



NATIONAL  
WOMEN'S  
LAW CENTER

# STATE PLAYBOOK

FOR GENDER JUSTICE

Photo by Jim Heahby



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# INTRODUCTION


States offer some of our best and most immediate opportunities to improve the lives of women, girls, and LGBTQI+ people. From implementing their own paid family and medical leave programs, to enacting pay transparency protections and investing in Black maternal health policies, to safeguarding abortion access, states are leading the fight for gender justice.

Unfortunately, states are also where we have seen some of the ugliest attacks against gender justice and our democracy. Extremists in state legislatures are seeking to drag us backward, including by using schools as tools for bigotry and oppression and stripping women, girls, and LGBTQI+ people of their right to comprehensive health care.

The truth is that these extremist attacks don't represent the people. As you'll see in the polling included in each section of this Playbook, gender justice policies are immensely popular across the country. And when put directly to the people on the ballot, policies from reproductive freedom to the raising the minimum wage to paid sick days win overwhelmingly in "red" and "blue" states alike.

Across the country, women, girls, LGBTQI+ people, and families are raising their voices to fight, not just for caregiving supports or safe, fair, and inclusive schools and workplaces, or for comprehensive and accessible health care or income and housing security, but for all of these issues because we don't live single issue lives. That is why this Playbook, in addition to including Policy Briefs that lay out the basic elements of one specific policy area, provides seven different Policy Agendas that weave together a set of interconnected policies that are often siloed.

Let this Playbook be a source of information and inspiration and then reach out to us for support with the next steps. The National Women's Law Center's policy and communications experts are here to support you in crafting legislation, talking points, fact sheets, and state-specific policy research and data.



POLICY AGENDA

# BUILD A CARING ECONOMY

Providing care—for children, seniors, and people with disabilities—is part of daily reality for millions of people across the country. And at some point, we all need care ourselves. But at the federal level, the United States does little to ensure that people have access to paid family and medical leave, to child care or long-term health care, or even to a single paid day off when they are sick. As a result, too many employers force workers to make impossible choices between their jobs and their caregiving responsibilities—and too many schools similarly fail to [accommodate pregnant and parenting students](#). High-quality child care is hard to find and even harder to afford. Aging and disabled people and their families also struggle to access high-quality, home- and community-based care. And LGBTQI+ people can [face particular challenges in caring for their chosen family members](#).

Receiving dignified care from empathetic caregivers is essential for people’s ability to thrive, and giving and receiving care is a fundamental pillar of our society. But without the supports they need, caregivers—who are [predominantly women, and disproportionately Black women, Latinas, and other women of color](#)—are too often pushed out of school or out of the workforce, undermining their economic security. Meanwhile, the care workforce—early educators, home health care workers, certified nursing assistants, and other

professional care workers—often are paid poverty wages for doing the work that makes all other work possible.

## **POLICIES THAT SUPPORT CAREGIVING SUPPORT ALL OF US—AND OUR ECONOMY.**

Investing in care advances the economic security of our families and communities and serves as critical infrastructure for our economy. And it is popular: In a 2024 poll, [roughly three in four voters supported](#) universal paid family and medical leave legislation, a child care guarantee, and investing in aging and disability care—and supported funding these investments by raising taxes on the wealthiest individuals and corporations.

### **STATE POLICYMAKERS CAN HELP CAREGIVERS AND THE PEOPLE THEY CARE FOR THRIVE BY:**

#### **Increasing Families’ Access to Affordable, High-Quality Child Care and Early Education.**

Child care is a backbone of our economy. Historic federal relief dollars in the American Rescue Plan Act helped prevent the child care sector from collapse during the pandemic—but most of that funding has expired and decades of underinvestment have left the sector incredibly vulnerable. Parents cannot afford to pay more: child care prices have risen faster than the

rate of inflation, squeezing families, crowding out other expenses, and making it hard for parents—especially mothers—to work. Meanwhile, early educators—nearly all women, and disproportionately women of color—are paid poverty wages because providers cannot afford to pay more; many are seeking higher-paying jobs in other fields, which only compounds the shortage of high-quality, affordable child care for families.

A sustained and robust national investment in universal access to child care and prekindergarten is necessary to raise family incomes, dramatically reduce costs for families, fairly compensate early educators, support children’s early learning and healthy development, and strengthen our economy overall. The last of the federal child care relief dollars expired at the end of September 2024, and ongoing funding for the major federal child care assistance program, the Child Care and Development Block Grant (CCDBG), is far from adequate. **States can help bridge funding gaps and improve child care systems** 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 teachers, and allowed more flexibility to meet the varied needs of diverse families and providers.

### **Providing Refundable Tax Credits for Families.**

Today, many families cannot afford the high-quality, reliable child care they need to work and support their families and build their long-term financial security. The **national annual average** cost of child care in 2023 was \$11,582, and the burden of child care costs is even higher for low-income families who pay for care, costing more than a third of their income. As a complement to significant direct investments in the child care system, **states can enact refundable state tax credits** that are based on the federal Child Tax Credit, Earned Income Tax Credit, and Child and Dependent Care Tax Credit to boost families’ incomes. The temporary expansion of the federal CTC under the American Rescue Plan Act showed that **some families** used the tax credits to help pay for child care. Other **child care–related tax provisions**, such as state Employer-Provided Child Care Credits, do not meaningfully help families with low incomes and should not be prioritized by states. And state CTCs should not extend eligibility for the credit to fetuses, because such provisions could be used to lay the groundwork for further restrictions on abortion. States should instead invest in programs that already benefit pregnant people and children, such as WIC, SNAP, TANF, housing assistance, child care, and more.

### **Expanding Access to Home- and Community-Based Services (HCBS) and Improving Jobs for Home Care Workers.**

Home- and community-based care enables aging and disabled people to access long-term support and services and remain in their homes and communities instead of moving to a nursing home or other facility. Receiving support in the homes they’ve lived in for years, with the community members they know and love, is typically what people want and supports their health and autonomy. However, while Medicaid covers HCBS, **most other health insurance plans do not**—and even people who are eligible for services through Medicaid often encounter **long waiting lists** before they can get the care they need. Moreover, home care workers—who are disproportionately women of color suffer—from **poor job quality**, typically including very low wages and minimal benefits, making it difficult to attract (and even more difficult to retain) workers to provide these essential services.

While **enhanced federal Medicaid funds** provided during the pandemic helped states stabilize their home care systems, a more robust national investment in HCBS is necessary to ensure everyone who needs this care can access it and care workers can access good jobs. In addition, **states can support** families and care providers by investing their own resources in HCBS and by **sustaining and building on pandemic-era improvements**, including policy changes that expanded eligibility for Medicaid HCBS (e.g., to **serve children with behavioral health needs**); **reduced waiting lists**; provided **housing-related services and supports**; **supported family caregivers**; and **improved compensation and career paths for home care workers**. States can also **support home care workers** by, for example, enacting policies to combat misclassification, promote unionization, incentivize and improve training, **support immigrant workers**, and collect and publish data on job quality metrics for the home care workforce—and by consulting directly with care recipients, family caregivers, and home care workers to advise on proposed policy changes.

### **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. **States can establish** programs to **guarantee at least 12 weeks of universal, comprehensive paid family and**



Maty Miranda of OLE Education Fund in New Mexico (second from left), and Jamilla Harper of Metanoia in South Carolina (far right) speak on a panel about effective strategies for centering the voices, experiences and leadership of parents and child care providers in state child care policy and advocacy efforts alongside Merline Gallegos, Christine Matthews, Chantelle Mitchell, and Raynique Syas (middle)—storytellers from South Carolina and New Mexico who are part of NWLC’s [Sparking Change](#) storytelling initiative that centers the voices and experiences of women and nonbinary people of color closest to the intersecting issues of income insecurity and child caregiving.

[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 or injury strikes—including the broad range of individuals who may comprise someone’s chosen family, particularly for LGBTQI+ people. 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](#).

**Promoting Fair Work Schedules.** Working families shouldn’t have to constantly sacrifice their families’ needs to meet ever-shifting, last-minute shift changes. 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 are often 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](#). **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.

### **Protecting Caregivers From Discrimination.**


Caregivers, particularly women, still face discrimination in the workplace, stemming in part from outdated

stereotypes regarding gender norms and expectations around “women’s work.” Workers who are caregivers do have protections against workplace discrimination through a patchwork of federal laws, but due to gaps in these laws and the difficulty some employees have in proving discrimination because of their caregiving responsibilities, some workers still lack protection.

**States can enact** laws to [explicitly protect caregivers from discrimination](#) in the workplace—by, for example, adding caregiver status to existing antidiscrimination laws as a protected category, like race, sex, religion, or national origin. While some state and local laws specifically cover discrimination against parents (commonly referred to as “parental status” or “familial status”), broad and inclusive language that recognizes an individual’s chosen family best protects caregivers and reflects their lived experiences.

### **Supporting Pregnant and Parenting Students.**

[Students who are pregnant and parenting](#) can thrive in schools that support them and their caregiving responsibilities—but too often, school policies ignore, or are even hostile to, the needs of pregnant and parenting students. **States can implement** basic protections that enshrine and improve upon federal requirements by, for example, requiring schools to explicitly outline lactation accommodations, inform students of their right to have excused absences for pregnancy-related reasons, and excuse absences when parenting students need to care for sick children, or when child care plans fall through. Further, states should invest in resources like transportation support, housing assistance, and child care benefits to remove some of the barriers that prevent student parents from staying in school—ensuring that pregnant and parenting students are able to take care of themselves and their children while continuing to succeed in school.



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.



POLICY AGENDA

# GUARANTEE SAFE AND INCLUSIVE SCHOOLS

Students deserve schools that are safe, supportive, and affirming of their identity. Particularly for young women and girls—including transgender women and girls—and gender-nonconforming and nonbinary youth, this can make the difference between staying in school and not completing their education. Unfair and discriminatory policies can keep these young people from experiencing security and success in their education, health, jobs, families, and futures. As conservative extremists seek to roll back reproductive rights; Diversity, Equity, and Inclusion programs; inclusive learning materials; and Title IX protections, we must protect students and commit to creating schools that are safe, inclusive, and affirming.

## **YOUNG WOMEN, GIRLS, TRANSGENDER, AND NONBINARY YOUTH NEED INCLUSIVE SCHOOL POLICIES**

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, including 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**), **LGBTQI+ students**, pregnant and parenting students, and disabled students. Additionally, pregnant and parenting students—whether in secondary school, college, or graduate school—may face discrimination or be denied simple accommodations that would allow them to remain

and succeed in school. Many young people also face barriers to accessing health care, including college students who may be unable to access necessary reproductive health care services. In addition, far too many states and school districts are censoring the types of books and learning material students have access to.

Schools should not create barriers for young people working to secure their futures. Polling shows that [parents overwhelmingly](#) want schools to provide learning environments where all students feel seen, heard, and included and where students are safe. Policymakers should help eliminate barriers in education by centering the needs of young people who need support the most and putting forward a policy agenda that creates safe and inclusive schools.

## **POLICIES THAT WILL WORK TOGETHER TO SUPPORT OPPORTUNITIES FOR ALL STUDENTS INCLUDE:**

### **Ending Discriminatory Discipline Policies and Dress Codes.**

[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 biases and other underlying problems that contribute to perceived misbehavior in the classroom. States must pass laws that ensure racial and gender equity and fairness in school dress codes, so that students are not disproportionately impacted by dress code policies based upon their [race, gender, gender identity, or culture](#). In addition, states that end suspensions and expulsions for minor or subjective conduct and replace exclusionary discipline with alternatives can keep students in the classroom while building positive social and emotional connections to school.

### **Investing in Counselors, Not Criminalization.**

Following the nationwide reckoning with racism and police violence and a pandemic that 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, according to an ACLU report using data from 2015–2016, [3 million students](#) attend schools with police but no school nurse, and [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 [3.66 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, **states should increase** funding to provide mental health supports for students and increase investments in school support staff. All students deserve a positive climate focused on their social, emotional, and academic needs, instead of [increased investments](#) in [cultures of criminalization](#). Policymakers must also center students, parents, and the community when seeking solutions to create safer schools.

### **Addressing Sex Harassment and Sexual Assault in K-12 & Higher Education.**

No student should ever be pushed out of school because of sex harassment, sexual assault, dating violence, or stalking. Yet violence starts early. [Eighteen percent of girls](#) report experiencing sexual violence (including being kissed or touched without their consent) during their time in high school and [26% of women are sexually assaulted during their time in college](#). Waiting until college to talk to students about sex harassment and sexual violence is too late, and **states should require** schools to teach students of all ages about consent and healthy relationships. In addition, states can improve school responses to harassment by passing a [state SAFER Act](#), which would address gaps in Title IX and other federal civil rights laws. A state SAFER ACT would require schools to respond whenever a school employee knows or should have known about harassment that negatively affects a student’s ability to participate in school, regardless of where the underlying incident occurred. In these cases, schools would be required to offer supportive measures (regardless of whether there is an investigation), investigate the harassment

if requested, and take any other necessary actions to address the effects of the harassment (e.g., facilitate a [restorative process](#), conduct a school climate survey). If a school fails to take these basic steps, the survivor could bring a claim in state court to hold the school accountable.

