



Washington State National Organization for Women

REPRODUCTIVE RIGHTS

WA State NOW supports access for all women to the full range of reproductive services. WA State NOW will defend a woman's right to choose, opposing any attempts to weaken the current law as passed by Initiative 120.

FUNDING FOR ABORTION COVERAGE

Washington State NOW supports continued Medicaid funding of abortions. The voters of this State passed Initiative 120, which provided for no restrictions on abortion. Historically, Washington State has funded abortion for poor, unemployed, and underemployed women.

The cutbacks in welfare mean that many poor, unemployed, and underemployed women will be unable to bear the cost of giving birth to a child and unable to provide for the child once born.

Cutting Medicaid funding for all eligible women will cost more money than it saves. Additional costs include health, welfare, and social service expenses for the child until age eighteen. Cutting funding will lead to an increase in second trimester abortions. It is reported that 22% of poor women delayed abortion from first to second trimester because of lack of funding. Similarly, 2/3 of women who get abortions state that they cannot afford a baby at this time.

It is contrary to the policy of helping women out of poverty to force them to give birth to babies they cannot afford. Cutting funding is contrary to the policy of Medicaid to provide health care for women who cannot afford it. It is contrary to the policy of supporting children, because it forces the mother to take food, clothing, and other essentials away from her other children in order to pay for an abortion since a first trimester abortion costs more than half a monthly AFDC grant.

It is unfair that if you have the money, you have the right and access to abortion, but if you don't have the money, then you get only the health care that others decide you can get. This ends up forcing families to have more children than they can afford.

Washington State NOW supports funding family planning and sex education to reduce the rate of unwanted pregnancies. Nevertheless, since half of pregnancies in the US are due to failure of contraception or improper use, we still need to have safe, legal, and affordable access to abortion services available for all women. Due to poor family planning and sex education, the US abortion rate is 5 times that of the Netherlands where sex education and family planning are a strong part of the school curriculum. NOW supports increasing control over reproduction and reducing the rate of unwanted pregnancies through funding better sex education and contraceptive practices, while continuing to fund Medicaid abortions.

LATE TERM ABORTIONS

Washington State NOW opposes any attempt to restrict late-term abortions. The voters of this state passed Initiative 120, which provided for no restrictions on abortion. And in 1998, the voters of Washington rejected an abortion procedures ban initiative. Targeting late-term abortions is a vicious and cynical piece of an overriding strategy to criminalize all abortions.

Initiative 120 recognized that the right to privacy extends to the decisions of a woman in consultation with her physician. The attack on late-term abortions is part of a wider strategy; it is the first step in turning back the clock to a time when abortion services were not available.

This obvious attempt to limit a woman's access to legal and sometimes very necessary medical options is being hidden behind sensationalism and distortions.

*Over 95% of all abortions are performed during the first 15 weeks of pregnancy, while about one-half of 1% of legal abortions are performed during the third trimester.

*A late term abortion is not a procedure taken lightly. Most involve wanted pregnancies that go tragically wrong when the woman's life or health is endangered or the fetus develops abnormalities incompatible with life.

*Medical experts state that the safest method of late pregnancy termination for some women is the dilation and extraction (D&X) procedure. The National Abortion Federation estimates that fewer than 600 D&X procedures are performed each year.

Bills that would ban the D&X procedure would place legislators in the unprecedented position of regulating medical decisions and criminalizing abortion for the first time since Roe v. Wade.

PARENTAL NOTIFICATION

Washington State NOW opposes parental notification laws and parental consent laws. The voters of this State passed Initiative 120 which provided for no restrictions on abortion, regardless of age. Parental notification has the same effect as parental consent and is a misguided attempt to legislate parental-teen communication.

. When facing an unplanned pregnancy, most young women (about 60 percent) talk to their parents. And 75% of girls age 15 and under talk to at least one parent before an abortion. Unfortunately, many young women live in homes where violence and substance abuse are a part of their lives. It is not safe for these young women to confide in their parents. They do not tell their parents because they fear physical and sexual abuse in their living situations or because their parents are alcoholics, drug addicts, or suffer from mental illnesses.

A University of Washington study found that 66% of young women who become pregnant as adolescents were sexually abused. In the case of incest, parental notification could put control of the victim in the hands of her abuser. Teens who cannot tell their parents are more likely to resort to back-alley or self-induced abortions. At least 5% of all teens, age 15-17, live with neither parent. Many teens talk to adults other than parents: aunts, grandmothers, teachers, and counselors at the clinics.

Laws which pressure young women to carry pregnancies to term are dangerous. Teens are 2.5 times more likely to die in pregnancy or childbirth than adult women. In addition, young women between the ages of 15 and 19 are 24 times more likely to die during child-birth than from legal first trimester abortions.

Even with judicial by-pass provisions, parental notification laws in other states have caused up to an 18% increase in 2nd trimester abortions due to the delay of telling a parent or going to court. Other states with by-pass provisions have experienced arbitrary and unfair decisions depending on which judge heard the case. Some judges granted all requests and some judges granted none. In Massachusetts, there was a 300% rise in girls traveling out of state to receive abortions within the first 8 months of passing a parental consent law. Traveling puts the girl at risk of developing complications (infection, bleeding, etc.) when she is far from needed care.

Many leading medical groups – including the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics, and the American Medical Women's Association - oppose mandatory parental consent requirements.

It is impossible to legislate good parent-teen communication. It is wrong to put teens at risk for death or injury if they do not live in an ideal home situation.