

Abortion Restriction Omnibus: Fetal Tissue Donation Ban and Targeted Regulation of Abortion Providers (TRAP)

[SB 67](#) - [Sen. Onder](#) Lake St. Louis (R-2)
[HB 456](#) - [Rep. Swan](#) Cape Girardeau (R-147)

SB 67 and HB 456 single out abortion providers for many new, medically unnecessary mandates and create new criminal penalties. The bills also prohibit families from donating fetal tissue for scientific research after an abortion, create redundant reporting requirements, and single out abortion providers for annual inspections.

Patient health and safety are Planned Parenthood's top priority and are central to its mission.

Every day, Planned Parenthood works to make sure patients receive the high-quality health care they need in a safe, respectful environment. That includes providing abortion.

- Abortion is one of the safest medical procedures performed in the United States. Data, including from the Centers for Disease Control (CDC), show that abortion has a greater than 99 percent safety record.
- Planned Parenthood adheres to medical standards and guidelines that are informed by the most trusted medical knowledge, as well as professional and scientific organizations, including the CDC, the Food and Drug Administration, the US Preventive Services Task Force, and the American College of Obstetricians and Gynecologists (ACOG).
- Medically unnecessary, burdensome regulations that single out abortion providers must be recognized as part of an effort to drastically reduce access to safe and legal abortion.

Fetal tissue donation saves lives and advances medicine.

- Planned Parenthood never has, never would, and never will sell fetal tissue for profit.
- Fetal tissue donation is a legal and ethical practice that has led to medical advances for decades, including lifesaving vaccines for polio and rubella. Today, fetal tissue research is contributing to groundbreaking research on treatments for diseases and conditions like diabetes, autism, and ALS. Fetal tissue research is also advancing understanding and prevention of maternal and fetal health conditions such as preeclampsia and fetal chromosomal disorders.
- If a woman chooses to make a tissue donation after an abortion, the choice is always and only hers.
- Though Planned Parenthood does not facilitate fetal tissue donation in Missouri, unnecessary restrictions on scientific research send the wrong message to scientific researchers and institutions that Missouri is trying to attract for academic and economic purposes.

These restrictions do not meet the U.S. Supreme Court's new standard.

It is important for legislators and the public to know that last summer's landmark U.S. Supreme Court decision in *Whole Woman's Health v. Hellerstedt* established a much clearer legal standard that abortion restrictions must meet: the benefit of a given abortion restriction must outweigh the burden it imposes.

- For example, if politicians propose a medically unnecessary barrier to safe, legal abortion in the name of "women's health and safety," they will have to show that it *actually benefits women's health and safety*. Courts will no longer take politicians' word for it.
- The decision immediately struck down medically unnecessary restrictions in Texas. Less than 24 hours after the ruling, efforts to enforce similar abortion restrictions in Alabama, Mississippi, and Wisconsin fell. The Texas-style restrictions in Missouri have been challenged and the case is proceeding.
- This new standard applies to any and all abortion restrictions, whether it's a TRAP law, a restriction on a certain medical procedure, or a restriction on the doctors who provide reproductive health care. The state cannot place *any* burden on access to abortion without a legitimate reason, and even if there is such a reason, the courts are now responsible for balancing that justification with the restriction of access.
- Given the clear standard set in *Whole Woman's Health*, considering medically unnecessary and unconstitutional restrictions is a poor use of legislative time and state resources. Such measures do not protect patients' health and safety and they will lead to costly taxpayer-funded legal battles.

The inspection mandate singles out abortion providers and does not protect patient health or safety.

- The Department of Health and Senior Services (DHSS) currently determines the inspection schedule for all ambulatory surgical centers (ASC) in the state as required by law. The additional inspection mandate is neither medically necessary nor based in evidence. Rather, it is an attempt to add to the many targeted regulation of abortion providers (TRAP) laws on the books in Missouri.
- This inspection mandate singles out abortion providers for increased scrutiny. If this mandate were necessary for patient safety, it would apply to the hundred licensed ASCs in the state where more complicated surgeries on men, women, and children take place every day, rather than the two licensed abortion providers.
- Patient health and safety are Planned Parenthood's top priority; Planned Parenthood adheres to all state and federal regulations as well as best medical practices. Abortion providers are already subject to extensive regulations, including licensure as an ASC. DHSS regularly conducts surveys to ensure compliance with the state's extensive health center regulations.