



FOR GENDER JUSTICE



STATE POLICY AGENDA

# ENSURE THAT ALL PEOPLE CAN ACCESS THE HEALTH CARE THEY NEED

The COVID-19 pandemic has laid bare the many inequities in our health care system—from the millions who still lack health care coverage to the disproportionate devastating mortality rate in Black, Latinx, and Native American communities, to barriers and discrimination faced by people of color and LGBTQ people seeking care, to states using the pandemic as an excuse to take away access to abortion care. Even apart from the pandemic, too many people in this country go without access to the health care they need, especially reproductive health care, and are shamed, judged, and discriminated against for their decisions about pregnancy and parenting.

State policymakers must comprehensively address the crisis in health care, including eliminating long-standing restrictions and systems rooted in control, racism, and misogyny, expand access to all forms of health care, and ensure that our laws respect and support people in accessing care.

## PATIENTS NEED POLICIES THAT PROTECT THEIR ACCESS TO COMPREHENSIVE HEALTH CARE

Alongside making clear that comprehensive reproductive health care is essential care during public health crises such as the COVID-19 pandemic, states must enact a range of additional policies to ensure that each person can access the health care they need, when and where they need it, without financial difficulty, discrimination, barriers, or stigma. These policies should focus on ensuring access to health care, protecting the right to abortion and meaningful access to abortion care, and removing barriers and expanding access to birth control.

## ENSURING ACCESS TO HEALTH CARE

**Protecting Against Discrimination in Health Care:** All patients should have access to health care free from discrimination. But across the country, [patients encounter discrimination](#) in health care and health insurance. This is devastating to patient health and well-being and exacerbates disparities in health care that harm women and girls of color, LGBTQ people, and other marginalized communities. States can address this by ensuring explicit and robust state protections against health care discrimination based on race, color, national origin, sex, age, disability or any combination of these characteristics.

### Addressing Maternal Mortality and Other Maternal Health

**Disparities:** Everyone should have access to the necessary resources for a safe and healthy pregnancy, but Black and Native American women face [maternal mortality](#) at rates two to three times higher than their white counterparts. This endangers pregnant people and places emotional and financial burdens on families. States can increase access to comprehensive coverage for persons before, during and after pregnancy by expanding Medicaid eligibility; eliminating Medicaid cost-sharing during pregnancy and 12 months postpartum; establishing maternal mortality review committees to address the interpersonal, systemic, and institutional racism that drives maternal health disparities; and eliminating administrative burdens for stabilizing social services, such as SNAP and housing assistance programs.

**Ensuring Safe and Healthy Communities:** Communities thrive when individuals and families are safe and healthy. A racial justice reckoning, combined with COVID-19's health and economic devastation, have put health, safety, and justice at the forefront of our nation and are making clear how deeply connected these issues are. Across the country, communities are demanding policymakers

acknowledge the intersection of food insecurity, police brutality, racial discrimination, environmental racism, housing instability, and gender-based violence and their impact on individual and community health, each which disproportionately impact women of color, LGBTQ people, and other marginalized communities. Policymakers can commit to drafting legislation with intentional consideration of the legislation's impact on health and issuing a racial impact statement on every piece of legislation.

## PROTECTING THE RIGHT—AND MEANINGFUL ACCESS—TO ABORTION:

**Protecting People's Reproductive Health Decisions:** The constitutional right to [abortion](#) is under dire threat, including from burdensome and stigmatizing abortion restrictions that have no health benefit whatsoever. These laws have already put abortion out of reach for many, disproportionately harming people of color, people struggling financially, and those living in rural areas. These communities also are more likely to face barriers to accessing other reproductive health care, including birth control and care during pregnancy. States should act to recognize and protect an individual's right to make reproductive health care decisions by passing legislation to protect an individual's decision making and right to access reproductive health care including abortion, contraception, sterilization, and care during pregnancy and childbirth, without government interference.

**Protecting People From Discrimination Based on Their Reproductive Health Decisions:** Bosses should not be allowed to discriminate against an employee because of decisions they make about whether or how to start a family. But women across the country have been fired or otherwise punished in the workplace because of their personal reproductive health decisions. [States should protect individuals from discrimination](#) by their employer based on their decision to use contraception, have an abortion, use assisted reproductive technologies, become pregnant, or have a child, or any other reproductive health decision. States should ensure that individuals do not face discrimination from an employer who disagrees with the employee's personal reproductive health decisions.

**Protecting Patients Seeking Care:** Across the nation, hospitals and other health care entities are [refusing to treat patients](#) seeking health care based on institutional religious beliefs, even when such refusals force a patient to delay or forgo care altogether. [Laws in 46 states](#) permit health care institutions or individual providers to refuse to provide some reproductive health care services, including abortion, contraception, and sterilization, based on religious or other objections. These laws and practices put religious beliefs over patients' needs and they can—and have—[resulted in](#) infection, infertility, and even death. States should repeal any state laws that allow health care providers to use religious beliefs to deny patients health care. States can further ensure patients get the care they need by requiring hospitals in the state to provide health and life saving medical services, including

medically appropriate care for a miscarriage, when needed. States can also protect patients' access to care by prohibiting any health care entity from blocking a doctor's ability to provide medically appropriate care and medically accurate information to a patient about the patient's health status and medical options.

**Protecting Abortion Providers From Discrimination:** Doctors and nurses who work for religiously affiliated institutions are [facing discrimination simply because they want to help patients](#). Doctors and nurses have been: prohibited from helping patients obtain reproductive health care; threatened with demotion or loss of jobs if they speak out about the importance of abortion and other reproductive health care; and prohibited from providing abortion care on their own time at separate clinics. States should specifically prohibit hospitals and other health care employers from taking adverse actions against employees because of the employee's participation in abortion services, including on their own time at separate facilities. States should also protect employees' ability to make public statements about abortion without fear of retaliation from their employer.

## REMOVING BARRIERS AND EXPANDING ACCESS TO BIRTH CONTROL:

**Enshrining Contraceptive Coverage Protections in State Law:** Barriers that exist in insurance coverage of [birth control](#) can cause people to use birth control inconsistently and incorrectly, leading to an increased risk of unintended pregnancy and related threats to their health, the health of their families, and their economic security. These barriers are especially acute for those who are already more likely to experience barriers to access, including Black women, Native American women, and other women of color. To make sure that insurance coverage of birth control meets people's needs and does not erect barriers to birth control use, states should enshrine the Affordable Care Act's contraceptive coverage requirement in state law, ensuring coverage of birth control without out-of-pocket costs, and improve upon it by requiring coverage and dispensing of a full year of birth control at once and prohibiting prescription requirements for coverage of over-the-counter birth control.

**Expanding Medicaid Family Planning Eligibility and Improving Medicaid Coverage of Birth Control:** The federal Medicaid statute requires coverage of family planning services and supplies without out-of-pocket costs, free of coercion, and from the family planning provider of an enrollee's choice. Yet, some women struggling to make ends meet do not qualify for traditional Medicaid. If they live in a state that has not expanded Medicaid or do not have special Medicaid family planning programs, they are [forced](#) to go without contraceptive coverage. States should expand Medicaid eligibility for family planning services to individuals otherwise ineligible for Medicaid, require coverage and dispensing of no less than one full year of birth control for Medicaid enrollees, and require coverage of over-the-counter methods of birth control without requiring a prescription.