

Who Decides?

The Status of Women's
Reproductive Rights in
the United States

27th Edition
February 2018



NARAL
PRO-CHOICE AMERICA

The United States

ACCESS FACT: Currently, there are no states that provide total access



The state of reproductive healthcare access in the United States is alarming. Due to the dearth of access in many regions, the nationwide status is “restricted access.” The meter’s colors represent the status of reproductive healthcare access in each state. The meaning of such colors—a spectrum from bright red for “severely restricted access” to dark purple representing “total access”—is provided below.

As shown below, a handful of states have made great strides in expanding and protecting access to reproductive healthcare, achieving the status of “strongly protected access.” Yet no state has achieved “total access” at this time. The large swaths of red serve as a warning about the lack of reproductive healthcare access in much of the nation.

An overview of the states that fall within each access category is below, and more detailed information about each state can be found in the state profiles.

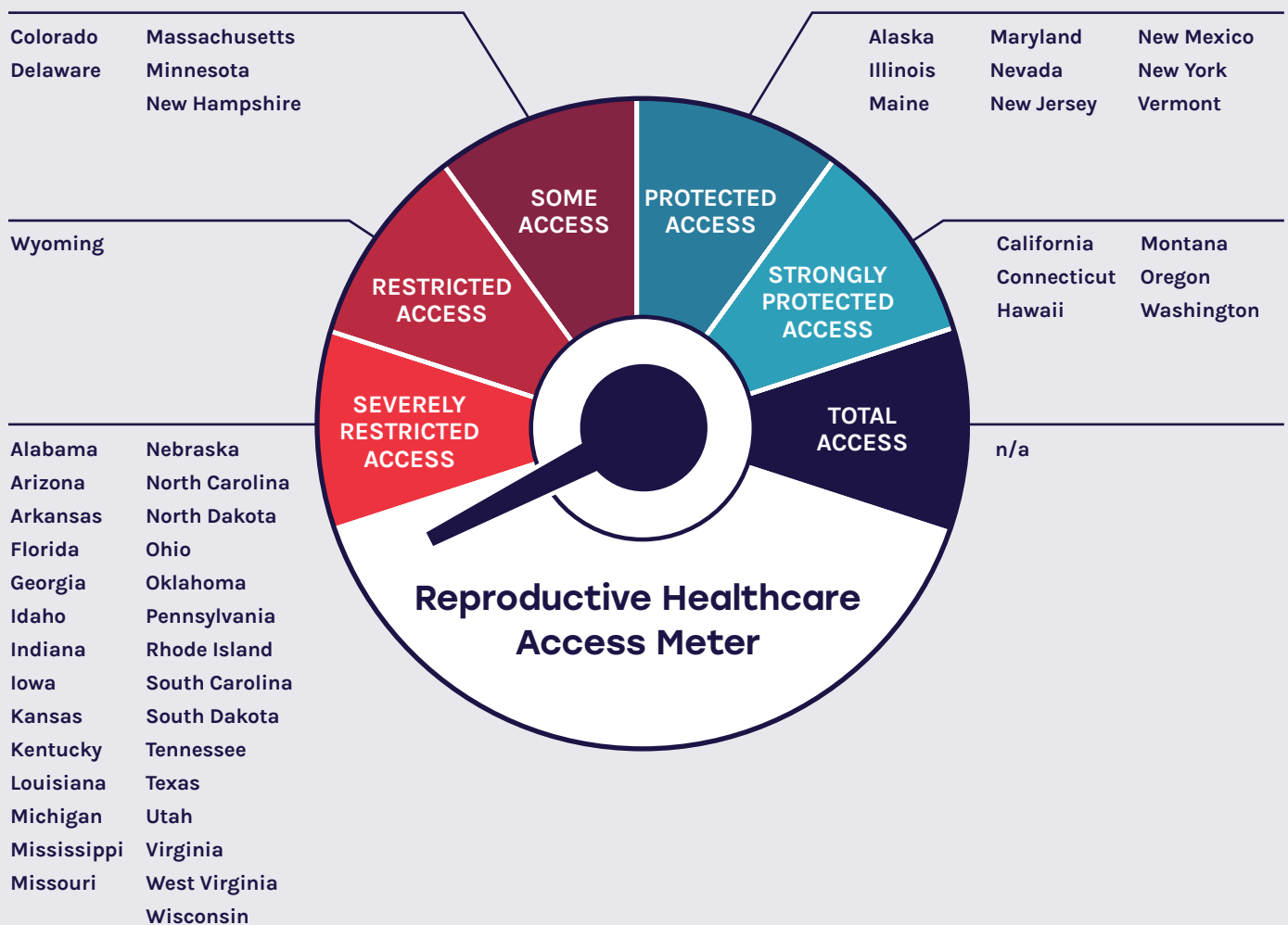


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Dedication

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation dedicate the 27th edition of *Who Decides? The Status of Women's Reproductive Rights in the United States* to our 1.2 million member-activists.

Our members—whether with us since our founding in 1969 or newly called to action after the devastating outcome of the presidential election—are the reason women's rights are front and center in the fight to protect progressive values.

Without autonomy over our own bodies, we cannot realize our true potential, we cannot contribute to a strong economy, we cannot protect and strengthen our families, and we cannot give our children a bright future. For all of these reasons, we work diligently and strategically to leverage our collective power, elect candidates who will protect and expand our rights, and honor the diverse voices of our movement to ensure that as one of us rises, we all rise.



From the President

Ilyse G. Hogue

There's no doubt that this year has proven to be one of the worst for abortion rights we've ever faced. Congress has advanced multiple abortion bans. State legislators have introduced more than 400 anti-abortion bills. Donald Trump put an anti-choice justice on the Supreme Court while stacking our nation's lower courts with right-wing ideologues who will reshape the country in Trump's image for generations to come. We saw Donald Trump, Mike Pence, and the anti-choice movement force their agenda through by executive order, denying Americans the opportunity to weigh in. All of this, combined with the hateful policies that target our allies, makes it hard to feel anything but anger, heartbreak, and frustration about 2017.

But we knew this year would be tough and we also knew this was the moment that NARAL—and NARAL members—were made for. If any group of people can turn crisis into opportunity, this one can through grit, determination, and optimism in the face of this overwhelming threat. Indeed, the only force that ever makes progress toward justice is the one that believes it can—against overwhelming odds.

I see hope every day—in all of the women and men who flocked to organizations like NARAL Pro-Choice America in the wake of the election—to plant the seeds of resistance. I see hope in the pro-choice elected officials at all levels of government who are fighting hard not just to resist the bad coming from the anti-choice movement, but also to push for good, pro-active policies that protect and expand reproductive freedom. I'm hopeful because when advocates joined hands and resisted, or worked to realize progress, we saw incredible gains. It's the combination of advocates—new and experienced—with energized pro-choice candidates and electeds who have made 2017 something to feel positively about. Our members across the country, from Oregon to Maine, helped pass multiple pieces of landmark legislation that protect the right to abortion and birth control access from anticipated attacks by Donald Trump and his fellow anti-choice politicians. Our members fought with all they had to preserve the Affordable Care Act - the greatest expansion of reproductive freedom in a generation. And our members helped elect Ralph Northam as Virginia's 73rd governor, flip Washington State's Senate from red to blue, and ensure other unapologetic champions for reproductive freedom hold seats across the country.

2018 will be another tough year, but it will also be the year that we begin to turn the tide. We can feel it coming. Together, women and men will work toward a democracy that recognizes that equality and reproductive freedom are central to our values and any future we are building together. Our lives and our futures depend on it, and you can count on NARAL to help lead this calling.

In solidarity,

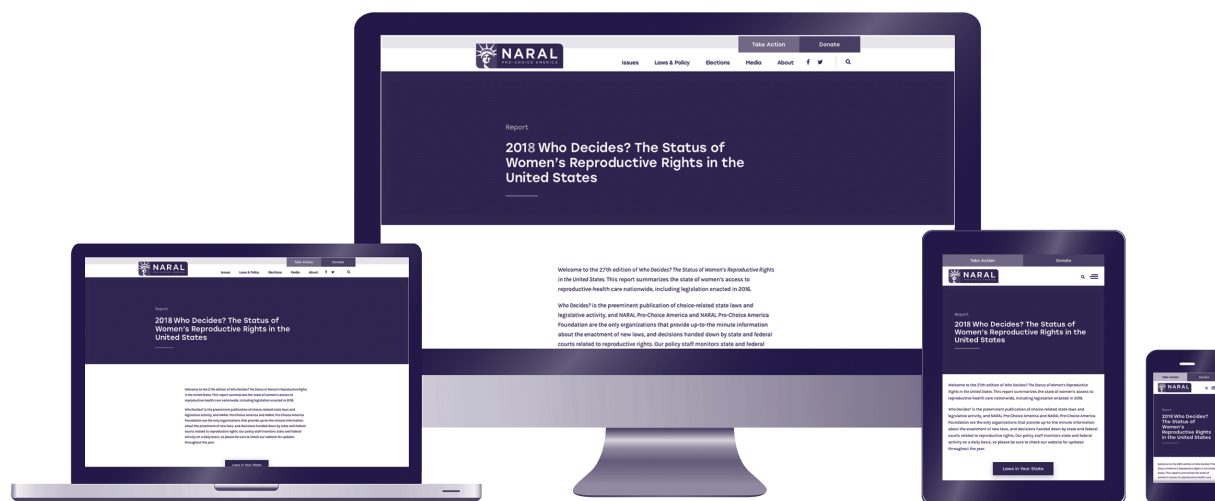
A handwritten signature in dark ink, reading "Ilyse G. Hogue". The signature is fluid and cursive, with a long, sweeping underline.

Ilyse G. Hogue
President

Online Access

www.WhoDecides.org

Visit *Who Decides?* online to dig into our frequently updated state-by-state analysis of the status of women's reproductive rights, browse the stats for the year in choice, and download a complete PDF of the book.



Who Decides? Online Features:



Summaries of measures across the country affecting reproductive rights—including detailed descriptions, citations, and information on relevant court cases.



Updates to statute summaries, maps and charts, and other features as new laws are enacted and court cases are decided.



Opportunities to take action to protect and expand reproductive freedom in your state.

Introduction

2017 Key Findings

Key Findings: Pro-Choice Policy

In an environment in which anti-choice legislators and organizations feel emboldened to eliminate abortion and contraception seemingly by any means necessary, pro-active, pro-choice policy is often our strongest line of defense. Not only do these policies help protect every woman's right to make reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing safe, legal abortion, they allow state governments to showcase their interest in supporting the women and families in their state by blocking federal anti-choice overreach.

Pro-choice measures enacted during 2017 cover wide-ranging topics, from measures to improve contraceptive access, including requirements that health-insurance plans cover 12 months of contraception at once, to policies that promote healthy childbearing, to measures that protect pregnant women in the workplace. Policymakers know what the public majority already knows: that protecting a woman's right to comprehensive reproductive healthcare is the right thing to do and makes for a healthier state with a stronger economy.

