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Life

Summary and Key Talking Points

Policy Proposals

1. Eliminate taxpayer funding for elective abortion here and abroad and redirect federal funding of Planned Parenthood to health centers not involved in abortion.
2. Protect conscience rights of doctors, nurses, and other medical practitioners.
3. Protect unborn children, women, and girls from dangerous chemical abortion drugs.
4. Resist the push for physician-assisted suicide (PAS).

Quick Facts

1. Seven in 10 Americans believe that abortion should be limited to, at most, the first trimester.
2. Pro-life pregnancy resource centers served nearly 2 million people in 2019, providing an estimated nearly \$270 million in services such as ultrasounds, parenting and prenatal classes, diapers, clothing, and other supplies.
3. Today, roughly 1 million abortions are performed in the U.S. every year.
4. During the 2020–2021 reporting year, Planned Parenthood received \$633.4 million in taxpayer funding, up from \$618 million the previous year.

Power Phrases

Establish Equal Rights

- All human beings, from the moment of conception, are persons with intrinsic worth and have the fundamental right to life.

Redirect Planned Parenthood Funding

- The abortion industry is well-funded, organized, and committed to expanding unlimited abortion at the expense of other essential medical services.

Protect the Vulnerable

- Legalizing physician-assisted suicide is a grave mistake that endangers the weak and vulnerable, corrupts the practice of medicine and the doctor–patient relationship, compromises family commitments, and betrays human dignity and equality before the law.

The Issue

In June 2022, the Supreme Court righted a legal and moral wrong when it overturned *Roe v. Wade* and opened the door for policymakers to pass more pro-life measures at the state and federal levels. This opportunity should not be squandered.

Many states have passed laws to protect women and unborn children since *Roe*'s reversal. Meanwhile, pro-abortion states are doing the opposite. Some have even enshrined abortion on demand until birth in state constitutions. At the federal level, the Biden Administration will continue to use the administrative state to achieve what it cannot accomplish through the democratic process.

Abortion-pill pushers, especially in pro-abortion states, undermine pro-life efforts by promoting and trafficking chemical abortion drugs across state lines to pro-life states. As a result, abortion pills are the next pro-life battlefield.

In the *Dobbs* decision, the Supreme Court made clear that the people can protect unborn life at any stage through “their elected representatives...in the States or Congress.” From gestational limits on abortion to protecting life and conscience in funding measures to government oversight and accountability, federal policymakers have an opportunity—and a constitutional duty—to legislate robust pro-life policies.

Policymakers and the American people should keep this fundamental principle in mind: From the moment of conception, every human being has inherent dignity and worth. American law should protect innocent human life, including in the womb.

Recommendations

In order to protect unborn children, U.S. policymakers should:

Enact robust gestational limits. Congress should protect unborn children with beating hearts through the Heartbeat Protection Act. While several states have already done so with similar or more robust laws, many others have not. Some states have no gestational limits at all. This status quo—where Texas protects unborn children fully, but California treats them as medical waste—is unacceptable. Congress should use its constitutional authority to protect the youngest and most vulnerable in every state.

Limit the interstate flow of chemical abortion drugs. Congress can, and should protect unborn children, women, and girls from dangerous chemical abortion drugs. Congress should also stop the Food and Drug Administration (FDA) from prioritizing the abortion industry over Americans' health and safety. In the spring of 2021, under the cover of containing COVID-19 and contrary to long-standing safety protocol, the FDA ended the requirement that chemical abortion drugs be dispensed in person in limited health care settings. In 2023, the FDA formally sanctioned telemedicine abortion where a woman can be prescribed abortion pills via video call without a single in-person doctor visit. She can then receive the pills through the mail or in a pharmacy instead of in person from a physician, which was required by previous chemical abortion regulations. In the post-*Dobbs* landscape, many states have passed new pro-life laws. But abortion-pill pushers, especially in pro-abortion states, undermine these efforts by promoting and trafficking chemical abortion drugs across state lines to pro-life states. As a result, abortion pills are the next pro-life battlefield. Congress should step in. The Support and Value Expectant (SAVE) Moms and Babies Act is a start. The bill bars the FDA from approving any new abortion drugs. For abortion drugs currently approved, the bill reinstates the in-person dispensing requirement, once again disallowing mail-order and telemedicine abortions. The bill also improves post-marketing safety surveillance to better track health complications and adverse events. In practice, the bill would put a stop to the Biden Administration's reckless disregard for women's health and safety—just a start

on the way to banning these dangerous drugs. Congress should use every tool at its disposal to limit the threats these pills pose to women, girls, and unborn children.

