



FOR GENDER JUSTICE



STATE POLICY AGENDA

ENSURE THAT ALL PEOPLE CAN ACCESS THE HEALTH CARE THEY NEED

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 LGBTQ+ 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, LGBTQ+ people, and other marginalized communities. States can address this by ensuring explicit and robust state protections against health care discrimination based on race, color, national origin, sex, age, disability or any combination of these characteristics.

Addressing Maternal Mortality and Other Maternal Health Disparities:

Everyone should have access to the necessary resources for a safe and healthy pregnancy, but Black and 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, LGBTQ+ 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

birth control. 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.