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 want or 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's erroneous decision in *Dobbs v. Jackson Women's Health Organization* (2022) took away our constitutional right to abortion—a right that was fundamental to our health, lives, futures, and society for nearly 50 years. In the immediate aftermath, anti-abortion state policymakers focused on banning abortion; nearly half of states made abortion inaccessible, leading to clinic closures and severely reduced availability of abortion care in a clinic setting.

Now anti-abortion state policymakers have largely shifted their focus from abortion bans to attacking medication abortion and youth access to reproductive health care. They have also worked to remove regulation of and expand support for anti-abortion centers, all while public funding is being stripped from legitimate reproductive health care clinics. There has also been a significant uptick in efforts to criminalize people that seek abortions—continuing a long history of criminalization of pregnant people and abortion providers—and a significant uptick in efforts to give legal rights to fetuses and embryos. In addition to the attacks at the state level, the Trump administration is exacerbating the abysmal landscape of abortion access—including by working to make the anti-abortion goals of Project 2025 a reality—making state level protections more critical than ever.

Restricting abortion access disproportionately harms 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, which can create economic insecurity and health consequences that last for years, especially when combined with all too common barriers to accessing other pregnancy-related care and other resources, like healthy food and broadband internet.

1350 I STREET NW SUITE 700 WASHINGTON, DC 20005 202-588-5180 NWLC.ORG

Despite these harms, anti-abortion policymakers continue to be relentless in their attacks, threatening anyone and everyone who plays any role in abortion access. This creates legal uncertainty and fear for pregnant people, loved ones, abortion providers and other health care professionals, employers, schools, businesses, and city governments, among others.

THE SOLUTION

It is critical that state policymakers act boldly and swiftly to ensure the right to abortion and people's ability to access abortion care. Even in states with protected access to abortion, state policymakers can take action to expand access to care by eliminating existing barriers or thinking creatively about how to meet existing needs. Not only can policymakers 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 (AACs), 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 essential for policymakers 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. At the same time, policymakers can look at protections that already exist in their state and make sure that they are plainly spelled out. For example, **attorneys general** can issue opinions that make clear that a state constitution protects the right to abortion or that clarify existing state law. Make sure that these efforts also include:
  - » Decriminalizing the provision of abortion care, actions that assist people in accessing abortion care, and having or seeking a medically assisted or self-managed abortion; and
  - » Opposing efforts to assign legal rights and benefits to fetuses, embryos, and fertilized eggs.
- **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.
- **Address denials of care, including** refusals to provide abortion and other health care, by, for example:
  - » Repealing laws that allow institutions or other entities, such as hospital insurance plans, to refuse care; and require institutions that have the capacity to provide health care to do so;
  - » Ensuring that hospital mergers do not result in communities losing access to reproductive health care services;
  - » Reforming laws that allow individual health care providers to deny care because of personal beliefs to ensure they do not result in harm to the patient, including robust requirements for referrals, options counseling, and facilitating access to willing providers; and
  - » Ensuring that patients receive emergency pregnancy care, including abortion.
- **Advocate for abortion access as an integral part of achieving sex equality**, including by:
  - » Supporting a broad right to equality that includes access to abortion, whether by statute or constitutional amendment; and
  - » Educating the public on the connection between abortion access and equality, including in legislative findings, freestanding resolutions, or in legislative testimony.
  - » If you're in a state with an existing Equal Rights Amendment, consider working with your state's Office of the **Attorney General** to challenge restrictions on abortion care in the law (examples from Pennsylvania and Nevada).
- **Expand medication abortion access**, such as by 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;
  - » Creating an abortion care grant program and fund it with unused, separately accounted insurance premium dollars;

» Incorporating abortion access needs into the state budget;

» 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; and

* Eliminating cost-sharing for abortion and abortion-related services, including for telehealth abortions.

- **Prohibit employment discrimination against employees for their** reproductive decisions, including for having abortions, using assisted reproductive technology, or using birth control.

