

THE INTERSECTION OF REPRODUCTIVE, ECONOMIC, AND AGRICULTURAL JUSTICE

Addressing Economic,
Sociodemographic, and Healthcare
Challenges for Farmworkers from a
State Policy Perspective



AN INITIATIVE OF
STATE INNOVATION EXCHANGE



STATE INNOVATION EXCHANGE
AGRICULTURE & FOOD SYSTEMS

This resource is a collaboration between the State Innovation Exchange Reproductive Freedom Leadership Council (SiX RFLC), State Innovation Exchange Agricultural and Food Systems team, and the State Innovation Exchange Economic Power Project (EPP).

March 2025



HOW TO USE THIS REPORT

Farmworkers are critical to our food system, yet due to historical and ongoing inequity steeped in racism, farmworkers have more limited rights and protections compared to workers in other industries. Many immigrants, frequently undocumented, work in agriculture where they work long hours, are exposed to dangerous weather events and chemicals, are paid low wages, and, often, are not provided overtime. Furthermore, lack of access to culturally relevant and affordable healthcare in rural communities exacerbates the inequalities that farmworkers face - the burden is especially high for those seeking reproductive healthcare. Given the current attacks on both reproductive healthcare and immigrant rights, it is imperative to provide protections for those who are essential to our nation's food system and are at risk of unsafe working conditions, wage theft, deportation, limited access to healthcare (including prenatal and reproductive care), exploitation by employers, and increased maternal and infant health disparities in rural communities.

KEY MESSAGE

The intersection of reproductive, social, and economic justice for rural farmworkers is an essential issue for policymakers due to the implications on economic stability, public health, social equity, and food systems. Investing support in this intersectional issue not only provides essential protections for those who are the backbone of our agricultural system, but also ensures healthier and more prosperous communities as a whole. **State legislators should engage with rural organizing groups to protect farmworkers through a collaborative approach to policy creation and implementation that is grounded in community input, collaborative governance, and local solutions.**

TABLE OF CONTENTS

Framing	3
Background: Farmworker Demographics	5
Current Climate.....	6
Core Issues	7
Economic Power.....	8
Rural Healthcare.....	9
Sociodemographic Disparities	13
State Policy Recommendations	14
Key Takeaways	19
Resources	21

FRAMING

Farmworkers face significant barriers to accessing healthcare, particularly reproductive healthcare. The intersection of restrictions on reproductive rights, especially since the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*; the federal and state crackdowns on immigrants and heightened rhetoric against them by the Trump Administration; and the limited access to medical care found in many rural and agricultural communities across the U.S. creates an especially challenging environment for farmworkers in need of reproductive healthcare.

Reproductive oppression among farmworkers persists to the extent that people's reproductive autonomy is affected by:

- 1) poverty rooted in low wage, low benefit, and exploited labor,
- 2) the work of migration that adds significantly to women's unpaid domestic labor,
- 3) hazardous work conditions, including sexual assault and pesticide exposure,
- 4) weak or unenforced labor and safety regulations to reduce those hazards,
- 5) limited access to healthcare in rural communities, and
- 6) barriers due to immigration status.

REPRODUCTIVE JUSTICE

Reproductive justice lies at the heart of countless issues including economic, environmental, rural, and agricultural justice. SisterSong defines Reproductive Justice as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”¹

AGRICULTURAL JUSTICE

Agricultural justice is “intended to ensure a workplace with fair wages and benefits, no discrimination or coercion, and protection from hazards, such as harmful chemicals, including pesticides. Acknowledging, respecting, and sustaining the workers who plant, cultivate, and harvest our food is central to the basic values and principles that advance sustainable practices.”²

ECONOMIC JUSTICE

Economic justice is the movement toward an economy that prioritizes people over profits, empowering workers, promoting fairness, and dismantling monopolies. It challenges the concentration of wealth and power, aiming to create systems that foster shared prosperity and community power, ensuring all individuals have the resources and opportunities to thrive.³

1. SisterSong, “Reproductive Justice,” SisterSong, [SisterSong, https://www.sistersong.net/reproductive-justice](https://www.sistersong.net/reproductive-justice).

2. Beyond Pesticides, “Agricultural Justice,” Beyond Pesticides, [Beyond Pesticides, https://www.beyondpesticides.org/programs/agricultural-justice](https://www.beyondpesticides.org/programs/agricultural-justice).

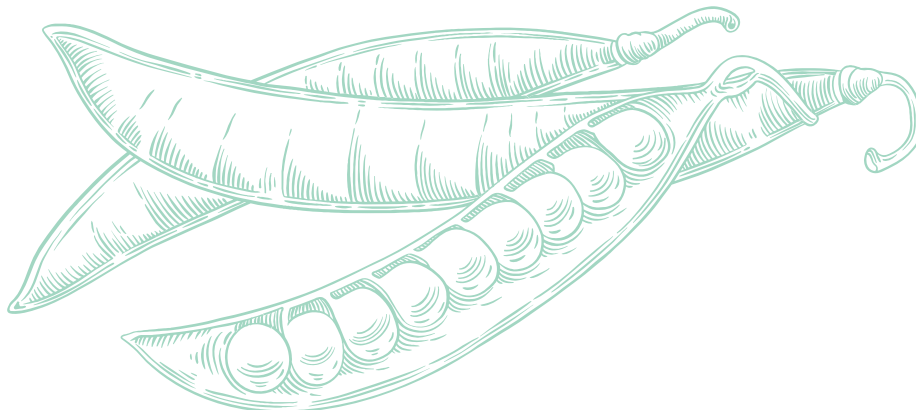
3. State Innovation Exchange, Economic Justice, <https://stateinnovation.org/economic-power-project>

