In the wake of the Supreme Court abolishing the constitutional right to abortion, and on the heels of a pandemic and recession that has gutted women’s economic security, women—especially women of color, LGBTQI+ people, disabled women and immigrant women—are facing historic attacks that risk setting back progress for gender justice by a generation.

More than two years since the pandemic began, hundreds of thousands of women have not yet returned to the labor force. In the face of rising prices, women are making difficult decisions every day at the grocery store, gas pump, and when paying for other necessities. Women are struggling to find the child care and home care they need to be breadwinners for their families, even as the women—overwhelmingly women of color—who work in child care and home care are paid poverty wages for their essential work.

The bottom line: women’s and girls’ health and safety have been deeply compromised. We are not OK. And we will not silently watch as a generation of gains for women and families are dismantled. State policymakers can and must urgently take action to advance broad-based agendas that would remedy discrimination, ensure accountability, and provide key supports for women and girls. This could include:

- **An Economic Security and Opportunity Agenda** with measures to increase families’ access to affordable, high-quality child care and early education, expand access to comprehensive health coverage, expand and strengthen state unemployment insurance programs, guarantee paid family and medical leave and paid sick days, raise the minimum wage, increase housing security, invest in school counselors, and make the tax code help working families.

- **A Health Care Access and Equity Agenda** with measures to ensure access to health care, guarantee and expand access to abortion, and ensure everyone can expand birth control.

- **A Young Women and Girls Opportunity Agenda** with measures to end discriminatory school discipline policies, invest in counselors not criminalization, stop sex harassment and sexual assault in schools, support pregnant and parenting students, raise the minimum wage and end abusive work schedules for students and young workers, and ensure access to reproductive health care on college campuses.

- **A Workplace Gender Justice Agenda** with measures to end discriminatory pay practices, ensure pregnant workers are treated fairly, stop and prevent sex harassment, raise the minimum wage, promote fair work schedules, and stop employers from firing workers because of reproductive health decisions like using birth control or having an abortion.

- **A Stop Sex Harassment Agenda** with measures to stop and prevent workplace sex harassment, prevent sex harassment and sexual assault in schools, end school discipline practices that blame girls for the harassment they experience, ensure patients are protected from sexual assault and sex harassment, and protect survivors from abusive defamation lawsuits.

- **A Keep LGBTQI+ Youth Safe Agenda** with measures to teach affirming and accurate curricula, address harassment and violence against LGBTQI+ youth in schools, end unfair school discipline, protect against “sex testing” in school sports, prevent medical mistreatment of youth, ensure access to gender-affirming care, and shelter families forced to move by anti-trans policies.
The National Women’s Law Center can help you craft a legislative agenda for women and girls that is specifically tailored to your state.

**THE NATIONAL WOMEN’S LAW CENTER CAN:**

- Provide research to identify specific needs or gaps in policies;
- Assist in crafting legislation;
- Provide state level data analysis;
- Help connect you with other advocates, legislators, and experts;
- Create supporting resources, including:
  - Social media support;
  - Talking points; and
  - Fact sheets.

If you are interested in pursuing a policy agenda to promote policies that will support women and girls in your state, please contact Andrea Johnson, Director of State Policy, Cross-Cutting Initiatives at the National Women’s Law Center by e-mail at ajohnson@nwlc.org or by phone at 202-588-5180.
The COVID-19 pandemic has laid bare the deep gaps in our economic and social infrastructure that have resulted from decades of underinvestment and policy choices that failed to center the needs of women, particularly Black, Latina, Indigenous, Asian American and Pacific Islander, and other women of color, low-income women, and LGBTQ+ people. These communities have borne the brunt of the COVID-19 pandemic. As essential workers risking their lives for minimum wage. As caregivers forced to navigate how to bring home a paycheck and care for their families. As breadwinners who lost their jobs. As patients blocked from accessing comprehensive health care. Women have faced impossible choices throughout the pandemic, and in the face of an uneven recovery and rising inflation, many women are still struggling to make ends meet in the third year of the COVID-19 crisis.

The world we rebuild in the wake of the coronavirus must grapple not only with the effects of COVID-19 broadly, but also how the ongoing pandemics of white supremacy and misogyny have exacerbated inequities and placed undue burdens on Black and brown women. The only way forward toward prosperity for our country is to center the needs of women, especially women of color.

**WOMEN HAVE BEEN ON THE FRONT LINES OF THE COVID-19 CRISIS.**

While many women experienced economic insecurity before this crisis began, Black women, Latinas, and Indigenous women were particularly likely to hold low-paying jobs and to be both the primary breadwinner and caregiver for their families—and during the pandemic, women of color were more likely to experience deep material hardship. Today, most pandemic-related relief has been exhausted (or expired), but women are still bearing increased caregiving responsibilities and lagging behind in the recovery, even as costs are rising. As a result, women are still struggling to feed their families, pay the rent or mortgage, and keep up with their bills. Further exacerbating this crisis and impeding a full recovery are the barriers to accessing health care, including reproductive health care, that women, especially Black women and other women of color, have long experienced. Students, especially students of color, are also continuing to struggle with the impact of COVID-19 since 2020, as a result of lost instructional time, loss of learning supports, and loss of social and emotional supports in virtual classes at home.

In the face of the economic fallout of the COVID-19 crisis, state policymakers’ top priority must be helping families and communities by raising revenue to protect health care, public education, and economic supports for residents and making public investments to lower costs for families. The world we rebuild in the wake of COVID-19 must work for all of us, and that means centering gender and racial justice by:

**Increasing Families’ Access to Affordable, High-Quality Child Care and Early Education.** The COVID-19 pandemic underscored that child care is a backbone of our economy as closures throughout the pandemic pushed many women and caregivers out of the labor force. While the historic relief dollars in the American Rescue Plan saved the system from complete collapse, decades of underinvestment have left the child care sector incredibly vulnerable, now facing a workforce shortage as providers cannot afford to pay family-sustaining wages to early educators. Parents cannot afford to pay more: Over the past 30 years, child care prices have risen more than twice the rate of inflation—faster than the price of food, housing, and other items. These rising prices squeeze families, crowd out other expenses, and push parents—especially mothers—out of the labor force. Meanwhile, early educators—nearly all women and disproportionately women of color, are paid poverty wages, leading to a shortage of care options. A robust national investment in affordable high-quality
child care and universal pre-kindergarten would raise family incomes, dramatically reduce costs, and strengthen family economic security and our economy overall. Even as relief dollars expire in FY23 and FY24, states can support these efforts by investing their own resources in child care and by sustaining and building on policy improvements made during the pandemic, including policy changes that expanded access to child care assistance, raised provider payment rates, boosted compensation for child care workers, and allowed more flexibility to meet the varied needs of diverse families and providers.

Expanding Access to Comprehensive Health Coverage. The COVID-19 pandemic has made it clear that we need comprehensive, accessible health care. Comprehensive health coverage must be available to all those who need it and include the full scope of care people need, including reproductive health care. States can ensure access to low-cost and comprehensive health care coverage by expanding Medicaid to low-income adults and expanding Medicaid eligibility for family planning services; guaranteeing comprehensive birth control coverage without out-of-pocket costs; and ensuring all individuals have coverage of abortion, regardless of their income or how they are insured. Further, states must carefully plan for the end of the public health emergency and pandemic-related eligibility and enrollment operations. The end of the continuous coverage requirement authorized by the Families First Coronavirus Response Act has the potential to be a catastrophic loss of health coverage. States must use the full 12 months allowed by CMS to initiate renewals and ensure sufficient agency staffing to meet the increased caseload. States must also develop a comprehensive plan to inform enrollees and advocates about the unwinding and collect and update new contact information. Finally, states must use information they already have from other programs to initiate and streamline Medicaid renewals.

Expanding and Strengthening State Unemployment Insurance Programs. Women shoulder a disproportionate share of caregiving responsibilities, are more likely to face pay discrimination, and tend to concentrate in low-paid jobs—all of which render women particularly vulnerable to job loss and economic hardship during the COVID-19 pandemic. Unemployment insurance (UI) is vital for keeping women and families out of poverty and helps ensure our economy can recover from times of economic turbulence. Unfortunately, many state UI systems exclude women for working low-paid, part-time jobs or for quitting to care for their children or other family members. Temporary UI expansions enacted at the onset of the pandemic as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act prevented tens of millions from falling into poverty, but soon expired. There should be permanent federal UI standards to ensure all women, no matter where they live or what their circumstances, can benefit from UI during spells of unemployment. States can help make UI as accessible and helpful to workers as possible and correct for systemic discrimination and inequities in the labor market. Such reforms should include (but not be limited to): adopting work-sharing programs to support workers whose hours are cut and help avert layoffs; ensuring that workers who are only available for part-time jobs remain eligible for UI; expanding UI eligibility for low-paid and part-time workers; adopting the “alternative base period” that allows unemployed workers to better account for their work history when qualifying for UI; improving benefit adequacy and duration; expanding the “good cause” reasons for quitting and obtaining UI, including needing to care for quarantined or sick family members and escaping domestic violence, sexual violence and/or stalking; and creating a Jobseekers’ Allowance (JSA) to provide a weekly cash benefit to all jobseekers, including those who do not have recent work history. States should also ease or remove administrative barriers to help streamline the process for receiving UI and reduce the burden on already overloaded state systems.

Guaranteeing Paid Family and Medical Leave and Paid Sick Days. Everyone needs time to care for themselves and their loved ones—but people working in low-paid jobs, who are least likely to be able to afford to take unpaid time off from work, are also least likely to have access to any paid sick days or paid family or medical leave. This reality leaves many women of color—who are disproportionately likely to hold low-paid jobs, and to be both breadwinners and caregivers for their families—and other working people with the impossible choice between caring for themselves or their families and maintaining their financial security. And the COVID-19 crisis has made clear that these tradeoffs can put entire communities at risk. States can establish programs to guarantee at least 12 weeks of universal, comprehensive paid family and medical leave for all, ensuring that working people are able to take the time they need to bond with a new addition to the family, or to care for themselves or their loved ones when a serious illness strikes. And they can enable everyone to protect their health, attend doctor’s appointments, and deal with unanticipated illnesses, without threatening their economic security, by ensuring that all employees can earn at least seven paid sick days each year.

Raising the Minimum Wage. Raising the minimum wage is one important way that states can shift power to working people and value the people who are caring for our children, providing necessary health care for our loved ones, and performing other essential but underpaid work. Higher wages, particularly for the lowest-paid workers, can also help ensure a strong, shared recovery and help working people support themselves and their families. States should gradually raise the minimum wage to at least $15 per hour, then index it to keep pace with rising wages overall, and phase out any lower minimum wages applicable to tipped workers, youth, workers with disabilities, and others to arrive at one fair minimum wage for all working people.
**Increasing Housing Security.** Fair access to safe, accessible, and affordable housing is vital to the well-being of women and girls, impacting health, education, and employment outcomes, particularly for Black, Latina, Indigenous, and Asian women. The devastating impact of COVID-19 and the recession has exacerbated housing instability for women and families. While eviction moratoria and mortgage forbearance prevented a larger wave of evictions and foreclosures, these measures provided only a patchwork of solutions and have mostly phased out. Congress passed over $46.5 billion in emergency rental assistance, which was slow to roll out in many areas but served as another core eviction prevention tool. States and localities should simplify their emergency rental assistance program (ERAP) applications, including by eliminating photo ID requirements that especially harm people of color, people with low incomes, and trans people, and by using self-attestation to remove documentation requirements, as recommended by Treasury's guidance. ERA programs that have run out of funds but still have renters behind on rent should explore ways to obtain additional ERAP funding and utilize other funds to bridge the gap. Establishing and funding a right to counsel—or at least increasing legal aid to renters in eviction proceedings—can be another important eviction prevention measure. Further, with rent rising at higher rates than most families can afford, states and localities should consider ways to counter these rising costs, such as caps on rent increases, and dedicating State and Local Fiscal Recovery Funds to the development of deeply affordable and accessible housing.

**Investing in School Counselors, Not Criminalization.** Before the COVID-19 pandemic, too many students attended schools that provided too little social and emotional support—and many schools misused their limited resources on criminalizing children and teens instead. In fact, 1.7 million students attended schools with police, but no counselors. Research shows that the presence of police in schools can lead to decreases in graduation and college enrollment rates, higher rates of exclusionary discipline, increased police harassment and violence as well as other negative impacts. In addition, girls of color, particularly Black and Indigenous girls, are more likely to experience exclusionary discipline for typical childhood behaviors, which pushes them out of their learning environments; the presence of police in schools can increase the frequency and severity of these negative experiences for students of color. COVID-19 caused further disruption in the lives of children and teens, putting their emotional and mental health at risk and threatening families’ ability to meet their basic needs. Yet, nationally the student-to-counselor ratio is 415-to-1—nearly double the 250-to-1 ratio recommended by the American School Counselor Association. Some students have needs that require greater investments. For example, Latina girls—who report higher rates of sadness and hopelessness due to a variety of social and cultural experiences—and children and teens who have experienced harassment, assault, or other trauma would benefit from resources that help them balance mental wellness and educational obligations. Students’ mental health needs must not be ignored during this pandemic and its aftermath. Indeed, the need for counseling and support has only increased. States should increase funding to provide virtual and in-person mental health supports for students, by diverting funds typically used for police in schools to increase counselors and similar supports. This will help push schools to focus on students’ social, emotional, and academic needs, not their criminalization.

