



State Legislators' Obligation to Fulfill Human Rights for Sexual and Reproductive Health in the Void of United States Federal Protections:

Submission of the State Innovation Exchange (SiX) with the Signed Support of 212 State Legislators in 45 States on the 4th Cycle of the Universal Periodic Review of the United States of America

Submitted on April 7th, 2025 by State Innovation Exchange

Submitting Stakeholder

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Submitting Stakeholder Description

The State Innovation Exchange (SiX) is a United States based national resource and strategy center that collaborates with state legislators to improve people's lives through transformative public policy. SiX works in close coordination with state legislators, advocacy groups, think tanks, and activists to provide the tools and information legislators need to be successful. SiX supports state legislators working to: advance reproductive freedom, strengthen our democracy, fight for working families, defend civil rights and liberties, and protect the environment. The SiX Reproductive Rights team leads the Reproductive Freedom Leadership Council (RFLC)- a cohort of 600+ state legislators in all 50 states, D.C., Guam, Puerto Rico, and the U.S. Virgin Islands committed to championing reproductive health, rights, and justice in their legislatures.

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I. State Legislators in Signed Support of this Submission

1. 212 state legislators in 45 states join the State Innovation Exchange (hereafter “SiX”) in signing their support to this submission. State legislators have signed in their individual capacity and not as formal United States government representatives or delegates to the UN UPR. Titles are used for identification purposes only. The full list of signers can be found in **Annex 1**.

II. The Role of State Legislators in Promoting the Human Right to Sexual and Reproductive Health

2. State legislators have a crucial role to play in ensuring that the United States lives up to its human rights obligations, including obligations to ensure access to sexual and reproductive health services- a role emphasized by United Nations treaty bodies and in the United States’ ratification of the International Covenant on Civil and Political Rights and the International Convention on the Elimination of All Forms of Racial Discrimination.¹ The state legislators signed to this submission firmly believe that the human rights to dignity, autonomy, equality, health and life require access to abortion and that it is their responsibility to address the fractured landscape of sexual and reproductive rights in the United States and uphold human rights obligations for their constituents in the face of retrogressive actions at the federal and executive branches. These state legislators- from 45 unique state landscapes- are keenly aware of the impact the patchwork of state policies related to abortion, contraception, maternal health, and gender-affirming care have on people both in their states and across state borders².

¹ See Committee on the Elimination of Racial Discrimination, Concluding Observations on the combined tenth to twelfth reports of the United States of America, CERD/C/USA/CO/10-12, para. 36 (recommending that “the State party take all measures necessary, at the federal and state levels, to address the profound disparate impact of the Supreme’ Court’s ruling in *Dobbs v. Jackson Women’s Health Organization* on women of racial and ethnic minorities, indigenous women and those with low incomes, and to provide safe, legal and effective access to abortion in accordance with the State party’s international human rights obligations”); See also Human Rights Committee, Concluding observations on the fifth periodic report of the United States of America, CCPR/C/USA/CO/5, para. 29 (“the State party should take all measures necessary at the federal, state, local and territorial levels to ensure that women and girls do not have to resort to unsafe abortions that may endanger their lives and health [and listing steps the government should take]”); See also [ICCPR](#) "(5) That the United States understands that this Covenant shall be implemented by the Federal Government to the extent that it exercises legislative and judicial jurisdiction over the matters covered therein, and otherwise by the state and local governments; to the extent that state and local governments exercise jurisdiction over such matters, the Federal Government shall take measures appropriate to the Federal system to the end that the competent authorities of the state or local governments may take appropriate measures for the fulfillment of the Covenant." See also [CERD](#): “II. The Senate’s advice and consent is subject to the following understanding, which shall apply to the obligations of the United States under this Convention: That the United States understands that this Convention shall be implemented by the Federal Government to the extent that it exercises jurisdiction over the matters covered therein, and otherwise by the state and local governments. To the extent that state and local governments exercise jurisdiction over such matters, the Federal Government shall, as necessary, take appropriate measures to ensure the fulfilment of this Convention.”

² See “[Interactive Map: US Abortion Policies and Access After Roe](#),” Guttmacher Institute, accessed 7 April 2025.

