A large, dark blue silhouette of a balance scale is positioned in the upper right quadrant of the image. The scale is centered vertically, with its two pans hanging from a horizontal beam. The background is a solid blue color.

Who Decides?

The Status of Women's
Reproductive Rights in
the United States



NARAL
PRO-CHOICE AMERICA

The United States

ACCESS FACT: Currently, there are no states that provide total access



The state of reproductive healthcare access in the United States is alarming. Due to the dearth of access in many regions, the nationwide status is “restricted access.” The meter’s colors represent the status of reproductive healthcare access in each state: a spectrum from bright red for “severely restricted access” to dark purple representing “total access.”

As shown below, a handful of states have made great strides in expanding and protecting access to reproductive healthcare, achieving the status of “strongly protected access.” Yet, no state has achieved “total access” at this time. The majority of the states are in red, which should serve as a warning about the lack of reproductive healthcare access in much of the nation.

An overview of the states that fall within each access category is below, and more detailed information about each state can be found in the state profiles.

Colorado
Massachusetts
Minnesota
New Hampshire

Rhode Island
Wyoming

Alabama
Arizona
Arkansas
Florida
Georgia
Idaho
Indiana
Iowa
Kansas
Kentucky
Louisiana
Michigan
Mississippi
Missouri
Nebraska
North Carolina
North Dakota
Ohio
Oklahoma
Pennsylvania
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
West Virginia
Wisconsin

Alaska
Delaware
Illinois

Maine
Maryland
Nevada

New Jersey
New Mexico
New York
Vermont

California
Connecticut
Hawaii
Montana
Oregon
Washington

None

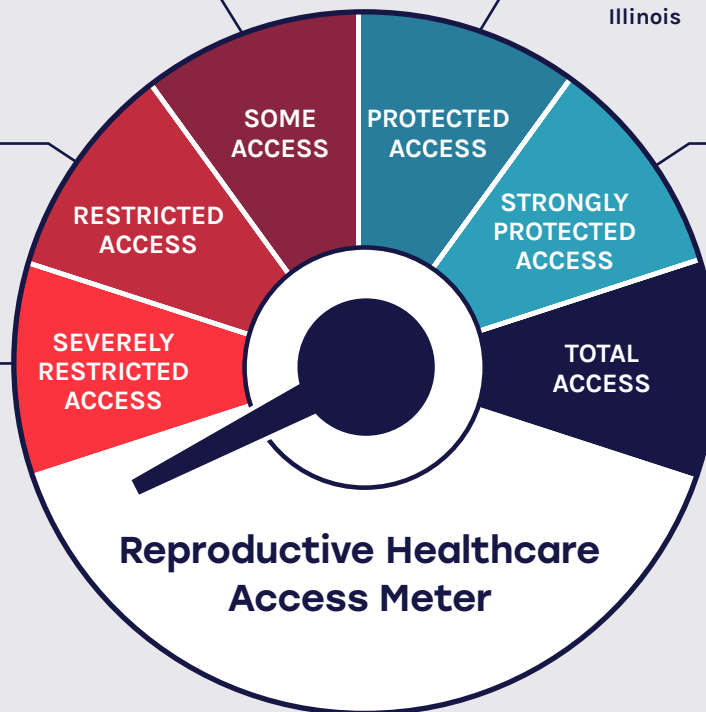


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Dedication

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation dedicate the 28th edition of *Who Decides? The Status of Women's Reproductive Rights in the United States* to the legislators, candidates, and volunteers who helped make unprecedented gains in pro-choice legislative majorities across the nation.

In 2018, pro-choice gains were hard-fought and won in governors' seats, state houses, and in senate chambers. In a time of unprecedented attacks on reproductive freedom coming from the Trump administration all the way down to the lowest levels of government, new candidates with pro-choice values ran for office and elevated the issue, incumbents returned to greater majorities, and volunteers turned out in favor of pro-choice candidates—calling on friends, family members, and neighbors to get out the vote.

It is because of this enthusiasm and commitment that many more people will see greater protections of their fundamental reproductive rights in 2019 and beyond.



From the President

Ilyse G. Hogue

For more than four decades, *Roe v. Wade* promised the right to legal, safe abortion care. But now, after spending decades and hundreds of millions of dollars to stack the courts with biased judges, and with Brett Kavanaugh as the deciding vote on the Supreme Court, the anti-choice movement is closer than ever to their ultimate goal: banning all abortion and punishing women.

Despite this bleak picture, NARAL members give me hope. Following the fight to block Brett Kavanaugh's appointment to the Supreme Court, NARAL members did what we always do when we face tough moments: we pressed on with more resolve than ever. NARAL members took that moment and turned it into a watershed for change at the ballot box this past November. NARAL members were involved in the 2018 election at unprecedented levels, mobilizing voters across the country to vote in record numbers on a diverse set of candidates and helping elect a pro-choice majority to the U.S. House of Representatives. This resulted in flipped state houses and senates, Democrats gaining trifectas while breaking Republican ones, the election of multiple pro-choice governors, derailing a backdoor abortion ban ballot initiative in Oregon by a 30 point margin, and so much more. That's the power of the people. The power of NARAL members. And because of our hard work, *Roe* is more popular than ever before, with seven in 10 Americans wanting to see abortion remain safe and legal in our country. Put simply: we are the majority.

Now we must build on that momentum, put a check on Trump's anti-choice agenda, and keep fighting to advance reproductive freedom. We fought the Kavanaugh fight not only because the balance of the Supreme Court was at stake but because we want better for ourselves, our families, our daughters, and our sons. And we fought on in the midterms because we continue to be the torch bearers for the promise of a democracy that assures dignity, equality, and justice for all people. And that's why we'll spend the next year continuing to fight back at the state level, advocating for policies that will protect and expand access to abortion. Together we will draw a line in the sand and show elected officials that we will not allow them to continue chipping away at our essential rights.

The midterms sent a signal to lawmakers everywhere that the pro-choice majority is a force to be reckoned with. Now, as elected officials at the state and national level head to their offices and prepare for the next legislative session, we have a message for them: We are here, and we are not going away. Reproductive freedom is our priority. And it's time to make it yours too.

In solidarity,

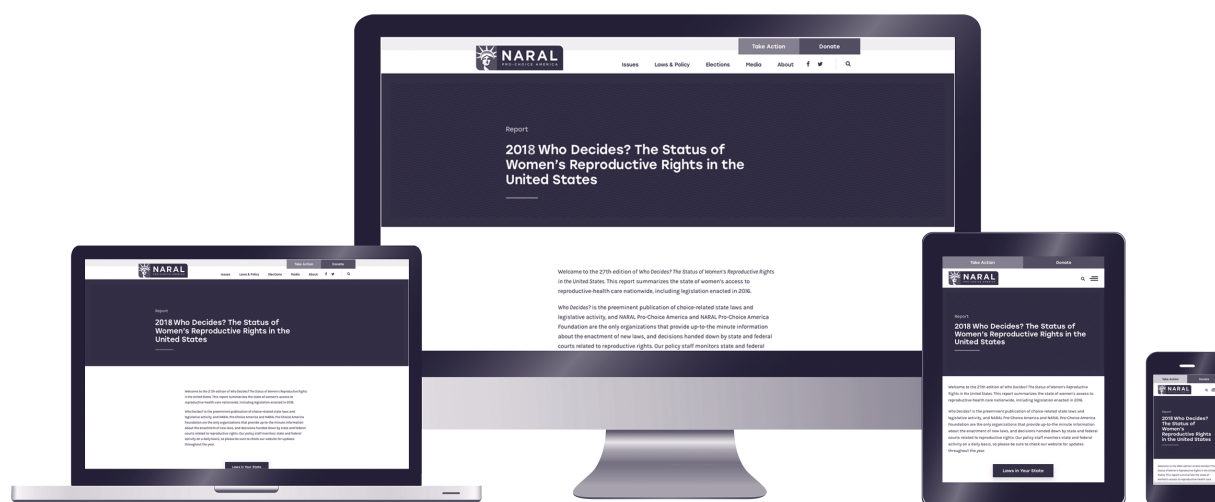
A handwritten signature in black ink that reads "Ilyse G. Hogue".

Ilyse G. Hogue
President

Online Access

www.WhoDecides.org

Visit *Who Decides?* online to dig into our frequently updated state-by-state analysis of the status of women's reproductive rights, browse the stats for the year in choice, and download a complete PDF of the book.



Who Decides? Online Features:



Summaries of measures across the country affecting reproductive rights—including detailed descriptions, citations, and information on relevant court cases.



Updates to statute summaries, maps and charts, and other features as new laws are enacted and court cases are decided.



Opportunities to take action to protect and expand reproductive freedom in your state.

2018

Key Findings and
Political Landscape

Key Findings: 2018 Pro-Choice Victories

In an environment in which anti-choice legislators and organizations feel emboldened to eliminate abortion and contraception seemingly by any means necessary, pro-active, pro-choice policy is often our strongest line of defense. Not only do these policies help protect every woman's right to make reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing safe, legal abortion, they allow state governments to showcase their interest in supporting the women and families in their state by blocking federal anti-choice overreach. These policies are even more critical as we enter into a time when the protections of *Roe v. Wade* are at greater risk than ever.

Pro-choice measures enacted during 2018 cover wide-ranging topics, from measures to improve contraceptive access, including requirements that health-insurance plans cover multiple months of contraception at once, to policies that promote healthy childbearing, to measures that help improve the health and dignity of pregnant women who are incarcerated. Policymakers know what the public majority already knows: that protecting a woman's right to comprehensive reproductive healthcare, and her ability to bear healthy children, is the right thing to do and makes for a healthier state with a stronger economy.

TOTAL PRO-CHOICE MEASURES ENACTED IN 2018¹:

23 STATES and the **DISTRICT OF COLUMBIA** enacted 68 pro-choice measures in 2018—yet another enormous increase over previous years. In fact, more pro-choice victories occurred in the 2018 legislative session than they had since 2007. The states from this year include: **CA, CT, DE, DC, FL, GA, HI, IL, IN, KY, LA, MD, MA, MO, MS, NH, NJ, OK, OR, RI, SC, UT, WA, WV.**

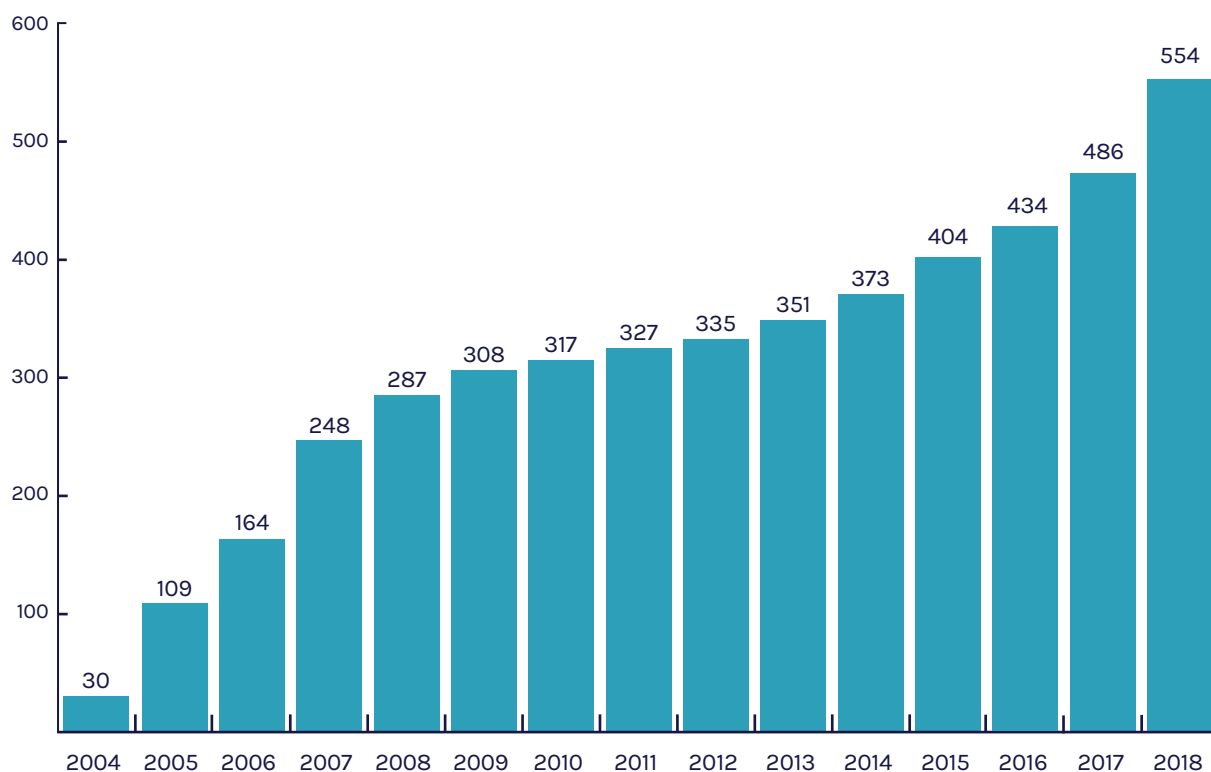
- **Maryland** enacted an incredible nine pro-choice measures this year. For only the second time since 2012, a state other than California has taken this important distinction. This year, five states took that distinction!
- **Illinois** enacted seven pro-choice measures.
- And the **District of Columbia** enacted six pro-choice measures.