### **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 fall through. Further, states must invest in resources like transportation support, housing assistance, and childcare benefits to remove some of the barriers that prevent student parents from completing their education. 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 and Information.**

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* has put young people's access to care at even greater risk. **States should remove barriers** to abortion, including laws that target or have a disproportionate impact on young people, such as laws that require a

parent's involvement prior to an abortion or efforts to prevent youth from traveling out of state for abortion care. 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.

### **Teaching Affirming and Accurate Curricula.**

Students deserve access to curricula that is reflective of their identity, historically accurate, and free from political or religious bias. Creating a safe and inclusive environment for students means that young people can see their own lives reflected in what they read and learn, so they can feel understood and safe to be who they are. It also requires giving young people access to stories and [lessons about people different from them](#), so they can develop empathy for their peers and across communities. Unfortunately, [far-right extremists](#) strive to [ban all topics](#) in schools that threaten their discriminatory agenda. In the last half of 2023, there were [4,000 instances](#) of book bans across the country. These bans particularly target books and curricula about LGBTQI+ identities, gender, and sexuality; race, racism, and the history of racism, segregation, and colonization; reproductive rights and sexual health; and [consent, sexual harassment, violence](#), and abuse. These efforts prevent students from accessing a [broad spectrum of information](#) which contributes to well informed citizens with [strong critical thinking skills](#). **States should pass legislation to prevent the banning of books and curricula** by school boards and administrators. Access to developmentally appropriate learning materials should be determined by professional librarians and educators who are trained to make these decisions.



NWLC staff collaborated with the DC Public Schools program *We the Girls* to conduct a series of rotating workshops for 30 high school students focused on educating students about their rights regarding: school discipline and pushout, pregnant and parenting students, supporting student survivors of sex-based harassment under Title IX, and supporting LGBTQI+ students. Students participated in interactive sessions, identified prominent issues within their school systems, and collectively established next steps.



POLICY AGENDA

# KEEP LGBTQI+ YOUTH SAFE

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, equal access to educational opportunities, welcoming communities, and affirming and inclusive health care. When LGBTQI+ people are treated with equal dignity and respect and given the support they need to be their most authentic selves, 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 politicians claim concern for the health and safety of youth to justify these policies. In reality, these policies stoke fear and hatred against LGBTQI+ youth, in addition to endangering all young people by reinforcing dangerous sex stereotypes and promoting scrutiny of and discrimination against anyone who deviates from them.

Our communities want to see LGBTQI+ youth supported—not attacked. [Polling](#) shows that the majority of people (76%) support measures to protect LGBTQI+ people from discrimination. LGBTQI+ youth need policymakers to show up for them by enacting policies that support their health, success, and safety.

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

LGBTQI+ youth face discrimination in a range of areas—and these disparities are exacerbated for young people who face additional discrimination on the basis of other identities, including race, class, gender, and disability. 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, gender identity, or intersex status. [One report](#) that surveyed K-12 LGBTQ+ students showed that LGBTQ+ students cited anti-LGBTQI+ discrimination, including harassment and anti-LGBTQI+ school policies, as the main barrier to their success at school: those who experienced discrimination were more than twice as likely to miss school, reported lower GPAs, and were less likely to have plans to finish high school.

Additionally, discrimination in health care and insurance coverage and new state laws criminalizing care for trans youth or creating administrative barriers to this life-saving care prevent LGBTQI+ young people—especially transgender youth, LGBTQI+ youth of color, and LGBTQI+ disabled youth—from getting care that meets their needs and endangers their families and providers. This discrimination [worsens existing health disparities](#).

However, inclusive policies can counteract these negative outcomes and ensure LGBTQI+ youth are given the same support they need as their cis and straight peers. For example, 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.

## **POLICIES THAT WILL WORK TOGETHER TO KEEP LGBTQI+ YOUTH SAFE AND HEALTHY INCLUDE:**

**Ensuring Affirming and Accurate Curricula.** All students deserve to feel safe and included at school, which means ensuring they can see themselves reflected in what they read and learn. However, the [recent wave of action](#) at the school district and state level to censor any discussion of LGBTQI+ identities, relationships, or people in what students read and learn has hindered school staff and educators' ability to create safe learning environments for LGBTQI+ youth. These policies intimidate school staff into self-censoring what they teach—which often means avoiding teaching accurate history that includes LGBTQI+ historical figures, assigning any books that include positive representation of LGBTQI+ people, and including LGBTQI+ relationships and health topics in developmentally-appropriate sex education. They also discourage school staff from addressing anti-LGBTQI+ bullying and normalize the stigma surrounding LGBTQI+ students, increasing the horrific rates of bullying, harassment, and violence they already face. But including representation of LGBTQI+ people and teaching about LGBTQI+ history and health in developmentally appropriate ways counteracts the stigma LGBTQI+ students face, which means they are [likely to feel safe and included](#) at school and less likely to risk sexual assault, harassment, and bullying. **State policymakers can support these efforts** by advancing policies that require access to inclusive and developmentally appropriate books and a school district from [bringing challenges to books and curricula](#), and decisions about cultivating a catalogue of inclusive and diverse books and learning materials be made by educators, school librarians, and other trained educational professionals—and not driven by extremists' discriminatory agendas.

**Addressing Harassment and Violence Against LGBTQI+ Youth in Schools.** Students perceived as LGBTQI+ [face pervasive](#) sex-based harassment, including sexual assault, from kindergarten through the university level. Certain members of the LGBTQI+ community are especially at risk, including [bisexual and pansexual students](#), who are at an increased risk of sexual harassment, and [transgender students](#), who are

at an increased risk of sexual assault. LGBTQI+ folks who occupy multiple identities, like [trans students of color](#), are at an even greater risk of sexual assault at school than white trans students. **State policymakers must ensure** schools are providing protections for students consistent with what federal civil rights laws like Title IX require. This includes ensuring schools promptly and effectively respond to reports of sex-based harassment, offer material support to every student who reports sex-based harassment, train staff on recognizing and reporting harassment, and prohibit disciplining students for reporting (e.g., punishing a student for breaking a school rule at the time they were victimized). **States should go further** by passing a [state SAFER Act](#) to address gaps in Title IX and other federal civil rights laws and strengthen protections under those laws.

States must also ensure [robust protections](#) against bullying and harassment based on sexual orientation, gender identity, sex characteristics, and sex stereotypes to address the rampant harassment LGBTQI+ students face. Consistent with Title IX's requirements, states should require school superintendents to publish and update model policies to address bullying, harassment, and sexual violence with examples, detailed complaint procedures, and protections against retaliation or punishment of students who complain to school staff. Finally, because school authorities (such as superintendents, principals, and school board members) wield significant power over the lives of young people, they should receive consistent training on recognizing and reporting bullying and harassment, as well as on how to be supportive and respectful of LGBTQI+ students' identities.

## **Protect the Rights of Transgender, Nonbinary, and Intersex Students to Access Sex-Separated Spaces Consistent With Their Affirmed Gender.**

Bans on the rights of trans, nonbinary, and intersex youth to access school spaces like bathrooms, locker rooms, and sports teams are growing. These bans are illegal and make school unsafe for trans, nonbinary, and intersex students by reinforcing stigma and normalizing mistreatment of them. A national survey of LGBTQI+ students showed that trans students were more likely than lesbian, gay, and bisexual students to [report avoiding sex-separated spaces](#) like bathrooms or locker rooms for fear of harassment or assault. A Harvard Public Health study found that trans and nonbinary students forced to use bathrooms or locker rooms that did not match their affirmed gender [were more likely to be sexually assaulted](#). These bans make school less safe for all students by encouraging schools to police any students that do not conform to gender stereotypes, including cisgender girls. Bathroom bans have led to cis women [being harassed](#) and accused of being trans in women's bathrooms simply because they had short hair; sports bans have resulted in cis high school girls being [secretly investigated](#) by their schools and



publicly accused of being transgender on the belief that they were “too successful” in their sport to “truly” be girls. Another alarming form of body-policing included in some sports bans is “sex testing,” which requires students to “prove” their sex in order to play by forcing them to produce medical records of their reproductive information, undergo chromosomal testing, or even submit to genitals exams. This results in unnecessary trauma for students as young as age 5, especially transgender girls, intersex girls, nonbinary students, and cisgender girls who do not conform to stereotypical notions of femininity. **States can make schools safer** for all students by implementing policies that ensure students can access sex-separated spaces, including bathrooms, locker rooms, and sports, consistent with their affirmed gender. Sports policies should not base eligibility to play on physical exams or medical requirements, but on verbal or written attestation of a student’s gender identity from the student, parent or guardian, or community member. For more guidance on inclusive sports policies, states can look to trans-inclusive participation policies maintained [by more than a dozen state sport associations](#) and the research showing that states with trans-inclusive sports policies saw participation [by all women and girls](#), whereas states with trans-exclusive policies saw a decrease in participation.

### Preventing Medical Mistreatment of Youth.

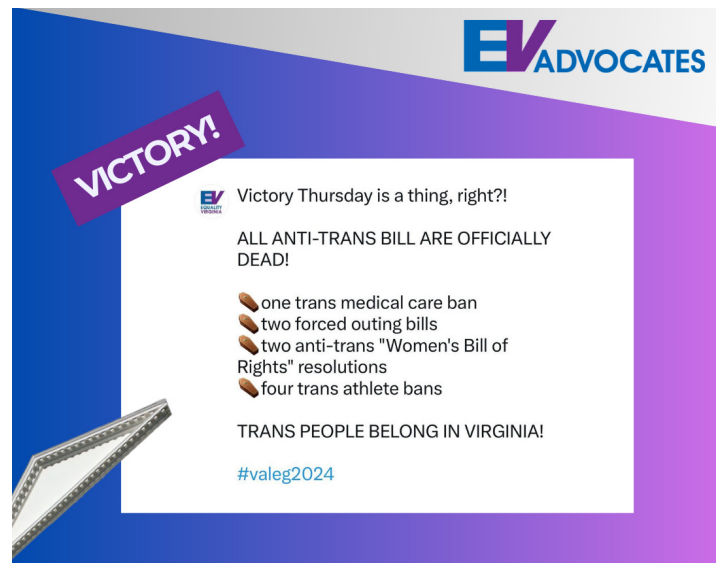
When intersex children are born with variations in their genitals or reproductive anatomy that are not perceived as fitting binary categories of “male” or “female,” they are often subjected to non-consensual surgeries based on preconceptions of what a “normal body” looks like. These children are typically too young to consent to the procedures, which often result in lifelong trauma and harm. Similarly, “conversion therapy” is an [abusive and discredited practice](#) that purports to change a person’s sexual orientation or gender and can cause grave, lifelong harms to survivors. It has already been banned in [more than 20 states and more than 115 municipalities](#). **States can take two important 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.”

### Ensuring Access to Gender-Affirming Care.

For many transgender youth, gender-affirming care—individualized, essential health care that supports them in living consistent with their gender identity—is life-saving. But many state governments have banned this vital care for young people or made it much harder to access. These baseless attacks on trans youth must be reversed and stopped from continuing in the future. 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 safe and inclusive school environment 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.



Graphic from Equality Virginia celebrating defeat of four bills designed to harm LGBTQI+ youth. Equality Virginia worked tirelessly with grassroots organizers and LGBTQI+ families, coordinating a strong presence in their state legislative session and countering a well-funded extremist movement trying to impose gender policing. They succeeded in joining advocates in Georgia and Kentucky who defeated every single legislative attack on LGBTQI+ communities in 2024.



POLICY AGENDA

# ADVANCE ECONOMIC SECURITY AND OPPORTUNITY FOR ALL

No matter what we look like, or where we come from, we work hard for our families and want to build strong communities where all of us can be healthy and thrive. But 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 LGBTQI+ people have left deep gaps in our economic and social infrastructure.

While many women experienced economic insecurity before the pandemic, 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](#). During the pandemic, women of color were more likely to [experience deep maternal hardship](#). Today, most pandemic-related relief has been exhausted (or expired), but women are still bearing increased caregiving responsibilities and experiencing the ongoing impacts of systemic discrimination and disinvestment, 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 women's economic insecurity are the barriers to accessing health care, including reproductive health care, that women, especially Black women and other women of color, have long experienced.

## THE ECONOMY MUST WORK FOR ALL OF US, NOT JUST THE WEALTHY FEW

Polling shows that the public is deeply concerned about economic security, from [housing affordability](#) to [children's economic security](#) and [access to child care](#) to [raising wages](#) and [health care access](#), and believe the government plays an important role in taking action on these issues. 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 and economic supports for residents and making public investments to lower costs for families.

## **POLICIES THAT WILL WORK TOGETHER TO SUPPORT WOMEN’S, LGBTQI+ PEOPLES’, AND FAMILIES’ ECONOMIC SECURITY INCLUDE:**

### **Increasing Families’ Access to Affordable, High-Quality Child Care and Early Education.**

Child care is a backbone of our economy. 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: child care prices have risen faster than [the rate of inflation](#)—squeezing families, crowding out other expenses, and making it [challenging for parents](#)—especially mothers—to work. Meanwhile, [early educators](#)—nearly all women and disproportionately women of color—are paid poverty wages. A robust national investment in affordable high-quality child care and universal prekindergarten is necessary to raise family incomes, dramatically reduce costs, and strengthen our economy overall, but the last of the federal child care relief dollars expired in September 2024. **States can help** [bridge funding gaps](#) and [improve child care systems](#) 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 teachers, and allowed more flexibility to meet the varied needs of diverse families and providers.