**Making the Tax Code Help Working Families.** States can improve economic security for families by establishing and/or strengthening state-level tax credits and avoiding regressive tax cuts. Refundable state tax credits that are based on the federal Earned Income Tax Credit, Child Tax Credit, and Child and Dependent Care Tax Credit put money back in families’ pockets, which women-led households and Black and brown families need more than ever. This would also make state tax systems fairer and more equitable: in nearly every state, low- and middle-income families pay a larger share of their income in state and local taxes than higher-income people do, because most states and localities rely heavily on regressive taxes (like sales taxes) to raise revenue. As many states experience temporary budget surpluses fueled by federal aid dollars, they should prioritize investments in families that will help families thrive and aid long-term economic growth. States should avoid enacting tax cuts that benefit wealthy residents and corporations at the expense of women and families with lower incomes. Future revenue shortfalls from short-sighted tax cuts could lead to cuts to vital public services, to the detriment of residents who have suffered the most throughout the pandemic and have experienced an uneven economic recovery.
More than two years after the COVID-19 pandemic laid bare the many inequities in our health care system, those inequities persist. Millions still lack health care coverage, Black, Latinx, and Indigenous communities remain disproportionately impacted by the health crisis in our nation, and people of color and LGBTQI+ people continue to face barriers and discrimination when seeking care. And now we are facing yet another public health crisis due to the Supreme Court’s devastating decision to overturn Roe v. Wade and take away our constitutional right to abortion. As half of states are expected to ban abortion, people will be forced to travel long distances or be forced to continue pregnancies against their will.

State policymakers must comprehensively address these crises, 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**

States must enact a range of 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, guaranteeing and expanding abortion access, 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, LGBTQI+ 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 Indigenous women and birthing people face mortality at rates two to three times higher than their white counterparts, and recent data suggest a significant increase in mortality for Latina* women as well. Maternal mortality and morbidity 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. 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 in their policymaking, addressing these factors’ impacts on individual and community health. Each of these issues disproportionately impacts women of color, LGBTQI+ people, and other marginalized communities. Policymakers can commit to
drafting legislation with intentional consideration of the legislation's intersectionality and by issuing a racial impact statement and health impact statement on every piece of legislation.

GUARANTEEING AND EXPANDING ACCESS TO ABORTION

The Supreme Court’s decision overturning Roe v. Wade has created legal chaos that will continue to exist alongside devastating immediate and long-lasting public health effects. Without the protection of a national right to abortion, more than half of states are expected to ban abortion. Alongside laws that criminalize those who provide abortions, anti-abortion state legislators are also targeting those who seek them and anyone who helps another person obtain an abortion. The same groups who have always experienced the largest barriers to abortion access will be most affected, including Black, Indigenous, and other people of color, young people, LGBTQI+ people, people living in rural areas, people in abusive relationships, and people with disabilities. Those communities already face unequal access to health care and bear the brunt of systemic inequities, disparities, and discrimination. Now more than ever, it is up to state lawmakers to protect and expand meaningful access to abortion to ensure that everyone is able to make decisions about their health, their families, their lives, and their futures.

Acting Swiftly and Boldly to Guarantee and Expand Abortion Access: Lawmakers must repeal existing state abortion restrictions and bans and codify the right to make a range of reproductive health care decisions, including abortion. They must remove funding barriers, particularly those created by multiple state bans on abortion and long travel distances. In this increasingly hostile environment, lawmakers must protect abortion providers, those who get abortions, and those who assist or support those who get abortions. Lawmakers need to expand who can provide abortion care, and protect and expand telemedicine and medication abortion access. They should also mitigate the harms caused by crisis pregnancy centers, which often mislead pregnant people seeking abortion care.

Protecting People from Discrimination Based on Their Reproductive Health Decisions: At the same time that state legislators are targeting those seeking abortion care, employers are also discriminating against people for their reproductive health care 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. With abortion access in crisis, and without our fundamental right to abortion, pregnancy outcomes will be increasingly scrutinized. States should ensure that individuals do not face discrimination from an employer who disagrees with the employee’s personal reproductive health decisions.

Protecting Patients from Refusals of Care: Across the nation, hospitals and other health care entities are refusing to treat patients seeking health care based on institutional personal beliefs, even when such care is otherwise legal, where it is an emergency, or where 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. With increasing abortion bans in place, it is particularly critical that patients not be turned away when they attempt to access care in states where it is otherwise legal, or where a patient is experiencing a medical emergency. 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 Employment Discrimination: Even before the Supreme Court allowed states to criminalize abortion care, doctors and nurses were facing discrimination simply because they want to help patients seeking abortion care. 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. This type of discrimination is likely to increase in the wake of Roe v. Wade being overturned. States should specifically prohibit hospitals and other health care employers from taking adverse actions against employees because of the employee’s participation in legal 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.

ENSURING EVERYONE CAN ACCESS BIRTH CONTROL WHEN THEY WANT OR NEED IT

Enshrining Protections for Contraception in State Law: Too many people already do not have access to the birth control they want or need. And although the Supreme Court’s decision that overturned Roe v. Wade did not reach birth control, it threatens our right to birth control and emboldens lawmakers who want to go after birth control. Amidst the threats to reproductive freedom, states have a critical role to play in helping to ensure everyone has a right to access birth control and can exercise that right when they need
States can enshrine the right to reproductive freedom, including birth control, in state law, thereby protecting access against future attacks. Furthermore, states can reform insurance practices that place unnecessary barriers between people and the birth control they need. These barriers, like not fully covering birth control or putting arbitrary limits on access, were created by profit-motivated insurance companies and can cause people to use birth control inconsistently and incorrectly. This leads to an increased risk of unintended pregnancy and related threats to people’s 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, Indigenous 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.

Ensure Survivors Have Access to Emergency Contraception in the Emergency Room: Everyone should have control over their own body. Failure to provide emergency contraception (EC) to a survivor of sexual assault denies them this and could force them to confront an unwanted pregnancy. Every emergency room should provide survivors of sexual assault with timely access to information about EC and the EC itself to survivors who want it. Twenty-one states and the District of Columbia have passed laws and regulations, called EC in the ER laws, that require hospital emergency rooms to provide information about or access to EC to sexual assault survivors. More states should pass these laws to expand access to emergency contraception for sexual assault survivors.

Empower Disabled People to Make Their Own Decisions about Sterilization: Thirty-one states and Washington, D.C. explicitly allow the forced sterilization of many disabled people. Under these laws, a judge can order someone’s sterilization without their consent, purportedly for their own good. Far from a relic of the past, forced sterilization laws have been enacted well into the 21st century, with some passed as recently as 2019. At the root of these laws is the belief that disabled people, particularly people with intellectual and developmental disabilities, cannot or should not make fundamental decisions about their bodies and their futures. These laws perpetuate the ugly history of forced and coerced sterilizations in this country that has targeted and continues to target disabled people and people of color. States should repeal laws allowing the forced sterilization of disabled people and replace them with laws that empower disabled people to make their own decisions about whether to be sterilized and ensure that they have the support and accommodations they may need to do so.

*The data uses the term Hispanic but this Playbook uses the terms Latina/Latinas/Latinx.
Young women and girls, including trans and cisgender women and girls, as well as gender-nonconforming and nonbinary people, are students, workers, and parents. Yet they face gender-based barriers—from school pushout to inability to access health care to unfair wages—that make it harder for them to succeed. Unfair and discriminatory policies can keep these young people from experiencing security and success in their education, health, jobs, families, and futures. Additionally, the COVID-19 pandemic has exposed inequities that already existed in these systems for Black, Latinx, and Indigenous communities—leading many young people to feel like the system is rigged against them. A spring 2022 poll found that more than half (56%) of young adults ages 18 to 29 believe that “politics today are no longer able to meet the challenges our country is facing.”

Young people know it doesn’t have to be this way. They are looking for policymakers to show up for them and enact policies that will help them succeed and create a more just and fair future.

YOUNG WOMEN AND GIRLS NEED POLICIES THAT WILL WORK FOR THEM

Starting as early as preschool, Black, Latinx, and Indigenous students of all genders are subject to harsh and discriminatory discipline policies that can force them out of school and have long-lasting effects on their futures. Sex harassment and sexual violence is also a pervasive issue for students starting in grade school and continuing into college—and schools are more likely to disbelieve and punish women and girls of color (especially Black women and girls), LGBTQ+ students, pregnant and parenting students, and disabled students. Additionally, pregnant and parenting students—whether in secondary school, college, or grad school—may face discrimination or be denied simple accommodations that would allow them to remain in and succeed in school. Many young people also face particular barriers to accessing health care, including college students who may be unable to access necessary reproductive health care services. Young people need fair pay to help support themselves and their families, yet many states allow them to be paid a wage that is lower than the minimum wage and many employers subject them to unpredictable work hours incompatible with school or training or caring for themselves or family members.

Schools, health care providers, and employers should not get in the way of young people working to secure their futures, and government should help eliminate these barriers—centering the young people of color for whom barriers are often the greatest. Policymakers and advocates who want to support young people must put forward a progressive policy agenda that tackles these issues to help young people get a good start in life rather than deny them opportunities.

Policies that will work together to support opportunities for young women and girls include:

Ending Discriminatory Discipline Policies: Discriminatory discipline policies can push girls out of school with long-lasting effects on their education. Black and Indigenous girls, for example, are more likely than white girls to be suspended from school, even though they are no more likely to misbehave, nor is their misbehavior more severe. Instead, these girls are more likely to be suspended for conduct that is minor (e.g., being late), subjective (e.g., “defiance”), or both (e.g., many dress code violations). These practices keep girls out of the classroom, making it harder for them to succeed and increasing their chances of being pushed out of school or being involved with the juvenile legal system. States can reverse this trend by passing laws that ensure educators have the
tools to identify and address their biases as well as other underlying problems that contribute to perceived misbehavior in the classroom. States can also pass laws that end suspensions and expulsions for minor or subjective conduct and that replace exclusionary discipline with alternatives that keep students in the classroom while building positive social and emotional connections to school.

**Investing in Counselors, Not Criminalization:** In the wake of a nationwide reckoning with racism and police violence coupled with a pandemic that has highlighted the educational inequities that have long existed in school districts with significant populations of Black, Latinx, and Indigenous students, many youth advocates have pushed school districts to divest from resources that criminalize students and instead invest in resources that allow students to thrive academically, socially, and emotionally. For example, 3 million students attend schools with police but no school nurse. Six million students attend schools with police but no school psychologist. At the same time, a growing body of research has not found any evidence that school-based police make schools safer; instead, the presence of school-based police has been shown to increase the likelihood that students—especially Black students—will be arrested for typical childlike behavior. For example, Black girls are almost 4 times more likely to be arrested in school than their white peers, even though studies show Black girls are not more likely to misbehave. During this time especially, when students are still wrestling with the emotional toll of living through a pandemic that has disproportionately affected Black, Latinx, and Indigenous communities, policymakers should not only replace school-based police with mental and other health professionals, but also solicit and include the input of students, parents, and community advocates on how to invest in better, safer schools for all students.

**Addressing Sex Harassment and Sexual Assault in K-12 & Higher Education:** Violence starts early. One in five girls ages 14 to 18 report being kissed or touched without their consent and one in four women are sexually assaulted during their time in college. Thus, waiting until college to talk to students about sex harassment and sexual violence is too late. To ensure all students have a safe and healthy learning environment, states should require schools to teach all students about consent and healthy relationships, train all staff how to recognize and address sex harassment, and conduct regular climate surveys to gauge whether students feel safe in school. In addition, states should require schools to provide supportive measures to all students who report sex harassment and prohibit schools from disciplining those who break a school rule in connection to their own victimization (e.g., disciplining a survivor for using alcohol during their own assault or for engaging in consensual sexual activity leading up to the assault). Furthermore, students who want their school to address sex harassment should be able to choose, without pressure, between a prompt and equitable disciplinary investigation of the named harasser or nondisciplinary proceeding, such as a restorative process, that is conducted by trained individuals.

**Supporting Pregnant and Parenting Students:** Students who are pregnant and parenting often encounter schools that are not supportive of their needs, or their caregiving responsibilities. For example, pregnant and parenting students need excused absence policies that consider their health needs as well as the realities of unexpected childcare needs. States can implement basic protections that enshrine and improve upon federal requirements by requiring schools to explicitly outline lactation accommodations, inform students of their right to have excused absences for pregnancy-related reasons, and excuse absences for parenting students to care for sick children, or when child care plans fail through. This will ensure that pregnant and parenting students are able to take care of themselves and their children while continuing to succeed in school.

**Ensuring Access to Reproductive Health Care:** Young people should be able to make their own decisions about their reproductive health care on their own terms and timelines. Yet, young people continue to face significant barriers to accessing many reproductive health care services, and the Supreme Court’s decision to overturn Roe v. Wade and allow states to criminalize abortion has put young people’s access to care at even greater risk. States should remove barriers to abortion, including those targeting young people, like laws that require a parent’s consent or notification prior to an abortion. States can also use their authority to regulate self-funded college student health insurance to require coverage of comprehensive reproductive health care, including birth control, abortion, prenatal care, childbirth, and postpartum care. States can also ensure access to comprehensive reproductive health care services at college campus health centers, or referrals to these services when appropriate. Coverage of and access to reproductive health care facilitates the decision-making that empowers young people to take charge of their health and future.

