

"No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother."

—Margaret Sanger

The State of Choice in Michigan was published by the American Civil Liberties Union of Michigan and Planned Parenthood Affiliates of Michigan.



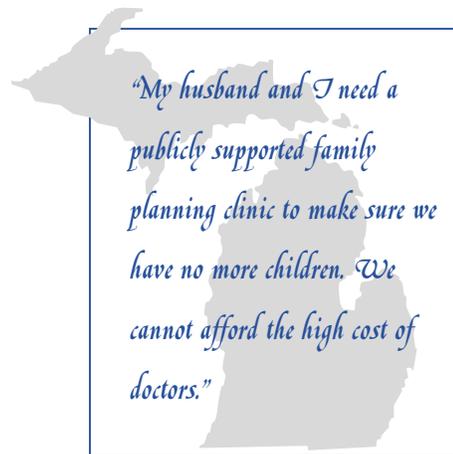
For the last decade, Michigan politics has been dominated by Right to Life elected officials—the governor, Representatives and Senators. With every passing year, more and more restrictive laws are passed, limiting the reproductive freedom of women in our state. At the same time, little has been done to increase state funding for family planning services that would effectively reduce the need for abortions. It's time to change that.

Women and men must continue to have the right to reproductive freedom, privacy and equality. It is crucial that voters be fully informed when going to the polls. We've written "The State of Choice in Michigan" in order to provide accurate and usable information about current laws and the threat of legislation persistently pursued in Michigan. Those interested in protecting women's reproductive rights know that Michigan already has too many laws regulating all aspects of reproductive freedom.

We hope this information will be helpful as you make your choice.

Family planning helps families delay, space or choose the timing of births:

- **Promotes the well-being of families** by giving couples the opportunity to time pregnancies when they are best able to care for a child.
- **Promotes healthy babies** by reducing infant deaths and other health-related problems.
- **Maintains women's health** by detecting health problems through routine screening and examination.
- **Is a cost-effective investment** in the future of Michigan's families.



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH FAMILY PLANNING PROGRAM STATISTICS

Client Services	1996	1997	1998	1999	2000
Female Users	160,029	159,880	166,508	162,254	167,414
Male Users	8,057	6,219	5,450	4,639	4,355
Total Users	168,086	166,099	171,958	166,893	171,769

MICHIGAN STATISTICS

Year	Population	Live Births	Abortions	Miscarriages*	Pregnancies*	Fertility Rates	Abortion Rates	Pregnancy Rates
1980	2,191,050	145,162	43,964	33,429	222,555	66.3	20.1	101.6
1990	2,216,610	153,080	34,655	34,082	221,817	69.1	15.6	100.1
2000	2,195,710	136,048	26,027	29,812	191,887	62.0	11.9	87.4

*estimated

We need a publicly funded family planning program:

- **To assist women at greatest risk** for unintended pregnancy. Family planning services are especially important for low-income women who may lack insurance or other means for obtaining such services.
- **To maintain women's health.** For many women, a publicly supported family planning clinic may be their only contact with a health care provider.
- **To reduce government costs.** Every public dollar spent to provide contraceptive services saves an average of \$4.40 in funds otherwise spent to provide medical, social and welfare services to eligible low-income pregnant women, teens and their children.

TEENAGE PREGNANCY / FEMALES AGE 15-19

Year	Population	Live Births	Abortions	Miscarriages*	Pregnancies*	Fertility Rates	Abortion Rates	Pregnancy Rates
1980	446,071	20,000	13,822	5,382	39,204	44.8	31.0	87.9
1990	340,884	20,224	8,754	4,920	33,898	59.3	25.7	99.4
2000	339,325	14,096	4,990	3,318	22,406	41.5	14.7	66.0

*estimated

Major Abortion-Related Laws in Michigan

● **Abortion Reporting Requirements and Clinic Regulations**

Abortion Reporting (PA 368 of 1978 and PA 207 and 208 of 1999)

The Michigan Public Health Code (333.2835) requires that all abortions be reported to the State with specific information including complications and stipulates penalties for not reporting.

Abortion Regulations (PA 368 of 1978 and PA 206 of 1999)

Initially, only clinics providing abortions, and not physician offices, were unnecessarily required to meet the standards imposed upon freestanding surgical outpatient facilities. Parts of these regulations were declared unconstitutional in 1984. *Birth Control Centers, Inc. v. Reizen*, 743 F.2d 352 (6th Cir. 1984). New and unnecessary regulations were passed in 1999 that applied the standards to physician offices if 50% or more of the annual caseload includes performing abortions. The new regulations also added burdensome criteria including the mandatory size of hallways, room temperature, etc.

● **Abortion Restrictions**

So-Called “Partial Birth Abortion” Ban (PA 273 of 1996)

The Michigan Public Health Code (333.17016, 333.17516, 333.16221(l) and (m), and 333.16226) would have banned “partial birth abortion,” prohibiting a poorly-defined procedure with an exception only for life endangerment. The law was ruled unconstitutional by a federal court and never went into effect. *Evans v. Kelley*, 977 F. Supp. 1283 (E.D. Mich. 1997).

