

## Targeted Regulation of Abortion Providers (TRAP)

### Introduction

The ultimate aim of TRAP is to make the provision of abortion services so difficult that the number of health care facilities offering them and the number of women able to afford them will plummet. TRAP bills single out providers of abortion services for tighter regulatory standards regarding architecture, procedures, staffing and equipment, thereby making the standards much more burdensome and costly to meet. This strategy is part of the incremental approach anti-abortion extremists are using to achieve a *de facto* ban on abortion. According to anti-abortion extremist Mark Crutcher, there will be “an America where abortion may indeed be perfectly legal but no one can get one.” Since the 1992 Supreme Court decision in *Planned Parenthood v Casey*, legal challenges to TRAP laws have been unsuccessful, which means defeating TRAP bills in state legislatures is essential.

### Why TRAP Should Not Be Passed: Talking Points

- *All medical procedures should be treated equitably.* There is no basis for targeting abortions with new regulations while ignoring other procedures, such as plastic surgery and oral surgery, regularly performed in medical practices.
- *Abortions are safe procedures.* First trimester abortions have a complication rate of less than 3% and a more serious complication rate of less than 0.5%.<sup>1</sup> Viagra’s mortality rate per prescription is over 12 times higher than that of first trimester surgical abortion.<sup>2</sup>
- *Medical offices that provide abortions already meet detailed regulatory standards.* In Virginia, these facilities must meet standards enforced by the Virginia Board of Medicine (a regulatory body) and the Virginia Department of Health Professionals (a licensing body), as well as the health and safety standards required for all medical offices.

### In Virginia

TRAP bills have been introduced in Virginia in various forms for many years. Since 2003, TRAP legislation has passed easily in the House of Delegates in every session of the General Assembly, but has been defeated in the Senate Education and Health Committee. The slim 9-6 margin of victory in the Senate Education and Health Committee in 2003-2006 became an even slimmer 8-7 in 2007.

There will most likely be one or more versions of TRAP legislation introduced in the 2008 Virginia General Assembly Session. Changes in the Senate Education and Health Committee after the 2007 elections could lead to TRAP legislation advancing in the Senate during the 2008 General Assembly Session. **If passed by the Virginia General Assembly and signed into law by the Governor, TRAP would shut down 18 of the 20 abortion providers in Virginia.**

<sup>1</sup> Tietze C, Henshaw SK. *Induced abortion: A worldwide review*, 1986. Third edition. New York: Guttmacher Institute, 1996.

<sup>2</sup> Mitka, Mike. “Some Men Who Take Viagra Die – Why?” *JAMA*. 2000; 283: 590-593.