KEY PRO-CHOICE VICTORIES IN 2018:

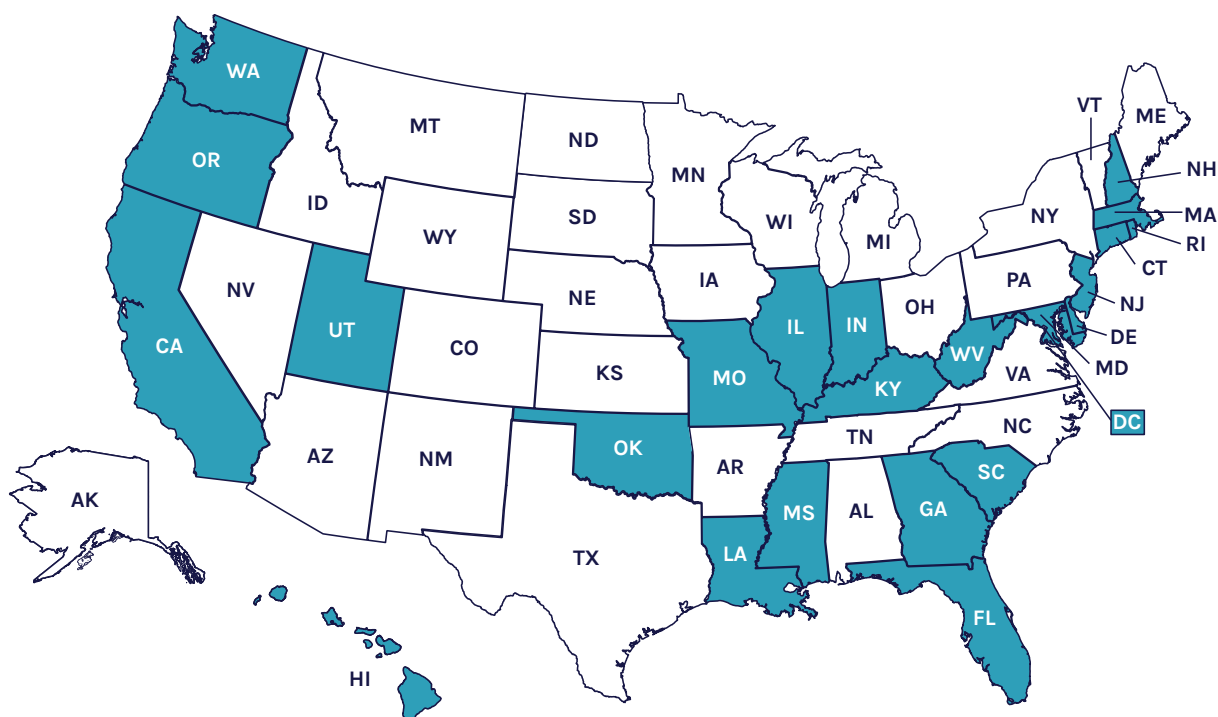
- Among Maryland's robust pro-choice policy victories are laws allowing women to obtain a 12-month supply of contraception at one time, improving contraceptive coverage for state employees, and increasing access to contraception for low-income women. Additionally, **Maryland** enacted groundbreaking measures to improve health outcomes for pregnant women and infants, and establish basic standards for incarcerated women's access to reproductive healthcare.
- Several states—including **Connecticut, Delaware, the District of Columbia, Maryland, New Hampshire, Rhode Island, and Washington**—enacted laws that are more robust than the federal contraceptive-coverage policies by requiring insurers to cover a broad range of contraceptives without cost-sharing and/or cover a year's supply of contraception dispensed at one time.
- Massachusetts' governor signed into law a measure to further protect access to reproductive healthcare for the people of **Massachusetts** and repeal archaic provisions that criminalized abortion.
- **California, Connecticut, Illinois, Maryland, and Rhode Island** all enacted policies to improve sex education in the state.
- Multiple states, including **Connecticut, Indiana, Louisiana, Maryland, Oregon, and the District of Columbia** enacted measures to improve maternal mortality—or at least begin to evaluate the care and support that pregnant women can receive.
- Several states have taken steps to improve the reproductive healthcare of incarcerated women, including barring the shackling of pregnant women or establishing policies to significantly reduce such heinous practices. Those states include **Connecticut, Illinois, Kentucky, Massachusetts, Maryland, Missouri, Oklahoma, Rhode Island, Washington, and West Virginia.**

¹This report uses "laws" to refer specifically to statutes adopted by the legislature or enacted by ballot measure. "Measures" is a broader term that includes the following: constitutional provisions, statutes, regulations court decisions, ballot measures, opinions of state attorneys general, state policies, and other governmental action with statewide effect.

CUMULATIVE NUMBER OF STATEWIDE PRO-CHOICE MEASURES ENACTED SINCE 2004



STATES THAT ENACTED PRO-CHOICE MEASURES IN 2018



Key Findings: 2018 Anti-Choice Restrictions

Nearly a decade ago in the 2010 elections, anti-choice politicians seized control of many state legislatures, vowing to focus on economic challenges. Once elected, however, they abandoned their promises and instead launched a War on Women that has largely been sustained ever since. While the tide seemed to be turning after the landmark *Whole Woman's Health* decision and the election of more pro-choice candidates in state houses, the outcome of the 2016 presidential election emboldened anti-choice politicians and organizations to go even further in their attempts to restrict women's rights.

However, what we saw in the 2018 legislative session was a slight drop in the number of anti-choice legislative successes. Not only was the overall number of restrictions lower, but the number of states that passed them was lower, too. Though, despite the slight drop, the types of restrictions enacted were as harmful as ever. And in states that had an unchecked anti-choice majority, we saw them introduce and move the most extreme types of restrictions in the country—all with the intention of baiting the Supreme Court into revisiting the *Roe* standard.

TOTAL ANTI-CHOICE MEASURES ENACTED IN 2018:

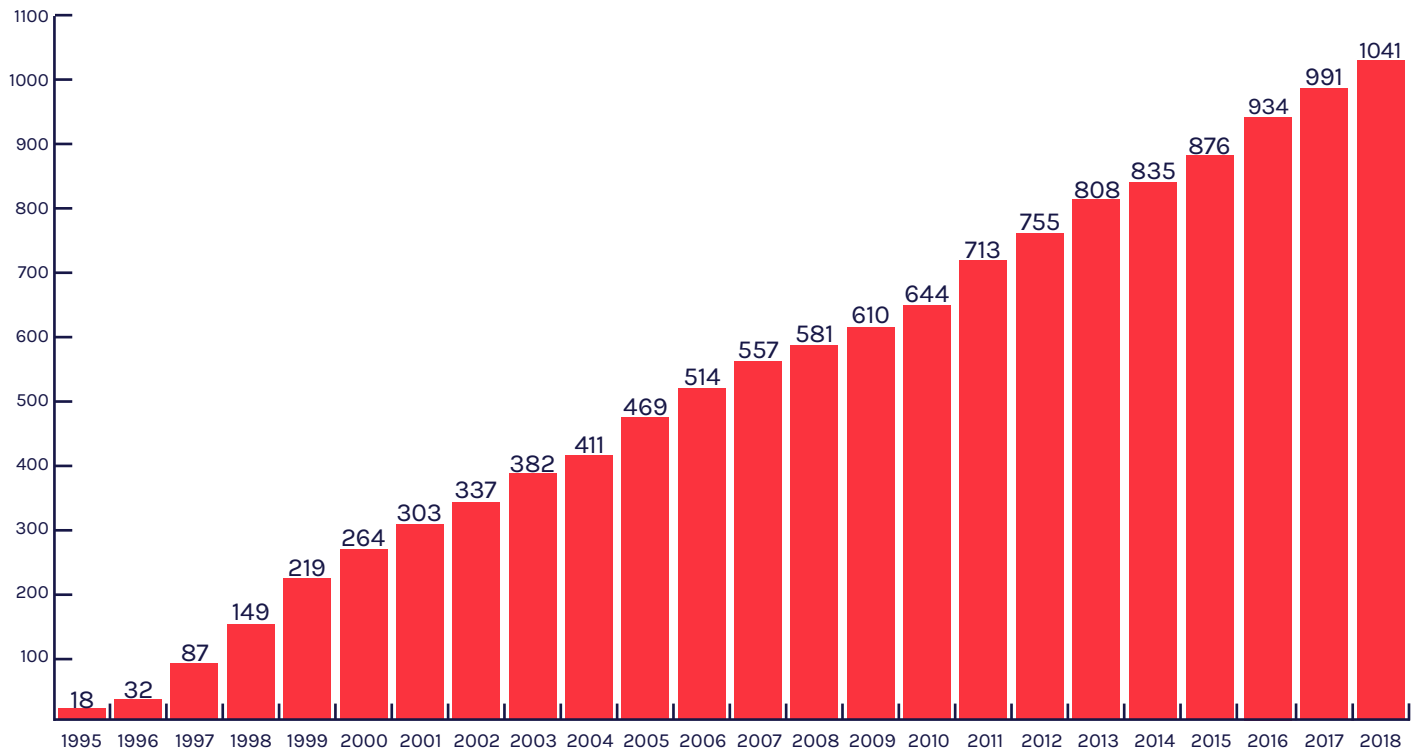
22 STATES enacted 50 anti-choice measures: **AZ, AR, FL, ID, IN, IA, KS, KY, LA, MI, MO, MS, NE, NC, OH, OK, PA, SC, SD, TN, UT, WI.**

- **Louisiana** enacted the most anti-choice measures in 2018 with six, followed by **Mississippi's** four anti-choice measures.
- **Indiana, Kentucky,** and **Missouri** each enacted three anti-choice measures.
- Since 1995, states have enacted 1,041 anti-choice measures—breaking the one-thousand mark in 2018.

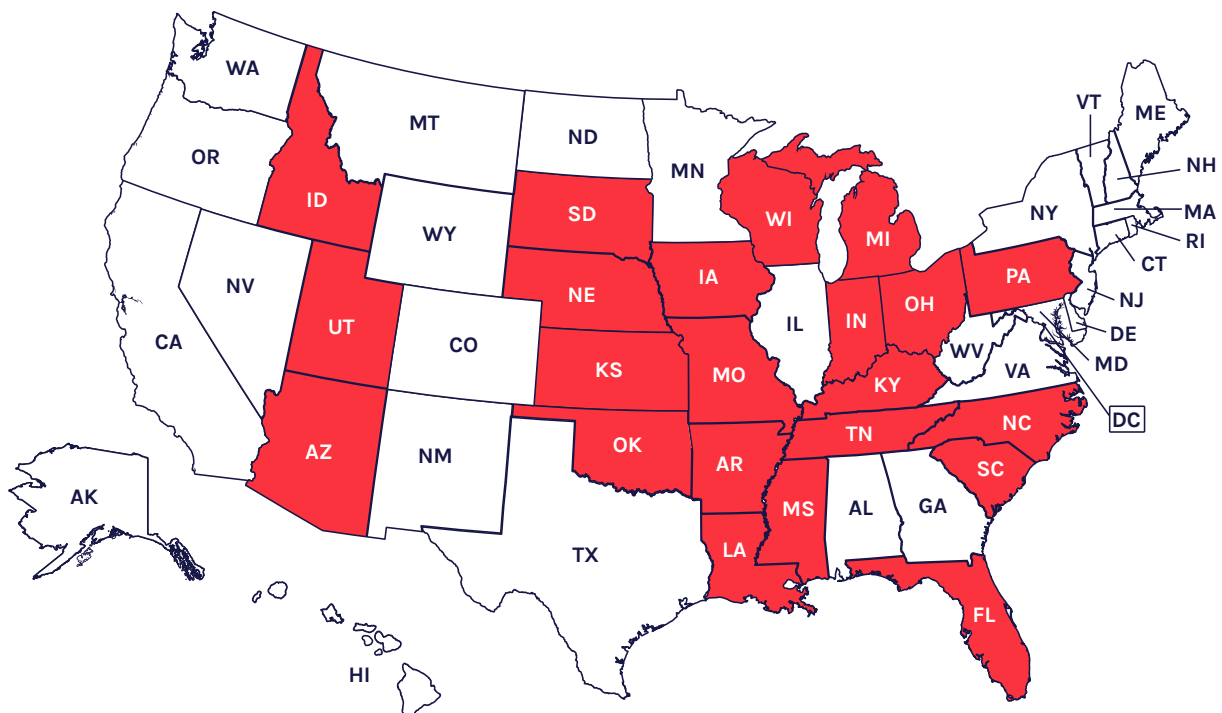
ANTI-CHOICE STATE MEASURES ENACTED IN 2018 INCLUDED:

- **Iowa, Kentucky, Louisiana, Mississippi,** and **Ohio** all enacted bans on abortion.
 - Iowa's legislature passed a ban on abortion as early as six weeks, but waited until the middle of the night to do so. Their anti-choice governor enthusiastically signed the bill into law despite its blatant unconstitutionality.
 - Kentucky enacted a ban on D&E—the most common and safest type of second-trimester abortion procedure—while also setting the ban at 11 weeks. In the final days of session, Ohio also passed a D&E ban.
 - Louisiana and Mississippi both enacted a ban on abortion after 15 weeks—a new gestational trend that we're seeing crop up across the country.
 - The anti-choice controlled Ohio legislature passed a ban on abortion if sought for reasons of fetal anomaly—a law that callously restricts a woman's ability to choose what is right for her pregnancy and her family.
- **Iowa, Louisiana, Michigan, Missouri, Nebraska, South Carolina** and **Tennessee** enacted measures prohibiting organizations that provide abortion from participating in public healthcare programs and/or from receiving certain public funds. We mostly see this in the context of defunding Planned Parenthood. Many of these states expanded or renewed existing restrictions.
- **Florida, Kansas, Michigan, Missouri, North Carolina,** and **Pennsylvania** enacted new laws or continued existing laws that provide direct funding for fake health centers, anti-choice organizations that often pose as comprehensive reproductive-health centers but whose sole purpose is to block women from exercising their right to choose.
- **Idaho, Louisiana, Oklahoma, South Dakota,** and **Utah** enacted measures that require women to receive biased counseling before accessing abortion care—many of which serve to worsen an existing restriction.
- **Kentucky** passed legislation requiring any school that teaches about human sexuality or sexually transmitted infections to include an abstinence-only agenda in the curriculum, despite numerous studies having shown that abstinence-only programs are ineffective and harmful to young people.
- **Kansas** enacted a measure to restrict access to medication abortion through telehealth networks and **Kentucky** reaffirmed its existing restriction.
- **Wisconsin** enacted a measure that prohibits abortion coverage in insurance plans provided to state employees.