### **Expanding Access to Comprehensive Health Coverage.**

Lacking health care coverage can directly impact a person’s and family’s [financial situation](#); it can also impact the economy through lower productivity. 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 continue to carefully monitor the ongoing

Medicaid unwinding; the end of the continuous coverage requirement authorized by the Families First Coronavirus Response Act was one of the most catastrophic periods of health coverage loss. And loss of coverage continues to mount. [States must invest in staffing](#), implement application process improvements, and adopt Section 1902(e)(14) waiver strategies to streamline income and eligibility determinations. States must also adhere to [communication best practices](#) that inform enrollees and advocates about the unwinding and collect and update new contact information as quickly and efficiently as possible in order to minimize any periods of unenrollment.

### **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—[most of whom are women](#). Higher wages, particularly for the lowest-paid workers, help working people support themselves and their families in the face of rising costs. **States should** gradually [raise the minimum wage](#) to at least \$17 per hour, then index it to rise annually based on increases in median wages or the cost of living. States should also [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.

### **Making the Tax Code Work for Women and Families.**

**States can improve** economic security for families by raising revenues in a progressive way, 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 (CTC), 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. Refundable tax credits for families 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. States should avoid enacting tax cuts that benefit wealthy residents and corporations at the expense of women and families with lower incomes. State CTCs should not extend eligibility for the credit to fetuses, because such provisions could be used to lay the groundwork for further restrictions on abortion. States should instead raise revenues from progressive sources to invest in programs that already benefit pregnant people and children, such as WIC, SNAP, TANF, housing assistance, child care, and more.



*Are you a single mom in need of ...*  
 A JOB? HIGHER WAGES?  
 EDUCATION OR TRAINING?  
 CHILD CARE?

Roberta Avila (upper left) and Carol Burnett (at right) of the Mississippi Low Income Child Care Initiative and Aisha Nyandoro (at top) of Springboard to Opportunities speak at a news conference celebrating the Mississippi Department of Human Services' removal of a child support requirement for the Child Care Payment Program following the advocates' decades-long efforts to get the policy change. Photos by Josh Martin.



**Expanding and Strengthening State Unemployment Insurance Programs.** Women shoulder a disproportionate share of caregiving responsibilities, face a persistent gender wage gap, and are more likely than men to be stuck in jobs with low pay, inflexible schedules, and minimal benefits—all of which render women particularly vulnerable to job loss and economic hardship. 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 disproportionately exclude women for working low-paid, part time jobs for quitting to care for their children or other family members. 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.

**Increasing Housing Security.** The ability to fairly obtain safe, accessible, and affordable housing is vital to the well-being of women, LGBTQI+ people, and families. Housing has significant impacts on health, education, and employment outcomes, particularly for women of color and disabled women. Landlords are raising rent higher than employers are raising wages, making it nearly impossible for women and LGBTQI+ people in the lowest paid jobs to afford housing. People paid the average minimum wage would have to work 113 hours per week (2.8 full time jobs) to afford a two-bedroom rental home at the fair market rate. In 45 states and the District of Columbia, a greater share of women compared to men were behind on their rent payments. **States should allocate** part of their budgets to continuing the Emergency Rental Assistance programs that Congress created during the

pandemic to keep people housed during trying times. In addition, states and localities should find additional ways to invest in increasing the supply of accessible and affordable housing and expand renter protections, like establishing and funding a right to counsel and prohibiting source of income discrimination. States and localities should also implement zoning reforms to allow for the creation of more multifamily homes, which would increase supply and lower costs.

**Improving Access to Nutrition Assistance.** Women of color, and women more generally, are more likely to experience food insecurity. Nutrition assistance programs, like the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) and the Women, Infants, and Children (WIC) Special Supplemental Nutrition Program, help families put food on the table and make sure that pregnant people, infants, and young children get the nutrition they need to support their health and development. **States can make it easier** for women to get nutrition assistance by integrating the process for enrolling in WIC with that for enrolling in SNAP (as well as other benefits).

**Ensure Families in Poverty Can Get Help.** Women supporting families on their own are disproportionately likely to experience poverty. The Temporary Assistance for Needy Families (TANF) program is a block grant to states to fund income assistance, work supports, and other services, including child care, for low-income children and parents. Increasingly fewer TANF funds are spent providing direct assistance to families, however. In addition, states have enacted barriers to accessing TANF, leading to a dramatic decrease in the number of poor families served by TANF over the past 25 years. **States can change** their TANF policies to support the economic security of women and families by raising benefit levels and spending the majority of their funds on direct assistance. States should also increase asset limits so that families are not prevented from saving for emergencies. States that still have discriminatory family cap policies should eliminate them. Passing through child support collected directly to custodial parents (and not counting as income for the purposes of the program) would also support women and families. Finally, states should reexamine work reporting requirements to ensure they are supporting parents on their path to economic security, including by allowing exemptions for pregnant people and for parents of newborns during the first year of life.



POLICY AGENDA

# ADVANCE GENDER JUSTICE BY GROWING WORKER POWER

The lack of worker protections in our nation's employment laws gives employers a tremendous amount of power over their workers, jeopardizing women's and LGBTQI+ people's ability to make a safe and secure living for themselves and their families. Too often, for example, employers exert complete control over a worker's schedule and deprive them of any time outside of work to take care of their personal responsibilities, with many workers lacking even one paid day off to attend to their health or caregiving needs. Even when they have legal protections through anti-discrimination laws, workers are often afraid to come forward, and the laws are frequently undermined by loopholes and lack of enforcement. The financial precarity experienced by workers in low-paid, low-benefit jobs—who are [disproportionately Black women and other women of color](#)—makes it extremely risky to leave a bad job situation. As a result, millions of workers are forced to live paycheck to paycheck or work multiple jobs to survive.

## THE UNITED STATES NEEDS AN ECONOMY THAT ENSURES EVERYONE CAN WORK WITH SAFETY, EQUALITY, AND DIGNITY

Correcting this imbalance by increasing workers' bargaining power and protecting the right to organize is an essential part of leveling the playing field for women and LGBTQI+ workers. The power of unions to organize workers and bargain collectively is one of the strongest tools workers have at their disposal: although individual workers may lack bargaining power on their own, by joining together and acting collectively, workers can increase their power in the workplace. Unionized workers have [higher wages, better benefits, and greater job security](#).

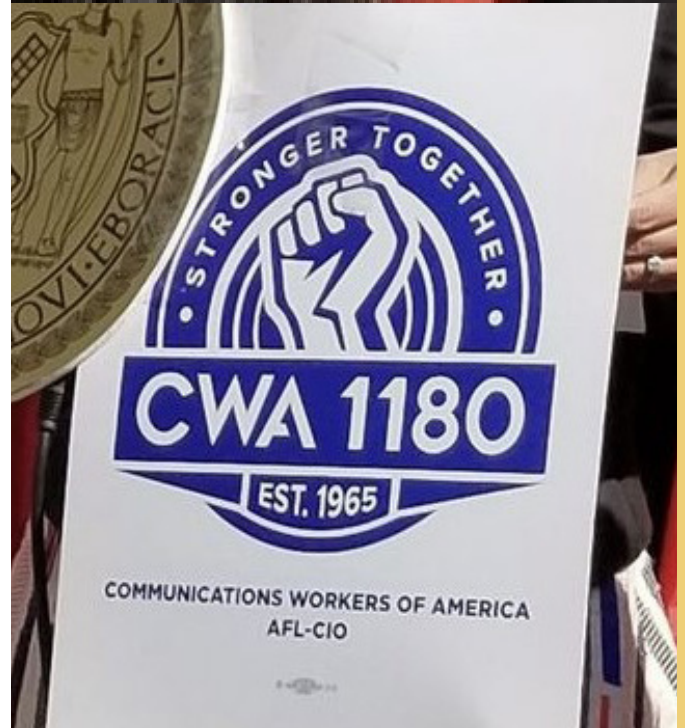
Increasing worker power also requires enacting and strengthening labor and employment laws. For all workers—including those who do not

have the benefits of union membership—state and federal law enshrines many vital civil rights protections and basic labor standards that place checks on employer power and enable workers to harness the power of the courts or the government to secure their rights. Across races, genders, and political affiliations, people are **united in their strong support** for policymakers to enact laws providing greater protections for workers.

## **POLICIES THAT WILL WORK TOGETHER TO RESTORE WORKERS' POWER OVER THEIR LIVES INCLUDE:**

**Ending Discriminatory Pay Practices.** When employers get away with paying women workers less than their white male counterparts, there are **long-lasting repercussions** for women's housing, education, health, and retirement. The gender wage gap is estimated to cost a woman **\$399,600** over the course of a 40-year career. The gaps for **women of color, mothers, lesbian women, and transgender women** are particularly staggering and set back their family economic security by years or even decades. **States must help** level the playing field for working women by enacting laws to promote fair pay, 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 **workplace harassment is widespread**, and longstanding gaps in federal and state law have stymied efforts to address and prevent it. 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 with little or no legal recourse. **States can take the lead** in ending workplace harassment by extending anti-harassment protections to independent contractors, small business employees, and other excluded workers; strengthening protections against retaliation so that workers who experience harassment can come forward without risking their jobs or their safety; increasing funding for state enforcement agencies, legal services, and community-based organizations



that serve victims of harassment, including those who experience sexual assault; extending the statute of limitations for bringing all discrimination claims, including harassment claims, to at least three years; improving victims' access to justice and ability to hold employers and individual harassers accountable; increasing monetary damages; restricting employers' efforts to impose secrecy regarding harassment, such as through nondisclosure agreements; and emphasizing prevention strategies.

### **Raising the Minimum Wage and Ending**

**Exclusions.** In most states, the [minimum wage is still below \\$12 per hour](#), keeping workers—especially [women of color](#)—and their families in (or perilously close to) poverty. And for some workers, the minimum wage is even lower. In most states, employers can count tips toward wages and pay tipped employees a “minimum cash wage” that is [typically less than \\$5 per hour](#), and many states also allow employers to pay subminimum wages to disabled and/or young workers in certain circumstances. But **states can shift power** to working people and help dismantle—rather than entrench—inequities in our economy by eliminating these exclusions and phasing out any lower minimum wages applicable to tipped workers, youth, workers with disabilities, and others. States should also ensure that the minimum wage is enough to enable workers to meet basic needs by gradually raising it to at least \$17 per hour—ideally more—then indexing it to rise annually based on increases in median wages or the cost of living.

**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 breadwinners and caregivers](#) for their families. **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.** 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 using birth control, having or contemplating an abortion, undergoing in vitro fertilization, or having sex without being married. With abortion access in crisis, and increased attacks on contraception and fertility treatments, like IVF, people's reproductive health decisions are increasingly under scrutiny. Reproductive health 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. Although many state and federal laws protect against reproductive health discrimination as a form of sex or pregnancy discrimination, narrow or erroneous court decisions have created loopholes in these laws. **States can protect** working people from this discrimination by specifically prohibiting employers from taking adverse actions against their employees because of an employee's reproductive health decision.

### **Protecting Caregivers Against Discrimination.**

Providing care—for children, parents, or chosen family—is part of daily reality for millions of people across the country. Unfortunately, caregivers, particularly women, still face discrimination in the workplace, stemming in part from outdated stereotypes regarding gender norms and expectations around “women's work.” Workers who are caregivers do have some protections against discriminatory treatment in the workplace through a patchwork of federal laws including Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, the Pregnant Workers Fairness Act, and Family and Medical Leave Act. However, because of the gaps in these laws and the difficulty some employees have in proving discrimination because of their caregiving responsibilities, some workers still lack protection. **States are increasingly taking action** to explicitly protect caregivers from discrimination in the workplace. Often, caregiver status is added to existing antidiscrimination laws as a protected category, like race, sex, religion, or national origin. The most common type of caregiver discrimination covered by state and local laws is discrimination against parents, commonly referred to as “parental status” or “familial status,” but broad and inclusive language that recognizes an individual's chosen family best protects caregivers and reflects their lived experiences.




**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. **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.

**Restoring and Expanding the Right to Organize.** Union membership is a **key driver of gender equity**: Women who are union members experience greater economic security for themselves and their families than nonunion members, including higher and more equal wages. For women of color, who face the most significant pay gaps and discrimination at work, union membership provides particularly meaningful wage improvements. Union members also have greater access to benefits—such as paid sick leave, predictable schedules, affordable health insurance, and retirement benefits—and the right not to be fired without cause. But decades of corporate attacks and employer anti-union tactics have gutted the federal law designed to protect the right to organize, the National Labor Relations Act (NLRA). What’s more, many groups of workers, including domestic workers and farmworkers, are left out of the NLRA’s protections. **States can take the lead** by **strengthening collective bargaining rights**, including for their own state and local government workers, as well as by extending protections to workers not covered by the NLRA.



Mary Luke of PowHerNY, Gloria Middleton of CWA Local 1180, Beverly Neufeld of PowHerNY, and Seher Khawaja of Legal Momentum (p. 21) rally at an Equal Pay Day press conference organized by the PowHer New York Network on the steps of New York City Hall highlighting continuing wage disparities for New York women, especially women of color, and calling on leaders to strengthen New York City’s and the state’s pay transparency laws. PowHerNY is comprised of 100+ gender and racial justice organizations and unions working in collaboration for women’s economic equality. Photo by Amplify Her Foundation.



