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“It didn’t matter what the bill said...”: Divergent factors influencing legislative decision-making on restrictive abortion policy in Georgia

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# “It didn’t matter what the bill said...”: Divergent factors influencing legislative decision-making on restrictive abortion policy in Georgia

By

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Bachelor of Arts
University of Georgia
2013

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An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
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2020

## ABSTRACT

"It didn't matter what the bill said...": Divergent factors influencing legislative decision-making on restrictive abortion policy in Georgia

**Background:** In 2019, nine states passed legislation to ban abortion altogether or at very early points in pregnancy. In March 2019 Georgia passed HB 481, a "heartbeat bill" that would prohibit abortion at about 6 weeks gestation. Given the prevalence of anti-abortion legislation and the public health implications of abortion restrictions, we wanted to understand how legislators made decisions on early abortion bans, like HB 481.

**Methods:** We conducted in-depth interviews with nine legislators from the Georgia House of Representatives who were present during the 2019 legislative session. In-depth Interviews were conducted in-person and over the phone, and were audio-recorded for accuracy. Recordings were transcribed verbatim and inductive codes were identified. Codes focused primarily on views of abortion in general, views of specific abortion policy, and how information about HB 481 was obtained. A thematic analysis was performed to elucidate legislators' perspectives.

**Results:** Legislators had clear considerations that differed by party affiliation. Democrats described concerns with HB 481 grounded in reproductive autonomy and justice. They claimed concern with the lives of pregnant persons citing the physical and emotional harm these bills cause. They questioned the medical evidence used to support HB 481 and argued that it violated the freedom to choose when to have children. Republican legislators evoked a similar harm reduction framework, but were concerned with protecting the lives of the unborn, arguing that a fetus should be considered a person once a "heartbeat" is detected and that abortion after this point is equal to killing a person. Republicans described aligning with their constituents who they believed hold the same beliefs. Although both sides presented evidence during the legislative session, participants voted according to their previously held beliefs on abortion.

**Conclusions:** Controversial abortion legislation is commonplace, bringing with it heated debates on when life begins and how to protect it. It is important to understand the underlying motives for legislators' decisions in order to enhance communication and improve policy outcomes related to reproductive health and rights.

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I would especially like to thank my family and friends. I am grateful to my parents and brothers for their unwavering love and support throughout my life, and particularly during my master's program. And to my friends who offered consistent encouragement and much-needed distractions.

Lastly, I would like to thank my partner, Mike. I am beyond grateful for his dedication and support throughout my time at Emory. His reassurance helped me get through the difficult moments and his enthusiasm made the good moments even better.

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# CHAPTER 1: INTRODUCTION

## *1.1 Background*

In 1973, companion United States Supreme Court cases, *Doe v. Bolton* and *Roe v. Wade* legalized abortion in the United States by protecting a woman's right to privacy ( *Doe v. Bolton*, 1973 & *Roe v. Wade*, 1973). *Roe* established abortion protections throughout pregnancy: during the first trimester, abortion is solely the woman's decision and cannot be prohibited or regulated; during the second trimester, states can regulate abortion, but cannot ban it; and during the third trimester, abortion can be banned, but exceptions may exist to protect the pregnant woman's health or life (*Roe v. Wade*, 1973). In 1992, *Planned Parenthood of Southeastern Pennsylvania v. Casey* upheld the **Roe** decision prohibiting abortion bans before fetal viability, and stated that state restrictions could not place an "undue burden" on someone seeking an abortion (*Planned Parenthood v. Casey*, 1992).

Since the *Roe* decision, states have consistently been passing laws to restrict abortion, testing the legal limits of the constitutional standard. State abortion restrictions are "laws that restrict whether, when, and under what circumstances a woman may obtain an abortion," (Reingold, 2019) and include gestational limits only allowing abortion until a certain point in pregnancy, prohibiting public funding of abortion services, and allowing providers the right to refuse to provide abortion (Guttmacher, 2020). Abortion providers face the targeted restriction on abortion providers (TRAP laws), which include burdensome requirements such as requiring providers to have hospital admitting privileges, requiring abortion clinics to be a within a certain distance of a hospital, and requiring clinics to be built to certain specifications (Planned Parenthood, 2020). Many TRAP laws are not necessary to provide safe abortion care and are, arguably, used to make abortion inaccessible (NARAL, 2020).

Such restrictions are increasingly brazen and aimed at overturning *Roe v. Wade*. Given previous success in passing abortion restrictions, and the addition of Brett Kavanaugh to the supreme court, anti-abortion advocates have recently introduced drastic abortion legislation (Kelly, 2019 & Lai, 2019). In 2019, nine states passed legislation to ban abortion altogether or at early points in pregnancy, well before the point of viability established in the *Roe* case (Nash et al., 2019 & Lai, 2019). These laws include "heartbeat bills" that would ban abortion once a fetal heartbeat is detected, as early as six weeks into pregnancy (Rewire, 2019). Georgia House Bill 481 (HB 481), the Living Infants Fairness and Equality (LIFE) Act, was one such bill. HB 481 extends personhood to embryos and fetuses with detectable cardiac activity and prohibits abortion after this point. There are exceptions for pregnancies that occur due to rape or incest, or if an abortion is necessary to preserve the mother's life (HB 481, 2019). Effectively, HB 481 bans abortion in the state of Georgia around six weeks gestation.

Abortion restrictions and bans like HB 481 have troublesome consequences; when abortion is restricted or banned, illegal and unsafe abortions occur. According to the World Health Organization (WHO), "unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both" (2019). Twenty-five million unsafe abortions happen globally each year, with seven million resulting in complications (World Health Organization, 2019). Unsafe abortions occur when there are barriers to accessing safe abortion. These barriers include restrictive laws and unnecessary requirements (World Health Organization, 2019). In the United States, before abortion was legalized, illegal abortions were not uncommon (Guttmacher, 2019) and the U.S. Centers for Disease Control and Prevention (CDC) found a drastic reduction in illegal abortion from 1972 to 1974, after abortion was legalized (CDC, 1976). Additionally, the

United Nations (UN) has protected the right to health and abortion respectively through General Comment 14: The Right to the Highest Attainable Standard of Health (2000) and General Comment 22 on The Right to Sexual and Reproductive Health (2016), stating that lack of emergency obstetric care or abortion services cause death and everyone has the right "to make free and responsible decisions and choices, free of violence, coercion and discrimination, over matters concerning one's body and sexual and reproductive health" (General Comment 22, 2016).

Despite current public health knowledge on the importance of safe abortion care, abortion access in the U.S. is in the hands of state legislatures. Many factors affect how individual legislators make decisions, but due to the demands and constraints of the legislative session, decisions need to be made quickly and efficiently. Since legislators do not typically have time to collect a breadth of information or consider all possibilities surrounding an issue, they are likely making decisions under the condition of "bounded rationality" and make a decision once they are satisfied with their knowledge. *Satisficing* is based on individuals' cognitive limitations, as well as their personal motivations (Stevens, 2019). Through satisficing, legislators are likely seeking information that is easily accessible and that they trust, and that usually aligns with their current beliefs (Mooney, 1991). Recent studies on legislative decision-making, including on abortion-related legislation, found that many factors can influence legislators, but trust, personal experience, and constituents were highly influential (Canfield-Davis, 2010, Clement, 2018, & Woodruff, 2019).