Ban All Abortions (PA 328 of 1931)

Pre-Roe v. Wade

Michigan banned all abortions, except when necessary to save the life of the woman (750.14). In 1973, the Michigan Supreme Court held that the prohibition must be read to include the exceptions required under *Roe*. *People v. Bricker*, 208 N.W.2d 172 (Mich. 1973).

Infant Protection Act – the New So-Called “Partial Birth Abortion” Law (PA 107 of 1999)

The language in the second so-called “partial birth abortion” law (750.90g) would have banned virtually all abortions, created an ineffective life exception, and imposed a maximum penalty of life imprisonment for the doctor. A federal court ruled the law unconstitutional and issued a permanent injunction. *WomanCare of Southfield, P.C. v. Granholm*, 143 F. Supp. 2d 827 (E.D. Mich. 2000).

● **Health Care Provider Requirements**

Physician-Only Provider (PA 328 of 1931)

The Michigan Supreme Court has ruled that criminalizing abortions performed by non-physicians is constitutional. *People v. Bricker*, 208 N.W.2d 172 (Mich. 1973). In addition, the rules for the Michigan Board of Medicine specifically prohibit delegating the performance of an abortion to a non-physician. They state “a delegating physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.”

Conscience-Based Exemption (PA 368 of 1978)

No health care professional, student or institution is required to provide abortions, participate in medical procedures that result in an abortion or give advice about abortions. (Michigan Public Health Code 333.20181-.20184).

● **Educational Information**

Abortion Restrictions (PA 226 of 1977)

The law regulating sex education in schools (380.1507) specifically states “clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.”



● **Insurance Coverage**

Ban on Medicaid Funding of Abortions (PA 59 of 1987 and PA 124 of 1996)

Beginning December 1988, Michigan refused to pay for abortions through the Medicaid program, except to save a woman’s life. In 1994, the federal government required states to also fund abortions in the case of rape or incest. After Governor Engler refused to comply with the federal requirement, a successful lawsuit was filed and Michigan has been funding these abortions as well. PA 124 of 1996 also assures that a related procedure is not billed separately to Medicaid as part of a managed care plan for abortions.

● **Mandatory Delay and State Directed Counseling**

Mandatory 24-Hour Waiting Period (PA 133 of 1993)

All women seeking abortions are required to receive state-prepared information about the procedure and to wait 24 hours before having an abortion. The information includes depictions of a fetus at a stage closest to the woman’s pregnancy, and a state-prepared informed consent form must be signed immediately prior to an abortion. A six-year-long lawsuit resulted in an eventual settlement in 1999.

Changes in Mandatory 24-Hour Waiting Period (PA 345 of 2000)

Less than two years later, a law was passed, undoing the 1999 settlement. The new law requires that information be accessed in person, by registered mail, fax or from a state web site. These specific requirements make it more burdensome for women to obtain necessary information.

● **Parental Consent for Abortions**

Forced Parental Consent (PA 211 of 1990)

Minors (17 years and younger) are required to get parental consent or a judicial waiver of the consent requirement to have an abortion. Parental consent requirements can contribute to delays in seeking medical care, making abortion more risky and expensive. Young women, unfamiliar with the judicial system, often experience fear, anxiety and shame as they are forced to reveal the details of their private lives to strangers in the courtroom.

Current Michigan Legislative Issues

Every year bills are introduced to limit a woman's reproductive freedom. Many times, legislation not passed in one legislative session is reintroduced in the next. The following issues are likely to surface again and again.

Below is a list of legislation being considered in the 2001–2002 legislative session, as well as some talking points.

For more information go to www.miplannedparenthood.org or www.aclumich.org.

Pro-choice groups oppose a bill to defund Planned Parenthood from the family planning program:*

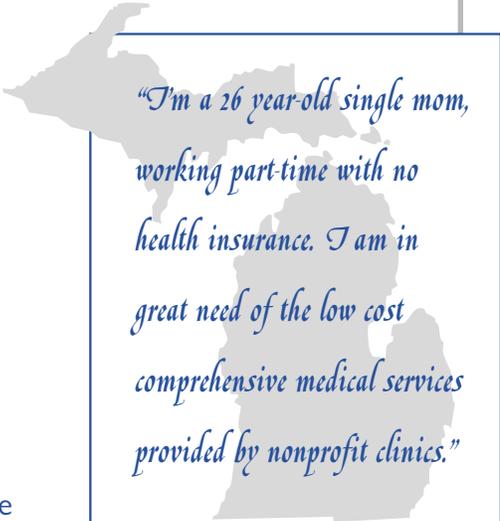
- Right to Life of Michigan has initiated this legislation in order to eliminate Planned Parenthood from the state's family planning program. Family planning programs provide contraception, cancer screening, and other needed medical services while improving public health and reducing unintended pregnancies.
- Politicians are using the abortion debate to confuse the public about family planning and Planned Parenthood's role in providing family planning services. State funding for abortion services or advocacy is already prohibited.
- If a bill like this passes, low-income women will be without crucial services and comprehensive medical care. Currently 60,000 men and women use Planned Parenthood clinics in Michigan for primary care services.