POLICY AGENDA

# STOP SEX HARASSMENT

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. [Low-paid workers](#) and those holding one or more marginalized identities—Black women and other women of color; LGBTQI+ people; migrant and immigrant women; and disabled women—are at the greatest risk of harassment.

In addition, sex harassment, which includes sexual violence, doesn't just happen in the workplace, and it doesn't just affect adults. Patients experience sex harassment at the [hands of health care providers](#). And too many students experience sex harassment in [elementary and secondary schools](#) and [in college](#)—on campus, off campus, and online. Indeed, the treatment and behavior students experience from their peers, teachers, and administrators ultimately shape workplace norms about gender, race, consent, and accountability.

In each of these contexts, sex harassment threatens the safety and health of women and girls and limits their economic opportunities. Sex harassment can hurt girls' ability to [succeed at school](#) and lead women and girls to [avoid or leave a field of study, profession, or industry](#) altogether—which perpetuates the gender wage gap. These impacts are especially felt by women and girls of color, LGBTQI+ people, and disabled women and girls who are [more likely](#) to experience sex harassment, and yet too often are not provided adequate support from schools or employers because of discriminatory stereotypes that suggest they are less credible and deserving of care and protection. And [sexual harassment by health care providers](#) damages the patient-provider relationship, can create long-lasting trauma and mental health harms, and can prevent women, girls, and LGBTQI+ people from seeking care in the future.

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

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, as a result, harassers are not held accountable. Instead, the survivor suffers retaliation for reporting the harassment and is pushed out of school or work or left unable to access health care. Fear of retaliation is a [leading reason](#) why people do not report harassment.

Workers, students, and patients are organizing and demanding better of employers, schools, and health care providers—and our state policymakers must do the same. [Polling shows](#) that 65% of people feel the government is doing too little or at least somewhat too little to address the problem of sexual misconduct. Workers and communities want policies that prevent and redress sex harassment so everyone can learn, work, and live in a healthy and respectful environment.

## 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 workplace sex harassment is [widespread](#), and longstanding gaps in federal and state laws have stymied efforts to address and prevent it. These gaps put women—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 survivors' access to justice, promoting accountability, and preventing harassment. These reforms should expand anti-harassment protections to independent contractors,

employees of small employers, and other excluded workers; strengthen protections against retaliation so that survivors can come forward without risking their jobs or their safety; increase funding for state enforcement agencies, legal services, and community-based organizations that serve survivors; extend the statute of limitations for bringing harassment and discrimination claims to at least four years; improve survivors' ability to hold employers and individual harassers accountable; increase monetary damages; restrict employers' efforts to hide harassment and avoid accountability, 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 cost of tips.

**Stopping Sex Harassment in Schools.** Sex harassment and assault should never be the end of anyone's education. [Prevention is key](#) to stopping sex harassment and violence before it becomes an issue. **States should require schools** to have a comprehensive sex education curriculum that includes consent and healthy relationships, including sexual relationships, from an early age. [Research has shown](#) that comprehensive sex education for students starting at a young age provides youth with necessary education surrounding consent and healthy sexual relationships, which decreases the likelihood of young people experiencing and perpetrating sexual harassment, sexual violence, and dating violence. And because victim-blaming norms may be ingrained in educational institutions, educators must be trained to understand how sex harassment impacts students, to unlearn biases, and respond appropriately when students ask for help.

In addition, states can improve school responses to harassment by passing a [state SAFER Act](#), which would address gaps in Title IX and other federal civil rights laws. A state SAFER Act would require schools to respond whenever a school employee knows or should have known about harassment that negatively affects a student's ability to participate in school, regardless of where the underlying incident occurred. In these cases, schools would be required to offer supportive measures (regardless of whether there is an investigation by the school), investigate the harassment if requested, and take any other necessary actions to address the effects of the harassment (e.g., facilitate a [restorative process](#), conduct a school climate survey). If a school fails to take these basic steps, the survivor could bring a claim in state court to hold the school accountable.

**Protecting Survivors From Abusive Defamation Lawsuits.** Survivors should never be punished for coming forward or asking for help. Yet abusers, including harassers, 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 or amend their anti-SLAPP laws** or [pass other types of laws against retaliatory and abusive lawsuits](#) 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 Punish Survivors.** 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 ensure** strong state anti-discrimination protections that explicitly protect patients against health care provider harassment and sexual assault.



Cassenda Nelson, 9to5 Georgia member and Respect GA Workers Alliance fellow, and Jasmine Bowles, Executive Director of 9to5 Georgia, testify in support of HB 381, legislation to add protections against workplace harassment to Georgia's law. The Respect GA Workers Alliance fellowship is an organizing and skill building 6-month paid fellowship for people directly impacted by workplace discrimination and harassment. Fellows directly support the workplace protection campaign and become leaders of the campaign after graduating from the program.



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 people's ability to access abortion was thrown into chaos when the Supreme Court unjustly took away our federal constitutional right to abortion, a right that was fundamental to our health, lives, futures, and society for nearly 50 years. Within roughly two months of the Supreme Court's decision, [17 million women](#) lost access to abortion. By the end of 2023, nearly half of states had banned abortion or made it inaccessible.

The harm of abortion bans [disproportionately impacts communities 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, which further compounds the harms they already experience, including poverty and systemic racism. Some people are not able to overcome the hurdles of accessing care, which ultimately means that they are forced to carry their pregnancies to term, resulting in lifelong consequences for them and their families. Denying a pregnant person an abortion can create economic hardship and insecurity and health [consequences](#) that last for years.

And yet, anti-abortion extremist lawmakers are relentless, threatening anyone and everyone who plays any role in abortion access, creating legal uncertainty and fear for pregnant people, loved ones, abortion providers and other health care professionals, employers, universities and schools, businesses, and city governments, among others.

# THE SOLUTION

It has never been more critical that state lawmakers act boldly and swiftly to guarantee and ensure the right to abortion and people's ability to access abortion care. Even in states with protected access to abortion, state lawmakers can take action to expand access to care by eliminating existing barriers or thinking creatively about how to meet existing needs. Not only can lawmakers work to ensure that abortion is broadly legal, accessible, and affordable, they can work to tackle new or exacerbated issues, like improving security for pregnant people and providers, protecting them from discrimination and civil, criminal, and professional ramifications, mitigating the harm of anti-abortion centers, and addressing refusals of 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. While this document provides suggestions, it is important for lawmakers to connect with the relevant local stakeholders to develop recommendations for legislation that best responds to the specific needs in a particular state.

- **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.
- **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.
- **Repeal any existing state abortion restrictions or bans, including:**
  - Any gestational limit;
  - Laws that ban or criminalize abortion, including self-managed abortion;
  - Medically unnecessary and burdensome restrictions on abortion providers and on clinics, 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' personal beliefs to override a patient's access to abortion care.
- **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.

- **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.
- **Prohibit employment discrimination against employees for their reproductive decisions,** including for having abortions, having sex outside of marriage, using assisted reproductive technology, or using birth control.
- **Improve security for abortion patients, abortion providers, and those who help people get abortions, such as by:**
  - Expanding data shield laws to include abortion providers;
  - Directly granting funds to clinics so they may invest in their own security enhancements;
  - Bolstering data privacy protections of abortion seekers, abortion providers, helpers, and organizations that assist those seeking abortions; and
  - Removing requirements to ask for a patient’s address.
- **Protect clinicians 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;
  - Prohibiting tech companies from handing over sensitive or identifiable information to law enforcement;
  - Prohibiting the sale of sensitive data and identifiable information, including by data brokers; and
  - Prohibiting medical malpractice insurance companies or medical boards from taking any adverse action against a reproductive health care clinician who provides reproductive health care that is legal in their state.
- **Protect clinicians from employment discrimination, including by:**
  - Protecting clinicians who “moonlight” as abortion providers, clinicians who provide abortion care or information about and referrals for abortion care, and clinicians and clinical students who speak publicly about their support for abortion care from being fired or otherwise facing repercussions from their primary or current employer;
  - Preventing hospitals from denying admitting privileges to a doctor just because they are an abortion provider or are willing to provide abortion care; and
  - Preventing clinicians and clinical students from employment consequences—such as rescinding a job offer or being denied residency—because of previous abortion provision, training, or their support for abortion care.

- **Address refusals to provide abortion and other health care, including by ensuring that:**
  - Hospital mergers do not result in communities losing access to reproductive health care services;
  - Institutional hospital policies that deny treatments, such as abortion or gender-affirming care, for non-medical reasons are transparent and disclosed to patients; and
  - At a minimum that patients receive emergency pregnancy care, including abortion.
- **Advocate for comprehensive sex education policies** that require medically accurate, age-appropriate, inclusive, and non-stigmatizing instruction regarding all reproductive health care options, including abortion.
- **Mitigate the harm of anti-abortion centers (AACs)**, also known as crisis pregnancy centers (CPCs), including by:
  - Ending state funding of AACs;
  - Ending any tax benefit that has been given specifically for donations to an AAC;
  - Investing in community-based models that provide pregnancy- and baby-care-related resources, such as free pregnancy tests and diapers, to those who need them; and
  - Increasing public education efforts on the danger of AACs, ensuring materials and resources are accessible, understandable, and available in (at least) the area’s top five most common languages.
- **Encourage workplaces to support access to reproductive health care and justice programs**, including by offering paid sick leave and paid medical and family leave for pregnancy-related care needs, including pregnancy loss and obtaining an abortion; providing comprehensive health insurance that includes abortion coverage; ensuring that workers who need to travel for abortion care are supported with travel costs and other relevant benefits, like childcare costs; and creating an emergency fund for employees for costs associated with accessing abortion.

## TALKING POINTS ON THE SOLUTION

[Click here for resources to help you speak your values](#) when fighting for policy change and be sure your [messaging](#) is free from abortion stigma.

- **It is more critical than ever that we act to ensure abortion access.**
- **State lawmakers play a key role in protecting those seeking and providing abortion care** and mitigating and reversing the harm and chaos created by the Supreme Court and anti-abortion lawmakers.
- **Connecting abortion to autonomy, freedom, health, and equality:**
  - We all deserve to live a safe and healthy life—and that means ensuring people have access to health care, including abortion care.
  - 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.
  - 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.
  - 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.



## Communities Impacted:

- We know who is most impacted by abortion bans: the communities that already bear the brunt of systemic inequities, disinvestment, disparities, and discrimination—Black, Indigenous, and other 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.
  - **More than 6.7 million Black women**—57% of all Black women ages 15 to 49—live in the 26 states that have banned or are likely to ban abortion.
- Being forced to carry a pregnancy to term poses particular harms for marginalized communities, 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.
  - **Nearly 55% of all Black women** of reproductive age live in a state that has both banned or is likely to ban abortion and has above average maternal mortality.

## Economic Impact:

- People have more control over their **economic security** when they can make their own decisions about their bodies and what's best for their families. These decisions affect their financial well-being, job security, and their ability to work and go to school.
- Being denied an abortion really hurts people's financial well-being, 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 at six months after birth**. Studies also show that being denied an abortion **increases the amount** of debt people are in, as well as the rate of bankruptcies and evictions.
  - Roughly **six in 10 Black women** who are economically insecure live in states that have banned or are likely to ban abortion and states that have above-average maternal mortality rates.
- Restricting abortion access **hurts workers** because being forced to continue a pregnancy may expose a worker to the risk of pregnancy discrimination and lead to income or job loss.
- Studies show clear links between access to abortion and **higher participation** in the workforce and economic independence for women. Access to abortion care increases people's ability to plan for their future careers and lives.

## PUBLIC POPULARITY

- According to a 2024 **Kaiser Family Foundation poll**, 69% of voters think abortion should be legal in all or most cases.
- According to a 2023 **CNN poll**, six in 10 adults said politicians in their state's government who support legalizing abortion are not doing enough to ensure abortion access.
- According to a 2024 **Pew Research Center survey**, a **majority of Americans** strongly agree that “the decision about whether to have an abortion should belong solely to the pregnant woman.”
- According to a **Economist/YouGov poll**, 76% of adults believe the issue of abortion is important, including 82 to 90% of 18 to 29-year-olds.

## STATES THAT HAVE PASSED THESE POLICIES

Following the Dobbs decision, at least [26 states and D.C.](#) passed laws that protect, restore, or expand access to abortion. Examples include:

- In every state where abortion appeared on the ballot in the two years after the Dobbs decision—California, Kansas, Kentucky, Michigan, Vermont, and Ohio—people have voted in favor of protecting abortion rights and access. In 2024, at least another [nine states](#) certified or advanced ballot initiatives for the November 2024 election that would protect abortion access.
- In 2023, 31 state laws were enacted to repeal abortion restrictions. By mid-year in 2024, 70 state bills had been introduced to repeal abortion restrictions, including successful legislation in [Arizona](#), which repealed a historic abortion ban, and [Utah](#), which repealed a law that required abortions to take place within a hospital.
- By mid-2024, [seven states](#) had enacted state laws that create state funding support of abortion access, including grant programs that fund access to abortion and security of reproductive health clinics.
- At least [22 states and the District of Columbia](#) have “shield” laws that protect abortion providers, such as laws that protect clinicians from civil or criminal liability or professional repercussions when providing legal abortion.
- At least five states, including [California](#), [Washington](#), [Illinois](#), [Maryland](#), and [Virginia](#), have passed laws that offer protections to patient’s reproductive health data.
- At least two states, including [Colorado](#) and [New York](#), passed or advanced legislation that would require transparency around certain hospital refusals of care.