**Raising the Minimum Wage and Ending Abusive Work Schedules for Students and Young Workers:** While young people represent a relatively small share of the low-paid workforce overall, most young people who work receive low pay. For example, while teenagers represent just 10% of the working people who would benefit if the federal minimum wage rose to $15 by 2025, nearly two-thirds of all teens who work would get a raise if the minimum wage went up to $15 by 2025, because their current wages are so low. Many young people are working to help support their families or to pay for college—but teens and students are often subject to carve-outs that allow employers to pay them even less than the minimum wage. They are also more likely to work in jobs that have unpredictable work schedules, which can lead to unstable income and make it incredibly difficult to succeed in school, participate in extracurricular school activities, or pursue post-secondary education or training. Black and Latinx workers, in particular, are more likely than their white counterparts to be paid low wages and to experience volatile work schedules. States can improve economic security for young people and their families by raising the minimum wage and eliminating the lower minimum wages applicable to youth, students, tipped workers, and other groups; and by implementing baseline protections to give working people input in their schedules and more predictable and stable work hours.
COVID-19 has exposed and exacerbated existing inequities and economic insecurities that increase the risk of discrimination and harassment in the workplace. Caregiving and service sector jobs performed largely by women, disproportionately Black women and other women of color, have long left millions living paycheck to paycheck or working multiple jobs to survive—even as corporations raked in record profits. Many employers have also refused to make the changes necessary to ensure people can succeed at work while caring for their families and work safely while pregnant. And workplace policies and practices that discriminate on the basis of gender make it difficult for all women, including trans and cisgender women, as well as gender-nonconforming and nonbinary people, to keep a job, put food on the table, and make decisions about when and whether to have children.

Now, more than two years into the COVID-19 pandemic, many jobs have returned to our economy, but many women—particularly Black women, Latinas, and other women of color—are still struggling to make ends meet. Too many jobs still leave women unprotected and underpaid, and too few workplaces provide the supports women need to care for their families without sacrificing a paycheck. Moreover, because inflation has risen at a faster rate than wages, many low-paid workers have seen higher costs erode the value of any wage gains. This economic precarity places workers at greater risk of coercion and abuse from employers. And many gig workers entirely lack legal protections against discrimination because they are often classified as independent contractors.

We must rebuild an economy that values women’s work, shifts power to working people, and ensures everyone can work with safety, equality, and dignity. Across races, genders, and political affiliations, people are united in their strong support for policymakers to focus on the gender pay gap and equal pay; sex harassment; raising the minimum wage, including for tipped workers; predictable and flexible work schedules; access to low-cost comprehensive, accessible health care; and access to reproductive health care.

WORKING WOMEN AND FAMILIES NEED POLICIES THAT WILL WORK FOR THEM

The fallout from the COVID-19 crisis threatens to turn back the clock for women. Unaddressed gender and racial wage gaps left women, especially women of color, with little to no financial cushion to weather the pandemic or any crisis. In February 2022 polling, for example, 34% of women say their family’s financial situation is worse today than before the pandemic, compared to 22% of men—and 40% of working women report that they are paid $15 per hour or less, compared to just 16% of employed men. Unless we take action to ensure our hiring and pay setting practices are equitable, these wage gaps will likely only widen as women seek to re-enter the workforce and are forced to accept a lower paying job because they don’t have the savings to hold out for a higher-paying one.

A legislative agenda to advance workplace equality will significantly improve the lives of women and their families and help families, businesses, and the country achieve a full and equitable recovery from the punishing economic impacts of COVID-19.

Policies that will work together to combat workplace discrimination and promote the economic security of women and their families include:

Ensuring Pregnant Workers Are Treated Fairly: No pregnant worker should have to choose between a healthy pregnancy and keeping her job. Some pregnant workers need temporary
accommodations to continue working safely throughout pregnancy, but employers frequently deny even minor accommodations, such as being permitted to sit down during a long shift or drink water at a workstation—forcing many pregnant workers to choose to between the health of their pregnancies and the job that provides their families economic security. **States can ensure** that pregnant workers can continue to do their jobs and support their families by requiring employers to make the same sorts of reasonable accommodations for medical needs arising out of pregnancy, childbirth, and related medical conditions that employers are required to make for disabilities.

**Ending Discriminatory Pay Practices:** When women are paid less than their male counterparts, their smaller paychecks have long-lasting repercussions for their housing, education, health, and retirement. **Lesbian women and transgender women** also experience significant wage gaps and the gaps for women of color and mothers are particularly staggering and set these women and their families back years, oftentimes decades, in achieving economic stability. **States must help** level the playing field for working women by strengthening pay discrimination laws through measures such as prohibiting employers from relying on salary history in setting pay, requiring employers to provide job applicants and employees information about salary ranges, protecting employees who discuss their pay with each other from retaliation, requiring employers to collect and report pay data, closing loopholes that make it harder for employees to prevail in equal pay claims, and fully compensating victims of pay discrimination.

**Stopping Workplace Harassment:** Everyone deserves dignity, respect, and safety at work. But as the Me Too movement has clearly demonstrated, sex harassment is widespread, affecting workers in every state, in nearly every kind of workplace setting and industry, and at every level of employment. Sex harassment is a substantial barrier to women’s equality, economic security, and safety. Longstanding gaps in federal and state law, and judicial decisions undermining existing protections have stymied efforts to address and prevent persistent workplace harassment. These gaps put certain workers—particularly those in low-paid jobs, Black women and other women of color, LGBTQI+ people, immigrants, and people with disabilities—at increased risk of harassment and retaliation. **States can take the lead** in ending workplace harassment by expanding anti-harassment protections to independent contractors and to employees of small employers; improving victims’ access to justice and ability to hold employers and individual harassers accountable; redressing the harm caused by harassment by improving recovery of monetary damages; restricting employers’ efforts to impose secrecy regarding harassment, such as through nondisclosure agreements; emphasizing prevention strategies; and ensuring tipped workers are entitled to the same minimum wage as other workers, so women do not have to tolerate harassment as the prices of tips.

**Raising the Minimum Wage:** People working to support their families should be able to make ends meet. But even before the COVID-19 pandemic, millions of workers—mostly women, and disproportionately women of color—were struggling to support themselves and their families on poverty-level wages. Raising the minimum wage is one important way that policymakers can shift power to working people and value the people who are caring for our children, providing necessary health care for our loved ones, and performing other essential but underpaid work. Higher wages, particularly for the lowest-paid workers, can help ensure a strong, shared recovery and help families meet rising costs. **States should gradually raise the minimum wage** to at least $15 per hour, then index it to keep pace with rising wages overall, and phase out any lower minimum wages applicable to tipped workers, youth, workers with disabilities, and others to arrive at one fair minimum wage for all working people.

**Promoting Fair Work Schedules:** Working families shouldn’t have to constantly sacrifice their families’ needs to meet their bosses’ demands. But too many employers give their employees little or no input into their work schedules and change those schedules at the last minute, making it incredibly difficult for working people—especially working parents—to care for their families and plan for child care, doctor’s appointments, and other obligations. Part-time workers, who are mostly women, are particularly likely to face unpredictable work schedules—and often are denied the additional hours they want and need to support their families. Black women and Latinas especially bear the brunt of these scheduling practices, as they are more likely to experience them than their white counterparts and more likely to be both the primary breadwinner and caregiver for their families. Employers have continued to use these “just-in-time” scheduling practices throughout the pandemic—even as workers face heightened risks to their health and safety, inadequate access to paid leave and paid sick days, and additional caregiving challenges posed by ongoing school and child care disruptions. **States can help ensure** that working people can fulfill their responsibilities on the job and in the rest of their lives by implementing baseline protections to give employees a voice in their schedules and more predictable, stable, and adequate work hours.

**Ending Discrimination Because of a Person’s Reproductive Health Decisions:** Everyone should be able to make the decision about whether, when, and how to have children that is best for them, without fear of unfair consequences at work. But across the country, women are being punished, threatened, or fired by their employers for using birth control, for having or contemplating an abortion, for undergoing in vitro fertilization in order to get pregnant, or for having sex without being married, and the Supreme Court’s decision to take away the constitutional right to abortion is likely to embolden more of this discrimination. With abortion access in crisis and a climate...
hostile to abortion rights, pregnancy outcomes will be increasingly scrutinized. This type of discrimination undermines a person’s ability to make decisions about starting or growing a family, and threatens their health, well-being, and long-term economic security. States can show up to protect working people from this harm by specifically prohibiting employers from taking adverse actions against their employees because of an employee’s reproductive health decision.
As the Me Too movement has made clear, sex harassment is widespread, affecting working people in every state, in nearly every kind of workplace setting and industry, and at every level of employment. COVID-19 has left many workers more economically insecure and thus more vulnerable to harassment, especially those historically most marginalized by workplace harassment—low-paid workers; Black women and other women of color; LGBTQI+ people; migrant and immigrant women; and disabled women.

In addition, sex harassment, which includes sexual violence, doesn’t just happen in the workplace, and it doesn’t just affect adults. Too many students experience sex harassment in elementary and secondary schools and in college—both on campus and online. And patients experience sex harassment at the hands of health care providers. In each of these contexts, sex harassment holds women and girls, including trans and cisgender women and girls as well as gender-nonconforming and nonbinary people, back, threatens their safety, health, and economic opportunities, and excludes them from public life. For women of color, immigrant and migrant women, disabled women, and LGBTQI+ people, harassment perpetuates inequity along multiple dimensions.

Workers and students are organizing and demanding better of employers and schools and our state policymakers must do the same. Recent polls show that 65% of people say the government is doing too little to address the problem of sexual misconduct. Our communities want policies that prevent and redress sex harassment so everyone can succeed in school, get good jobs, and lead healthy and productive lives.

WOMEN AND GIRLS NEED POLICIES THAT WILL ALLOW THEM TO LIVE, LEARN, AND WORK SAFELY AND WITH DIGNITY

Sex harassment stands in the way of equal opportunity and economic stability and the right to live with dignity and autonomy. Sex harassment in school and at work makes its targets, the overwhelming majority of whom are women and girls, feel unsafe and unwelcome, interferes with their ability to be productive and successful, and hurts their short- and long-term mental and physical health. Sex harassment—and schools and employers failing to address harassment or retaliating against victims—contributes to women and girls being pushed out of school and out of their jobs. And it can lead women and girls to avoid or leave a field of study, profession, or industry altogether—often higher-paying, male-dominated fields—which perpetuates the gender wage gap.

Sex harassment and assault by health care providers can result in physical and psychological harm and prevent patients from accessing the health care they need. This is particularly true for Black and Indigenous women and girls and LGBTQI+ people who are more likely to experience discrimination when seeking out care, more likely to avoid care due to fear of discrimination, and more likely to suffer health disparities.

Gaps in state and federal laws have left many of those most vulnerable to sex harassment without meaningful legal protections. And the legal protections that do exist have frequently been inadequate to incentivize schools, employers, and health care institutions to take steps to prevent and promptly address harassment. Too often, harassers are not being held accountable by schools, employers, or health care institutions. Instead, the survivor
suffers retaliation for reporting the harassment and is pushed out of school or work or left unable to access health care. This leads to people not reporting harassment.

A legislative agenda that addresses sex harassment at school, at work, and in health care can harness the energy of the Me Too movement to make real, lasting change. To prevent sex harassment at work, we must start by addressing it in schools since the treatment and behavior students experience from their peers, teachers, and administrators ultimately shape workplace norms about gender, race, consent, and accountability. Harassment also can hurt girls’ ability to succeed at school, which, in turn, hurts their future economic opportunities, reinforcing gender and racial inequities in the workforce and making them more vulnerable to harassment at work.

Policies that will work together to combat sex harassment and increase equality and opportunity for women and girls include:

**Stopping Workplace Sex Harassment:** Everyone deserves dignity, respect, and safety at work. But sex harassment is widespread—at least 25%, and as many as 85%, of women surveyed report having experienced sexual harassment at work. Longstanding gaps in federal and state laws and judicial decisions undermining existing protections and their enforcement, have stymied efforts to address and prevent persistent workplace sex harassment. These gaps put certain workers—particularly those in low-paid jobs, women of color, disabled people, and migrants—at increased risk of harassment and retaliation with little or no legal recourse. States can take the lead in protecting more workers, increasing victims’ access to justice, promoting accountability, and preventing harassment. These reforms should expand anti-harassment protections to independent contractors and employees of small employers; extend the statute of limitations for bringing harassment and discrimination claims to at least three years; improve victims’ ability to hold employers and individual harassers accountable; redress the harm caused by harassment by improving recovery of monetary damages; restrict employers’ efforts to impose secrecy regarding harassment, such as through nondisclosure agreements; and emphasize prevention strategies, including mandatory anti-harassment training and ensuring tipped workers are entitled to the same minimum wage as other workers, so workers do not have to tolerate harassment as the price of tips.

