



POLICY AGENDA

ENSURE ALL PEOPLE CAN ACCESS THE HEALTH CARE THEY NEED

More than four 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 an exacerbated public health crisis due to the Supreme Court's devastating decision to overturn *Roe v. Wade* and take away our constitutional right to abortion. By the end of 2023, nearly half of states had banned abortion or made it inaccessible, forcing people to travel long distances or continue pregnancies against their will and reducing access to other forms of health care.

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

Polling shows that health care is a [very important issue](#) for an overwhelming majority of Americans and that Americans support access to [abortion](#) and [birth control](#) and feel it is the responsibility of the government to make sure [all Americans have health care coverage](#). Yet [many women](#) feel elected officials are not prioritizing women's health; and [LGBTQI+ youth](#) say their well-being has been negatively impacted by recent politics. 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.

POLICIES THAT WILL WORK TOGETHER TO ENSURE THAT ALL PEOPLE CAN ACCESS THE HEALTH CARE THEY NEED INCLUDE:

DECREASING HEALTH INEQUITIES AND IMPROVING HEALTH COVERAGE

Addressing Maternal Mortality and Other Maternal Health Disparities.

Everyone should have access to the necessary resources for a safe and healthy pregnancy, especially Black women and birthing people who face [mortality](#) at rates 2.6 times higher than their white counterparts. Maternal mortality and morbidity endanger pregnant people and place emotional and financial burdens on families. **States can increase access** to comprehensive coverage for people 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 and address these factors' impacts on individual and community health. Each of these issues disproportionately impacts women of color, LGBTQI+ people, and other marginalized communities. **State policymakers can commit** to drafting legislation with intentional consideration of the legislation's intersectionality and issuing a racial impact statement and health impact statement on every piece of legislation.

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, including emergency 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 enacting explicit and robust state protections against health care discrimination based on race, color, national origin, sex, age, disability or any combination of these characteristics.

Protecting and Expanding Fertility Care Access.

As a consequence of state abortion bans and new efforts to assign legal rights to embryos, access to fertility care is under threat. Fertility care, including Assisted Reproductive Technology such as In Vitro Fertilization (IVF), must be available, affordable, and accessible to anyone who wants or needs it, regardless of gender, sexual orientation, race, marital status, or income. **States should codify** into law the right to make a range of reproductive health care decisions that are accessible and affordable, including the use of Assisted Reproductive Technology.

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; baseless legislative bans and restrictions on this best practice medical care must be stopped. **States must also take** proactive legislative or administrative action to, for example, ensure that private and public insurance covers the full range of medical care for transgender people, protect transgender people's privacy rights when seeking care, and expand access to culturally competent health providers

Protecting Patients From Refusals of Care.

Across the nation, hospitals and other health care entities are [refusing to treat patients, give them referrals, or fill their prescriptions](#) based on personal objections, even when the health care sought is otherwise legal, required in an emergency, or where refusals force a patient to delay or forgo care altogether. [Laws in 48 states](#) permit health care institutions and/or individual providers to refuse to provide health care services, including abortion, contraception, sterilization, and gender affirming care based on religious or other personal beliefs. Laws that permit refusals of care put an individual or institution's beliefs over the health of the patient which can—and has—[resulted in](#) infection, infertility, and even death. Since the constitutional right to abortion was unjustly taken away by the U.S. Supreme Court, it is particularly critical that patients not be turned away when they attempt to access care that is legally permitted in their state, or when experiencing a medical emergency. **States should repeal** any state laws that allow health care providers or institutions to use personal beliefs to deny patients health care and oppose any legislative proposal seeking to expand existing refusal laws.

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 and other pregnancy complications, 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.

GUARANTEEING AND EXPANDING ACCESS TO ABORTION

The Supreme Court's decision overturning *Roe v. Wade* and the resulting actions of anti-abortion extremists continue to create legal chaos and exacerbate the abortion access crisis, increasing confusion and fear among abortion seekers and providers and forcing clinics to close their doors. Alongside laws that criminalize those who provide abortions, anti-abortion state legislators are also targeting those who seek abortion care and anyone who helps another person obtain an abortion. The harm of abortion bans disproportionately impacts communities of color and low-income communities, young people, LGBTQI+ people, and people living in rural areas, which further compounds the harms they already experience, including poverty, systemic racism, lack of digital data security, and lack of access to adequate health care. Now more than ever, state lawmakers must 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. *States must repeal* existing state abortion restrictions and bans and codify the right to make a range of reproductive health care decisions, including abortion. Abortion care must be available, affordable, and accessible to anyone who wants or needs it, regardless of identity or circumstance, and available without delay, barrier, or stigma, and with support and resources. In this increasingly hostile environment, **states must protect** abortion providers, those who get abortions, and those who assist or support those who get abortions. States need to expand who can provide abortion care and protect and expand telemedicine and medication abortion access.