CUMULATIVE NUMBER OF STATEWIDE **ANTI-CHOICE** MEASURES ENACTED SINCE 1995



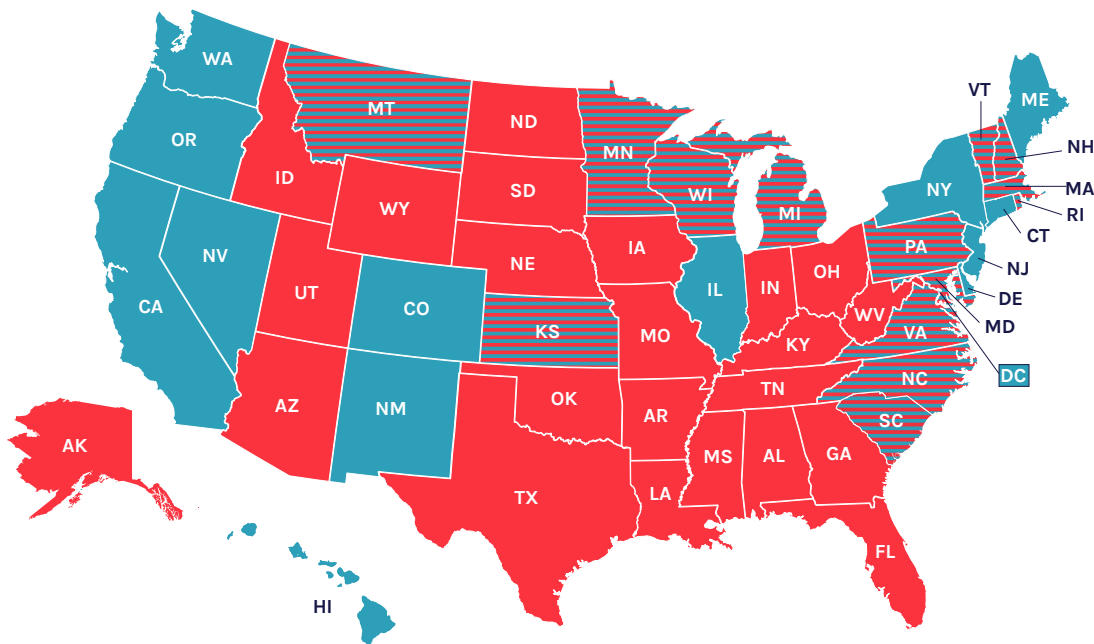
STATES THAT ENACTED ANTI-CHOICE MEASURES IN 2018



Political Landscape: State Government

OVERVIEW:

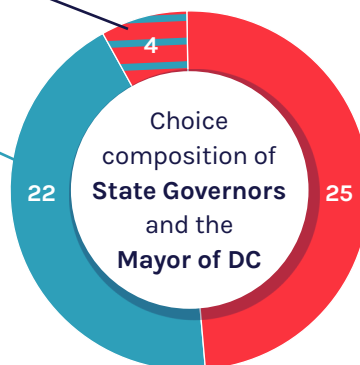
- **13 STATES** and the **DISTRICT OF COLUMBIA** have pro-choice governments (both the governor and the majority of the legislature are pro-choice): **CA, CO, CT, DE, DC, HI, IL, ME, NV, NJ, NM, NY, OR, WA.**
- **14 STATES** have mixed-choice governments: **KS, MD, MA, MI, MN, MT, NH, NC, PA, RI, SC, VT, VA, WI.**
- **23 STATES** have anti-choice governments (both the governor and the majority of the legislature are anti-choice): **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KY, LA, MS, MO, NE, ND, OH, OK, SD, TN, TX, UT, WV, WY.**



STATE EXECUTIVE:

4 Mixed Choice:
MD, MA, RI, VT.

22 Pro-Choice:
CA, CO, CT, DE, DC, HI, IL, KS,
ME, MI, MN, MT, NV, NJ, NM,
NY, NC, OR, PA, VA, WA, WI.

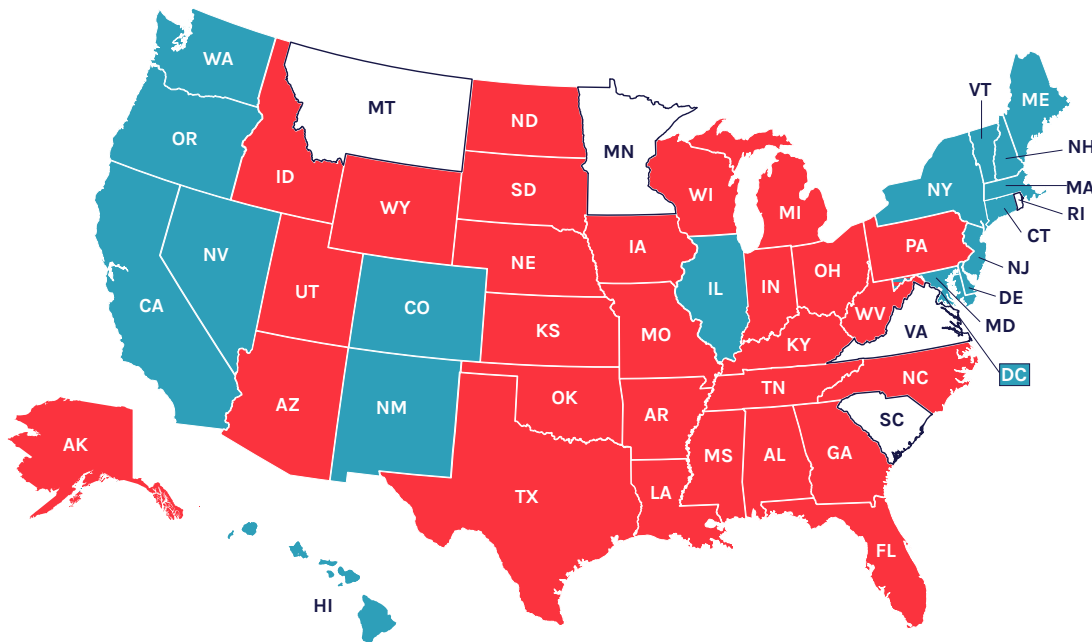


25 Anti-Choice:
AL, AK, AZ, AR, FL, GA, ID, IN,
IA, KY, LA, MS, MO, NE, NH,
ND, OH, OK, SC, SD, TN, TX,
UT, WV, WY.

STATE LEGISLATURES:

Legislatures that are anti-choice outnumber pro-choice legislatures:

- **17 STATES** and the **DISTRICT OF COLUMBIA** have pro-choice legislatures (both the house and senate are pro-choice): **CA, CO, CT, DE, DC, HI, IL, ME, MD, MA, NV, NH, NJ, NM, NY, OR, VT, WA.**
- **28 STATES** have anti-choice legislatures (both the house and senate are anti-choice): **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MS, MO, NE, NC, ND, OH, OK, PA, SD, TN, TX, UT, WV, WI, WY.**

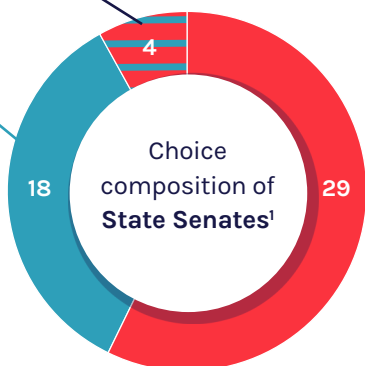


STATE SENATES:

4 Mixed Choice:
MT, RI, SC, VA.

18 Pro-Choice:
CA, CO, CT, DE,
DC, HI, IL, ME,
MD, MA, NV, NH,
NJ, NM, NY, OR,
VT, WA.

29 Anti-Choice:
AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY,
LA, MI, MN, MS, MO, NE, NC, ND, OH,
OK, PA, SD, TN, TX, UT, WV, WI, WY.

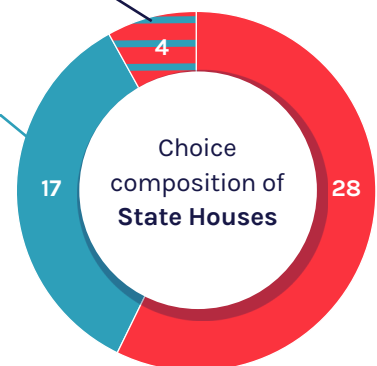


STATE HOUSES:

4 Mixed Choice:
MN, MT, RI, VA.

17 Pro-Choice:
CA, CO, CT, DE,
HI, IL, ME, MD,
MA, NV, NH, NJ,
NM, NY, OR, VT,
WA.

28 Anti-Choice:
AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY,
LA, MI, MS, MO, NC, ND, OH, OK, PA, SC,
SD, TN, TX, UT, WV, WI, WY.



¹ Includes Nebraska's unicameral body and the District of Columbia's city council.

Political Landscape: Pro-Choice Gains

In the 2018 elections, we saw historic gains in pro-choice flips across state governments. While the number of anti-choice controlled state legislatures still outweighs pro-choice ones, these historic gains are hopefully the wave of the future. Below are the impressive victories in state houses, senate chambers, and in governors' mansions—growing the pro-choice presence in the 2019 legislative session.

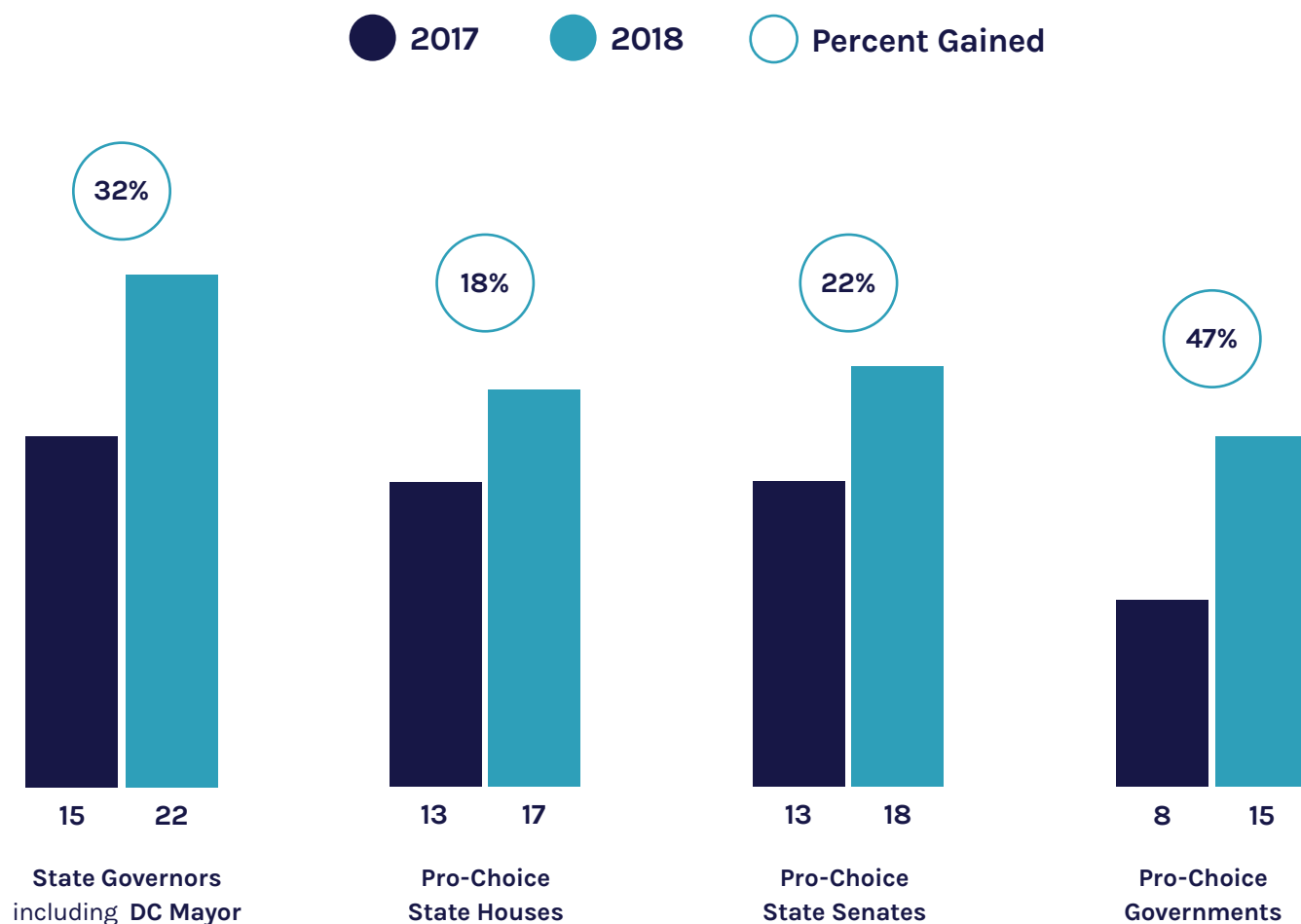
From 2017 to 2018:

Pro-choice governors (including DC mayor) increased from 15 to 22

Pro-choice state houses increased from 13 to 17

Pro-choice state senates (including DC council) increased from 13 to 18

Pro-choice governments (including DC) nearly doubled by increasing from 8 to 15



Fast Facts

Current & 2018 Enacted State Measures

The State of *Roe*

“ A woman may end a pregnancy for many reasons. She knows better than anyone what is the kindest, wisest choice for her own circumstances. Something so personal and so important should never be left up to politics to judge. When our federal politicians let us down, we need state laws, and state legislators, who understand that they are elected to protect our freedom, not to play judge, jury, and executioner for our most private and vulnerable moments.”

KATE CARSON, Massachusetts

The Importance of Enshrining *Roe v. Wade*

Enshrining the protections of *Roe v. Wade* and a woman's legal right to abortion has never been more important than it is now. With threats coming from all directions, it is up to state governments to keep their states from returning to the pre-*Roe* era where women were treated as criminals for exercising their right to bodily autonomy.

FREEDOM OF CHOICE ACT (FOCA)

A Freedom of Choice Act—or a similar statutory protection of abortion—helps to ensure that a woman's right to choose is preserved by making *Roe's* protections a permanent part of state law. Women in states with statutory protections would continue to have access to safe, legal abortion care, even if *Roe* is further eroded or overturned in the courts. However, if a federal ban on abortion were enacted and upheld by the Supreme Court, state protections could be eliminated.



9 STATES have codified a woman's right to choose, making the protections of *Roe v. Wade* part of state law: **CA, CT, DE, HI, ME, MD, NV, OR, WA.**

STATE CONSTITUTIONAL PROTECTIONS

The highest court in the state has held that the state's constitution protects the right to abortion, separate from the federal Constitution.



9 STATES have such protections: **AK, CA, FL, IA, MA, MN, MT, NJ, NM.**

States at Risk for an Immediate Ban on Abortion

In addition to anti-choice controlled legislatures that could immediately enact a law to ban abortion in their state, there are three primary factors in determining which states are poised to quickly ban abortion should the protections of *Roe* be overturned: the existence of a pre-*Roe* criminal ban on abortion, a “trigger ban,” or an expressed legislative intent to restrict abortion to the extent allowed by the Supreme Court.

PRE-ROE CRIMINAL BANS



9 STATES have a near-total criminal ban on abortion enacted before *Roe v. Wade*: **AL, AZ, AR, MI, MS, NM, OK, WV, WI.**

TRIGGER BANS



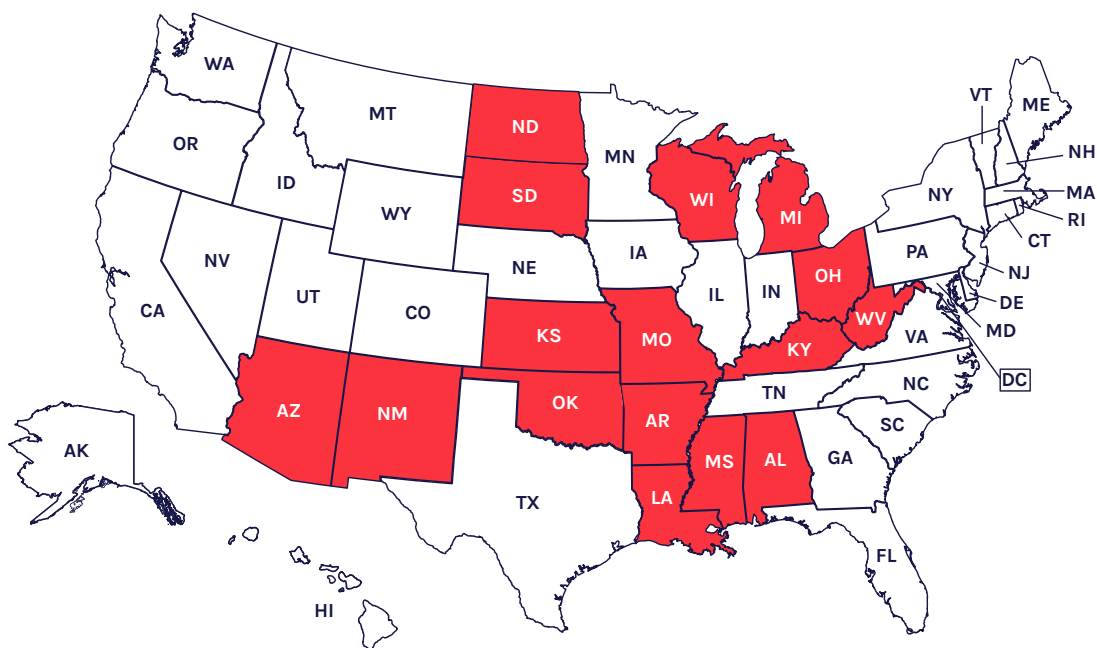
4 STATES have laws that would impose a near-total criminal ban on abortion if *Roe* is overturned: **LA, MS, ND, SD.**

LEGISLATIVE INTENT



7 STATES have articulated in law its interest in restricting abortion to the maximum extent allowed by the Supreme Court: **AR, KS, KY, LA, MO, ND, OH.**

OVERVIEW OF AT-RISK STATES



BAN TYPES WITHIN AT-RISK STATES

	Pre-Roe Criminal Bans	Trigger Bans	Legislative Intent
ALABAMA	●		
ARIZONA	●		
ARKANSAS	●		●
KANSAS			●
KENTUCKY			●
LOUISIANA		●	●
MICHIGAN	●		
MISSISSIPPI	●	●	
MISSOURI			●
NEW MEXICO	●		
NORTH DAKOTA		●	●
OHIO			●
OKLAHOMA	●		
SOUTH DAKOTA		●	
WEST VIRGINIA	●		
WISCONSIN	●		

How Abortion Already is Being Banned and Ways States Are Protecting That Right

“ Women will not go back to 1965. No out-of-touch politician will prevent us from controlling our own bodies and our destinies. Whether openly or in secret, we will always seek access to comprehensive reproductive health care.”

ADELE E. ZIMMERMANN, New Mexico

Abortion Bans

BANS ABORTION BY WEEK



ANTI-CHOICE STATE MEASURES:

22 STATES ban abortion after 20 weeks without an adequate health exception: **AL, AZ, AR, GA, ID, IN, IA, KS, KY, LA, MS, NE, NC, ND, OH, OK, SC, SD, TN, TX, WV, WI.**

- **2 OF THESE STATES'** bans on abortion after 20 weeks have been permanently enjoined: **AZ, ID.**

1 STATE has a ban on abortion after 12 weeks: **AR.**

2 STATES have a ban on abortion as early as six weeks—before many women even know they are pregnant: **IA, ND.**



2018 ENACTED ANTI-CHOICE STATE MEASURES:

3 STATES enacted bans on abortion based on gestation or on an arbitrary point in pregnancy: **IA, LA, MS.**

BANS ABORTION BY PROCEDURE



ANTI-CHOICE STATE MEASURES:

32 STATES have bans outlawing abortion procedures as early as 12 weeks (more commonly known by the anti-choice term of "partial-birth abortion"), with no exception to protect a woman's health: **AL, AK, AZ, AR, FL, GA, ID, IL, IN, IA, KS, KY, LA, MI, MS, MO, NE, NH, NJ, NM, ND, OH, OK, RI, SC, SD, TN, TX, UT, VA, WV, WI.**

This type of ban mirrors the Federal Abortion Ban that became law in 2007 and supersedes the state laws.

- **1 STATE** bans a safe abortion procedure with only a narrow health exception: **OH.**

10 STATES specifically ban D&E, a medically proven type of second trimester abortion procedure: **AL, AR, KS, KY, LA, MS, OH, OK, TX, WV.**

- **7 STATES'** laws have been temporarily or permanently enjoined: **AL, AR, KS, KY, LA, OK, TX.**



2018 ENACTED ANTI-CHOICE STATE MEASURES:

2 STATES enacted a ban on D&E abortion: **KY, OH.**

BANS POST-VIABILITY ABORTION

NARAL Pro-Choice America supports the legal framework established in *Roe v. Wade* and does not oppose restrictions on post-viability abortion so long as they contain adequate exceptions to protect the woman's life and health. However, many states have bans with inadequate exceptions, no exceptions at all, or define viability as occurring at a particular point in pregnancy.



ANTI-CHOICE STATE MEASURES:

16 STATES have post-viability abortion bans that have inadequate exceptions, lack the necessary exceptions altogether, or define viability as occurring at a particular point in pregnancy: **AL, FL, IN, KS, MA, MI, MT, NV, NC, ND, OH, PA, RI, TX, UT, VA.**

REASONS-BASED ABORTION BANS

In yet another strategy to ban abortion by any means necessary, anti-choice state governments have embraced a recent tactic to enact abortion bans that hold doctors legally liable for the reasons a woman may seek abortion care. These reasons may include the potential race and sex of the pregnancy or in cases of fetal anomaly. These bans not only limit access, but force doctors to question a woman's motives for seeking abortion care—something that does not belong in the doctor-patient relationship nor should be dictated by politicians.



ANTI-CHOICE STATE MEASURES:

12 STATES have reasons-based bans on abortion: **AZ, AR, IL, IN, KS, LA, NC, ND, OH, OK, PA, SD.**

- **4 OF THESE STATES** ban abortion if sought for reasons of fetal anomaly: **IN, LA, ND, OH.**
- **2 OF THESE STATES** ban abortion if sought because of the race or sex of the pregnancy: **AZ, IN.**
- **10 OF THESE STATES** ban abortion if sought because of the sex of the pregnancy: **AZ, AR, IL*, IN, KS, NC, ND, OK, PA, SD.**

*Law only applies post-viability.



2018 ENACTED ANTI-CHOICE STATE MEASURES:

2 STATES enacted a ban on abortion if sought for reasons of fetal anomaly: **LA, OH.**

Insurance Coverage & Abortion

Insurance coverage is critical to ensuring access to healthcare services. Without it, women are forced to bear the cost of their reproductive healthcare entirely on their own even though they have paid for health insurance. However, some insurers object to, or are prohibited from, including coverage of abortion services in their health plans. Anti-choice legislators have enacted laws that prohibit insurance companies from covering abortion services for public employees, in the state insurance exchanges, and even in the entire private insurance market. Treating insurance coverage for abortion differently than other healthcare can put the procedure financially out of reach for some women—which is the laws' exact purpose.

Conversely, measures that guarantee coverage for abortion services ensure that women have access to safe, comprehensive care. Such laws recognize that abortion is part of a range of reproductive-health services and should be treated no differently.



