Abortion:

Trap Laws

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In the last four decades, the social issue of abortion has remained a controversial topic that has never died down or even come close to some sort of solution. Another forty years may past, and it may never get resolved, or any progress may come about because of the constant clashing among supporters who are for or against it, whether they are law makers or protesters. The everyday stories that you see on the news has made this topic a rollercoaster of arguments of whose right and who’s wrong along with questionable policy making and so forth. For both parties, their motives revolves around the 1973 Supreme Court ruling of Roe v. Wade which legalized abortions, and the 1992 Casey v. Planned Parenthood ruling which set ground rules on how states regulate getting an abortion. The long term goal for advocates who are pro-life, want the Roe v Wade ruling over turned, but as of right now their short term goal is enforcing restrictions within the system of abortions. The way they have gone about it is by implementing TRAP Laws which stands for Targeted Regulation of Abortion Provider. Every detail surrounding getting an abortion from funding, inaccurate counseling scripts, state-mandated ultrasounds (Gold and Nash) the procedure itself, and the clinic owners are all being regulated or some may say targeted.

***Funding***

*Medicaid*

The main objective of the TRAP laws is to restrict or regulate any part of the procedure, and the most obvious way of going about that is targeting the money that is needed to pay for it. Legislatures have gone after the Medicaid system, and the most famous organization that supplies abortions to women Planned Parenthood.

In 1976 the Hyde amendment was passed by congress. It stated that abortions will not be covered for women who use Medicaid as their insurance. In the following years the amendment would be changed from no coverage to the exception that a woman gets pregnant because of rape, incest or the pregnancy is endangering her life. Medical facilities that provide abortions under those exceptions are qualified for reimbursement from Medicaid. The providers would have to file a claim stating it’s for an abortion that follows the three exceptions, but based on a study abortion providers still faced difficulties getting reimbursement all because of the bias of the administrative personnel of the Medicaid office (Kacanek et al., 2010). The problem involved Medicaid administrative delaying paper work, conveniently being unavailable, or simply expressing that abortion was wrong and they were not going to approve any claims that involved abortion. In the same study a Medicaid employee was unaware it was legal and said it was not. The medical provider tried to explain that it was legal because the patient was raped, but the file still went unclaimed. The study also shed light on some clinics who experienced raids which resulted in medical file getting confiscated all because they performed abortions. All of this would discourage any abortions provider from filing any claims to pay for the procedure.

Another problem using Medicaid as a mean to pay for the costs of abortions is the actual physicians themselves. Some physicians “refuse to sign because they oppose abortion or they fear accusations of coercing patients or of Medicaid fraud.” Medicaid fraud is an issue because physicians don’t want to be involved in a rape case where a woman could possible lie all because she know that is her only way of getting an abortion. It poses the question how does one go about proving a woman was rape if there is no police report, and the information that was given doesn’t necessarily prove or disprove her story.

As a result of this, an abortion provider’s only option to provide the help and care women seek out in their facilities are to pay out of pocket. If they are unable to do so, their next source of income comes from abortions funds or private insurance. Medicaid no longer is an option because of the bias among the staff and the doctors. Even if a provider does receive any reimbursement, the amount is too low to even cover the average cost of abortions or it’s not even half the amount ultimately making it useless to the clinic and its patients.

Even though many abortion providers had experience set backs on getting reimbursed, there were some who thought of ways to approach their situation differently and not rely on Medicaid at all. Described by Dennis et al (2011) some providers and their staff decided to establish a friendly relationship with the Medicaid representatives. This would turn out to be a temporary fix because once the liaison left the company their claims were no longer filed. Clinics that have the resources would hire highly skilled personnel to specifically handle any billing issues, and this seem to be affective, unfortunately this approach did not work so much for smaller facilities because they lack the same resources. Another way that seem to work was clients were told to contact Medicaid offices directly and demand for the qualifying abortion that was needed. If the medical providers were still unsuccessful getting the claims filed, then legal action was considered. For some it worked and for other it did not. There was a woman who stated she was afraid to pursue a lawsuit because she was concerned on how it may have a negative effect on future cases in her state.