3. The vast majority of restrictions on sexual and reproductive rights in the United States start at the state level, as do the ensuing legal challenges, creating an environment of constant whiplash for providers and patients alike. In state legislatures in 2024 alone there were 508 provisions introduced to restrict access to abortion care (21 enacted, 3 vetoed) and 661 provisions introduced to protect or expand access to abortion care (39 enacted, 7 vetoed).³ As human rights violations happen in real-time on the ground, state legislators championing reproductive health, rights, and justice are working diligently to develop state level initiatives to establish at the very least a baseline of rights and at best a future with true bodily autonomy for all people, regardless of where they live or who they are.
 - A. **The Supreme Court of the United States gave Authority to State Legislators in the *Dobbs* decision**
 4. In June of 2022, the United State Supreme Court overturned nearly fifty years of precedent revoking federal constitutional protection of the right to abortion in the *Dobbs v. Jackson Women's Health Organization* decision (hereafter “*Dobbs*”).⁴ The *Dobbs* decision overruled *Roe v. Wade* (hereafter “*Roe*”) and *Planned Parenthood of Southeastern Pennsylvania v. Casey*, which had until that point ensured that federal and state laws could not enforce efforts to ban abortion before viability.⁵ ⁶ With this flawed decision the court asserted that abortion is not addressed in the United States Constitution, and therefore regulatory power over it lies with Congress and the states.
 5. State legislators of all political affiliations have seized this moment to test and push boundaries on a previously held status quo. While this means increasingly outlandish and harmful attacks from anti-abortion and anti-democracy legislators, resulting in a severe retrogression and violation of human rights in many states, it also means that state legislators supportive of reproductive health, rights, and justice are pushing back harder and understanding- with the investment of advocates, providers, researchers, and community- how imperative it is to vision a future beyond the important, but inadequate protections of *Roe* and pass laws and policies that fully achieve and respect the human rights of people who can become pregnant.⁷ As stated in the amicus brief of over 600 state legislators to the United States Supreme Court in *FDA v. Alliance for Hippocratic Medicine*:

³ [“Policy Analysis: State Policy Trends 2024: Anti-Abortion Policymakers Redouble Attacks on Bodily Autonomy,”](#) Guttmacher Institute, December 2024; [“The State of State Legislators,”](#) State Innovation Exchange, Accessed: 18 March 2025; More sociodemographic background on state legislators can be found in SiX’s legislature modernization report, [“State Government of the People: SiX Principles for Transforming State Legislatures.”](#)

⁴ [“*Dobbs v. Jackson Women’s Health Organization*,”](#) No. 19-1392, 2022 WL 2276808 (U.S. 24 June 2022).

⁵ *Roe v. Wade*, 410 U.S. 113 (1973).

⁶ *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992).

⁷ It should be noted, that even when *Roe* was the law, human rights bodies- including during the UPR process- emphasized the need for the United States to do more to ensure universal access to sexual and reproductive health care. Reproductive justice advocates have rightly asserted for decades that *Roe* was “the floor, not the ceiling,” with much progress to be made to ensure that abortion be truly accessible to all in practice.

“they (state legislators) have taken seriously the Court’s mandate, absent federal congressional action protecting the right to abortion, to address abortion access on a state-by-state basis, based on the needs, values, and desires of the constituents they were elected to represent.”⁸ State legislators are increasingly engaging with one another across state lines, recognizing that more than ever what happens in one state impacts tens of thousands of people in another and that they have a responsibility to all.