Pro-choice groups support a bill to require that insurance policies providing prescription coverage include contraceptives:

- Contraceptive coverage is a matter of equity and fairness. Women of reproductive age spend 68% more than men for out-of-pocket health care costs.
- Contraceptive coverage is cost-effective. Cost analyses have shown that the cost to employers would be as little as \$1.43 per employee per month, while NOT providing coverage would cost employers 15–17% more.
- Recent polls show that more than three-quarters of voters favor requiring health insurance policies to cover contraception.
- Contraception is basic health care for women. Planned pregnancies are healthier pregnancies.
- Coverage for contraceptives should be equal to other prescriptions—just as prescription coverage generally has no dollar limit, co-payment, deductible or coinsurance provision.

Pro-choice groups support a bill to increase state funding for family planning:

- Michigan currently provides limited state and federal funding for the Family Planning Program. Additional funding would allow for a greater number of women to be served through the Program and allow increased reimbursement to the 52 delegate agencies that provide family planning. Any decrease would jeopardize even the current programming and services.



"I'm a 26 year-old single mom, working part-time with no health insurance. I am in great need of the low cost comprehensive medical services provided by nonprofit clinics."

- Additional state dollars will be needed if Michigan is to close the gap between the identified need for services and the current services available.
- Every public dollar spent to provide contraceptive service saves an average of \$4.40 in funds that would otherwise be spent to provide medical care, welfare and other social services to women who by law would be eligible for such services if they were pregnant.
- The infant mortality rate would be reduced by an estimated 10% if all pregnancies were planned. According to the Pregnancy Risk Assessment Monitoring System (PRAMS data) the rate of unintended pregnancy in Michigan is 43% of all live births.
- Thousands of poor women face economic roadblocks that prohibit them from obtaining essential family planning services.
- Women need access to all information, including prenatal care, adoption, and abortion services.
- College women need access to supportive services provided that there is no “gag rule” that restricts access to comprehensive medical information.

Pro-choice groups oppose a bill to amend the Michigan Vehicle Code to create “Choose Life” license plates:

- Money from the sale of the license plates will be given to a non-governmental not-for-profit agency or organization that provides services and counseling to women who have unplanned or unwanted pregnancies only if the agency or organization is not associated in any way with abortion.
- The “Choose Life” logo is a recognized slogan used by “anti-abortion” groups.
- Donations received from the sale of “Choose Life” license plates may go to “fake clinics” that neither provide birth control information nor clinic services. These centers, established by persons who are opposed to legal abortion under all circumstances, use false and misleading advertising to lure unsuspecting women into their offices where they are harassed and intimidated about the “evils of abortion.” They have no medical personnel on site and if birth control information is requested, they are unable to provide resource materials but instead encourage “self-control.” These organizations have the right to continue to raise funds to operate but should do so without being sanctioned by the state and without taxpayer dollars.

Pro-choice groups oppose a “refusal clause” bill that allows health care providers and health facilities not to participate in certain health care services if they claim ethical, moral, or religious objections:

- Refusal clauses exempting not only individuals, but also institutions, threaten a patient’s access to necessary health care.
- Legislation that does not require the provision of complete and accurate information about treatment options and appropriate referrals violates the patient’s right to make informed health care decisions.
- Health care entities that choose to operate in the public world should play by public rules, and should not be exempt from general health care requirements.
- Michigan’s Public Health Code (333.20181-.20184) allows health care providers and facilities to refuse to provide or participate in abortions. Pending legislation would allow refusal of any service, including birth control and emergency contraception.

Pro-choice groups support a bill to establish comprehensive sexuality education in public schools:

- The high rate of teen pregnancy and sexually transmitted diseases in the country demand a comprehensive approach to sex education.
- Research shows that comprehensive programs that discuss both abstinence AND contraception are most effective. There is no evidence that abstinence-only education works.
- Though there is currently no comprehensive sexuality education program in Michigan schools, parents and the public overwhelmingly support comprehensive sexuality education.

- **Speak out! Let your legislators, family and friends know how you feel about reproductive health issues.**
- **Educate yourself about the issues. Being pro-choice does not mean pro-abortion.**
- **Learn how reproductive rights issues impact your life and the lives of those you care about.**
- **Find out if your doctor supports all reproductive options.**
- **Research whether or not your insurance company covers contraceptives in the same way they cover other prescriptions.**
- **Become a member of a pro-choice organization.**
- **Write a letter to the editor of your local newspaper supporting reproductive rights.**
- **Sign up for e-mail action networks to receive updates on legislative issues.**
- **Volunteer for pro-choice organizations.**
- **VOTE. Know where candidates stand on a woman's right to make medical decisions without government intervention.**



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