**Preventing Sex Harassment and Assault in PK–12 & Higher Education:** Prevention is key to stopping sex harassment and violence before it becomes an issue. Learning whether students feel safe, welcome, and valued in school is key to identifying what a school is doing right to prevent a hostile environment and where there is room for improvement. Students should be taught about consent and healthy relationships from an early age, as research has shown that PK-12 students who receive sexual health and consent education are less likely to be a victim of harassment or a sexual harasser. And because victim-blaming norms may be ingrained in educational institutions, educators must be taught to unlearn certain behaviors and biases. States can help schools prevent harassment and assault by promoting the use of regular school climate surveys, requiring age-appropriate consent and healthy relationship education in PK–12, and requiring educators to receive ongoing training to recognize implicit biases and implement trauma-informed approaches in the classroom.

**Protecting Survivors From Defamation Lawsuits From Their Abusers:** Harassers and abusers are increasingly weaponizing defamation lawsuits against victims of harassment to prevent them from speaking out, to retaliate against them after they have spoken out, or to further harass and control them in the wake of an ended relationship. Retaliatory lawsuits that aim to stop people from speaking out about misconduct are known as Strategic Lawsuits Against Public Participation (SLAPPs). People who file SLAPPs do not necessarily expect to win in court, but SLAPPs are still effective at silencing victims because defending against even the most baseless lawsuit can still require considerable time and money, and SLAPP filers tend to be wealthier and more powerful than their victims. States should enact anti-SLAPP laws or amend their existing anti-SLAPP laws to ensure that victims of sex-based misconduct are protected from SLAPPs when they speak out about the abuse, when they file complaints with authorities (including schools and employers), and when they sue their abusers in court.

**Ending School Discipline Practices That Blame Girls for the Harassment They Experience:** Students deserve to receive a high-quality education in an environment that is safe and affirming. Yet too many schools maintain policies that have the effect of punishing students for reporting harassment or that seem to hold girls responsible for preventing others from harassing them. For example, dress codes that regulate clothing based on the assumption that girls’ bodies are a “distraction” to boys not only send the message that what students look like is more important than their education, but also that students who dress a certain way are somehow “asking” to be harassed or assaulted. States should encourage schools to eliminate dress codes and require schools that choose to have a dress code to implement a universal, inclusive, and gender- and race-neutral dress code that does not perpetuate discriminatory stereotypes. States should also ensure schools apply amnesty policies for students who may fear reporting harassment or an assault when doing so would reveal they violated another student conduct code (e.g., underage drinking; previously engaging in consensual sexual acts at school) and for students who violate a school code because of the harassment or assault they faced (e.g., missing school to avoid a harasser, “acting out” in an age-appropriate way due to trauma). Finally, states should ensure harassment investigations and disciplinary hearings are fair and equitable for both those alleging harassment and those who are the subject of complaints.
Ensuring Patients Are Protected From Sex Discrimination, Including Sex Harassment and Assault: All patients should be able to get the care they need free from discrimination, which includes being free from sex harassment and sexual assault by their health care providers. But across the country, patients continue to experience sex harassment and sexual assault by health care providers, which is devastating to patient health and well-being. States should explicitly prohibit health care providers from harassing or sexually assaulting their patients and pass or enhance other protections for patients.
The millions of LGBTQI+ young people growing up in the United States need the same things as their straight, cisgender peers: safe and supportive homes, full educational opportunities, welcoming communities, and health care providers who listen to concerns and provide high-quality, age-appropriate care. When LGBTQI+ people can be their most authentic selves, in communities where they are treated with equal dignity and respect, we build a healthier and happier society for all.

Unfortunately, some state politicians are doubling down on bigoted policies designed to harm LGBTQI+ people, especially trans, nonbinary, and intersex youth. These self-interested politicians are trying to insert themselves into classrooms and doctor’s offices where they have no expertise, inflicting pain on young people who only want to be themselves.

Our communities want to see LGBTQI+ youth supported—not attacked. Polls show a majority of people in every state, and 79% overall, favor measures to protect LGBTQI+ people from discrimination. These young people need policymakers to show up for them by enacting policies to help them be healthy and succeed.

LGBTQI+ YOUTH NEED SUPPORTIVE POLICIES TO GROW AND LEARN IN SAFETY

LGBTQI+ youth face discrimination and harmful policies in a range of areas—and these disparities are exacerbated for young people who face additional discrimination on the basis of race, class, gender, disability, and/or any other factor. For example, discrimination too often prevents LGBTQI+ young people from fully participating in school, despite Title IX’s requirement that no student be denied opportunities or otherwise discriminated against based on sex, including sexual orientation or gender identity. Gender equity does not exist in schools until there is equal access for all students to activities like student clubs and sports teams and to locker rooms and bathrooms consistent with a student’s gender, without harassment or other discrimination. Inclusive school policies are necessary to ensure LGBTQI+ students can access the full benefits of education. Research has shown how inclusive policies can powerfully counteract these negative forces and allow LGBTQI+ children to grow and learn in safety. The Trevor Project found that LGBTQI+ youth who simply learned about LGBTQI+ issues or people in school had 23% lower odds of reporting a suicide attempt over a 12-month span compared to their peers who did not learn about LGBTQI+ issues or people.

Additionally, discrimination in health care and coverage prevents LGBTQI+ young people—especially transgender youth, LGBTQI+ youth of color, and LGBTQI+ disabled youth—from getting care that meets their needs. This discrimination worsens existing health disparities. And on top of existing discrimination, across the country, state officials have proposed, and sometimes enacted, laws that criminalize care for trans youth or have created new administrative barriers to this life-saving care. These policies and the misinformation that propel them endanger trans and nonbinary youth, their families, and their providers.

Policies that will work together to keep LGBTQI+ youth safe and healthy include:

Teaching Affirming & Accurate Curricula: With a recent wave of school censorship and surveillance policies enacted at the state level, many educators and school administrators are already more fearful of addressing anti-LGBTQI+ bullying, teaching accurate history that includes LGBTQI+ historical figures, and including LGBTQI+ relationships and health topics in age-appropriate sex education. When schools teach about LGBTQI+ history and health
topics in developmentally appropriate ways, students are more likely to be safe from sexual assault, harassment, and bullying. This can counteract risk factors that make transgender students and bisexual girls the most likely groups to be sexually assaulted in school. Local and state policymakers can address baseless fearmongering with policies that affirmatively require inclusive and developmentally appropriate curricula so there is less intimidation and censorship in classrooms.

**Addressing harassment and violence against LGBTQI+ youth in schools:** Students perceived as LGBTQI+ face pervasive sexual harassment, including sexual assault, from kindergarten through the university level. Bisexual women and transgender women face especially high rates of sex harassment, including in school. No student should be left without the protection of clear sex harassment policies, school staff trained on recognizing and reporting sexual harassment, and education for all students about the importance of consent. States should ensure that schools offer material support to every student who reports sex harassment, and schools should be prohibited from disciplining students in connection with their reports (e.g., they should not be permitted to punish a student for breaking a school rule at the time they were victimized).

States must also ensure robust protections against bullying and harassment based on sexual orientation, gender identity, sex characteristics, and sex stereotypes. Consistent with Title IX's requirements, this should include school superintendents having to publish and update model policies to address bullying, harassment, and sexual violence with examples, detailed complaint procedures, and protection against retaliation or punishment of students who complain to school staff. Finally, because school authorities (such as superintendents, principals, and school board members) wield a huge degree of power over the lives of young people, they should be held to clear standards of competence and training.

**Ending Unfair School Discipline:** Just as some girls—especially Black and Indigenous girls, other girls of color, and disabled girls—face systemic issues of discriminatory discipline and school pushout, LGBTQI+ students are targeted for school discipline that pushes them out of the classroom—sometimes when they seek help for harassment or bullying based on their identity, or are targeted for not conforming with dress/grooming codes that are based upon gender stereotypes. For LGBTQI+ students who are also students of color and/or disabled students, these disparities are compounded. Disproportionate discipline takes learning time away from LGBTQI+ students, making it more difficult to succeed in school and experience the long-term benefits of a safe school environment. One study shows Black LGBTQI+ students in California were over three times more likely to report being suspended than their white LGBTQI+ peers. States must address needs of LGBTQI+ students of color by eliminating school discipline based on subjective offenses like “talking back,” and by requiring school staff to have regularly training on antidiscrimination policies and implicit bias.

**Protecting against “sex testing” in school sports:** Bans on transgender, nonbinary, and intersex youth playing school sports are hateful and unconstitutional. Additionally, many of these recent bills are written hastily and broadly, now leading to invasive examinations of a student’s sex. This process creates a new, totally unnecessary risk of trauma for students as young as age 5, especially transgender girls, nonbinary students, and cisgender girls who do not conform to stereotypical notions of femininity. We can prevent this with policies implementing best practices from state sport associations that have already found equitable ways to let all students play, following the leads of the more than a dozen states that have implemented trans inclusive athletics policies over the past decade.

**Preventing medical mistreatment of youth:** When intersex children are born with natural variations in genitals or reproductive anatomy, they are too-often subjected to surgeries based on preconceptions of what a “normal body” looks like. These children are typically too young to consent to the procedures and can face lasting harm. Similarly, “conversion therapy” is an abusive and discredited practice that has already been banned in 20 states and more than 100 municipalities. States can take two easy steps to protect youth from outdated and dangerous pseudoscientific practices: prohibit nonconsensual surgeries on infants and young children with intersex traits, and ban “conversion therapy,” which purports to change a person’s sexual orientation or gender and can cause grave lifelong harm to survivors.

**Ensuring access to gender-affirming care:** For many transgender youth, gender-affirming care—individualized treatments that support them in living according to their gender identity—is life-changing and even life-saving. But some policymakers are trying to ban this vital care for young people or make it much harder to access. These baseless attacks on trans youth must be stopped. An additional problem is the lack of comprehensive coverage of gender-affirming care in private insurance and Medicaid: While many states have explicitly clarified that gender-affirming care must be covered, some of those policies include discriminatory, medically unsupported restrictions for youth. Many other states lack explicit policies on insurance coverage, leaving trans youth with uncertain or incomplete coverage, while yet other states illegally exclude coverage of gender-affirming care from their state Medicaid programs. States should ensure that private insurance and Medicaid programs in their state cover the full range of gender-affirming care. Additionally, states should clearly prohibit discrimination and harassment in health care settings.

**Sheltering families forced to move by anti-trans policies:** Many families face an uncertain future where they may have to leave their homes and relocate to a state where their trans, nonbinary, or intersex child can safely access necessities including a full education and appropriate medical care. LGBTQI+ families forced to move face many barriers to establishing residence for purposes of benefits eligibility and continuation of health care that states should address.
proactively. States can support LGBTQI+ families forced to relocate by providing holistic resources on housing as well as job training and placement resources; subsidizing community cultural competence training for health care providers; and creating centralized hotlines to orient new resident families to low-cost resources for trans and nonbinary youth.
POLICY BRIEF

GUARANTEE THE RIGHT TO ABORTION AND ENSURE ACCESS

THE PROBLEM

Abortion is an essential part of full-spectrum reproductive health care. Meaningful access to abortion is also fundamental to pregnant people’s liberty, equality, and economic security. One in four women* will need an abortion in her lifetime. Everyone, no matter where they live or their financial means, should have access to abortion when they need it in their communities without stigma, shame, or barriers.

But abortion access is in an unprecedented crisis moment because, on June 24, 2022, the Supreme Court callously took away our federal constitutional right to abortion, a right that has been fundamental to our health, lives, futures, and society for nearly 50 years. With the right to abortion now left to the states, state lawmakers hold the power to lessen the blow of this devastating decision.

The impact of overturning our right to abortion is already being felt: within days of the release of the decision, multiple states enacted total bans on abortion, and anti-abortion extremist legislators in other states proposed laws to criminalize those who provide abortions, those who seek them, and anyone who helps another person obtain one. Within roughly two months of the Supreme Court’s decision, 17 million women lost access to abortion. In all, nearly half of states are expected to ban abortion.

Banning abortion will ultimately mean that some people will not be able access abortion care and will be forced to carry their pregnancies to term. There will be lifelong consequences for them and for their families. Denying a pregnant person an abortion creates economic hardship and insecurity and health consequences that last for years. These impacts will be felt most by women of color and those who have low incomes, people who already face challenges in accessing health care, and who often lack job security and paid leave. Beyond a nightmare of criminalization of basic health care, clinic closures, and patients being denied care or having to travel thousands of miles, anti-abortion extremists are expanding their attacks. They are making it clear that they are threatening anyone and everyone who plays any role in abortion access, creating legal uncertainty and fear for loved ones, health care professionals, employers, universities and schools, businesses, and city governments, among others. The decision has already wreaked legal and public health chaos, even as the full extent of the harm has yet to be realized.

It has never been more critical that state lawmakers act boldly and swiftly to guarantee and ensure access to abortion.

THE SOLUTION

We need state lawmakers to guarantee the right to abortion at the state level and ensure that the right to abortion is a reality for those who need abortion care.

We know that abortion access is best realized when policy change is informed by local reproductive rights, health, and justice advocates, abortion providers, people from impacted communities, and researchers. We suggest convening relevant stakeholders in your state to develop recommendations
for legislation that best responds to the specific needs in your state.

Now is the time to be bold and proactive about protecting abortion access. Speak your values when fighting for policy change and be sure your messaging is free from abortion stigma.