TOTAL PRO-CHOICE STATE MEASURES ENACTED IN 2017:¹

25 STATES and the **DISTRICT OF COLUMBIA** enacted 52 pro-choice measures in 2017—an enormous increase over last year, in which 16 states enacted 30 measures. The states from this year include: **AR, CA, CO, CT, DE, DC, HI, ID, IL, ME, MD, MA, MI, MS, NV, NJ, NH, NY, OH, OR, RI, TX, UT, VT, VA, WA.**

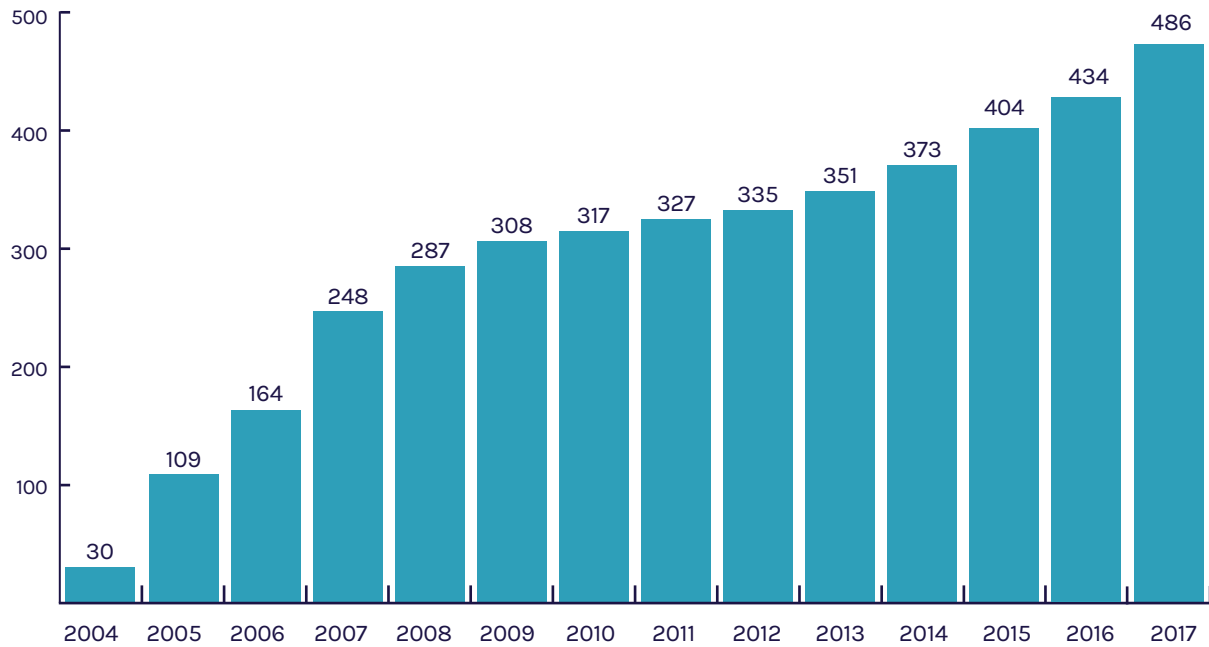
- **Nevada** enacted a whopping seven pro-choice measures this year. For the first time since 2012, a state other than California has taken this important distinction.
- **California**—in a close second—enacted five pro-choice measures.
- **Utah**, surprisingly, enacted the third-most pro-choice measures with four.

KEY PRO-CHOICE VICTORIES IN 2017:

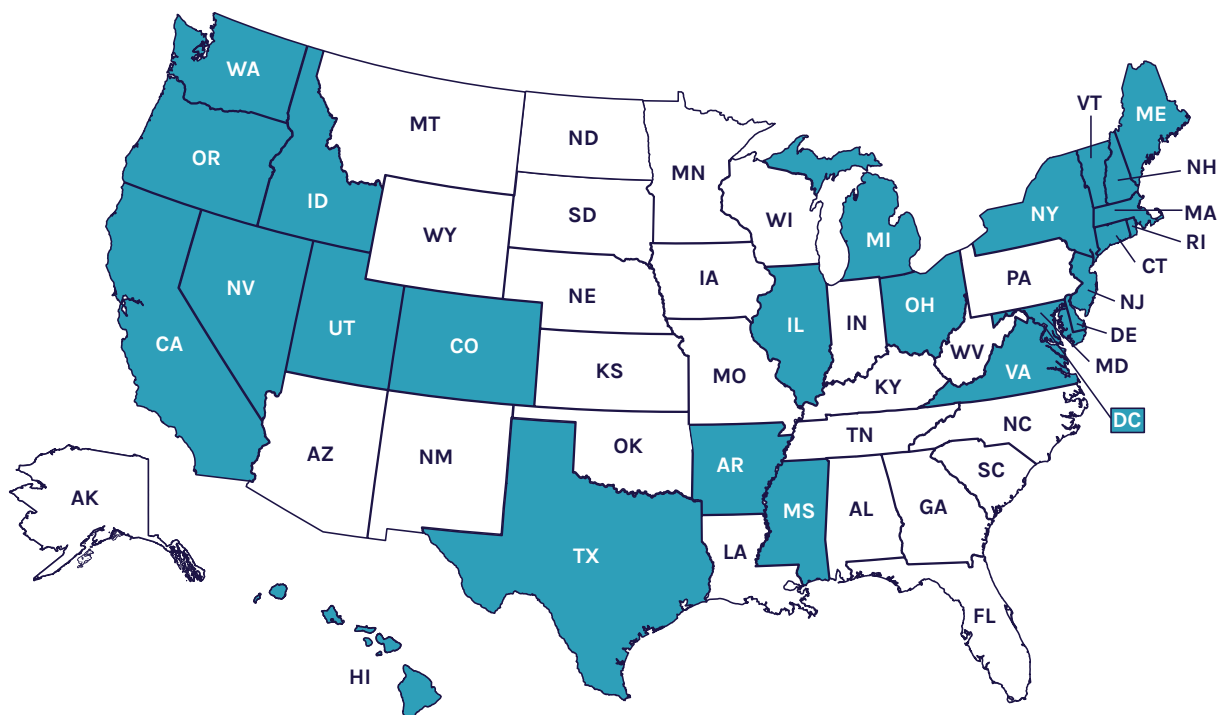
- **Illinois** passed groundbreaking legislation that allows for abortion coverage of low-income women and public employees—removing a long-time barrier to care. The state also enshrined the protections of the Roe standard in state law.
- **Oregon** also enacted truly revolutionary legislation to enshrine the protections of Roe in state law, while also requiring insurance companies to not only cover FDA-approved contraceptives without cost-sharing, but also abortion services.
- **Maine** and **Nevada** passed legislation to protect the ACA's contraceptive-coverage benefit. **D.C.** passed temporary legislation to codify the ACA's preventive services benefit, including contraceptive coverage.
- **Colorado, Maine, Nevada, Virginia, and Washington** enacted laws requiring health-insurance plans to cover a 12-month supply of contraception at once.
- Multiple states enacted measures to improve access to contraceptives in different ways:
 - **Arkansas** has removed a barrier to physicians dispensing contraceptives. **Mississippi** has improved Medicaid reimbursement of LARCs.
 - **Hawaii** enacted legislation to allow pharmacists to prescribe contraception as well as mandate insurance coverage of such prescriptions.
 - **Maryland** passed legislation that authorizes pharmacists to prescribe and dispense self-administered contraceptives.
 - **Oregon** enacted a measure that adds injectable contraceptives to the list of contraceptives a pharmacist can prescribe and administer.
 - **Ohio** enacted a measure to allow pharmacists to dispense a three-month supply of contraceptives in a single visit, though unfortunately it does not require insurance coverage.
- Four states enacted laws that protect pregnant women in the workplace: **Connecticut, Massachusetts, Nevada, and Vermont.**
- **Texas** enacted a measure to improve treatment of incarcerated pregnant women.
- **Utah** established an EC in the ER requirement, in which women are given information about and access to emergency contraception if they present at a healthcare facility after a sexual assault.

¹This report uses "laws" to refer specifically to statutes adopted by the legislature or enacted by ballot measure. "Measures" is a broader term that includes the following: constitutional provisions, statutes, regulations court decisions, ballot measures, opinions of state attorneys general, state policies, and other governmental action with statewide effect.

CUMULATIVE NUMBER OF STATEWIDE PRO-CHOICE MEASURES ENACTED SINCE 2004



STATES THAT ENACTED PRO-CHOICE MEASURES IN 2017



Key Findings: Threats to Choice

In the 2010 elections, anti-choice politicians seized control of many state legislatures, vowing to focus on the nation's economic challenges. Once elected, however, they abandoned their promises and instead launched a War on Women. While the tide seemed to be changing after the landmark *Whole Woman's Health* decision and the election of more pro-choice candidates in state houses, the outcome of the presidential election emboldened anti-choice politicians and organizations to go even further in restricting women's rights. What we saw in 2017 was a doubling down of those anti-choice efforts to ban abortion and eliminate a woman's right to contraception.

Among the 55 anti-choice state measures enacted in 2017, the most prominent trends were: abortion bans, laws directly funding fake health centers, laws barring abortion providers from participating in public healthcare programs, and laws restricting young women's access to abortion.

TOTAL ANTI-CHOICE STATE MEASURES ENACTED IN 2017:

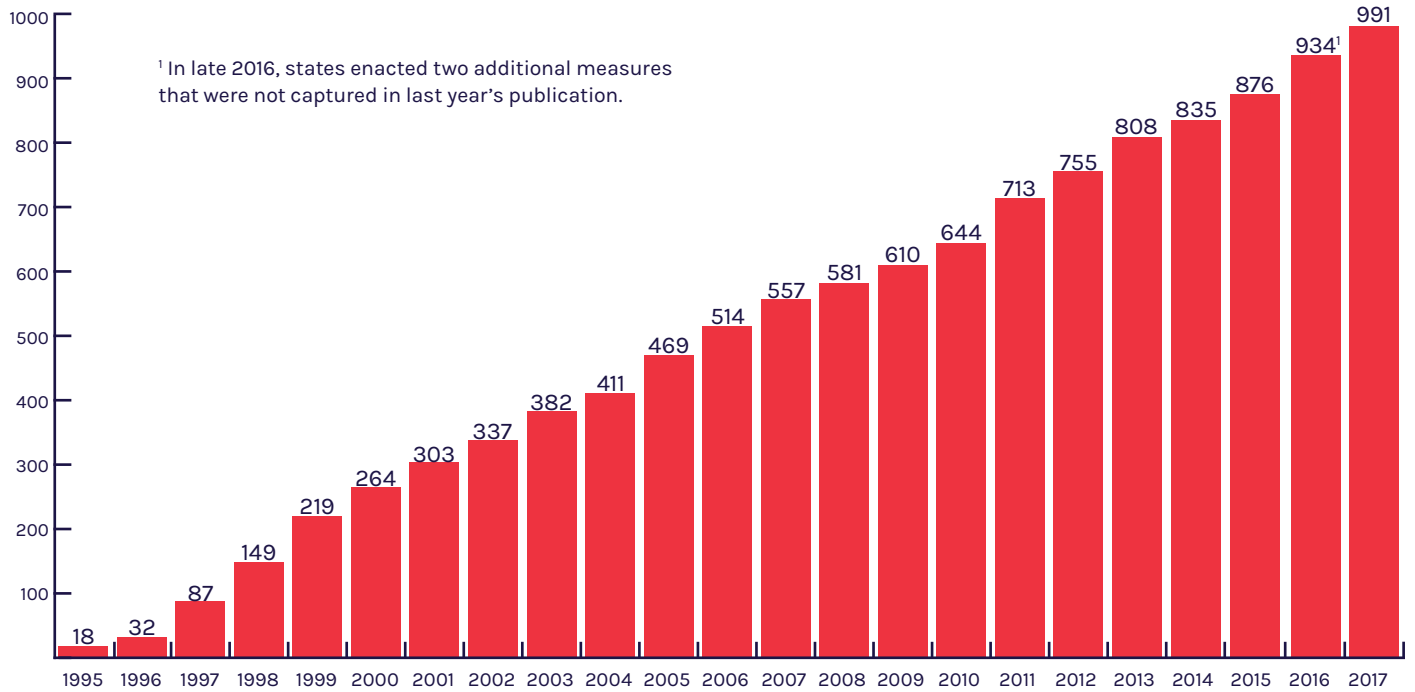
26 STATES enacted 55 anti-choice measures in 2017: **AL, AZ, AR, CO, FL, GA, IN, IA, KS, KY, LA, MI, MN, MO, NH, NC, OH, OK, PA, SD, TN, TX, UT, WV, WI, WY.**

- **Arkansas** enacted eight anti-choice measures in 2017, more than any other state. In three of the past five years, **Arkansas** has enacted more anti-choice legislation than any other state in the nation.
- **Texas** enacted seven anti-choice measures, and **Arizona** followed, enacting four anti-choice measures. This year, these states alone are responsible for enacting more than one-third of the total number of anti-choice laws enacted in the entire country.
- Since 1995, states have enacted 991 anti-choice measures.