FRAMING FOR STATE LEGISLATORS

We must jointly address reproductive, economic, and agricultural issues that disadvantage rural, working class, and immigrant populations who are essential to our communities. Simultaneously applying the Reproductive Justice, Agricultural Justice, and Economic Justice frameworks expand how one views the exclusionary policies that further marginalize individuals who are foundational to the economy and culture of the United States.

THE INTERSECTION OF REPRODUCTIVE JUSTICE, ECONOMIC JUSTICE, AND AGRICULTURAL JUSTICE IS AN ESSENTIAL ISSUE FOR POLICY MAKERS DUE TO:

- **Economic impact:** farmworkers promote economic stability, and are the agricultural foundation of our food system and labor force.
- **Community health:** access to reproductive healthcare improves overall community wellbeing, and addressing health disparities among farmworkers leads to healthier and more prosperous communities.
- **Equity and justice:** reducing social and economic inequalities by supporting those that are repeatedly marginalized uplifts communities and prioritizes the wellbeing of all community members.



BACKGROUND

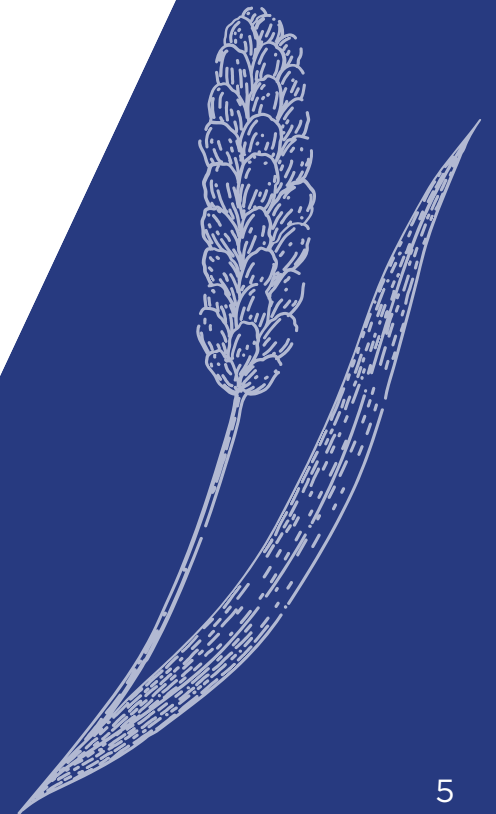
FARMWORKER DEMOGRAPHICS

The 2017 Census of Agriculture found that an estimated 2.4 million farmworkers work on farms and ranches in the U.S.⁴ The term “farmworker” can be applied to a diverse population, including seasonal, migrant, or undocumented workers.⁵ The 2019-2020 National Agricultural Workers Survey (NAWS), which surveys crop workers only, found that about 70% of these workers are foreign-born, 19% are legal permanent residents (green card holders), 1% have other work authorization, and 44% lack authorized work status.⁶ In other parts of the farm economy, 20% of livestock workers, 46% of meatpacking workers and 26% of farm industry truck drivers are immigrants, whether permanent residents, seasonal visa holders, or undocumented workers.⁷ From 2010 to 2020, 10% of farmworkers self-identified as indigenous, with many hailing from indigenous communities in Mexico and Guatemala.⁸

WOMEN MAKE UP 28% OF THE AGRICULTURAL WORKFORCE.

The NAWS found 31% of women are unaccompanied by nuclear families, and about 5% are under 19. About 76% of women cited that they planned to remain in agricultural work for over 5 years or as long as they could.

Farmworkers are integral to the \$1.264 trillion agricultural industry in the U.S., contributing to national and state economies, keeping food prices low, paying taxes, and maintaining the production of high-value crops and agricultural output.⁹



4. U.S. Department of Agriculture, 2017 Census of Agriculture: United States Summary and State Data, National Agricultural Statistics Service, 2017.

5. American Public Health Association, "Improving Housing for Farmworkers in the United States Is a Public Health Imperative."

6. U.S. Department of Labor, Employment and Training Administration, National Agricultural Workers Survey: Research Data Tables, <https://www.dol.gov/agencies/eta/national-agricultural-workers-survey/research/data-tables>.

7. American Immigration Council, Tending to America's Food Supply: The Essential Role of Immigrants in the Meat and Dairy Industries, <https://www.americanimmigrationcouncil.org/research/tending-americas-food-supply-meat-dairy-industries>, 2022.

8. Farmworker Justice, Who We Serve, <https://www.farmworkerjustice.org/about-farmworker-justice/who-we-serve/>.

9. National Center for Farmworker Health, Facts About Agricultural Workers, <https://www.ncfh.org/facts-about-agricultural-workers-fact-sheet.html>, 2022.

