THE PROBLEM

Abortion is a safe, legal, and common medical procedure—by age 45, one in four women will have had an abortion.¹ Yet anti-choice state legislators have passed more than 400 anti-abortion laws since November 2010, accounting for more than a third of state anti-abortion laws enacted since the Roe v. Wade decision.² These policies have led to the unnecessary closing of well-regulated and safe abortion clinics³, made abortion care more expensive for patients in a number of ways, including by banning insurance coverage⁴, and placed unnecessary regulations on the procedure itself.⁵ Such restrictions fall hardest on low-income women, women of color, and young women.⁶

THE SOLUTION

Cities are centers for comprehensive reproductive health care, serving their own residents as well as those who may travel hours to access safe abortion care.⁷ All people deserve the right to access the care they need with dignity and respect. Officials at the local level can demonstrate their commitment to that important principle by passing policies that protect reproductive rights and expand access to reproductive health care.

POLICY ISSUES

PROVIDE LOCAL FUNDING OF ABORTION: Many women who have decided to have an abortion struggle to pay for the procedure. Some are uninsured, while others are unable to use their insurance coverage due to confidentiality concerns or because their insurance is barred from covering abortion by state or federal law. Cities can ensure that a woman can make the choices about her reproductive health and future that are right for her, regardless of how much money she has. In Texas, the Travis County Board of Commissioners provides abortion coverage for low-income residents at three abortion clinics using funding from local sources of revenue. A state lawmaker’s efforts to target this funding by blocking the use of state funds for elective-abortion facilities was ineffective, thanks to the local health-system’s ability to generate 97 percent of its own funding.⁸ Localities can implement similar measures to cover the cost of abortion for women, say, in the foster-care system, or, more broadly, set aside annual funding in the local hospital’s budget for a limited number of subsidized abortions. Cities could also make a financial grant to their local abortion fund, a community-based organization that provides financial assistance to people who cannot afford abortion care.⁹

CREATE A SUPPORTIVE CULTURE FOR WOMEN’S REPRODUCTIVE HEALTH DECISIONS: Women should be able to access safe abortion care without encountering harassment or experiencing shame and discrimination. Anti-choice demonstrators who physically obstruct access to clinics and intimidate patients make visiting a clinic a hostile experience for many. By tailoring local ordinances to their particular clinic environment, lawmakers can create policies that balance the free speech rights of protesters with the rights of patients and providers to enter clinics without fear. There are a range of models for clinic protection. The Pittsburgh City Council enacted a buffer-zone ordinance that establishes a 15-foot zone around the clinic in which no one may congregate, patrol, demonstrate, or picket.¹⁰ The noise ordinance in West Palm Beach, FL, creates a quiet zone around health care facilities to protect patients from harassment as they sit and receive treatment inside the clinic, banning any “loud, raucous or unreasonably disturbing amplified sound” within 100 feet of the property line.¹¹ Both New York City¹² and Columbus, OH,¹³ have clinic access laws that strengthen penalties for protesters who follow and harass or attempt to block patients, providers, or volunteers within 15 feet
of the clinic. Looking beyond the clinic experience, St. Louis, MO, recently passed a Reproductive Health Non-Discrimination Ordinance, protecting people from discrimination in employment and housing based on their reproductive health decisions, including choosing abortion.14

ENSURE ACCESS TO UNBIASED INFORMATION: One of the anti-choice movement’s most insidious local-level strategies is the creation of fake clinics: facilities that pose as women’s medical centers but do not provide legitimate services, instead lying, pressuring, and deceiving women to prevent them from obtaining abortions.15 These fake clinics often open near abortion clinics, using similar signage16 with the goal of intercepting women seeking abortions, and are often near college campuses and other neighborhoods where women may face higher rates of unintended pregnancy. Cities can act to educate women about the type of facility they are entering and to help them find qualified medical professionals providing accurate information and trustworthy medical care. An ordinance in Hartford, CT, requires fake clinics to disclose whether there is a licensed medical provider on-site providing or supervising the services offered there.17 New York City also requires fake clinics to post a sign indicating whether they have a medical provider on staff and requires that all health and personal information received be treated as confidential.18 San Francisco prohibits fake clinics from making misleading statements or posting deceptive advertisements about their services.19 Dane County, WI, will only contract for reproductive health services from facilities that provide county clients with comprehensive, non-directive health care information.20

PASS A LOCAL RESOLUTION SUPPORTING REPRODUCTIVE RIGHTS ON THE STATE AND FEDERAL LEVEL: Resolutions and proclamations are important tools for cities and counties that want to raise their voices on an important local, state, or national issue, educate the community, or set the stage for future policy work. Durham County, NC,21 and Pittsburgh, PA,22 passed resolutions calling for an end to bans on abortion coverage in their states and on the federal level, providing an opportunity to educate community members on the existence and impact of these bans. In Oakland, CA, the City Council passed a resolution opposing sex-selective abortion bans; such bans are framed as combating sex-discrimination but are rather designed to intimidate abortion providers and limit abortion access by amplifying and reinforcing harmful stereotypes about Asian-American women.23 The City Council of Bloomington, IN, passed a resolution supporting Planned Parenthood of Indiana and Kentucky, emphasizing the positive impact of the Planned Parenthood affiliate on the health and lives of local and regional residents.24 Reproductive-rights advocates recognize March 10 as National Abortion Provider Appreciation Day; cities might consider officially recognizing that day with a proclamation of support for providers.25

LANDSCAPE AND RESOURCES

The National Institute for Reproductive Health provides direct grants and hands-on support to grassroots reproductive health, rights, and justice advocates working for change and can connect officials with a range of local reproductive rights and justice organizations. The All* Above All campaign provides support to organizations and individuals working to lift policies that ban insurance coverage for abortion. The National Abortion Federation and Feminist Majority Foundation provide information and support for abortion-access initiatives, particularly as they relate to safe clinic access and buffer zones.