\* 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.

POLICY BRIEF

# 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, especially since the Supreme Court unjustly overturned *Roe v. Wade*. 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 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 LGBTQI+ people—[these kinds of barriers](#) can keep them from accessing the care they need.

At the same time, no one should be coerced, pressured, or forced to use birth control. This is especially true of 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 threats to their health, the health of their families, and their economic security.

## THE SOLUTION

States should take action to remove barriers to birth control access and ensure people are free to make their own decisions about what works best for them. Importantly, policies should be drafted to include all types of birth control. This ensures that no specific type of birth control is treated preferentially over other types and no type of birth control is excluded due to political pressure.

- **Enshrine a broad right to reproductive freedom**, including the right to birth control and abortion, in state law.
- **Enact Right to Contraception Act legislation.** Modeled after a [federal bill](#), which recognizes that although there is a federal constitutional right to contraception, attacks on the right to contraception are increasing, a state Right to Contraception Act can separately enshrine a right to contraception in state law.
- **Codify the Affordable Care Act (ACA) 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.
- **Increase access points for birth control**, like permitting pharmacists to prescribe and dispense birth control and requiring 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.
- **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 emergency contraception (EC) to all sexual assault survivors, as well as EC to survivors who want it. [These laws](#) should not contain exceptions and should 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

- **Contraception is basic health care and helps people plan their lives and futures.** [Everyone](#) should have the freedom to use birth control and access to the birth control method that works best for them.
- **Every person should have access to all the resources they need to make meaningful decisions about birth control use.** No one should be pressured, coerced, or forced to use birth control or to use any particular type of birth control.
- **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. Putting the ACA birth control benefit in state law will protect our residents and could reduce [income-based disparities](#) in unintended pregnancy rates.
- **Legislation that increases access points for birth control, like extended supply and pharmacist dispensing, can help people avoid gaps in using birth control 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.

- **Birth control is such core preventive care 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.
- **One in three Latinas (33%) and over four in 10 (42%) Black women of reproductive age report that they cannot afford to pay more than \$10 for contraception.**
- **Introducing measures to protect or expand birth control access does not solve the crisis in abortion access.** Measures that limit birth control and abortion access threaten people's bodily integrity, liberty, dignity, equality, and economic security. We need both to help shape the future that we want.

## PUBLIC POPULARITY

- In the wake of the Supreme Court overturning *Roe v. Wade* and allowing states to make abortion illegal, **over half** of voters think access to contraception is at risk in their state (2024 polling on file with NWLC).
- Over **90% of voters** think that birth control should be legal and four in five Americans support passing legislation to protect birth control access.
- Eight in 10 voters support the Right to Contraception Act across racial and generational lines (2024 polling on file with NWLC).
- 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.
- Eighty-eight percent of voters think it's important that people have the right to make their own decisions about how and when to use contraception (2024 polling on file with NWLC).
- **Seven in 10 voters (71%)** support the ACA provision that requires insurance plans to cover birth control without a co-pay.
- **Seventy-three percent** of women in the United States prefer having more than one point of access to contraception.

## STATES THAT HAVE PASSED THESE POLICIES

States across the country are pursuing commonsense solutions to the barriers their residents face when trying to access contraception. For example:

- At least **15 states**, including Maine, Illinois, and New York, have passed laws requiring coverage of all FDA-approved birth control methods without out-of-pocket costs.
- At least **half of states**, including Louisiana, Maine, and New York, have adopted laws or policies requiring coverage of or supply of six or more months of birth control dispensed at one time in private insurance coverage, Medicaid coverage, or both.
- At least **nine states**, including Maryland, Massachusetts, Nevada, and Washington, have passed laws requiring coverage of some or all over-the-counter methods of birth control without requiring a prescription.
- At least **34 states** including Virginia, Maryland, and South Carolina, have passed laws that allow pharmacists to prescribe oral birth control.
- At least **21 states**, including Louisiana and Massachusetts, and the District of Columbia, have passed laws and regulations that require hospital emergency rooms to provide information about or access to emergency contraception to sexual assault survivors.



POLICY BRIEF

# END PAY DISCRIMINATION

## THE PROBLEM

More than 60 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**. Women working full time, year-round were paid just **84 cents** for every dollar paid to men in 2023. 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 paid just 66 cents, 58 cents, 58 cents, respectively, for every dollar paid to their white, non-Hispanic male counterparts. Asian American, Native Hawaiian, and Pacific Islander (AANHPI) women working full time, year-round typically are paid only 93 cents for every dollar paid to their white, non-Hispanic male counterparts, but the wage gap was **substantially larger for some subgroups of Asian American women**. When combined with rising costs, low savings, ongoing caregiving challenges, and only modest wage gains, the wage gap hits women, especially those working in low-paid jobs, hard.

**Several factors work together to cause the pay gap**—including the undervaluing of jobs predominantly held by women; lack of support for caregiving responsibilities, which women disproportionately bear; and barriers to reproductive health care—but discrimination plays a decisive role. Pay discrimination persists in part because of outdated stereotypes that continue to influence 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 be**

transparent about salary ranges to applicants or employees, perpetuate the wage gap. Pay discrimination is difficult to detect, in part because 60% of private sector employees report that discussing their wages is either prohibited or discouraged by employers—despite the fact that such prohibitions are often already illegal under the National Labor Relations Act. And even when working people discover unfair pay, loopholes in the law make it difficult to hold employers responsible for pay discrimination.

## THE SOLUTION

- **Prohibit employers from requiring job applicants to provide their salary history in the hiring** process and from relying on applicants' salary history to set pay.
- **Require employers to be transparent about pay ranges** in job announcements and with employees.
- **Prohibit employers from retaliating against employees** who discuss pay information with co-workers or applicants.
- **Strengthen equal pay laws** to explicitly include pay discrimination based on other protected characteristics such as race, ethnicity, or disability, in addition to sex. This will give employees even more tools to address the full array of pay discrimination, including intersectional discrimination that they may experience based on their membership in multiple protected classes (e.g., race, disability, national origin).
- **Require equal pay for “substantially similar” or “comparable” work** to ensure that jobs that are similar in terms of skills, responsibility, and working conditions are compensated equally.
- **Limit the reasons employers may offer to justify gender-based pay disparities for employees** doing substantially similar work. Require employers to prove that any gender-based pay differences are truly caused by something, other than sex, that is consistent with a business necessity and that accounts for the entire differential.
- **Specify that the deadline to pursue an equal pay claim starts over** each time an employee receives a paycheck that is lower because of discrimination.
- **Allow employees with successful pay discrimination claims to recover** compensatory and punitive damages to fully compensate for their losses.
- **Require the state to collect data from employers** about what their employees are paid by job category. Ensure this data is broken down by gender and other protected categories, such as race and ethnicity.
- **Require all companies that bid for and/or receive government contracts,** as a condition of receiving the contract, to analyze their pay practices for wage gaps, report race and gender wage gaps, and certify ongoing compliance with pay equity laws and principles.

## TALKING POINTS ON THE SOLUTION

- **Closing the wage gap is particularly important for Black, Latina, and Indigenous women,** who tend to be paid less than white, non-Hispanic women. Bringing Black women's earnings in line with white, non-Hispanic men's would typically bring in an additional \$25,480 per year. For Latinas, it would bring in an additional \$32,070 and for Indigenous women an additional \$30,055. In practice, this means thousands of dollars every year—and [hundred of thousands over the course of one's career](#)—that could have gone toward investing in further education, building a retirement fund, or saving for a financial emergency.
- **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](#)

\$11,550 a year to support a family and pay several month's supply of groceries, two months' child care payments, rent, health insurance premiums, student loan payments, and several tanks of gas.

- **Taking steps to address equal pay is crucial to employee recruitment and retention.** Equal pay measures, including salary range transparency, give job seekers tools to secure pay that accurately values their work and gives employers the tools to efficiently, effectively, and fairly hire the best workers.
- **Pay range transparency requirements can help level the negotiating playing field** and incentivize employers to proactively review and evaluate their compensation practices and address any unjustified disparities between employees.

## PUBLIC POPULARITY

- The **majority of voters** (62%) support passing new legislation to close the gender pay gap. A plurality of support extends across partisan and demographic lines.
- **Nearly all workers** (98%) believe employers should disclose salary ranges in their job postings, and more than half (53%) would refuse to apply for a job that does not disclose the salary range. When looking for a job, **nearly three in five adults** (58%) prefer job postings that include a pay range for the position. More than a third have applied for a job they would not have otherwise interested them because of the pay range listed alongside it.

## STATES THAT HAVE PASSED THESE POLICIES

- A national movement to strengthen equal pay laws has been sweeping through the states. In the past few years, lawmakers have introduced equal pay legislation in over two-thirds of states and many of these bills have become law. In just the last four years, **13 states and the District of Columbia** have passed pay range transparency laws so job applicants can know how much they can expect to be paid when they apply for a position.

\* The data uses the term "Native American," but this policy brief uses the term "Indigenous."



Senator Ariana Kelly speaks at an Equal Pay Day press conference highlighting legislation requiring employers to include pay ranges in job postings. Senator Kelly is joined by fellow bill sponsor Delegate Jennifer White Holland as well as small business owner Monesha Phillips and Gabriella Lemus, Ph.D, Executive Director of Maryland Latinos Unidos, both members of a broad coalition organized by the Maryland Center on Economic Policy to support the pay transparency legislation.





POLICY BRIEF

# RAISE THE MINIMUM WAGE AND VALUE WORKING PEOPLE

## 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. Millions of workers—**mostly women, and disproportionately women of color**—struggle to support themselves and their families on poverty-level wages. 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—and this gap is wider for many women of color compared to white, non-Hispanic men. **LGBTQI+ workers** and **people with disabilities** also face substantial wage gaps relative to other workers.

Congress has not raised the federal minimum wage in well over a decade. **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 workers near or below the poverty level, even when they work full time. And wages are even lower for many **tipped workers**, who are predominantly women, and 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**. In addition, most states allow employers to pay a subminimum wage—**often just a few dollars per hour**—to people with disabilities working in

segregated environments known as “sheltered workplaces,” which both reflects and reinforces harmful stereotypes and undermines disabled workers’ economic security.

## THE SOLUTION

According to the Economic Policy Institute, a single worker without children needs at least [\\$17 an hour to meet basic needs](#), and workers in costlier areas and those supporting families need more. The federal [Raise the Wage Act](#) bill would raise the nationwide minimum wage to \$17 per hour over five years, and many states should view \$17 per hour as a starting point; in other states, an even higher level will be an appropriate goal.

- **Gradually raise the state minimum wage** to at least \$17 per hour—ideally more—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, also known as “One Fair Wage.”
- **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).
- **Index the minimum wage to rise annually** based on increases in median wages or the cost of living.

## TALKING POINTS ON THE SOLUTION

- **All working people—regardless of race, class, or gender**—want jobs that allow them to support their families and live with dignity. Everyone deserves a fair wage for a day’s work.
- **Raising the minimum wage is an important tool to narrow race and gender wage gaps.** Because women—particularly [Black women](#), [Indigenous women](#), and [Latinas](#)—often are concentrated in low-paid jobs, where their work is undervalued, they [benefit the most when the minimum wage goes up](#).
- **By ensuring that a higher minimum wage applies to tipped workers**, 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.
- **In One Fair Wage states, where employers are required to pay tipped workers the regular minimum wage before tips**, [women in tipped jobs experience far lower poverty rates](#) than their counterparts in states with a \$2.13 tipped minimum cash wage.
- **One Fair Wage can benefit businesses, too:** From January 2021 to May 2023, One Fair Wage states saw [53% growth](#) in the leisure and hospitality industry, compared with just 19% growth in states with lower wages for tipped workers.
- **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](#).
- **Raising the minimum wage also benefits employers**, since it can not only boost consumer demand but also [reduce employee turnover](#), [increase productivity](#), and [improve customer service](#). In a 2024 poll, [61% of small business owners supported raising the minimum wage in their state](#).
- **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.

## PUBLIC POPULARITY

- In [2023 polling](#), most voters (76%) support raising the minimum wage to \$17 per hour, and a similar share (74%) support a \$20 minimum wage.
- In [2024 polling](#), a large share of voters (73%)—across races, genders, and political affiliations—support requiring employers to pay all employees, including tipped workers, at least the federal minimum wage (before tips).