**BASIC ELEMENTS OF THE SOLUTION**

- Ensure the right to abortion is enshrined in state law, particularly under a broad right to reproductive freedom and equality, whether by statute or constitutional amendment.
- Repeal any existing state abortion restrictions or bans, including:
  - Laws that ban or criminalize abortion;
  - Medically unnecessary and burdensome restrictions on abortion providers, including those that restrict access to medication abortion;
  - Laws that require parental involvement and restrict young people's access to care;
  - Measures meant to shame and judge people who have decided to have an abortion, such as mandatory delays and biased counseling requirements; and
  - Refusal of care laws that allow health care providers to use personal beliefs to override a patient’s access to abortion care.
- Remove funding barriers and ensure abortion is affordable, including:
  - Allocating funds to help in-state and out-of-state abortion patients pay for care or practical support or directly subsidize abortion clinics and funds;
  - Improving insurance coverage of abortion care in both private and public plans, including by:
    - Providing Medicaid funding for abortion care, improving Medicaid reimbursement rates, and streamlining the process for becoming a state-Medicaid eligible provider and for billing and reimbursement of claims;
    - Requiring insurance coverage of abortion for in-person and telehealth abortions and for in and out-of-network abortion care, without limit on the number of abortions;
    - Eliminating cost-sharing for abortion and abortion-related services, including for telehealth abortions; and
    - Establishing gap coverage for people lacking coverage for abortion.
  - Decriminalize abortion and pregnancy outcomes, including the provision of abortion care, actions that assist people to access abortion care, and outcomes of the person seeking a medically assisted or self-managed abortion.
  - Prohibit discrimination, including against people based on their reproductive health decisions and against health care professionals who want to provide abortion care and information regarding full-spectrum reproductive health care.
- Improve security for abortion patients, abortion providers, and those who help people get abortions, such as by:
  - Expanding address shield laws to include abortion providers;
  - Investing in clinic security enhancements;
  - Protecting the data privacy of abortion seekers, abortion providers, and organizations that assist those seeking abortions; and
  - Removing requirements to ask for a patient’s address.
- Protect providers from civil or criminal liability or professional repercussions when providing legal abortion, including by:
  - Prohibiting out-of-state subpoenas or extradition to a hostile state;
  - Refusing to participate in other state's investigations of pregnancy outcomes and abortions that are legal in the state; and
  - Prohibiting medical malpractice insurance companies or medical boards from taking any adverse action against a reproductive health care provider who provides reproductive health care that is legal in their state.
- Expand who can provide abortion care, including by:
  - Repealing any laws that require that abortions are provided only by physicians;
  - Making explicit that advanced practice clinicians can provide abortion;
  - Expediting the licensure of abortion providers; and
  - Expanding access to abortion training, including creating state grants to train abortion providers.
- Expand medication abortion access, such as requiring public universities to provide medication abortion, and by protecting and expanding access to telemedicine.
- Mitigate the harm of anti-abortion crisis pregnancy centers (CPCs), including by:
  - Ending state funding of CPCs; and
  - Increasing public education efforts on the danger of CPCs.
- Encourage workplaces to support access to reproductive health care and justice programs including by offering paid sick and family leave; creating emergency assistance and wellness programs; providing comprehensive health insurance that includes abortion coverage; reimbursing travel costs for out-of-state or long-distance travel to access health care not available locally—including abortion—for both the employee and companion; covering childcare costs; and creating an emergency fund for costs associated with accessing abortion.
- Address refusals to provide abortion and other health care, including ensuring that hospital mergers are not harmful to certain populations in the community, hospital policies are transparent and disclosed to patients, and patients receive care in urgent situations.
TALKING POINTS ON THE SOLUTION

• Connecting abortion to autonomy, freedom, health, and equality:
  o As a state lawmaker, I will do everything in my power to make sure everyone can live a safe and healthy life—and that means ensuring people have access to health care, including abortion care.
  o One of the most important life decisions we will ever make is whether to become a parent. Let’s trust people to make decisions that are best for their lives and their bodies.
  o We aren’t truly free unless we can control our own bodies, lives, and futures. Our laws should protect our rights, not try to control and dehumanize us.
  o Women can’t be truly equal if they don’t have control over their own bodies and reproductive lives, including the decision about whether to have an abortion. As a state elected official, it’s my job to trust people, and to see that they are treated fairly and equally, wherever they live.

• Impact:
  o One in four women* will need an abortion in her lifetime.
  o We know who will be most impacted by the loss of the constitutional right to abortion and the bans that follow: those communities that already bear the brunt of systemic inequities, disparities, and discrimination—Black, Indigenous, and People of Color (BIPOC), those with lower incomes, LGBTQI+ people, young people, people living in rural areas, people with disabilities, immigrants, and people in abusive relationships or those that have suffered violence.
  o Being forced to carry a pregnancy to term poses particular harms for marginalized communities, and especially Black women. Black women are three times more likely to die from a pregnancy-related cause than White women. Indigenous women have also been shown to have an increased rate of pregnancy-related mortality.
  o Being denied an abortion compounds existing economic disparities, and people of color are disproportionately living in poverty or facing economic insecurity. People who are denied an abortion are nearly four times more likely to live below the poverty line.

• Voters overwhelmingly support access to abortion.
  o According to a 2022 Ipsos poll:
    • Six in ten Americans agree that lawmakers who want to ban abortion are “out of touch” and “extreme.”
    • Two out of three agree that lawmakers who want to ban abortion “are taking away your personal medical decisions and your control of your body and life path,” including 64% of white Americans, 73% of Black Americans, 69% of Hispanic Americans, and 82% of Asian Americans.
  o In 26 states (per the Guttmacher Institute) likely to ban legal abortion post-Roe, just 30 percent of adults support greater restrictions. That drops even lower, to 21 percent, in other states.
  o In the first test of state abortion rights put to voters after the loss of our federal constitutional right to abortion, Kansans made clear that they support access to abortion and the strong protection for the right to abortion in their state constitution, with 59 percent voting to defeat a constitutional amendment that would have led to a ban on abortion.

Many state policymakers are already leading the charge on protecting and expanding access to abortion. In 2022, for example:
  o California enacted multiple pieces of legislation proposed by the California Future of Abortion Council, composed of reproductive freedom leaders in the state.
  o Colorado passed the Reproductive Health Equity Act, which ensures important reproductive health protections for Coloradans, including the right to choose to continue a pregnancy and give birth or to have an abortion.
  o Connecticut passed a package of bills that, in addition to expanding who can provide abortion, creates protections for those that provide or assist with legal abortions in Connecticut.
  o Maryland passed the Abortion Access Act, which expands who can provide abortion care to include advanced practice clinicians, and requires that insurers cover abortion.

* While we refer to women here to reflect the relevant data, we recognize that individuals who do not identify as women, including transgender men and nonbinary persons, also may become pregnant and need abortion access.
ENSURE EVERYONE CAN ACCESS BIRTH CONTROL WHEN THEY WANT OR NEED IT

THE PROBLEM

True reproductive freedom means having access to the full spectrum of reproductive health care, including abortion and birth control, and the freedom to make your own decisions about when you use these health services. But too many people do not have access to the birth control they want or need, and are facing increasing attacks on their access to birth control. Some people still struggle to get and afford birth control, including because of arbitrary limitations put in place by their insurance plans. Others are forced to use a method they do not want or that does not meet their needs. Still others are denied the method they want or are subject to ideologically-motivated misinformation and restrictions. For many people who use birth control—especially those who are already more likely to experience barriers to access, including Black women, Indigenous women, and other women of color and LGBTQ people—these kinds of barriers can keep them from using birth control correctly or consistently.

At the same time, no one should be coerced, pressured, or forced to use birth control. This is especially true for sterilization, which is not reversible after it is performed on people who could have become pregnant. But forced sterilization is legal across most of the country. Currently, 31 states and Washington, D.C. explicitly allow the forced sterilization of many disabled people. Under these laws, a judge can order someone’s sterilization without their consent, purportedly for their own good.

When people are not able to get the birth control they want and need, they face an increased risk of unintended pregnancy, and related threats to their health, the health of their families, and their economic security. Especially amidst the threats to reproductive freedom since the Supreme Court overturned Roe v. Wade, states have a critical role to play in helping to ensure everyone can access the birth control they need, when they need it, as well as ensuring that no one is forced to use birth control.

THE SOLUTION

States should take action to remove barriers to birth control access, enshrine protections in state law, ensure sexual assault survivors can access emergency birth control, and guarantee that disabled people are free to make their own decisions about sterilization.

BASIC ELEMENTS OF THE SOLUTION

• Enshrine the right to reproductive freedom, including the right to birth control and abortion, in state law.
• Codify the Affordable Care Act’s contraceptive coverage requirement in state law, requiring insurance plans regulated by the state to cover all FDA-approved birth control without out-of-pocket costs.
• Require coverage and dispensing of no less than one full year of birth control by both private and public insurance, removing an unnecessary barrier to birth control, which is particularly important during the COVID-19 crisis.
• Require coverage of over-the-counter methods of birth control without requiring a prescription by both private and public insurance.
• Fund a public awareness campaign about the right to birth control, state and federal laws requiring insurance coverage of birth control, and how to access birth control.
• Require hospitals to provide medically accurate and culturally competent information about EC to all sexual assault survivors, as well as EC to survivors who want it. These laws should be without exceptions and include all emergency health care facilities.
• Repeal laws allowing the forced sterilization of disabled people. Replace them with laws that empower disabled people to make their own decisions about whether to be sterilized and ensure that they have the support and accommodations they may need to do so.

**TALKING POINTS ON THE SOLUTION**

• Everyone should have the freedom to control their own body.
• Contraception is basic health care.
• Protecting and expanding access to birth control is essential for many people’s autonomy and well-being, especially since the Supreme Court overturned Roe.
• Eighty-four percent of voters support access to birth control, at any time, with no restrictions. (2021 NWLC polling on file) And nearly eight in 10 voters (78%) see contraception as basic health care for women.
• Birth control is such a core part of women’s lives that 99% of sexually active women have used birth control at some point.
• Removing barriers to birth control so that people can plan, space, and prevent pregnancies is critically important for their economic security. Access to birth control is linked to women’s greater educational and professional opportunities and increased lifetime earnings.
• A person’s chances of unintended pregnancy increase considerably when barriers prevent them from using birth control consistently and correctly.
• Arbitrary barriers, such as limits on how many packs of birth control you can pick up at one time or unnecessary prescriptions, shouldn’t keep people from accessing birth control.
• Access to a full year’s supply of birth control can help people avoid gaps in using it and improve its effectiveness. It can be difficult for people to pick up their birth control or see their health care provider when they need it. They may not be able to get time off from work, have a ride to a pharmacy or clinic, or be able to get to a pharmacy or clinic when it is open, let alone be safe going to any of these places. When women were able to obtain a full year of birth control at one time, their odds of pregnancy decreased by 30% and odds of abortion decreased by 46%.
• People need coverage of all birth control methods without out-of-pocket costs so that they can use the specific birth control that is right for them without cost being an obstacle. Seven in 10 voters (71%) support the ACA provision that requires insurance plans to cover birth control without a co-pay. Putting the ACA birth control benefit in state law will protect our residents and could reduce income-based disparities in unintended pregnancy rates.
• One in three Latinas (33%) and over four in ten (42%) Black women of reproductive age report that they cannot afford to pay more than $10 for contraception.
• Everyone should have the freedom to control their own body. Failure to provide emergency contraception to a survivor of sexual assault denies them this freedom and could force them to confront an unwanted pregnancy.
• Expanding access to birth control will put our state alongside states across the country that are pursuing common sense solutions to barriers their residents face:
  o At least 15 states have passed laws requiring coverage of all FDA-approved birth control methods without out-of-pocket costs (CA, CT, DC, DE, IL, ME, MD, MA, NV, NH, NM, NY, OR, VT, WA).
  o At least 20 states and the District of Columbia have adopted laws or policies requiring coverage of or supply of 6 or more months of birth control dispensed at one time in private insurance coverage, Medicaid coverage, or both (AL, CA, CO, CT, DC, DE, HI, IL, IN, ME, MA, MD, MO, MS, NV, NH, NJ, NM, NY, OH, OR, RI, SC, TX, VA, VT, WA).
  o At least 12 states and the District of Columbia have passed laws requiring coverage of some or all over-the-counter methods of birth control without requiring a prescription (CA, CT, DE, DC, IL, MD, MA, NV, NJ, NM, NY, OR, WA).
  o Twenty-one states and the District of Columbia have passed laws and regulations that require hospital emergency rooms to provide information about or access to EC to sexual assault survivors.
• Everyone should have the freedom to control their own body. Laws that allow the forced sterilization of disabled people violate their bodies and their rights to determine their own future.
• When disabled people are supported and empowered, they have the capacity to make their own decisions about sterilization, but for many people forced sterilization laws make that impossible.
POLICY BRIEF

COMBAT PAY DISCRIMINATION: STRENGTHEN EQUAL PAY LAWS

THE PROBLEM

More than 55 years after the passage of the Equal Pay Act, women are still paid less than men in all 50 states and in nearly every occupation. Nationally, in 2020, a woman working full time, year-round was typically paid just 83 cents for every dollar paid to a man working full time, year-round. The wage gaps experienced by many women of color were even larger than the overall gender wage gap—nationally Black women, Indigenous* women, and Latinas working full time, year-round were typically paid just 64 cents, 57 cents**, and 57 cents, respectively, for every dollar paid to their non-Hispanic, white male counterparts. Asian American, Native Hawaiian, and Pacific Islander women working full time, year-round were typically paid 95 cents for every dollar paid to non-Hispanic, white men, but the wage gap was substantially larger for some subgroups of Asian American women.