PRO-CHOICE STATE MEASURES:

4 STATES have measures supporting insurance coverage for abortion services: **CA, NY, OR, WA.**

- **3 STATES** have measures guaranteeing insurance coverage for abortion services: **CA, NY, OR.**
- **1 STATE** has a measure requiring insurers that cover maternity services to also cover abortion services: **WA.**



2018 ENACTED PRO-CHOICE STATE MEASURES:

1 STATE enacted a measure requiring insurers that cover maternity services to also cover abortion services: **WA.**



ANTI-CHOICE STATE MEASURES:

29 STATES prohibit insurance plans from covering abortion services for all or some residents of the state: **AL, AZ, AR, CO, FL, GA, ID, IN, KS, KY, LA, MA, MI, MS, MO, NE, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WI.**

- **12 STATES** expressly prohibit abortion coverage in the entire private insurance market: **ID, IN, KS, KY, MI, MO, NE, ND, OK, RI, TX, UT.**
 - 1 of these laws is unconstitutional: **RI.**
- **24 STATES** expressly prohibit abortion coverage in state insurance exchanges: **AL, AZ, AR, FL, GA, ID, IN, KS, LA, MI, MS, MO, NE, NC, OH, OK, PA, SC, SD, TN, TX*, UT, VA, WI.**
- **17 STATES** expressly prohibit abortion coverage for public employees: **AZ, AR, CO, GA, KS, KY, MA, MS, NE, NC, ND, OH, PA, RI, SC, VA, WI.**



2018 ENACTED ANTI-CHOICE STATE MEASURES:

1 STATE enacted a measure prohibiting abortion coverage for public employees: **WI.**

*Although Texas does not have a state exchange, this measure prohibits abortion coverage in the event an exchange is established.

Low-Income Women & Abortion

All women should have access to reproductive-health care, including abortion, regardless of their economic status. Several states have no restrictions on public funding for abortion, which allows women who rely on the government for health insurance to obtain a full range of health-care services. However, the federal government and many states restrict abortion coverage in Medicaid and other public health-care programs. These policies have the effect of discriminating against women who receive public health insurance and create a two-tiered system of reproductive freedom, with one set of rights for wealthy women and another set for those with lesser means.

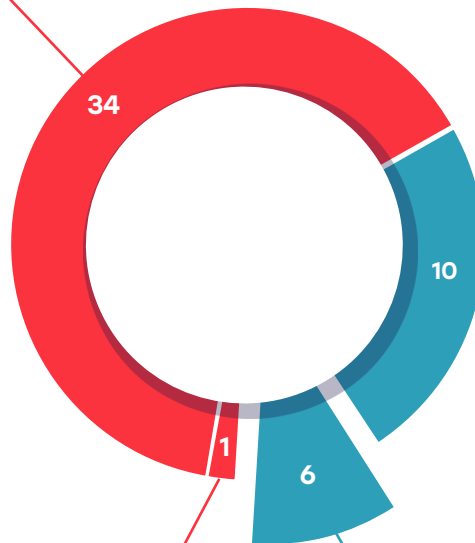


CURRENT STATE MEASURES:

33 STATES and the **DISTRICT OF COLUMBIA** restrict low-income women's access to abortion in almost all cases (exceptions only for life endangerment, rape, and incest): **AL, AR, CO, DE, DC, FL, GA, ID, IN, IA, KS, KY, LA, ME, MI, MS, MO, NE, NV, NH, NC, ND, OH, OK, PA, RI, SC, TN, TX, UT, VA, WV, WI, WY.**

- **7 OF THESE STATES** fund abortion services for low-income women in extremely limited circumstances beyond life endangerment, rape, and incest: **IN, IA, MS, UT, VA, WV, WI.**

1 STATE restricts low-income women's access to abortion without exception, in violation of federal law: **SD.**



10 STATES fund abortion services for low-income women beyond life endangerment, rape, and incest: **AK, AZ, MD, MA, MN, MT, NJ, NM, NY, VT.**

6 STATES impose no restrictions on low-income women's abortion services: **CA, CT, HI, IL, OR, WA.**



2018 ENACTED ANTI-CHOICE STATE MEASURES:

1 STATE enacted 1 measure via ballot initiative restricting low-income women's access to abortion: **WV.**

Young Women & Abortion

Most young women talk with at least one parent when facing an unintended pregnancy. But some young women feel for various reasons—including abuse, rape, or incest—that they cannot. Placing restrictions on a young woman’s access to abortion can delay her from seeking earlier, safer care, thus putting her health at risk. Of course, most parents hope their daughters will seek out their advice and support, but responsible parents want, above all, for their daughters to be safe.



STATE MEASURES:

44 STATES have parental-notice or -consent measures that restrict young women’s access to abortion: **AL, AK, AZ, AR, CA, CO, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.**

- **30 STATES** require parental consent: **AL, AZ, AR, CA, ID, IN, KS, KY, LA, ME, MA, MI, MS, MO, MT, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WY.**
- **19 STATES** require parental notice: **AK, CO, DE, FL, GA, IL, IA, MD, MN, NV, NH, NJ, OK, SD, TX, UT, VA, WV, WY.**
- **6 OF THESE STATES** require both parental notice and consent: **OK, TX, UT, VA, WY, IN.**
- **6 OF THESE LAWS** have been found unconstitutional and unenforceable: **AK, CA, MT, NV, NJ, NM.**
- **12 STATES** have parental-notice and/or -consent measures that, in some cases, permit other trusted adults to stand in for a parent: **AZ, CO, DE, IL, IA, ME, NC, NE, PA, SC, VA, WI.**

How *Roe* is Being Eroded and Ways States Have Pushed Back

“ As a physician, my obligation is to providing the information a person needs, to make an autonomous decision based on what is known, without withholding information, giving misinformation, or creating bias. That includes medically-accurate information on carrying a pregnancy to term, or terminating the pregnancy if the patient chooses. Isn't that what we all want? We want our health professionals to help us make decisions, not tell us what to do.”

DR SARA IMERSHEIN, Washington, DC

Abortion Providers: Expansions & Restrictions

The anti-choice movement has undertaken a campaign to impose unnecessary and burdensome regulations on abortion providers—but not other medical professionals—in an obvious attempt to drive doctors out of practice and make abortion care more expensive and difficult for women to obtain. Such proposals are known as TRAP laws: Targeted Regulation of Abortion Providers. Common TRAP regulations include those that limit the provision of care only to physicians or to hospital settings, force practices to convert needlessly into mini-hospitals at great expense, require abortion providers to get admitting privileges, and require facilities to have a transfer agreement with a local hospital (with nothing requiring hospitals to grant such privileges).

A landmark Supreme Court case in 2016, *Whole Woman's Health v. Hellerstedt*, laid the legal groundwork for advocates to roll back TRAP laws that have been causing clinics to close across the nation. In this decision, the Supreme Court struck down two TRAP provisions in an anti-choice Texas law—admitting-privileges and surgical-center requirements—because “neither . . . offers medical benefits sufficient to justify the burdens upon access that each imposes.” This was a powerful response to TRAP supporters’ disingenuous claims that such requirements are necessary to ensure patient health and safety. In reality, abortion is an extremely safe procedure that is already subject to safety laws and regulations, just like all types of medical care.

However, while advocates prepared to continue using this landmark case to knock down similar TRAP laws in the first step toward revitalizing abortion access throughout the country, the present configuration of an anti-choice controlled Supreme Court has cast a long shadow on reproductive rights in the U.S.



PRO-CHOICE STATE MEASURES:

10 STATES have expanded the scope of practice of advanced-practice clinicians to include medication and/or surgical abortion services: **CA, CT, IL, MT, NH, NY, OR, RI, VT, WA.**

- **6 OF THESE STATES** allow other qualified healthcare professionals to provide surgical abortion care: **CA, MT, NH, NY, OR, VT.**



ANTI-CHOICE STATE MEASURES:

42 STATES and the **DISTRICT OF COLUMBIA** have measures subjecting abortion providers to restrictions not imposed on other medical professionals: **AL, AK, AZ, AR, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY.**

- **18 OF THESE STATES** have enacted measures unnecessarily requiring abortion providers to have admitting privileges at a hospital, though hospitals are not required to consider or grant the request: **AL, AZ, AR, FL, IN, LA, MI, MS, MO, NJ, NY, ND, OK, SC, TN, TX, UT, WI.**



2018 ENACTED ANTI-CHOICE STATE MEASURES:

4 STATES enacted measures that subject abortion providers to restrictions not imposed on other medical professionals: **AZ, ID, IN, LA.**

Biased Counseling & Mandatory Delays

Biased-counseling and mandatory-delay measures prohibit women from receiving abortion care until they are subjected to a state-mandated lecture and/or materials, typically followed by a delay of at least 24 hours. Like any patient, a woman considering abortion should receive full and unbiased information from her doctor about her medical options. However, these measures require that women be provided with political propaganda and medically inaccurate information, such as the disproven claim that abortion causes breast cancer.

Biased-counseling measures are insulting to women, implying they are not capable of making decisions for themselves, and insert politicians intrusively into the doctor-patient relationship.

Mandatory delays create additional burdens for women, especially women in rural areas who often have to travel for many hours to reach a healthcare provider, and women who do not have the resources to take extra time off work or pay for child care.



STATE MEASURES:

32 STATES have laws that subject women seeking abortion services to biased-counseling requirements: **AL, AK, AZ, AR, FL, GA, ID, IA, IN, KS, KY, LA, MA, MI, MN, MS, MO, NE, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI.**

27 STATES have laws the force women to endure mandatory delays before getting abortion care: **AL, AZ, AR, GA, ID, IN, KS, KY, LA, MI, MN, MS, MO, NE, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WV, WI.**

• OF THESE STATES:

5 STATES' laws have been found fully or partially unconstitutional: **AZ, FL, IA, KY, MA.**



2018 ENACTED STATE MEASURES:

6 STATES enacted biased-counseling measures: **ID, LA, OK, SC, SD, UT.**

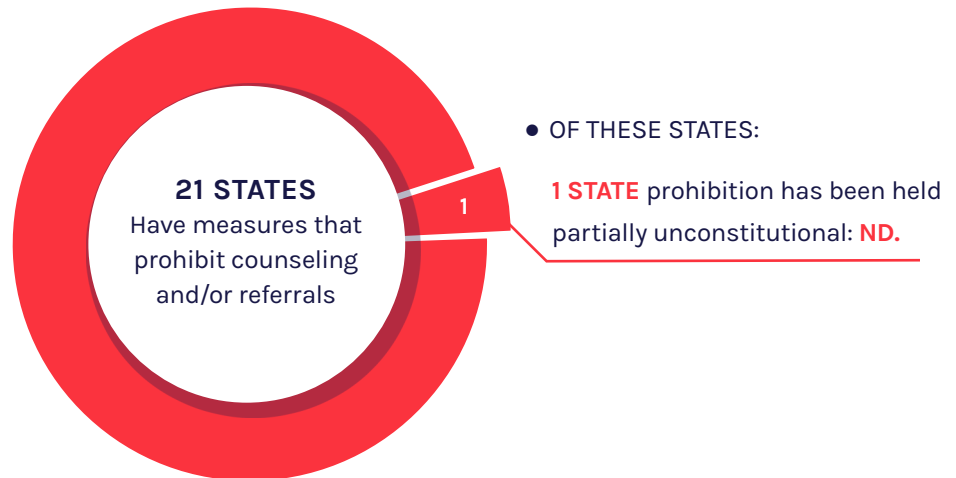
Counseling & Referral Bans

To make informed healthcare decisions, patients must have access to full, complete, and accurate information about their options. This is a bedrock principle of medical care in a free society. Women seeking reproductive healthcare are no different. Counseling and referral bans typically prohibit organizations that receive state and/or federal funds from counseling or referring women for abortion services, and consequently severely limit women's ability to make informed decisions.



STATE MEASURES:

21 STATES have measures that prohibit some or all state employees or organizations that receive state funds from counseling or referring women for abortion services: **AL, AZ, AR, IL, IN, KS, KY, LA, MI, MN, MS, MO, NE, ND, OH, OK, PA, SC, TX, VA, WI.**



2018 ENACTED STATE MEASURES:

1 STATE enacted a measure that prohibits organizations receiving public funds from counseling or referring for abortion: **AZ.**

Fake Health Centers

All patients deserve comprehensive, unbiased, and medically accurate information when seeking medical care. Women seeking pregnancy-related information are no different. Determined to block as many women as possible from considering abortion, anti-choice activists have set up a nationwide network of fake health centers, which often pose as comprehensive reproductive-health centers. FHCs use a variety of tactics to lure women into their facilities, including false or misleading advertising and promises of free services. Once inside, fake health center staff intentionally misinform and mislead women, all toward the goal of blocking women from exercising their right to choose.

While they may seem harmless, these facilities do not operate alone. They are allied with powerful national anti-choice organizations and politicians—and many states enact policies that support their deception, making it more difficult for women to get legitimate reproductive healthcare. Several states fund fake health centers directly. Many others refer women or even require women to visit a fake health center before they can get abortion care. Some anti-choice legislatures also funnel money to these facilities through “Choose Life” license-plate programs.

Thankfully, pro-choice lawmakers recognize this threat to women’s reproductive health and have begun enacting legislation to protect women from fake health centers’ worst practices. These laws ensure that women have accurate information about the full range of reproductive-health services available to them and even fund comprehensive reproductive-health centers through pro-choice license-plate programs. Regardless of one’s opinion on legal abortion, everyone should agree that no person seeking medical care or counseling should be lied to, manipulated, or harassed.



PRO-CHOICE STATE MEASURES:

2 STATES have measures opposing fake women’s health centers: **HI, VA**.

- **1 STATE** has a pro-choice license-plate program: **VA**.
- **1 STATE** law that protects women from fake health centers’ worst practices is currently not enforced: **HI**.