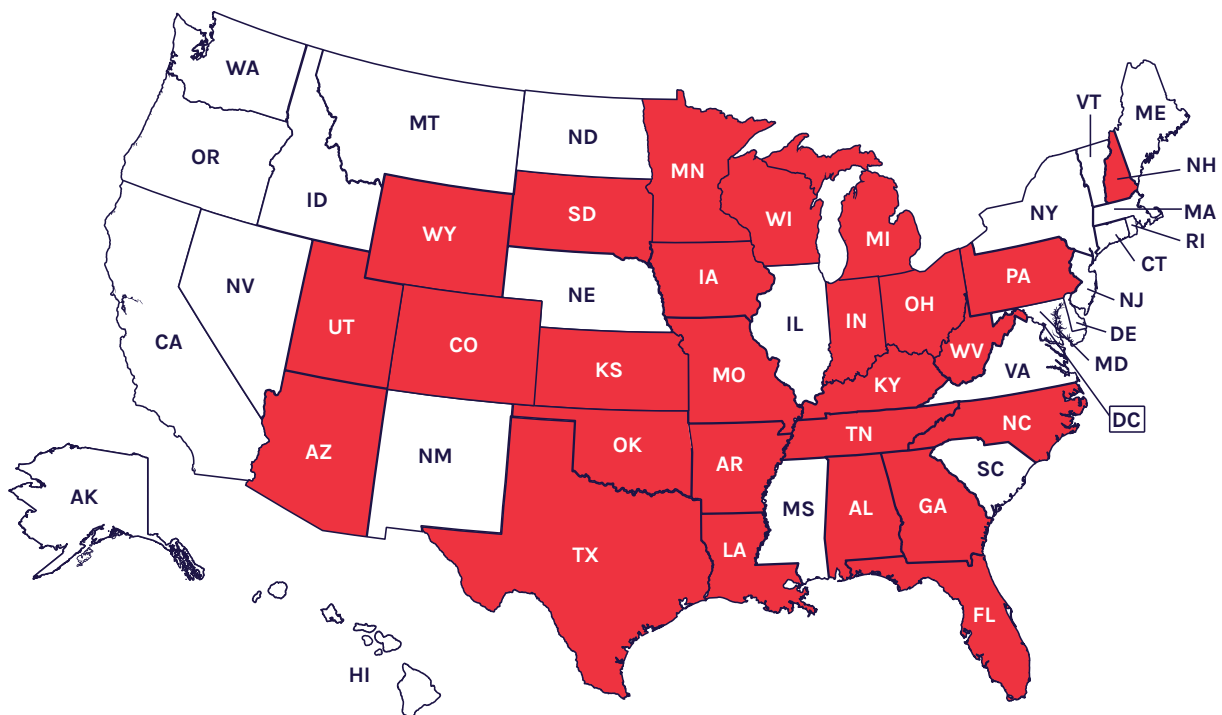
ANTI-CHOICE STATE MEASURES ENACTED IN 2017 INCLUDED:

- **Alabama** passed a measure to put "personhood" on the state ballot in 2018. Passage of such an amendment not only would ban abortion but also would outlaw most common forms of birth control.
- **Arizona, Iowa, Kentucky, Michigan, Missouri, North Carolina, and Texas** enacted measures prohibiting organizations that provide abortion from participating in public healthcare programs and/or from receiving certain public funds.
- **Iowa, Kentucky, and Tennessee** enacted bans on abortion after 20 weeks, with no exception to protect a woman's health. **Ohio** also enacted a 20-week abortion ban late last year that wasn't captured in last year's book. **South Dakota** enacted a measure to make providers guilty of a felony for providing care in violation of the state's existing 20-week ban.
- **Arkansas** enacted a ban on D&E—the most common and safest type of second-trimester abortion procedure.
- **Louisiana, Minnesota, Texas, and Wyoming** enacted measures to restrict the use or donation of fetal tissue, and/or dictate how a provider conducts its business in this regard.
- Ten states – **Florida, Georgia, Kansas, Michigan, Missouri, North Carolina, Ohio, Oklahoma, Pennsylvania, and Wisconsin** – enacted new laws or continued existing laws that provide direct funding for fake health centers, anti-choice organizations that often pose as comprehensive reproductive-health centers but whose sole purpose is to block women from exercising their right to choose.
- **Kentucky** and **Iowa** enacted a forced-ultrasound law that requires women seeking abortion care first to undergo an ultrasound procedure that is neither wanted by the patient nor recommended by her doctor.
- **Arkansas, Texas, Utah, and West Virginia** enacted measures restricting access to medication abortion through telehealth networks.
- **Arizona, Indiana, Louisiana, and West Virginia** enacted measures that restrict young women's access to abortion – either through parental-notification or consent requirements.
- **Iowa, Kansas, Oklahoma, and Utah** enacted measures that require women to receive biased counseling before accessing abortion care—which may include that medication abortion is reversible. **Iowa** also enacted a measure requiring a woman seeking abortion care to wait 72 hours between her first appointment and when she is able to get the abortion procedure.

CUMULATIVE NUMBER OF STATEWIDE ANTI-CHOICE MEASURES ENACTED SINCE 1995



STATES THAT ENACTED ANTI-CHOICE MEASURES IN 2017



Key Findings: Political Landscape

CHOICE POSITIONS OF EXECUTIVES

FEDERAL GOVERNMENT:

POTUS

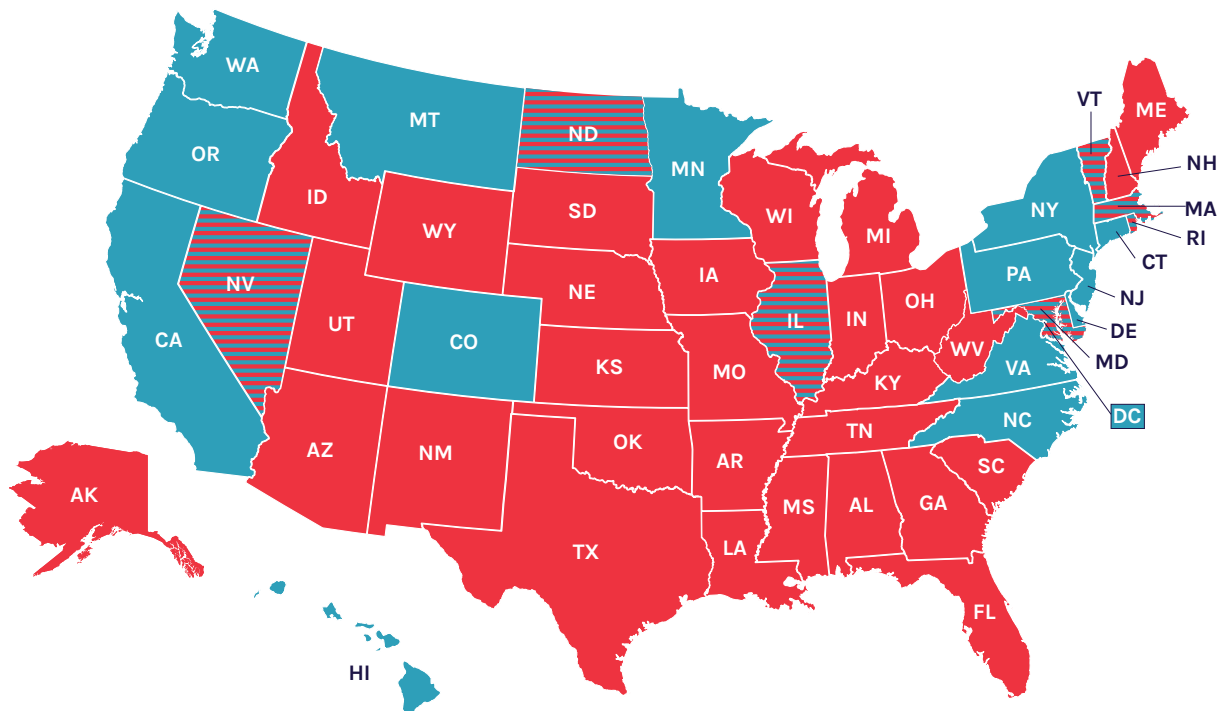
President Donald Trump is anti-choice.

VPOTUS

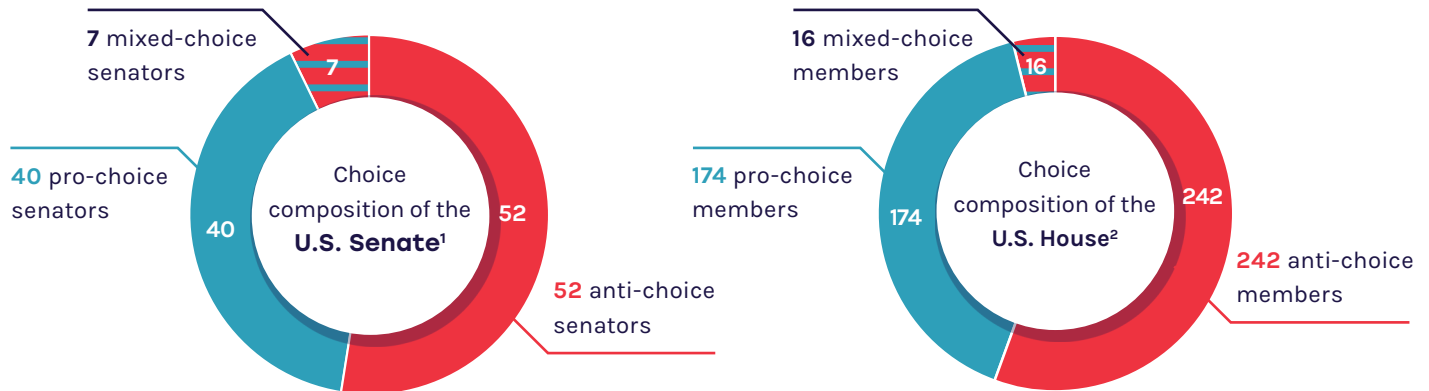
Vice President Mike Pence is anti-choice.

STATE GOVERNORS:

- 14 GOVERNORS and the MAYOR of the DISTRICT OF COLUMBIA are pro-choice: CA, CO, CT, DE, DC, HI, MN, MT, NJ, NY, NC, OR, PA, VA, WA.
- 7 GOVERNORS are mixed-choice: IL, MD, MA, NV, ND, RI, VT.
- 29 GOVERNORS are anti-choice: AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, ME, MI, MS, MO, NE, NH, NM, OH, OK, SC, SD, TN, TX, UT, WV, WI, WY.



U.S CONGRESS:



CHOICE POSITIONS OF LEGISLATURES

STATE LEGISLATURES:³

Legislatures that are anti-choice outnumber pro-choice legislatures:

- **11 STATES** and the **DISTRICT OF COLUMBIA** have pro-choice legislatures (both the house and senate are pro-choice): **CA, DE, DC, HI, MD, MA, NV, NJ, NM, OR, VT, WA.**
- **31 STATES** have anti-choice legislatures (both the house and senate are anti-choice): **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MN, MS, MO, NE, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, WV, WI, WY.**

Choice composition of **STATE SENATES**:

- **12 STATES** and the **DISTRICT OF COLUMBIA** have a pro-choice senate: **CA, CT, DE, DC, HI, MD, MA, NV, NJ, NM, OR, VT, WA.**
- **6 STATES** have a mixed-choice senate: **CO, IL, ME, MT, NH, VA.**
- **32 STATES** have an anti-choice senate: **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MN, MS, MO, NE, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, WV, WI, WY.**

Choice composition of **STATE HOUSES**:

- **13 STATES** have a pro-choice house: **CA, CO, DE, HI, MD, MA, NV, NJ, NM, NY, OR, VT, WA.**
- **6 STATES** have a mixed-choice house: **CT, IL, ME, MT, NH, VA.**
- **30 STATES** have an anti-choice house: **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MN, MS, MO, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, WV, WI, WY.**

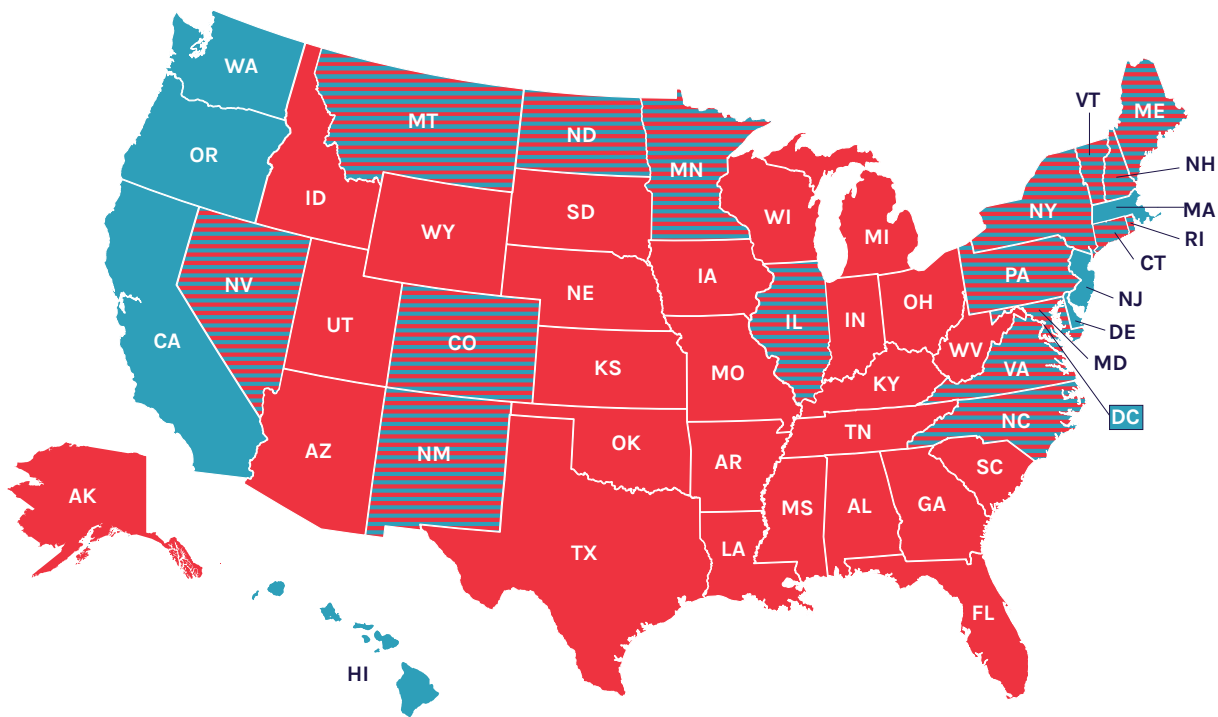
¹ At the time this publication went to print, the final outcome was pending in one race for the U.S. Senate.