These numbers don’t account for the widespread job loss experienced during the pandemic, particularly among low-paid workers, or the many women who were forced into part-time work or out of the labor force altogether. When comparing all women who worked in 2020 with all men who worked, regardless of how many hours or weeks they worked, women were typically paid just 73 cents for every dollar paid to men, and the numbers were even wider for many women of color when compared to white, non-Hispanic men. For example, when comparing all men and all women who worked, Latinas were typically paid only 50 cents for every dollar paid to their white non-Hispanic male counterparts.

Racist and sexist wage gaps have always existed—but the pandemic drove new, harmful economic fissures along racial and gender lines. And now, with inflation rising at a faster rate than wages, the wage gap is hitting women, especially those working in low-paid jobs, hard. Pay discrimination persists in part because of outdated stereotypes that continue to infect workplace decision making, such as the idea that families do not rely on women’s income and that women do not need higher pay, which stand in stark contrast to the economic reality for women and their families. Stereotypes about appropriate behavior for women also negatively impact earnings for women who do not conform to those stereotypes, including lesbian women and transgender women. And many common employer pay setting practices, like relying on an applicant’s salary history to set pay or refusing to provide salary ranges to applicants or employees, perpetuate the wage gap. Employees, however, lack the tools they need to effectively fight against pay discrimination and employers lack the incentives to proactively reduce pay disparities. Pay discrimination is difficult to detect, in part because 61% of private sector employees report that discussing their wages is either prohibited or discouraged by employers. And even when working people discover unfair pay, loopholes in the law make it difficult to hold employers responsible for pay discrimination.

THE SOLUTION

State laws should improve upon existing protections against pay discrimination by protecting employees who share pay information from retaliation, closing longstanding loopholes in pay discrimination laws that make it harder for employees to prevail in equal pay claims, fully compensating victims of pay discrimination.
The COVID-19 crisis highlighted the consistent undervaluing of women’s work and threatens to further widen gender and racial wage gaps if equal pay measures aren’t prioritized. Gender and racial wage gaps have left women with less savings to weather a crisis and forced too many to break into retirement funds, forcing women to accept lower pay offers as they seek to re-enter the workforce and leading to long-term impacts on future economic security.

- Equal pay measures are crucial to help more people get back into the workforce and help employers rebuild their businesses from the COVID-19 crisis. Equal pay measures, including salary range transparency, give job seekers tools to secure pay that accurately values their worth and gives employers the tools to efficiently, effectively, and fairly rebuild their workforce.
- Families suffer when women are paid less. Ending pay discrimination will not just help close the wage gap, but will also strengthen families and households. Bringing women’s earnings in line with men’s would typically bring in an additional $10,435 a year to support a family and pay for two months’ supply of groceries, three months’ child care payments, three months’ rent, three months’ health insurance premiums, three months’ student loan payments, and six tanks of gas.
- Closing the wage gap is particularly important for Black, Latina, and Native American women who tend to be paid less than white, non-Hispanic women, and are more likely to be in poverty. Bringing Black women’s earnings in line with white, non-Hispanic men’s would typically bring in an additional $24,420. For Latinas, it would bring in an additional $28,911 and for Native American women an additional $27,000.
- Equal pay for women would also help ensure that state programs designed to help low-income families serve as a safety net for those who have fallen on hard times—not as a taxpayer subsidy to employers that fail to pay their workers fairly.
- Eliminating the wage gap helps state budgets and reduces public costs. If women receive equal pay, this will move many families out of poverty and reduce the need for public spending on programs that provide support to families for basic needs.
- A national movement to strengthen equal pay laws has been sweeping through the states. In the last five years, 16 states from Alabama to Illinois to Virginia have taken steps to close loopholes in their equal pay laws or otherwise strengthen enforcement of those laws. And at least 20 states and the District of Columbia ban retaliation against workers who talk about their wages.
- As of February 2022, the overwhelming majority of people (72%)—across races, genders, regions, income levels, and political affiliations—support protecting employees’ right to discuss salaries. And 63% support requiring employers to report pay data by gender, race, and ethnicity to a government enforcement agency.

* The data uses the term “Native American” but this policy brief uses the term “Indigenous.”
** Due to COVID-19, data collection for the 2020 American Community Survey experienced significant interruptions and high non-response rates.
THE PROBLEM

All working people should be able to support themselves and their families. But far too often, employers do not provide the wages, hours, or benefits that people need to achieve economic security and stability. Even before the COVID-19 pandemic, millions of workers—mostly women, and disproportionately women of color—were struggling to support themselves and their families on poverty-level wages. LGBTQI+ workers and people with disabilities, are especially likely to hold jobs in which their hard work is rewarded with inadequate pay.

Congress has not raised the federal minimum wage in well over a decade—the longest period without an increase since the federal minimum wage was established in 1938. In real terms, the federal wage is at its lowest level since 1956. Thirty states and the District of Columbia currently have minimum wages above the federal level of $7.25 per hour—but in far too many states, the minimum wage still leaves a full-time worker with two children near or below the poverty level. And wages are even lower for many tipped workers, predominantly women, disproportionately women of color. In all but seven states, employers can count a portion of tips toward wages (known as a “tip credit”) and pay their tipped employees a minimum cash wage that is lower than the regular minimum wage. This tipped minimum cash wage has been just $2.13 an hour at the federal level for more than 30 years, and in most states, employers can still pay tipped workers less than $5 per hour, forcing the many women and LGBTQI+ people in these jobs to rely on variable tips for virtually all of their income—and putting them at a particularly high risk of both economic insecurity and sex harassment.

Women’s overrepresentation in low-paid and tipped jobs is one factor driving the persistent gender wage gap: overall, women working full time, year-round typically are paid just 83 cents for every dollar paid to their male counterparts. This gap varies by race and is wider for many women of color compared to white, non-Hispanic men.

A real economic recovery—especially for women, including trans and cisgender women, as well as gender-nonconforming and nonbinary people—will not be possible without higher wages for the millions of workers in low-paid jobs facing economic instability. While the tight labor market that has followed the pandemic-induced recession has put some upward pressure on wages, because inflation has risen at a faster rate than wages, many low-paid workers have seen higher costs erode the value of any wage gains.

THE SOLUTION

Raising the minimum wage is one important way that policymakers can shift power to working people and value those who care for our children, provide health care for our loved ones, and perform other vital services. And by ensuring that a higher minimum wage applies not only to tipped workers but also people with disabilities, young workers, domestic workers, agricultural workers, and anyone else who has been excluded from this basic labor protection, states can work to diminish, rather than entrench, inequities.
A $15 minimum wage will make a meaningful difference for many people struggling to make ends meet, but it is still a modest wage relative to the expenses that working families face every day, no matter where they live in the United States—especially in light of recent inflation. According to the Economic Policy Institute, even today, a single worker without children needs at least full-time earnings at $15 an hour to meet basic needs, and workers in costlier areas and those supporting families need more. States should view $15 per hour as a starting point, but in a number of states, a higher level will be an appropriate goal.

**BASIC ELEMENTS OF THE SOLUTION**

- Gradually raise the state minimum wage to at least $15 per hour, phased in over several years.
- Raise the minimum cash wage for tipped workers until it matches the regular minimum wage so that all working people are paid at least this regular minimum wage before tips.
- Include all other working people who are currently excluded from the regular minimum wage (e.g., people with disabilities, young workers, farm workers, domestic workers, etc.).
- Index the minimum wage to rise annually based on increases in median wages or the cost of living.

**TALKING POINTS ON THE SOLUTION**

- In 2022 polling, most Americans (72%)—across races, genders, regions, income levels, and political affiliations—support raising the minimum wage to $15 per hour and indexing it to keep up with rising wages overall. A similarly large share (74%) support requiring employers to pay tipped workers the same minimum wage as anyone else, before tips. And support for these policies is even higher among women, particularly women of color.
- Legislatures in 10 states—California, Connecticut, Delaware, Illinois, Maryland, Massachusetts, New Jersey, New York, Rhode Island, Virginia—and the District of Columbia have all enacted $15 minimum wage laws that will be fully phased in by the year 2026. Under a law enacted in 2022, Hawaii’s minimum wage will rise to $18 per hour by 2028.
- In November 2020, Florida voters overwhelmingly approved a ballot measure to increase their state’s minimum wage to $15 by 2026, with 61% support.
- Raising the minimum wage is an important tool to narrow race and gender wage gaps. Because women—particularly Black women and Latinas—often are concentrated in undervalued, low-paying jobs, they benefit the most when the minimum wage goes up.


- In One Fair Wage states—where employers are required to pay tipped workers the regular minimum wage before tips—the poverty rate for women tipped workers is 30% lower than in states with a $2.13 tipped minimum cash wage. For Black women in tipped jobs, the poverty rate is 34% lower in One Fair Wage states than in $2.13 states.
- Wage growth has not driven recent inflation—and inflation has outpaced wage gains for many low-paid workers, making a higher minimum wage all the more important.
- Across the country, more than 1,300 businesses have publicly expressed support for a $15 minimum wage raising the minimum wage makes good business sense, since it can not only boost consumer demand but also reduce employee turnover, increase productivity, and improve customer service.
- Decades of research studying the impact of state and local minimum wage increases shows that these measures consistently boost incomes for workers and their families without costing jobs—even during economic downturns.
- Increased public investments can ensure that low-paid child care workers and direct care workers such as home health aides and nursing assistants in nursing homes—who are overwhelmingly women, disproportionately Black women and Latinas—fully benefit from minimum wage increases, without increasing costs for the families they serve.
ENSURING SAFE AND THRIVING WORKPLACES: STRENGTHEN PROTECTIONS AGAINST WORKPLACE HARASSMENT

THE PROBLEM
As the Me Too movement has made clear, workplace harassment, including sex harassment, is widespread, affecting working people in every state, in nearly every kind of workplace setting and industry, and at every level of employment. Although people of all genders experience sex harassment and assault, women, including trans and cisgender women, as well as gender-nonconforming and nonbinary people are disproportionately affected, and Black women seem to be especially likely to experience harassment. Sex harassment holds women back, threatens their safety and economic opportunities, and excludes many from public life. COVID-19 has left many workers more economically insecure and thus more vulnerable to harassment, especially for those historically most marginalized by workplace harassment—workers in low-paid jobs; Black women and other women of color; LGBTQI+ people; immigrant workers; and people with disabilities.

Gaps in state and federal laws have left many of those most vulnerable to workplace harassment without meaningful legal protections. Court imposed standards have made it difficult for victims to hold employers and individual harassers accountable, and federal law and many state laws have failed to prevent the proliferation of employer-driven agreements that help hide the true extent of harassment and shield serial harassers from accountability. Federal law and most state laws also focus largely on remedying harassment after the fact, with little emphasis on preventing harassment in the first instance.

THE SOLUTION
The need for strong workplace anti-discrimination and anti-harassment protections is clearer and more urgent than ever. States should expand anti-harassment and anti-discrimination protections to cover more workers, improve victims’ ability to hold employers and individual harassers accountable, redress victims’ harm by improving recovery of monetary damages, restrict employers’ efforts to impose secrecy regarding harassment, and emphasize prevention strategies. Importantly, these policy initiatives should not only address harassment based on sex (which includes sexual orientation and gender identity), but also harassment and discrimination based on other characteristics, like race or disability, because they often intersect and together reinforce gender, racial, and other forms of inequality.

BASIC ELEMENTS OF THE SOLUTION
• Amend anti-harassment and anti-discrimination laws to protect independent contractors, interns, graduate students, and guestworkers. Reduce the employer size thresholds for such laws so that workers in all workplaces with at least one employee are protected.
• Extend the statute of limitations for workplace harassment and discrimination claims to at least three years, so that victims dealing with the trauma of harassment and/or the fear of reporting do
not lose the opportunity to seek justice because of a short time limit.

- Protect all workers from retaliation. Make clear that workers are protected from retaliation for reporting workplace harassment even before it becomes actionable, that retaliation includes threats to report an individual to immigration authorities, and that an employer may be held liable for retaliation when a worker demonstrates that protected activity was a motivating factor for the employer's adverse action.
- Allow complete redress of the harm caused by harassment and discrimination by removing caps on the amount of compensatory and punitive damages a plaintiff can recover in a lawsuit.
- Address the judicially created “severe or pervasive” liability standard for establishing a hostile work environment claim so as to correct and prevent unduly restrictive interpretations by the courts and ensure that legal protections align with today's expectations of workplace behavior.
- Ensure employers adopt a comprehensive harassment and discrimination prevention program.
- Require employers to administer biennial anonymous climate surveys of employees to help management understand the nature and scope of workplace harassment.
- Eliminate the tipped minimum wage to ensure tipped workers are entitled to the same minimum wage as other workers, so women do not have to tolerate harassment as the price of tips.
- Prohibit employers from requiring employees to sign nondisclosure or nondisparagement agreements that prevent employees from speaking about harassment and discrimination in the workplace as a condition of employment.
- Limit the use of nondisclosure clauses in settlements that impose secrecy regarding harassment and discrimination and can insulate harassers from accountability.
- Require employers bidding on state contracts to disclose information regarding forced arbitration agreements that require employees to address discrimination or harassment claims through arbitration.
- Require employers to regularly report to a state or local enforcement agency the number of claims, lawsuits, and settlements involving harassment and discrimination and the amounts paid, to alleviate secrecy around harassment and discrimination and encourage employers to implement prevention efforts proactively.
- Clarify that employers are to be held vicariously liable for harassment committed by supervisors, including not only those supervisors empowered to hire and fire employees, but also those with the authority to undertake or recommend tangible employment actions or with the authority to direct the harassed employee's daily work activities.