### *1.2 Purpose*

The goal of this study is to understand what factors influenced legislators' decision-making regarding HB 481. Given the prevalence of anti-abortion legislation and the public health implications of abortion restrictions, we wanted to understand how legislators viewed evidence and subsequently made decisions on early abortion bans like HB 481.

### *1.3 Significance*

The findings of this study can be used to improve pro-choice communication strategies surrounding early abortion bans in order to prevent harmful policies from being enacted. The methodology of this project may be adapted to other contexts, as well, to understand legislative decision-making on abortion policy in other states or countries, or regarding other types of abortion legislation.

# CHAPTER 2: LITERATURE REVIEW

## *2.1 Abortion Laws*

The Center for Reproductive Rights (2020) categorizes abortion laws into five groups - Prohibited Altogether, To Save a Woman's Life, To Preserve Health, Broad Social or Economic Grounds, and On Request (Gestational Limits Vary). While most countries allow abortion to some degree, twenty-six countries prohibit abortion altogether, impacting an estimated 90 million women of reproductive age (Center for Reproductive Rights, 2020). On the other hand, sixty-seven countries, and 590 million women of reproductive age, fall into the most liberal category, which allows abortion "on request" (Center for Reproductive Rights, 2020). However, many of these countries put gestational limits in place and only allow abortion up to that point. Gestational limits range from 8 to 24 weeks, with the average being 12 weeks (Center for Reproductive Rights, 2020). After this point, abortion may still be available in some cases, such as to save a woman's life or to preserve health (Center for Reproductive Rights, 2020).

Despite a plethora of state level restrictions on abortion, the United States falls into the "on request category" (CRR, 2020). In 1973, companion supreme court cases, *Doe v. Bolton* and *Roe v. Wade* legalized abortion in the United States by protecting a woman's right to privacy (*Doe v. Bolton,* 1973; *Roe v. Wade,* 1973). *Doe v. Bolton* (1973) challenged the state of Georgia's strict abortion policies that made it incredibly difficult to access abortion: abortions were required to be performed only in accredited hospitals, three physicians were required to approve an abortion request, and only Georgia residents could undergo the procedure in the state. The suit claimed that these restrictions were discriminatory, as they made it much harder for poor, non-White women to access abortion services (*Doe v. Bolton,* 1973). Similar to recent

restrictions which disproportionately affect people of color and the poor (Cohen, 2008; Durkin, 2019). Ultimately, the *Doe* case removed the restrictions in Georgia and legalized abortion by a licensed physician when: pregnancy would endanger the life of the mother or would seriously and permanently affect her health, the fetus would be born with a "grave, permanent, and irremediable mental or physical defect", or in cases where the pregnancy resulted from rape (*Doe v. Bolton*, 1973). *Doe* allows physicians to use their best judgement when it comes to a patient's health and states that physical, emotional, psychological, and familial factors, as well as the woman's age may be considered (*Doe v. Bolton*, 1973).

*Roe v. Wade* challenged Texas' criminal abortion laws arguing that they violated one's right to privacy protected by the Fourteenth and Ninth Amendments (*Roe v. Wade*, 1973). The case cited the precedent set by earlier cases, *Griswold v. Connecticut* and *Eisenstadt v. Baird*, which established the right to privacy, specifically regarding personal, marital, familial, and sexual decisions (*Roe v. Wade*, 1973). *Roe* identified fetal viability and established abortion protections until that point, when the fetus "has the capability of meaningful life outside the mother's womb," between 24 and 28 weeks (*Roe v. Wade*, 1973). After the point of viability, states may regulate abortion. Protections are laid out by trimester of pregnancy: during the first trimester, abortion is solely the woman's decision and cannot be prohibited or regulated; during the second trimester, states can regulate abortion, but cannot ban it; and during the third trimester, abortion can be banned, but exceptions may exist to protect the pregnant woman's health or life (*Roe v. Wade*, 1973). However, these measures, as well as those set forth by *Doe v. Bolton* have been consistently challenged through TRAP laws and other state-based restrictions.

### *2.1.1 State Restrictions*

Most states have abortion restrictions in place that limit when and how someone can access abortion. Forty-three states have gestational limits in place that prohibit abortion after a certain point in pregnancy, with some exceptions (Guttmacher, 2020a). Forty states require that abortion be performed by a licensed physician (Guttmacher, 2020a). Eighteen states require someone seeking an abortion to have counseling beforehand that includes information on "the purported link between abortion and breast cancer, the ability of a fetus to feel pain, or long-term mental health consequences for the woman" (Guttmacher, 2020a). Twenty-seven states have waiting periods that require someone seeking an abortion to wait a certain amount of time, typically 24 hours, between receiving abortion counseling and when the procedure is performed (Guttmacher, 2020a). Most states allow individual providers and health institutions to refuse to perform abortion (Guttmacher, 2020a). States may also restrict funding for abortion services. Thirty-three states do not allow their funds to be used for abortion for Medicaid recipients except in cases when federal funds are available, when a pregnant person's life is in danger or when the pregnancy is the result of rape or incest (Guttmacher, 2020a). Additionally, twelve states prohibit private insurance coverage for abortion services, with exceptions for the pregnant person's life (Guttmacher, 2020a). Georgia was among the states restricting abortion access.

In January of 2013, Georgia enacted a "20-week" ban on abortion, which would prohibit abortion after the 20$^{th}$ week of pregnancy or 22 weeks since last menstrual period (Roberts, Gould, & Upadhyay, 2015). Prior to 2013, abortion was available in Georgia until 26 weeks and included exceptions for women's health later in pregnancy (Roberts, Gould, & Upadhyay, 2015). Georgia's 20-week ban, which is still in effect, is "based on the assertion that a fetus can feel

pain at 18 or 20 weeks postfertilization," and includes exceptions to protect a woman's life or physical health (Guttmacher, 2020a).

Georgia abortion restrictions include mandatory counseling which includes information on social services and adoption agencies, designed to dissuade one from obtaining an abortion (Guttmacher, 2020b; NARAL, 2020). Patients must wait at least 24 hours after receiving counseling before obtaining their abortion. Health insurance plans in the state are prohibited from covering abortion services, except in cases where the pregnant person's life is endangered (Guttmacher, 2020b; NARAL, 2020). For Medicaid recipients, the exception is extended to include cases of rape or incest, but abortion is still largely uncovered (Guttmacher, 2020b; NARAL, 2020). Parental notification, where one parent must be notified prior to the abortion, is required for people under 18 seeking abortion services in Georgia (Guttmacher, 2020b; NARAL, 2020).

Another type of abortion restriction enacted by states are TRAP laws, or Targeted Restrictions on Abortion Providers. These are medically unnecessary laws imposed on abortion providers and women's health clinics and are designed to make it more difficult to provide abortion services (Planned Parenthood, 2020). Types of TRAP laws include, specific building requirements for clinics, requiring providers to have admitting privileges at hospitals, requiring clinics to be located a certain distance from a hospital, and requiring providers to report patient information to the state government (Planned Parenthood, 2020).

