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Summary of Points on Abortion Legislation

House Bill 2467 and Senate Bill 1594:

These bills are identical and would **repeal the Illinois Parental Notice of Abortion Act**. This law requires a parent or legal guardian be notified when a minor – under the age of 18 – seeks an abortion. The law includes a waiver for those children who have been physically or sexually abused. The law was passed in 1993 but was not implemented until 2013 because of legal challenges. In 2013, the Illinois Supreme Court ruled unanimously in favor of the law, thereby allowing it to go in effect in July 2013.

The law has been effective. Illinois Department of Public Health statistics show a decrease in abortions by minors since 2013, when 1,762 minors had an abortion. In 2014, that number dropped to 1,255; in 2015, 1,226; in 2016, 1,037; and in 2017, the most recent year for which data is available, 1,003.

All of the states surrounding Illinois require either parental notification or parental consent for minors seeking an abortion. (Information is current as of May 2018 and is from the Guttmacher Institute.)

Other situations regarding minors:

- Under current law, it is illegal for minors to use an indoor tanning bed. Before that prohibition was implemented on Jan. 1, 2014, minors between the ages of 14 and 17 had to have parental consent.
- Under current law, it is illegal for a minor to get a tattoo or body piercing without parental consent.

House Bill 2495 and Senate Bill 1942:

These are identical bills that would dramatically change current abortion law in Illinois under the misnomer of the Reproductive Health Act:

Repeals the current ban on partial-birth abortion, which is also known as a late-term abortion, which takes place in the third trimester. Current Illinois law defines a partial-birth abortion as "an abortion in which the person performing the abortion partially vaginally delivers a living human fetus or infant before killing the fetus or infant and completing the delivery." A partial-birth abortion is currently only allowed in Illinois to save the life or health of the mother and when a second physician is present. There is a ban on interstate partial-birth abortions, meaning out-of-state residents cannot get such a procedure in Illinois.

Viability is generally defined as a reasonable likelihood of sustained survival of the fetus outside the womb, with or without artificial support. If this legislation passes, a post-viability abortion with no exceptions would be legal in Illinois for residents.

Proponents will say that late-term abortions are rare, and the federal Centers for Disease Control (CDC) in 2015 – the most recent year for its Abortion Surveillance report – stated that 1.3 percent of abortions occur at 21 weeks or later. In 2017, Illinois had a total of 39,329 abortions – 1.3 percent of that is 511 abortions. In comparison, the CDC reports that Illinois in 2017 had 1,543 deaths by firearm.

• Public opinion on partial-birth abortion:

- A May 2018 Gallup poll found that only 13 percent of Americans support abortion in the third trimester. Only 28 percent support it in the second trimester, and 60 percent support it in the first trimester.
- Gallup also points out that the Supreme Court decision in *Roe v. Wade* itself reflects no support for late-term abortion. Under that ruling, the interests of the mother are paramount in the first trimester, but the state has an interest in protecting the fetus after viability.
- o In the words of the decision: "For the stage subsequent to viability the State, in promoting its interest in the potentiality of human life, may, if it chooses, regulate, and even proscribe, abortion except where necessary, in appropriate medical judgment, for the preservation of the life or health of the mother."
- Defines abortion as a fundamental right and as health care.
- Eliminates the requirement that a doctor perform the abortion, allowing an advanced practice registered nurse to do so.

- Removes abortion clinics from health and safety regulations required of free-standing surgical centers.
- Mandates health insurance plans cover abortion, at no cost, with no restrictions, and with no delay.
- Repeals the Abortion Performance Refusal Act, which protects doctors, nurses, other medical personnel, and hospitals from their losing license if they refuse to permit, recommend, perform or assist in an abortion. (Note: We still have the Illinois Health Care Right of Conscience Act, which states that no medical personnel "shall be under no duty to perform, assist, counsel, suggest, recommend, refer or participate in any way in any form of medical practice or health care service that is contrary to his or her conscience." But the Abortion Performance Refusal Act specifically states abortion.)
- Eliminates the requirement that a coroner investigate the death of a mother due to an abortion. Who is watching the incompetent doctors?

The Two Pieces of Legislation Together:

If these bills pass, minors under the age of 18 would be able to get an abortion from someone who is not a doctor without the knowledge of their parents.

