidelines (2019: HHSC Section 31).

Informed Consent

- Woman’s Right to Know Act — Required that:
 - Informed consent information and resource directory be provided to women 24 hours before an abortion, and
 - Abortions after 16 weeks post fertilization (18 weeks LMP) may be performed only in an ambulatory surgery center (ASC) or hospital (2003: Chap. 171, Health and Safety Code).
- Sonogram Law — Required that women have an opportunity to see the ultrasound image of their unborn child and hear the child’s heartbeat before they consent to abortion and that doctors must privately consult with patients 24 hours before the abortion (2011: § 171.012, Health and Safety Code).
- Protected unborn babies with disabilities by providing state-created educational materials to parents of unborn babies diagnosed with Down syndrome, without referrals for abortion (HB 3374, 84(R)). Chap. 161, Health and Safety Code).
- Texas Alternatives to Abortion Information Act — Required doctors or designee to hand the state’s “A Woman’s Right to Know” informational brochure and directory to women before consenting to abortion. The brochure is informational resource material; the directory lists women’s health clinics in Texas that do not provide abortions or give abortion referrals. Further, required a private consultation with a physician at least 24 hours before the abortion (2019: § 171.012(b)(2) and § 171.012(f), Health and Safety Code).

Conscience Protections

- Medical personnel given right to object to abortion (1977: Chap. 103, Occupations Code).
- Created conscience protection for foster care providers by protecting their rights to follow their sincerely held religious beliefs to not provide or refer for abortion (2017: § 45.004(3), Human Resources Code).

Abortion Facility Safety Regulations

- Texas Abortion Facility Licensing Act — Established licensing and regulations for abortion facilities. Required licensing for facilities used primarily for the purpose of performing abortions. Required reporting of all abortions regardless of whether the facility is licensed. Mandated that only physicians may perform abortions (1985: Chap. 245, Health and Safety Code, and 25 TAC 139).
- Lowered the threshold for requiring abortion facilities to be licensed to facilities that perform 300 abortions per year (1999: Replaced by Chap. 171, Health and Safety Code.).
- Lowered the threshold for requiring abortion facilities to be licensed to facilities that perform 50 abortions per year (from 300 per year) (2003: Chap. 171, Health and Safety Code).
- Required institutions of higher education to report human stem cell research (2013: § 61.051, Education Code).
- Admitting Privileges Rule — Required abortionists to obtain admitting privileges at a hospital within 30 miles of their abortion facilities (2013: § 171.0031, Health and Safety Code).
 - Was challenged in *Planned Parenthood v. Abbott* and upheld by the 5th Circuit (2014). However, it was then challenged again in the United States Supreme Court in *Whole Woman's Health v. Hellerstedt* (2016), and permanently enjoined.
- Ambulatory Surgical Center (ASC) Standards — Required abortion facilities to adhere to the building and safety standards already in law for ambulatory surgical centers (2013: § 245.010(a), Health and Safety Code)
 - Permanently enjoined by the U.S. Supreme Court in *Whole Woman's Health v. Hellerstedt* (2016).
- Required abortion complications that occur or are treated at abortion facilities to be reported within three business days; required abortion complications treated at hospitals to be reported within 30 days; and required the Health and Human Services Commission to publish an annual report. Creates civil penalties for non-compliance (2017: § 171.006, Health and Safety Code).

Funding

Funding for pro-life initiatives

- Allocation of funds to the Alternatives to Abortion program (Current: HHSC Strategy D.1.2., HHSC Rider 80) (2005-2006: \$5 million, 2007-2008: \$5 million, 2009-2010: \$8 million, 2011-2012: \$8.3 million, 2013-2014: \$10.3 million, 2015-2016: \$18.5 million, 2017-2018: \$38.3 million, 2019-2020: \$80 million)
- Umbilical cord adult stem cell banks (Current: HHSC Rider 93) (2007-2008: \$1 million, 2009-2010: \$1 million, 2011-2012: \$2 million, 2013-2014: \$2 million, 2015-2016: \$2 million, 2017-2018: \$2 million, 2019-2020: \$2 million)
- Texas Heart Institute Adult Stem Cell Program (Current: The University of Texas System Administration, Strategy C.1.1) (2009-2010: \$894,133, 2011-2012: \$5 million, 2013-2014: \$5 million, 2015-2016: \$5 million, 2017-2018: \$3.2 million, 2019-2020: \$3.2 million).