In Georgia, TRAP laws include restrictions on where abortion services may be provided and who may provide them (NARAL, 2020). Clinics must be available anytime during scheduled operating hours for "observation and examination by state officials" (NARAL, 2020). To provide abortion care after the first trimester, a clinic must be licensed as a hospital, ambulatory surgical

center, or an “abortion facility”, which must also be a licensed ambulatory surgical center (NARAL, 2020). Those classified as “abortion facilities” face additional restrictions and may only provide dilation and evacuation (D&E) abortions (NARAL, 2020). Additionally, only a physician licensed by the state may provide abortion care (NARAL, 2020).

### *2.1.2 Abortion Bans and Heartbeat Bills*

Over the past decade, increasing numbers of states have attempted to implement abortion bans. In 2019, 25 new abortion bans were enacted in 12 states (Nash, 2019). These included bans on specific methods of abortion, bans based on one’s reason for seeking an abortion, “trigger bans”, which would ban abortion in the event that *Roe v. Wade* is overturned, and gestational age bans (Nash, 2019). Gestational age limits are a common type of abortion restriction, but in recent years, earlier limits on abortion and total bans have gained traction. “Heartbeat bills” are laws that would ban abortion once a fetal cardiac activity is detected, as early as 6 weeks’ gestation (Rewire, 2019). In 2011, Ohio attempted to pass the first “heartbeat” bill, and in 2019, over a dozen states introduced “heartbeat” bills (Rewire, 2019). To date, five states, including Georgia, voted these bills into law (Rewire, 2019).

### *2.1.3 Georgia House Bill 481*

In 2019, Georgia passed House Bill 481 (HB 481), The Living Infants Fairness and Equality (LIFE) Act. Like other “heartbeat” bills, HB 481 recognizes the detection of a “heartbeat” as the indication for life and bans abortion after this point in pregnancy (HB 481, 2019). The bill goes further and allows abortion to be criminalized. Physicians providing abortion services, as well as those seeking an abortion may be prosecuted (HB 481, 2019).

Exceptions for pregnancies occurring from rape or incest exist for pregnancies until 20 weeks although these exceptions were not included in the original draft legislation (HB 481, 2019). Perhaps the most surprising piece of HB 481 is that it recognizes "unborn children as natural persons" and extends personhood rights to the unborn (HB 481, 2019). The bill aims to provide "full legal recognition" to fetuses, allowing them to be treated, legally, as an individual person (HB 481, 2019).

## *2.2 Consequences of Abortion Restrictions*

### *2.2.1 Unsafe Abortion*

While abortion is known to be a medically safe procedure when performed by trained health professionals, the legal restrictions on abortion result in negative consequences including unsafe abortion. According to the World Health Organization (WHO), "unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both" (2019). An estimated 25 million unsafe abortions occur each year (WHO, 2019) with the vast majority occurring in developing countries, "where maternal mortality rates are high and access to safe abortion is limited" (WHO, 2012). The legal status of abortion is correlated with incidence of unsafe abortion and in places where abortion is more broadly allowed, unsafe abortion occurs less (WHO, 2012). In addition to restrictive laws, lack of quality services, abortion stigma, lack of social support, cost, and the refusal of health care providers to offer abortion services contribute to the incidence of unsafe abortion (WHO, 2012 & WHO, 2019). Abortion restrictions do not

stop abortion from happening. Instead, laws and policies that restrict access to safe abortion services perpetuate unsafe abortion (Center for Health and Gender Equity, 2018).

Unsafe abortions are performed by taking a substance orally, like toxic solutions, herbal remedies, and drugs; placing something in the vagina, like medication or herbal remedies; putting a foreign object in the uterus, such as a stick, wire, or knitting needle; or by some sort of trauma, like an abdominal massage or jumping down stairs (Grimes et al., 2006). Complications from unsafe abortion include hemorrhage, sepsis, and trauma to the cervix, vagina, uterus, and abdominal organs (Grimes et al., 2006). It has been estimated that around 70,000 women die and millions more are injured from unsafe abortion complications each year (Grimes et al., 2006 & Singh, 2010). Some women experience long term effects from their complications like, pain and inflammation, and infertility issues (Singh, 2010).

A study of abortion in the state of Georgia from 1950 to 1970 found that nonhospital abortions accounted for 10% - 21% of all maternal deaths in the state, and the rates of maternal mortality from all causes, as well as nonhospital abortion deaths were higher among Black women than among White women (Rochat, Tyler, & Schoenbucher, 1971). In 1968, Georgia passed an abortion law intended to increase availability of abortion services in hospitals. After this, the state saw an increase in recorded hospital abortions and a decrease in rates of death from nonhospital abortions among White women (Rochat, Tyler, & Schoenbucher, 1971). In addition to the availability of safe abortion services, the researchers attributed the decrease in death among White women to increased access to contraception and improved medical care for those who had an unsafe abortion (Rochat, Tyler, & Schoenbucher, 1971). However, rates of maternal death from abortion did not decrease among Black women, specifically among unmarried Black women (Rochat, Tyler, & Schoenbucher, 1971). The researchers acknowledged that “mortality

from nonhospital abortions for unmarried black women in Georgia will be reduced only if contraceptive, abortion, and other maternal health services are provided more equitably to all women in need of such services" (Rochat, Tyler, & Schoenbucher, 1971, pp. 551).

### *2.2.2 Economic and Social Consequences*

There are also economic and social consequences to unsafe abortion. Economic consequences include, "the direct costs of providing medical care for women who are hospitalized as a result of complications of unsafe abortion, and indirect costs to women, households, the community and society" (Singh, 2010). It is difficult to quantify the direct costs of unsafe abortion, but rough estimates suggest that the annual cost of providing post abortion care in Asia, sub-Saharan Africa, and Latin America combined is over $500 million (Singh, 2010). The indirect costs of unsafe abortion may be even harder to calculate. These include the costs women and their families incur while seeking post abortion care, including transportation to facilities and receiving treatment. Indirect costs also include the burden that households and communities face when women are unable to work (Singh, 2010).

Research around the social consequences of unsafe abortion is sparse, but more and more is being done, especially around abortion stigma. Where abortion is stigmatized, women who have had abortions face backlash from family members, friends, intimate partners, and even healthcare providers (Singh, 2010). This often happens where women's sexual activity is socially unacceptable outside of marriage. Thus, unmarried women seeking abortion are condemned for their sexual activity and married women are accused of infidelity (Singh, 2010). Abortion providers and supporters of women who have had an abortion also face stigmatization (Norris et al., 2011). Norris et al. (2011) found that abortion is stigmatized for many reasons: because it

"violates feminine ideals of womanhood" and motherhood, pro-life groups focus on the personhood of the fetus rather than the life of the pregnant person, because of legal restrictions, because abortion is viewed as dirty or unhealthy, and because antiabortion groups have found stigma to be an effective tool.

Additionally, many women seeking unsafe abortions are already mothers. More research is needed to understand the true impact of unsafe abortion on children, but there are serious, potential consequences for infants and children who lose a mother to unsafe abortion. They may experience undernourishment, accidents, illnesses, and even abandonment if other family members are unable or unwilling to care for them (Singh, 2010).