End taxpayer funding of elective abortion and the abortion industry. Congress should stop tax dollars from funding elective abortions and supporting the abortion industry once and for all. Rather than relying on a patchwork of “riders” that must be applied to appropriation bills every year, the No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act would permanently end federal funding for elective abortion or health insurance coverage of abortions. Congress should also end federal funding for the abortion industry and direct funding to centers that provide real health care for women. The Protecting Life and Taxpayers Act would require that groups seeking federal funding certify that they will not perform abortions or fund other entities that do. This would in effect defund abortion providers, such as Planned Parenthood, the International Planned Parenthood Federation, and Marie Stopes International. Federal resources should instead go to pregnancy resource centers and entities that provide high-quality, comprehensive care that is not entangled with the abortion industry.

Protect the lives of abortion survivors. Congress should protect babies who survive abortion attempts. Federal law recognizes that infants born at any stage of development, regardless of the context of the birth, are “persons.” But this law does not specify duty of care for these babies. The Born-Alive Abortion Survivors Protection Act would require that an infant born alive after an abortion attempt receive proper medical care. It would punish health care providers who do not provide such care, and it would criminalize infanticide. It is known from government sources in the United States and across the world that babies can and do survive abortion attempts. Allowing these babies to suffer death by neglect is utterly unacceptable. Fixing this problem should not be controversial.

End “lethal discrimination” against Down syndrome babies. Congress should also protect babies from lethal discrimination in the womb. One way is through the Protecting Individuals with Down Syndrome Act, which would protect a child from abortion because a test result or diagnosis indicates the child has Down syndrome. The bill also prohibits forcing or coercing a woman to abort a child who has or may have Down syndrome. A 2022 Joint Economic Committee report finds that between 60 percent and 90 percent of baby boys and girls diagnosed with Down syndrome are aborted. It estimates that without these selective abortions, “the Down syndrome population would be 217,000 people greater in 50 years, an increase which is greater than the current Down syndrome population.” A dozen states protect unborn children from such lethal discrimination in the womb. The federal government should follow their lead.

Protect conscience rights. Many Americans cannot in good conscience provide, pay for, or refer women for, abortions. Congress protects American citizens and entities from being forced to do so through policies such as the Church Amendments, the Coats–Snowe Amendment, and the Weldon Amendment. (The latter is an annual rider in appropriations bills, not a permanent statute.) If someone believes that his conscience rights have been violated, he can file a complaint with the Office for Civil Rights at the Department of Health and Human Services (HHS). But the current Administration has failed to enforce conscience laws. The Conscience Protection Act would codify the Weldon Amendment and provide Americans with a private right of action for conscience violations. Such a right does not guarantee a certain outcome, but it would allow Americans to have their day in court rather than rely on potentially hostile government bureaucrats for relief.

Resist the push for physician-assisted suicide (PAS). Nearly a dozen states allow physician-assisted suicide, and proposals are filed in additional state legislatures each year. Legalizing PAS endangers the weak and vulnerable, corrupts the practice of medicine and the doctor–patient relationship, compromises the family and intergenerational commitments, and betrays human dignity and equality before the law. The experience of countries with PAS and euthanasia suggests that safeguards intended to limit PAS eligibility to the terminally ill or to certify autonomous consent often fail to ensure effective control. Instead of embracing PAS, policymakers should focus on the benefits of palliative care to improve a patient’s quality of life by alleviating pain and other distressing symptoms of serious illness.

Facts + Figures

FACT: Legalized abortion on demand has had a devastating impact on mothers, fathers, their unborn babies, and civil society.

- Since the 1973 *Roe v. Wade* and *Doe v. Bolton* decisions legalizing abortion on demand, more than 62 million humans have lost their lives to abortion in America. Today, roughly 1 million abortions occur in the U.S. every year.

FACT: The majority of Americans believe that abortion should be significantly restricted.

- Seven in 10 Americans believe that abortion should be limited to, at most, the first trimester, or available only under rare circumstances.

FACT: Despite its claims to the contrary, the abortion industry is well-funded, organized, and committed to expanding unlimited abortion at the expense of other services.

- Planned Parenthood's annual report for 2020–2021 reveals that the organization performed 383,460 abortions in a single year, an all-time high.
- Since 2010, cancer screening and prevention services have decreased by 74 percent, prenatal services have decreased by 72 percent, and the number of unique patients has decreased by 28 percent.
- During the 2020–2021 reporting year, Planned Parenthood received \$633.4 million in taxpayer funding, up from \$618 million the previous year.
- During that time, Planned Parenthood performed nearly 200 abortions for every adoption referral.

