



# Advocacy Update

## **43 Years After *Roe v. Wade* the Fight for Reproductive Rights Continues**

Sent January 21, 2016

Tomorrow marks the 43rd anniversary of *Roe v. Wade*. In its decision, the Supreme Court ruled that the government cannot decide when life begins and that the question of when life begins is a religious one. It further held that for courts or the government to make a law deciding when life begins would be to establish one religious viewpoint as the official government position. The Court also ruled that a woman's right to privacy is protected by the Constitution, and that the government cannot interfere with this right without a compelling reason. *Roe v. Wade* impacted the lives of many women and because of it, abortion has become a safe medical procedure.

Unfortunately, today, because of a variety of subsequent decisions, laws and regulations, reproductive rights have been restricted, *Roe v. Wade* is at risk, and abortion services are not equally accessible among women in the United States.

### ***Whole Woman's Health v. Cole***

One of the most significant cases that the Supreme Court of the United States is taking up this term is [\*Whole Woman's Health v. Cole\*](#), which deals with questions about access to abortion. Since *Roe v. Wade*, one way that anti-choice advocates have diminished the impact of *Roe* is through Targeted Regulation of Abortion Providers (TRAP) laws. TRAP laws are rules and regulations that create unreasonably high standards for clinics where abortions are provided. These regulations have no medical or safety basis, and have forced many abortion clinics to close. Specific to this case, in 2013, [Texas passed HB2](#), a TRAP law that imposed numerous restrictions on clinics and abortion providers. The two most notable parts of HB2 are that doctors who provide abortion services must obtain admitting privileges at local hospitals no farther than 30 miles away from the clinic and every health care facility offering abortion care must meet the standards of ambulatory surgical centers. Both of these measures are medically unnecessary to provide safe abortion procedures to women, and serve only to cause reputable health care providers to go out of practice due to the high cost and impracticality of meeting these standards.

[Prior to the passage of HB2, Texas had over 40 facilities that provided abortion services. As of October 2015, this number has dropped to 19.](#) While on average, Americans need to travel 59 miles to get to an abortion clinic, with the reduced number of providers, people in Texas on average need to travel 111 miles to get to a clinic, [a number that has increased significantly over the past few years](#). With the loss of so many abortion providers in Texas, too many women are not able to exercise their right to terminate a pregnancy.

In the 1992 landmark case [\*Planned Parenthood v. Casey\*](#), the Supreme Court ruled that state regulations of abortion must not place an "undue burden" on a woman's access. In *Whole Woman's Health v. Cole*, the Supreme Court will address whether the admitting privileges and ambulatory surgical center requirements of HB2 violate this "undue burden" standard established in *Planned Parenthood v. Casey*. [As TRAP laws similar to HB2 in Texas exist in many states](#), the Supreme Court's upcoming decision in *Whole Woman's Health v. Cole* (which is expected to be made in June) will impact millions of women and families, and has the potential to change the future of reproductive rights in the United States.

Because protecting women's reproductive rights is important to Women of Reform Judaism, [we signed onto an amicus brief in this case](#) which was authored by the [National Women's Law Center](#). The brief argues that abortion restrictions such as HB2 deny the equal dignity guaranteed to women under the Fourteenth Amendment by unduly burdening a woman's constitutional right to decide whether or not to carry a pregnancy to term. Such laws violate women's constitutionally-protected liberty to make intimate,

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personal decisions and impose substantial costs on women, depriving them of the ability to access medical services on equal terms. The Union for Reform Judaism and the Central Conference of American Rabbis signed onto an [amicus brief](#) authored by the [Religious Institute](#) which argues that many religious traditions recognize and support the moral right of each woman to make her own decisions about her pregnancy in accordance with her faith and conscience, and that all women—including the poor and less fortunate among us—should be able to exercise that right without unnecessary constraints or impediments. Keep up to date with the [WRJ blog](#) and the [Religious Action Center](#) for more information about *Whole Woman's Health v. Cole* as the Supreme Court's term progresses.

### **Abortion Access in Health Insurance**

Contrary to what many people believe, federal funding does not go towards abortion services, except in very limited circumstances. This is because in 1976, just three years after the *Roe v. Wade* decision, Congress passed the Hyde Amendment, and has renewed it every year since. The Hyde Amendment bans the use of federal dollars for abortion except in cases of rape, incest, or when the mother's life is in danger. This applies to all federally-administered health care plans such as Medicaid, Indian Health Service, and TRICARE. [The impact of this federal ban is to restrict access to abortion for over 29 million women nationwide](#), just because of who provides their health insurance. Further, the Hyde Amendment disproportionately impacts minority and low-income women, many of whom receive coverage from these federal programs. Last summer, Representative Barbara Lee (D-CA-13) introduced the [Equal Access to Abortion Coverage in Health Insurance Act, also known as the EACH Woman Act \(H.R. 2972\)](#). The EACH Woman Act would repeal the Hyde Amendment, guaranteeing that every person who receives care or insurance through a federal plan or program will have coverage for abortion. The EACH Woman Act is critical; when women do not have access to abortion through their health insurance, their right to choose and their health care are diminished.

### **WRJ Supports Reproductive Rights**

[Women of Reform Judaism takes pride in its long history of advocating for women's rights](#), access to reproductive health care central among them. We know that the right to make decisions about when, if, and how to start a family—including through access to safe, legal and affordable abortion services—is essential for women to be able to maintain their health, to pursue educational and career goals, to carve their personal path, and to participate fully in society. To learn about WRJ's policy and advocacy for safe, legal, and affordable abortion access, visit [WRJ's webpage on reproductive rights](#).

As Reform Jewish women who understand that the decision to terminate a pregnancy is deeply personal and often guided by faith, we affirm the right of all women to make their own decisions about their health care, their bodies, and their future in concert with whomever they choose to consult. Our tradition guides our unwavering commitment not only to protecting a woman's right to choose, but also to ensuring that abortions are safe, legal, and affordable.

Let us look back on the last 42 years with gratitude that for many women, *Roe v. Wade* introduced a new openness and freedom around reproductive choices. At the same time, we cannot forget that real access to reproductive health care is still not a reality for many women in the United States. Let us take the opportunity of this anniversary to reflect on what it means to have true access to reproductive health services, to strengthen our voice as faith advocates, and to recommit ourselves to working toward reproductive justice for all women and their families.