² At the time this publication went to print, there were three vacant seats in the U.S. House of Representatives.

³ The terms "senate" and "house" include the equivalent bodies in states that have different titles for their state legislative bodies. Nebraska has a unicameral body that is counted as a senate, and the District of Columbia's city council – for this purpose – is counted as a senate.

CHOICE POSITIONS OF STATE GOVERNMENTS:

- **7 STATES** and the **DISTRICT OF COLUMBIA** have pro-choice governments (both the governor and the majority of the legislature are pro-choice): **CA, DE, DC, HI, MA, NJ, OR, WA.**
- **17 STATES** have mixed-choice governments: **CO, CT, IL, ME, MD, MN, MT, NV, NH, NM, NY, NC, ND, PA, RI, VT, VA.**
- **26 STATES** have anti-choice governments (both the governor and the majority of the legislature are anti-choice): **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MS, MO, NE, OH, OK, SC, SD, TN, TX, UT, WV, WI, WY.**



OVERVIEW OF CHOICE POSITIONS IN THE STATES

	PRO-CHOICE	MIXED-CHOICE	ANTI-CHOICE
GOVERNOR	15*	7	29
SENATE	13*	6	32
HOUSE	13	6	30

*Including the mayor and city council of the District of Columbia

Fast Facts

Current & 2017 Enacted State Measures

Abortion Providers: Expansions & Restrictions

The anti-choice movement has undertaken a campaign to impose unnecessary and burdensome regulations on abortion providers—but not other medical professionals—in an obvious attempt to drive doctors out of practice and make abortion care more expensive and difficult for women to obtain. Such proposals are known as TRAP laws: Targeted Regulation of Abortion Providers. Common TRAP regulations include those that limit the provision of care only to physicians or to hospital settings, force practices to convert needlessly into mini-hospitals at great expense, require abortion providers to get admitting privileges, and require facilities to have a transfer agreement with a local hospital (with nothing requiring hospitals to grant such privileges).

A landmark Supreme Court case in 2016, *Whole Woman's Health v. Hellerstedt*, laid the legal groundwork for advocates to roll back TRAP laws that have been causing clinics to close across the nation. In this decision, the Supreme Court struck down two TRAP provisions in an anti-choice Texas law—admitting-privileges and surgical-center requirements—because “neither . . . offers medical benefits sufficient to justify the burdens upon access that each imposes.” This was a powerful response to TRAP supporters’ disingenuous claims that such requirements are necessary to ensure patient health and safety. In reality, abortion is an extremely safe procedure that is already subject to safety laws and regulations, just like all types of medical care.

The *Whole Woman's Health* decision had an immediate, positive impact in states beyond Texas, including in Alabama where the attorney general dropped his defense of a similar TRAP law, in light of the Supreme Court’s ruling. Also, the high court refused to take up similar cases in Mississippi and Wisconsin. Moreover, several states continue to persevere in realizing the promises of *Roe*, and have enacted measures expanding the number of qualified-health providers who are authorized to provide surgical or medication abortion. Increasing the number of providers gives women better and quicker access to the care they need, and is an effective way of fighting back against restrictions.

However, while advocates prepared to continue using this landmark case to knock down similar TRAP laws in the first step toward revitalizing abortion access throughout the country, the outcome of the presidential election has cast a long shadow. Since the election, we have seen anti-choice organizations and politicians emboldened to try new ways of making abortion unavailable—if not outright illegal. Though there weren’t a significant number of TRAP laws enacted in 2017, there were many attempted—and using different methods.



PRO-CHOICE STATE MEASURES:

10 STATES have expanded the scope of practice of advanced-practice clinicians to include medication and/or surgical abortion services: **CA, CT, IL, MT, NH, NY, OR, RI, VT, WA.**

- **6 OF THESE STATES** allow other qualified healthcare professionals to provide surgical abortion care: **CA, MT, NH, NY, OR, VT.**



ANTI-CHOICE STATE MEASURES:

44 STATES and the **DISTRICT OF COLUMBIA** have measures subjecting abortion providers to restrictions not imposed on other medical professionals: **AL, AK, AZ, AR, CA, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY.**

- **19 OF THESE STATES** have enacted measures unnecessarily requiring abortion providers to have admitting privileges at a hospital, though hospitals are not required to consider or grant the request: **AL, AZ, AR, FL, IN, KS, LA, MI, MS, MO, NJ, NY, ND, OK, SC, TN, TX, UT, WI.**



2017 ENACTED ANTI-CHOICE STATE MEASURES:

2 STATES enacted 3 measures that subject abortion providers to restrictions not imposed on other medical professionals: **AZ, AR.**

Abortion Rights: Protections & Bans

Women's reproductive freedom and privacy are protected by the U.S. Constitution, as affirmed by the Supreme Court in the historic *Roe v. Wade* decision and other cases. However, an increasingly hostile Supreme Court, anti-choice legislatures, and now an aggressively anti-choice White House, have infringed on those rights in an increasing number of ways.

When the Supreme Court upheld the dangerous Federal Abortion Ban in 2007, it gave states the green light to enact still more bans and restrictions on abortion that disregard women's health. Consequently, in many states, anti-choice politicians have grown even bolder in their attempts to outlaw abortion earlier and earlier in pregnancy, trying to enact bans on other common abortion procedures, and criminalizing doctors for the reasons women seek abortion care. As expected, 2017 ushered in a period of unprecedented attack on a woman's autonomy over her own body and legal abortion. Under the Trump/Pence administration, and with potentially more Supreme Court vacancies, abortion bans present a clear and present danger.

A bright spot, however, is that many pro-choice states have taken affirmative steps to safeguard the protections established in *Roe*. Some have constitutions that provide greater protections for a woman's right to choose than the U.S. Constitution, and other states have enacted Freedom of Choice Acts, which ensure that a woman's right to choose will remain protected if anti-choice politicians continue dismantling the protections established in *Roe*. However, it's important to note that if a federal nationwide ban were upheld by the court, these state-level pro-choice policies would be nullified.

ABORTION RIGHTS: PROTECTIONS

STATE CONSTITUTIONAL PROTECTIONS



PRO-CHOICE STATE MEASURES:

15 STATES' constitutions provide greater protection of a woman's right to choose than does the federal Constitution: **AK, AZ, CA, CT, FL, IL, IN, MA, MN, MT, NJ, NM, OR, VT, WV.**

FREEDOM OF CHOICE ACTS (FOCA)



PRO-CHOICE STATE MEASURES:

7 STATES have codified a woman's right to choose, making the protections of *Roe v. Wade* part of state law: **CA, CT, HI, ME, MD, NV, WA.**



2017 ENACTED PRO-CHOICE STATE MEASURES:

2 STATES enacted legislation to improve protections for abortion access in state law: **IL, OR.**

ABORTION RIGHTS: BANS

ABORTION BANS THROUGHOUT PREGNANCY

ABORTION BANS BY WEEK:

Bans abortion at a certain week of pregnancy



ANTI-CHOICE STATE MEASURES:

21 STATES ban abortion after 20 weeks without an adequate health exception: **AL, AZ*, AR, GA, ID, IN, IA, KS, KY, LA, MS, NE, ND, OH, OK, SC, SD, TN, TX, WV, WI.**

- **2 OF THESE STATES'** bans on abortion after 20 weeks have been permanently enjoined: **AZ, ID.**

1 STATE has an unconstitutional and unenforceable ban on abortion after 12 weeks without an adequate health exception: **AR*.**

1 STATE has an unconstitutional and unenforceable ban on abortion as early as six weeks—before many women even know they are pregnant: **ND.**

* Note: Both Arizona's and Arkansas' law are written in such a way that they could apply two weeks earlier than is written in the statute.



2017 ENACTED ANTI-CHOICE STATE MEASURES:

3 STATES enacted bans on abortion after 20 weeks without an adequate health exception: **IA, KY, TN.**

ABORTION BANS BY PROCEDURE:

Bans a type of abortion procedure



ANTI-CHOICE STATE MEASURES:

32 STATES have bans outlawing abortion procedures as early as 12 weeks, with no exception to protect a woman's health: **AL, AK, AZ, AR, FL, GA, ID, IL, IN, IA, KS, KY, LA, MI, MS, MO, NE, NH, NJ, NM, ND, OH, OK, RI, SC, SD, TN, TX, UT, VA, WV, WI.**

This type of ban mirrors the Federal Abortion Ban that became law in 2007 and supersedes the state laws.

1 STATE bans a safe abortion procedure with only a narrow health exception: **OH.**

8 STATES specifically ban D&E, a medically proven type of second trimester abortion procedure: **AL, AR, KS, LA, MS, OK, TX, WV.**

- **6 STATES'** laws have been temporarily or permanently enjoined: **AR, AL, KS, LA, OK, TX.**



2017 ENACTED ANTI-CHOICE STATE MEASURES:

1 STATE enacted a ban on so-called "partial-birth" abortion: **TX.**

1 STATE enacted a ban on D&E, the most common type of second trimester abortion procedure: **AR.**

NEAR-TOTAL ABORTION BANS



ANTI-CHOICE STATE MEASURES:

11 STATES have unconstitutional and unenforceable near-total criminal bans on abortion: **AL, AZ, AR, DE, LA, MA, MI, MS, NM, OK, WV.**

- **1 OF THESE STATES'** bans was enacted after *Roe v. Wade*: **LA.**

4 STATES have laws that would impose near-total criminal bans on abortion if the Supreme Court overturns *Roe v. Wade* (sometimes known as "trigger" bans): **LA, MS, ND, SD.**

ABORTION RIGHTS: BANS

POST-VIABILITY BANS

NARAL Pro-Choice America supports the legal framework established in *Roe v. Wade* and does not oppose restrictions on post-viability abortion so long as they contain adequate exceptions to protect the woman's life and health. However, many states have bans with inadequate exceptions, no exceptions at all, or define viability as occurring at a particular point in pregnancy.



ANTI-CHOICE STATE MEASURES:

18 STATES have post-viability abortion bans that have inadequate exceptions, lack the necessary exceptions altogether, or define viability as occurring at a particular point in pregnancy: **AL, DE, FL, ID, IN, KS, MA, MI, MT, NV, NC, ND, OH, PA, RI, TX, UT, VA.**

- **3 OF THESE STATES** have an unconstitutional and unenforceable post-viability ban: **DE, ID, NY.**

REASONS-BASED BANS

In yet another strategy to ban abortion by any means necessary, anti-choice state governments have embraced a recent strategy to enact abortion bans that hold doctors legally liable for the reasons a woman may seek abortion care. These reasons may include the potential race and sex of the pregnancy or in cases of fetal anomaly. These bans not only limit access, but force doctors to question a woman's motives for seeking abortion care—a tactic that does not belong in the doctor-patient relationship nor should it be dictated by politicians.



