

What TRAP laws mean for women

Abortion restrictions known as TRAP laws can have a devastating impact on women and force clinics to close completely, with the end goal of making abortion access not just difficult, but impossible.

What you need to know:

What are TRAP laws?

TRAP stands for Targeted Regulation of Abortion Providers. TRAP bills single out abortion providers for medically unnecessary, politically motivated state regulations. They can be divided into three general categories:

- a measure that singles out abortion providers for medically unnecessary regulations, standards, personnel qualifications, building and/or structural requirements;
- a politically motivated provision that needlessly addresses the licensing of abortion clinics and/or charges an exorbitant fee to register a clinic in the state; or
- a measure that unnecessarily regulates where abortions may be provided or designates abortion clinics as ambulatory surgical centers, outpatient care centers, or hospitals without medical justification¹.

What is the impact of these regulations?

These laws take a variety of forms, but one of the most detrimental requires that abortion providers obtain admitting privileges at a nearby hospital. This is the type of law at the crux of federal court cases concerning [Alabama](#), [Wisconsin](#) and Mississippi. Other types of TRAP laws force clinics to make medically unnecessary – and incredibly costly – renovations by setting requirements about the width of hallways, the size of closets and even the color of paint on the walls.

The end result of these regulations is the same: Clinics are forced to close down and women are denied access to safe and legal abortion.

Why can't abortion providers comply with these new requirements?

Admitting privileges are extremely difficult, if not impossible, for doctors who provide abortions to obtain for reasons that have nothing to do with the doctor's medical qualifications. Privileges can be granted – or denied – for variety of reasons that have nothing to do with medical quality or credentials. Some hospitals, for example, require that physicians with admitting privileges admit a certain number of patients per year. Because of abortion's high safety rate, providers will never meet this requirement.

Also, many hospitals are hostile to doctors who provide abortions. For example, two doctors in Texas recently had their admitting privileges revoked specifically *because* they provide abortion on their own time, off site.

Do these laws make women safer?

No, the leading medical groups uniformly oppose these restrictions. We all want women to be safe, but the doctors and medical groups oppose these laws because they aren't necessary for patients' safety. In

¹ From the National Abortion Federation

fact, far from making women safer, they put women's health in jeopardy by shutting down clinics and making it more difficult for women to access safe and legal abortion care. In fact, the American Medical Association and the American College of Obstetricians and Gynecologists have [said](#) "there is simply no medical basis" for the TRAP law and that it "does not serve the health of women . . . , but instead jeopardizes women's health by restricting access to abortion providers."

These laws address a phantom problem – abortion is already extremely safe.

Abortion is already very safe – safer in fact than childbirth. Colonoscopies, for example, have a much higher rate of complication, and are commonly performed in similar outpatient clinics. Yet those clinics and doctors are not submitted to these types of regulations, and the politicians pushing for TRAP laws are not calling for them to be. Rather, they have singled out only doctors who provide abortions.

It's clear that the real motivation behind these laws has nothing to do with women's health and everything to do with shutting down clinics and preventing women from getting safe and legal abortions.

As the federal district court in Wisconsin [explained](#) when blocking that state's law, the "complete absence of an admitting privileges requirement for [other outpatient surgical] procedures including those with greater risk is certainly evidence that the . . . Legislature's only purpose in its enactment was to restrict the availability of safe, legal abortion."

Does this issue spread beyond Texas?

Yes.

Because the courts allowed the [Texas law](#) to take effect it provides a dramatic example of how harmful these laws are. Already clinics in that state have stopped providing abortions, and when the second half of the law takes effect in September, only a handful of clinics could remain in the whole state. The effect of this law has already been devastating for Texas women, particularly those who live outside major metropolitan areas. There are no abortion providers in huge swaths of the state, which means women either have to travel hundreds of miles to get care, carry a pregnancy to term against their will, or resort to attempting to induce abortion on their own. This situation is only going to get worse if the courts don't block the other part of the law that is scheduled to take effect on Sept. 1. If that part of the law takes effect, the state will have gone from more than 35 abortion providers to 8 in less than one year.

And, unfortunately, the problem spreads far beyond Texas. In fact, laws like the ones passed in Texas, are spreading throughout the South. Mississippi has a law that is currently blocked in the courts that would shut down the only clinic left in the state. Alabama has a law that if the courts allow it to take effect would leave only 2 clinics in the entire state. The legislatures in Oklahoma and Louisiana are close to passing similar laws that would have devastating effects on women's access. And, this issue has spread beyond the South as well. Wisconsin has a similar law that has been blocked by the courts that would drastically reduce a woman's access to abortion in that state as well.