



State Facts About Abortion

Mississippi

National Background and Context

Each year, a broad cross section of people in the United States obtain abortions. In 2017, 862,320 abortions were provided in clinical settings in the United States.

The U.S. Supreme Court recognized the constitutional right to abortion in the 1973 *Roe v. Wade* decision and has reaffirmed that right in subsequent decisions.

However, since 2010, the U.S. abortion landscape has grown increasingly restrictive as more states adopt laws hostile to abortion rights. Between January 1, 2011 and July 1, 2019, states enacted 483 new abortion restrictions, and these account for nearly 40% of all abortion restrictions enacted by states in the decades since *Roe v. Wade*. Some of the most common state-level abortion restrictions are parental notification or consent requirements for minors, limitations on public funding, mandated counseling designed to dissuade individuals from obtaining an abortion, mandated waiting periods before an abortion, and unnecessary and overly burdensome regulations on abortion facilities.

Abortion Incidence

- Approximately 862,320 abortions occurred in the United States in 2017. The resulting abortion rate of 13.5 abortions per 1,000 women of reproductive age (15-44) represents an 8% decrease from the 2014 rate of 14.6

- In 2017, 2,550 abortions were provided in Mississippi, though not all abortions that occurred in Mississippi were provided to state residents: Some patients may have traveled from other states, and some Mississippi residents may have traveled to another state for an abortion. There was a 13% increase in the abortion rate in Mississippi between 2014 and 2017, from 3.8 to 4.3 abortions per 1,000 women of reproductive age. Abortions in

Mississippi represent 0.3% of all abortions in the United States.

Where Patients Obtain Abortions

- In 2017, there were 1,587 facilities providing abortion in the United States, representing a 5% decrease from the 1,671 facilities in 2014. Sixteen percent of facilities in 2017 were abortion clinics (i.e., clinics where more than half of all patient visits were for abortion), 35% were nonspecialized clinics, 33% were hospitals and 16% were private physicians' offices. Sixty percent of all abortions were provided at abortion clinics, 35% at nonspecialized clinics, 3% at hospitals and 1% at physicians' offices.

- There were 3 facilities

providing abortion in Mississippi in 2017, and 1 of those were clinics. These numbers represent no change in clinics from 2014, when there were two abortion-providing facilities overall, of which one were clinics.

- In 2017, 89% of U.S. counties had no clinics providing abortions. Some 38% of reproductive-age women lived in those counties and would have had to travel elsewhere to obtain an abortion. Of patients who had an abortion in 2014, one-third had to travel more than 25 miles one way to reach a facility.

- In 2017, some 99% of Mississippi counties had no clinics that provided abortions, and 91% of Mississippi women lived in those counties.

Restrictions on Abortion

- Abortion would be banned if *Roe v. Wade* were overturned.

- A patient must receive state-directed counseling that includes information designed to discourage the patient from having an abortion, and then wait 24 hours before the procedure is provided. Counseling must be provided in person and must take place before the waiting period begins, thereby necessitating two trips to the facility.

- Health plans offered in the state's health exchange under the Affordable Care Act can only cover abortion in cases of life endangerment, or in cases of rape or incest.

- Abortion is covered in insurance policies for public employees only

in cases of life endangerment, rape, incest or fetal anomaly.

- The use of telemedicine to administer medication abortion is prohibited.

- The parents of a minor must consent before an abortion is provided.

- Public funding is available for abortion only in cases of life endangerment, rape, incest or fetal impairment.

- A patient must undergo an ultrasound before obtaining an abortion; the provider must offer the patient the option to view the image.

- An abortion may be performed at 18 or more weeks postfertilization (20 weeks after the last menstrual period) only in cases of life endangerment, severely compromised health, or there is a lethal fetal anomaly. This law is based on the assertion, which is not consistent with scientific evidence and has been rejected by the medical community, that a fetus can feel pain at that point in pregnancy.

- The state prohibits abortions performed for the purpose of race or sex selection, or in response to genetic anomaly.

- The state requires abortion clinics to meet unnecessary and burdensome standards related to their physical plant, equipment and staffing.

- The use of a safe, effective and commonly used method of second trimester abortion is prohibited. Abortions using dilation and evacuation are permitted only in cases of life endangerment or severely compromised physical health.