*DEFUNDING PLANNED PARENTHOOD*

Of all the medical services Planned Parenthood provides, legislators are only focusing on the fact that they perform abortions, but not all planned parenthood perform the procedure and many states allows it to be done based off of the Hyde amendment. Because they are going after anyone affiliated with providing this medical procedure, they are inadvertently affecting other medical resources. From the congressional digest it was reported in 2013 the amount of women that went for other medical services beside abortions, 500,000 women for breast cancer screening, 400,000 women for cervical exams and 4.5 million women who sought out treatment related to STDs and STIs (Ernst et al., 2015). Defunding Planned Parenthood means thousands of women will have many health issues go on unchecked because there was no money.

Law makers who want to defund Planned Parenthood, believe that community health centers, hospitals, and other private nonprofits will be able to take the place of the organization, but it’s unrealistic when there is a shortage of primary care providers, and community health centers already supplying the high demands of the public, and to take on the clients of planned parenthood would be unfeasible. Ernst et al (2015) give an example of how the idea of defunding of Planned Parenthood would not work. The state’s legislature of Indiana decided prisons, juvenile detention centers, and homeless shelters could possibly be the new facilities and health care providers if Planned Parenthood were to be defunded. Planned Parenthood is too big of an organization to lose its funding especially when so many rely on it.

On March 25 2016, if you were a clinic that performed abortions in the state of Florida, the state funding that you received would be cut because of the law that Governor Rick Scott signed off on. As a result of this law, other medical services will be affected not just abortions which state funding never applied to the controversial procedure to begin with. The medical services affected are birth control, cancer screening, and other services Planned Parenthood supplies (Stack). It is laws that were written by Governor Scott that are constantly being written and getting pasted all over the nation.

***EXPOLITATION***

When it comes to abortions, there are two views, the first being the supporters who are pro-life, and believe that all the laws that are enacted across the nation are needed to protect the life of the unborn child as well as the life and the mind of the woman. On the other hand the advocates who are pro-choice believe the TRAP laws has nothing to do with the protection of mother and child, but to simply get around Roe V Wade, and to stop and prevent women from having the right of getting an abortion.

*The Voiceless*

Patients that rely on the other medical services Planned Parenthood provides will suffer because TRAP laws and loss of funds. According to Ernst et al (2015) one in five American women will go to Planned Parenthood for services at some time during their lives.” They provide other medical services such as STD testing, birth control pills, men sexual health. General services are provided as well such as flu shots, high blood, diabetes screenings, and physical exams. They even provide counseling about body image, sexuality, and health relationships. The list goes on but abortions are made out to be the only medical service. Everything is important, but what laws that affect abortion issues will affect all the other aspects of planned parented and private medical providers too.

*Women*

It is known everyone experiences things differently no matter the situation. When it comes to abortion, the anti-abortion groups share their beliefs getting abortions causes sadness, depression, or a sense of guilt. Whereas you have the women who were sure in their decision in getting an abortion and their reasons were because of financial strains, future career goals or simply they were not ready to become a mother. Then you have the women who are stuck in the middle, whether they want the procedure then change their mind, these TRAP laws take away that right. If a woman has to bring a child to full term all because of the laws, how does that impact her life as well as her family and friends? Even if she loves the baby unconditionally who knows how each woman’s life would be affected. It is not realistic to believe that all women will be fine after keeping a baby that was not planned. For some it will alter their life for the better and for others it will not and how that life will turn out can end up in a magnitude of ways. Because of the lack of knowledge, women are being told incorrect information all to prevent them from going through with the procedure (Daniels et al., 2016). These women should not be taken advantage off when some are already in an emotional frame of mind. Being told the baby feels pain during the early stage of development is absolutely wrong to tell a woman who already feels stigmatized because of the society we live in.

