

Federal Role

➤ The President:

- The president is elected by receiving 270 votes from the Electoral College, not the popular vote. The number of electors from each state is determined by the number of senators and members of Congress in its delegation. In 2000 and 2016, the Republican nominee lost the popular vote but won based on Electoral College votes.
- The president signs, implements and enforces laws passed by Congress.
 - The president can veto bills he or she does not agree with by signing a veto order or refusing to sign a bill by a statutory deadline (a pocket veto).
 - The president can formally discuss a position on the bill by issuing a Statement of Administration Policy, or SAP.
- The president is the commander in chief of the U.S. military, and manages crises that require a governmentwide response, such as natural disasters.
- The president nominates cabinet secretaries who run federal departments, the leadership of federal government agencies and federal judges, including Supreme Court justices.
- The president can use the “bully pulpit” of the presidency to set agendas or recommend legislation to Congress.
- Presidents also have executive order authority, which directs federal agencies to carry out policies that address the president’s policies. Executive Orders have the same power as federal law. Executive Orders can only be overturned by a sitting president.

➤ The Vice President

- The vice president presides over the Senate.
- The vice president can only vote on Senate legislation to break a tie. Vice presidents have broken a tied vote in the Senate 294 times.

President Biden’s Executive Orders on Reproductive Care and Access¹

Date of Action	Department/Agency	Action
Jan. 21, 2022	U.S. Department of Health and Human Services (HHS)	<p>On the 49th anniversary of <i>Roe v. Wade</i>, Secretary Xavier Becerra established the HHS Intra-agency Task Force on Reproductive Healthcare Access.</p> <p>The task force is composed of senior-level HHS officials who have been charged with the responsibility to identify and coordinate specific actions that protect and bolster access to sexual and reproductive health care.</p>
June 24, 2022	HHS	<p>HHS launched Reproductive Rights.Gov, a website to serve as a guide to existing reproductive rights in the United States. The guide outlines rights to abortion, birth control, emergency care services and preventive care, as well as information on insurance coverage and resources for finding health care options regardless of insurance status.</p>

¹ Taylor, Jamila. [“How the Biden-Harris Administration is Supporting Access to Abortion.”](#) The Century Foundation, Sept. 6, 2022.

<p>July 8, 2022</p>	<p>White House, Office of the President</p>	<p>President Biden signed an executive order protecting access to reproductive health care services. The executive order builds on the actions taken by the administration to protect reproductive rights by: safeguarding access to reproductive health services, protecting the privacy of patients, promoting the safety of patients, providers and clinics, and coordinating efforts through the creation of an Inter-agency Task Force on Reproductive Health Access.</p> <p>More specifically:</p> <ul style="list-style-type: none">+ The executive order directs HHS to protect access to medication abortion, ensure emergency medical care is available, protect access to contraception, increase outreach and public education efforts, and convene volunteer lawyers to encourage legal representation related to attacks on reproductive health access. HHS must submit a report on these efforts within 30 days.+ Privacy protection actions include directing the HHS and Federal Trade Commission to consider additional threats to stop deceptive practices and protect sensitive health information.+ The administration will also protect the safety of providers and patients of reproductive health services.
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<p>July 11, 2022</p>	<p>HHS</p>	<p>Following President Biden's executive order, HHS issued guidance to clarify that the Emergency Medical Treatment and Labor Act (EMTALA) includes abortion services.</p> <p>First enacted in 1986, EMTALA provides rights to any person who comes to a hospital emergency care and seeks treatment. Under EMTALA regulations, hospitals must provide stabilizing medical treatment if an emergency medical condition is found to exist. As abortion bans continue to take affect nationwide, the Biden administration has reminded hospitals that they must comply with EMTALA regulations. Meaning, if a person is experiencing a life-threatening condition due to their pregnancy, a physician is legally obligated to perform an abortion regardless of state law. EMTALA regulations trump state laws. Hospitals could receive fines or be removed from the Medicare program if they fail to comply.</p>
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<p>July 13, 2022</p>	<p>Federal Trade Commission (FTC)</p>	<p>Following President Biden's executive order, the FTC has committed to enforcing the law against the illegal use of sharing highly sensitive data.</p> <p>Sensitive data can include a person's location as well as their medical information. When sharing personal information online, it is important to remember that many apps and websites that claim to be anonymous are often "deceptive," and this data often can be reidentified. For example, the data used by period trackers or fertility trackers can be used to determine when a person became pregnant.</p>
<p>July 14, 2022</p>	<p>HHS</p>	<p>Following President Biden's executive order, HHS issued new guidance that directs pharmacies to fill medication abortion, contraception and other prescriptions.</p> <p>Under this guidance, the Biden administration is enforcing Section 1557 of the Affordable Care Act and Section 504, which prohibits recipients of federal financial assistance from denying an individual benefits—including the supply of medication—on the basis of their sex, disability and other basis. According to the Biden administration's interpretation of these nondiscrimination rules, pharmacies cannot discriminate against pregnant people, as pregnancy is a form of sex discrimination. Therefore, they must supply pregnant people with their medications.</p>

<p>July 25, 2022</p>	<p>HHS</p>	<p>HHS proposed a rule implementing Section 1557 of the Affordable Care Act to prohibit discrimination on the basis of sex, disability, race, color, age and national origin in health services and activities. Most relevant to abortion access, the proposed rule expands the definition of sex-based discrimination to include pregnancy or related conditions like “pregnancy termination.”</p>
<p>Aug. 2, 2022</p>	<p>U.S. Department of Justice (DOJ)</p>	<p>The DOJ filed a lawsuit against Idaho for violating EMTALA regulations.</p> <p>Idaho’s near total ban on abortion provides exceptions if abortion is necessary to prevent the death of the pregnant woman or in cases of rape or incest, but the law does not allow abortion to protect the health of a patient. Secretary Becerra explained the reasoning behind the DOJ’s action: “Pregnant women should not have to be near death to receive care.” If a physician determines that an abortion is stabilizing treatment, then under EMTALA regulations a state’s law cannot prohibit that care.</p>

<p>Aug. 3, 2022</p>	<p>White House, Office of the President</p>	<p>At the first convening of the Task Force on Reproductive Health Access, President Biden signed an executive order to protect access to reproductive health care and other services.</p> <p>This executive order clarifies EMTALA regulations; issues guidance to pharmacies that receive federal assistance under Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act; and provides protections for consumers against the illegal use and sale of sensitive data.</p> <p>Acknowledging the damaging effect of anti-abortion laws on maternal health outcomes and the need to monitor the effects of abortion bans, this executive order also directs HHS to evaluate and improve research on maternal health.</p>
<p>Aug. 26, 2022</p>	<p>HHS, Centers for Medicare and Medicaid Services (CMS)</p>	<p>Building off of the latest executive order, Secretary Xavier Becerra and CMS Administrator Chiquita Brooks-LaSure sent a letter to governors, as well as state CMS directors, inviting them to submit 1115 demonstration waivers to expand access to care to individuals traveling from states that have banned or restricted abortion care. The letter emphasizes, in addition, the flexibility that states have in using their state Medicaid funds. The letter also reiterated guidance on EMTALA.</p>

Aug. 26, 2022	HHS	<p>HHS released a report (as required by Executive Order 14076) on its plan of action in response to the <i>Dobbs v. Jackson Women’s Health Organization</i> decision. The report outlines actions taken regarding access to medication abortion and contraceptive care, EMTALA and nondiscrimination in health care, protecting patient privacy, improving awareness and access to accurate information, and improving data quality.</p>
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➤ **Congress:**

- Passes laws.
- Committees hold hearings on legislation and issues within committee jurisdiction.
- Conducts oversight and investigative hearings:
 - Oversight hearings are held on federal matters within a committee’s jurisdiction.
 - Investigate and oversee federal programs.
 - Committees consider pending legislation and either favorably report bills that may be voted on by the full body or fail to report legislation with insufficient support.
 - Investigative hearings are part of the systems of checks and balances within the federal government and may address abuses of power and corruption within federal agencies.