**TALKING POINTS ON THE SOLUTION**

- Sex harassment affects working people in every state and at every level of employment. Sex harassment holds women back, threatens their safety, health, and economic opportunities, and excludes them from public life.
- Justice, healing, and preventing sex harassment or sexual assault will come from confronting the power imbalances in our workplaces. This is a systemic issue. It’s about power and control. We need to keep challenging old systems of power. We need to keep fighting for gender and racial equity across spaces. When we refuse to stay silent, when we show up and name the real problems, we can build a better future for everyone.
- Sex harassment not only harms women, it harms businesses and the broader economy. Sex harassment leads to reduced employee job satisfaction, increased absenteeism, and deterioration of co-worker relationships. Harassment and retaliation can push women out of their jobs or lead them to avoid or leave a profession or industry altogether—often times higher-paying or male-dominated professions, like construction or STEM. This, in turn, exacerbates the gender wage gap and limits women’s ability to build wealth and plan for the future.
- Sixty-five percent of people say the government is doing too little to address the problem of sexual misconduct.
- Since 2018, 21 states have enacted legislation that closes loopholes in existing harassment laws or creates new protections for victims of harassment and discrimination, including Tennessee, Virginia, Maryland, New York, Illinois, Vermont, California, and Washington.
ENSURE NO ONE IS FORCED TO CHOOSE BETWEEN A JOB AND A HEALTHY PREGNANCY: TREAT PREGNANT WORKERS FAIRLY

THE PROBLEM

Almost 45 years after the passage of the federal Pregnancy Discrimination Act (PDA), pregnant workers still face challenges on the job. While many people will work through their pregnancies without any need for accommodations, some people will need temporary changes at work to continue working safely during pregnancy. These accommodations can be as minor as permission to carry a bottle of water during a shift, or a stool so a cashier can sit instead of standing. When pregnant workers have asked for these temporary adjustments, however, too often employers have denied their requests. Instead of receiving simple accommodations that would allow them to continue working safely, many pregnant workers have been forced onto unpaid leave or out of a job entirely—at the moment they and their families can least afford it. Women in low-paid jobs—disproportionately women of color—may be especially likely to need pregnancy accommodations, given the physically demanding nature of many low-paid jobs and a culture of inflexibility in many low-paid workplaces. Women are especially likely to be the primary breadwinner in low-income families, and income loss during pregnancy can impose particularly severe consequences on these families. Women of color and LGBTQI+ individuals also face additional barriers in accessing pregnancy accommodations as a result of intersecting discrimination.

While the PDA and subsequent Supreme Court cases interpreting the law have provided important protections for pregnant workers, it is often unclear when federal law requires employers to provide a pregnant worker an accommodation. The need for clear legal protections for pregnant workers who need workplace accommodations has only increased with COVID-19. As information continues to emerge about the increased risks of COVID-19 to pregnant people, pregnant workers are seeking, and far too often being denied, accommodations like proper personal protective equipment, telework, moving to a less crowded work area or changing start times so as not to risk riding public transit during peak hours.

THE SOLUTION

State laws should prohibit pregnancy discrimination and explicitly provide that employers must make reasonable accommodations to employees who have limitations stemming from pregnancy, childbirth, or related conditions. Such laws would ensure that employees with medical needs arising out of pregnancy are treated as well in the workplace as those with medical needs arising out of non-pregnancy-related disabilities.

BASIC ELEMENTS OF THE SOLUTION

• Prohibit employers from discriminating on the basis of pregnancy, childbirth, or related conditions.
• Require employers to treat those affected by pregnancy, childbirth, or related conditions as well as they treat those similar in ability or inability to work.
• Require employers to provide reasonable accommodations to employees who have limitations arising from pregnancy, childbirth, or related conditions, unless the accommodation would impose an undue hardship on the employer.
• Prohibit employers from discriminating against an employee because she needs a reasonable accommodation because of pregnancy, childbirth, or related conditions.
• Prohibit employers from requiring a pregnant employee to accept work changes based on pregnancy when the employee does not have any medical need for the modification and does not want the modification.
• Prohibit employers from forcing a pregnant employee to take leave when another reasonable accommodation would allow her to continue to work. While the employee would remain free to choose to use any leave that she has available, the employee would not be forced onto leave against her will.

**TALKING POINTS ON THE SOLUTION**

• No one should have to choose between a paycheck and a healthy pregnancy. Providing reasonable accommodations to pregnant workers with medical needs is vital to supporting families and our economy.
• Workplace accommodations help safeguard healthy pregnancies and prevent harm to higher risk pregnancies. They are an important step toward reducing disproportionately high rates of maternal and infant mortality for Black women and other women of color.
• The right to pregnancy accommodations is too important to take the chance the law will be misinterpreted. Pregnancy accommodation laws would make it unmistakable that pregnant workers are entitled to reasonable accommodations when they need them.
• Pregnancy accommodation laws rely on an already familiar and easy-to-apply legal standard modeled after the Americans with Disabilities Act (ADA) and provide much needed clarity to employers about their responsibility to accommodate pregnant workers. As a South Carolina business journal article said, pregnancy accommodation laws are a “development that all workers and managers can cheer.”
• Accommodating pregnant workers is not only good for working women and families, it is good for business. U.S. Department of Labor studies show that workplace policies providing reasonable accommodations improve recruitment and retention, increase employee satisfaction and productivity, reduce absenteeism, and improve workplace safety. And since pregnancy is temporary, pregnancy accommodations are, by definition, short-term; many of these accommodations are low and no cost.
• Thirty states and the District of Columbia have laws that require at least some employers to provide accommodations to pregnant workers: Alaska, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and West Virginia. At least five cities—Central Falls, Rhode Island; New York, New York; Philadelphia, Pennsylvania; Pittsburgh, Pennsylvania; and Providence, Rhode Island—have also passed pregnancy accommodations bills. Many of these provisions have passed within the past decade, with bipartisan and frequently unanimous support.
Make Schedules Work: Give Working People More Control Over Their Work Hours

The Problem

More than 22.2 million people work in low-paid jobs, and nearly two-thirds of these workers are women, disproportionately women of color. Many low-paid jobs that are primarily held by women—such as restaurant servers, maids and housekeepers, and cashiers—are marked by work schedules that are often unpredictable, unstable, and inflexible. “Just-in-time” scheduling practices mean employees frequently have little notice of their work schedules, experience last-minute shift cancellations that deprive them of vital income, and are assigned to “on-call” shifts that leave them in limbo, not knowing whether they will be required to report to work. Scheduling challenges are often compounded for part-time workers, who frequently face even more erratic work hours—as well as lower wages and fewer benefits—than their full-time counterparts.

Volatile job schedules undermine workers’ efforts to make ends meet and care for their families—especially for women, who still shoulder the bulk of caregiving responsibilities. Black women and Latinas are particularly likely to be both breadwinners and caregivers for their families, and also are more likely to experience scheduling instability than their white counterparts. Research shows that working conditions that increase parents’ stress—including unstable and unpredictable work hours—can undermine children’s well-being. At the same time, these scheduling practices make it hard for families to arrange and afford high-quality child care, or to secure the care they need to manage a health condition or disability. Volatile work hours also produce volatile incomes, making it difficult for working families to budget for expenses and increasing their exposure to economic hardship, including hunger and housing insecurity. Unpredictable schedules can also prevent workers from holding down a second job, or from pursuing education and workforce training that could help them advance in their careers.

Employer practices that produce unstable and unpredictable work hours are problems that pre-date the pandemic and economic fallout caused by COVID-19. But the harm of these workplace practices was exacerbated as millions of workers risked their own health and safety at jobs with few protections, volatile schedules, and inadequate hours in an effort to support themselves and their families.

The Solution

States should pass laws that provide employees with stability and predictability in their schedules, and input into the hours they work. Such fair scheduling laws can help millions of working people meet their obligations at work while fulfilling responsibilities in the rest of their lives. Fair workweek laws have already been enacted in cities like Seattle, New York City, Philadelphia, Chicago, and San Francisco, as well as the state of Oregon. These policies generally are targeted to combat just-in-time scheduling practices where they are most prevalent, including large employers in food service, retail, hospitality, and other service-sector industries.
BASIC ELEMENTS OF THE SOLUTION

• Provide all employees with the right to request changes to their work schedules, including flexible working arrangements, without fear of discrimination or retaliation by their employers.

• Require covered employers to:
  o Provide employees with at least two weeks’ advance notice of their work schedule and a good faith estimate of their typical work schedule before they begin employment.
  o Compensate employees for last-minute changes to their schedule, including additions or reductions in hours, cancellations of regular shifts, and on-call shifts.
  o Provide a minimum amount of rest time between shifts to discourage “clopening”—when an employee works a closing shift followed by an opening shift—and pay employees a higher rate when they consent to work without the minimum rest time.
  o Offer additional available work hours to existing qualified employees before hiring new employees to work those shifts. Giving existing employees access to additional hours promotes more adequate pay for part-time employees and full-time work for those who want it.

• For jobs that require substantially similar skills, responsibilities, and duties, require employers to treat part-time and full-time employees equally, including with regard to wages, ability to accrue benefits, and eligibility for promotions.

TALKING POINTS ON THE SOLUTION

• Volatile work schedules are all too common: nearly two-thirds of service sector workers, and more than one-third of all workers, report having less than two weeks’ notice of their schedules. Women of color face an especially high risk of experiencing just-in-time scheduling practices.

• Unpredictable work schedules make it more difficult for people to get the health care they need, which can be especially problematic for workers who are managing disabilities and for women, who often coordinate health care for loved ones as well as themselves. Abortion can be particularly hard to access, since workers living in states with bans may need to plan travel—and even in states where abortion is legal, waiting periods and other restrictive laws can still force people to schedule multiple clinic visits.

• New research shows that unpredictable schedules also can exacerbate the gender pay gap, in part due to conflicts with women’s caregiving responsibilities outside of work.

• Predictable work schedules make it easier for employees to plan transportation, child care, doctor’s appointments, and other obligations so that they can consistently be at and stay at work—which in turn creates a more stable, reliable workforce for businesses and generates cost savings from reduced turnover.

• Research shows that fair workweek policies are effective. A study in Emeryville, Calif., found that after the city’s fair workweek policy went into effect, covered workers reported a significant decrease in schedule instability, along with improvements in family well-being. In Seattle, researchers similarly found that workers covered by the Secure Scheduling Ordinance experienced more predictable schedules and improved well-being and financial security.

• Fair workweek policies are popular. In a 2022 survey, 80% of people in the United States—including 83% of all women and 77% of Republican women—support a policy that would grant workers the right to request a work schedule change without fear of retaliation and require employers to provide at least two weeks’ notice of work schedules for workers in jobs with variable hours.
POLICY BRIEF

#METOO AT SCHOOL: COMPREHENSIVE PROTECTIONS FOR STUDENTS AGAINST SEXUAL HARASSMENT

THE PROBLEM

Far too many students in both PK-12 schools and institutions of higher education experience sex harassment, a category that includes sexual assault. One in five girls ages 14–18 have been kissed or touched without their consent, and one in four women are sexually assaulted during their time in college. But only 2% of girls ages 14–18 and 12% of college women who are sexually assaulted report the incident to their schools.

Many students do not report sex harassment because of shame, fear of retaliation, fear of school discipline, fear of police or immigration officials, concern that their harasser will get in trouble, and/or a belief that their harassment was not “serious enough” (e.g., because it began consensually or involved alcohol or drugs). When students do report sex harassment, they are often ignored, disbelieved, or even punished by their schools. Schools often discipline survivors for engaging in consensual sexual activity with their harasser, having premarital sex, engaging in self-defense, acting out in age-appropriate ways due to trauma, missing school to avoid their harasser, or telling other students they were sexually harassed. Schools are more likely to disbelieve and punish women and girls of color (especially Black women and girls), LGBTQI+ students, pregnant and parenting students, and disabled students due to stereotypes that label them as “promiscuous,” “aggressive,” less credible, and/or less deserving of protection. When schools fail to provide effective responses, student victims receive lower grades, lose scholarships or honors, are forced to drop out of school, and, in some cases, are even expelled.

In May 2020, the Trump administration issued a harmful Title IX rule requiring schools to ignore sex harassment and use uniquely unfair and retraumatizing investigation procedures in sex harassment investigations. In June 2022, the Biden administration proposed new Title IX rules that, if finalized, would undo the Trump rule, but this process will take time. And regardless of what federal law requires, states can still take further action to protect student survivors through legislation that addresses complaint procedures, supportive measures, and prevention.

THE SOLUTION

States should pass comprehensive protections against sex harassment in schools by strengthening prevention measures, supporting student victims rather than punishing them, and ensuring meaningful accountability of harassers and schools that fail to protect students’ rights. Effective policies must protect all students, including women and girls of color, LGBTQI+ students, pregnant and parenting students, and disabled students, who are often more likely to be sexually harassed and more likely to be disbelieved, punished, or criminalized when they come forward.
BASIC ELEMENTS OF THE SOLUTION

Strengthen prevention measures:

• Require PK–12 schools to provide developmentally appropriate sex education to all students on a wide range of topics, including consent, healthy relationships, reproductive health, and LGBTQ+ identity.