In the United States, racial and ethnic disparities still exist when it comes to unintended pregnancy and abortion. Black and Hispanic women in the U.S. face much higher rates of unintended pregnancy and abortion than White women (Cohen, 2008). This is possibly due to disparities in accessing and using contraception, and includes physical and financial barriers (Cohen, 2008). Low-income women in these groups are especially impacted, as the most effective forms of contraception are also the most expensive (Cohen, 2008). When it comes to early abortion bans, women of color and poor women will, again, be disproportionately affected. As states ban abortion, women who are financially able, will travel to other states to access abortion services (Durkin, 2019). Poor women will be left to find alternatives, like unsafe or "back alley" abortions (Durkin, 2019).

### *2.2.3 Abortion Myths*

In addition to the very real consequences of not being able to access abortion, there are the mythical consequences of having an abortion perpetuated by anti-abortion groups, many

times in the form of mandatory counseling. Mandatory counseling, also called biased counseling, is a type of abortion restriction enacted by states that often presents incorrect medical information about abortions in an effort to dissuade people from obtaining an abortion. Some biased counseling includes information on the negative psychological consequences of abortion, like the risk of post-traumatic stress disorder and depression (American Civil Liberties Union, 2020). However, the American Psychological Association (2020) refutes this correlation and states that people who are denied an abortion are more likely to experience "higher levels of anxiety, lower life satisfactions and lower self-esteem" compared to those who had an abortion.

Biased counseling may also include information on an increased risk of breast cancer among those who have had an abortion (American Civil Liberties Union, 2020). Yet, many large studies have disproven this. The American Cancer Society (2014) and The American of Obstetricians and Gynecologists (2009) acknowledge that there is not an increased risk of breast cancer among women who had an abortion.

### *2.3 Policy Making Process*

Georgia's General Assembly, or legislature, consists of the House of Representatives and the Senate. There are 180 elected Representatives and 56 elected Senators in Georgia, and Republicans make up the majority in both chambers.

In Georgia, as in other states, a new bill goes through many steps before becoming a law, or even before it can be voted on. First, the bill is drafted by a legislator, a member of the House or Senate, with the assistance of an attorney (Georgia General Assembly, n.d.). The bill is then introduced to legislators, read in chamber, and assigned to a committee (Georgia General Assembly, n.d.). The committee considers the bill and may or may not hear testimony from the

bill's author or other legislators (Georgia General Assembly, n.d.). If the bill is controversial, public hearings may occur, as was the case with HB 481. The committee decides whether the bill passes, does not pass, passes with changes, or is held (Georgia General Assembly, n.d.). If the bill is passed by the first committee, it is voted on by members of the House of Representatives (Georgia General Assembly, n.d.). If a bill passes the House, it goes to the Senate. It is examined in a Senate committee, and if passed, voted on by the Senate body (Georgia General Assembly, n.d.). Once a bill is passed by the Senate, it is sent to the Governor's desk to be signed. The Governor may sign a bill or take no action, and the bill becomes law (Georgia General Assembly, n.d.). The Governor may also veto a bill, but will need the majority of both the house and the senate to agree, in order to do so (Georgia General Assembly, n.d.).

Although this process seems thorough, the legislative session in Georgia only lasts from January through March each year. Since there are often hundreds of bills that are voted on during each session, the legislative process moves quickly.

### *2.3.1 Factors that Influence Legislative Decision-Making*

Due to the demands and constraints of the state legislative session, decisions need to be made quickly and efficiently. "People tend to interact more often and more freely with people similar to themselves", so information sources that align with legislators' beliefs are usually found first and trusted more (Mooney, 1991). Also, when there is a short amount of time to make a decision, people tend to use a restricted range of information sources (Mooney, 1991), and make a decision once they are satisfied with their knowledge. This idea, called *satisficing,* is based on individuals' cognitive limitations, as well as their personal motivations (Stevens, 2019). Mooney (1991), describes three sources of information that legislators use: insider sources,

middle range sources, and outsider sources. Most information came from insider sources, then from middle range sources, and the least amount of information came from outsider sources (Mooney, 1991).

A qualitative study of 25 legislators identified 18 key factors that influence legislative decision-making (Canfield-Davis, 1996). A follow-up study surveyed 105 legislators, where legislators were asked to rank the 18 factors to the degree that they are influential in a bill's passage or failure (Canfield-Davis, 2010). The factors were ultimately ranked in the following order, from highest influence: fiscal impact, trust, constituents, timing, committee chairs, legislative leadership, sources of information, sponsor, regionalism, governor, interest groups, lobbyists, sources of voting advice, re-election, state agency bureaucrats/civil servants, religion, legislative staff, media (Canfield-Davis, 2010).

A recent survey of Georgia legislators explored the factors that influence decision-making about the scope of practice for nurse practitioners (Clement, 2018). This survey was adapted from the Canfield-Davis survey, and asked legislators to rank how likely each factor was to influence their decision-making (Clement, 2018). Constituents and expert testimony were the most influential factors, in this case, and the media was the least (Clement, 2018).

In another recent study, researchers interviewed legislators and legislative aides in three states on legislators' use of evidence in abortion policy making (Woodruff & Roberts, 2019). Evidence was not found to influence decision-making on abortion policy. Rather, evidence was used broadly to support existing policy positions (Woodruff & Roberts, 2019). Legislators found evidence trustworthy if it came from a trusted source, adding to the finding that evidence was used to support existing views rather than to inform views on abortion policy (Woodruff & Roberts, 2019).

# CHAPTER 3: MANUSCRIPT

## Contribution of Student

I contributed to all aspects of this thesis project. Dr. Dabney Evans and Dr. Subasri Narasimhan planned the initial scope of the project and developed the initial in-depth interview guide. With their assistance, I refined the interview guide, and identified and recruited participants. I conducted all interviews with participants and was responsible for data management and analysis. I drafted all parts of this thesis and Dr. Dabney Evans provided written and verbal feedback throughout all stages.

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**Abstract**

**Background:** In 2019, nine states passed legislation to ban abortion altogether or at very early points in pregnancy. In March 2019 Georgia passed HB 481, a “heartbeat bill” that would prohibit abortion at about 6 weeks gestation. Given the prevalence of anti-abortion legislation and the public health implications of abortion restrictions, we wanted to understand how legislators made decisions on early abortion bans, like HB 481.

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**Results:** Legislators had clear considerations that differed by party affiliation. Democrats described concerns with HB 481 grounded in reproductive autonomy and justice. They claimed concern with the lives of pregnant persons citing the physical and emotional harm these bills cause. They questioned the medical evidence used to support HB 481 and argued that it violated the freedom to choose when to have children. Republican legislators evoked a similar harm reduction framework, but were concerned with protecting the lives of the unborn, arguing that a fetus should be considered a person once a “heartbeat” is detected and that abortion after this point is equal to killing a person. Republicans described aligning with their constituents who they believed hold the same beliefs. Although both sides presented evidence during the legislative session, participants voted according to their previously held beliefs on abortion.

**Conclusions:** Controversial abortion legislation is commonplace, bringing with it heated debates on when life begins and how to protect it. It is important to understand the underlying motives for legislators’ decisions in order to enhance communication and improve policy outcomes related to reproductive health and rights.