B. State Legislators’ Understanding of the United States’ Role in a Global Movement for Sexual and Reproductive Rights

6. A history of United States exceptionalism has prevented government officials from engaging with United Nation bodies and peers from other countries to develop laws and policies to implement its human rights obligations.⁹ By witnessing the impacts of both extremely retrogressive *and* rights-enabling policies around the world firsthand, state legislators identify universal truths- that banning abortion increases maternal and infant morbidity and mortality, that criminalization of healthcare always disproportionately impacts the most systemically marginalized people, and that people will always seek out (and help one another access) abortion care. Just as sharing space with legislators from other states enriches the bond between state legislators, sharing space with policymakers from other countries helps state legislators to more clearly recognize and denounce narratives of American exceptionalism and shift to a stance of learning how to craft laws and policies to help people actualize their rights.
7. International collaboration and engagement at the sub-national level also helps state legislators strengthen and fuel their fight for reproductive rights and justice in their statehouses, while building international solidarity. In 2023, SiX joined a submission to the Human Rights Committee’s review of the United States focused on its failures to uphold sexual and reproductive health and rights (SRHR) in violation of U.S. obligations under the International Covenant on Civil and Political Rights (ICCPR).¹⁰ In Arizona, Representative Stephanie Stahl Hamilton

⁸ “[Brief amici curiae of Over 600 State Legislators](#)” filed on 12 October 2023 in *Food and Drug Administration v. Alliance for Hippocratic Medicine*.

⁹ In the United States, international human rights obligations are not self-executing and legal protections for fundamental rights are typically protected by the federal constitution. The Reproductive Justice framework, formally defined in 1994 by Black women ahead of the International Conference on Population and Development, provides a model for engagement with the tenets of the United Nations’ Universal Declaration of Human Rights (within and outside of) the confines of government. *For more on reproductive justice see “Reproductive Justice,”* Sistersong Women of Color Reproductive Justice Collective, Accessed: 18 March 2025.

¹⁰ This report, “United States of America Submission to the Human Rights Committee 139th Session” was submitted in 2023 for the Human Rights Committee by Amnesty International by The Global Justice Center, Human Rights Watch, Ipas, Obstetricians for Reproductive Justice, RH Impact, and State Innovation Exchange. The report outlined the human rights crisis caused by abortion restrictions in the United States including the criminalization and

and former Senator Anna Hernandez, who visited Mexico and the Dominican Republic respectively, led the repeal of an 1864 law that triggered a near total ban on abortion in the state post-*Dobbs*.¹¹

III. Current Patchwork of State Laws and Access to Abortion Care Services Since *Dobbs* Further Erodes Human Rights

8. The overturn of *Roe*, ushered in severe retrogressions on reproductive rights and health in many states. In the three years since *Dobbs*, the United States has weathered transitions in the presidential administration and the United State Congress creating a conservative majority that has quickly progressed anti-abortion views in federal agency appointments and made it effectively impossible to move federal protections for abortion for the time being.^{12 13 14 15} This political reality makes action at the sub-national level all the more crucial. See **Annex 2** for a non-exhaustive list of state legislation- relevant to the recommendations made in the 3rd Cycle UPR of the United States on sexual and reproductive rights- enacted in 2024.

A. Restrictions on Abortion have Proliferated in an Emboldened Environment

9. As of April 2025, twelve states have active total bans on abortion and a total of twenty-nine states are enforcing bans based on gestational duration- including six week,

penalization of patients and providers, the impact on pregnant people, the chilling effect and deadly consequences of exceptions-based abortion restrictions, and the disproportionate impact on people of color and young people.

¹¹ Assemblymembers from New York also visited with activists, providers, and policymakers in the D.R. and their continued engagement back in the United States assisted in the delay of efforts in the D.R. to weaken abortion rights and criminalize the LGBTQ+ community. See [“In the Dominican Republic, I Saw Broken U.S. Policy Firsthand”](#), *Rewire News Group*, 16 March 2024.

¹² While advocates pressed for more forceful protections, the Biden administration supported UPR recommendations during the 3rd Cycle to improve access to sexual and reproductive health care, and was willing to support and defend abortion access in the face of *Dobbs*, including prioritizing Department of Justice litigation to protect the provision of abortion care in emergency situations (EMTALA). See [“What Biden did on health care: from drug prices to abortion rights”](#), *Politico*, 5 March 2024. See also Ahmed Aboulenein, [“New Biden rule protects privacy for women who get abortions”](#), *Reuters*, 22 April 2024.