ANTI-CHOICE STATE MEASURES:

11 STATES have reasons-based bans on abortion: **AZ, AR, IL, IN, KS, LA, NC, ND, OK, PA, SD.**

- **3 OF THESE STATES** ban abortion if sought for reasons of fetal anomaly: **IN, LA, ND.**
- **2 OF THESE STATES** ban abortion if sought because of the race or sex of the pregnancy: **AZ, IN.**
- **10 OF THESE STATES** ban abortion if sought because of the sex of the pregnancy: **AZ, AR, IL*, IN, KS, NC, ND, OK, PA, SD.**
- **2 OF THESE MEASURES** have been temporarily or permanently enjoined: **IN, LA.**

*Law only applies post-viability.



2017 ENACTED ANTI-CHOICE STATE MEASURES:

1 STATE enacted a ban on abortion if sought for reasons of the sex of the pregnancy: **AR.**

Biased Counseling & Mandatory Delays

Biased-counseling and mandatory-delay measures prohibit women from receiving abortion care until they are subjected to a state-mandated lecture and/or materials, typically followed by a delay of at least 24 hours. Like any patient, a woman considering abortion should receive full and unbiased information from her doctor about her medical options. However, these measures require that women be provided with political propaganda and medically inaccurate information, such as the disproven claim that abortion causes breast cancer.

Mandatory delays create additional burdens for women, especially women in rural areas who often have to travel for many hours to reach a healthcare provider, and women who do not have the resources to take extra time off work or pay for child care.

Biased-counseling measures are insulting to women, implying they are not capable of making decisions for themselves, and insert politicians intrusively into the doctor-patient relationship.



STATE MEASURES:

32 STATES have laws that subject women seeking abortion services to biased-counseling requirements: **AL, AK, AR, DE, FL, GA, ID, IA, IN, KS, KY, LA, MA, MI, MN, MS, MO, NE, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI.**

28 STATES have laws the force women to endure mandatory delays before getting abortion care: **AL, AZ, AR, GA, ID, IN, IA, KS, KY, LA, MI, MN, MS, MO, NE, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WV, WI.**

• OF THESE STATES:

6 STATES' laws have been found fully or partially unconstitutional: **AZ, DE, FL, KY, MA, MT.**



2017 ENACTED STATE MEASURES:

4 STATES enacted measures related to biased counseling: **IA, KS, OK, UT.**

- **Iowa** enacted 1 measure that forces women to wait 72 hours between when they first go to a provider and when they can actually get abortion care.

Clinic Protections

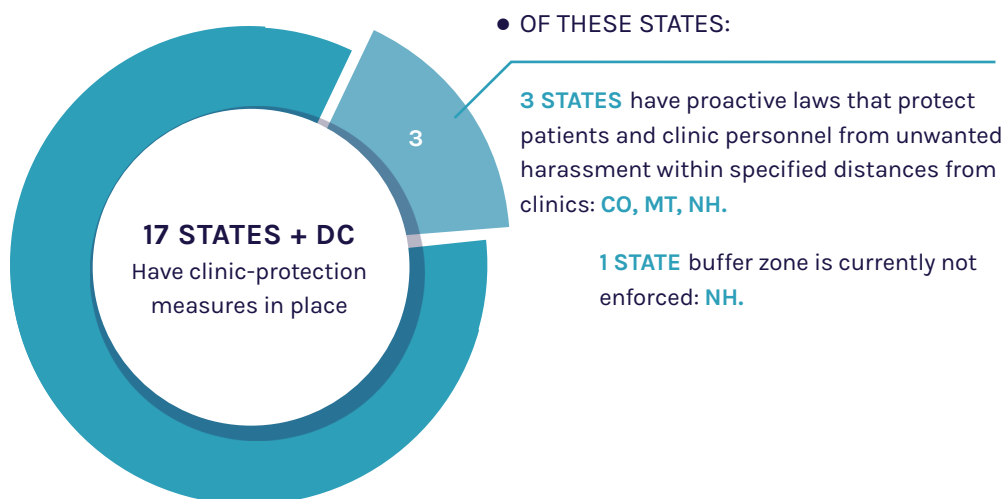
Women and abortion providers' painful, real-world experiences have shown that general measures prohibiting violence and intimidation do not provide sufficient protection against the unlawful and often violent tactics used by some opponents of choice to harass the patients and staff at health centers. Both the long history of clinic violence and the recent increase in threats and violence against reproductive-health patients and providers—like the tragic shooting at a Colorado Springs clinic in 2015—demonstrate that additional protections are necessary.

Measures protecting women and providers from violence and intimidation are critical to preserving the right to choose and ensuring that reproductive-health clinics remain operable. While most states that protect against clinic violence have laws that criminalize interference with access to healthcare facilities, some have proactive laws—bubble zones—that guarantee staff and patients can enter the clinic without obstruction.



STATE MEASURES:

17 STATES and the **DISTRICT OF COLUMBIA** have measures that protect healthcare facilities, providers, and/or patients from blockades, harassment, and/or other anti-choice violence: **CA, CO, CT, DC, KS, ME, MD, MA, MI, MN, MT, NV, NH, NY, NC, OR, WA, WI.**



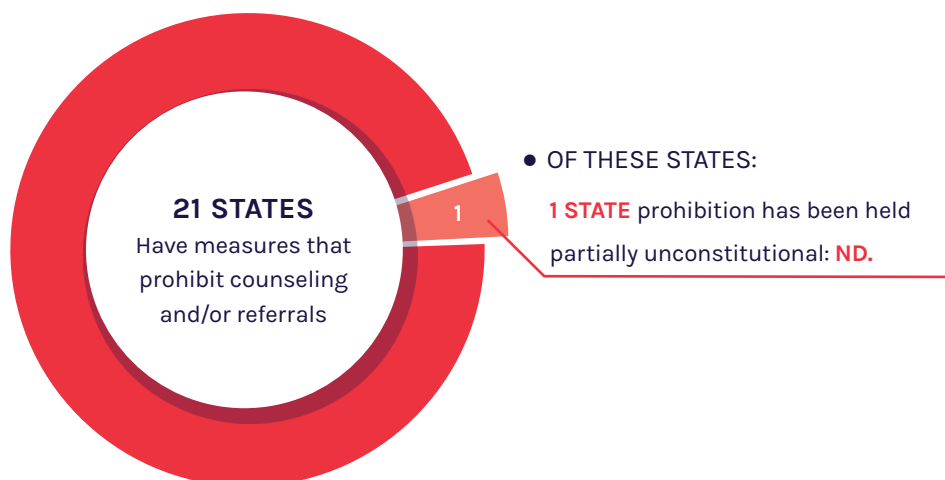
Counseling & Referral Bans

To make informed healthcare decisions, patients must have access to full, complete, and accurate information about their options. This is a bedrock principle of medical care in a free society. Women seeking reproductive healthcare are no different. Counseling and referral bans typically prohibit organizations that receive state and/or federal funds from counseling or referring women for abortion services, and consequently severely limit women's ability to make informed decisions.



STATE MEASURES:

21 STATES have measures that prohibit some or all state employees or organizations that receive state funds from providing, counseling, or referring women for abortion services: **AL, AZ, AR, IL, IN, KS, KY, LA, MI, MN, MS, MO, NE, ND, OH, OK, PA, SC, TX, VA, WI.**



2017 ENACTED STATE MEASURES:

1 STATE enacted a measure that prohibits organizations receiving public funds from counseling or referring for abortion: **MO.**

Emergency Contraception

Emergency contraception (EC), often referred to as the “morning-after” pill, is birth control that can significantly reduce a woman’s chance of becoming pregnant if taken soon after sex. EC can prevent a pregnancy before it occurs; it has no effect on an existing pregnancy. It is not an abortion pill. It may be used when other birth-control methods fail or in cases when birth control is not used, such as when a woman is sexually assaulted. The Food and Drug Administration has approved EC medications for over-the-counter sale to individuals of all ages. Unfortunately, many women do not know about the benefits of EC, and anti-choice groups have fought efforts to improve access to it, including by intentionally misidentifying the medication as an abortifacient.



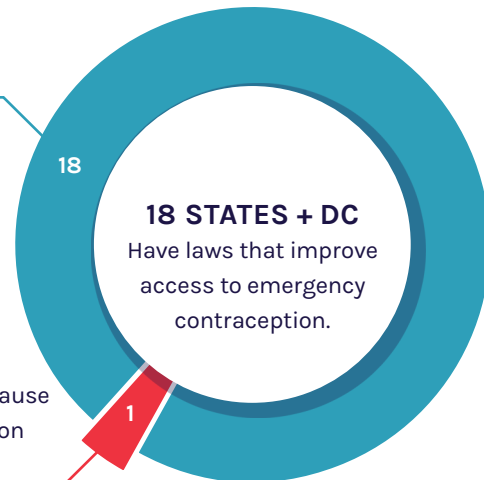
STATE MEASURES:

18 STATES and the **DISTRICT OF COLUMBIA** have laws and/or policies that improve women’s access to EC: **AR, CA, CO, CT, DC, HI, IL, MA, MN, NJ, NM, NY, OR, PA, SC, TX, UT, WA, WI.**

- OF THESE STATES:

17 STATES and the **DISTRICT OF COLUMBIA** have laws that improve sexual-assault survivors’ access to EC in hospitals: **AR, CA, CO, CT, DC, HI, IL, MA, MN, NJ, NM, NY, OR, SC, TX, UT, WA, WI.**

1 STATE has an EC in the ER law that includes such a significant refusal clause that it makes access to the medication effectively unavailable: **PA.**



2017 ENACTED STATE MEASURES:

2 STATES enacted 2 measures to improve access to EC in the ER: **CA, UT.**

Fake Health Centers

All patients deserve comprehensive, unbiased, and medically accurate information when seeking medical care. Women seeking pregnancy-related information are no different. Determined to block as many women as possible from considering abortion, anti-choice activists have set up a nationwide network of fake health centers, which often pose as comprehensive reproductive-health centers. FHCs use a variety of tactics to lure women into their centers, including false or misleading advertising and promises of free services. Once inside, FHCs intentionally misinform and mislead women, all toward the goal of blocking women from exercising their right to choose.

While they may seem harmless, FHCs do not operate alone. They are allied with powerful national anti-choice organizations and politicians—and many states enact policies that support FHCs, making it more difficult for women to get legitimate reproductive healthcare. Several states fund FHCs directly. Many others refer women to FHCs or even require women to visit a FHC before they can get abortion care. Some anti-choice legislatures also funnel money to FHCs through “Choose Life” license-plate programs.

Thankfully, pro-choice lawmakers recognize this threat to women’s reproductive health and have begun enacting legislation to protect women from FHCs’ worst practices. These laws ensure that women have accurate information about the full range of reproductive-health services available to them and even fund comprehensive reproductive-health centers through pro-choice license-plate programs. Regardless of one’s opinion on legal abortion, everyone should agree that no person seeking medical care or counseling should be manipulated, harassed, or lied to.



PRO-CHOICE STATE MEASURES:

3 STATES have measures opposing FHCs: **CA, HI, VA.**

- **1 STATE** has a pro-choice license-plate program: **VA.**
- **2 STATES** protect women from FHCs’ worst practices: **CA, HI.**



ANTI-CHOICE STATE MEASURES:

27 STATES have measures supporting FHCs: **AL, AZ, AR, FL, GA, ID, IN, KS, LA, MI, MN, MS, MO, NE, NM, NC, ND, OH, OK, PA, SC, SD, TN, TX, VA, WV, WI.**

- **16 STATES** fund FHCs directly:* **FL, GA, IN, KS, LA, MI, MN, MO, NM, NC, ND, OH, OK, PA, TX, WI.**
- **1 STATE** has an unenforceable law that forces women to go to a FHC: **SD.**
- **21 STATES** refer women to FHCs: **AZ, AR, FL, GA, ID, KS, LA, MN, MS, NE, NC, ND, OH, OK, PA, SC, SD, TX, VA, WV, WI.**
- **15 STATES** have “Choose Life” license-plate programs: **AL, AR, FL, GA, LA, MS, MO, NC, NE, OH, OK, SC, TN, TX, VA.**
- **1 STATE** makes it harder to distinguish FHCs from legitimate reproductive-health centers: **SD.**



2017 ENACTED ANTI-CHOICE STATE MEASURES:

2 STATES enacted 2 measures supporting FHCs: **NE, OK.**

- **1 OF THESE STATES** enacted a measure that funds FHCs directly: **OK.**

* Because the details of budget expenditures are not always publicly available, the process of researching and documenting current measures is ongoing.