## STATES THAT HAVE PASSED THESE POLICIES

- Legislatures in 11 states—California, Connecticut, Delaware, Hawai'i, Illinois, Maryland, Massachusetts, New Jersey, New York, Rhode Island, and Virginia—and the District of Columbia have all enacted laws to [raise the minimum wage to \\$15 per hour, or even higher](#); D.C.'s minimum wage is currently \$17.50 per hour, for example, and Hawai'i's will reach \$18 by 2026. The minimum wage in Washington is currently \$16.28 per hour due to automatic increases based on inflation, and in several additional states with similar indexing mechanisms (such as Arizona, Colorado, Maine, Oregon), the minimum wage is currently above \$14 per hour and will continue to rise.
- In 2022, [voters in Nebraska approved a ballot initiative](#) to increase the minimum wage to \$15 per hour by 2026, as did [voters in Florida in 2020](#).
- [Seven states](#) have One Fair Wage policies: Alaska, California, Minnesota, Montana, Nevada, Oregon, and Washington. [Michigan](#) will begin phasing in a minimum wage increase, including a One Fair Wage policy, in February 2025.
- [Flagstaff](#), Arizona, Washington, D.C., and [Chicago](#) are all currently phasing in One Fair Wage policies. Washington, D.C.'s policy was enacted through a ballot initiative approved by [74% of voters](#).
- Voters in [Alaska](#), [California](#), and [Missouri](#) will consider minimum wage increases on the ballot in November 2024; in [Massachusetts](#), they will consider adopting one fair wage for tipped workers. No minimum wage increase has failed on a state ballot [since 1996](#).



Members of the DC Fair Price Fair Wage Coalition hold a rally to demand that the DC Council protect wage increases for tipped workers.



POLICY BRIEF

# MAKE SCHEDULES WORK FOR WORKING PEOPLE

## THE PROBLEM

Many [low-paid, hourly 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. Not knowing when or whether you will have to work can make it difficult to find and secure a spot in a child care center, meaning families may have to cobble together last-minute child care arrangements. In addition, just-in time scheduling can prevent people from being able to make doctor’s appointments for themselves or for their families, as these appointments often need to be scheduled weeks or months in advance. The conflict between work schedules and caregiving falls especially hard on women, who still shoulder the bulk of caregiving responsibilities. [Black mothers are more likely to be breadwinners for their families](#), and women of color are [more likely to experience scheduling instability](#) than their white counterparts, compounding this conflict. 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.

## THE SOLUTION

States should pass laws that provide employees with stability and predictability in their schedules, and input into the hours they work. 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.

- **Provide all employees with the right to request changes to their work schedules**, including modified shift start and end times, without fear of discrimination or retaliation by their employers.
- **Require covered employers to:**
  - **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.
  - **Compensate employees for last-minute changes to their schedule**, including additions or reductions in hours, cancellations of regular shifts, and on-call shifts.
  - **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 agree, in writing, to work a shift without the minimum rest time.
  - **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

- **Unfortunately, volatile work schedules are all too common:** nearly [two-thirds of service sector workers](#) reported receiving their work schedules with less than two weeks' notice, and [more than one-third](#) said they received their schedule with less than one week's notice.
- **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.
- **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](#).
- **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](#).

## PUBLIC POPULARITY

- Fair workweek policies are popular across the political spectrum. 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.

## STATES AND LOCALITIES THAT HAVE PASSED THESE POLICIES

- [Fair workweek laws have already been enacted](#) in cities like Seattle, New York City, Philadelphia, Chicago, Los Angeles, and San Francisco, as well as the state of Oregon.
- Research shows that fair workweek policies are effective. [A study in Emeryville, California](#), found that after the city’s fair workweek policy went into effect, retail and food service workers reported a significant decrease in schedule instability, along with improvements in parent 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.



Christine Matthews and Chantelle Mitchell of South Carolina—storytellers with NWLC’s [Sparking Change](#) initiative—and Karla Coleman-Castillo of NWLC meet with a Member of Congress’ staff to discuss their experiences related to caregiving and working and what elected officials should be doing to support caregivers, including requiring fair scheduling practices.



POLICY BRIEF

# GUARANTEE PAID FAMILY AND MEDICAL LEAVE FOR ALL WORKERS

## THE PROBLEM

Care is an issue that impacts everyone—at some point, we will all need to provide care for a loved one or receive care ourselves. Yet the United States remains **one of the only wealthy countries** in the world with no national paid leave policy, and only **13 states** and the District of Columbia have laws guaranteeing paid leave. As a result, people across the country—especially women—are struggling to care for themselves and their loved ones while paying the bills and supporting their families.

Nearly **three-quarters of workers** in the United States lack access to paid family leave through their employers (i.e., paid time away from work to, for example, care for a family member with a serious health condition or a new baby); and **nearly 60% don't receive** paid medical leave to address their own serious health conditions through an employer-provided short-term disability program. For people working in low-paid and part-time jobs—**most of whom are women**—access is even more limited; among workers in the lowest quartile of wage earners, for example, only **14% have access** to paid family leave. The lack of paid leave falls particularly hard on Black women, **38% of whom** reported not taking leave, even when it was needed. Many workers don't take leave because of the **economic hardship** that could come from unpaid or partially paid time away from work.

## THE SOLUTION

- **Guarantee at least 12 weeks of paid leave for all workers.** Currently, no state paid leave policy provides **less than 12 weeks**. A robust body of research shows that parental leave of less than 12 weeks is insufficient for maternal or child health and well-being, and there are meaningful **improvements to health outcomes** with a longer duration of leave.

- **Reimburse all or most of employee’s wages using a progressive scale**, so the lowest paid workers receive the largest percentage of their wages—and so everyone can actually afford to take time off.
- **Protect all workers, including part-time workers and independent contractors, regardless of industry or employer size.** A paid leave law that does not provide benefits for part-time workers would disproportionately harm women, who are [overrepresented in part-time jobs](#) while also acting as caregivers for their families.
- **Guarantee that all workers are protected from retaliation for taking leave**, can maintain health insurance coverage during leave, and have the right to return to their jobs following leave.
- **Ensure workers can take leave to care for themselves and a broad range of family members**, including spouses, domestic partners, parents, children of any age, siblings, grandparents, grandchildren, and other individuals who comprise someone’s “chosen family.” LGBTQI+ individuals are [twice as likely](#) as non-LGBTQI+ people to rely on chosen family members when needing to take time off work for health-related concerns. And people of color and immigrants are [more likely to live in multigenerational households](#), where they may need to provide care to a wider range of family members.
- **Allow workers to use the benefit for a full range of caregiving needs, including time for their own serious health conditions**, parental leave, leave to care for a loved one’s serious health condition, deployment-related leave, and [safe leave](#) for survivors of domestic violence.

## TALKING POINTS ON THE SOLUTION

- **Paid leave promotes gender equity.** Women working full time, year-round are typically paid only [83 cents](#) for every dollar paid to men; that translates to nearly \$462,000 lost over a 40-year career. That lifetime loss doesn’t account for the women who are pushed out of the labor force each year when their caregiving responsibilities come into conflict with their jobs. Providing national paid family and medical leave can help narrow these disparities by increasing women’s ability to stay [attached to the workforce](#), [normalizing](#) men as caregivers, and increasing fathers’ involvement in [child care among lower income families](#).
- **Paid leave helps ensure long-term economic security, especially for women.** Retirement programs like Social Security and employer-sponsored pensions disadvantage people who take time out of the workforce, including for caregiving responsibilities. In 2019, women on average received around [\\$5,000 less in annual Social Security benefits](#) than men, driven in part by women spending fewer years in the workforce.
- **Paid leave helps combat racial inequality.** Nearly seven in 10 Black mothers are primary [breadwinners](#) in their families, but Black and Latinx\* workers have less access to paid family and medical leave compared to white workers. And when faced with an unforeseen illness or caregiving need, the [racial and gender wealth gaps](#) in this country mean that women of color are less likely to have the economic resources to allow them to take time away from work. Providing all workers with paid time to care would help close these gaps, while also improving persistent racial [health disparities](#) during pregnancy.



- **Paid family and medical leave contributes to a robust economy.** Research shows that paid leave strengthens businesses of all sizes by [reducing turnover costs and increasing employee retention](#).
- **When new mothers have access to paid leave, they experience improvements** in their own physical and mental health, including a decrease in [postpartum depression](#).
- **Paid safe leave helps survivors of violence keep their jobs and economic security while navigating complicated needs,** including preparing for or participating in legal proceedings, seeking supportive services, enrolling children in a new school or child care, moving, or addressing their own physical or mental health.


## PUBLIC POPULARITY

- Paid Family and Medical Leave is incredibly popular with voters. [More than three in four](#) independents, 70% of Republicans, and nearly 90% of Democrats support establishing a national paid leave program.

## STATES AND LOCALITIES THAT HAVE PASSED THESE POLICIES

- Paid family and medical leave is a proven solution to help families manage work and care while creating a more just and equitable society. Currently [13 states](#)—including Colorado, Maryland, and Minnesota—and the District of Columbia have laws guaranteeing paid leave for workers.
- In states that have passed paid leave laws, [research shows](#) that public health has improved, including increased on-time vaccination rates for children, reductions in infant hospitalizations, and improvements in maternal physical and mental health after childbirth.
- Employers also report seeing benefits from paid leave. In a [study of the New Jersey](#) paid leave law, for example, most employers reported no negative impact on profitability while also seeing a meaningful increase in employee morale and a decrease in stress.

\*The data uses the term Hispanic, but this Playbook uses the terms Latina/Latinas/Latinx.



POLICY BRIEF

# GUARANTEE PAID SICK DAYS AND HEALTHY FAMILIES

## THE PROBLEM

Across the country, women are struggling to care for themselves and their loved ones while paying the bills and supporting their families. Despite the lessons learned during the COVID-19 pandemic about the importance of giving people time away from work to recover when they are sick, too many workers are still without this basic protection.

In 2023, [one in four civilian workers](#) in the United States lacked any paid sick days, including a majority of people working in the [lowest paying jobs](#), who often [cannot afford to take time off](#) when they are sick or need care—a phenomenon that not only harms individuals and their families, but also presents a risk to [public health](#). Women in the service sector—which accounts for nearly 20% of the country’s workforce—are less likely to have [access to paid sick days](#) than their male counterparts. In 2022, [Latinas across all occupations were the least likely](#) of any group to have access to paid sick days. This disparity compounds gender inequality and economic insecurity, especially as mothers of color are often serving dual roles as [both primary caregivers and breadwinners](#) for their families. For workers without paid sick days, taking even a few days off to recover from an illness could mean losing wages equivalent to monthly costs for [groceries, gas, or household utilities](#) like electricity and heat. These realities leave working people with the impossible choice between taking care of their health or caring for a sick loved one and maintaining their financial security.

## THE SOLUTION

- **Guarantee that all workers, regardless of the size of their employer, can accrue at least seven paid sick days each year.** Sick time should be paid at an employee’s regular rate of pay.
- **Provide sick days that can be used in cases of personal illness,** to access preventative care, to provide care to a sick family member, and to attend school meetings related to a child’s health.
- **Allow workers to use paid sick days for “safe leave” to recover from or receive support** related to an incidence of domestic violence, sexual assault, or stalking.
- **Protect workers from retaliation or discrimination when using their earned sick time,** including prohibitions on having hours reduced or shifts changed.
- **Ensure workers can take sick time to care for a broad range of family members,** including spouses, domestic partners, parents, children of any age, siblings, grandparents, grandchildren, and other individuals who comprise someone’s “chosen family.” Survey data shows that LGBTQI+ workers are [more likely to rely on chosen family](#) when they are sick, making it vital for paid sick time laws to recognize the full range of caregiving relationships. And people of color and immigrants are [more likely to live in multigenerational households](#), where they may need to provide care to a wider range of family members.
- **Minimize certification or documentation requirements for short absences.** Many workers [face barriers in obtaining appointments with health care providers](#); by limiting the circumstances in which documentation is required, more workers will be able to use their earned sick time. And for workers recovering from common illnesses like flu, medical intervention may not even be necessary, and requiring a doctor’s note adds an unnecessary burden to utilizing leave.

## TALKING POINTS ON THE SOLUTION

- **Paid sick days improve public health.** Providing workers with time off when they or their loved ones are sick can help [reduce the spread of illness](#), and workers are more likely to [seek medical care](#) when they are sick.
- **Paid sick time laws are effective.** After Congress enacted temporary, limited paid sick time under the Families First Coronavirus Response Act (FFCRA), research shows that [infection rates began to slow](#), helping “flatten the curve.” In states without an existing paid sick days program, FFCRA sick leave led to a 56% decrease in COVID-19 infections across the state.
- **Providing workers with paid sick days increases flu vaccination rates, which can help slow the spread of diseases.** Parents with paid sick time are also better able to [access health care for their children](#), including immunizations and regular doctor’s visits.
- **Paid sick time laws can reduce racial and gender disparities in access to paid sick days.** Without guaranteed access, people working in service sector jobs—where women and people of color are overrepresented—are [unlikely](#) to have paid sick days. [Part-time workers](#)—who are predominantly women—are also far less likely to have access to paid sick days than full-time workers. Closing the racial disparity in access to paid sick days is important because everyone, no matter their race, should be able to go to the doctor, rest when they are sick, and care for the people they love.
- **Paid sick days contribute to a more robust overall economy.** Research from states with guaranteed paid sick time shows that laws have a positive impact on [local economies](#).
- **Paid sick days benefit businesses.** Workers with access to paid sick days can stay home when they are sick, thereby avoiding presenteeism—a phenomenon that [costs the employers billions of dollars each year](#). In addition, employers who provide paid leave see less employee turnover, which in turn [reduces costs to employers](#).

## **PUBLIC POPULARITY**

- Providing workers with paid sick days is popular. [Eighty-two percent of voters nationally](#) support paid sick days for workers.