¹³ The current Trump administration has signaled its intention to exacerbate rather than mitigate the retrogression of access to sexual and reproductive health care, particularly medically unnecessary roadblocks to medication abortion access, has dropped the U.S. Department of Justice case on EMTALA, and has been vocal in its deference to extreme anti-abortion activists- including the immediate pardoning of twenty three clinic protestors who violated the federal Freedom of Access to Clinic Entrance (FACE) Act upon Trump’s inauguration. See Chantelle Lee, [“Here Are Trump’s Major Moves Affecting Access to Reproductive Healthcare”](#), *Time Magazine*, 20 February 2025. See also Chantelle Lee, [“Trump Administration Drops High-Profile Emergency Abortion Case, Leaving Advocates ‘Devastated’”](#), *Time Magazine*, 7 March 2025.

¹⁴ In addition, the Trump administration’s freeze on foreign aid for sexual and reproductive rights put 47.6 million women and girls worldwide in danger of losing access to modern contraception methods, which would be estimated to result in 17.1 million unintended pregnancies and 34,000 preventable pregnancy-related deaths in the course of one year. See [“Policy Analysis: Family Planning Impact of the Trump Foreign Assistance Freeze”](#), Guttmacher Institute, January 2025. See also [“Foreign Aid Cuts Will Lead to 34,000 More Pregnancy-Related Deaths in Just One Year”](#), *Ms. Magazine*, 19 March 2025.

¹⁵ [“Fact Sheet: A Guide to US Federal Agencies and Their Impact on Sexual and Reproductive Health and Rights”](#), Guttmacher Institute, January 2025.

twelve week, eighteen week, and twenty week bans- all of which would have been unconstitutional under *Roe*.¹⁶ Since the *Roe* decision in 1973, states passed into law an additional 1,500 abortion restrictions. The majority of these laws were enacted after 2011, with record setting spikes in the last 4 years.¹⁷ This does not include the hundreds of pieces of state legislation that were introduced but did not pass into law all of which add to growing confusion and fear around abortion access, putting the safety of patients and current and future abortion providers at risk.

10. Despite clear human rights standards that prohibit criminal abortion laws, new laws in a number of states place criminal penalties on providers of abortion, leaving clinicians in large areas of the country in a state of confusion and fear about their ability to provide abortion care even in the most dire of circumstances. Several states with bans have enacted or introduced practical support bans, banning support for minors traveling across state lines for abortion care. People who seek to self-manage their abortions or assist someone in doing so in this new landscape have been arrested, investigated, and criminally charged under laws that were never meant to apply to abortion.¹⁸
11. In October of 2024 Louisiana enacted a first-of-its-kind law classifying mifepristone and misoprostol, the two medications used in medication abortion regimens, as controlled substances, carrying criminal penalties for both patients and providers accused of unauthorized use. Louisiana State Representative Mandie Landry raised the first alarms to the media when the legislation was introduced, bringing national attention to this extreme and dangerous tactic.¹⁹ Despite public outcry and testimony from providers in Louisiana illustrating the potentially lethal delays caused by the new law, Kentucky, Texas and Montana have forged ahead with this tactic and introduced copycat legislation in the 2025 session.²⁰
12. As anticipated, the legal precedent set by the *Dobbs* decision opened the floodgates for attacks on bodily autonomy more broadly. Rather than supporting programs to help people access information and sexual and reproductive health services, there have been a slew of state funding and tax credit allocations for so called “crisis pregnancy centers”- anti-abortion facilities that purport to offer

¹⁶ Four states ban abortion at 6 weeks (Florida, Georgia, Iowa, and South Carolina), two states ban abortion at 12 weeks (Nebraska, North Carolina), Utah bans abortion at 18 weeks, and 22 states ban abortion at some point between 18 to 24 weeks. *For more see* “[State Laws and Policies: State Bans on Abortion Throughout Pregnancy](#),” Guttmacher Institute, 5 March 2025.

¹⁷ Elizabeth Nash, “[Policy Analysis: For the First Time Ever, U.S. States Enacted More Than 100 Abortion Restrictions in a Single Year](#),” Guttmacher Institute, October 2021.

¹⁸ *See* “Retrospection in U.S. Reproductive Rights: The Ongoing Fight for Reproductive Autonomy,” a report signed by 18 reproductive rights, health, and justice organizations submitted for the Human Rights Committee on 12 September 2023.