➤ **Senate:**

- The Senate has the same role as the House with a few exceptions:
 - Confirm presidential nominees to run federal agencies.
 - Confirm federal judges.
 - Conducts presidential and judicial impeachment trials.
 - Approves treaties (the power to advise and consent).

➤ **House and Senate Leadership (determined by the party holding the majority):**

- Speaker of the House (Nancy Pelosi):
 - Elected by the House majority caucus.
 - Presides over House proceedings.
- Senate Majority Leader (Chuck Schumer)
 - Elected by the Senate majority caucus.
 - Presides over Senate proceedings.

➤ **Breakdown of House and Senate Membership by Party:**

- House:
 - Democrats – 221
 - Republicans – 212
 - Two current vacancies
- Senate:
 - Democrats – 48
 - Republicans – 50
 - Independents – 2 (Both caucus with the Democrats)
- The Vice President:
 - Can preside over the Senate.
 - Can only vote to break a tie vote. Vice President Kamala Harris has voted to break a tie vote 21 times, the third most behind Vice President John Calhoun (31) and Vice President John Adams (29).

The Role of Political Parties in the House and Senate

The dynamics behind today’s congressional polarization have been long in the making. The analysis of members’ ideological scores finds that the current standoff between Democrats and Republicans is the result of several overlapping trends that have been playing themselves out—and sometimes reinforcing each other—for decades.

- Both parties have grown more ideologically cohesive. There are now only about two dozen moderate Democrats and Republicans left on Capitol Hill, versus more than 160 in 1971–72.
- Both parties have moved further away from the ideological center since the early 1970s. Democrats, on average, have become somewhat more liberal, while Republicans, on average, have become much more conservative.
- The geographic and demographic makeup of both congressional parties has changed dramatically. Nearly half of House Republicans now come from Southern states, while nearly half of House Democrats are Black, Hispanic or Asian/Pacific Islander.²

The Filibuster

Current Senate rules allow the minority party to delay—to the extent of blocking—legislation by requiring 60 votes to end debate and move to a vote on the bill.

- The filibuster is a Senate rule. It is not enshrined in the Constitution or federal law.
- In 2013, the Democratic majority changed the rule to allow confirmation of federal judges by a simple majority vote.
- In addition to the confirmation of federal judges, there are 161 exceptions to the filibuster rule, including the budget reconciliation process. During the current Congress, the filibuster rule has blocked votes on bills with majority support, including:
 - The Women’s Health Protection Act
 - The John R. Lewis Voting Rights Advancement Act
 - The Pregnant Workers Fairness Act

² DeSilver, Drew (2022). [“The Polarization in Today’s Congress has Roots That Go Back Decades.”](#) Pew Research Center, March 10, 2022.

- The Respect for Marriage Act
- The Protecting the Right to Organize (PRO) Act

Roles and Responsibilities of State and Local Governments

Who Makes Decisions About Reproductive Rights and Bodily Autonomy at the State and Local Level?

Locally Elected District Attorneys

- Determine who will face criminal prosecution for violation of laws restricting or banning reproductive care.

Locally Elected/Appointed Judges

- Interpret state abortion bans and have the authority to block trigger laws.

State Legislators

- Enact or reject state abortion ban, Medicaid expansion, voting rights/restrictions and living wage legislation.

State Offices

- **Governors** — Gubernatorial terms are four years in every state, commonwealth and territory but New Hampshire and Vermont, which have two-year terms. All governors with the exception of Virginia's may succeed themselves, although they may be limited to a specific number of consecutive or total terms.
- **Governors play two significant roles in relation to state legislatures.** First, they may be empowered to call special legislative sessions, provided in most cases that the purpose and agenda for the sessions are set in advance. Second, and more familiarly, governors coordinate and work with state legislatures in:
 - Approval of state budgets and appropriations.
 - Appointing/confirming executive and judicial appointments.
 - Legislative oversight of executive branch functions.
 - Primary contact between state and federal government.
 - Propose, pass and enact legislation.
 - Manage state agencies and appoint heads of agencies (education, health, corrections).
 - Command the State National Guard.
- **Enactment of Legislation**
Governors often use State of the State messages to outline their legislative platforms, and many governors prepare specific legislative proposals to be introduced on their behalf. Additionally, state departments and agencies may pursue legislative initiatives with gubernatorial approval. Governors may use their role as party leaders to encourage

support for legislative initiatives, and along with department heads and staff may seek to influence the progress of legislation through regular meetings with legislators and legislative officials.

➤ **Executive Orders**

The authority for governors to issue executive orders is found in state constitutions and statutes as well as case law, or is implied by the powers assigned to state chief executives. Governors use executive orders—certain of which are subject to legislative review in some states—for a variety of purposes, among them to:

- Trigger emergency powers during natural disasters, energy crises and other situations requiring immediate attention.
- Create advisory, coordinating, study or investigative committees or commissions; and address management and administrative issues such as regulatory reform, environmental impact, hiring freezes, discrimination and intergovernmental coordination.

➤ **Veto Power of Governors**

All 50 state governors have the power to veto whole legislative measures. In a large majority of states a bill will become law unless it is vetoed by the governor within a specified number of days, which vary among states. Other types of vetoes available to the governors of some states include “line-item” (by which a governor can strike a general item from a piece of legislation), “reduction” (by which a governor can delete a budget item), and “amendatory” (by which a governor can revise legislation). Legislatures may override vetoes, usually by a supermajority (a majority (such as two-thirds or three-fifths) that is greater than a simple majority) vote.

➤ **State Legislatures—Not only are far more laws decided at the state level than federal, most laws pass at the federal level only after those policies have gained public support and been passed in several states.**

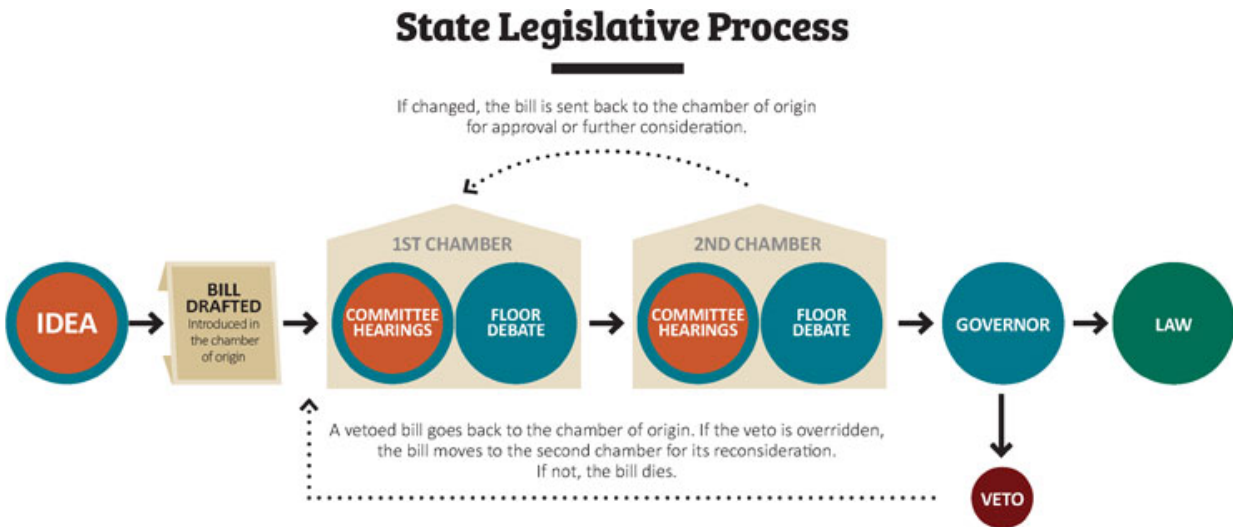
➤ **“State legislature”** is a general term referring to the legislative body that is responsible for making the laws for the state. Specific names vary by state, including “general assembly,” “general court,” “legislative assembly” or even just “legislature.”

