The LGBTQ and repro* movements are inseparable: we are all working for the right to live our lives with dignity and the right to choose how we use our bodies—without government intrusion.

*Whole Woman’s Health v. Hellerstedt* is a United States Supreme Court case challenging Texas House Bill 2, a Targeted Regulation of Abortion Providers (TRAP) designed to shut down more than 75% of all health clinics that provide abortion services in Texas. The U.S. Supreme Court has made it clear that there is a constitutional right to abortion and that states cannot pass laws that create an undue burden for people exercising that right. HB 2 seemingly violates the Constitution because it would require abortion providers to have local hospital admitting privileges and require abortion clinics to meet hospital-like building standards.

Abortion is one of the safest medical procedures, yet it is being singled out for burdensome restrictions not placed on similarly low-risk medical procedures. The Texas government has argued that the law “protects women’s health,” but, medical organizations such as the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Public Health Association have warned that the restrictions imposed by HB 2 are medically unnecessary and endanger health. HB 2 would leave at most 9 or 10 clinics in all of Texas—the second largest state in the country—forcing people to travel hundreds of miles or turn to dangerous options.

What’s at Stake for the LGBTQ Community?

- If the Supreme Court upholds HB 2, it would drastically restrict the ability of LGBTQ people to control our reproductive health and sexual lives. Many of us—cisgender women, transgender men, intersex and gender-nonconforming people, among others—can get pregnant and rely on a full range of reproductive health options, including abortion, in order to make the best decisions for ourselves.

- HB 2’s costly and medically unnecessary requirements effectively force local health clinics to shut down, which in many cases means a community no longer has any accessible, affordable place to serve their health care needs.

- The LGBTQ community is more vulnerable to being poor and therefore more likely to rely on these health clinics. In fact, poverty rates on average are higher among lesbian and bisexual women, young people, and African Americans within our community, with more than one-quarter (28%) of lesbian and bisexual women living in poverty.

- Many LGBTQ people in Texas already face significant barriers to accessing health services, such as poverty, unreliable transportation, inability to take time off from work, immigration status, and bias from healthcare providers. For example, a study on trans men found that many of the participants experienced hostility during their pregnancies.

- Denying access to abortion care often will exacerbate existing disparities when an individual seeks abortion services but is denied, they are three times more likely to fall into poverty than someone who can get an abortion.

- In Dallas, the state’s third largest city, people face delays as long as 20 days to receive an initial consultation—which is four times longer than the average wait time before HB 2 was enacted. This forces more people to wait until their second trimester to have an abortion, when the procedure becomes substantially more expensive.

We know that those who seek to restrict reproductive decisions are often the same people who want to control what LGBTQ people do with our bodies and our access to healthcare. It is now more important than ever that the LGBTQ and repro* movements build strong, inclusive coalitions to win progressive change for all.

Visit us online and follow the hashtag #Queer4Repro to learn more about the National LGBTQ Task Force’s work to protect LGBTQ people’s access to reproductive healthcare: www.thetaskforce.org.

Abortion Access for LGBTQ People

How States are Using TRAP Laws to Shut Down Health Clinics

The LGBTQ and repro* movements are inseparable: we are all working for the right to live our lives with dignity and the right to choose how we use our bodies—without government intrusion.

*Whole Woman’s Health v. Hellerstedt* is a United States Supreme Court case challenging Texas House Bill 2, a Targeted Regulation of Abortion Providers (TRAP) designed to shut down more than 75% of all health clinics that provide abortion services in Texas. The U.S. Supreme Court has made it clear that there is a constitutional right to abortion and that states cannot pass laws that create an undue burden for people exercising that right. HB 2 seemingly violates the Constitution because it would require abortion providers to have local hospital admitting privileges and require abortion clinics to meet hospital-like building standards.

Abortion is one of the safest medical procedures, yet it is being singled out for burdensome restrictions not placed on similarly low-risk medical procedures. The Texas government has argued that the law “protects women’s health,” but, medical organizations such as the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Public Health Association have warned that the restrictions imposed by HB 2 are medically unnecessary and endanger health. HB 2 would leave at most 9 or 10 clinics in all of Texas—the second largest state in the country—forcing people to travel hundreds of miles or turn to dangerous options.

What’s at Stake for the LGBTQ Community?

- If the Supreme Court upholds HB 2, it would drastically restrict the ability of LGBTQ people to control our reproductive health and sexual lives. Many of us—cisgender women, transgender men, intersex and gender-nonconforming people, among others—can get pregnant and rely on a full range of reproductive health options, including abortion, in order to make the best decisions for ourselves.

- HB 2’s costly and medically unnecessary requirements effectively force local health clinics to shut down, which in many cases means a community no longer has any accessible, affordable place to serve their health care needs.

- The LGBTQ community is more vulnerable to being poor and therefore more likely to rely on these health clinics. In fact, poverty rates on average are higher among lesbian and bisexual women, young people, and African Americans within our community, with more than one-quarter (28%) of lesbian and bisexual women living in poverty.

- Many LGBTQ people in Texas already face significant barriers to accessing health services, such as poverty, unreliable transportation, inability to take time off from work, immigration status, and bias from healthcare providers. For example, a study on trans men found that many of the participants experienced hostility during their pregnancies.

- Denying access to abortion care often will exacerbate existing disparities when an individual seeks abortion services but is denied, they are three times more likely to fall into poverty than someone who can get an abortion.

- In Dallas, the state’s third largest city, people face delays as long as 20 days to receive an initial consultation—which is four times longer than the average wait time before HB 2 was enacted. This forces more people to wait until their second trimester to have an abortion, when the procedure becomes substantially more expensive.

We know that those who seek to restrict reproductive decisions are often the same people who want to control what LGBTQ people do with our bodies and our access to healthcare. It is now more important than ever that the LGBTQ and repro* movements build strong, inclusive coalitions to win progressive change for all.

Visit us online and follow the hashtag #Queer4Repro to learn more about the National LGBTQ Task Force’s work to protect LGBTQ people’s access to reproductive healthcare: www.thetaskforce.org.
References

1. Use of the asterisk ( * ) symbol after "repro" represents reproductive rights, reproductive health and reproductive justice groups and movements.