## Introduction

In 1973, companion supreme court cases, *Doe v. Bolton* and *Roe v. Wade* legalized abortion in the United States by protecting a woman's right to privacy (*Doe v. Bolton*, 1973 & *Roe v. Wade*, 1973). Roe established abortion protections throughout pregnancy: during the first trimester, abortion is solely the woman's decision and cannot be prohibited or regulated; during the second trimester, states can regulate abortion, but cannot ban it; and during the third trimester, abortion can be banned, but exceptions may exist to protect the pregnant woman's health or life (*Roe v. Wade*, 1973). In 1992, *Planned Parenthood of Southeastern Pennsylvania v. Casey* upheld the *Roe* decision prohibiting abortion bans before fetal viability, and stated that state restrictions could not place an "undue burden" on someone seeking an abortion (*Planned Parenthood v. Casey*, 1992).

Since the *Roe* decision, states have consistently been passing laws to restrict abortion, testing the legal limits of the constitutional standard. State abortion restrictions are "laws that restrict whether, when, and under what circumstances a woman may obtain an abortion," (Reingold, 2019) and include gestational limits only allowing abortion until a certain point in pregnancy, prohibiting public funding of abortion services, and allowing providers the right to refuse to provide abortion (Guttmacher, 2020). Abortion providers face the targeted restriction on abortion providers (TRAP laws), which include burdensome requirements such as requiring providers to have hospital admitting privileges, requiring abortion clinics to be a within a certain distance of a hospital, and requiring clinics to be built to certain specifications (Planned Parenthood, 2019). Many TRAP laws are not necessary to provide safe abortion care and are, arguably, used to make abortion inaccessible (NARAL, 2020).

Such restrictions are increasingly brazen and aimed at overturning *Roe*. Given previous success in passing abortion restrictions, and the addition of Brett Kavanaugh to the supreme court, anti-abortion advocates have recently introduced drastic abortion legislation (Kelly, 2019 & Lai, 2019). In 2019, nine states passed legislation to ban abortion altogether or at early points in pregnancy, well before the point of viability established in the *Roe* case (Guttmacher, 2019 & Lai, 2019). These laws include "heartbeat bills" that would ban abortion once fetal cardiac activity is detected, as early as six weeks into pregnancy (Rewire, 2019). Georgia House Bill 481 (HB 481), the Living Infants Fairness and Equality (LIFE) Act, was one such bill. HB 481 extends personhood to embryos and fetuses with detectable cardiac activity and prohibits abortion after this point. There are exceptions for pregnancies that occur due to rape or incest, or if an abortion is necessary to preserve the mother's life (HB 481, 2019). Effectively, HB 481 bans abortion in the state of Georgia after six weeks gestation.

Abortion restrictions and bans like HB 481 have troublesome consequences; when abortion is restricted or banned, illegal and unsafe abortions occur. According to the World Health Organization (WHO), "unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both" (2019). Twenty-five million unsafe abortions happen globally each year, with seven million resulting in complications (World Health Organization, 2019). Unsafe abortions occur when there are barriers to accessing safe abortion. These barriers include restrictive laws and unnecessary requirements (World Health Organization, 2019). In the United States, before abortion was legalized, illegal abortions were not uncommon (Guttmacher, 2019) and the U.S. Centers for Disease Control and Prevention (CDC) found a drastic reduction in illegal abortion from 1972 to 1974, after abortion was legalized (CDC, 1976). Additionally, the

United Nations (UN) has protected the right to health and abortion respectively through General Comment 14: The Right to the Highest Attainable Standard of Health (2000) and General Comment 22 on The Right to Sexual and Reproductive Health (2016), stating that lack of emergency obstetric care or abortion services cause death and everyone has the right, "to make free and responsible decisions and choices, free of violence, coercion and discrimination, over matters concerning one's body and sexual and reproductive health" (General Comment 22, 2016).

Despite current public health knowledge on the importance of safe abortion care, abortion access in the U.S. is in the hands of state legislatures. Many factors affect how individual legislators make decisions, but due to the demands and constraints of the legislative session, decisions need to be made quickly and efficiently. Since legislators do not typically have time to collect a breadth of information or consider all possibilities surrounding an issue, they are likely making decisions under the condition of "bounded rationality" and make a decision once they are satisfied with their knowledge. *Satisficing* is based on individuals' cognitive limitations, as well as their personal motivations (Stevens, 2019). Through satisficing, legislators are likely seeking information that is easily accessible and that they trust, and that usually aligns with their current beliefs (Mooney, 1991). Recent studies on legislative decision-making, including on abortion-related legislation, found that many factors can influence legislators, but trust, personal experience, and constituents were highly influential (Canfield-Davis, 2010, Clement, 2018, & Woodruff, 2019).

The purpose of this study was to understand what factors influence legislators' decision-making regarding HB 481. Given the prevalence of anti-abortion legislation and the public health

implications of abortion restrictions, we wanted to understand how legislators viewed evidence and subsequently made decisions on early abortion bans like HB 481.

## Methods

### *Instrument*

An original in-depth interview guide and demographic survey were developed for this project. The interview guide was tested through in-person cognitive interviews with six individuals working in local reproductive health advocacy organizations in Atlanta. Cognitive interviewees had experience communicating with legislators about abortion policy and their insight helped ensure that appropriate questions were being asked. After refining the guide, two pilot interviews were conducted with local legislators. Pilot interviews did not result in any changes to the interview guide, but prepared researchers to 1) conduct interviews via phone or Zoom and 2) conduct interviews with time constraints.

### *Participants*

Nine Georgia legislators from the state House of Representatives were interviewed on their personal experiences, perceptions, and decision-making related to Georgia House Bill 481. Two legislators from the Atlanta area were interviewed during the pilot phase and included in the final sample. Seven participants were chosen through a random sample of legislators. A proportionate number of Democrat and Republican representatives, seventeen in all, were contacted via email and asked to participate. Legislators were contacted by phone and again by email if no response was received and were contacted up to three times. From this sample, four additional Democrats and three additional Republicans agreed to be interviewed.

### *Data collection*

All interviews were conducted in Atlanta, Georgia between October and December of 2019. Two interviews were conducted in-person at the state Capitol and seven were conducted via phone or Zoom call. A confidentiality statement was read to participants prior to the interview and participants were asked permission to be voice recorded. Participants gave their consent orally before recording devices were activated. The demographic survey was filled out by participants themselves or given orally immediately following the interview. Interviews were recorded using Voice Memos. Audio files were transcribed verbatim using Happy Scribe and manually checked for accuracy by the researcher.

### *Analysis*

Interviews ranged from 21 to 64 minutes and transcripts were coded and analyzed by the primary researcher using MAXQDA 2020. Thematic analysis was used to analyze the data. Preliminary codes were identified and used to analyze two transcripts. Code definitions were created for accuracy and consistency and were compiled in a code book. Codes were inductive, and focused primarily on views of abortion in general, views of specific abortion policy, and how information influencing these views was obtained. The code book was reviewed by another researcher and revised. Revised codes were tested on a second transcript and refined before coding the remaining transcripts.

### *Institutional Review Board Approval*

The Emory University Institutional Review Board deemed this study exempt from review due to its nature as a part of public health practice.