➤ A **“legislative session”** is the period of time when legislative members are actively lawmaking—debating and voting on bills. Generally, members are at the state capitol and away from the districts they represent during this time period. When legislatures are not in session, members typically return to the districts they represent where they can spend time meeting and addressing the concerns of the voters in their districts. Frequency and duration of legislative sessions varies greatly among states.

➤ **Understanding the State Legislative Process**

State legislatures vary from state to state, with differences in the number of legislative members and staff, time spent in session, legislative procedures, political makeup and so on. However, the general legislative process is similar across the states.

- A legislator introduces a bill.
- The bill is assigned to a committee.
- The committee holds public hearings.
- The committee acts on the bill (e.g., amends it, sends it to the full House or Senate for debate or kills it).
- Legislators debate the bill's merits, may amend it, and vote for or against the bill.
- If it is approved, the bill then goes to the other chamber, where the process is repeated.
- If the bill is amended during consideration by the second chamber, such changes must be approved by the first chamber, and it may go to a conference committee to resolve differences between the two chambers. *NOTE: Nebraska is the only state with one chamber.*
- Once enacted by the legislature, the governor may sign it, veto it or, in some states, let it become law without explicit approval through signature.
- If the governor vetoes the bill, the legislature may sustain or override the governor's veto.



Get Involved

The colors indicate how the public can affect legislation at different points in the legislative process above:

Ways to Contact Legislators	Legislature's website	Letters	Emails	Social media	Phone calls	Town halls	Face-to-face meeting
Ways to Participate	Learn the process	View livestream of hearing or floor session	Attend Committee hearing/floor session	Committee testimony	Contact your legislator		

Source: [National Conference of State Legislatures \(NCSL\)](#)

- To find out who represents you at your state legislature, go to this page to find your state legislature’s website that lists the contact information of all elected members:
[Congress.gov/state-legislature-websites](https://www.congress.gov/state-legislature-websites)

Summary of State and Legislative Partisan Control in 2022: Republicans control 30 statehouses,³ while Democrats have control of 17.⁴ For the other states: Republicans have a numerical majority in Alaska, but power is shared via an interparty coalition; Nebraska has a unicameral (single body) legislature; and in Minnesota, after the 2020 elections the GOP retook five house seats and retained a one-seat majority in the legislature’s upper chamber—then two DFL (Democratic-Farmer-Labor Party, the name for the Democratic Party affiliate) members caucused with Republicans, making Minnesota one of the few states in the United States where control of the legislature is split between the two major parties. There are currently 23 Republican⁵ and 14 Democratic trifectas,⁶ where a single party holds the governorship and controls both chambers of the state legislature.

**2022 State Legislature Partisan Composition from [The National Conference of State Legislatures \(NCSL\)](#)
[as of June 1, 2022](#)**

State	Total Seats	Total Senate	Senate Dem.	Senate Rep.	Senate – Other	Total House	House Dem.	House Rep.	House – Other
Alabama – GOP Controlled	140	35	8	27		105	28	73	4 (vacancies)
Alaska – GOP Controlled	60	20	7	13		40	15	21	4 (other)
Arizona – GOP Controlled	90	30	14	16		60	29	31	

³ **Republicans control the statehouse in these states:** Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin and Wyoming.

⁴ **Democrats control the statehouse in these states:** California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont and Washington.

⁵ **Republicans have a state government trifecta in these states:** Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Mississippi, Missouri, Montana, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia and Wyoming.

⁶ **Democrats have a state government trifecta in these states:** California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island and Washington.

Arkansas – GOP Controlled	135	35	7	27	1 (vacancy)	100	22	78	
California – DEM Controlled	120	40	31	9		80	58	19	1 (other), 2 (vacancies)
Colorado – DEM Controlled	100	35	20	15		65	41	24	
Connecticut – DEM Controlled	187	36	23	13		151	97	54	
Delaware – DEM Controlled	62	21	14	7		41	26	15	
Florida – GOP Controlled	160	40	16	24		120	42	76	2 (vacancies)
Georgia – GOP Controlled	236	56	22	34		180	77	103	
Hawaii – DEM Controlled	76	25	24	1		51	47	4	
Idaho – GOP Controlled	105	35	7	28		70	12	58	
Illinois – DEM Controlled	177	59	41	18		118	73	45	
Indiana – GOP Controlled	150	50	11	39		100	29	71	
Iowa – GOP Controlled	150	50	18	32		100	40	60	
Kansas – Divided between DEM Gov. and GOP Legislature	165	40	11	29		125	39	86	
Kentucky – Divided between DEM Gov. and GOP Legislature	138	38	8	30		100	25	75	
Louisiana – Divided between DEM Gov. and GOP Legislature	144	39	11	27	1 (vacancy)	105	34	68	3 (other)
Maine – DEM Controlled	186	35	22	13		151	79	64	3 (other), 5 (vacancies)

Maryland – Divided between DEM Legislature and GOP Gov.	188	47	32	15		141	99	42	
Massachusetts – Divided between DEM Legislature and GOP GOV.	200	40	37	3		160	126	28	1 (other), 5 (vacancies)
Michigan – Divided between DEM Gov. and GOP Legislature	148	38	16	22		110	53	56	1 (vacancy)
Minnesota – Divided between DEM Gov. and SPLIT Legislature	201	67	31	34	2 (other)	134	69	64	1 (other)
Mississippi – GOP Controlled	174	52	16	36		122	43	77	2 (other)
Missouri – GOP Controlled	197	34	10	24		163	48	108	7 (vacancies)
Montana – GOP Controlled	150	50	19	31		100	33	67	
Nebraska – Nonpartisan	49	Unicameral – Nonpartisan Legislature							
Nevada – DEM Controlled	63	21	11	9	1 (vacancy)	42	25	16	1 (vacancy)
New Hampshire – GOP Controlled	424	24	10	13	1 (vacancy)	400	182	206	1 (other), 11 (vacancies)
New Jersey – DEM Controlled	120	40	24	16		80	46	34	
New Mexico – DEM Controlled	112	42	26	15	1 (other)	70	45	24	1 (other)
New York – DEM Controlled	213	63	43	20		150	106	43	1 (other)
North Carolina – Divided between DEM Gov. and GOP Legislature	170	50	22	28		120	51	69	
North Dakota –	141	47	7	39	1	94	14	80	

GOP Controlled					(vacancy)				
Ohio – GOP Controlled	132	33	8	25		99	35	64	
Oklahoma – GOP Controlled	149	48	9	39		101	18	82	1 (vacancy)
Oregon – DEM Controlled	90	30	18	11	1 (other)	60	37	23	
Pennsylvania – Divided between DEM Gov. and GOP Legislature	253	50	21	28	1 (other)	203	89	113	1 (vacancy)
Rhode Island – DEM Controlled	113	38	33	5		75	65	10	
South Carolina – GOP Controlled	170	46	16	30		124	43	81	
South Dakota – GOP Controlled	105	35	3	32		70	8	62	
Tennessee – GOP Controlled	132	33	6	27		99	24	73	1 (other), 1 (vacancy)
Texas – GOP Controlled	181	31	13	18		150	65	84	1 (other)
Utah – GOP Controlled	104	29	6	23		75	17	58	
Vermont – Divided between DEM Legislature and GOP Gov.	180	30	21	7	2 (other)	150	92	46	12 (other)
Virginia – Divided between GOP Gov. and SPLIT Legislature	140	40	21	19		100	48	52	
Washington – DEM Controlled	147	49	29	20		98	57	41	
West Virginia – GOP Controlled	134	34	11	23		100	22	78	
Wisconsin – Divided between DEM Gov. and GOP Legislature	132	33	12	21		99	38	58	3 (vacancies)