¹⁹ Chelsea Brasted, “[Louisiana poised to become 1st state to make abortion pills a controlled substance](#),” AXIOS New Orleans, 24 May 2024.

²⁰ Other examples of extreme state legislation to curtail abortion access post-*Dobbs* include bans on mailing abortion pills (*See Tennessee SB194*), felony charges and fines for facilitating self-managed use of medication abortion (*See Oklahoma HB1168*), and prohibitions on financial assistance for medication abortion (*See Indiana SB171*), among others.

reproductive health care but are designed to dissuade, deter, or prevent people from having abortions- as well as legislation designed to sneak anti-abortion content into sexual health education programs.^{21 22} Despite recommendations in the last UPR cycle to end discrimination against people based on gender identity, twenty seven states (many of which also have abortion bans) have enacted laws and policies limiting gender affirming care for youth and twenty four states impose professional or legal penalties on health care practitioners that do provide this care for minors.^{23 24}

B. Mitigating Harm and Expanding Abortion Access Within and Across State Lines

13. Legislators in many states have taken their obligations to ensure access to sexual and reproductive health services seriously by repealing old laws that undermined access and by adopting innovative new laws to expand access and mitigate the impact of laws and policies in other jurisdictions. State legislators in Arizona, Minnesota, and Michigan repealed anti-abortion provisions in state law and Georgia legislators introduced an act to achieve the same.²⁵ Since *Dobbs*, seventeen states have passed novel shield laws- laws designed to protect providers, helpers, and patients from civil and criminal consequences stemming from abortion and reproductive health care provided to out-of-state residents- and state legislators have been working closely with key stakeholders to continuously expand and improve their reach and application.²⁶
14. Recognizing that affordability is a necessary component of access, states have expanded insurance coverage for abortion care, including asynchronous telehealth for the growing demand for medication abortion in the current policy landscape.

²¹ For example, four months after Missouri voted to legalize abortion, Republican lawmakers proposed a 100% tax credit — capped at \$50,000 per year — for taxpayers who donate to crisis pregnancy centers. See Jeremy Kohler, [“A New Missouri Bill Would Let Residents Donate to Anti-Abortion Centers Instead of Paying Any Taxes.”](#) *ProPublica*, 5 March 2025.

²² For example, some states have also passed or tried to pass “Baby Olivia” bills, which would require public school districts to show students a video produced by an anti-abortion group purportedly about fetal development called “Meet Baby Olivia.” It is medically inaccurate, and explicitly asserts that life begins at fertilization. In 2024, SIECUS tracked at least 19 state bills seeking to require students to watch the “Meet Baby Olivia” video. See [“SIECUS Condemns Tennessee Lawmakers for Passing ‘The Baby Olivia Bill.’”](#) SIECUS: Sex Ed for Social Change, 9 April 2024.

²³ “Matrix of recommendations (3rd Cycle- 36th Session- Theme: Sexual and Reproductive Health and Rights)” from [“Universal Periodic Review - United States of America.”](#) United Nations Human Rights Council, Accessed: 18 March 2025 (see recommendations 26.140, 26.147, and 26.148).

²⁴ Lindsey Dawson and Jennifer Kates, [“Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions.”](#) KFF, Updated: 27 February 2025.

²⁵ See Max Nesterak, [“As red states pass new abortion restrictions, Minnesota looks to shed them all.”](#) *Minnesota Reformer*, 8 May 2023. Mary Kekatos, [“Reproductive Health Act repealing some abortion restrictions passes in Michigan, heads to governor.”](#) ABC News, 8 November 2023. [“Governor Whitmer Repeals Michigan’s Extreme 1931 Abortion Ban.”](#) Michigan.gov, 5 April 2023. Deidra Dukes, [“Reproductive Freedom Act introduced in Georgia legislature.”](#) Fox 5 Atlanta, 24 January 2023.

²⁶ Examples of expanded shield protections include telemedicine, gender-affirming care, and research data among others. [“After Roe Fell: Abortion Laws by State.”](#) Center for Reproductive Rights, Accessed: 18 March 2025.