## Results

Participants in this study (n=9) were state legislators representing areas in North, South, and Western Georgia, as well as parts of Metropolitan Atlanta. They had between 1 and 29 years of experience as legislators with a mean of 9 years. For three participants, the 2019 legislative session was their first. The sample included six females and three males, and participants identified as African-American or Black, and White. They were married, single, and divorced, and most reported having children. Based on party affiliation three participants were Republican and six were Democrat. All Republicans voted in favor of HB 481 and all Democrats voted against the bill. Four themes emerged inductively from the data. These included: factors influencing decision-making; existing beliefs about abortion influenced views of HB 481; communication about HB 481 was not effective in changing beliefs; and Democrats' views on HB 481 were similar while Republicans' views were varied**.**

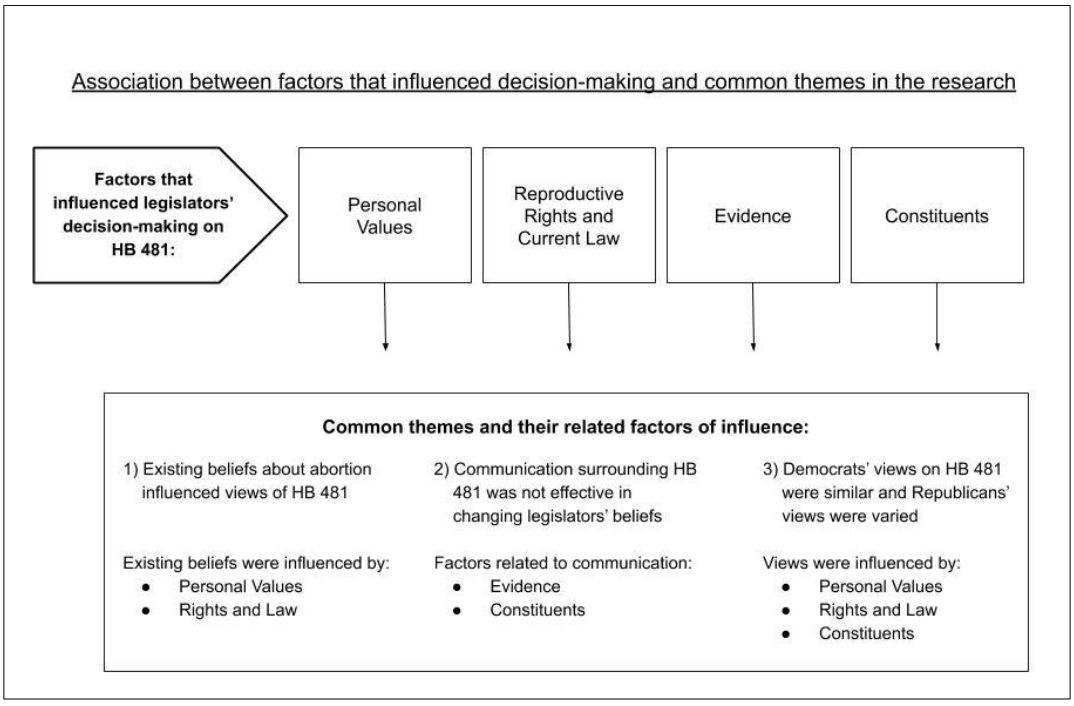


**Figure 1.** Association Between Factors that Influenced Decision-Making and Common Themes in the Research

***Factors that influenced legislators' decision-making***

Four factors influenced legislators' decision making when voting on HB 481: personal values including views on abortion, rights and the law, evidence, and their constituents.

Personal values were the most commonly cited influences in how legislators voted. These included religious or faith beliefs about when life begins and the value of, "the life of the unborn."

> *"I feel like life is precious. And, to take a life, someone making a decision to take a life, is wrong. It's immoral. You know, you cannot make a decision to take someone else's life. I don't care how old they are. Or who they are. Or how they are related to you. It's not your right to do that." – Republican*

Conversely, views on women's autonomy and personal choice were also part of personal values.

> *"So things like that were very very disturbing to me because, you know, if we value life, we should value all life. Mother as well as the child. And then of course at the end of the day these are very personal decisions that have to be made and women should be able to have the freedom to make those decisions based upon the advice and consent of their doctor and their and their husbands and other family members and in line with their own faith tradition." - Democrat*

Rights and the law were other influential factors. These included discussion of reproductive rights and freedom as universal, and the potential negative impact of removing those rights.

> *"Reproductive Justice is part of something that I am very serious about. And so when we started hearing at the beginning of session that this bill was on the table, that would restrict a woman's right to have that access for her body…We didn't really know if it was going to get a committee hearing and where this bill was going. But as it progressed further into the legislative session we knew that this bill was becoming a major piece of legislation that we needed to take a strong stance against."* - Democrat

This theme also included the view of current abortion law in the U.S. as sufficient, including among one Republican who voted for HB 481, and the view that bills like HB 481 are unconstitutional.

> *"There's been a benchmark here for years, cause of the Supreme Court rulings, that you can't do anything to tamper with a woman's right in that first trimester. I've always accepted that as a pretty damn good solution."* - Republican

Evidence of various kinds was used by both supporters and opponents of HB 481 and tended to affirm previously held beliefs. Those who supported HB 481 used the presence of fetal cardiac activity, "heartbeat", as proof of life.

> *"So, if a doctor can find that heartbeat at six weeks then it's true heartbeat. But most of the time it's going to be closer to eight weeks. So, it's not really a date for saying*

*timewise. It's when that heartbeat is heard. And when there is a heartbeat, this baby has its own special DNA. It has already started forming all its parts and it has a heartbeat."* *- Republican*

Those who opposed HB 481 used medical evidence that the heart organ was formed later in fetal development to support their position opposing the bill. Opponents also cited evidence that abortion restrictions do not stop abortion from happening and that such restrictions are known to increase unsafe abortion.

*"Doctors were coming down, in particular, because doctors were like, you know, first of all this is a horrible decision, speaking from a medical perspective, because when you tell people they cannot get the health care that they have decided they want…women will just take matters into their own hands and things go back to what we saw pre-1970, when Roe v. Wade was decided, where hospitals had whole septic wards devoted to women who had given themselves abortions at home."* *- Democrat*

Surprisingly, constituents did not have a significant influence on legislators' voting decisions. Rather, constituents and their legislators tended to share the same beliefs about abortion. However, one participant voted on HB 481 counter to their own beliefs and in the interest of their constituents.

*"If your constituency speaks, and they speak loud enough, you know, just get on with it."* *- Republican*

***Existing beliefs about abortion influenced views of HB 481***

Although interviews focused on legislators' experiences with HB 481 specifically, it was clear that legislators held existing positions on the issue of abortion. Participants either directly opposed or supported abortion rights, and some considered new restrictions unconstitutional.