Wyoming – GOP Controlled	90	30	2	28		60	7	51	2 (other)
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- **Twenty-four states have an initiative (aka ballot initiative) process.** The initiative enables citizens to bypass their state legislature by placing proposed statutes and, in some states, constitutional amendments on the ballot. To view a table showing all of the initiative states, click [here](#).
- **Direct vs. Indirect Initiative:** There are two basic types of initiatives: direct and indirect. In the direct process, proposals that qualify go directly on the ballot. In the indirect process, they are submitted to the legislature, which has a specific length of time to act on the proposal. Depending on the state, the initiative question goes on the ballot if the legislature rejects it, submits a different proposal or takes no action. In some states with the indirect process, the legislature may submit a competing measure that appears on the ballot along with the original proposal. States with some form of the indirect process are Maine, Massachusetts, Michigan, Mississippi, Nevada and Ohio. In Utah and Washington, proponents may choose either method.
- **How an Initiative is Qualified for the Ballot:**
 - No two states have exactly the same requirements for qualifying initiatives to be placed on the ballot. Generally, however, the process includes these steps:
 - Preliminary filing of a proposed petition with a designated state official.
 - Review of the petition for conformance with statutory requirements and, in several states, a review of the language of the proposal.
 - Preparation of a ballot title and summary.
 - Circulation of the petition to obtain the required number of signatures of registered voters, usually a percentage of the votes cast for a statewide office in the preceding general election.
 - Submission of the petitions to the state elections official, who must verify the number of signatures.
 - If enough valid signatures are obtained, the question goes on the ballot or, in states with the indirect process, is sent to the legislature.
- **During a legislative session or a special session called by the governor, the following are the duties of elected members of the state legislature:**
 - Draft, debate and pass bills applicable to the state.
 - Participate as members of committees that mark up bills to send to the full body for a vote.
 - Often, submit maps outlining congressional districts that can be gerrymandered by the majority political party.

- Ratify amendments to the U.S. Constitution (Equal Rights Amendment) or amend the state constitution (for example, protecting reproductive care in California or prohibiting abortions in Alabama).

2022 Ballot Initiatives on Reproductive Health *as of Sept. 12, 2022*

(3) Proactive States: California, Michigan, Vermont

(3) Defensive States: Kansas, Kentucky, Montana

- **(Proactive) [California \(The question is on the Nov. 8, 2022, general election ballot\):](#)**
The measure would amend Article 1 of the California Constitution to say, “The state shall not deny or interfere with an individual’s reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives.”
- **[DEFEATED – \(Defensive\) Kansas \(The question was on the Aug. 2, 2022, ballot\):](#)**
The ballot summary for the amendment is as follows: “The Value Them Both Amendment would affirm there is no Kansas constitutional right to abortion or to require the government funding of abortion, and would reserve to the people of Kansas, through their elected state legislators, the right to pass laws to regulate abortion, including, but not limited to, in circumstances of pregnancy resulting from rape or incest, or when necessary to save the life of the mother. A vote for the Value Them Both Amendment would affirm there is no Kansas constitutional right to abortion or to require the government funding of abortion, and would reserve to the people of Kansas, through their elected state legislators, the right to pass laws to regulate abortion. A vote against the Value Them Both Amendment would make no changes to the constitution of the state of Kansas, and could restrict the people, through their elected state legislators, from regulating abortion by leaving in place the recently recognized right to abortion.”
- **(Defensive) [Kentucky \(The question is on the Nov. 8, 2022, general election ballot\):](#)**
The ballot question is as follows: “Are you in favor of amending the Constitution of Kentucky by creating a new Section of the Constitution to be numbered Section 26A to state as follows: To protect human life, nothing in this Constitution shall be construed to secure or protect a right to abortion or require the funding of abortion?”
- **(Proactive) [Michigan \(The question is on the Nov. 8, 2022, general election ballot\):](#)**
The current ballot title is as follows: “Article 1, Section 28 Right to Reproductive Freedom – (1) Every individual has a fundamental right to reproductive freedom, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including but not limited to prenatal care, childbirth, postpartum care, contraception, sterilization,

abortion care, miscarriage management, and infertility care. An individual's right to reproductive freedom shall not be denied, burdened, nor infringed upon unless justified by a compelling state interest achieved by the least restrictive means. Notwithstanding the above, the state may regulate the provision of abortion care after fetal viability, provided that in no circumstance shall the state prohibit an abortion that, in the professional judgment of an attending health care professional, is medically indicated to protect the life or physical or mental health of the pregnant individual.

“(2) The state shall not discriminate in the protection or enforcement of this fundamental right.

“(3) The state shall not penalize, prosecute, or otherwise take adverse action against an individual based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion, nor shall the state penalize, prosecute, or otherwise take adverse action against someone for aiding or assisting a pregnant individual in exercising their right to reproductive freedom with their voluntary consent.

“(4) For the purposes of this section: A state interest is ‘compelling’ only if it is for the limited purpose of protecting the health of an individual seeking care, consistent with accepted clinical standards of practice and evidence-based medicine, and does not infringe on that individual's autonomous decision-making. ‘Fetal viability’ means: the point in pregnancy when, in the professional judgment of an attending health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures.

“(5) This section shall be self-executing. Any provision of this section held invalid shall be severable from the remaining portions of this section.”

- **(Defensive) [Montana \(The question is on the Nov. 8, 2022, general election ballot\):](#)**
The ballot question is as follows: “An act adopting the Born-Alive Infant Protection Act; providing that infants born alive, including infants born alive after an abortion, are legal persons; requiring health care providers to take necessary actions to preserve the life of a born-alive infant; providing a penalty; providing that the proposed act be submitted to the qualified electors of Montana; and providing an effective date.
[] YES on Legislative Referendum

[] NO on Legislative Referendum”
- **(Proactive) [Vermont \(The question is on the Nov. 8, 2022, general election ballot\):](#)**
The question (Proposal 5) that will be asked: “That an individual's right to personal reproductive autonomy is central to the liberty and dignity to determine one’s own life

course and shall not be denied or infringed unless justified by a compelling State interest achieved by the least restrictive means.”

2022 Enacted State Legislation on Reproductive Health *as of Sept. 12, 2022*

Arizona: [SB1164](#): Bans abortion at 15 weeks, except in cases of life endangerment or severe physical health conditions. Abortion reporting requirements must now include information on the medical reason for the abortion and the likely health outcomes of the procedure. **(Signed on March 30, 2022)**

California: More than one bill has been signed into law.