## **STATES AND LOCALITIES THAT HAVE PASSED THESE POLICIES**

- Currently, [15 states](#), including New Mexico and Minnesota, along with major cities and counties around the country, have passed laws that guarantee workers can earn sick time.
- In [Washington State](#), a study found that guaranteed paid sick days meant more workers were able to stay home when they were sick, reducing rates of “presenteeism,” which helped keep workers healthy and productive. And in [Connecticut](#), paid sick days were shown to reduce on-the-job injuries.



POLICY BRIEF

# ENSURE SAFE AND THRIVING WORKPLACES

## THE PROBLEM

As the Me Too movement has made clear, workplace harassment, [including sex harassment](#), is a widespread form of discrimination, affecting working people in every state, in 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. Workplace harassment holds women and gender-nonconforming and nonbinary people back, threatens their safety, health, and economic opportunities, and excludes many from public life. Workers who are less economically secure are at the greatest risk of facing harassment, especially those holding one or more marginalized identities: 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](#), as well as judicial misinterpretation, have left many of those at the greatest risk of workplace harassment without meaningful legal protections, made it difficult for survivors to hold employers and individual harassers accountable, and allowed 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. Broader structural reforms are also needed to correct the power imbalances that enable harassment in the first place.

## THE SOLUTION

Policy initiatives to address workplace harassment and discrimination, like those below, must address all forms of harassment, not only harassment based on sex (which includes sexual orientation and gender identity). Harassment based on sex often intersects with, and reinforces, discrimination based on other protected characteristics, like race, disability, religion, age, or national origin. For example, a Black woman may experience harassment based on specific, hypersexualized stereotypes that are unique to Black women and are not imposed on women generally or Black people generally. And she might be the target of sexual comments interlaced with racial epithets. Policies that single out or remedy one form of harassment therefore leave workers holding multiple marginalized identities without adequate protection.

- **Amend anti-discrimination laws, including laws prohibiting harassment, to protect independent contractors, interns, graduate students, and guestworkers, in addition to employees.** 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 and other impacts of harassment and/or the fear of reporting do not lose the opportunity to seek justice because of a short time limit.
- **Address the judicially created “severe or pervasive” liability standard for establishing a hostile work environment claim** to correct and prevent unduly restrictive court interpretations and ensure that legal protections align with the reality of workplace behavior.
- **Allow complete redress of the harm caused by harassment and discrimination** by removing predetermined caps on the amount of compensatory and punitive damages a plaintiff can recover in a lawsuit.
- **Strengthen protections against employer retaliation**—for example, by shifting the burden of proof onto employers to show that an adverse action was not motivated by retaliatory intent; codifying specific actions that constitute retaliation, such as contacting or threatening to contact immigration authorities or assessing demerits; and requiring anti-retaliation training for employees and supervisors.
- **Enact or strengthen laws that protect survivors who speak up about harassment** from retaliatory defamation suits from their employers, also known as [Strategic Lawsuits Against Public Participation \(SLAPPs\)](#).
- **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, and limit the use of such clauses in settlement agreements.
- **Eliminate the tipped minimum wage to ensure 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.
- **Require employers to regularly report to a state or local enforcement agency the number of claims, complaints, judgments, 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.
- **Fully fund enforcement agencies, legal services, and community-based organizations** that serve survivors.

## TALKING POINTS ON THE SOLUTION

- **We all want to be safe and respected at work**, but sex harassment holds women and LGBTQI+ people back, threatens their safety, health, and [economic security and opportunities](#), and excludes them from public life.
- **Harassment is about power and control and is a product of systemic power imbalances in the workplace.** By protecting workers who speak out, holding harassers accountable, and increasing workers' economic security, we can begin to correct the power disparities that allow harassment to go unchecked.
- **Harassment harms women, families, 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. This, in turn, exacerbates the gender wage gap and limits women's ability to provide for their families, build wealth and plan for the future.

### PUBLIC POPULARITY

- Nearly half (46%) of voters in a [national poll](#) said that efforts to address sexual harassment in the workplace have made progress but haven't achieved their goals.
- [Six out of 10](#) (62%) U.S. adults have a favorable view of legislation to allow workers who signed an NDA to speak out about sexual misconduct, and [most adults](#) (53%) support removing limits on the amount of money plaintiffs can be awarded in anti-discrimination suits.

### STATES THAT HAVE PASSED THESE POLICIES

- Since 2018, [25 states and the District of Columbia](#) have enacted legislation that closes loopholes in existing harassment laws or creates new protections for victims of harassment and discrimination, including Tennessee, Kentucky, Virginia, Utah, Maryland, Vermont, and California. These reforms have taken critical steps toward expanding protections to more workers, making it easier to file claims, and strengthening safeguards against retaliation—but there is still much more work to be done.



POLICY BRIEF

# PROTECT STUDENTS AGAINST SEX HARASSMENT

## THE PROBLEM

Far too many students in PK–12 schools and in institutions of higher education experience sex harassment, including sexual assault, dating violence, and stalking. [More than one in five girls](#) ages 14 to 18 (21%) have been kissed or touched without their consent, and [one in three women](#) are sexually assaulted during their time in college, but only [2% of the former](#) and [12% of the latter](#) report the incident to their schools. Students do not report sex harassment for a number of reasons, including shame, fear of retaliation, fear of school discipline, and a belief that their harassment was not “serious enough” (e.g., because it began consensually or involved alcohol or drugs). When student survivors do come forward, they are often ignored, disbelieved, or even punished by their schools, for violations like allegedly consensual sex, self-defense (“assault”), or expressing trauma symptoms (“acting out”). 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 April 2024, the Biden administration issued [new Title IX rules](#) that undo the [harmful 2020 Trump rule](#), which rolled back decades-old protections for students survivors of sexual harassment, and strengthen protections for student experiencing any type of sex-based harassment. But regardless of what federal law requires, states can still take action to protect student survivors through legislation that addresses school complaint procedures, supportive measures, and prevention. State action is especially important in light of legal and legislative challenges to the new rule from extremists and because, despite the new rule, unduly stringent federal standards for Title IX cases continue to block many students from being able to hold their schools accountable.



# THE SOLUTION

## Strengthen Prevention Measures.

- **Train all students and staff in K-12 schools and higher education on sex harassment.** This includes developmentally appropriate sex education for all K-12 students on consent, healthy relationships, reproductive health, and [LGBTQI+ identity](#).
- **Remove police from schools to protect all students—especially Black and Indigenous students—from sex harassment, discipline, and violence.** Invest instead in guidance counselors, social workers, psychologists, and other [non-police staff](#) to build positive school climates and support survivors.
- **Eliminate dress codes, which 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.
- **Ensure trans-inclusive access to restrooms, locker rooms, and sports, which reduces sexual assault of transgender and nonbinary students,** and mitigates [health risks](#) and harm from exclusionary policies.
- **Require schools to conduct regular climate surveys on student experiences** with sex harassment and publish the survey data.

## 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 classes/dining/housing schedules, and 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 harassment (e.g., drug or alcohol use, consensual sexual activity, self-defense) or because of the harassment (e.g., class absences, trauma symptoms).

## Ensure Meaningful Accountability of Schools

States should pass a [state SAFER Act](#), which would:

- **Require schools to:**
  - **Respond whenever a school employee knows** or should have known about harassment based on sex, race, disability, etc., that negatively affects a student’s ability to participate in school, including off-campus and online harassment, even if it does not meet the unduly stringent “severe or pervasive” standard.
  - **Respond to reported harassment by offering supportive measures** (regardless of whether there is an investigation), investigating the harassment (if requested by the complainant), and taking any other necessary actions to address the effects of the harassment (e.g., facilitate a restorative process, conduct a school climate survey).
  - **Respond to harassment the first time it is reported,** even if the complainant is not harassed or assaulted again after reporting.
  - **Pay money damages if a court finds the school liable** for mistreating a student harassment victim.
  - **Take preventative measures** to address all forms of harassment based on sex, race, disability, etc.
- **Require the state’s department of education to publish a list of schools that have been investigated or sanctioned** for violating a state education civil rights law. Allow the state’s department of education to levy fines against schools that violate a state education civil rights law.

## TALKING POINTS ON THE SOLUTION

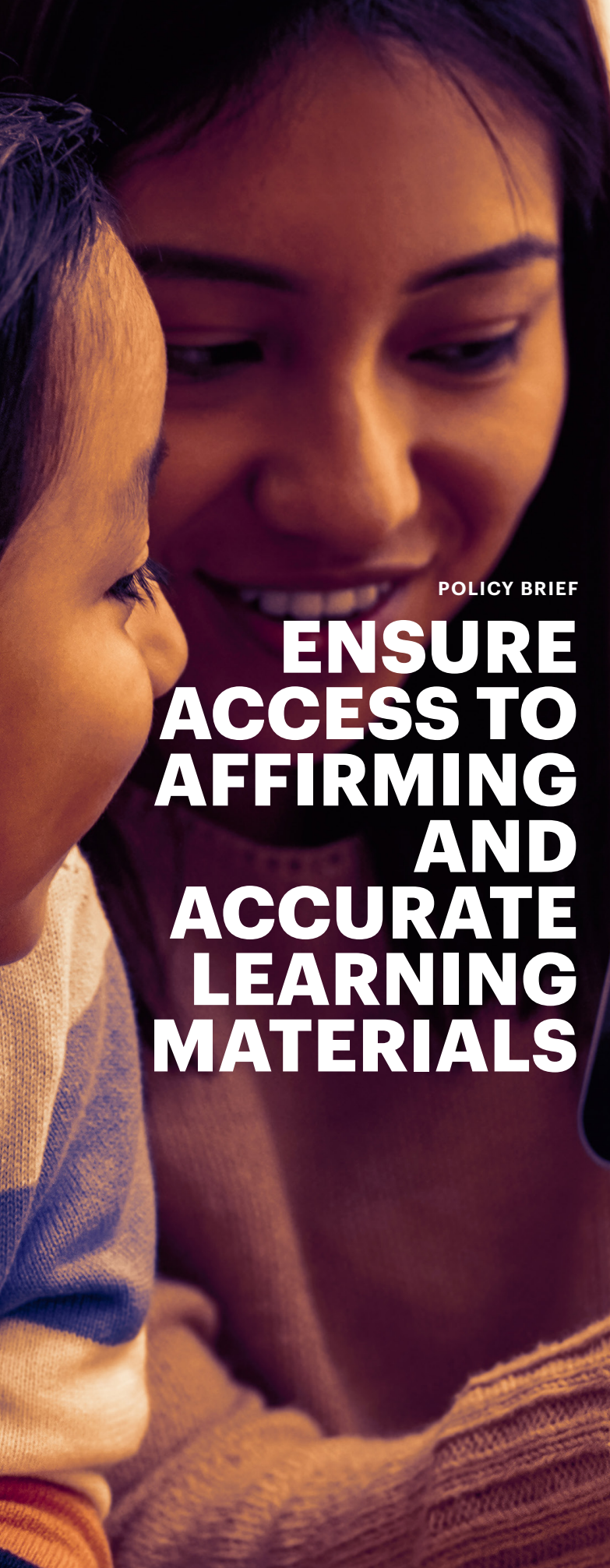
- **Schools are often the first places where people experience sex harassment**, so it is critical to address this behavior early on.
- **These policies take a holistic approach rather than a narrow focus** on requiring schools to investigate sex harassment after it has already occurred. Instead, they require schools to take proactive, comprehensive, and intersectional measures to **prevent** sex harassment from occurring in the first place. For example, comprehensive sex education in K-12 schools has been shown to be **an effective strategy** to reduce a student’s risk of experiencing or perpetrating sex harassment, sexual assault, and dating violence in college.
- **These policies are critical because they center student survivors’ academic, health, and safety needs.** They recognize the reality that investigating harassment or disciplining harassers—while an important part of a school’s response to harassment—does little to ensure that survivors can stay safe in the meantime, avoid retaliation, keep up their grades, continue their extracurricular activities, and successfully graduate.
- **These policies encourage young people to learn from their mistakes**, take true accountability, and prevent further harassment by requiring schools to conduct a **restorative process** if all parties consent to it. A restorative process allows the wrongdoer to admit they caused sexual harm, make amends to the victim, and change their future behavior.

## STATES THAT HAVE PASSED THESE POLICIES

- Many states have already passed various SAFER Act provisions. In the past several years, states like California, Colorado, Connecticut, Delaware, Hawai’i, Illinois, Maine, Massachusetts, Nevada, Ohio, and Oregon have each enacted a number of new protections for student survivors, including by requiring schools to: train students and staff on sexual harassment, conduct school climate surveys, improve survivors’ access to supportive measures, and/or refrain from unfairly disciplining survivors when they come forward. In 2023, **Colorado** became the first state to pass legislation to hold schools accountable for addressing sex, race, disability, and other harassment regardless of whether it would have previously been considered “severe or pervasive.”



NWLC staff led a workshop at the 2023 Women’s Convention for students, educators, and advocates on what states and schools can do to prevent and respond to sexual harassment and assault, sex- and race-based discipline, anti-LGBTQ+ discrimination, and discrimination against pregnant and parenting students, as well as how to fight bans on books and curriculum in schools.