Defunding abortion providers and affiliates

- Prohibited funds from the Rural (health) Foundation from being used to provide an abortion or a referral for an abortion, unless there is a medically necessary reason to provide the referral (2001: § 487.713, Government Code).
- Prohibition on state funds from Titles V, X, XX family planning grants being used to pay direct or indirect costs of abortion (2003-Current: various HHSC and DSHS Riders).
 - As Rider 8 in 2003 this provision was challenged in federal court by Planned Parenthood. The state and Planned Parenthood reached a settlement and dismissal agreement, negotiating a separation agreement in order to remain eligible for funding while separating the abortion business from the family planning affiliates. The parties agreed that “legal” affiliate status could be achieved by separate accounting, separate timekeeping, separate signage, and separate boards of directors so as to remain eligible for state funds. *Planned Parenthood v. Sanchez* (5th Circuit, 2005).
- Prioritized the Department of State Health Services Title V, X, and XX family planning grants to (1) public entities and federally qualified health centers, (2) non-public entities that provide comprehensive primary and preventative care in addition to family planning services, and (3) nonpublic entities that do not provide comprehensive primary and preventative care. (2011-Current: HHSC Rider 79 and 2011: § 531.0025, Government Code).
- Denied Medicaid Women’s Health Program (WHP) funding for entities that perform or promote elective abortions or are affiliates of entities that perform or promote elective abortions. (2011: § 32.024(c-1), Human Resources Code).
 - Texas HHSC promulgated regulations interpreting the WHP’s restriction on abortion-related restrictions (1 TAC § 354.1363(a)). Upheld by 5th Circuit in *Planned Parenthood v. Suehs* (2012).
- Banned state funding for hospital districts that fund elective abortions (2011: § 285.202, Health and Safety Code).

- State funded long acting contraceptives may not include abortifacients (2017: HHSC Rider 59).
- No funds for abortion provider or affiliate materials (2017: HHSC Rider 73).
- Defunded Planned Parenthood and other abortion providers at the local level by banning contract between cities, counties, hospital districts, and school districts and an abortion provider or an affiliate of an abortion provider (2019: Chap. 2272, Government Code).