ANTI-CHOICE STATE MEASURES:

27 STATES have measures supporting fake health centers: **AL, AZ, AR, FL, GA, ID, IN, KS, LA, MI, MN, MS, MO, NE, NM, NC, ND, OH, OK, PA, SC, SD, TN, TX, VA, WV, WI**.

- **16 STATES** fund fake health centers directly*: **FL, GA, IN, KS, LA, MI, MN, MO, NM, NC, ND, OH, OK, PA, TX, WI**.
- **1 STATE** has an unenforceable law that forces women to go to a fake health center: **SD**.
- **21 STATES** refer women to fake health centers: **AZ, AR, FL, GA, ID, KS, LA, MN, MS, NE, NC, ND, OH, OK, PA, SC, SD, TX, VA, WV, WI**.
- **15 STATES** have “Choose Life” license-plate programs: **AL, AR, FL, GA, LA, MS, MO, NC, NE, OH, OK, SC, TN, TX, VA**.
- **1 STATE** makes it harder to distinguish fake health centers from legitimate reproductive-health centers: **SD**.

* Because the details of budget expenditures are not always publicly available, the process of researching and documenting current measures is ongoing.



2018 ENACTED ANTI-CHOICE STATE MEASURES:

1 STATE enacted a measure that funds fake health centers directly: **FL**.

Refusals and Guarantees of Medical Care

Unable to make abortion illegal, anti-choice lawmakers have enacted a wide variety of laws to try to make the procedure—and other reproductive-health services—unavailable. One such measure is called a “refusal” law. Refusals allow a broad range of individuals and institutions—including hospitals, health-care providers, pharmacists, employers, and insurance companies to claim that they have a religious or moral objection to reproductive-health services and to refuse to provide, pay for, cover, counsel for, or even refer patients for medical treatment, even though the patients may not share the religious background or objection. Although carefully crafted refusal laws may be acceptable in some circumstances for individuals who oppose certain treatments, health-care corporations should not be allowed to deny women access to necessary medical services and information.

Some states have taken action to protect women from refusal laws. These measures guarantee that women can get the reproductive-health care they need, free from discrimination. For example, in response to multiple reports of hostile, anti-choice pharmacists, some states enacted measures requiring pharmacies to fill legal birth-control prescriptions. States also are taking steps to protect women from employers that fire workers because they don’t approve of their private, reproductive-health decisions, such as using birth control or IVF. When a woman makes a medical decision, she should be able to receive the care recommended by her doctor without interference or punishment from any third party.



PRO-CHOICE STATE MEASURES:

7 STATES guarantee that women’s birth-control prescriptions will be filled: **CA, IL, ME, NV, NJ, WA, WI.**

1 STATE and the **DISTRICT OF COLUMBIA** guarantee that employees cannot be discriminated against because of a reproductive-health decision: **DE, DC.**



ANTI-CHOICE STATE MEASURES:

48 STATES and the **DISTRICT OF COLUMBIA** allow certain individuals or organizations to refuse to provide women specific reproductive-health services, information, or referrals: **AK, AL, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY.**

How States Are Protecting Reproductive Rights and Access

“ Deciding if and when to have a family is one of the most important decisions a person can make. Empowering women to make decisions about their futures ensures we have the equal opportunities to succeed. Most women choose to take birth control, and around 1 in 3 women will have an abortion by the time they turn 45. Women know what’s best for us, our families, and our futures.”

KATIE ARDIZZONE, Washington, DC

Clinic Protections

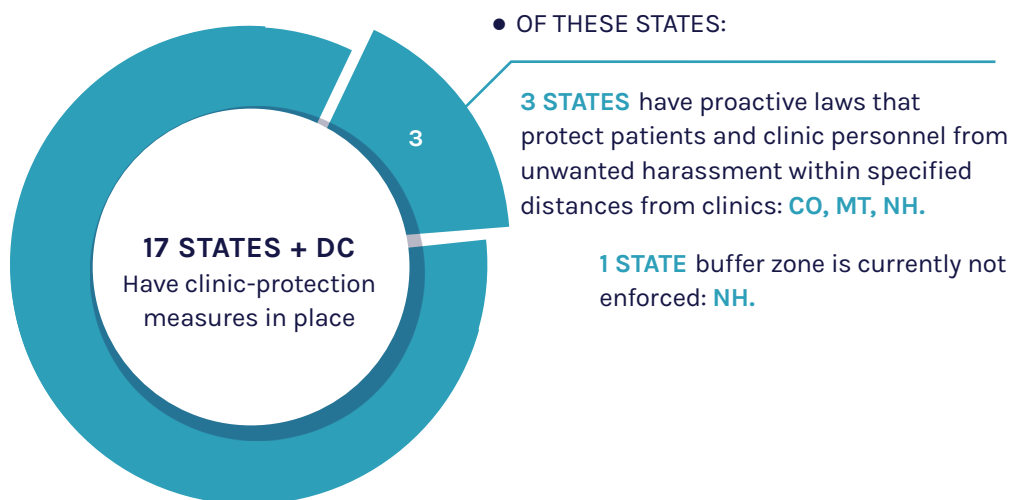
Women and abortion providers' painful, real-world experiences have shown that general measures prohibiting violence and intimidation do not provide sufficient protection against the unlawful and often violent tactics used by some opponents of choice to harass the patients and staff at health centers. Both the long history of clinic violence and the recent increase in threats and violence against reproductive-health patients and providers—like the tragic shooting at a Colorado Springs clinic in 2015—demonstrate that additional protections are necessary.

Measures protecting women and providers from violence and intimidation are critical to preserving the right to choose and ensuring that reproductive-health clinics remain operable. While most states that protect against clinic violence have laws that criminalize interference with access to healthcare facilities, some have proactive laws—bubble zones—that guarantee staff and patients can enter the clinic without obstruction.



CURRENT STATE MEASURES:

17 STATES and the **DISTRICT OF COLUMBIA** have measures that protect healthcare facilities, providers, and/or patients from blockades, harassment, and/or other anti-choice violence: **CA, CO, CT, DC, KS, ME, MD, MA, MI, MN, MT, NV, NH, NY, NC, OR, WA, WI.**



Emergency Contraception

Emergency contraception (EC), often referred to as the “morning-after” pill, is birth control that can significantly reduce a woman’s chance of becoming pregnant if taken soon after sex. EC can prevent a pregnancy before it occurs; it has no effect on an existing pregnancy. It is not an abortion pill. It may be used when other birth-control methods fail or in cases when birth control is not used, such as when a woman is sexually assaulted. The Food and Drug Administration has approved EC medications for over-the-counter sale to individuals of all ages. Unfortunately, many women do not know about the benefits of EC, and anti-choice groups have fought efforts to improve access to it, including by intentionally misidentifying the medication as an abortifacient.



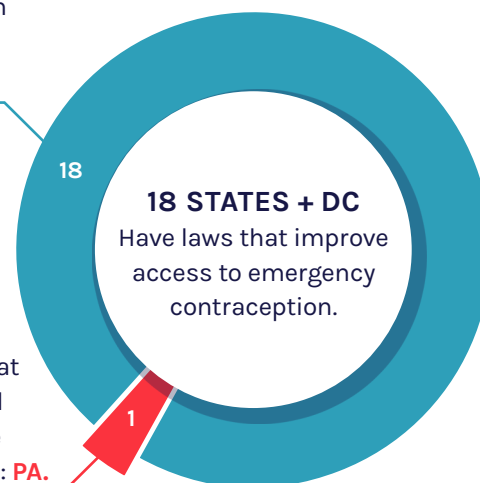
STATE MEASURES:

18 STATES and the **DISTRICT OF COLUMBIA** have laws and/or policies that improve women’s access to EC: **AR, CA, CO, CT, DC, HI, IL, MA, MN, NJ, NM, NY, OR, PA, SC, TX, UT, WA, WI.**

- **OF THESE STATES:**

17 STATES and the **DISTRICT OF COLUMBIA** have laws that improve sexual-assault survivors’ access to EC in hospitals: **AR, CA, CO, CT, DC, HI, IL, MA, MN, NJ, NM, NY, OR, SC, TX, UT, WA, WI.**

1 STATE has an EC in the ER law that includes such a significant refusal clause that it makes access to the medication effectively unavailable: **PA.**



2018 ENACTED STATE MEASURES:

1 STATE enacted a measure to improve access to EC in the ER: **IL.**

Insurance Coverage & Contraception

Measures promoting insurance coverage for contraception are crucial to women's reproductive health. It used to be legal in many states for insurance companies to refuse to cover birth control, but thanks to the Affordable Care Act (ACA), insurance plans must cover women's family-planning care, including all Food and Drug Administration-approved contraceptive methods, without copayments or deductibles. Now, however, the ACA's contraceptive-coverage policy, which benefited millions of women, is at great risk from the extremely anti-choice administration. The Trump administration is unraveling the benefit by expanding the categories of employers who could opt out of coverage, and future action—legislative or administrative—could continue to undermine the benefit or eliminate the federal policy altogether.

In an effort to reduce the impact of a volatile administration, many states have enacted policies that promote and improve insurance coverage for contraception. One such policy is known as contraceptive equity: insurers must cover prescription contraception to the same extent as other medications. More recently, states have begun going beyond contraceptive equity and are codifying the ACA's birth control benefit into state law. Some states require that insurers cover an even broader range of contraceptives without cost-sharing and/or cover a year's supply of contraception dispensed at once. These measures are an important backstop to the federal law and allow states to ensure more robust coverage of contraception.



STATE MEASURES:

27 STATES ensure equity in private insurance coverage for prescription contraception: **AZ, AR, CA, CO, CT, DE, GA, HI, IL, IA, ME, MD, MA, MI, MT, NV, NH, NJ, NM, NY, NC, OR, RI, VT, WA, WV, WI.**

5 STATES have codified the ACA's contraceptive-coverage policy requiring insurers to cover cost-free all 18 FDA-approved contraceptive methods: **DE, ME, NV, NH, VT.**

6 STATES and the **DISTRICT OF COLUMBIA** also require that health-insurance plans cover cost-free each unique contraceptive product: **CA, CT, DC, IL, MD, OR, WA.**

16 STATES and the **DISTRICT OF COLUMBIA** also require that health-insurance plans cover multiple months of contraception dispensed at once: **CA, CO, CT, DE, DC, HI, IL, ME, MD, NV, NH, NJ, OR, RI, VT, VA, WA.**

- **15 STATES** and the **DISTRICT OF COLUMBIA** require coverage of 12 months of contraception dispensed at once: **CA, CO, CT, DE, DC, HI, IL, ME, MD, NV, NH, OR, RI, VT, VA, WA.**
- **1 STATE** requires coverage of six months of contraception dispensed at once: **NJ.**



2018 ENACTED STATE MEASURES:

2 STATES enacted measures that require health-insurance plans to cover cost-free all 18 FDA-approved contraceptive method **DE, NH.**

2 STATES and the **DISTRICT OF COLUMBIA** enacted measures that require health-insurance plans to cover cost-free each unique contraceptive product: **CT, DC, WA.**

6 STATES enacted measures that require health-insurance plans to cover multiple months of contraception dispensed at once: **CT, DE, MD, NH, NJ, RI.**

Low-Income Women & Contraception

All women should have access to basic reproductive-health care regardless of their income, but the high cost of healthcare and health insurance puts family-planning services financially out of reach for many. For these women, the Medicaid program is a vital safety net—but many who need Medicaid do not qualify for their state's program because of limited-eligibility rules.

Traditionally, to try to remedy this problem, states apply for a waiver from the federal government to expand eligibility. Under the Affordable Care Act, now states may submit a State Plan Amendment (SPA) to expand access to their state's family-planning program under Medicaid permanently. This type of change, as opposed to a waiver subject to continuous review and modification, has the potential to streamline enrollment and reduce administrative costs, making it a better policy option for many states.