POLICY BRIEF

# ENSURE ACCESS TO AFFIRMING AND ACCURATE LEARNING MATERIALS

## THE PROBLEM

Over the last few years, conservative extremists have organized to limit the information that students access in classrooms and school and public libraries. Their efforts—known as censorship or book banning—seek to remove books from public schools and public libraries and limit what students learn, including books and curriculum that address LGBTQI+ identities, gender, race, reproductive rights, sexual health, [consent](#), and [sexual harassment, violence, and abuse](#). These efforts prevent students from accessing a [broad spectrum of information](#) that contributes to well-informed citizens with [strong critical thinking skills](#). Further, these efforts deny students the opportunity to learn more about their peers and see themselves reflected in their learning environment. Students need access to this information to ensure they can lead healthy adult lives, make informed choices, think critically, and have the brightest futures possible. As a nation, we are made stronger by our diversity. All students should feel affirmed in their learning environment, including their learning materials, and they should have access to information that reflects the diversity of our nation.

## THE SOLUTION

In addition to organizing to prevent efforts by state legislatures, school boards, and school administrators to ban books and curricula, policymakers can take steps to ensure access to affirming and accurate learning materials in their schools by:

- **Passing legislation to prevent book and curriculum censorship that:**
  - **Protects public school learning materials and public library materials** from censorship based upon partisan, ideological, or religious disapproval;
  - **Ensures that professional librarians and licensed educators**, who have the necessary training and expertise, are included in decision-making about developmentally appropriate reading and curricula for students, not extremist groups or politicians promoting an agenda;
    - **When referencing materials that are appropriate for students to access, legislation should focus on a “developmentally appropriate” standard, instead of an “age appropriate” standard.** Advocates for censorship use “age appropriate” as a reason for removing learning materials that address topics such as gender identity, healthy relationships, or puberty. A “developmentally appropriate” standard refers to cognitive, social, and other skill-based standards and is a more reasonable and flexible standard to ensure youth can access the materials they are ready for.
  - **Aligns with the standard in the Supreme Court case *Board of Education, Island Trees Union Free School District No. 26 v. Pico*.** The First Amendment imposes some limitations on a school board’s discretion to remove books from school libraries—particularly when the decision to remove books is partisan, political, or is based upon a dislike of the ideas contained in a book.
- **Ensuring school administrations and school board members work with educators**, students, and school curriculum experts to develop affirming and accurate curriculum models for K-12 education.
  - **This curriculum should be racially, ethnically, and socially representative** of the school’s student body, which includes materials containing LGBTQI+ stories and information.
  - **Hold focus groups with students and staff** to gain insight on the everyday school environment, the role conservative and exclusionary curricula play in the retention of students, health and safety concerns, and policies that can be implemented or better enforced to achieve a safe and inclusive school environment for all students.
  - **Implement anti-bias trainings** to address how bias shows up in curriculum and classroom instruction.
- **Providing school districts with the resources** necessary to attract and retain a racially and culturally diverse teaching workforce which contributes to **positive outcomes** for all students, but especially for **students of color**.

## TALKING POINTS ON THE SOLUTION

- **Students deserve access to learning materials** that are **reflective of their identity**, historically accurate, and free from external political or religious bias. This contributes to safe and inclusive learning environments for students who can see their own lives reflected in what they read and learn. It allows them to feel understood and safe in their identity while learning about their peers.
- **Book bans are not new to the United States.** However, this is the first time in U.S. history that we have seen efforts on this scale to remove books from and limit curriculum in schools. In the last half of 2023, there were **4,000 instances** of book bans across the country.
- **Our country is made stronger by the diversity of our population**, and the **2020 census** revealed that we are becoming even more racially diverse. Young people should feel affirmed in their learning materials and must have access to information that reflects the **diversity of their peers** and this nation.

- **Giving young people access to stories and lessons about people who are different** from them can lead to them developing empathy for their peers and for those outside of their own community.
- **LGBTQI+ students have significantly lower rates of absenteeism** when they have access to [inclusive curricula](#) and [supportive school staff](#).
- **Black students who have racial and cultural representation in their education** and at least one Black teacher between third and fifth grades are nearly 29% less likely to withdraw from school.
- **Access to developmentally appropriate information about sexual and reproductive health allows young people to keep themselves safe and healthy.** It empowers them to make their own decisions about their reproductive health care on their own terms and timelines. Depriving young people of knowledge surrounding topics such as pregnancy, abortion, birth control, menstruation, and sexually transmitted infections (STIs) [inhibits their access to](#) and understanding of preventative measures and safe practices.
- **Comprehensive sexual education** also provides youth with necessary education surrounding consent and healthy sexual relationships, which decreases the likelihood of young people experiencing and perpetrating sexual harassment, sexual violence, and dating violence.

## PUBLIC POPULARITY

- Efforts to censor curriculum and ban books are led by a vocal minority. A [survey](#) from the American Library Association found that 71% of voters oppose censorship efforts in their local public libraries and nine in 10 parents and voters held a favorable view of librarians, who are [fighting nationwide](#) to retain books in school classrooms and libraries.
- [Three-quarters of K-12](#) parents say they trust their child’s teacher to make decisions about classroom curricula. This majority sentiment is consistent among K-12 parents across party lines, including 84% of Democrats, 67% of Republicans, and 74% of independents.

## STATES THAT HAVE PASSED THESE POLICIES

- A growing number of states have passed legislation to protect against censorship of books and curricula in public schools, public libraries, or both. As of June 2024:
- [Maryland](#) and [Minnesota](#) passed legislation to protect books in schools. For example, Minnesota prohibits the removal of books from public school libraries based upon the viewpoint, message, or ideas it conveys.
- [California](#), [Minnesota](#), and [Washington](#) passed legislation that protects school curricula. For example, Washington requires school districts to adopt inclusive curricula that incorporates the histories and contributions of racially and culturally diverse communities and the LGBTQI+ community.
- [Maryland](#) and [Colorado](#) passed legislation to implement a formal process for challenging books. For example, Maryland requires each local school system to establish policies to review objections to materials in a school library media program.
- [Maryland](#), [Minnesota](#), [Illinois](#) and [Colorado](#) prohibit the removal of books or other materials from public libraries based upon partisan disapproval or disagreement with the messages expressed in the material. For example, Illinois requires state public libraries to adopt the American Library Association’s Bill of Rights and prevents the removal of books based upon partisan or doctrinal disapproval.



POLICY BRIEF

# BUILD A STRONG CHILD CARE AND EARLY EDUCATION SYSTEM

## 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. The system was brought to the brink of collapse by the COVID-19 public health crisis, but it was under tremendous strain long before the pandemic.

The average annual cost of child care for one child ranges from approximately **\$5,700 to \$25,500**. Low-income families (less than \$50,000 a year for a family of four) with children under 5 that pay for child care spend **35% of their income on child care, compared to 7%** for higher-income families (more than \$150,000 a year for a family of four). Child care is particularly difficult to find and afford for families with infants or children with special needs and parents working nontraditional hours (evenings, nights, weekends, or irregular schedules). At the same time, child care workers—who are predominantly women and **disproportionately women of color**—are paid poverty-level wages. The median wage for child care workers is just **\$14.60 per hour**, and Black and Latina **child care workers** often earn **even less** than their white peers. The Child Care and Development Block Grant (CCDBG), the major federal child care program, aims to address these challenges by helping low-income families afford child care, improving the supply of child care, and supporting child care programs and early educators, but it falls far short of meeting the need. Just **one in six** children eligible for federal child care assistance receives help. And the last of the temporary federal relief funding that helped support the child care sector during the pandemic expired at the end of September 2024.

# 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. State investments should be supported by progressive funding sources.
- **Invest in strategies and initiatives that support early educators and child care providers:**
  - Support salary supplements, access to health insurance and retirement benefits, free child care for early educators’ own children, and other initiatives that enable early educators to receive a living wage and benefits and to have a pathway to higher wages equivalent to similarly qualified K–12 educators.
  - Support initiatives to expand and ensure equitable access to professional development for early 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 provide equitable access to additional incentives and supports to enable providers to improve their quality.
  - Support housing and zoning policies that enable home-based providers to afford to rent or own the homes where they provide care and to operate their child care programs.
- **Ensure all families have child care options that meet their diverse needs:**
  - 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](#).
- **Fully implement the requirements of the revised federal CCDBG regulations,** as well as the policies encouraged by the regulations, which are designed to reduce cost burdens for families receiving child care assistance, make it easier for families to receive child care assistance, improve payment practices for child care providers, and achieve other important objectives.
- **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.
- **Invest in well-designed prekindergarten initiatives:**
  - Make high-quality, full-school-day prekindergarten programs available to all 4-year-olds whose families want them to participate and, 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.
- Make state funding for prekindergarten programs available to schools, child care centers, family child care homes, Head Start programs, and other community-based providers that meet high-quality standards.
- **Establish a grassroots council** of parents, providers, and other community leaders—with compensation for their time and expenses for participation—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, and ongoing public investments to rebuild the child care system and make it more resilient and equitable.
- **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 early educators. Public investment is essential to solve this dilemma without placing a greater burden on parents or early educators.
- **Families unable to receive child care assistance due to long waiting lists** or restrictive eligibility criteria 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**—parents are able to support their families, children can learn and thrive, and employers can keep skilled, productive workers.
- **Early educators are always essential** and should be compensated accordingly.
- **The lack of affordable, high-quality child care is costing the United States** an estimated [\\$122 billion each year](#) in lost earnings, economic productivity, and foregone revenue.
- **Following the expiration of federal child care stabilization funding** (which had been provided through the American Rescue Plan) in September 2024, the [share of parents without access to child care](#) increased in states that did not dedicate additional state funding for child care. However, in states that did dedicate additional state funding to child care in the aftermath of the cliff, the share of parents who couldn't access child care barely rose.



## PUBLIC POPULARITY

- Sixty-eight percent of all voters say access to high-quality, affordable child care is “essential/very important” to strengthening the economy. This includes 53% of Republicans, 64% of Independents, and 84% of Democrats.
- Eighty-four percent of voters agree that “child care is essential to our country’s workforce and economy, and we should invest in it just like infrastructure such as roads and bridges.”

## STATES THAT HAVE PASSED THESE POLICIES

- Progressive and conservative states are investing in child care, recognizing how critical it is to their families and economies:
  - Vermont enacted legislation that will invest \$125 million annually into child care, allowing the state to expand the income eligibility limit for its child care assistance program from 350% to 575% of the federal poverty level by the end of 2024 as well as to increase child care provider payment rates by 35%, invest in the workforce and facilities, and cover 100% of child care fees for families with incomes up to 175% of the federal poverty level.
  - Kentucky designated \$50 million in state funds to extend child care stabilization grants previously funded by federal American Rescue Plan funds, and was the first state to make those working in licensed or certified child care programs categorically eligible for child care assistance for their own children.
  - New Mexico approved a constitutional amendment via ballot initiative in 2022, guaranteeing a right to early childhood education with dedicated revenue from a percentage of the state’s land grant permanent fund.

[Click here](#) for additional child care messaging guidance.



POLICY BRIEF

# BOOST FAMILIES' INCOMES WITH REFUNDABLE TAX CREDITS

## THE PROBLEM

Many state tax codes require low- and middle-income families to pay a **greater share of their income in taxes** than wealthy families—which disproportionately impacts women and **women of color**, who are already disadvantaged in this country's economy. State tax credits that reduce or eliminate tax liability and provide cash refunds for low- and middle-income women improve family well-being, help women afford necessities, and alleviate regressive state tax codes. Refundable tax credits are key to rebuilding an economy that **works for everyone**.

## THE SOLUTION

- **Build upon the success of federal family tax credits by offering a state Earned Income Tax Credit (EITC)**, which benefits low- and moderate-income workers and their families; a state Child and Dependent Care Tax Credit (CDCTC), which helps families who pay for child and dependent care in order to work or look for work; and a state Child Tax Credit (CTC), which helps families meet the costs of raising children. 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 to claim the state EITC with their Individual Tax Identification Numbers (ITINs), a tax processing number available to those who are not eligible for Social Security numbers. This will benefit many immigrant families who are excluded from the federal EITC.

- **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 fully refundable** 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 due to having lower incomes.
- **State CTCs should not extend eligibility for the credit to fetuses.** Anti-abortion policymakers are advancing such provisions as a way to establish fetal personhood, which would lay the groundwork for a nationwide ban on abortion and imperil some fertility treatments and birth control methods. States should instead invest in programs that already benefit pregnant people and children, such as WIC, SNAP, TANF, housing assistance, child care, and more.

## TALKING POINTS ON THE SOLUTION

- **State tax credits, especially those that provide a refund, can increase family incomes—** supporting financial security 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 stagnating wages.
- **Tax credits also boost the economy** by putting money in the pockets of families with low and moderate incomes, who are likely to spend it in their local economy.

## PUBLIC POPULARITY

- Tax credits are popular. There is limited polling on state tax credits, but surveys show wide support for expanded federal tax credits, upon which many state credits are modeled. In January 2024, [nearly two-thirds](#) of voters supported a fully refundable federal CTC. Additionally, in 2021, [62% of voters](#) supported an expanded federal EITC, with additional help for low-income, childless workers.

## STATES THAT HAVE PASSED THESE POLICIES

- [Fourteen states—from Oklahoma to Massachusetts](#)—provide CTCs (which are refundable in all but three states). [Eleven states](#) allow tax filers to claim children with ITINs for their CTC.
- [Thirty-three states, from Kansas to New York](#), and the District of Columbia provide EITCs (which are refundable in all but five states). [Nine 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.