FACT: The rate of pill-induced abortion increased by 120 percent in the past decade, and the abortion industry is agitating to remove existing safety standards to make dangerous chemical abortions even more common.

- Chemical abortion allows women to have abortions at home without medical supervision. Today, roughly half of abortions in the U.S. are chemical rather than surgical. Currently, abortion pills are approved for up to 70 days of gestation.
- Since their approval by the FDA in 2000, abortion pills have been subject to heightened safety restrictions. For example, only certain providers may prescribe the pills, and until recently, they were required to dispense them directly. But now thanks to the Biden Administration, abortion pills are available via telemedicine, mail, and retail pharmacies.
- Abortion pills have been associated with 28 deaths of women and thousands of adverse events, such as incomplete abortions, blood clots, and hemorrhaging. The complication rate for chemical abortion is four times the rate for a first-trimester surgical abortion.
- Policymakers in more than a dozen states (and counting) have taken action against abortion pills through policies such as prohibitions on telemedicine abortion, heightened informed-consent requirements, and reporting requirements to improve the tracking of complications. These policies prioritize the health and safety of both women and unborn children.

FACT: America's abortion laws in many states are permissive in the extreme compared to those of most other countries.

- The United States is one of only seven countries in the entire world to permit elective abortion after 20 weeks (five months) of gestation.
- Forty-seven of 50 European countries limit elective abortion to 15 weeks of gestation.

FACT: Pro-life pregnancy resource centers provide millions of mothers, babies, and families with life-affirming resources every year across America.

- One study found that pregnancy resource centers served nearly 2 million people in 2019, providing an estimated nearly \$270 million in services such as ultrasounds, parenting and prenatal classes, diapers, clothing, and other supplies.
- Eight in 10 of those who work in pregnancy centers do so on a voluntary basis.

Resources

Thomas Jipping and Sarah Parshall Perry, [A Solution in Search of a Problem: The Department of Health and Human Services Proposes to Weaken Conscience Protections for Health Care Workers](#), Heritage Foundation *Legal Memo* No. 333, June 1, 2023.

Melanie Israel, [A Pro-Life Agenda for the 118th Congress](#), Heritage Foundation *Backgrounder* No. 3750, March 1, 2023.

Thomas Jipping and Sarah Parshall Perry, [The Justice Department Is Wrong: Federal Law Does Prohibit Mailing Abortion Drugs](#), Heritage Foundation *Legal Memo* No. 324, February 8, 2023.

Sarah Parshall Perry and Jack Fitzhenry, [The Department of Veterans Affairs Has No Authority to Provide Taxpayer-Funded Abortions for Its Beneficiaries](#), Heritage Foundation *Legal Memo* No. 320, December 7, 2022.

Melanie Israel, [The Truth About the So-Called Women's Health Protection Act: A Radical Proposal to Mandate Unfettered Abortion Access in Federal Law](#), Heritage Foundation *Issue Brief* No. 5215, September 20, 2021.

Melanie Israel, [Abortion Funding: Save the Hyde Amendment](#), Heritage Foundation *Issue Brief* No. 5206, July 30, 2021.

Melanie Israel, [Chemical Abortion: A Review](#), Heritage Foundation *Backgrounder* No. 3603, March 26, 2021.

Melanie Israel, [Planned Parenthood's Overdue Annual Report Is Out. Here's What You Should Know](#), The Daily Signal, September 22, 2022.

Melanie Israel, [Planned Parenthood by the Numbers](#), Heritage Foundation *Backgrounder* No. 3472, April 6, 2020.

Melanie Israel, [The Necessity of the Born-Alive Abortion Survivors Protection Act](#), Heritage Foundation *Issue Brief* No. 4939, February 21, 2019.

Melanie Israel, [What Congress and the Administration Can Do to Protect Conscience Rights](#), Heritage Foundation *Backgrounder* No. 4795, December 7, 2017.

Ryan T. Anderson, [Always Care, Never Kill: How Physician-Assisted Suicide Endangers the Weak, Corrupts Medicine, Compromises the Family, and Violates Human Dignity and Equality](#), Heritage Foundation *Backgrounder* No. 3004, March 24, 2015.

Melanie Israel, [Biden, FDA Move to Turn Pharmacies into Abortion Clinics](#), The Daily Signal, January 4, 2023.

Melanie Israel, [New Abortion Numbers Don't Show the Whole Picture, Especially with Do-It-Yourself Abortions on the Rise](#), The Daily Signal, January 19, 2023.