- [SB-245](#): Prohibits health insurance plans from imposing a deductible, coinsurance, co-payment or other cost-sharing requirements on coverage for abortion services. The state already required health plans to cover abortion care. The bill is scheduled to go into effect in January 2023. **(Signed on March 22, 2022)**
- [AB-1666](#): The new law will shield abortion clinicians and out-of-state patients from abortion laws that threaten to impose criminal penalties. **(Signed on June 24, 2022)**

Colorado: [HB 22-1279](#): Codifies various reproductive rights. The law affirms the right of every individual to continue or end a pregnancy and to use or refuse contraception, and prohibits the state from restricting or interfering with such access. The law went into effect upon signing. **(Signed on April 4, 2022)**

Connecticut: [H.B. 5414](#): Individuals and organizations from states where abortion is banned or restricted cannot be prosecuted for the provision or receipt of reproductive health services in Connecticut, where abortion is legal. In addition, a person who is sued for reproductive health services that are legal in Connecticut is entitled to damages and attorney’s fees. The measure also allows advanced practice registered nurses, nurse-midwives and physician assistants to provide procedural and medication abortions. (Currently, these clinicians can only administer medication for abortion.) **(Signed on May 5, 2022)**

Delaware: [HB 455](#): Allows advanced practice registered nurses to perform abortions; protects individuals from extradition to other states for criminal charges related to the termination of a pregnancy; and prevents civil action by another state for those who seek, obtain, provide or assist others in obtaining services to terminate a pregnancy in Delaware. This bill provides a cause of action whereby someone sued in another state for allegedly receiving or providing abortion services that are legal in Delaware can recover related costs, damages or attorney fees; and prohibits insurers from increasing premiums or taking adverse actions against providers and organizations for providing legal reproductive health care services, even through telehealth. **(Signed on June 29, 2022)**

Florida: [HB 5](#): Bans abortion after 15 weeks of pregnancy except in cases of life endangerment, severe physical health conditions or a fatal fetal anomaly. The bill was scheduled to go into effect in July 2022. **(Signed on April 15, 2022)** [On June 30, 2022, a judge blocked the law, saying the measure is “unconstitutional because it violates the privacy provision of the state’s constitution.”](#)

Idaho: [SB 1309](#): The state Supreme Court temporarily blocked a bill modeled after Texas' six-week ban that would outlaw abortions in Idaho after around six weeks of pregnancy, except in cases of life endangerment, severe health conditions, rape or incest. The law would be enforced through private civil action by allowing relatives of the aborted fetus to sue abortion providers. The law was set to take effect on April 22, 2022, but is now stopped while legal challenges proceed. **(Signed on March 23, 2022)**

Indiana: [HB 1217](#): Prohibits coercing a person into an abortion. The law requires that the pregnant person seeking an abortion receive counseling from medical personnel, explaining that being coerced into an abortion is illegal. It also requires that the personnel provide support services, including access to state programs, law enforcement agencies and other resources, if they believe that coercion is taking place. Furthermore, if the medical personnel suspect that the patient is being coerced into having an abortion, there must be a 24-hour waiting period before the procedure, during which time a report must be made to law enforcement. **(Signed on March 11, 2022)**

Kentucky: [HB 3](#): The law bans abortion at 15 weeks of pregnancy, with exceptions only in cases of life endangerment or severe physical health conditions. It also adds several requirements to the current state law that mandates parental consent before a person younger than 18 obtains an abortion, including requiring the consenting parent to notify another custodial parent, requiring legal identification for the parent and the young person, and requiring that parental consent be notarized. The law also amends the legal process that allows a young person to obtain an abortion without parental consent, including requiring the court to use specific criteria in determining the petition. The law also restricts medication abortion access, dictating that only a licensed physician may prescribe or dispense medication abortion pills and that such pills may not be mailed. Consent forms for medication abortion must also include misleading counseling on the possibility of reversing an abortion. Extensive reporting is required for both medication and procedural abortions, including the filing of “birth-death certificates” for abortions performed after 20 weeks of pregnancy. The law also adds to the regulatory requirements for clinics, including disposal of fetal tissue and clinic inspections. Finally, the law prohibits public funds, aside from Medicaid dollars, from going to an organization that provides or counsels for abortion. **(Veto overridden on April 13, 2022, and became law on April 14, 2022)**

Louisiana: More than one bill has been signed into law.

- [SB388](#): The bill effectively bans abortions by mail. The new law creates the crime of “abortion by means of an abortion-inducing drug,” which includes delivering, dispensing,

distributing or providing abortifacients when the person administering the medication is not a physician licensed in the state. The law provides five to 10 years of prison time, a \$10,000 to \$75,000 fine, or both. If the pregnant person is a minor, the penalty increases to a 15- to 50-year term of imprisonment or a \$15,000 to \$100,000 fine, or both. **(Signed on June 17, 2022)**

- **SB342:** The legislation establishes prison sentences of one to 10 years and fines up to \$100,000 for abortion providers. It includes language that explicitly exempts women from prosecution but also expands the definition of personhood to begin at the moment of fertilization and implantation, which critics say could open abortion providers and patients alike to prosecution under the state's homicide statutes. The bill also allows for exceptions to save the life of the pregnant person. The proposal, like the 2006 trigger law it amends, would not allow for abortion in cases of rape or incest. **(Signed on June 17, 2022)**
- **HB557:** The new law applies the following to the distribution of contraception: 1. Clarify that the dispensing of contraceptive drugs onsite at the provider's office is required if the prescribing provider is contracted with the health coverage plan or the plan's pharmacy benefit manager to dispense outpatient prescription drugs through the plan's pharmacy benefit. 2. Change the disbursement of contraceptive drugs from a 12-month supply to a six-month supply. 3. Decrease the time frame for which the insured is required to have consecutively used the contraceptive drugs from 12 months to six months. **(Signed on June 18, 2022)**

Maine: **LD 811:** Sexual and reproductive health care providers will be reimbursed for services provided to enrollees in MaineCare, the state's health insurance program. The reimbursement will compensate providers for any "reasonable costs" that Medicaid does not cover. The reimbursement applies to services provided starting in July. **(Enacted on May 7, 2022)**

Maryland: **HB 937:** The law allows nurse practitioners, midwives and physician assistants to perform abortions and establishes the Abortion Care Clinical Training Program, for which the governor must include \$3.5 million in the annual state budget. It also requires private health insurance plans to cover abortion care and eliminates administrative barriers to Medicaid coverage of abortion. The law went into effect in July 2022. **(Veto overridden on April 9, 2022)**

Massachusetts:

- Gov. Charlie Baker signed [Executive Order No. 1473](#) that will protect providers who perform reproductive health care services for out-of-state individuals and individuals from out of state who seek legal services in Massachusetts. It also prohibits Executive Department agencies from assisting another state's investigation into a person or entity for receiving or delivering reproductive health services that are allowed in Massachusetts. The order protects Massachusetts providers who deliver reproductive health care services from losing their professional licenses or receiving other professional discipline based on potential out-of-state charges. Under the executive

order, the state also will not cooperate with extradition requests from other states pursuing criminal charges against individuals who received, assisted with or performed reproductive health services that are legal in Massachusetts. The bill also safeguards gender-affirming care. **(Signed June 24, 2022)**

- **[H.5090](#)**: The law protects abortion providers and people seeking abortions from actions taken by other states, including blocking the governor from extraditing anyone charged in another state unless the acts for which extradition is sought would be punishable by Massachusetts law. The bill also states that access to reproductive and gender-affirming health care services is a right protected by the Massachusetts Constitution; requires the state's Medicaid program, known as MassHealth, to cover abortions; allows over-the-counter emergency contraception to be sold in vending machines; and requires public colleges and universities to create medication abortion readiness plans for students. **(Signed on July 29, 2022)**

Michigan: Gov. Gretchen Whitmer signed [Executive Order 2022-4](#) that the state would refuse to extradite people who come to Michigan after receiving abortion care in another state or in-state abortion care providers assisting with out-of-state resident abortions in Michigan. **(Signed on July 13, 2022)**

New Jersey: More than one bill has been signed into law.

- **[S49/A6260](#)**: Protects abortion and other reproductive health care—including the right to choose or refuse contraception or sterilization and receive pregnancy care—as fundamental rights in the state. The law directs the state Department of Banking and Insurance to issue a report on abortion coverage in health insurance plans. If the report indicates that such coverage is lacking, the department must issue regulations requiring the coverage. The law went into effect upon signing. **(Signed on Jan. 13, 2022)**
- **[A3975/S2633](#)**: Generally prevents the disclosure of a patient's medical records related to reproductive health care without their consent in any civil, probate, legislative or administrative proceeding. It would also prohibit public entities and employees from cooperating with interstate investigations aiming to hold someone liable for seeking, receiving, facilitating or providing legal reproductive health care services in New Jersey. It would further protect providers by prohibiting New Jersey licensing boards from suspending, revoking or refusing to renew the license or registration of a professional based solely on their involvement in the provision of reproductive health care services. **(Signed on July 1, 2022)**
- **[A3974/S2642](#)**: Would prevent the extradition of an individual within New Jersey to another state for receiving, providing or facilitating reproductive health care services that are legal in New Jersey. **(Signed on July 1, 2022)**

New York State: More than one bill has been signed into law.