CURRENT CLIMATE

In the face of authoritarian threats in the United States, **it is essential to understand that the reproductive, agricultural, and economic justice issues facing rural communities are not new.** These struggles have long been shaped by systemic inequities, corporate influence, and policies that prioritize profit over people. However, as political conditions shift and attacks on bodily autonomy, labor rights, and economic security intensify, our response must evolve accordingly. The current climate demands bold, adaptive organizing that not only defends hard-won rights but also builds long-term infrastructure for resistance and resilience. **Now more than ever, we must strategize, collaborate, and advocate for policies that center the dignity and survival of all rural residents.**



One tactic that conservative special interests have used to halt progressive reforms at the municipal level is state preemption. State legislators use the power of state preemption to silence the voices of marginalized communities and prevent local democracies from following the will of its people.

Preemption laws have shaped rural America in profound ways. Corporate interests have built their power by capturing state legislatures in majority-rural states – boosting profits at the expense of local communities. Preemption laws are broad measures that prohibit laws, ordinances, and regulations on critical issues such as heat stress illness prevention, wage theft ordinances, and fertilizer regulation, which in effect allows companies to do what they want with rural land and resources without opposition from county or local governments. Agribusiness and pesticide companies have worked hard to pass laws across the country that protect corporate agriculture at the expense of rural communities.

The pesticide industry is throwing its weight behind a classic state-level preemption bill, dubbed the **“Bayer Bill”**, which would generate profit for large corporations at the expense of farmworker and community health.

The **BAYER BILL** refers to proposed legislation that would limit the ability of individuals, particularly agricultural workers, to sue pesticide manufacturers, such as Bayer, for health conditions linked to pesticide exposure, including cancer. This bill seeks to provide legal protections for companies against liability for the harmful effects of their products, despite growing concerns over the public health risks associated with pesticide use. For farmworkers, these risks are especially concerning, as they face frequent exposure to harmful chemicals in the workplace. The impacts of such exposure extend beyond cancer, with increasing evidence suggesting that pesticides also pose significant reproductive health risks, contributing to adverse outcomes such as infertility, miscarriage, and birth defects.¹⁰

CORE ISSUES

ECONOMIC POWER

Until 1966, the Fair Labor Standards Act (FLSA) excluded all farmworkers from federal-level labor standards that applied to most other workers, prohibiting them from the vital protections of the National Labor Relations Act and from benefits like Social Security and unemployment insurance.¹¹ This historic deprivation of basic human rights was because Southern Democrats refused to pass the critical reforms of the New Deal to lift the country out of the Depression unless sharecropping and domestic work – universally jobs held by Black people at the time – were excluded from labor protections.¹²

Now, the FLSA requires a minimum hourly wage for agricultural workers (though some employers still engage in wage theft), and requires employers to maintain payroll records.¹³ The Migrant and Seasonal Agricultural Worker Protection Act of 1983 also includes standards for housing and transportation for farmworkers. However, domestic and agricultural workers, and workers in general, continue to face human and employment rights abuses.¹⁴

Many farmworkers work on H-2A visas, a federal program allowing agricultural employers to hire foreign workers on temporary work visas to fill seasonal jobs when they can demonstrate a shortage of U.S. workers and that their wages and working conditions meet certain minimum requirements.¹⁵ The program has been vital for filling jobs, but has also long been subject to abuse. A 2012 report by Farmworker Justice documented wage theft, human trafficking, and power imbalances because of how the program ties workers to their employer.¹⁶ In June 2024, the U.S. Department of Labor (DOL) finalized a rule to address “abuses experienced by workers under the H-2A program that undermine fair labor standards for all farmworkers in the U.S.,” through increased employer accountability, guarantee of timely wages, and protections for worker self-advocacy.¹⁷ Two months later, a federal judge in Georgia issued a preliminary injunction prohibiting the DOL from enforcing the rule in 17 states with high farmworker populations. Pushback demonstrates the lack of support for farmworker health and dignity.¹⁸

Given the reliance of the U.S. food system and the economy as a whole on immigrant labor, the Trump Administration’s hostility to immigrants and stated intention to conduct mass deportations will have vast and far-reaching impacts in the coming years. It is difficult to predict exactly how these future actions will impact the health and well-being of farmworkers, as well as the effects on the U.S. food system.

WHEN PEOPLE HAVE FULL RIGHTS AND EMPLOYMENT PROTECTIONS – LONG DENIED TO FARMWORKERS, EVEN APART FROM IMMIGRATION STATUS – THEY HAVE A WIDER RANGE OF HEALTHCARE OPTIONS. ECONOMIC JUSTICE IS THEREFORE A CORE ELEMENT OF REPRODUCTIVE JUSTICE FOR FARMWORKERS.



11. National Agricultural Law Center, Agricultural Labor: An Overview, <https://nationalaglawcenter.org/overview/labor/>.

12. National Employment Law Project, From Excluded to Essential: Tracing the Racist Exclusion of Farmworkers, Domestic Workers, and Tipped Workers from the Fair Labor Standards Act, 2022.

