



### HB 2012 (Priority anti-abortion bill)

**ALL bans and restrictions on abortion are extreme. Abortion is health care. The majority of Missourians do not support bans on abortion and we will continue to stand with them no matter what.** These bills have nothing to do with how abortion care actually works and are based on false claims. **HB 2012 will send MISSOURIANS TO PRISON** for supporting and respecting their loved ones in one of the most vulnerable circumstances:  
being pregnant in Missouri.

What started out as anti-science pregnancy tissue research propaganda and accompanying TRAP (targeted regulation of abortion providers) provisions has now been amended by the General Assembly to include propaganda about abortion later in pregnancy, Planned Parenthood Patient Discrimination via “defund,” a **CRIMINALLY ENFORCED BAN** on assisting access to medication abortion, attacks on free speech about abortion access, and more.

In attempt to save political face and distract from the violence of abortion bans, extremist politicians have disingenuously attached a so-called “rape exemption,” establishment of a correctional nursery program, and postpartum Medicaid coverage extension to this bill. We know that these so-called “rape exemptions” to abortion bans are inaccessible, traumatizing, and hollow. We know that bans on abortion and restrictions on sexual and reproductive care access (like at Planned Parenthood) are correlated with **HIGH** rates of maternal and infant mortality. These additions are disingenuous and frankly offensive.

### The Gross Impact of Abortion Bans

- **7 in 10 Missourians do not support political interference in abortion access.**
- **Being denied an abortion has serious consequences.** The largest study of the long term effects of being denied an abortion, the Turnaway Study<sup>1</sup>, found that people forced to continue unintended pregnancies, and consequently their families, are likely to experience long-term economic insecurity and hardship. People denied abortions also face increased risk of future birthing complications and remaining in contact with abusive partners.
  - Black people, indigenous people, latinx people and other people of color, people surviving economic insecurity, LGBTQ+ folks, and people with disabilities are among those hit hardest by restrictions on reproductive health care and abortion. **Our leaders should be focused on closing existing gaps and disparities in access to healthcare**—that have been even further compounded

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<sup>1</sup> Advancing New Standards in Reproductive Health. (n.d.). *The Harms of Denying Women a Wanted Abortion: Findings From the Turnaway Study* [Fact Sheet]. University of California San Francisco. [The Harms of Denying a Woman a Wanted Abortion Findings from the Turnaway Study](#)

by the ongoing public health crisis— not exacerbating these gaps to satisfy craven political ambition and appease extremist special interest groups.

- **We know that Black people, indigenous people, latinx people and other people of color are overpoliced**, and that these bans create new avenues for policing people based on their pregnancy outcomes. Pregnant people have already faced prosecution for their search history of pregnancy termination options,<sup>2</sup> and even been jailed for experiencing a miscarriage.<sup>3</sup>
- People choose abortions for all sorts of reasons— Most people choose abortion **out of love** for themselves, their families, their dreams, their future.
- **People of all gender identities get and need abortions.** Our fight for equality includes creating an inclusive environment that allows everyone – those most impacted by barriers to reproductive healthcare, including trans people, Black and Indigenous people of color – to be safe, supported, and heard.
- The nation’s leading providers of women’s health care, the American College of Obstetricians and Gynecologists, in a clinical guidance document, writes that “all terminations are medically indicated” meaning **all abortions, no matter the individual’s reason, are medically necessary.**<sup>4</sup>
- **Abortion is health care.**
  - Abortion is one of the safest medical procedures offered in the United States.<sup>5</sup>
  - Both medication abortion pills<sup>6</sup> and in-clinic abortion procedures<sup>7</sup> are highly effective.
- **Medication abortion is safe, reliable, and popular.** <sup>8</sup> Since 2000, nearly 3 million people in the U.S. have had safe medication abortions that are facilitated by a medical professional. As of 2017, medication abortions account for approximately 60% of all eligible abortions in the United States.<sup>9</sup>
  - Medication abortion has a lower risk of complications than Tylenol<sup>10</sup>

<sup>2</sup> [How an online search for abortion pills landed this woman in jail](#)

<sup>3</sup> [Oklahoma Prosecution and Conviction of a Woman for Experiencing a Miscarriage is Shameful and Dangerous - New York | National Advocates for Pregnant Women](#)

<sup>4</sup> Increasing access to abortion. ACOG Committee Opinion No. 815. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2020;136:e107-15.

<sup>5</sup> National Academies of Sciences, Engineering, and Medicine 2018. *The Safety and Quality of Abortion Care in the United States*. Washington, DC: The National Academies Press. Pg 161-162.

<https://doi.org/10.17226/24950>.

<sup>6</sup>[The Abortion Pill | Get the Facts About Medication Abortion.](#)

<sup>7</sup>[In-Clinic Abortion Procedure | Abortion Methods](#)

<sup>8</sup> Upadhyay UD. [Safety and Efficacy of Telehealth Medication Abortions in the US During the COVID-19 Pandemic.](#) *JAMA Network Open*. (June 2021).

<sup>9</sup> Jones RK and Jerman J, Abortion incidence and service availability in the United States, 2014, *Perspectives on Sexual and Reproductive Health*, 2017, 49(1):17-27, doi:10.1363/psrh.12015.

<sup>10</sup> [Abortion Pill Mifepristone Is Safer Than Tylenol and Almost Impossible to Get - Bloomberg](#)



- It is safe to prescribe medication abortion pills via telemedicine.<sup>11</sup> Medication abortion can be purchased and received via mail and telemedicine and abortions can be managed safely at home.

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<sup>11</sup> National Academies of Sciences, Engineering, and Medicine 2018. *The Safety and Quality of Abortion Care in the United States*. Washington, DC: The National Academies Press. Pg 58.  
<https://doi.org/10.17226/24950>.