Protecting Workers From Discrimination Based on Their Reproductive Health Decisions. No one should have to worry about losing their job because of their reproductive health decisions. But [across the country](#), employees are being punished, threatened, or fired for having or contemplating an abortion,

using birth control, undergoing in vitro fertilization, or having sex without being married. Low-paid workers, already bearing the brunt of state abortion bans, are birth control, undergoing in vitro fertilization, or having sex without being married. Low-paid workers, already bearing the brunt of state abortion bans, are particularly vulnerable when facing reproductive health discrimination from their bosses. 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. With abortion access in crisis, and as the anti-abortion movement promotes efforts to grant legal rights to embryos, people's reproductive health decisions are increasingly under scrutiny.

States can protect working people from this harm by specifically prohibiting employers from taking adverse actions against their employees because of their reproductive health decisions.

Protecting Abortion Providers From Employment Discrimination.

Even before the Supreme Court allowed states to criminalize abortion care, and increasingly since, [doctors and nurses have faced discrimination simply because they want to help patients seeking abortion care](#). Doctors and nurses have had their job offers rescinded because they provide abortions. Additionally, they have been prohibited from helping patients obtain reproductive health care; threatened with demotion or loss of jobs if they speak out about the importance of abortion and other reproductive health care; and prohibited from providing abortion care on their own time at separate clinics. **States should specifically prohibit** hospitals and other health care employers from taking adverse actions against employees because of the employee's participation in legal abortion services, including on their own time at separate facilities.

Combatting Anti-Abortion Centers. Everyone should have access to medically accurate health care, without shame, stigma, or deceit. But anti-abortion centers (AACs), also known as "crisis pregnancy centers," are anti-abortion nonprofit organizations, fake clinics, or mobile vehicles that pose as a legitimate health care center, often to purposely mislead, shame, scare, and deceive pregnant people seeking abortion care into not seeking such care. Many AACs target communities of color and low-income communities and do not follow established standards of sexual and reproductive care. Rather, they spread lies and disinformation about abortion care, contraceptives, and other aspects of sexual and reproductive health. **States should pursue** policy solutions to mitigate the harm AACs cause. In addition, lawmakers should use their platforms to share information with communities about what AACs are and how to identify them, and

caution communities about what AACs do. Lawmakers can also work with other elected officials in statewide offices to create a consumer alert or investigate public funding of AACs.

Bolstering Privacy Protections. Surveillance and criminalization are tactics that have long been used to persecute pregnant people, with a disproportionate impact on low-income communities. Abortion providers also have a long history of being the target of harassment, stalking, threats, and violence at the hands of anti-abortion extremists. Law enforcement and anti-abortion activists have utilized surveillance techniques to harass, investigate, prosecute, and punish people who, for example, provide abortion care, [self-managed their abortion](#), [experienced stillbirth](#), or [consumed controlled substances](#) while pregnant. Since *Roe v. Wade* was wrongly overturned, data privacy and surveillance concerns for people seeking, providing, or facilitating health care have increased due to abortion bans that criminalize care. **States must work toward** putting in place the strongest and broadest privacy protections to ensure that our personal data is not abused or misused by third parties, including law enforcement, private companies, or vigilantes.

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 unjustly 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. [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 profit-motivated insurance practices, like not fully covering birth control or putting arbitrary limits on access, that place unnecessary barriers between people and the birth control they need and threaten their and their families' health and economic security.

These barriers are especially acute for those who are already more likely to experience difficulty accessing birth control, including Black women, Indigenous women, and other women of color. States should also enshrine the Affordable Care Act's contraceptive coverage requirement in state law, ensuring coverage of all methods 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.

Ensuring 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. **States can pass EC in the ER laws** that require hospital emergency rooms to provide information about or access to EC to sexual assault survivors.

Empowering 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.



Andrea Johnson of NWLC, Beulah Osueke of New Voices for Reproductive Justice in Ohio and Pennsylvania, Kyra Roby of One Voice in Mississippi, and Staci Fox of the Georgia Budget and Policy Initiative speak on a panel at the Economic Analysis and Research Network (EARN) conference about how economic justice organizations can leverage their research and voices in the fight for abortion access—a fight that is deeply intertwined with the fight for economic justice.