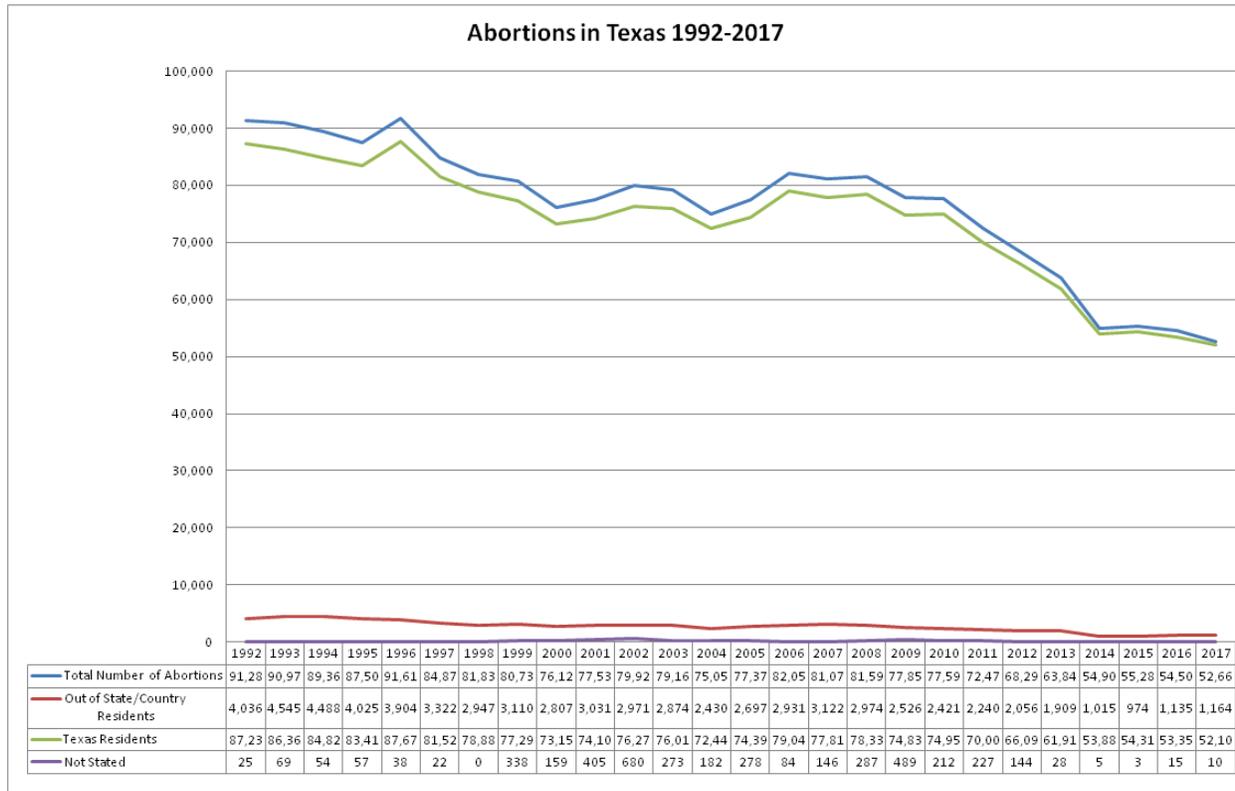
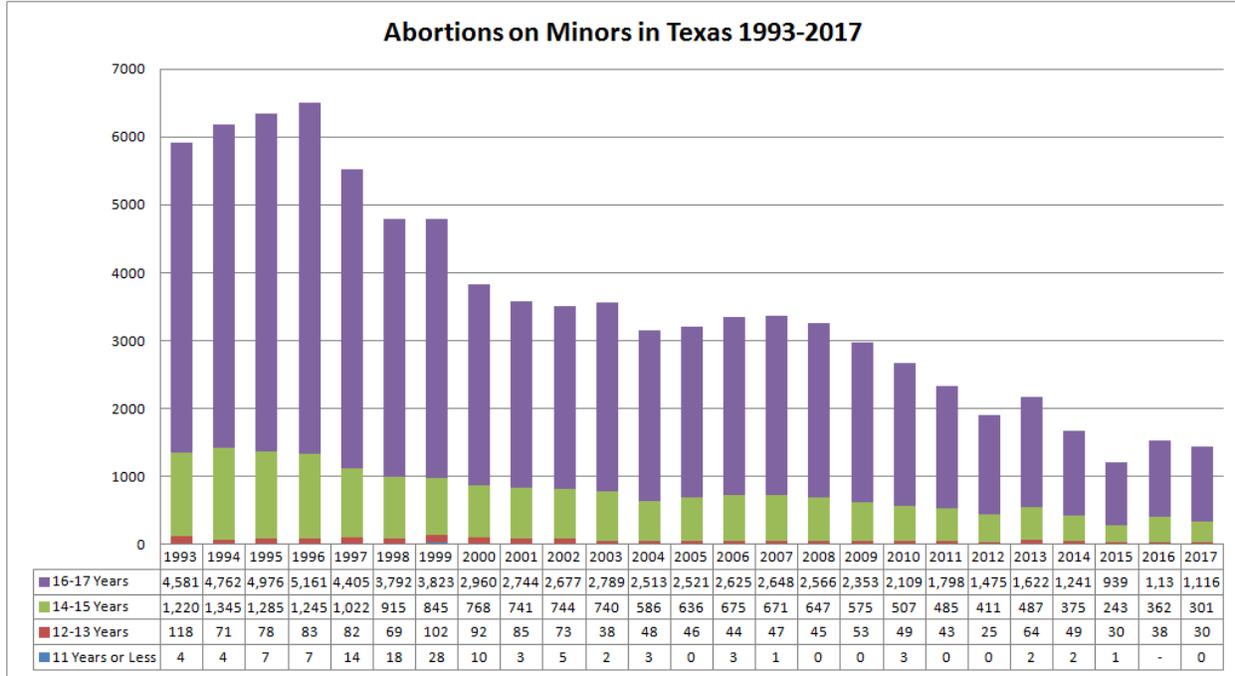
Parental Rights and Protection of Minors

- Required parental notification before an abortion can be performed on a minor girls with a judicial bypass exception when parental notification is not in the child's best interest (1999: Chap. 33, Family Code).
- Prohibition on dispensing prescription drugs to minors without parental consent (2003-Current: HHSC Rider 79).
- Limited sexuality education spending only to programs that comply with a specific definition of abstinence and required an annual report to be submitted to the Legislature on contractor compliance (2005-2015: Replaced with HHSC Rider 71).
- Required written parental consent for abortions on minor girls with a judicial bypass; exception the same as for parental notice (2005: § 164.052 Occupations Code).
- Texas Medical Board adopted a rule requiring parental consent via a signed, notarized six-page form before a physician can perform an abortion on a minor girl (2006: 22 TAC § 165.5).
- Prohibited grants for school-based health clinics from being granted to licensed abortion facilities or their affiliates (2009: § 38.063(e-1), Education Code).
- No funds from Medicaid Family Planning may be used to dispense prescription drugs to minors without parental consent, with limited exceptions (2011-Current: HHSC Rider 72).
- Limited Title V sexuality education spending only programs that comply with each of the federal components of abstinence education and required an annual report to be submitted to the Legislature on contractor compliance (2015-Current: HHSC Rider 71).
- Reformed the judicial bypass process—the process in which an order from a judge could allow a physician to perform an abortion on a minor girl without the notification and consent of their parents (2015: Chap. 33, Family Code).
- Increased reporting of abortions on minor girls by requiring a physician performing an abortion on a minor girl to report how consent for the abortion was obtained: whether by parental consent or by a court order through the judicial bypass process (2017: § 171.006, Health and Safety Code).