- [Concurrent Resolution of the Senate and Assembly](#): The measure, which is an expansion of the “Equal Rights Amendment,” comes after the Supreme Court overturned *Roe v. Wade*. The measure would extend beyond just abortion rights, including prohibiting the government from discriminating on the basis of characteristics such as sexual orientation, gender identity, gender expression, pregnancy, pregnancy outcomes, and reproductive health care and autonomy. **(Status: Passed on July 1, 2022. It must be voted on by two consecutive legislative bodies. The proposed amendment will need to be voted on in 2023 or 2024 and then it will be placed on the ballot.)**
- [A. 9007-C](#): The state’s health budget adds to the statute a requirement that all health insurance plans cover abortion without cost-sharing. The law allows employers to exclude abortion coverage from their health plans if they are a state-certified religious employer. Employees of a religious employer will have the coverage provided through the insurer. This section of the law is scheduled to go into effect in January 2023. **(Signed on April 9, 2022)**
- [S. 9039-A](#): Makes it a right to sue a person who takes action to stop someone from accessing health care that is protected under state law, such as abortion. **(Signed on June 13, 2022)**
- [S. 9077-A](#): Protects abortion providers in New York from being extradited to other states that ban the procedure. It also bars state law enforcement from cooperating with out-of-state probes investigating abortions considered legal in New York. **(Signed on June 13, 2022)**
- [S. 9079-B](#): Prohibits “professional misconduct charges” against New York providers who perform an abortion on a patient who comes from a state where the procedure is banned. **(Signed on June 13, 2022)**
- [S. 9080-B](#): Prohibits medical malpractice insurance companies from “taking any adverse action” against an abortion provider who performed the procedure on an out-of-state patient. **(Signed on June 13, 2022)**
- [S. 9384-A](#): Includes abortion providers in New York’s “address confidentiality program,” allowing for them to obscure their addresses for safety reasons. **(Signed on June 13, 2022)**
- [A. 5499](#): Establishes a task force to examine “the unmet health and resource needs facing pregnant women in New York,” as well as the impact of crisis pregnancy centers, which are organizations that look like abortion clinics and aim to persuade pregnant people from having the procedure. **(Signed on June 13, 2022)**

North Carolina: [Executive Order 263](#) signed by the governor helps protect North Carolina doctors and nurses and their patients. It directs cabinet agencies to coordinate to protect

reproductive health care services in North Carolina. As a result of this order, cabinet agencies cannot require a pregnant state employee to travel to a state where there are no protections for the health of the pregnant person. It directs the Department of Public Safety to work with law enforcement to ensure enforcement of a state law that prohibits anyone from blocking access to a health care facility. The order also provides protections against extradition for those seeking or providing reproductive health care services in North Carolina, and prohibits cabinet agencies from cooperating in investigations initiated by other states into anyone obtaining or providing reproductive health care that is legal in North Carolina. This order will help make sure patients get the care they need in North Carolina. **(Signed on July 6, 2022)**

Oklahoma: More than one bill has been signed into law.

- **[HB 4327](#)**: Would incentivize private citizens to sue anyone suspected of helping a person get an abortion for a reward of at least \$10,000. **(Signed on May 25, 2022)**
- **[SB 1503](#)**: The law prohibits abortions once cardiac activity can be detected in an embryo, which experts say is roughly six weeks into a pregnancy—before most women know they are pregnant. The bill is similar to a bill passed in Texas last year that led to a dramatic reduction in the number of abortions performed in that state and forced many women to go to Oklahoma and other surrounding states for the procedure. **(Signed on May 3, 2022)**
- **[SB 1555](#)**: Amends the state law that bans abortion. The law allows a state abortion ban to go into effect when the U.S. Supreme Court overrules the case “in whole or in part.” The court no longer has to overrule “the central holding” of the case. The only exception to the abortion ban would be for life endangerment. **(Signed on April 29, 2022)**
- **[SB 612](#)**: Bans abortion unless it is necessary to save the life of the pregnant person. The law makes no exceptions for cases of rape or incest. A person found guilty of providing an abortion would face up to 10 years in prison and a fine of up to \$100,000. The person receiving the abortion would not be criminally liable. The law went into effect in August 2022. **(Signed on April 12, 2022)**

Pennsylvania: [SB 106](#): The proposed state constitutional amendment is a five-part proposed amendment package that includes language that would amend the Pennsylvania Constitution to state that it does not guarantee any rights to abortion or public funding for abortions. **(Passed on July 8, 2022. The [Legislature will have to consider and pass the legislation again next year](#) before the constitutional amendments can be referred to the ballot for voters to consider.)**

South Carolina: [S. 628](#): The new law allows pills and other hormonal contraceptives to be accessible without a doctor’s visit by December 2022. The state regulatory boards for pharmacists and medical examiners must first write the rules for pharmacists who want to participate, such as training and documentation requirements. The law gives them up to six months to do so. **(Signed on May 23, 2022)**

South Dakota: [HB 1318](#): Restricts access to medication abortion. The law would require patients to take both doses of the two-dose regimen at an abortion clinic, separated by 24 to 72 hours. This means patients would make four trips to the clinic: the first for abortion counseling, the second for the first dose, the third for the second dose and the last for a follow-up appointment two weeks later. The legislation also would ban the use of medication abortion after 11 weeks of pregnancy. **(Signed on March 28, 2022)**

Tennessee: [HB 2416](#): In 2021, the U.S. Food and Drug Administration approved abortion pills by mail and telehealth consultations to obtain them. Tennessee’s new law requires a doctor to hand a patient the medication. Telehealth consultations for drug-induced abortions were already illegal in Tennessee. Abortion pills may only be given to a patient in a doctor’s office by a physician. A doctor “must examine the patient in-person” and “inform the patient that the patient may see the remains of the unborn child in the process of completing the abortion.” It will be a Class E felony with a \$50,000 fine for anyone to get an abortion pill through the mail. **(Signed on May 5, 2022, and the entire bill will be effective Jan. 1, 2023)**

Washington: [HB 1851](#): The law amends the state’s statutory protections for abortion, which were enacted more than 30 years ago and apply only to women, to include transgender individuals, by adding gender-neutral language. The law also codifies the authority of health clinicians, such as physician assistants and advanced practice nurses, to provide abortion care. The law also prohibits the state of Washington from criminalizing any pregnancy outcomes and prohibits the state from penalizing people for assisting pregnant individuals who are seeking an abortion. **(Signed on March 17, 2022)**

Wisconsin: [SB 309](#): The law provides a new definition of telehealth including asynchronous care—in which patients are able to transfer medical data to providers without the need for real-time communication. Including these interactions as part of telehealth is helpful for many medical reasons, including obtaining contraceptives and arranging abortion services. **(Signed on Feb. 7, 2022)**

Wyoming: [HB 92](#): Bans most abortions in the state once the U.S. Supreme Court overturned *Roe v. Wade*. The law would provide exceptions for life endangerment, severe physical health conditions, sexual assault and incest. **(Signed on March 15, 2022)**

- **To see a list of municipalities that have passed reproductive health care ordinances and resolutions as of Sept. 14, 2022, please click [here](#).**
- **Local/Municipal Government**
 - This type of government is defined as cities, towns, boroughs (except in Alaska), villages and townships generally organized around a population center and in most cases corresponding to the geographical designations used by the United States Census Bureau for reporting of housing and population statistics.