- **Protect abortion providers, people who have abortions**, and people who help others access abortion, including by improving physical security and data privacy, by:

» Expanding data shield laws that generally bar the disclosure of sexual or reproductive health information, including in response to out-of-state subpoenas, so that they include abortion providers, patients, and helpers;

» Directly granting funds to clinics so they may invest in their own security enhancements;

» Bolstering data privacy protections of abortion seekers, abortion providers, and individuals and organizations that assist those seeking abortions, including by increasing privacy guardrails around how tech companies can store and use consumer data;

» Implementing guardrails around digital IDs;

» Prohibiting out-of-state subpoenas or extradition to a hostile state;

» Refusing to participate in other states' investigations of pregnancy outcomes and abortions that are legal in your state; **Governors** can clearly affirm this policy.

» 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;

» 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;

» Allowing for medication abortion prescription labels to include the name of the clinic or institution, rather than the name of the individual provider;

» **Attorneys general** can make clear that prosecutions for pregnancy outcomes are prohibited due to lack of authority and that they will not prosecute pregnant people under abortion bans.

- **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.

- **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**, 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;

  » 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;

  » Protecting the private information of people who visit AACs; and

  » Increasing consumer protection warnings on the dangers of AACs, and auditing AAC funding streams.

- **Encourage workplaces to support access to reproductive health care and justice programs**, including by incentivizing employers to:

  » Offer paid sick leave and paid medical and family leave for pregnancy-related care needs, including pregnancy loss and obtaining an abortion;

- » Provide comprehensive health insurance that includes abortion coverage;
- » Ensure that workers who need to travel for abortion care are supported with travel costs and other relevant benefits, like child care costs; and
- » Create an emergency fund for employees for costs associated with accessing abortion.

- **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.

TALKING POINTS ON THE SOLUTION

- **Connecting abortion to autonomy, freedom, health, and equality:**
  - » Everyone should have the opportunity to live a safe and healthy life—and that means ensuring people have access to reproductive health care, including abortion care.
  - » Abortion care allows us to build the future we want for ourselves and our families, letting us participate equally in society.
  - » One of the most important life decisions we will ever make is whether or when to become a parent. Every person should be able to make decisions about pregnancy, including abortion, without barriers, shame, or political interference. Let's trust people to make decisions that are best for their lives and their bodies.
  - » We aren't truly free until everyone can make decisions about their bodies, lives, and futures. Denying abortion care and forcing someone to continue a pregnancy against their will takes away their freedom. Our laws should protect our rights, not try to control and dehumanize us.
  - » We cannot be truly equal if we don't have control over our own bodies and lives. Banning abortion is about controlling us and returning to a time when we could not make decisions about our bodies and futures.
- **Communities Impacted:**
  - » We know who is most impacted by lack of abortion access and the criminalization of abortion seekers: 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, LGBTQIA+ people, young people, people living in rural areas, people with disabilities, immigrants, and people in abusive relationships or those that have suffered domestic or sexual violence.

» Over 5.5 million Black women—54% of all Black women ages 15 to 49—live in the 22 states where abortion is banned or under threat.

» Over half a million women of color of reproductive age live in counties with abortion care deserts and pregnancy care deserts.

» In the three years following the *Dobbs* decision, anti-abortion policymakers in 13 states introduced bills that would criminalize abortion seekers by bringing homicide charges against people who have an abortion. Of the 21 million women of reproductive age that live in those states, 9.4 million are women of color and 6.7 million are economically insecure.

» Being denied abortion access and forced to carry a pregnancy to term creates higher health harms for marginalized and targeted communities, especially Black women.

* Black women are nearly 3.5 times[1] more likely to die from a pregnancy-related cause than white women.

* Indigenous women also have an increased rate of pregnancy-related mortality.

* Black and Latina women are overrepresented in abortion care deserts, increasing their risk of adverse health outcomes and widening racial disparities in maternal health.