Other Abortion Information for Illinois

Taxpayer-funded abortions: On Jan. 1, 2018, a new law was implemented allowing taxpayer dollars to pay for elective abortions for state employees and Medicaid clients. Taxpayer-funded, elective abortions are now on the increase, according to a <u>recent media report</u>. From January 2018 to June 2018, the state reimbursed providers for 1,561 such abortions. From January 2017 to June 2017, the state reimbursed providers for 84 such abortions. That's an increase of 1,477 cases, or 1,758 percent.

Out-of-state-abortions: Non-residents of Illinois are increasingly coming to Illinois for an abortion, according to Illinois Department of Public Health statistics.

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2017: 5,528 out-of-state abortions
2016: 4,453 out-of-state abortions
2015: 3,210 out-of-state abortions
2014: 2,979 out-of-state abortions
2013: 3,189 out-of-state abortions (Parental Notice Act implemented in July 2013)
2012: 3,138 out-of-state abortions
2011: 3,139 out-of-state abortions
2010: 3,050 out-of-state abortions
2009: 3,624 out-of-state abortions
2008: 3,903 out-of-state abortions
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Restrictions on Abortion in Illinois and Surrounding States

(Information from the Guttmacher Institute, as of May 2018)

Illinois

Parental notification is required for a minor.

Indiana

- Woman must get state-directed, in-person counseling, including information designed to discourage her from an abortion, and then wait 18 hours before the procedure is provided. Counseling must occur before wait period, resulting in two separate trips to the facility.
- Private insurance coverage: Only in cases of life endangerment, rape, incest or if the woman's health is severely compromised, unless individuals purchase an optional rider at an additional cost.
- ACA coverage: Coverage only if a woman's life is endangered or her health is severely compromised, or in cases of rape or incest.
- Public employee insurance coverage: Only in cases of life endangerment, rape or incest, or when the woman's heath is severely compromised, unless an individual purchases an optional rider at an additional cost.
- Telemedicine: Prohibited
- Parental consent is required for a minor.
- Public funding of abortion: Only in cases of life endangerment, rape and incest, and when the procedure is necessary to prevent long-lasting damage to the woman's physical health.
- Ultrasound: A woman must undergo an ultrasound before obtaining an abortion; the provider must offer her the option to view the image.

Iowa

- Parental notification is required for a minor.
- Public funding of abortion: Only in cases of life endangerment, rape, incest or fetal anomaly.
 The governor must approve each Medicaid-funded abortion.
- Ultrasound: A woman must undergo an ultrasound before obtaining an abortion; the provider must offer her the option to view the image.

Wisconsin

- A woman must get state-directed, in-person counseling, including information designed to discourage her from an abortion, and then wait 24 hours before the procedure is provided. Counseling must occur before wait period, resulting in two separate trips to the facility.
- ACA coverage: Coverage only if woman's life is endangered, her physical health is severely compromised, or in cases of rape or incest.
- Public employee insurance coverage: Only in cases in which the woman's life is endangered, her physical health is severely compromised, or in cases of rape or incest.
- Telemedicine is prohibited.
- Parental consent is required for a minor; health professionals are allowed to waive parental involvement in limited circumstances.
- Public funding: Only in cases of life endangerment, rape and incest, and when the procedure is necessary to prevent long-lasting damage to the woman's physical health.
- Ultrasound: A woman must undergo an ultrasound before obtaining an abortion; the provider must show and describe the image to the woman.

Kentucky

- Woman must get state-directed, in-person or telemedicine counseling, including information designed to discourage her from an abortion, and then wait 24 hours before the procedure is provided. Counseling must occur before wait period, resulting in two separate trips to the facility.
- Private insurance coverage: Only in cases of life endangerment, unless individuals purchase an optional rider at an additional cost.
- ACA coverage: Only if the woman's life is endangered, unless individuals purchase an optional rider at an additional cost.
- Public employee insurance coverage: None.
- Parental consent is required for a minor.
- Public funding: Only in cases of life endangerment, rape or incest.

Missouri

- Woman must get state-directed, in-person counseling, including information designed to discourage her from an abortion, and then wait 72 hours before the procedure is provided. Counseling must occur before wait period, resulting in two separate trips to the facility.
- Private insurance coverage: Only in cases of life endangerment.
- ACA coverage: Only if the woman's life is endangered.
- Public employee insurance coverage: Only in cases of life endangerment.
- Telemedicine is prohibited.
- Parental consent is required.
- Public funding: Only in cases of life endangerment, rape or incest.