• Require schools to train all school staff on how to recognize and respond to sex harassment, notify the school’s Title IX coordinator, and provide effective supportive measures and accommodations for students who have reported sex harassment.

• Require schools to conduct regular climate surveys on student experiences with sex harassment and make the survey data publicly available.

• Ensure trans-inclusive access to restrooms, locker rooms, and sports teams, as such policies are linked to lower rates of sexual assault among transgender and nonbinary students.

• Eliminate school dress codes, as they often promote rape culture, rely on sex and race stereotypes, and are discriminatorily enforced. At a minimum, require schools to implement a universal, non-discriminatory dress code.

• Invest in school guidance counselors, social workers, psychologists, nurses, and other non-police staff to build positive school climates and support sex harassment victims.

• Remove police from schools to protect all students—especially Black and Indigenous students—from sex harassment, discriminatory discipline, and violence at the hands of school police.

Support student victims instead of punishing them:

• Require schools to provide a wide range of supportive measures to students who report sex harassment, including excused absences, counseling, tutoring, homework/exam adjustments, changes in academic/busing/dining/housing/work schedules, one-way no-contact orders; continued scholarship/honors eligibility, and the option to retake a class without financial penalty.

• Prohibit schools from disciplining students who report sex harassment for misconduct that occurred during the reported incident (e.g., drug or alcohol use, consensual sexual activity, self-defense) or that occur after the reported incident because of it (e.g., class absences, age-appropriate expressions of trauma, public discussion of the sex harassment).

Ensure meaningful accountability of sexual harassers and schools:

• Require schools to investigate all complaints of sex harassment, even if the complaint is dismissed under the school’s Title IX procedure for not meeting the current Title IX requirements. Require schools to have a fair harassment complaint procedure, including by applying a preponderance of the evidence standard, prohibiting direct cross-examination by a party or their representative, and prohibiting the use of mediation to address sexual assault, dating violence, domestic violence, and stalking.

• Provide funding to schools that allow students to voluntarily choose a restorative process to address sex harassment. Unlike a traditional disciplinary process or other informal processes like mediation, a restorative process requires the wrongdoer to admit they caused sexual harm, centers the victim’s needs, and allows the wrongdoer to make amends to the victim and change their future behavior.

• Strengthen students’ ability to enforce their rights under state anti-sex harassment laws by filing complaints with a state agency (e.g., Department of Education, Office of Attorney General) or filing private lawsuits in court; ensure that victims can recover monetary damages, including for emotional distress, under state anti-harassment laws; and increase civil penalties against schools for violations of state anti-sex harassment laws.

TALKING POINTS ON THE SOLUTION

• Schools are often the first places where people experience sex harassment, and it is critical to address this behavior early on and prevent it from happening again.

• Sex harassment is already hard to report, and students who come forward should be offered a wide range of supportive measures to help them succeed in school—not punished because, for example, they were drunk during a sexual assault or because they skipped class in order to avoid their harasser. When schools don’t protect students from sex harassment, survivors get lower grades, are forced to drop out of school, and, in some cases, are even expelled.

• Schools can and must do more to prevent sex harassment from happening in the first place. For example, comprehensive sex education is proven to reduce sex harassment, sexual assault, and dating violence.

• Even in the face of the harmful Title IX rule that for the moment remains in place, states can nonetheless take action to ensure fair investigations and meaningful accountability. For example, a 2020 California law requires institutions of higher education to investigate off-campus incidents, prohibit direct cross-examination of students, and apply the preponderance of the evidence standard in sexual harassment investigations. In 2020 and 2021, Connecticut, Illinois, Maine, Massachusetts, New Hampshire, and Nevada each created a number of new protections from campus sexual harassment, including by requiring schools to conduct campus climate surveys, refrain from disciplining students who report sexual harassment, and offer free counseling and other supportive measures to student survivors.
HELP PARENTS EARN WHILE CHILDREN LEARN: INVEST IN CHILD CARE AND EARLY LEARNING

THE PROBLEM

Child care and early learning opportunities help children get the strong start they need to succeed and enable parents to work so they can support their families and/or go to school to attain the skills they need to improve their economic circumstances. Yet, our child care and early learning system is fragile, and was brought to the brink of collapse by the COVID-19 public health crisis. Federal child care relief funding helped the child care sector stay afloat, but this funding is temporary—and even with it, many child care programs closed and child care employment remains below pre-pandemic levels. Even prior to the crisis, many families—particularly low-income families, families with infants or children with special needs, and parents working nontraditional hours (evenings, nights, weekends, or irregular schedules)—struggled to find and afford child care. The average annual cost of child care for one child ranges from over $3,900 to $22,500. These costs leave many families—particularly low-income families—paying unaffordable sums out of pocket. Low-income families with children under 5 that pay for child care spend 35% of their income on child care, compared to 7% for higher-income families. The Child Care and Development Block Grant (CCDBG), the major federal child care program, is aimed at helping low-income families afford child care, but it falls far short of meeting the need. Just over one in seven children eligible for federal child care assistance receives help.

Many children—particularly children in low-income families who stand to benefit the most—also lack access to high-quality preschool. Some support for prekindergarten is provided through federal and state programs, but state-funded preschool programs served just 34% of 4-year-olds and just 6.3% of 3-year-olds prior to the pandemic and these percentages declined to 29% and less than 5% respectively in the 2020-21 school year. Most state programs also lack sufficient quality standards for their prekindergarten programs.

Yet, we cannot make child care and early learning more affordable for parents by reducing the costs of providing it. Child care and early education professionals who care for and teach our children—and who are overwhelmingly women and disproportionately women of color—are already paid low wages (a median of just $13.22 per hour) that leave them straining to support themselves and their own families. The low pay for early educators further exacerbates the child care supply crisis as it is difficult to recruit and retain child care workers for poverty wages. The only path to build a sustainable and equitable child care system is through public investment.

THE SOLUTION

States should protect and significantly expand their investments in child care across the continuum, from care for infants and toddlers to prekindergarten to school-age care. States should prioritize raising state revenues from progressive sources to invest in child care and advocate for child care investments at the federal level.
States’ child care and early learning policies should be designed to ensure that children have equitable access to healthy, safe, stable environments that promote their growth and learning. Key to this effort are initiatives that increase professional development opportunities, compensation for, and the voice of the child care and early learning workforce in state child care systems. Policies should also be designed and implemented thoughtfully—and with input from parents and providers—so that they meet the diverse needs of families, including those who work non-standard hours, have children with disabilities, or have other special circumstances that can make it difficult for them to access or afford child care and early education programs. These families and families in underserved communities should receive priority and targeted outreach for child care assistance and early education programs.

**BASIC ELEMENTS OF THE SOLUTION**

- Protect and then build on state investments, and advocate for federal investments, to help families—particularly low- and moderate-income families—find and afford stable, high-quality child care for infants through school-age children.
- Support initiatives that enable child care workers to receive a living wage and benefits and to have a pathway to higher wages equivalent to similarly qualified K–12 educators.
- Increase payment rates to child care providers that serve families receiving child care assistance, use payment practices in the child care assistance program that reflect practices used in the private market—such as paying based on enrollment rather than attendance—and offer additional incentives and supports to encourage and enable providers to improve their quality.
- Fund grants, technical assistance, teacher recruitment efforts, and other initiatives to build the supply of affordable, high-quality child care for infants and toddlers, children with special needs, and children in underserved areas, including low-income communities and rural areas.
- Ensure parents who work nontraditional and unpredictable hours have child care options that meet their needs, by providing higher payment rates to child care providers offering these hours and other incentives, training, and supports to offer nontraditional-hour care.
- Ensure child care programs and resources are available to a full range of child care providers, including family, friend, and neighbor (FFN) care providers, so that all families have options that meet their needs. FFN providers are often overlooked in policymaking, but they are often the option that families most trust, the only option available to offer care during parents’ nontraditional work hours, or families’ preferred choice for other reasons.
- Support initiatives to expand and ensure equitable access to professional development for child care providers.
- Fully implement the requirements and provisions of the CCDBG reauthorization law designed to ensure the health and safety of child care, improve the quality of care, and make it easier for families to access child care assistance.
- Take advantage of flexibilities in the CCDBG program to respond to families’ and providers’ needs—for example, by expanding eligibility criteria and waiving copayments—during crises, as was done during the pandemic. Ensure your state (if it has a personal income tax) has a fully refundable child and dependent care tax credit (CDCTC) so that families with little or no tax liability can take advantage of the credit.
- Make high-quality, full-school-day prekindergarten programs available to all 4-year-olds whose families want them to participate.
- Once prekindergarten is universally available to 4-year-olds, expand prekindergarten opportunities for 3-year-olds, beginning with low-income children.
- Design prekindergarten initiatives to include set-asides for infant-toddler care.
- Allow state funding for prekindergarten programs to be available to schools, child care providers, Head Start programs, and other community-based providers that meet high-quality standards.
- Establish a grassroots council of parents, providers, and other community leaders on how to best raise revenues for state investments and use funding to support the most underserved.

**TALKING POINTS ON THE SOLUTION**

- The COVID-19 public health crisis brought the already fragile child care system to the brink of collapse—and demonstrated how fundamental child care is to children, families, and the economy. We must provide significant new, ongoing public investments to rebuild the child care system and make it more resilient and equitable.
- High-quality child care and early learning is essential to enable parents to get and keep a job or advance their education, to give children a strong start toward success in school and a bright future, and to rebuild the economy.
- Parents are struggling to pay for child care and cannot afford to pay more than they already do, but current fees are not sufficient to support adequate pay for child care workers. Public investment is essential to solve this dilemma without placing a greater burden on parents or child care workers.
- Families on waiting lists for child care assistance are often forced to use a patchwork of unstable arrangements, causing disruption for children, more stress for parents, and a risk of job loss. Families that stretch to pay for reliable child care often struggle to pay for other necessities.
- Child care assistance helps everyone—more parents are able to work, children can learn and thrive, and employers can keep skilled, productive workers.
- Child care workers are always essential, and should be compensated accordingly.
POLICY BRIEF

BOOST WORKING FAMILIES’ INCOMES: ESTABLISH OR IMPROVE STATE TAX CREDITS

THE PROBLEM

As the COVID-19 pandemic continues and the cost of living increases, women continue to face impossible choices. Many women who left the labor force in the pandemic have not yet returned, pandemic-related relief has ended, and costs are rising. Millions of women and families are still struggling to make ends meet. By boosting working women’s incomes, state tax credits that wipe out tax liability and provide cash refunds help women afford necessities, ensure family well-being, and help families absorb the higher costs they are facing. Refundable tax credits are key to rebuilding an economy that works for everyone and helping families make ends meet in the face of rising costs and inflation.

THE SOLUTION

In far too many states, low- and middle-income families pay a greater share of their income in taxes than wealthy families. In fact, most state tax codes exacerbate economic inequality for communities of color. Refundable tax credits put much-needed cash back in families’ pockets, mitigate the impact of rising costs and inflation, keep families out of poverty, and alleviate regressive state tax codes.

BASIC ELEMENTS OF THE SOLUTION

- Build upon the success of federal family tax credits by offering a state Earned Income Tax Credit (EITC), Child and Dependent Care Tax Credit (CDCTC), and Child Tax Credit (CTC). Ensure these credits are refundable so that families with low incomes can take full advantage of the credit.
- Base a state EITC on a percentage of the federal EITC and provide additional help for low-income, childless workers who receive a much smaller federal EITC than workers with children. In addition, allow families who file their taxes using Individual Tax Identification Numbers (ITINs) to claim EITCs.
- When designing or improving a state CDCTC, offer a generous percentage of the federal CDCTC but allow families to claim state credits even if their incomes were too low to benefit from the federal credit.
- Ensure a state CTC is refundable from the first dollar of earnings and allow workers to claim the CTC for children with ITINs. This will help more families who cannot access the federal CTC benefit from a state CTC.
- Offer an additional Young Child Tax Credit to provide more assistance to families with young children who often receive smaller child tax credit amounts.

TALKING POINTS ON THE SOLUTION

- State tax credits, especially those that provide a refund, can increase family incomes—supporting work and improving family well-being, children’s health, and future educational and employment
outcomes. The boost in income is especially needed as families face rising costs and the effects of inflation.

- Tax credits also boost the economy by putting money in the pockets of working families, who are likely to spend it in their local economy.

- Thirty-one states and the District of Columbia provide EITCs (which are refundable in all but six states). Six states allow tax filers with ITINs to claim their EITC.

- State CDCTCs can provide some help to families struggling to pay for the child care they need to work. More than half of states offer some type of child and dependent care tax provision (a credit or a deduction), and 15 states, from Nebraska to New York, offer refundable credits.

- States have an opportunity to help reduce child poverty by enacting state-level CTCs. In recent years, more states have introduced legislation to create state-level CTCs, and the temporary expansion of the federal CTC under the American Rescue Plan underscored the effectiveness of robust CTCs in boosting family economic security.

- Families with infants and toddlers face high costs associated with their care. An additional Young Child Tax Credit would help these families meet the higher costs of raising very young children.