- **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 disproportionally living in poverty or facing economic insecurity. People who are denied an abortion have nearly four times the odds of living below the poverty line at six months after giving birth compared to those who were not denied. A 2020 study also shows that being denied an abortion increases the amount of debt people have compared to pre-pregnancy, as well as negative impacts on their credit, such as from 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 negatively impacts state economies and women's labor force participation.

» Restricting abortion access hurts workers because being forced to continue a pregnancy may lead to increases in poverty and unemployment and make it harder to take care of themselves or their families.

» Studies show clear links between access to abortion and higher participation in the workforce and economic benefits for women. Access to abortion care increases people's ability to plan for their future careers and lives.

Additional Messaging Resources

- Click here for resources to help you speak your values when fighting for abortion policy change and be sure your messaging is free from abortion stigma.
- Click here for resources to talk about how anti-abortion and anti-trans movements are using coordinated strategies and tactics to attack fundamental rights.
- Click here for resources to talk about the relationship between abortion and broader social justice movements, and click here for a deeper dive on the connections between abortion, economic justice, and worker justice.
- Click here for resources to talk about the legal strategy to give rights and benefits to fetuses and embryos.

Public Popularity

- As of January 2026, the majority (58%) of adults support guaranteeing rights and access to abortion.
- Sixty-four percent of adults said abortion should be legal in all or most cases as of a July 2025 poll. Fifty-five percent of people believed medication abortion should remain legal as of January 2026.
- More than three-quarters of voters said it is extremely or very important to protect the rights of people who are pregnant or could become pregnant as of a December 2024 poll.
- In nearly every state where abortion appeared on the ballot in 2022 and 2023, immediately following the *Dobbs* decision—California, Kansas, Kentucky, Michigan, Vermont, and Ohio—people voted in favor of protecting abortion rights and access. In 2024, Arizona, Colorado, Maryland, Missouri, Montana, Nevada (not yet in effect), and New York passed ballot measures to expand and protect reproductive freedom. A clear majority of Floridians voted in favor of restoring abortion access, but the ballot measure ultimately failed because of the high threshold required for passage, as implemented by anti-abortion policymakers. New York's ballot initiative amended the state constitution's equal rights amendment to include anti-discriminatory protections for pregnancy, pregnancy outcomes, and reproductive health care and autonomy. In 2026, at least three states (including Nevada) are working to advance ballot initiatives for the November 2026 election that would protect abortion access.

State-Specific Data

- Click here for state-by-state public opinion polling on abortion as of March 2024.
- Click here for U.S. abortion laws by state.

Examples of State and Local Policies

Following the *Dobbs* decision in 2022, states passed at least 217 provisions that protect or expand access to abortion (49 in 2025; 39 in 2024; 129 in 2023). Examples include:

- In response to attacks on the federal law guaranteeing emergency care (EMTALA), several states introduced legislation that would protect emergency access to abortion at the state level. Illinois enacted such a bill in 2024, and Colorado, New York, and Washington enacted similar protections in 2025. Maryland enacted similar legislation in 2026.
- In 2025, Maryland legislators passed first-of-its-kind legislation that establishes the Public Health Abortion Grant Program and Fund, which will direct unused, separately accounted insurance premium dollars toward funding abortion care for those in need. Illinois legislators introduced a similar bill in 2026.
- At least 22 states and the District of Columbia have "shield" laws[2] that protect abortion providers, such as laws that protect clinicians from civil or criminal liability or professional repercussions when providing legal abortion. In 2025, legislators in 16 states introduced 39 bills to improve shield law protections for abortion providers and patients, and eight were enacted (in California, Colorado, the District of Columbia, Delaware, Massachusetts, North Carolina, Vermont and Washington).

** 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.*

FOOTNOTES:

1. NWLC calculations based on Figure 2. Black, non-Hispanic women's maternal mortality rate in 2023 was 50.3 deaths per 100,000 live births. This rate divided by white, non-Hispanic women's rate of 14.5 deaths per 100,0000 live births yields a result of 3.47.
2. Data found under Guttmacher's map's 'Choose Policy', 'Protections,' and 'Shield law protections' options.