- Municipalities generally take responsibility for parks and recreation services, police and fire departments, housing services, emergency medical services, municipal courts, transportation services (including public transportation) and public works (streets, sewers, snow removal, signage and so forth).
- Whereas the federal government and state governments share power in countless ways, a local government must be granted power by the state. In general, mayors, city councils and other governing bodies are directly elected by the people.
- **Local Elected Officials**
 - Mayor, County Executive
 - Commissioner
 - City/County Councilmember
 - Judge (elected in Texas and Kentucky)
 - Prosecuting/District Attorney
 - Sheriff
 - County Clerk
 - Treasurer

- **Different Forms of Local/Municipal Government:** *To learn more about your local/tribal/municipal government structure and elected representatives, please go to [USA.gov/local-governments](https://www.usa.gov/local-governments)*

- **Council-Manager**

The council (inclusive of the mayor) hires a manager/administrator to manage the day-to-day operations of the government. City managers/administrators are responsible for hiring government employees based on professional qualifications and competitive service. City managers remain accountable to the people through the people's elected representatives on the council.

Characteristics include:

- City council oversees the general administration, makes policy and sets the budget.
 - Council appoints a professional city manager to carry out day-to-day administrative operations.
 - Often the mayor is chosen from among the council on a rotating basis.
- **Mayor-Council** *(the most practiced form of local government in large cities)*
The powers granted to the mayor vary in different municipalities and exist along a continuum from stronger to weaker, but generally the mayor has the autonomy in hiring and firing department heads, developing the budget and administering the operations of government. The council is elected by the people to represent their interests and serves as the policymaking body. The mayor is separate from the council and has no voting rights on policy decisions.

Characteristics include:

- Mayor is elected separately from the council, is often full time and paid, with significant administrative and budgetary authority.
- Depending on the municipal charter, the mayor could have weak or strong powers.
- Council is elected and maintains legislative powers.
- Some cities appoint a professional manager who maintains limited administrative authority.

● **Commission**

As a representative body, the commission makes policy decisions, passes local ordinances and adopts the budget. The commission also manages the daily operations of government, with each commissioner given oversight of specific departments and functions of government. As the administrator over specific departments, each commissioner presents budget recommendations for the departments under their purview, and hires/fires staff within those departments and agencies.

Characteristics include:

- Voters elect individual commissioners to a small governing board.
- Each commissioner is responsible for one specific aspect, such as fire, police, public works, health, finance.
- One commissioner is designated as chairman or mayor, who presides over meetings.
- The commission has both legislative and executive functions.

● **Town Meeting/Representative Town Meeting**

Representative town meeting governance features an elected representative board to represent the interests of the people; they are the only ones permitted to vote on policy issues and budget adoption. Decisions on how to manage daily operations are determined through policy as adopted during town meetings. Town meeting and representative town meeting governance are practiced almost exclusively in New England towns and townships.

Characteristics include:

- Voters select a large number of citizens to represent them at town meetings, where only they can vote.
- Each town meeting must be announced with a warrant that provides the date, time and location of the meeting and specifies the items to be discussed.
- The selectmen are responsible for implementing policy.

Breakdown of Current Reproductive Health Laws in the States, Post-*Dobbs* Ruling

as of Sept. 12, 2022:

- 21 states and the District of Columbia have laws that protect access to reproductive health:
 - **Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, Nevada, New Jersey, New York, Oregon, Rhode Island, Vermont, Washington**
- Overview of 13 states with “trigger laws” (Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah and Wyoming) post-*Dobbs* **as of 9/12/22**
 - 10 states have enacted their “trigger laws”: **Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee and Texas.**
 - Three states with temporary judicial injunctions on “trigger laws”: **North Dakota, Utah and Wyoming**

[Indiana became the first state to pass new legislation for an abortion ban](#) since the reversal of *Roe*. Similar to other states, Indiana will ban abortions except in the case of rape, incest or a medical emergency. Even then, the law imposes a complicated process for those abortions to be performed.

- 12 states restrict coverage of abortion in private insurance plans, most often limiting coverage only to when the patient's life would be endangered if the pregnancy were carried to term:
 - **Arizona, Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Nebraska, North Dakota, Oklahoma, Texas and Utah**
- 22 states restrict abortion coverage in health insurance plans for public employees:
 - **Arizona, Colorado, Georgia, Idaho, Iowa, Kansas, Kentucky, Michigan, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Virginia and Wisconsin**
- Seven states have laws that express the intent to restrict the right to legal abortion to the maximum extent permitted by the U.S. Supreme Court in the absence of *Roe*:
 - **Arkansas, Kansas, Kentucky, Louisiana, Missouri, North Dakota and Ohio**

- Four states have laws banning most abortions at the point of the “first detectable heartbeat”:
 - **Ohio, South Carolina, Tennessee and Texas**
 - Law pending in judicial review: **Georgia**
- Four states have passed a constitutional amendment explicitly declaring that their constitution does not secure or protect the right to abortion or allow the use of public funds for abortion:
 - **Alabama, Louisiana, Tennessee and West Virginia**
- Four states and the District of Columbia have codified the right to abortion throughout pregnancy without state interference:
 - **Colorado, District of Columbia, New Jersey, Oregon and Vermont**
- 12 states explicitly permit abortion prior to viability or when necessary to protect the life or health of the pregnant person:
 - **California, Connecticut, Delaware, Hawaii, Illinois, Maryland, Massachusetts, Maine, Nevada, New York, Rhode Island and Washington**

A Brief History of Reproductive Rights in the United States

- **Reproductive Care in the United States Goes Back to the 1600s**
 - The practice of ending pregnancy through abortion by Native American and pilgrim women in the United States was first documented during the 1600s. Forms of induced abortion were often administered by midwives as a method of family planning.
 - Abortion was so common by the late 1700s and early 1800s that newspapers published articles discussing the herbs and medications thought to induce abortions.⁷
 - Abortion did not become illegal until the 1860s when the first laws were passed prohibiting abortions after “quickening,” which was commonly defined as the time when a mother could first feel the baby kick, usually between the 14th and 26th week of pregnancy.⁸
- **The Economics of Reproductive Health Care**
 - By the end of the 1800s, class and social divisions in the United States became more stark as the population of nonwhite (including groups considered to be nonwhite, such as Eastern and Southern Europeans) immigrants sharply increased and a generation of African Americans born free explored their new (and relatively short-lived) political and economic power.

⁷ Planned Parenthood. “[Abortion Is Central to the History of Reproductive Health Care in America.](#)” Webpage.

⁸ Id.

- Backing efforts by the doctors to reduce “irregular doctors”—including homeopaths and midwives—state governments limited the practice of midwives (who were still assisting with births and providing reproductive care). By the beginning of the 20th century, abortion was illegal in every state with the exception of Kentucky, and would remain so in most states until *Roe v. Wade* was decided in 1973.⁹
- Between the late 1970s and early 1980s, *Roe* restriction groups began an alignment with the religious right and the New Right as those movements began to mount political efforts to reverse many of the cultural, social and economic changes of the 1960s and 1970s, ranging from bans on school prayer to the legalization of abortion.

➤ **Reproductive Care Enables Economic Justice**

- The right of bodily autonomy increases the ability to decide whether and when to become pregnant and parent, a crucial step in determining one’s own life path, pursuing personal and professional goals, and safeguarding economic security.
- Access to abortion enables women to complete high school and higher levels of education, improves labor force participation and enables economic independence.

1. After abortion was legalized, women—particularly Black women—experienced significant increases in school graduation and employment rates.

2. Pregnant individuals who obtain an abortion are less likely to experience economic hardship and insecurity. In fact, people who are denied an abortion are nearly *four times* more likely to live below the poverty line than those who were able to seek abortion care.

3. Women living in states with greater access to reproductive health services (including Medicaid coverage of abortion) have higher median wages, are more likely to be managers and are less likely to work part-time jobs.