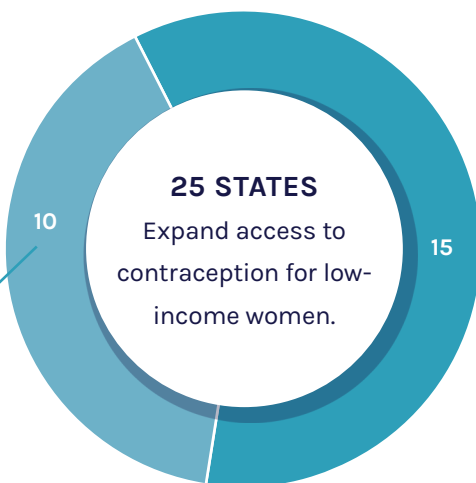


STATE MEASURES:

25 STATES, as of August 2018, provided expanded access to Medicaid coverage for family-planning services: **AL, CA, CT, FL, GA, IN, LA, ME, MD, MN, MS, MT, NH, NM, NY, NC, OK, OR, PA, RI, SC, VA, WA, WI, WY.**

• OF THESE STATES:

10 STATES provide this coverage through a waiver obtained from the federal government: **AL, FL, GA, MD, MS, MT, OR, RI, WA, WY.**



15 STATES provide this coverage through a SPA: **CA, CT, IN, LA, ME, MN, NH, NM, NY, NC, OK, PA, SC, VA, WI.**

11 STATES and the **DISTRICT OF COLUMBIA** cover 12 months of contraception dispensed at once: **CA, DC, DE, MD, MO, NH, NV, OR, SD, TX, VT, WA.**

6 STATES provide Medicaid coverage of over-the-counter emergency contraception: **DE, IL, MD, NY, OR, WA.**



2018 ENACTED STATE MEASURES:

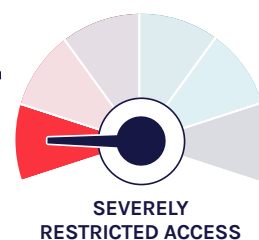
4 STATES enacted measures expanding access to family planning to low-income women and men: **DE, MD, NH, OR.**

State Profiles

How Each State Measures Up

Alabama

ACCESS FACT: 59% of Alabama women live in counties with no abortion clinic.*



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Gov. Kay Ivey (R)

Legislative

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State House

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Guarantees & Refusals

Guarantees

Refusals

Counseling & Referral Bans

COLOR KEY:

● anti-choice ● pro-choice ● mixed-choice

SYMBOL KEY:

- Measures have a strong impact or are in full effect.
- ◐ Measures have a less strong impact or are partially in effect.
- Measures have no impact, no measures are in place, or measures are completely enjoined.

To get involved, please visit:

www.naral.org



@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Alaska

ACCESS FACT: 37% of Alaska women live in counties with no abortion clinic.*



Political Information

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Gov. Mike Dunleavy (R)

Legislative

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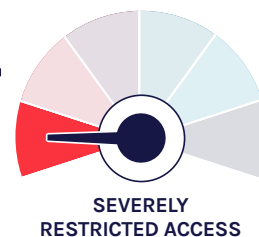


@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Arizona

ACCESS FACT: 19% of Arizona women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Doug Ducey (R)

Legislative

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State House

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NARAL Pro-Choice Arizona
www.prochocearizona.org

*SOURCE: Guttmacher Institute, 2014 data

Arkansas

ACCESS FACT: 77% of Arkansas women live in counties with no abortion clinic.*



Political Information

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Gov. Asa Hutchinson (R)

Legislative

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- Measures have no impact, no measures are in place, or measures are completely enjoined.

To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

California

ACCESS FACT: 5% of California women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Gavin Newsom (D)

Legislative

State Senate

State House

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NARAL Pro-Choice California

www.prochoicecalifornia.org

@ProChoiceCA

*SOURCE: Guttmacher Institute, 2014 data

Colorado

ACCESS FACT: 27% of Colorado women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Jared Polis (D)

Legislative

State Senate

State House

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NARAL Pro-Choice Colorado

www.prochoicecolorado.org

@NARALColorado

*SOURCE: Guttmacher Institute, 2014 data

Connecticut

ACCESS FACT: 5% of Connecticut women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Ned Lamont (D)

Legislative

State Senate

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NARAL Pro-Choice Connecticut

www.prochoicect.org

@ProChoiceCT

*SOURCE: Guttmacher Institute, 2014 data

Delaware

ACCESS FACT: 18% of Delaware women live in counties with no abortion clinic.*



Political Information

Executive

Gov. John Carney (D)

Legislative

State Senate

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

District of Columbia

ACCESS FACT: 0% of D.C. women live in counties with no abortion clinic.*

Political Information

Executive

Mayor Muriel Bowser (D)

Legislative

State Senate

State House

n/a

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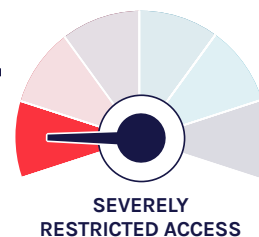
 @NARAL

*SOURCE: Guttmacher Institute, 2014 data

**NOTE: Because Congress routinely interferes with the District of Columbia's local abortion-related policy, no local grade is given.

Florida

ACCESS FACT: 20% of Florida women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Ron DeSantis (R)

Legislative

State Senate

State House

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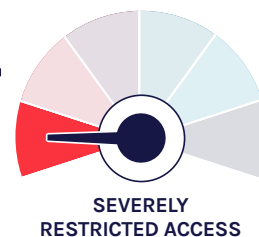


@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Georgia

ACCESS FACT: 58% of Georgia women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Brian Kemp (R)

Legislative

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NARAL Pro-Choice Georgia

www.prochoicegeorgia.org

@NARALGA

*SOURCE: Guttmacher Institute, 2014 data

Hawaii

ACCESS FACT: 5% of Hawaii women live in counties with no abortion clinic.*



Political Information

Executive

Gov. David Ige (D)

Legislative

State Senate

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To get involved, please visit:

www.naral.org



@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Idaho

ACCESS FACT: 68% of Idaho women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Brad Little (R)

Legislative

State Senate

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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Illinois

ACCESS FACT: 40% of Illinois women live in counties with no abortion clinic.*



Political Information

Executive

Gov. J.B. Pritzker (D)

Legislative

State Senate

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Illinois Choice Action Team

www.ilchoiceactionteam.org

@ICATIllinois

*SOURCE: Guttmacher Institute, 2014 data

Indiana

ACCESS FACT: 66% of Indiana women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Eric Holcomb (R)

Legislative

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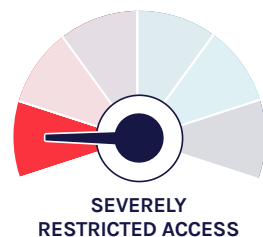
www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Iowa

ACCESS FACT: 42% of Iowa women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Kim Reynolds (R)

Legislative

State Senate

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NARAL PRO-CHOICE IOWA

facebook.com/NARALIowa

@NARALIowa

*SOURCE: Guttmacher Institute, 2014 data

Kansas

ACCESS FACT: 56% of Kansas women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Laura Kelly (D)

Legislative

State Senate

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Kentucky

ACCESS FACT: 74% of Kentucky women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Matt Bevin (R)

Legislative

State Senate

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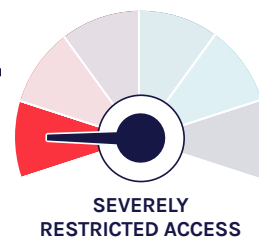
www.naral.org

 @NARAL

*SOURCE: Guttmacher Institute, 2014 data

Louisiana

ACCESS FACT: 63% of Louisiana women live in counties with no abortion clinic.*



Political Information

Executive

Gov. John Bel Edwards (D)

Legislative

State Senate

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 @NARAL

*SOURCE: Guttmacher Institute, 2014 data

Maine

ACCESS FACT: 55% of Maine women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Janet Mills (D)

Legislative

State Senate

State House

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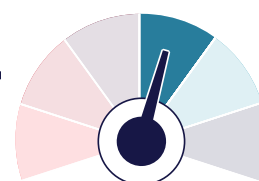
www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Maryland

ACCESS FACT: 24% of Maryland women live in counties with no abortion clinic.*



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Political Information

Executive

Gov. Larry Hogan (R)



Legislative

State Senate



State House



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NARAL Pro-Choice Maryland

www.prochoicemaryland.org



@ProChoiceMD

*SOURCE: Guttmacher Institute, 2014 data

Massachusetts

ACCESS FACT: 14% of Massachusetts women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Charlie Baker (R)



Legislative

State Senate



State House



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NARAL Pro-Choice Massachusetts

www.prochoicemass.org



@ProChoiceMass

*SOURCE: Guttmacher Institute, 2014 data

Michigan

ACCESS FACT: 40% of Michigan women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Gretchen Whitmer (D)

Legislative

State Senate

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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Minnesota

ACCESS FACT: 59% of Minnesota women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Tim Walz (D)

Legislative

State Senate

State House

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NARAL Pro-Choice Minnesota

www.prochoiceminnesota.org

@ProChoiceMN

*SOURCE: Guttmacher Institute, 2014 data

Mississippi

ACCESS FACT: 91% of Mississippi women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Phil Bryant (R)

Legislative

State Senate

State House

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To get involved, please visit:

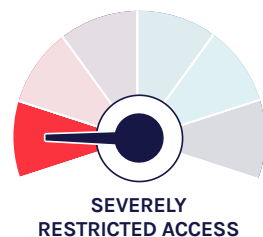
www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Missouri

ACCESS FACT: 94% of Missouri women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Mike Parson (R)

Legislative

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NARAL Pro-Choice Missouri
www.prochoicemissouri.org

@NARALMissouri

*SOURCE: Guttmacher Institute, 2014 data

Montana

ACCESS FACT: 55% of Montana women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Steve Bullock (D)

Legislative

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NARAL Pro-Choice Montana Choice Action Team

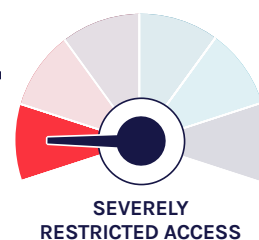
www.prochoicemontana.org

@ProChoiceMT

*SOURCE: Guttmacher Institute, 2014 data

Nebraska

ACCESS FACT: 41% of Nebraska women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Pete Ricketts (R)



Legislative

State Senate



State House

n/a

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www.naral.org



@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Nevada

ACCESS FACT: 9% of Nevada women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Steve Sisolak (D)

Legislative

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NARAL Pro-Choice Nevada

www.prochoicenevada.org

 @NARALNV

*SOURCE: Guttmacher Institute, 2014 data

New Hampshire

ACCESS FACT: 30% of New Hampshire women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Chris Sununu (R)

Legislative

State Senate

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 @NARAL

*SOURCE: Guttmacher Institute, 2014 data

New Jersey

ACCESS FACT: 23% of New Jersey women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Phil Murphy (D)

Legislative

State Senate

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*SOURCE: Guttmacher Institute, 2014 data

New Mexico

ACCESS FACT: 48% of New Mexico women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Michelle Lujan Grisham (D)

Legislative

State Senate

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

New York

ACCESS FACT: 10% of New York women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Andrew Cuomo (D)

Legislative

State Senate

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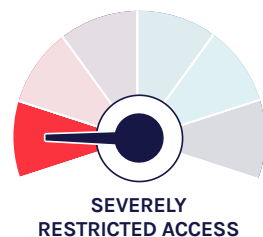
www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

North Carolina

ACCESS FACT: 53% of North Carolina women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Roy Cooper (D)

Legislative

State Senate

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NARAL Pro-Choice North Carolina

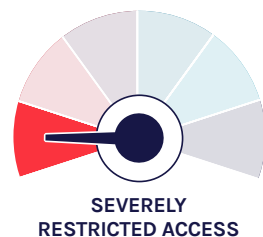
www.prochoicenc.org

@ProChoiceNC

*SOURCE: Guttmacher Institute, 2014 data

North Dakota

ACCESS FACT: 73% of North Dakota women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Doug Burgum (R)

Legislative

State Senate

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 @NARAL

*SOURCE: Guttmacher Institute, 2014 data

ACCESS FACT: 56% of Ohio women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Mike DeWine (R)

Legislative

State Senate

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NARAL Pro-Choice Ohio

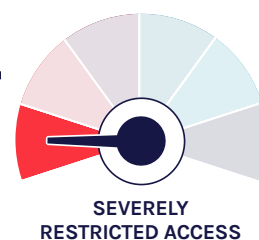
www.prochoiceohio.org

@ProChoiceOH

*SOURCE: Guttmacher Institute, 2014 data

Oklahoma

ACCESS FACT: 54% of Oklahoma women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Mary Fallin (R)

Legislative

State Senate

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www.naral.org



@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Oregon

ACCESS FACT: 30% of Oregon women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Kate Brown (D)

Legislative

State Senate

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NARAL Pro-Choice Oregon

www.prochoiceoregon.org

@ProChoiceOregon

*SOURCE: Guttmacher Institute, 2014 data

Pennsylvania

ACCESS FACT: 48% of Pennsylvania women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Tom Wolf (D)

Legislative

State Senate

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Rhode Island

ACCESS FACT: 36% of Rhode Island women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Gina Raimondo (D)



Legislative

State Senate



State House



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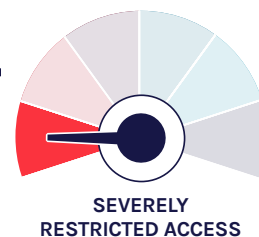


@NARAL

*SOURCE: Guttmacher Institute, 2014 data

South Carolina

ACCESS FACT: 71% of South Carolina women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Henry McMaster (R)



Legislative

State Senate



State House



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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

South Dakota

ACCESS FACT: 77% of South Dakota women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Kristi Noem (R)

Legislative

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NARAL Pro-Choice South Dakota

www.prochoicesd.org

 @NARALSD

*SOURCE: Guttmacher Institute, 2014 data

Tennessee

ACCESS FACT: 63% of Tennessee women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Bill Lee (R)

Legislative

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*SOURCE: Guttmacher Institute, 2014 data

Texas

ACCESS FACT: 43% of Texas women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Greg Abbott (R)



Legislative

State Senate



State House



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COLOR KEY:

● anti-choice ● pro-choice ● mixed-choice

SYMBOL KEY:

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- Measures have no impact, no measures are in place, or measures are completely enjoined.

