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Reproductive Rights are Workers' Rights: Joining Forces to Implement Reproductive Freedom Ballot Measures

Reproductive health, rights, and justice organizations are working to implement the reproductive freedom ballot measures that passed in seven states in 2024. Unions play an essential role in these efforts.

States across the country, including¹ **Arizona, Colorado, Maryland, Missouri, Montana, and New York**, [enshrined](#) the right to abortion or reproductive freedom in their state constitutions in November 2024. These states join **California, Michigan, Ohio, and Vermont** in enshrining these rights in their constitutions in recent years. This is a meaningful development in these states, and a testament to the [popularity of abortion access](#) across the country.

While a significant achievement, passing a ballot measure does not automatically make reproductive freedom a reality in the state. There is a range of implementation work necessary to help bring the promise of a new constitutional protection into reality. Implementing a ballot measure can involve repealing old laws, passing new laws, legal challenges to existing restrictions, and more. It requires ongoing advocacy, organizing, and mobilization, including coalition-building across movements. **The labor movement, in particular, can play a critical role in this implementation process.**

¹ Nevadans passed a measure guaranteeing the right to an abortion in 2024, but the measure must pass again in 2026 to be enshrined in the state constitution. A majority (57%) of Floridians also voted to enshrine abortion rights into the state constitution in 2024. The measure ultimately failed because the state requires that ballot measures meet a 60% threshold for passage.

Unions are a powerful organizing force in the fight for people's ability to have autonomy over their bodies and lives and get the health care they need. Union members strongly support abortion access, with [three in five](#) saying they would be more favorable to their union if it fought for abortion access. Already, many unions have come out in [support](#) of abortion access by [endorsing ballot measures](#), [passing resolutions](#), and [bargaining for abortion access](#). That is in part because abortion bans hit working people hard, and because there are [looming threats](#) from right-wing extremists at the federal level that could further erode abortion access and economic justice. In this moment, it is essential for reproductive rights, health, and justice and worker justice movements to come together to fight for reproductive freedom in our communities.

Many of the states that enshrined the right to abortion or reproductive freedom in their state constitution continue to have one or more abortion restrictions. Unions in states that have passed reproductive freedom protections can work alongside reproductive rights, health, and justice groups to implement the ballot measures and end these restrictions. While priorities will vary across states and coalitions, unions should consider joining forces with the reproductive health, rights, and justice groups in their communities to end abortion restrictions and make reproductive freedom a reality for working people.

The following pages identify some of the abortion restrictions that exist in states that have passed reproductive freedom ballot measures and explain their harm to working people. This list includes restrictions in effect and does not include restrictions that state judges have temporarily blocked (as of publication).

State bans on insurance coverage of abortion.

- Some [states](#) ban or severely restrict insurance coverage of abortion for people enrolled in both public and private insurance plans.
- Of the states that have passed reproductive freedom ballot measures, **Arizona, Michigan, Missouri, and Ohio** withhold coverage of abortion from people enrolled in their state's Medicaid program. Although **Colorado's** new constitutional protections explicitly allow the use of state funds to provide abortion coverage, this has yet to be implemented. **Missouri** also bans private insurance coverage of abortion.
- Accessing abortion care is [costly](#), especially for working people, due to deliberately constructed barriers, such as having to travel long distances to clinics, take unpaid leave, and pay out-of-pocket expenses for abortion care, transportation, and child care.
- Banning public insurance coverage of abortion effectively bans abortion for people living in poverty. Banning private insurance coverage of abortions forces people to pay high out-of-pocket costs. People deserve access to abortion, regardless of where they get their health insurance and how much money they make.

Restrictions on the use of medication abortion.

- [Sixty-three percent](#) of abortions in the United States are medication abortions and [one in five](#) abortions are telehealth abortions. Yet, some states are restricting access to this critical medication.
- Of the states that have passed reproductive freedom ballot measures, **Arizona and Missouri** restrict access to medication abortion.
- [Restricting abortion medication](#) may include requiring pills to be dispensed in-person and/or by a physician and banning providers from mailing abortion pills.
- These restrictions severely limit abortion access for working people, particularly those who rely on mailed abortion pills because they live in a rural area or lack access to reliable transportation.

Targeted Regulation of Abortion Provider (TRAP) laws.

- TRAP laws are [medically unnecessary regulations](#) on abortion providers and clinics, including onerous licensing, spatial, and hospital admitting privilege requirements, that make providing abortion care harder and more costly.
- Of the states that have passed reproductive freedom ballot measures, **Arizona, Maryland, Missouri, and Ohio** have TRAP laws.
- TRAP laws make it [harder for abortion providers and clinics](#) to serve communities, forcing working people to travel longer distances to access abortion care.

Restrictions on allowing advanced practice clinicians to provide abortion care.

- Many states allow only physicians to provide abortion care while prohibiting qualified advanced practice clinicians (i.e. physician assistants, certified nurse-midwives, and nurse practitioners) from doing so.
- Of the states that have passed reproductive freedom ballot measures, **Arizona, Missouri, and Nevada** have these restrictions.
- These medically unnecessary restrictions limit the number of abortion providers in communities and worsen existing barriers to access, hitting working people hard.

Forcing young people seeking abortion care to involve their parents.

- Many states require [parental consent or notification](#) for a young person to have an abortion. Of the states that have passed reproductive freedom ballot measures, **Arizona, Colorado, Maryland, Michigan, Missouri, Montana, and Ohio** force parental involvement in a young person's abortion decision.
- While many young people will choose to involve their parents or caregivers in the process of accessing abortion care, parental involvement laws put young people who have unsafe relationships with their parents at risk of harm and/or being forced to carry the pregnancy.
- Young working people already face challenges including low pay, unfair working conditions, union suppression, and more. Parental involvement laws exacerbate these challenges, while doing nothing to support young people who are pregnant and parenting students and workers.

Forcing people seeking an abortion to undergo mandatory delays and biased counseling.

- Many states require patients to undergo largely biased "counseling" on abortion, often in-person, and then make them wait a specified amount of time, anywhere between 24-72 hours [before they can receive abortion care](#).
- Of the states that have passed reproductive freedom ballot measures, **Arizona** has mandatory delay and biased counseling requirements.
- Mandatory delays and counseling exacerbate the costs of accessing abortion care, such as lodging, child care, and lost wages from unpaid leave. This makes abortion harder to access and more costly for working people, many of whom are granted no paid sick leave from their jobs.

To learn more about these policies or how to get involved in the fights in your state, reach out to AbortionUnitesUs@nwl.org.