13. In These Times, Agriculture's Million-Dollar Wage Theft, 2023.

14. Farmworker Justice, U.S. Labor Law for Farmworkers.

15. U.S. Citizenship and Immigration Services, H-2A Temporary Agricultural Workers.

16. Farmworker Justice, No Way to Treat a Guest: H-2A Report, 2012.

17. U.S. Department of Labor, WHD News Release, 2024.

18. Daniel Wiessner, US judge blocks Biden rule on H-2A farmworker union organizing, Reuters, 2024.

RURAL HEALTHCARE

For years, **people living in rural communities have been more likely to face barriers to routine and lifesaving healthcare and to die from pregnancy-related complications than their nonrural counterparts**, due to lack of insurance coverage, unaffordability of care, poor access to doctors and hospitals, and shortages of healthcare workers in rural communities.¹⁹ According to the National Latina Institute for Reproductive Justice, migrant seasonal farmworkers have amongst the most limited access to reproductive healthcare services such as preventative screenings, family planning, abortion, and prenatal services.²⁰ Barriers to care include a migratory lifestyle, transportation difficulties, cultural and language barriers in healthcare settings, financial insecurity, restrictive policies in rural regions, and lack of education and outreach. Rural hospitals, clinics, and doctors offices have been subject to tightening economic forces that have broadly gripped rural communities. Many providers have closed or been bought up in recent years, including by private equity firms.²¹

ALTHOUGH ABOUT 20 PERCENT OF AMERICANS LIVE IN RURAL AREAS, BARELY ONE-TENTH OF PHYSICIANS PRACTICE THERE.



Every state has rural communities who need care, regardless of their policy environment. For people in need of reproductive healthcare, the situation is compounded. Nearly a quarter of U.S. women 18 years and older reside in rural areas, and more than half of those live more than a 30-minute drive to a hospital offering perinatal services.²² In 2022, nearly 60 percent of rural counties had no hospital-based obstetrics unit, and in 2020, two years before Dobbs, 89% of U.S. counties did not have a clinic facility that provided abortion care.²³ These numbers are only expected to rise as the Dobbs decision continues to impact maternity care and women's healthcare more broadly, leading to worse birth outcomes.²⁴ Already, the maternal mortality rate in rural counties is nearly twice that of urban counties (29.4% vs. 18.4%). And compared to states where abortion is accessible, abortion-restrictive states have higher rates of infant and maternal mortality, especially among women of color; higher overall death rates for women of reproductive age; and greater racial inequities across their healthcare systems.²⁵

19. Health Resources and Services Administration, 2020 Maternal and Obstetric Care Challenges, 2020.

20. Latina Institute for Reproductive Justice, Migrant Farmworkers and Reproductive Health, 2005.

21. American Economic Liberties Project, Healthcare Ledger, 2024.

22. American College of Obstetricians and Gynecologists, Health Disparities in Rural Women, 2014.

23. U.S. Government Accountability Office, Farm Labor: Employment and Housing Conditions for H-2A Workers, 2023.

24. Rachel Cohrs, Idaho hospital to stop obstetrical services citing doc shortages, fewer births, and political pressure, Fierce Healthcare, 2024.

25. Chia-Hsiu Chen et al., Health Disparities in Maternal Health: A Focus on Social Determinants of Health, National Institutes of Health, 2024.

RURAL HEALTHCARE

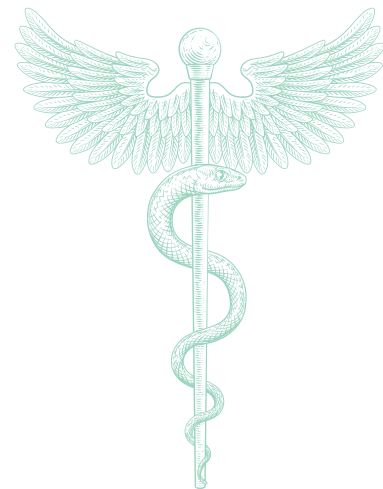
Many physicians have expressed concern and deep frustration over feeling unable to provide competent care under state abortion bans, leading many doctors to move to practice in less restrictive state policy landscapes; medical students are doing the same in order to receive proper clinical abortion training.²⁶ A 2023 Association of American Medical Colleges study found a decline in applicants for residency positions across specialties in states with complete abortion bans. The decline in U.S. MD senior applicants to OB/GYN residency programs was more pronounced in states with complete abortion bans (-6.7%) compared to states without abortion restrictions (-0.4%), reflecting the impact of restrictive policies on medical training and workforce decisions.²⁷ A 2018 study found that an absence in obstetric care in rural counties significantly increased preterm births and births in a hospital without obstetric services (ie. without trained OB/GYN personnel). Now, post-Roe, the loss of abortion providers and physicians capable of providing OB/GYN care in rural areas is projected to accelerate.²⁸

IN 2020, 89% OF U.S. COUNTIES DID NOT HAVE AN ABORTION CARE PROVIDER.²⁹

Due to the additional barriers that agricultural workers and individuals in rural communities face when attempting to obtain reproductive care, the overturning of *Roe v. Wade* has only further exacerbated systemic issues that prevent individuals from exercising their reproductive autonomy and choosing how they wish to address a pregnancy.

Supporting access to all forms of rural healthcare, including reproductive healthcare, is essential to the health and prosperity of rural communities.