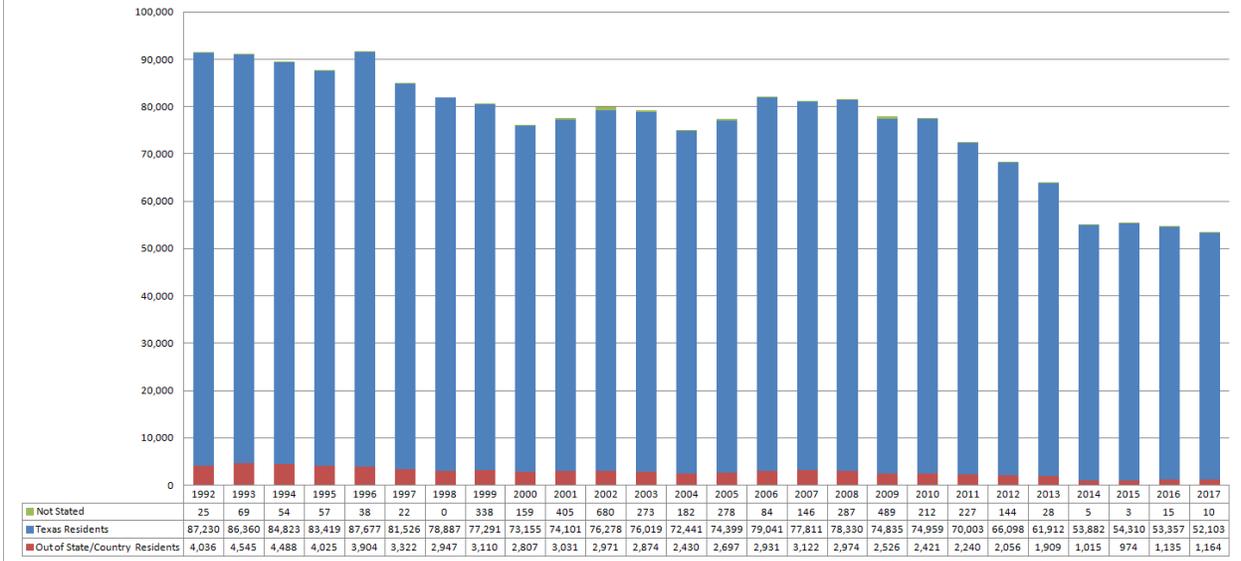
Miscellaneous

- Required HHSC to prepare a scientifically accurate brochure regarding the adult stem cells contained in the umbilical cord blood after the delivery of an infant (2007: § 162.018 Health and Safety Code).
- Authorized the creation of the “Choose Life” specialty license plate to promote infant adoption as an alternative to abortion (2011: Chap. 504.662, Transportation Code).
- Authorized autologous stem cell bank (2011: Chap. 1003, Health and Safety Code).
- Promoted adult, not embryonic, stem cell research and treatments by creating the Texas Adult Stem Cell Research Coordinating Board (2015: Chap. 156, Education Code).
- Required disclosure of sponsors of research projects at public universities like the Texas Policy Evaluations Project at The University of Texas at Austin, which opposes pro-life laws passed by the Legislature; required reporting of sponsors of research in public communications; and required universities to respond to public information requests for the sponsor information. (2015: § 51.954, Education Code and § 321.013, Government Code).
- Eliminated mandatory coverage for elective abortions in health insurance plans in the federal Affordable Care Act exchange, government plans, and private plans; and allowed optional abortion coverage through the purchase of a separate plan (2017: Chap. 1695, Insurance Code)

Appendix C: Data on Declining Abortion Rates in Texas



Abortions in Texas 1992-2017



Abortions on Minors in Texas