Insurance Coverage & Abortion

Insurance coverage is critical to ensuring access to healthcare services. Without it, women are forced to bear the cost of their reproductive healthcare entirely on their own even though they have paid for health insurance. However, some insurers object to, or are prohibited from, including coverage of abortion services in their health plans. Anti-choice legislators have enacted laws that prohibit insurance companies from covering abortion services for public employees, in the state insurance exchanges, and even in the entire private insurance market. Treating insurance coverage for abortion differently than other healthcare can put the procedure financially out of reach for some women—which is the laws' exact purpose.

Conversely, measures that guarantee coverage for abortion services ensure that women have access to safe, comprehensive care. Such laws recognize that abortion is part of a range of reproductive-health services and should be treated no differently.



PRO-CHOICE STATE MEASURES:

3 STATES have measures guaranteeing insurance coverage for abortion services: **CA, NY, OR.**



2017 ENACTED PRO-CHOICE STATE MEASURES:

2 STATES enacted a measure prohibiting abortion coverage in the entire private insurance market, in the exchanges, and for public employees: **NY, OR.**

1 STATE enacted a measure repealing a ban on insurance coverage for abortion services: **IL.**



ANTI-CHOICE STATE MEASURES:

29 STATES prohibit insurance plans from covering abortion services for all or some residents of the state: **AL, AZ, AR, CO, FL, GA, ID, IN, KS, KY, LA, MA, MI, MS, MO, NE, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WI.**

- **12 STATES** expressly prohibit abortion coverage in the entire private insurance market: **ID, IN, KS, KY, MI, MO, NE, ND, OK, RI, TX, UT.**

1 of these laws is unconstitutional: **RI.**

- **24 STATES** expressly prohibit abortion coverage in state insurance exchanges: **AL, AZ, AR, FL, GA, ID, IN, KS, LA, MI, MS, MO, NE, NC, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI.**
- **16 STATES** expressly prohibit abortion coverage for public employees: **AZ, AR, CO, GA, KS, KY, MA, MS, NE, NC, ND, OH, PA, RI, SC, VA.**



2017 ENACTED ANTI-CHOICE STATE MEASURES:

1 STATE enacted a measure prohibiting abortion coverage in the entire private insurance market, in the exchange,* and for public employees: **TX.**

*Although Texas does not have a state exchange, this measure prohibits abortion coverage in the event an exchange is established.

Insurance Coverage & Contraception

Measures promoting insurance coverage for contraception are crucial to women's reproductive health. It used to be legal in many states for insurance companies to refuse to cover birth control, but thanks to the Affordable Care Act (ACA), insurance plans must cover women's family-planning care, including all Food and Drug Administration-approved contraceptive methods, without copayments or deductibles. Now, however, the ACA's contraceptive-coverage policy, which benefited millions of women, is at great risk from the extremely anti-choice administration. This year, the Trump administration began unraveling the benefit by expanding the categories of employers who could opt out of coverage, and future action—legislative or administrative—could continue to undermine the benefit or eliminate the federal policy altogether.

In an effort to reduce the impact of a volatile administration, many states have enacted policies that promote and improve insurance coverage for contraception. One such policy is known as contraceptive equity: insurers must cover prescription contraception to the same extent as other medications. More recently, states have begun going beyond contraceptive equity and are codifying the ACA's birth control benefit into state law. Some states even require that insurers cover an even broader range of contraceptives without cost-sharing and/or cover a year's supply of contraception dispensed at once. These measures are an important backstop to the federal law and allow states to ensure more robust coverage of contraception.



STATE MEASURES:

27 STATES ensure equity in private insurance coverage for prescription contraception: **AZ, AR, CA, CO, CT, DE, GA, HI, IL, IA, ME, MD, MA, MI, MT, NV, NH, NJ, NM, NY, NC, OR, RI, VT, WA, WV, WI.**

3 STATES have codified the ACA's contraceptive-coverage policy requiring insurers to cover cost-free all 18 FDA-approved contraceptive methods: **ME, NV, VT.**

4 STATES also require that health-insurance plans cover cost-free each unique contraceptive product: **CA, IL, MD, OR.**

11 STATES and the **DISTRICT OF COLUMBIA** also require that health-insurance plans cover multiple months of contraception dispensed at once: **CA, CO, DC, HI, IL, ME, MD, NV, OR, VT, VA, WA.**

- **10 STATES** and the **DISTRICT OF COLUMBIA** require coverage of 12 months of contraception dispensed at once: **CA, CO, DC, HI, IL, ME, NV, OR, VT, VA, WA.**
- **1 STATE** requires coverage of six months of contraception dispensed at once: **MD.**



2017 ENACTED STATE MEASURES:

2 STATES enacted measures that require health-insurance plans to cover cost-free all 18 FDA-approved contraceptive methods: **ME, NV.**

1 STATE enacted a measure that requires health-insurance plans to cover cost-free each unique contraceptive product: **OR.**

5 STATES enacted 5 measures that require health-insurance plans to cover multiple months of contraception dispensed at once: **CO, ME, NV, VA, WA.**

Low-Income Women & Abortion

All women should have access to reproductive healthcare, including abortion, regardless of their economic status. Several states have no restrictions on public funding for abortion, which allows women who rely on the government for health insurance to obtain a full range of healthcare services. However, the federal government and many states restrict abortion coverage in Medicaid and other public healthcare programs. These policies have the effect of discriminating against women who receive public health insurance and create a two-tiered system of reproductive freedom, with one set of rights for wealthy women and another set for those with lesser means.

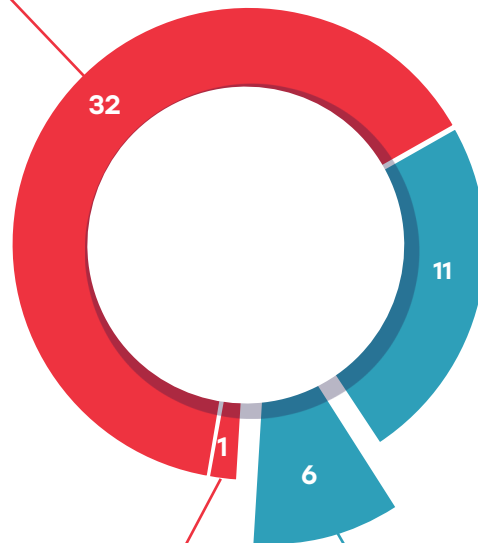


STATE MEASURES:

32 STATES and the **DISTRICT OF COLUMBIA** restrict low-income women's access to abortion in almost all cases (exceptions only for life endangerment, rape, and incest): **AL, AR, CO, DE, DC, FL, GA, ID, IN, IA, KS, KY, LA, ME, MI, MS, MO, NE, NV, NH, NC, ND, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WY.**

6 OF THESE STATES fund abortion services for low-income women in extremely limited circumstances beyond life endangerment, rape, and incest: **IN, IA, MS, UT, VA, WI.**

1 STATE restricts low-income women's access to abortion without exception, in violation of federal law: **SD.**



11 STATES fund abortion services for low-income women beyond life endangerment, rape, and incest: **AK, AZ, MD, MA, MN, MT, NJ, NM, NY, VT, WV.**

6 STATES impose no restrictions on low-income women's abortion services: **CA, CT, HI, IL, OR, WA.**

Low-Income Women & Contraception

All women should have access to basic reproductive-health care regardless of their income, but the high cost of health care and health insurance puts family-planning services financially out of reach for many. For these women, the Medicaid program is a vital safety net—but many who need Medicaid do not qualify for their state's program because of limited-eligibility rules.

Traditionally, to try to remedy this problem, states apply for a waiver from the federal government to expand eligibility. Under the Affordable Care Act, now states may submit a State Plan Amendment (SPA) to expand access to their state's family-planning program under Medicaid permanently. This type of change, as opposed to a waiver subject to continuous review and modification, has the potential to streamline enrollment and reduce administrative costs, making it a better policy option for many states.

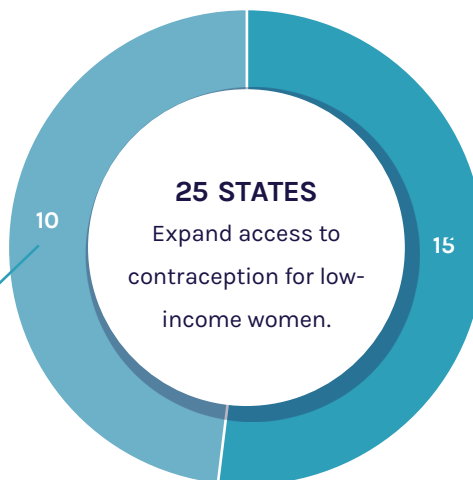


STATE MEASURES:

25 STATES, as of August 2017, provided expanded access to Medicaid coverage for family-planning services: **AL, CA, CT, FL, GA, IN, LA, ME, MD, MN, MS, MT, NH, NM, NY, NC, OK, OR, PA, RI, SC, VA, WA, WI, WY.**

• OF THESE STATES:

10 STATES provide this coverage through a waiver obtained from the federal government: **AL, FL, GA, MD, MS, MT, OR, RI, WA, WY.**



15 STATES provide this coverage through a SPA: **CA, CT, IN, LA, ME, MN, NH, NM, NY, NC, OK, PA, SC, VA, WI.**

8 STATES and the **DISTRICT OF COLUMBIA** cover 12 months of contraception dispensed at once: **CA, DC, IN, MO, NV, SD, VT, WA.**

5 STATES provide Medicaid coverage of over-the-counter emergency contraception: **IL, MD, NY, OR, WA.**



2017 ENACTED STATE MEASURES:

5 STATES enacted 5 measures expanding access to family planning to low-income women and men: **IN, MO, MN, NV, VT.**

Refusals & Guarantees of Medical Care

Unable to make abortion illegal, anti-choice lawmakers have enacted a wide variety of laws to try to make the procedure—and other reproductive-health services—unavailable. One such measure is called a “refusal” law. Refusals allow a broad range of individuals and institutions—including hospitals, healthcare providers, pharmacists, employers, and insurance companies to claim that they have a religious or moral objection to reproductive-health services and to refuse to provide, pay for, cover, counsel for, or even refer patients for medical treatment, even though the patients may not share the religious background or objection. Although carefully crafted refusal laws may be acceptable in some circumstances to protect individuals who oppose certain treatments, healthcare corporations should not be allowed to deny women access to necessary medical services and information.

Some states have taken action to protect women from refusal laws. These measures guarantee that women can get the reproductive healthcare they need, free from discrimination. For example, in response to multiple reports of hostile, anti-choice pharmacists, some states enacted measures requiring pharmacies to fill legal birth-control prescriptions. States also are taking steps to protect women from employers that fire workers because they don’t approve of their private, reproductive-health decisions, such as using birth control or IVF. When a woman makes a medical decision, she should be able to receive the care recommended by her doctor without interference or punishment from any third party.



PRO-CHOICE STATE MEASURES:

7 STATES guarantee that women’s birth-control prescriptions will be filled: **CA, IL, ME, NV, NJ, WA, WI.**

1 STATE and the **DISTRICT OF COLUMBIA** guarantee that employees cannot be discriminated against because of a reproductive-health decision: **DE, DC.**



ANTI-CHOICE STATE MEASURES:

48 STATES and the **DISTRICT OF COLUMBIA** allow certain individuals or organizations to refuse to provide women specific reproductive-health services, information, or referrals: **AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY.**



2017 ENACTED ANTI-CHOICE STATE MEASURES:

1 STATE enacted 1 measure allowing certain individuals or institutions to refuse to provide women specific reproductive-health services, information, or referrals: **AL.**

Young Women & Abortion

Most young women talk with at least one parent when facing an unintended pregnancy. But some young women feel for various reasons—including abuse, rape, or incest—that they cannot. Placing restrictions on a young woman’s access to abortion can delay her from seeking earlier, safer care, thus putting her health at risk. Of course, most parents hope their daughters will seek out their advice and support, but responsible parents want, above all, for their daughters to be safe.