One in four rural Americans is Indigenous or a person of color. There are clear health inequities in rural areas, with historical discrimination and racist policies worsening the health of rural Americans of color and their ability to access care.³⁰ These inequities disproportionately impact farmworkers. Lack of health insurance is another barrier. In 10 percent of counties across the country – mostly rural counties – residents can only choose from one insurer. Ineligibility and fear of immigration enforcement are added challenges for immigrant farmworkers.³¹



26. Chia-Hsiu Chen et al., Health Disparities in Maternal Health: A Focus on Social Determinants of Health, National Institutes of Health, 2024.

27. American Association for Medical Colleges Research Institute, Post-Dobbs 2024 Data Snapshot, 2024.

28. Richard A. Gorman et al., Association of State-Level Abortion Laws and Pregnancy-Related Mortality in the United States, 2018-2022, JAMA, 2024.

29. <https://www.guttmacher.org/news-release/2022/guttmacher-institute-releases-2020-abortion-provider-census-important-data-us>

30. Michael D. Thornhill et al., The Impact of Medicaid Expansion on Rural Health: A Review of the Evidence, Health Affairs, 2019.

31. Urban Institute, One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018, 2019.

RURAL HEALTHCARE

Culturally and linguistically competent care for immigrant farmworkers can be an additional obstacle. Rural healthcare clinics may have limited bilingual or Spanish-speaking healthcare professionals, and staff who speak indigenous languages commonly spoken by farmworkers, such as Mixtec, Zapotec, Trique, and Mayan, are even more rare. Written materials including guides on preventative healthcare may be offered in English and Spanish but no other languages. Furthermore, the lack of preventative care available to them exacerbates health disparities in the long term, leading to chronic and late-stage treatment of preventable diseases and injuries.

Telehealth: For many rural communities, telehealth is critical. Although telehealth services are now covered through Medicaid in all 50 states and the District of Columbia, the way that states define telehealth services may continue to leave rural communities behind.³² It is also important to be aware of privacy protections for digital health data. These can be explored in the SIX report, User Error: Reproductive Health, Rights, and Justice.³³ For immigrant farmworkers, telehealth can be a vital lifeline, offering access to reproductive and general healthcare without the need to take time off work or travel long distances to the nearest clinic. Language barriers, immigration status concerns, and a lack of transportation often make in-person visits difficult, further underscoring the need for accessible, culturally competent telehealth services. Ensuring strong privacy protections is especially critical for this community, as fear of data misuse or exposure can deter individuals from seeking care.

Telehealth minimizes many of the financial and logistical barriers that individuals face when attempting to obtain care, including transportation challenges. Audio-only telehealth services and translation services also make these platforms more accessible to individuals who lack strong wifi connection or have limited English proficiency. State legislatures in Arizona (2021 HB 2454), Delaware (2021 HB 160), and Rhode Island (2021 H 6032) have successfully passed provisions to allow for coverage of audio-only telehealth communications.

Legislator action item: Expand funding for the Universal Service Fund (USF) – a pool of telecommunication subsidies that funds connectivity programs like Lifeline and the Rural Health Care Program. These initiatives keep migrant communities connected by delivering phone benefits for enrollees. Many individuals in rural, migrant communities rely on these programs for access to healthcare, safe shelters, emergency services, etc.



³² Bluegrass Health Management, State Telehealth Laws, 2017.

³³ State Innovation Exchange, User Error: Reproductive Health, Rights, and Justice, 2024.

RURAL HEALTHCARE

The overturning of *Roe* has deeply impacted agricultural communities, but in very different ways depending on the state. California, Florida, Washington, Oregon, and Arizona are the states with the most agricultural workers. Of these, Florida and Arizona are hostile to abortion. On the other hand, California passed an amendment to its state constitution protecting abortion access.

STATE	<u>EMPLOYMENT OF FARMWORKERS</u> ³⁴	<u>LEVEL OF PROTECTION</u> ³⁵	<u>ABORTION RESTRICTION LANDSCAPE</u>
California	171,620	Most Protective	State constitution protects abortion rights, abortion is banned at fetal viability, generally 24-26 weeks gestation. State Medicaid funds cover abortion.
Florida	10,980	Most Restrictive	Abortion is banned at 6 weeks and later. State Medicaid coverage of abortion care is banned except in very limited circumstances. Mailing abortion pills to patients is banned.
Washington	8,280	Very Protective	Abortion is banned at fetal viability, generally 24–26 weeks of pregnancy. State Medicaid funds cover abortion. State has a shield law that extends to abortion provision via telehealth.
Oregon	7,980	Most Protective	Abortion is not restricted based on gestational duration. State Medicaid funds cover abortion. State fund helps patients pay for abortion care.
Arizona	6,470	Restrictive	Patients forced to get an ultrasound even if medically unnecessary. State Medicaid coverage of abortion care is banned except in very limited circumstances. Medication abortion can only be provided after in-person visit because state requires in-person exam. Mailing abortion pills to patients is banned.

OVERALL, DEATH RATES FOR INDIVIDUALS CAPABLE OF PREGNANCY WERE 34% HIGHER IN STATES WITH ABORTION-RESTRICTIONS THAN IN THE REST OF THE COUNTRY.³⁶

34. U.S. Bureau of Labor Statistics, [Occupational Employment and Wages, May 2023: Farmworkers and Laborers, Crop, Nursery, and Greenhouse](#), 2023.