➤ **The Burden of Restrictions on Reproductive Health Falls Disproportionately on Black, Hispanic and Indigenous Women**

- Black, Hispanic and Indigenous women are more likely to live in states that have enacted abortion bans than White women.
- Black, Hispanic and Indigenous women are more likely to lack health insurance and to live in states that failed to extend Medicaid eligibility.

⁹ Center for American Progress. “[Scarlet Letters: Getting the History of Abortion and Contraception Right.](#)” Aug. 8, 2013.

- Higher abortion rates are linked with lack of access to contraception.
- Almost three-fourths of historically black colleges and universities are in states that have banned or mostly banned abortions, impacting more than 166,000 students.¹⁰
- The Hyde Amendment, which prohibits the use of federal funding to provide abortion services, blocks access to reproductive care for many Indigenous women.

Additional Information:

- [Access to Reproductive Health Care Has Been Harder for Black and Brown Women—Overturning Roe Made It Harder](#)
- [Facing Higher Teen Pregnancy and Maternal Mortality Rates, Black Women will Largely Bear the Brunt of Abortion Limits](#)
- [Reproductive Rights Denied: The Hyde Amendment and Access to Abortion for Native American Women Using Indian Health Service Facilities](#)

Who Makes Decisions About Reproductive Rights and Bodily Autonomy at the State and Local Level?

Locally Elected District Attorneys

- Determine who will face criminal prosecution for violation of laws restricting or banning reproductive care.

Locally Elected/Appointed Judges

- Interpret state abortion bans and have the authority to block trigger laws.

State Legislators

- Enact or reject state abortion ban; Medicaid expansion, voting rights/restrictions and living wage legislation.

How Do We Get Out of This Mess?

Your Vote is the Power for Change

Your vote is the vehicle for the necessary policy changes to improve the lives of your family and community. The candidates who win 2022 midterm elections will determine, enact and implement policies that will decide your future—for better or worse. The votes of women, union members, young adults, communities of color and parents are powerful, but only if cast at the ballot box.

Know the Issues:

¹⁰ Lumpkin, Lauren. "[HBCU Students are Being Disproportionately Affected by Roe's Reversal.](#)" The Washington Post, July 20, 2022.

- **Jobs and Wages — [Gender Pay Gap Report](#)**
- **Health Care — Learn More About Women and Health Care**
- **Collective Bargaining Protections — The PRO Act is Good for Women**
- **Child Care/Paid Leave — Child Care, Universal Pre-K and Paid Leave are Good for Economic Growth**
- **Reproductive Care Access — Failure to Close Coverage Gap Would Leave Millions Uninsured and Facing Worse Health Outcomes**
- **Student Debt — Student Debt Forgiveness Plan**
- **Social Security — [Fact Sheet: Social Security is Important to Women](#)**

➤ **Our Futures are Linked**

- Young People: Student debt; employment; low wages; access to health care (including contraceptive and reproductive care); gun control; the environment and climate control; lack of affordable housing.
- Parents: Lack of available/affordable child care; no national paid leave; changing schedules; public education.
- Retirees: Home- and community-based care; Social Security and retiree pensions; housing; debt.

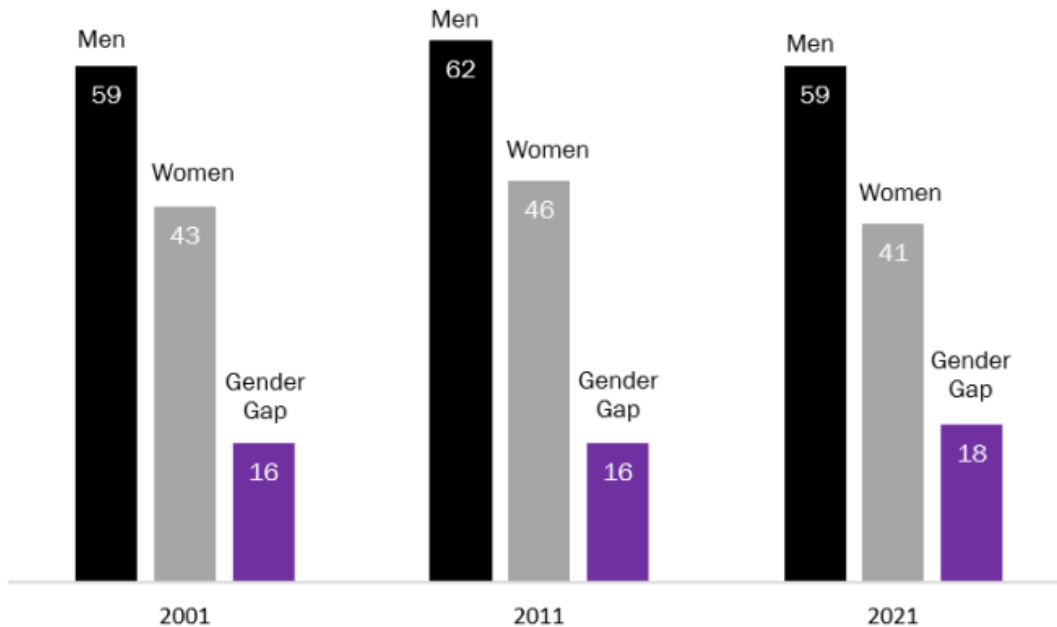
➤ **Vote in Every Election**

- The actions of elected officials at the local, state and federal level directly impact the lives of workers and their families:
 - Local officials: public education; affordable housing/eviction procedures; access to firearms.
 - State officials: opt in/out of federal aid; raising the minimum wage; access to reproductive care and contraceptives.
 - Congress: Spending; taxing the ultra-rich and wealthy corporations; environmental protection; transportation; federal minimum wage; health care funding.
 - President: Nominates agency heads and federal judges; issues executive orders that have the force of law until repealed; signs international treaties; activates the military; declares disaster zones; signs or vetoes bills passed by Congress.

Run for Office¹¹

¹¹ Lawless, Jennifer L., and Richard L. Fox. "[Running for Office is Still For Men—Some Data on the 'Ambition Gap'](#)." Brookings Institution blog, Feb. 8, 2022.

Percentage of Potential Candidates Who Have Considered Running for Office



Note: Data are from the authors' Citizen Political Ambition Studies. Bars represent the percentages of lawyers, business leaders, educators, and political activists who reported that they ever considered running for office and the gender gap at each point in time.

Source: Brookings Institution

- Currently, (27%); 24 out of 100 (24%) in the Senate), and the current vice president is the first woman elected to that office. Still, women are underrepresented as federal office holders. Although women are 50.5% of the U.S. population, according to the Census Bureau, they hold 31% of elected executive positions, including nine governorships and 19 lieutenant governorships. Union women show leadership every day on the job—why not lead our local, state and federal governments?
- <https://sheshouldrun.org/>
[EMILY's List \[Democratic Only?\]](#)
[Candidate Bootcamp](#)

Be a Vote Influencer

[Labor Rights Mobilized Women During Suffrage—and Now](#)
[State Family and Medical Leave Laws](#)
[League of Women Voters](#)

Help Your Community Vote

The United States Needs Poll Workers! Poll workers (both paid and unpaid) “help voters check in, manage lines, troubleshoot equipment or assist with office duties.”¹² As many as one in five poll workers may quit due to harassment and threats of election day violence.¹³ Many union contracts include paid time off to be an election worker. Here are some poll workers’ resources to help union members help their communities and stand up for democracy:

[Power the Polls](#)

[U.S. Election Assistance Commission](#)

¹² Rodriguez, Barbara. “[Recruiting the ‘Essential Workers of Democracy’: Group Aims to Sign Up Poll Workers Ahead of Midterms.](#)” Government Executive, The19thnews.org. Aug. 16, 2022.

¹³ Cassidy, Christina A. “[Facing Continued Threats, Some Election Workers Weigh Quitting.](#)” Los Angeles Times, July 8, 2022.