STATE MEASURES:

44 STATES have parental-notice or -consent measures that restrict young women’s access to abortion: **AL, AK, AZ, AR, CA, CO, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.**

- **30 STATES** require parental consent: **AL, AZ, AR, CA, ID, IN, KS, KY, LA, ME, MA, MI, MS, MO, MT, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WY.**
- **19 STATES** require parental notice: **AK, CO, DE, FL, GA, IL, IA, MD, MN, NV, NH, NJ, OK, SD, TX, UT, VA, WV, WY.**
- **6 OF THESE STATES** require both parental notice and consent: **OK, TX, UT, VA, WY, IN.**
- **6 OF THESE LAWS** have been found unconstitutional and unenforceable: **AK, CA, MT, NV, NJ, NM.**
- **12 STATES** have parental-notice and/or -consent measures that, in some cases, permit other trusted adults to stand in for a parent: **AZ, CO, DE, IL, IA, ME, NC, NE, PA, SC, VA, WI.**



2017 ENACTED STATE MEASURES:

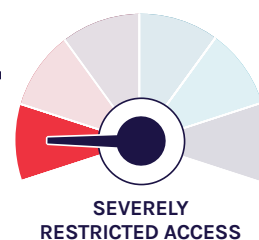
4 STATES enacted 4 measures restricting young women’s access to abortion: **AZ, IN, LA, WV.**

State Profiles

How Each State Measures Up

Alabama

ACCESS FACT: 59% of Alabama women live in counties with no abortion clinic.*



Political Information

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Gov. Kay Ivey (R)

Legislative

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State House

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Guarantees

Refusals

Counseling & Referral Bans

COLOR KEY:

● anti-choice ● pro-choice ● mixed-choice

SYMBOL KEY:

- Measures have a strong impact or are in full effect.
- ◐ Measures have a less strong impact or are partially in effect.
- Measures have no impact, no measures are in place, or measures are completely enjoined.

To get involved, please visit:

www.naral.org

 @NARAL

*SOURCE: Guttmacher Institute, 2014 data

Alaska

ACCESS FACT: 37% of Alaska women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Bill Walker (I)



Legislative

State Senate



State House



Abortion-Care Policies

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Bans Throughout Pregnancy



Reasons-Based Bans



Near-Total and/or Post-Viability Bans



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Insurance Coverage & Abortion

Coverage



Bans Throughout Pregnancy



Low-Income Women & Abortion

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Bans Throughout Pregnancy



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



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Supports



Guarantees & Refusals

Guarantees



Refusals



Counseling & Referral Bans



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www.naral.org



@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Arizona

ACCESS FACT: 19% of Arizona women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Doug Ducey (R)

Legislative

State Senate

State House

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NARAL Pro-Choice Arizona

www.prochocearizona.org

@prochoiceAZ

*SOURCE: Guttmacher Institute, 2014 data

Arkansas

ACCESS FACT: 77% of Arkansas women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Asa Hutchinson (R)

Legislative

State Senate

State House

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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

California

ACCESS FACT: 5% of California women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Edmund "Jerry" Brown (D)

Legislative

State Senate

State House

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NARAL Pro-Choice California

www.prochoicecalifornia.org

@ProChoiceCA

*SOURCE: Guttmacher Institute, 2014 data

Colorado

ACCESS FACT: 27% of Colorado women live in counties with no abortion clinic.*



Political Information

Executive

Gov. John Hickenlooper (D)

Legislative

State Senate

State House

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- Measures have no impact, no measures are in place, or measures are completely enjoined.

NARAL Pro-Choice Colorado

www.prochoicecolorado.org

@NARALColorado

*SOURCE: Guttmacher Institute, 2014 data

Connecticut

ACCESS FACT: 5% of Connecticut women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Dannel Malloy (D)

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NARAL Pro-Choice Connecticut

www.prochoicect.org

@ProChoiceCT

*SOURCE: Guttmacher Institute, 2014 data

Delaware

ACCESS FACT: 18% of Delaware women live in counties with no abortion clinic.*



Political Information

Executive

Gov. John Carney (D)

Legislative

State Senate

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

District of Columbia

ACCESS FACT: 0% of D.C. women live in counties with no abortion clinic.*

Political Information

Executive

Mayor Muriel Bowser (D)

Legislative

State Senate

State House

n/a

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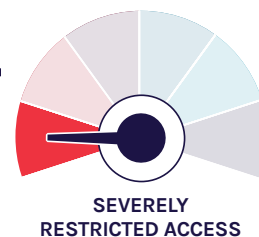
 @NARAL

*SOURCE: Guttmacher Institute, 2014 data

**NOTE: Because Congress routinely interferes with the District of Columbia's local abortion-related policy, no local grade is given.

Florida

ACCESS FACT: 20% of Florida women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Rick Scott (R)

Legislative

State Senate

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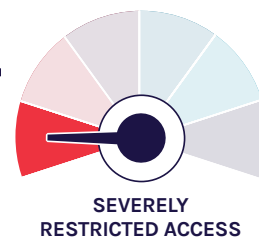


@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Georgia

ACCESS FACT: 58% of Georgia women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Nathan Deal (R)

Legislative

State Senate

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NARAL Pro-Choice Georgia

@NARALGA

*SOURCE: Guttmacher Institute, 2014 data

Hawaii

ACCESS FACT: 5% of Hawaii women live in counties with no abortion clinic.*



Political Information

Executive

Gov. David Ige (D)

Legislative

State Senate

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Idaho

ACCESS FACT: 68% of Idaho women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Clement Leroy "Butch" Otter (R)

Legislative

State Senate

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Illinois

ACCESS FACT: 40% of Illinois women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Bruce Rauner (R)



Legislative

State Senate



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Illinois Choice Action Team

www.ilchoiceactionteam.org

 @ICATIllinois

*SOURCE: Guttmacher Institute, 2014 data

Indiana

ACCESS FACT: 66% of Indiana women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Eric Holcomb (R)

Legislative

State Senate

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Iowa

ACCESS FACT: 42% of Iowa women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Kim Reynolds (R)

Legislative

State Senate

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NARAL PRO-CHOICE IOWA

facebook.com/NARALIowa

@NARALIowa

*SOURCE: Guttmacher Institute, 2014 data

Kansas

ACCESS FACT: 56% of Kansas women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Sam Brownback (R)

Legislative

State Senate

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*SOURCE: Guttmacher Institute, 2014 data

Kentucky

ACCESS FACT: 74% of Kentucky women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Matt Bevin (R)



Legislative

State Senate



State House



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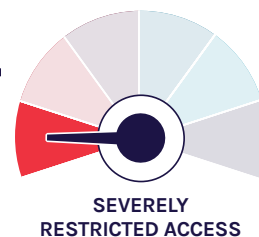
www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Louisiana

ACCESS FACT: 63% of Louisiana women live in counties with no abortion clinic.*



Political Information

Executive

Gov. John Bel Edwards (D)

Legislative

State Senate

State House

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www.naral.org



@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Maine

ACCESS FACT: 55% of Maine women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Paul LePage (R)



Legislative

State Senate



State House



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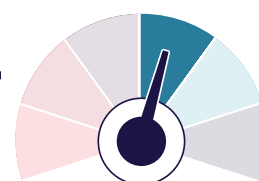


@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Maryland

ACCESS FACT: 24% of Maryland women live in counties with no abortion clinic.*



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Political Information

Executive

Gov. Larry Hogan (R)



Legislative

State Senate



State House



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NARAL Pro-Choice Maryland

www.prochoicemaryland.org

 @ProChoiceMD

*SOURCE: Guttmacher Institute, 2014 data

Massachusetts

ACCESS FACT: 14% of Massachusetts women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Charlie Baker (R)

Legislative

State Senate

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NARAL Pro-Choice Massachusetts

www.prochoicemass.org

 @ProChoiceMass

*SOURCE: Guttmacher Institute, 2014 data

Michigan

ACCESS FACT: 40% of Michigan women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Rick Snyder (R)

Legislative

State Senate

State House

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Minnesota

ACCESS FACT: 59% of Minnesota women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Mark Dayton (D)



Legislative

State Senate



State House



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NARAL Pro-Choice Minnesota

www.prochoiceminnesota.org

@ProChoiceMN

*SOURCE: Guttmacher Institute, 2014 data

Mississippi

ACCESS FACT: 91% of Mississippi women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Phil Bryant (R)

Legislative

State Senate

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Missouri

ACCESS FACT: 94% of Missouri women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Eric Greitens (R)

Legislative

State Senate

State House

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NARAL Pro-Choice Missouri
www.prochoicemissouri.org



@NARALMissouri



facebook.com/naralprochoicemissouri

*SOURCE: Guttmacher Institute, 2014 data

Montana

ACCESS FACT: 55% of Montana women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Steve Bullock (D)

Legislative

State Senate

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NARAL Pro-Choice Montana

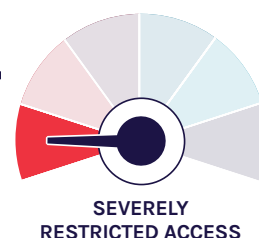
www.prochoicemontana.org

@ProChoiceMT

*SOURCE: Guttmacher Institute, 2014 data

Nebraska

ACCESS FACT: 41% of Nebraska women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Pete Ricketts (R)



Legislative

State Senate



State House

n/a

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Nevada

ACCESS FACT: 9% of Nevada women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Brian Sandoval (R)



Legislative

State Senate



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NARAL Pro-Choice Nevada

 @NARALNV

*SOURCE: Guttmacher Institute, 2014 data

New Hampshire

ACCESS FACT: 30% of New Hampshire women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Chris Sununu (R)

Legislative

State Senate

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 @NARAL

*SOURCE: Guttmacher Institute, 2014 data

New Jersey

ACCESS FACT: 23% of New Jersey women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Phil Murphy (D)

Legislative

State Senate

State House

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

New Mexico

ACCESS FACT: 48% of New Mexico women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Susana Martinez (R)



Legislative

State Senate



State House



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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

New York

ACCESS FACT: 10% of New York women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Andrew Cuomo (D)

Legislative

State Senate

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

North Carolina

ACCESS FACT: 53% of North Carolina women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Roy Cooper (D)

Legislative

State Senate

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NARAL Pro-Choice North Carolina

www.prochoicenc.org

@ProChoiceNC

*SOURCE: Guttmacher Institute, 2014 data

North Dakota

ACCESS FACT: 73% of North Dakota women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Doug Burgum (R)



Legislative

State Senate



State House



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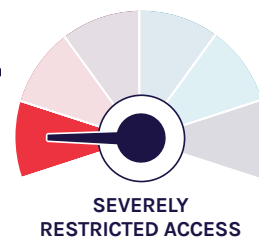
www.naral.org



@NARAL

*SOURCE: Guttmacher Institute, 2014 data

ACCESS FACT: 56% of Ohio women live in counties with no abortion clinic.*



Political Information

Executive

Gov. John Kasich (R)



Legislative

State Senate



State House



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NARAL Pro-Choice Ohio

www.prochoiceohio.org

@ProChoiceOH

*SOURCE: Guttmacher Institute, 2014 data

Oklahoma

ACCESS FACT: 54% of Oklahoma women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Mary Fallin (R)

Legislative

State Senate

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*SOURCE: Guttmacher Institute, 2014 data

Oregon

ACCESS FACT: 30% of Oregon women live in counties with no abortion clinic.*



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Political Information

Executive

Gov. Kate Brown (D)

Legislative

State Senate

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NARAL Pro-Choice Oregon

www.prochoiceoregon.org

 @ProChoiceOregon

*SOURCE: Guttmacher Institute, 2014 data

Pennsylvania

ACCESS FACT: 48% of Pennsylvania women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Tom Wolf (D)

Legislative

State Senate

State House

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Rhode Island

ACCESS FACT: 36% of Rhode Island women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Gina Raimondo (D)



Legislative

State Senate



State House



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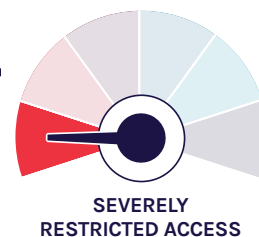


@NARAL

*SOURCE: Guttmacher Institute, 2014 data

South Carolina

ACCESS FACT: 71% of South Carolina women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Henry McMaster (R)

Legislative

State Senate

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@NARAL

*SOURCE: Guttmacher Institute, 2014 data

South Dakota

ACCESS FACT: 77% of South Dakota women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Dennis Daugaard (R)

Legislative

State Senate

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NARAL Pro-Choice South Dakota

www.prochoicesd.org

 @NARALSD

*SOURCE: Guttmacher Institute, 2014 data

Tennessee

ACCESS FACT: 63% of Tennessee women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Bill Haslam (R)

Legislative

State Senate

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*SOURCE: Guttmacher Institute, 2014 data

Texas

ACCESS FACT: 43% of Texas women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Greg Abbott (R)



Legislative

State Senate



State House



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NARAL Pro-Choice Texas

www.prochoicetexas.org

@NARALTX

*NOTE: In June 2016, the United States Supreme Court struck down two of the state's anti-choice restrictions responsible for widespread clinic closure. At the time of litigation, only 10 or fewer clinics remained in Texas--fewer than the 28 Guttmacher reports as of the end of 2014. Even though these restrictions are no longer enforceable, it will take time for clinics to reopen.