35. Guttmacher Institute, [Abortion Policies by State](#), 2025.

36. The Commonwealth Fund, [The U.S. Maternal Health Divide: Limited Services, Worse Outcomes](#), 2022.

SOCIODEMOGRAPHIC DISPARITIES

Costs also remain a significant barrier for many farmworkers when attempting to access reproductive healthcare services. While many farmworkers and their family members seek health services at community health centers that may offer a sliding scale for payment, the costs of taking time off of work, arranging childcare, and finding transportation can often be monumental. Farmworkers may also fear immigration enforcement when traveling to healthcare facilities, so they may refrain from applying for Medicaid or CHIP coverage. Current priorities of the Trump Administration will exacerbate this fear due to the threat of deportation when accessing available resources.³⁷

Further inequities such as unsafe housing, including overcrowded living conditions, poor sanitation, and lack of basic facilities, contribute to the overall health risks faced by farmworkers. Sociodemographic disparities increase the barriers that immigrant farmworkers face in accessing legal support, particularly in understanding their rights and reporting violations like wage theft or unsafe working conditions.

Collectively, the unique challenges faced by farmworkers contribute to a **cycle of health inequities and socio-economic instability**. These barriers – ranging from limited access to culturally competent healthcare, language and literacy challenges, economic vulnerability, fear of deportation, workplace exploitation, unsafe housing, and limited legal protections – create a system in which farmworkers and their families often go without the care they need. Farmworkers are left with fewer opportunities to improve their health, economic standing, and overall well-being, contributing to a continued reliance on emergency services instead of long-term, preventive healthcare.

PRIORITIZING HEALTHCARE THAT IS CULTURALLY APPROPRIATE, ACCESSIBLE, LEGAL, AND AFFORDABLE IS ESSENTIAL IN PROTECTING FARMWORKERS' RIGHTS TO ACCESS THE CARE THEY NEED TO LIVE HEALTHY AND PROSPEROUS LIVES.

States like California and Oregon have been proactive in **expanding eligibility coverage** to all people, regardless of immigration status. State lawmakers in Illinois have expanded coverage to undocumented seniors over 65, and in Vermont, legislators have extended coverage to undocumented children and pregnant people. For those attempting to find affordable abortion care, the Hyde Amendment still blocks federal funds from being used to pay for abortion care unless the pregnancy is the result of rape, incest, or is medically necessary to save the life of the pregnant individual.³⁸ This Amendment disproportionately impacts people who rely on federally funded programs like Medicaid and CHIP. Seventeen states do require Medicaid to cover abortion care using state funds via statute or court order.³⁹



37. Urban Institute, One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018, 2019.

38. Kaiser Family Foundation, Abortion Under Medicaid, 2024.

39. Guttmacher Institute, State Funding of Abortion Under Medicaid, 2025.

STATE POLICY

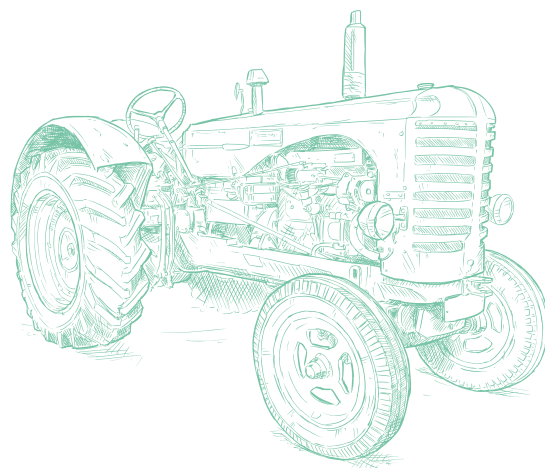
STATE POLICY RECOMMENDATIONS

It is essential that organizing groups who represent those impacted by legislation are included in the policy making process from the earliest stages, and that these relationships are built upon **trust, transparency, and inclusion**. The following policies are examples of how progressive policy can be achieved when community groups collaborate with local legislators. Additionally, **there is no “one size fits all” approach** to crafting state-level legislation for rural communities. Each community faces unique challenges and circumstances that must be integrated and reflected in legislators’ efforts to enact change.

IT IS IMPERATIVE THAT POLICYMAKERS PRIORITIZE THE INCLUSION OF COMMUNITY MEMBERS AND LOCAL REPRESENTATIVES INTO ALL LEVELS OF THE POLICYMAKING PROCESS - DEVELOPMENT, IMPLEMENTATION, AND EVALUATION. COMMUNITY INPUT FOR POLICY CREATION IS A STEP IN THE DIRECTION OF ENACTING POLICIES THAT REPRESENT THOSE THEY AIM TO PROTECT.

“It’s time we do right by the people who put food on our table. When all workers have access to standard protections it makes our economy and communities stronger.”

-Colorado Senator Jessie Danielson, SiX collaborator & and sponsor of the state’s “Farmworker Bill of Rights”



STATE POLICY OVERVIEW

Addressing these issues aligns with state-level priorities of improved community health, economic development, and community support for local government, resulting in:

- Broader benefits to sustainable agriculture systems, economic growth, intergenerational benefits, and healthier communities overall.
- Prosperous communities. Disinvestment in rural communities has contributed to rural population decline, leading to further disinvestment, in a vicious cycle of depopulation. Supporting rural communities through informed policy advocates for those who are often left out of the conversation.