NARAL Pro-Choice Texas

www.prochoicetexas.org

@NARALTX

*NOTE: In June 2016, the United States Supreme Court struck down two of the state's anti-choice restrictions responsible for widespread clinic closure. At the time of litigation, only 10 or fewer clinics remained in Texas--fewer than the 28 Guttmacher reports as of the end of 2014. Even though these restrictions are no longer enforceable, it will take time for clinics to reopen.

*SOURCE: Guttmacher Institute, 2014 data

Utah

ACCESS FACT: 62% of Utah women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Gary Herbert (R)

Legislative

State Senate

State House

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Mandatory Delays

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Funds

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Low-Income Women & Contraception

Emergency Contraception

Other Important Issues

Clinic Protections

Fake Health Centers

Regulates

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www.naral.org

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*SOURCE: Guttmacher Institute, 2014 data

Vermont

ACCESS FACT: 38% of Vermont women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Phil Scott (R)



Legislative

State Senate



State House



Abortion-Care Policies

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Reasons-Based Bans



Pre-Roe, Trigger, and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



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Bans Throughout Pregnancy



Young Women & Abortion



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Low-Income Women & Contraception



Emergency Contraception



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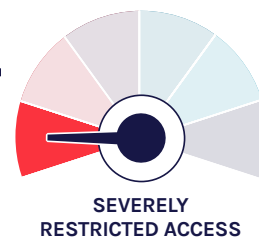


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*SOURCE: Guttmacher Institute, 2014 data

Virginia

ACCESS FACT: 78% of Virginia women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Ralph Northam (D)

Legislative

State Senate

State House

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NARAL Pro-Choice Virginia

www.prochoiceva.org

@NARALVirginia

*SOURCE: Guttmacher Institute, 2014 data

Washington

ACCESS FACT: 15% of Washington women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Jay Inslee (D)

Legislative

State Senate

State House

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NARAL Pro-Choice Washington

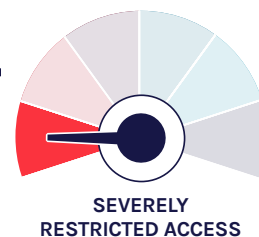
www.prochoicewashington.org

@ProChoiceWA

*SOURCE: Guttmacher Institute, 2014 data

West Virginia

ACCESS FACT: 90% of West Virginia women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Jim Justice (R)

Legislative

State Senate

State House

Abortion-Care Policies

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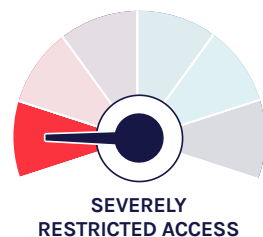


@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Wisconsin

ACCESS FACT: 67% of Wisconsin women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Tony Evers (D)

Legislative

State Senate

State House

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NARAL Pro-Choice Wisconsin

www.prochoicewisconsin.org

@NARALWI

*SOURCE: Guttmacher Institute, 2014 data

Wyoming

ACCESS FACT: 96% of Wyoming women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Mark Gordon (R)

Legislative

State Senate

State House

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NARAL Pro-Choice Wyoming
www.prochoicewyoming.org

*SOURCE: Guttmacher Institute, 2014 data

Conclusion

Methodology

General Methodology

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation have supporting documentation for statements of fact made in *Who Decides? The Status of Women's Reproductive Rights in the United States*. Copies of source documents are filed in NARAL Pro-Choice America and NARAL Pro-Choice America Foundation's offices.

Access Facts

The number of abortion providers and analysis of census data was supplied by the Guttmacher Institute (Rachel Jones and Jenna Jerman, *Abortion Incidence and Service Availability In the United States, 2014*, *Perspectives on Sexual and Reproductive Health*, 2017, 49(1).

State and Local Legislative Information

This report uses "laws" to refer specifically to statutes adopted by the legislature or enacted by ballot measure. "Measures" is a broader term that includes constitutional provisions, statutes, regulations, court decisions, ballot measures, opinions of state attorneys general, state policies, and other governmental actions with statewide effect.

Counts of enacted pro-choice and anti-choice measures provided on the "Key Findings" pages include all measures enacted during the year, not just those described in more detail on the "Fast Facts" pages. For further information, please contact NARAL Pro-Choice America.

Reproductive Healthcare Access Meter

Who Decides? reflects the legal state of women's access to reproductive-health services in the previous calendar year. (Note: the Political Landscape data reflect the year ahead.)

The presence or absence of state laws, as well as the severity of those laws, and/or whether the full law is in effect, are indicated by a bubble—either left empty, filled completely, or filled halfway. The state's overall status of reproductive freedom, previously indicated by a letter grade, now is represented by a graphical scale. As always, a state's rating is based on a combination of factors, including enacted measures, level of legislative and regulatory activity, and a state's overall legislative and political landscape as it pertains to reproductive rights.

Points are subtracted for anti-choice measures and added for pro-choice measures. Measures that impose the greatest burdens on women are weighted most heavily. Statutes that have been enjoined or struck down by courts receive either full or partial "credit" in points.

The State of *Roe*

● THE IMPORTANCE OF ENSHRINING *ROE V. WADE* FREEDOM OF CHOICE ACT (FOCA)

Points were added if a state has codified the protections of *Roe v. Wade* and provides an affirmative right to choose.

STATE CONSTITUTIONAL PROTECTION

Points were added if a state constitution protects the right to choose beyond the U.S. Constitution, and to the degree that the state constitutional protection prevents imposition of restrictions on the right to choose.

● STATES AT RISK FOR AN IMMEDIATE BAN ON ABORTION

PRE-*ROE* CRIMINAL BANS ON ABORTION, TRIGGER BANS

Points were subtracted based either on the point in pregnancy when the ban begins, or for any ban whose effective date would be triggered if the Supreme Court overturns *Roe v. Wade*.

How Abortion Already Is Being Banned and Ways States are Protecting That Right

● ABORTION BANS

BANS ABORTION BY WEEK OR PROCEDURE

Points were subtracted for each abortion ban based either on the point in pregnancy when the ban begins or on whether the statute bans a specific procedure.

BANS POST-VIABILITY ABORTION

If a post-viability abortion restriction has adequate life and health exceptions and does not define viability as occurring at a particular point in pregnancy, no points were subtracted. Points were subtracted for the lack or inadequacy of the health exception and if the state defines viability as occurring at a particular point in pregnancy.

REASONS-BASED ABORTION BANS

Points were subtracted for each abortion ban that holds doctors legally liable for the reasons a woman may seek abortion care, including the potential race and sex of the pregnancy or in cases of fetal anomaly.

● INSURANCE COVERAGE & ABORTION COVERAGE

Points were added if a state guarantees insurance coverage of abortion: in the entire private insurance market, the state health-insurance exchange, and/or for all or some state and/or municipal employees.

BANS

Points were subtracted if the measure prohibits insurance coverage of abortion in the private insurance market; in the state health-insurance exchange; and/or for all or some state and/or municipal employees.

● LOW-INCOME WOMEN & ABORTION

Points were added if a state medical assistance program covers abortion care with no restrictions. Points were deducted for restrictions.

● YOUNG WOMEN & ABORTION

Points were subtracted based on whether and whose consent or notice is required before a minor may obtain abortion services.

How Roe Is Being Eroded and Ways States Have Pushed Back

● ABORTION PROVIDERS: EXPANSIONS & RESTRICTIONS

EXPANSIONS

Points were added if a state allows certain qualified healthcare professionals to provide abortion care.

RESTRICTIONS

Points were allocated based on the breadth and severity of all Targeted Regulation of Abortion Providers measures imposed. (Because of the vast variety of TRAP measures, the summaries include only select examples that illustrate the burdens these measures impose on abortion providers.)

● BIASED COUNSELING & MANDATORY DELAYS

Points were allocated based on whether the woman must receive state-prepared materials, whether the woman must receive other material—oral or written—that contains biased information, the length of the waiting period, whether multiple trips are required, and whether a physician is required personally to provide specified information. No points were subtracted if a state has an abortion-specific informed consent measure that does not require biased counseling or a mandatory delay.

● COUNSELING & REFERRAL BANS

Points were subtracted if a ban applies to counseling and/or referrals for abortion care.

● FAKE HEALTH CENTERS

REGULATES

Points were added if states limited state funding to FHCs, limited state referrals to FHCs, have a pro-choice license plate program (enacted by the legislature or executive), and/or protect women from FHCs' worst practices.

SUPPORTS

Points were subtracted if a state funds FHCs directly with taxpayer dollars or tax benefits; requires a woman to go to a fake health center or refers women to fake health centers; and/or has a "Choose Life" license-plate program (enacted by the legislature or executive). There are multiple potential sources of direct funding for FHCs; while most states that fund FHCs do so with state dollars, some channel federal funds.

● REFUSALS & GUARANTEES OF MEDICAL CARE

REFUSALS

Points were subtracted for the total strength of the measures in which individuals or organizations may refuse to provide, cover, counsel about, or refer for reproductive-health services. No points were subtracted for measures that allow individual healthcare providers to refuse to offer a service as long as they refer the woman to another provider that does offer the service.

GUARANTEES

Points were added if a state explicitly guarantees a woman's right to have her birth-control prescription filled. Points were also added if the state ensures that pharmacists are allowed to provide EC to a woman without a prescription through a measure specific to EC or one that permits collaborative-therapy agreements generally and includes EC. (These measures were in place before the Food and Drug Administration (FDA) approved Plan B One-Step® for over-the-counter sales to all customers.) Points were added as well for measures that guarantee employees cannot be discriminated against because of a reproductive-healthcare decision.

How States are Protecting Reproductive Rights and Access

● CLINIC PROTECTIONS

Points were allocated based on the strength of the protection. States that have proactive laws—bubble and buffer zones—received more points than states with responsive policies that penalize offenders after they interfere with entry or exit to a facility, physically invade a facility (including trespass, property damage, arson, and bombing), make excessive noise, odors, or telephone calls, and/or make threats, including weapon possession at demonstrations.

● EMERGENCY CONTRACEPTION

Points were added if the state ensures that sexual-assault survivors receive counseling about and access to emergency contraception (EC) in emergency rooms; if a state provides for improved public education about EC; or if a state has a measure that improves access to EC in another way. If the state's Medicaid program covers over-the-counter EC, this information can be found on the Low-Income Women & Contraception Fast Facts page. If a state has a policy requiring insurance coverage of unique contraceptive products, this information can be found on the Insurance Coverage & Contraception Fast Facts page.

● INSURANCE COVERAGE & CONTRACEPTION

Points were added if a state requires health-insurance plans to cover contraceptives to the same extent that they cover other prescription medication; if a state prohibits cost-sharing for contraceptive products; if the state requires health plans cover 12 months of contraception dispensed at once; and/or if a state requires health plans to cover all FDA-approved unique contraceptive products.

● LOW-INCOME WOMEN & CONTRACEPTION

Points were added if the state provides increased coverage for family-planning services through a federal Medicaid waiver or through a state plan amendment. Points were also added if the state's Medicaid program covers over-the-counter EC without a prescription.

Acknowledgments

The Government Relations department at NARAL Pro-Choice America and NARAL Pro-Choice America Foundation researched and wrote this study. Department staff for the 28th edition of *Who Decides? The Status of Women's Reproductive Rights in the United States* includes: Government Relations Director Jennifer Warburton, Deputy Policy Director Leslie McGorman, Senior Legislative Advisor Kate Ryan, Senior Legislative Counsel Stephanie Yost, Legislative Assistant Nicole McFarland, Policy Aide Meghan McGuirk, and interns Michaela Pepi-Lewis and Joey Schnide.

President Ilyse Hogue, along with the boards of directors of NARAL Pro-Choice America and NARAL Pro-Choice America Foundation, provided support and encouragement. Our state affiliates and chapters, and our coalition partners, including the American Civil Liberties Union and affiliates, Planned Parenthood Federation of America and affiliates, and Healthy and Free Tennessee provided valuable information. Countless others, particularly in state Medicaid offices and courts across the country, patiently answered requests for information. We also appreciate the fine work of our graphic designer, Dawn Kussman Designs, and our printer, Mount Vernon Printing.

Disclaimer

Who Decides? The Status of Women's Reproductive Rights in the United States is strictly for informational purposes and does not constitute legal services or representation. For legal advice, a practicing attorney who has a thorough knowledge of current law in the state or locality and who is informed about all relevant details of the situation should be consulted.

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation do not guarantee the accuracy of the contents of this book. Laws change, often rapidly, and interpretations of statutes may vary. Legislation may have been acted upon, or cases decided, after the date this book went to press.

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Mission Statements

NARAL Pro-Choice America

To develop and sustain a constituency that uses the political process to guarantee every woman the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion.

NARAL Pro-Choice America Foundation

To support and protect, as a fundamental right and value, a woman's freedom to make personal decisions regarding the full range of reproductive choices through education, training, organizing, legal action, and public policy.



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