Those who are most affected by TRAP laws, the potential of defunding Planned Parenthood, and other restrictive laws are low income women, immigrant women, and women of color. Low income women in Vermont rely heavily on Planned Parenthood because it is the main resource for their health needs to be met, and they are located in the rural parts of the state (Ernst et al., 2015). The TRAP law that states that facilities that perform the procedure must be equivalent to ambulatory surgical centers (Gold and Nash), and unable to meet those requirements will see the health of women in Vermont decline dramatically since 90% of health care providers is Planned Parenthood facilities. Women who live in rural areas have to take in consideration travel costs, waiting periods, multiple visitation rules and increased clinic expenses for going to facilities further away.

Low-income women, who already have given birth to a child, will still suffer from abortions issues. According to Medoff (2014) low income women are most likely to experience postpartum depression because the states they live continue to have restrictive laws against abortions. When TRAP laws go into effect, some women will have a difficult time finding another clinic because their local provider closed, scheduled appointments were cancelled, travel time and cost becomes a deterrent, the waiting periods resulted in some women being too far along in their pregnancy to even get an abortion, and last but not least some women contemplated self-induction all which was described by Fuentes et al (2016).

*Fetal tissue research*

In 2015 an anti-abortion group released footage of a physician from the Planned Parenthood organization in a harsh tone discussing how she harvests fetal organs from abortions for research. Because of what was supposedly on the footage, all the pro-life supporters, and law makers made it their mission to defund the organization. The image of fetal tissue research also was damaged making many to believe that it was illegal and that profits were made. Apparently fetal tissue is legal and base off US regulations “Providers may not transfer fetal tissue for profit, but can receive funds to cover ‘reasonable payments’, such as for processing, storage and transportation.” Described by Wadman (2015), she looked into the National Institute of Health to discover that it is legal, and the NIH funded millions of dollars in 2014 to further research that focused on HIV/AIDS, retinal disease, fetal development, and other studies. Also fetal tissue can only be used if they the researcher received the consent of the owner again making it legal. As a result of that footage those who study and use fetal tissue were swept up in a bad storm among the two sides of the abortion issue. The researcher Lishan Su that Wadman referred to said that pro-life supporters used the situation to further their efforts to not only emphasize that abortion is wrong, but also to taken down Planned Parenthood.

*The Baby*

I believe the new born child ends up getting the short end of the stick and it’s unfortunate because their life just started. What kind of life does this child has once it’s born? Once they are born the pro-life supporters stop fighting, they don’t continue voicing their opinions once the baby is here, and it should be more than the foster care system. If it is the foster care system then the whole dynamics of that needs to be improved, but that is another topic. The child may grow up into poverty because who’s to say the mother is able to provide for herself, and whether the child’s father is around. Will the child starve because the parents are unable to buy food; if they struggle to buy food, is getting medical help even a thought. What if the mother was really upset she could not get an abortion, will she take her anger out on the child whether it’s a few months old or five years old? Because women of all age, backgrounds and socioeconomic status get abortion the life, how a child life will turn out is endless, but for the women who are 18 years old and under or the woman who is an immigrant and already has struggle on day to day basis, what is the struggle once they add a new born into their lives. For some their situation may work out for other it may not, and that is something one can never know.

*Solution*

I imagine an artistic solution that would really speak to people from all walks of life. The perfect place to achieve that would be right in New York City. Every week around the city where there is high traffic of people, Union Square, 34th street, 42nd street, Harlem, central park, or maybe locations that will get you arrested, the phrase *‘If Abortion is Wrong so is…..’* would be seen at the top of large metal easels, which are not simply just put on the streets they are strategically placed so people have to stop and look, maybe even struggle to move them. Every art piece would be done by various artists and their piece can reflect their culture whether it’s in a different language or about an event that took place in another country to connect with the people melting pot that is New York City. The art work could reflect an assortment of things from event of the past or the present, as well as reflect things people might say or do in their daily life. Social media will also play a role by letting people share and post their own artistic view online, and for those who see the work of art on the streets they can take a picture and post which art work stood out for them and why. Every artist will then come up with laws of their own to reflect the impact of TRAP laws. There are a lot of things in life and in history thaw were wrongs but it doesn’t give some people the right to impose their beliefs or restrictive laws on others, and maybe see it through art can bring about a new perspective.

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