POLICY MEASURES THAT ARE ROOTED IN COMMUNITY GROWTH AND HEALING ARE CRUCIAL STEPS TO PREVENTING FURTHER HARM AND PROVIDE KEY EXAMPLES OF HOW LEGISLATORS CAN ENGAGE IN POLICY THAT SUPPORTS RURAL COMMUNITIES.

SiX: The State Innovation Exchange proudly hosts the **Cohort for Rural Opportunity and Prosperity (CROP)** and the **Reproductive Freedom Leadership Council (RFLC)**, which are both networks of state legislators who seek to uplift and promote progressive policies to empower human liberties in every state.

State legislative champions in the CROP and RFLC network have been promoting reproductive and agricultural justice initiatives.

- Hawai'i Representative Amy A. Perruso proposed a plethora of bills ([HB252](#), [HB253](#), [HB254](#)) to further restrict the usage of dangerous pesticides in the agriculture industry.
- Maine Representative Denise Tepler sponsored [ME LD718](#), calling for the expansion of coverage in the MaineCare program and the Children's Health Insurance program to non-citizen residents who are ineligible for coverage under Federal programs due to their immigration status.
- An organic farmer and registered nurse, Maine Senator Stacy Brenner has sponsored several bills ([ME LD267](#), [ME LD603](#)) that would extend private and public insurance coverage to make providing breast milk to an infant more accessible and affordable.
- A cohort of state legislators in Arizona have taken up the mandate from over 2 million voters who showed their support for access to abortion care with [Proposition 139](#) with legislation to...
- To strengthen state-level EMTALA (Emergency Medical and Treatment Labor Act) protections for emergency abortion care, Colorado Senator Julie Gonzales and Massachusetts Senator Becca Rausch introduced CO [SB 25-130](#), and MA [SD 1858](#), respectively.

STATE POLICY RECOMMENDATIONS

Provide agriculture workers basic labor rights, including minimum wage, overtime pay, and the right to organize.

Call for [the U.S. Environmental Protection Agency](#) the (EPA) and the [Occupational Safety and Health Administration](#) to more strongly regulate the use of pesticides.

Protect workers from dangerous working conditions and weather, such as heat and wildfire smoke, which will get worse in a warming climate.

Improve rural healthcare access through service expansion, telehealth services, and care despite documentation status.

Strengthen policies that combat discrimination in both the workplace and healthcare system and ensure equitable access to services.

Expand, implement, and create rural reforms of Medicaid for poor and working-class families. Expanding Medicaid and increasing Medicare reimbursement rates have been identified by many rural healthcare advocates as the best way to deliver increased quality of care in rural communities.

Partner with rural organizing groups and community members that work hand in hand with farmworkers to address the highest needs.

POLICY SPOTLIGHT

Colorado (2021 CO SB 87) legislators enacted a Farmworker Bill of Rights, which eliminates the minimum wage and overtime exemption for farmworkers; grants the right to organize and join labor unions; and offers new protections against heat stress, illnesses, and injury.

POLICY SPOTLIGHT

New York (2019 NY A 8419) passed a Farm Laborers Fair Labor Practices Act that provides farm laborers with collective bargaining rights, a maximum of 60 hours' work and minimum 24 hours' rest per week, overtime pay, unemployment insurance, sanitary temporary housing, and workers' compensation benefits.

STATE POLICY RECOMMENDATIONS

Remove restrictions on reproductive health services, which compound the difficulty of accessing time-sensitive care in rural areas with fewer healthcare providers and force people to travel long distances - often out of state - for care.

Enable telehealth provision of reproductive healthcare services and protect pregnant people from criminalization

Support maternal, reproductive, and perinatal care providers, including birth centers, midwives, and doulas, to address high rates of maternal mortality and morbidity.

Codify emergency medical care to ensure pregnant people receive care under EMTALA protections, regardless of a hospital's religious affiliation or religious refusal laws.

Strengthen policies that combat discrimination in both the workplace and healthcare system and ensure equitable access to services.

Develop bills that incentivize healthcare workers to relocate to rural areas.

Call for the end of environmental racism in communities that are the most impacted by growing air pollution, water contamination, and rising temperatures.

POLICY SPOTLIGHT

Massachusetts (2021 MA S 678) aimed to require Medicaid reimbursement and private health insurance coverage of telehealth interpreter services for patients with limited English proficiency and those who are deaf or hard of hearing.

POLICY SPOTLIGHT

FL has introduced HB 780 which aims to enhance maternal and infant health, decrease cesarean sections, and provide postpartum support by expanding access to doula services across the state, specifically in low resource communities.

KEY TAKEAWAYS

KEY TAKEAWAYS

Within rural communities, farmworkers are uniquely vulnerable, as restrictive reproductive rights legislation has exacerbated barriers to essential healthcare, deepening the inequalities and posing threats to public health. These communities are not only denied access to reproductive health services, but also suffer from exploitative labor practices, dangerous environmental hazards, and systemic neglect in economic and environmental protections.

Legislators should take bold action to protect rural populations: advocating for policies that ensure equitable access to healthcare, fair wages, safe working conditions, and a healthy environment.