*SOURCE: Guttmacher Institute, 2014 data

Utah

ACCESS FACT: 62% of Utah women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Gary Richard Herbert (R)

Legislative

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*SOURCE: Guttmacher Institute, 2014 data

Vermont

ACCESS FACT: 38% of Vermont women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Phil Scott (R)



Legislative

State Senate



State House



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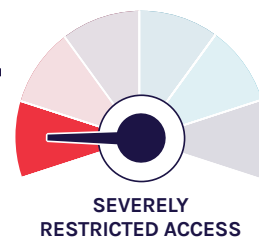
www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Virginia

ACCESS FACT: 78% of Virginia women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Ralph Northam (D)

Legislative

State Senate

State House

Abortion-Care Policies

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Reasons-Based Bans

Near-Total and/or Post-Viability Bans

Biased Counseling

Mandatory Delays

Insurance Coverage & Abortion

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Emergency Contraception

Other Important Issues

Clinic Protections

Fake Health Centers

Regulates

Supports

Guarantees & Refusals

Guarantees

Refusals

Counseling & Referral Bans

COLOR KEY:

● anti-choice ● pro-choice ● mixed-choice

SYMBOL KEY:

- Measures have a strong impact or are in full effect.
- ◐ Measures have a less strong impact or are partially in effect.
- Measures have no impact, no measures are in place, or measures are completely enjoined.

NARAL Pro-Choice Virginia

www.prochoiceva.org

@NARALVirginia

*SOURCE: Guttmacher Institute, 2014 data

Washington

ACCESS FACT: 15% of Washington women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Jay Inslee (D)

Legislative

State Senate

State House

Abortion-Care Policies

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NARAL Pro-Choice Washington

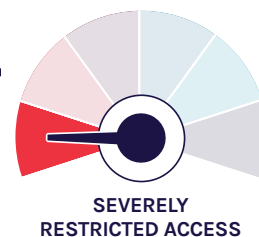
www.prochoicewashington.org

@ProChoiceWA

*SOURCE: Guttmacher Institute, 2014 data

West Virginia

ACCESS FACT: 90% of West Virginia women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Jim Justice (R)

Legislative

State Senate

State House

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Abortion Providers

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Reasons-Based Bans

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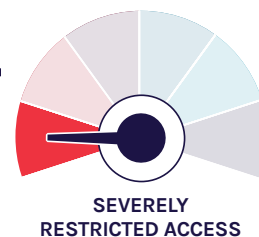
www.naral.org

@NARAL

*SOURCE: Guttmacher Institute, 2014 data

Wisconsin

ACCESS FACT: 67% of Wisconsin women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Scott Walker (R)

Legislative

State Senate

State House

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NARAL Pro-Choice Wisconsin

www.prochoicewisconsin.org

@NARALWI

*SOURCE: Guttmacher Institute, 2014 data

Wyoming

ACCESS FACT: 96% of Wyoming women live in counties with no abortion clinic.*



Political Information

Executive

Gov. Matthew Mead (R)

Legislative

State Senate

State House

Abortion-Care Policies

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NARAL Pro-Choice Wyoming
www.prochoicewyoming.org

*SOURCE: Guttmacher Institute, 2014 data

Conclusion

Methodology

General Methodology

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation have supporting documentation for statements of fact made in *Who Decides? The Status of Women's Reproductive Rights in the United States*. Copies of source documents are filed in NARAL Pro-Choice America and NARAL Pro-Choice America Foundation's offices.

Access Facts

The number of abortion providers and analysis of census data was supplied by the Guttmacher Institute (Rachel Jones and Jenna Jerman, *Abortion Incidence and Service Availability In the United States, 2014*, Perspectives on Sexual and Reproductive Health, 2017, 49(1).

State and Local Legislative Information

This report uses "laws" to refer specifically to statutes adopted by the legislature or enacted by ballot measure. "Measures" is a broader term that includes constitutional provisions, statutes, regulations, court decisions, ballot measures, opinions of state attorneys general, state policies, and other governmental actions with statewide effect.

Counts of enacted pro-choice and anti-choice measures provided on the "Key Findings" pages include all measures enacted during the year up until the cutoff date, not just those described in more detail on the "Fast Facts" pages. For further information, please contact NARAL Pro-Choice America.

Reproductive Healthcare Access Meter

Who Decides? reflects the legal state of women's access to reproductive-health services in the previous calendar year. (Note: The Key Findings: Political Landscape data reflect the year ahead.)

The presence or absence of state laws, as well as the severity of those laws, and/or whether the full law is in effect, are indicated by a bubble—either left empty, filled completely, or filled halfway. The state's overall status of reproductive freedom, previously indicated by a letter grade, now is represented by a graphical scale. As always, a state's rating is based on a combination of factors, including enacted measures, level of legislative and regulatory activity, and a state's overall legislative and political landscape as it pertains to reproductive rights.

Points are subtracted for anti-choice measures and added for pro-choice measures. Measures that impose the greatest burdens on women are weighted most heavily. Statutes that have been enjoined or struck down by courts receive either full or partial "credit" in points.

Abortion Providers: Expansions & Restrictions

• EXPANSIONS

Points were added if a state allows certain qualified health-care professionals to provide abortion care.

• RESTRICTIONS

Points were allocated based on the breadth and severity of all Targeted Regulation of Abortion Providers measures imposed. (Because of the vast variety of TRAP measures, the summaries include only select examples that illustrate the burdens these measures impose on abortion providers.)

Abortion Rights: Protections & Bans

• PROTECTIONS

FREEDOM OF CHOICE ACT

Points were added if a state has codified the protections of *Roe v. Wade* and provides an affirmative right to choose.

STATE CONSTITUTIONAL PROTECTION

Points were added if a state constitution protects the right to choose beyond the U.S. Constitution, and to the degree that the state constitutional protection prevents imposition of restrictions on the right to choose.

• BANS

ABORTION BANS THROUGHOUT PREGNANCY and NEAR-TOTAL ABORTION BANS

Points were subtracted for each abortion ban based either on the point in pregnancy when the ban(s) begin, or on whether the statute bans a specific procedure. Additional points were subtracted for any ban(s) whose effective dates would be triggered if the Supreme Court overturns *Roe v. Wade*.

POST-VIABILITY BANS

If a post-viability abortion restriction has adequate life and health exceptions and does not define viability as occurring at a particular point in pregnancy, no points were subtracted. Points were subtracted for the lack or inadequacy of the health exception and if the state defines viability as occurring at a particular point in pregnancy.

REASONS-BASED BANS

Points were subtracted for each abortion ban that holds doctors legally liable for the reasons a woman may seek abortion care, including the potential race and sex of the pregnancy or in cases of fetal anomaly. This category of bans is a new addition to the publication—reflecting a new prevalence of this type of restriction.

Biased Counseling & Mandatory Delays

Points were allocated based on whether the woman must receive state-prepared materials, whether the woman must receive other material—oral or written—that contains biased information, the length of the waiting period, whether multiple trips are required, and whether a physician is required personally to provide specified information. No points were subtracted if a state has an abortion-specific informed consent measure that does not require biased counseling or a mandatory delay.

Clinic Protections

Points were allocated based on the strength of the protection. States that have proactive laws—bubble and buffer zones—received more points than states with responsive policies that penalize offenders after they interfere with entry or exit to a facility, physically invade a facility (including trespass, property damage, arson, and bombing), make excessive noise, odors, or telephone calls, and/or make threats, including weapon possession at demonstrations.

Counseling & Referral Bans

Points were subtracted if a ban applies to counseling and/or referrals for abortion care.

Fake Health Centers

• REGULATES

Points were added if states limited state funding to FHCs, limited state referrals to FHCs, have a pro-choice license plate program (enacted by the legislature or executive), and/or protect women from FHCs' worst practices.

• SUPPORTS

Points were subtracted if a state funds FHCs directly with taxpayer dollars or tax benefits; requires a woman to go to a CPC or refers women to FHCs; and/or has a "Choose Life" license-plate program (enacted by the legislature or executive). There are multiple potential sources of direct funding for FHCs; while most states that fund FHCs do so with state dollars, some channel federal funds.

Emergency Contraception

Points were added if the state ensures that sexual-assault survivors receive counseling about and access to emergency contraception (EC) in emergency rooms; if a state provides for improved public education about EC; or if a state has a measure that improves access to EC in another way.

If the state's Medicaid program covers over-the-counter EC, this information can be found on the Low-Income Women & Contraception Fast Facts page. If a state has a policy requiring insurance coverage of unique contraceptive products, this information can be found on the Insurance Coverage & Contraception Fast Facts page.

Insurance Coverage & Abortion

• COVERAGE

Points were added if a state guarantees insurance coverage of abortion: in the entire private insurance market, the state health-insurance exchange, and/or for all or some state and/or municipal employees.

• BANS

Points were subtracted if the measure prohibits insurance coverage of abortion in the private insurance market; in the state health-insurance exchange; and/or for all or some state and/or municipal employees.

Insurance Coverage & Contraception

Points were added if a state requires health-insurance plans to cover contraceptives to the same extent that they cover other prescription medication; if a state prohibits cost-sharing for contraceptive products; if the state requires health plans cover 12 months of contraception dispensed at once; and/ or if a state requires health plans to cover all FDA-approved unique contraceptive products.

Low-Income Women & Abortion

Points were added if a state medical assistance program covers abortion care with no restrictions. Points were deducted for restrictions.

Low-Income Women & Contraception

Points were added if the state provides increased coverage for family-planning services through a federal Medicaid waiver or through a state plan amendment. Points were also added if the state's Medicaid program covers over-the-counter EC without a prescription.

Refusals & Guarantees of Medical Care

• REFUSALS

Points were subtracted for the total strength of the measures in which individuals or organizations may refuse to provide, cover, counsel about, or refer for reproductive-health services. No points were subtracted for measures that allow individual healthcare providers to refuse to offer a service as long as they refer the woman to another provider that does offer the service.

• GUARANTEES

Points were added if a state explicitly guarantees a woman's right to have her birth-control prescription filled. Points were also added if the state ensures that pharmacists are allowed to provide EC to a woman without a prescription through a measure specific to EC or one that permits collaborative-therapy agreements generally and includes EC. (These measures were in place before the Food and Drug Administration (FDA) approved Plan B One-Step® for over-the-counter sales to all customers.) Points were added as well for measures that guarantee employees cannot be discriminated against because of a reproductive-healthcare decision.

Young Women & Abortion

Points were subtracted based on whether and whose consent or notice is required before a minor may obtain abortion services.

Acknowledgments

The Policy Department at NARAL Pro-Choice America and NARAL Pro-Choice America Foundation researched and wrote this study. The Policy Department staff for the 2018 edition of *Who Decides? The Status of Women's Reproductive Rights in the United States* includes: Vice President for Policy Donna Crane; Deputy Policy Director Leslie McGorman; Senior Policy Representatives Kate Ryan and Stephanie Yost; Policy Aides Kyra Berasi; Policy Assistant Nicole McFarland; and interns Tottionna Matthews, Amy Heath, and Michaela Pepi-Lewis.

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Disclaimer

Who Decides? The Status of Women's Reproductive Rights in the United States is strictly for informational purposes and does not constitute legal services or representation. For legal advice, a practicing attorney who has a thorough knowledge of current law in the state or locality and who is informed about all relevant details of the situation should be consulted.

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation do not guarantee the accuracy of the contents of this book. Laws change, often rapidly, and interpretations of statutes may vary. Legislation may have been acted upon, or cases decided, after the date this book went to press. Systematic bill- and case-tracking concluded on November 8, 2017.

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Mission Statement

NARAL Pro-Choice America

To develop and sustain a constituency that uses the political process to guarantee every woman the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion.

NARAL Pro-Choice America Foundation

To support and protect, as a fundamental right and value, a woman's freedom to make personal decisions regarding the full range of reproductive choices through education, training, organizing, legal action, and public policy.

Notes

Notes



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