Those opposed to abortion argued that fetuses are living beings and that all life has value. One participant shared their view,

> *"I always had a problem with abortion… when does it go from just a fertilized egg, not a being, to becoming a being?" - Republican*

Those supportive of abortion rights cited the importance of women's autonomy and reproductive rights,

> *"Reproductive rights and justice … are two issues that I've worked on heavily, so I know the ins and outs of what happens when you restrict reproductive freedom." - Democrat*

Some simply believed that the matter was settled law and that HB 481 was unconstitutional. One participant citing *Roe v. Wade* stated,

> *"Well, I didn't think the bill should be written at all because this is already settled case law. And it's already been established that women have a constitutional right to reproductive health." – Democrat*

***Communication surrounding HB 481 was not effective in changing legislators' beliefs***

Participants described having communication with colleagues, constituents, experts, and special interest groups on HB 481 during the 2019 legislative session. Legislators communicated with their colleagues through personal conversations and by listening to community testimony and legislative debate. Many participants had conversations with both colleagues who supported the bill as well as those who opposed it. Participants also described conversations with constituents on both sides of the issue. Expert testimony was an active form of communication. The majority of participants discussed hearing from doctors presenting medical evidence in opposition to HB 481. Less frequent were legislators' experiences with special interest groups. Three legislators discussed having conversations with members of these groups, which included reproductive rights advocacy organizations and pro-life crisis pregnancy centers. Legislators only discussed speaking to groups whose position aligned with their prior beliefs about abortion.

Despite multiple pathways of communication from a wide range of actors, legislators' positions were not swayed. Arguments either reaffirmed participants' beliefs or were dismissed:

> *"You know, it's called the heartbeat bill because it says ... a baby is a human being once the heartbeat is detected. You know, we did hear testimony in the Health and Human Services from the OB/GYN group specialists saying they question whether that was a true heartbeat or rather just move down fluid to a developing area of the heart. But, you know, it was contentious to say the least."* - *Republican*

***Democrats' views on HB 481 were similar and Republicans' views were varied***

All Democratic participants supported a person's decision to choose to continue a pregnancy or not. Most also discussed their support of reproductive freedom and rights, which relates to the belief that all people should have the right to make their own decisions about their sexual and reproductive health. Legislators condemned HB 481 for trying to remove those rights, as one participant shared,

> *"It legislates my right to choose. When I'm sitting down to feed my family, I don't call you and ask you what's for dinner. When a person is having sex with their partners, are they all going to need the government say, listen how many times a week should I? Or shouldn't I? You know, no you're not! So, why are you telling me what to do? You don't know my circumstance. My choices. Yes, every life is valued. I am 100 percent clear on that. Every life is valued, but there are choices people need to make."* - *Democrat*

Participants opposed to the bill also discussed the impacts of restricting abortion access and the potential harm that HB 481 may cause.

> *"There are so many ramifications that are ripple effects that affect everybody, even if you don't have a uterus, that are connected to these bills, and I know that they don't know that information. So, to me, I knew that this bill [would] be a death sentence for women. I knew it would be a bill that would basically set a policy of forced birthing for women."*
> - *Democrat*

Legislators cited Georgia's poor maternal mortality rates as further evidence that reproductive rights in the state should be protected. Specifically, legislators were concerned about the disproportionately high maternal mortality rate among Black women in Georgia and the implications of HB 481 on maternal mortality.

> *"We should be more concerned about the fact that Georgia is last when it comes to maternal mortality. So, we are going to say that every child that's conceived must be born here in the state of Georgia. We should be first in terms of the safety when it comes to mothers delivering babies." – Democrat*

Another participant shared,

> *"We know that black women are dying three to four times more giving birth to kids they want. And there was no outrage about making sure that we find out what the reason is and making sure that Black women have the kind of health care that allows them to bring their children to fruition if they wanted to have children … They talk about life, but it's only certain life and the life inside of a woman, not the life that comes out of a woman." - Democrat*

Legislators described their personal experiences with abortion and parenting when discussing their views of abortion. One participant shared her thinking relative to her own abortion,

> *"So my experience wasn't, oh my gosh I'm so sad. Yes. It was the value of a life. But, I also understood that the value of bringing a life to fruition was a higher cost than I had. The financial resources, the physical, the emotional resources … I did not have that support."* - *Democrat*

All Republican participants voted in favor of HB 481, but they did not all support the bill for the same reasons. Two participants discussed the value of the life of the unborn and disagreed that someone should be able to choose to end a pregnancy. One legislator had a personal experience as a young mother that solidified her beliefs:

> *"I had complications from the pregnancy. I had pre-eclampsia. I had all kinds of things, reasons why I could have said no. I had anemia, which I still have today. So anyway, I just feel like, inconvenient or not, there's a purpose to everything. There's a season and a purpose to everything in life and that life needs to be valued."* - *Republican*

Other legislator's beliefs were reinforced through the legislative session and the presentation of "heartbeat science." One legislator who expressed his opposition to abortion said of the evidence presented:

> *"And I wished it was something different. I wished that the fetus was not developing as fast as it did, and it wasn't a living fetus until, you know, 8 or 10 weeks or something like that. But that's not the case."* - *Republican*

One Republican was personally opposed to HB 481 and said that it should not have been introduced due to the existence of *Roe v. Wade*. He also expressed support for individual choice. Ultimately, he voted in support of the bill because of his pro-life constituency.

> *"But, a lot of us couldn't NOT vote for it. They'd skin us alive … I got more damn churches than a dog's got fleas [in my district]."* - *Republican*

Existing, strongly-held beliefs about abortion make abortion legislation controversial and challenging. The communication strategies used by legislators, lobbyists, and activists did not change existing beliefs and different approaches will be needed to affect abortion legislation in the future.

**Discussion**

Interviews with legislators on their experiences with HB 481 reveal decision-making around abortion legislation may be different than decision-making on other types of policy because of legislators' existing beliefs about abortion. Legislators' existing beliefs influenced their views on HB 481 and were not changed through the legislative process or the communications strategies of advocates on opposing sides of the issue. Understanding legislators' views, the factors they are considering, and the importance of those factors is key for activists and advocates who hope to sway policy making outcomes. Shifting communication strategies relative to these factors may help advance reproductive rights by preventing the passage of anti-abortion policies.

### *Factors that influence legislators are different when it comes to abortion legislation compared to other types of legislation*

Previous research on legislative decision-making found that fiscal impact, trust, constituents, timing of when a bill is introduced, committee chairs, legislative leadership, sources of information, sponsor, regionalism, governor, interest groups, lobbyists, sources of voting advice, re-election, state agency bureaucrats/civil servants, religion, legislative staff, and media are all key factors that influence legislative decision-making (Canfield-Davis, 2009). Another study found constituents and expert testimony to be the most influential factors, while media was the least influential (Clement, 2018). We found that trust, constituents, sources of information, interest groups, lobbyists, religion, and re-election play a role in decision-making on abortion policy, as well. Legislators cited evidence, either "heartbeat" or medical, personal values, rights and current law, and constituents as their reasons for supporting or opposing HB 481. However, each participant had existing views on abortion and, with the exception of one participant, their votes on HB 481 were in line with those prior views. This suggests that, for many legislators, previously held personal beliefs are more influential when it comes to making decisions about abortion policy.