Only by addressing these intersections and standing up for the dignity and rights of farmworkers can we ensure the health and survival of rural communities, fostering a future where all individuals have the opportunity to live and work in safe, just, and thriving environments.

Policy makers must enact policies centered around environmental health and safety, worker protections, healthcare improvements, and support of reproductive rights. The inclusion of community representatives and organizing groups is essential to the policymaking process. This can be accomplished through **collaborative governance** by centering the people most impacted by systemic and structural oppression to transform the conditions of power at the state level.

Also called “co-governance” or “shared power,” **collaborative governance** is a governing model in which the people most impacted by governing decisions have a seat at the decision-making table, in collaboration with elected decision makers and all stakeholders. This bottom-up approach delivers tangible and durable outcomes, while restoring trust in government.



OPPORTUNITIES FOR LEGISLATORS TO ENGAGE IN COLLABORATIVE GOVERNANCE:

- ▶ **Listen to and engage with rural residents, farmworkers, and local small businesses.**
- ▶ **Build relationships with advocacy organizations and stakeholders.**
- ▶ **Craft and fine-tune specifically rural, values-based messaging that is bold and protective.**

RESOURCES

SIX RESOURCES:

- **Blueprint for Rural Policy Action in the States**: provides detailed research on many issues facing rural regions and offers examples of strategic and popular policies introduced and enacted to address these issues in states around the country.
- **Protecting Immigrant Communities: A Toolkit for State Action**: a resource designed to help legislators develop proactive policies, strengthen worker protections, and expand access to critical services.
- **Research Summary and Message Guidance on Maternal Health, Criminalization of Pregnancy Outcomes, and Economic Wellbeing post-Dobbs**: provides research summaries, key takeaways, and evidence-based messaging guidance- all in easy to pull out sections- to meet the unique needs of state legislators. Whether speaking to colleagues or press, this packet provides references and tools to discuss the impacts of the Dobbs decision in these three key areas.

ADDITIONAL RESOURCES:

- Organizations
 - [Alianza Nacional de Campesinas](#)
 - [Beyond Pesticides](#)
 - [Center for Farmworker Families](#)
 - [Dar a Luz](#)
 - [Farmworker Justice](#)
 - [National Latina Institute for Reproductive Justice](#)
 - [National Center for Farmworker Health](#)
 - [Pineros y Campesinos Unidos del Noroeste \(PCUN\)](#)
 - [Rural Women's Health Project](#)
 - [SisterSong](#)
- Core Issues
 - [Know Your Rights & Resources](#) from Alianza Nacional de Campesinas
 - [Statement](#) on the *Dobbs* decision from Alianza Nacional de Campesinas
 - [Reproductive Health Effects of Pesticide Exposure](#) from Farmworker Justice
 - [Interactive Map: US Abortion Policies and Access After Roe](#) from Guttmacher Institute
 - [Winning Strategies for Combating Abusive Preemption](#) from Local Solutions Support Center



AT SiX:

We envision an equitable, resilient, healthy and prosperous future for every person in the United States, which is secured and safeguarded by progressive state legislators.

We believe that regardless of where they live—rural or urban—everyone has the right to grow and consume their own food, and consumers have the right to know how the food that they purchase was produced. We believe that local governments know how to best keep their citizens healthy and safe and should be able to promote and regulate agriculture with the consent of local communities

We affirm that reproductive health and self-determination are essential elements of human freedom and necessary to a life of dignity and opportunity. The ability to control our fertility is inherent in other basic human rights, including healthy sexuality and the ability to form families as we choose. We envision a nation in which each of us can make our own decisions about our reproductive health, pregnancy, and parenting, free from political interference and violence, and we view this as intrinsically woven into the broader progressive fabric of gender equity, economic justice, and racial equity.

We recognize that the concentration of corporate and billionaire power in the economy did not happen by accident nor is it the result of inevitable forces. That harmful concentration of economic and political power is a product of deliberate policy choices over decades. At SiX, we know another world is possible – where our economies center people, not corporate and billionaire profits. And that world starts in the states.



STATE INNOVATION EXCHANGE

Cohort for Rural Opportunity and Prosperity (CROP)

CROP is the only cross-state cohort of state legislators in the country dedicated to working on progressive agriculture, rural, environmental and food policy. Hosted by the Agriculture and Food Systems Program of State Innovation Exchange (SiX), The CROP is a space for state legislators to convene, connect, and collaborate to protect and cultivate equitable and thriving communities through socially and ecologically responsible rural, agriculture, and food policy.

Reproductive Freedom Leadership Council (RFLC)

RFLC is the only nationwide network of state legislators who champion reproductive health, rights, and justice. SiX's Reproductive Rights team equips state legislators with research, technical assistance, strategy support, and connections as they fight to protect bodily autonomy and reproductive rights in state houses across the U.S.

SiX's Economic Power Project (EPP)

EPP supports legislators and grassroots partners through cross-state organizing on issues such as tax justice, anti-monopoly, and worker power. We build shared power between legislators and communities most impacted by policy choices.

If you are a state legislator interested in working with the CROP, RFLC, or EPP on interdisciplinary issues - like the connection between agricultural and reproductive justice - reach out to us at

agriculture@stateinnovation.org,
reproductiverights@stateinnovation.org, or
info@stateinnovation.org.



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