

February 28, 2022

Vote YES on The Women's Health Protection Act (WHPA)

Dear Senator:

The American Civil Liberties Union (ACLU) strongly urges you to vote YES on cloture on the motion to proceed to H.R. 3755, the Women's Health Protection Act (WHPA). **The ACLU will score this vote.**



National Political Advocacy
Department

915 15th Street, NW, 6th Floor
Washington, DC 20005-2112
[aclu.org](https://www.aclu.org)

Ronald Newman
National Political Director

Anthony D. Romero
Executive Director

Deborah N. Archer
President

This vote comes at a time when the right to abortion first recognized in *Roe v. Wade* nearly five decades ago is under unprecedented threat. The Supreme Court is poised to rule on a direct challenge to *Roe* this term.¹ At issue is a Mississippi law passed in clear defiance of *Roe*'s central holding that every pregnant person has the right to decide whether to continue their pregnancy prior to viability—a right that generations of people have relied on. This holding has been applied and reaffirmed repeatedly for almost half a century, most recently just two years ago.² If this long-established precedent is overturned, approximately half of states are poised to ban abortion.³

Already, the Supreme Court has allowed Texas to render *Roe* meaningless for people within its state borders by implementing a ban on abortion at just six weeks of pregnancy—before many people even know that they are pregnant—through a bounty-hunting scheme that encourages the public to bring costly and harassing lawsuits against anyone who they believe has violated the ban. For nearly half a year, pregnant people in Texas have been forced to either travel out of state for abortion care—something many do not have the means to do—or to carry pregnancies against their will. Other states may soon follow suit.

This crisis is the latest stage in a decades-long series of escalating attacks on abortion access that have fallen hardest on people who already face barriers to accessing health care, compounding the

¹ Petition for Writ of Certiorari, *Dobbs v. Jackson Women's Health Org.*, No. 19-1392 (U.S. June 15, 2020), *cert. granted* May 17, 2021.

² *June Medical Services v. Russo*, 591 U.S. ____ (2020). See also, *Planned Parenthood v. Casey*, 505 U.S. 833, 871 (1992); *Whole Woman's Health v. Hellerstedt*, 579 U.S. ____ (2016).

³ *26 States Are Certain or Likely to Ban Abortion Without Roe: Here's Which Ones and Why*, Guttmacher Institute (Oct. 2021), <https://www.guttmacher.org/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why>.

impacts of structural racism and economic disparities to disproportionately deny care to people with low incomes, people of color, young people, immigrants, and LGBTQ people.

Since *Roe*, states have enacted more than 1,300 medically unnecessary and politically motivated abortion restrictions designed to make it difficult or impossible for a person who has decided to have an abortion to actually get one.⁴ The pace has accelerated dramatically in the last decade, with more than 100 restrictions enacted in 2021 alone—more than in any previous year, and many more already advancing in 2022 legislative sessions.

Among these are laws that single out abortion providers for burdensome and medically unnecessary restrictions that force them to shut their doors, leaving patients with no choice but to travel hundreds of miles to the closest provider. The burden of travel is compounded even further by other state laws that create needless obstacles for patients, such as forced ultrasounds and mandatory delays, requiring patients to make unnecessary additional trips to a clinic days before an abortion. This means that often a person must take multiple days off work, and arrange and pay for childcare, transportation, and lodging just to get the care they need. All of these combined obstacles pose significant financial and logistical hurdles for people seeking abortion care, the majority of whom are poor or have low incomes.

This growing web of state restrictions today already prevents many people from obtaining an abortion at all, with devastating, and often long-lasting, consequences for individuals and their families. As a result, the right to abortion *Roe* recognized is already hollow for many people across vast sections of the country, particularly in the South and Midwest—even before the Supreme Court rules on the case that could gut or overturn that right completely.

The need for a federal safeguard to protect the right to access abortion nationwide has never been more urgent. WHPA would establish a statutory right for health care providers to provide, and a corresponding right for patients to receive, abortion care free from medically unnecessary restrictions, limitations, and bans that single out abortion and impede access to care. It would create a new basis for courts to evaluate a wide range of laws that obstruct abortion care and provide additional tools to enable both the Department of Justice and individuals harmed by bans and restrictions to fight them. By enshrining the right to abortion in federal statute, WHPA would make important strides toward making the right a

⁴ *State Policy Trends 2021: The Worst Year for Abortion Rights in Almost Half a Century*, Guttmacher Institute (Dec. 2021), <https://www.guttmacher.org/article/2021/12/state-policy-trends-2021-worst-year-abortion-rights-almost-half-century>.

reality for everyone in the country, no matter where they live.

It is urgent for Congress to act by passing WHPA, and we urge Senators to vote yes when this bill comes to the floor. Please reach out with any questions to Georgeanne Usova, senior legislative counsel, at gusova@aclu.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher Anders".

Christopher Anders
Federal Policy Director

A handwritten signature in black ink, appearing to read "Georgeanne M. Usova".

Georgeanne M. Usova
Senior Legislative Counsel