### *Personal experience may matter more when it comes to abortion policy*

Personal experience with abortion, pregnancy, and parenthood played an important role in influencing views on abortion. These are common experiences that are easy to draw from and connect to beliefs about abortion. This was true for men and women[1], but much more salient among women. One male legislator jokingly cited his large family as evidence that he was "pro-

[1] The terms "men" and "women" are used interchangeably with "male" and "female", which denote biological sex.

child." For female legislators, having children was tied to their experiences as women. Experiences of womanhood often arose among Democrat legislators who were displeased with the fact that men were at the helm of advancing HB 481, specifically the governor of Georgia and the primary sponsor of the bill. Their experiences as mothers demonstrated their authority on women's reproductive issues like abortion, something that men, they argued, could not possess.

Although male legislators had personal experiences as parents, they relied more on their religious views, constituency, and the secondhand experiences of women when making decisions about abortion policy. One male legislator acknowledged his lack of experience and deferred to female legislators when it came to HB 481.

Given that these personal experiences have such influence on legislators' own beliefs, it may be useful to incorporate storytelling into the pro-choice strategy. HB 481 supporters used personal narratives to argue for the bill, while opponents relied on medical evidence. It may be more influential to combine the two by using destigmatizing and/or positive abortion storytelling along with the presentation of scientific evidence.

### *Communication strategies surrounding HB 481 missed the mark*

Despite the discussions surrounding HB 481 and the evidence presented, legislators' views weren't changed. Woodruff (2019) found that evidence was not useful in changing legislators' views on abortion policy, but rather "beliefs drive evidence claims." Woodruff (2019) also found that legislators trusted evidence from sources they already considered trustworthy. We similarly found that evidence either affirmed legislators existing beliefs and legislators sought information from sources they trusted; opposing evidence dismissed. Opponents of HB 481 primarily used expert testimony and medical evidence to argue against the

bill. Those who supported the bill used “heartbeat” evidence and personal testimony in their arguments. Opponents, with the scientific and medical communities at their back were not swayed by the emotional pull of pro-lifers. Similarly, the belief that abortion is murder, backed by “heartbeat science”, could not be explained away by medical experts. This reinforces the idea that personal experience and existing beliefs matter more when it comes to abortion policy. Therefore, communication strategies on both sides of the issue seemed to miss the mark and were not successful in changing the other’s view.

Opponents of anti-abortion legislation can consider incorporating emotional elements into their messaging by presenting personal narratives. These may include abortion stories, as well as experiences with pregnancy and childbirth.

Advocacy efforts similarly appeared unsuccessful in swaying legislators’ decision making. Protests were common throughout the 2019 legislative session. Most protesters opposed HB 481 and held signs telling legislators to “Trust Women.” This is what the public saw. News articles and social media posts covering HB 481 always included pictures of protestors. Pro-choice advocates applauded the protesters and hundreds of people showed up to the capitol to protest as the legislative session wore on. While protests certainly drew attention to HB 481, our study found that protests were not a factor that legislators said influenced their views or decision-making. Only Republican participants discussed protestors in their interviews and all viewed protestors as confrontational and hostile. While this intense public pressure may have influenced the five Republican legislators who abstained from the bill we cannot attribute their abstentions to any specific cause since none of them were participants in this research; the same is true of the one Democrat who voted in favor of HB 481.

Pro-choice advocates can consider changing their tactics in order to more effectively communicate to legislators about abortion and related policy. Advocates should promote dialogue and mutual understanding with legislators, and avoid confrontational communication.

### *Limitations*

There are several limitations to this study. Because HB 481 passed the House by a thin margin, our study originally aimed to understand the factors that influenced legislative decision-making among outliers: legislators who acted counter to their party and could potentially swing the vote. We identified nine candidates who voted counter to their party (i.e. Democrats who voted for HB 481 and Republicans who abstained or were excused or absent from voting and expressed opposition to the bill. We contacted this sample first, but only received one positive response. Unfortunately, this participant passed away before the interview could be conducted. Because of the lack of positive responses, the study shifted to include participants who voted in line with their party, and a random sample was conducted. Future research on outliers will offer more insight into the factors that influence legislative decision-making and where opportunities lie to swing abortion policy.

Because of time constraints, the sample size is small and more Democrats than Republicans were interviewed. We aimed to recruit a proportionate number of legislators from each party. Since Georgia's House of Representatives has 105 active Republican legislators and 75 Democrats, we would have ideally recruited more Republicans than Democrats. However, a higher percentage of Democrats responded to requests to be interviewed. Saturation was reached among Democrat participants, with common themes recurring and no new data surfacing. Saturation was not reached among Republican participants, as new data emerged in each

interview. Given more time, we would have focused on recruiting more Republicans, and interviewed until reaching saturation.

## Conclusion

Abortion is a safe, medical procedure, and should be widely viewed as necessary health care. Yet most legislators made decisions about HB 481 based on their personal beliefs. This presents challenges for reproductive rights advocates and pro-choice legislators, who relied heavily on medical evidence and expert testimony to oppose HB 481. In order to advance reproductive rights and access to reproductive healthcare, pro-choice advocates should adjust their strategies by incorporating personal narratives alongside scientific evidence.

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# CHAPTER 4: IMPLICATION FOR PUBLIC HEALTH

This research aims to better understand legislative decision-making on abortion policy in order to combat anti-abortion bills and advance reproductive rights. Policies that restrict abortion access do not stop abortion from happening. Instead, laws like HB 481 force those seeking abortion to consider unsafe options. Abortion bans inhibit personal autonomy and are a violation of one's right to health (CESCR, 1966), specifically the right to reproductive health, which "concerns the capability to reproduce and the freedom to make informed, free and responsible decisions. It also includes access to a range of reproductive health information, goods, facilities and services to enable individuals to make informed, free and responsible decisions about their reproductive behaviour" (General Comment 22, 2016).

Research on legislative decision-making surrounding abortion policy is new and reflects the recent wave of early abortion bans. Woodruff (2019) interviewed legislators and legislative aids to better understand how evidence is used to influence abortion related policy decisions. They found that evidence was not influential in changing beliefs about abortion and decision-making on abortion policy. Evans and Narasimhan (2020) analyzed anti-abortion arguments from legislative sessions in states proposing early abortion bans and found that anti-abortion legislation tactics are evolving. Our study adds to previous research by highlighting influential factors unique to decision-making on "heartbeat" bills, and looking at those factors by political party.

Since HB 481 passed by a narrow margin, there were likely opportunities to sway legislators. Outliers provide the best opportunity for swinging bills like HB 481. In our study, one outlier was identified. He voted on HB 481 counter to his own beliefs in order to satisfy his

constituency. Reproductive rights advocates should be interested in these outliers and aim communication strategies at these individuals.

### *4.1 Future Research*

The findings of this study contribute to a growing body of evidence exploring factors that influence legislative decision-making on abortion policy. As bills like HB 481 continue to be brought to the forefront, it is important to continue to understand legislators' experiences. This study may be replicated in other states or countries to understand legislative decision-making on abortion policy in other contexts. Other states and countries may have different types of abortion laws and different cultural beliefs about abortion. Understanding legislators' views within each context will better inform local reproductive rights advocates.

Because existing beliefs play an important role in legislators' decision-making on abortion policy, future research may look exclusively at what drives legislators' beliefs and views on abortion. Lastly, outliers offer a promising point for intervention when it comes to shifting abortion policy. Understanding the motivations of legislators that do not make decisions based on existing beliefs or those whose beliefs straddle the line, is essential for tailoring communications.

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