Data privacy has also emerged as a state policy priority to ensure protection of patient health data related to abortion and pregnancy care- both at increased risk of criminalization post-*Dobbs*.

15. State legislators continue to be authoritative voices in litigation- signing on to amicus briefs in several United States Supreme Court cases and even challenging restrictions in their own state courts. In April 2024 State Senator Melissa Wintrow and State Representative Ilana Rubel spoke about the human right to get abortion care when experiencing a health emergency on the steps of the United States Supreme Court during oral arguments in *Moyle v. United Idaho States*.²⁷ In June 2024, Tennessee State Representative Aftyn Behn joined the legal challenge to a law in Tennessee that prohibits adults from supporting a young person who needs to travel out of state for abortion care.²⁸ And, in a moving example of abortion de-stigmatization and culture shift, former Arizona State Senator Eva Burch shared her decision to get an abortion on the state legislative floor after learning that her pregnancy was nonviable. In her speech, Senator Burch said that no one should have to justify their abortion, but that she decided to share her reason so that the legislative body could have a meaningful conversation and confront the real-world impact of the policies they pass.²⁹
16. Outside of state legislation, the last two years saw defiant wins on ballot initiatives to add state constitutional protections for abortion in Arizona, Colorado, Maryland, Missouri, Montana, Nevada, and New York.³⁰ ³¹ Ballot measures seeking to curtail abortion rights failed in Kansas and Kentucky. Protective ballot initiatives in Florida, Nebraska, and South Dakota ultimately did not win but strong turnout in all of these states are a reflection of the public's will.³² The majority of people in the United States do not agree with the recent proliferation of these bans, and a growing number do not support any restrictions on people's ability to access abortion care.³³ Recognizing the intersections of abortion access with broader sexual and reproductive health, states are also continuing efforts to enshrine the right to contraception, push policies known to

²⁷ *Moyle v. United States* Nos. 23–726 and 23–727 (U.S. 27 June 2024). See Clayton Vickers, “[Idaho Democratic leader: Stomach ‘queasy’ after Supreme Court abortion case](#),” *The Hill*, 24 April 2024.

²⁸ Hannah Herner, “[Rep. Behn, Activist Bring Lawsuit Challenging 'Abortion Trafficking' Law](#),” *Nashville Scene*, 24 June 2024.

²⁹ Arizona State Senator Eva Burch, “[Why I won't ever stop sharing my abortion story](#),” *MSNBC*, 28 October 2024.

³⁰ Each state has rules for how its citizens can take part in this governing process. In the U.S., 26 states and Washington, D.C. provide for a statewide initiative process or referendum process, or both. These types of ballot measures, known as citizen-initiated ballot measures, allow citizens to collect signatures to place a new statute or constitutional amendment on the ballot. The referendum process, also called a veto referendum or citizen's veto, allows citizens to collect signatures to ask voters whether to uphold or repeal an enacted law.

³¹ See “[Ballot Tracker: Outcome of Abortion-Related State Constitutional Amendment Measures in the 2024 Election](#)”, KFF, 6 November 2024.

³² The Florida state legislature changed the threshold for ballot initiative wins from 50% to 60% in 2006. The final percentage in favor of the protective ballot measure was 58%. See “[Minority in Florida snaps abortion rights winning streak](#)” *The Hill*, 6 November 2024

³³ Ranji, U., Diep, K., & Salganicoff, A., “[Key Facts on Abortion in the United States](#),” KFF, 27 February 2025.

improve maternal health outcomes- including state level Momnibus packages in Kentucky and North Carolina, and defend gender-affirming care.^{34 35 36 37 38}

C. Impact of the Policy Environment on Reproductive and Maternal Health Outcomes

17. Upon acceptance of the recommendations in the 3rd Cycle UPR, it was the United States' responsibility to take steps to expand and ensure universal sexual and reproductive health access. Instead, it has created the patchwork of state laws and barriers described in Section II. The way this retrogression plays out varies by state- with some states suffering significant setbacks and others, in fact, progressing in spite of the national context. Importantly, retrogression and progress on the human rights of sexual and reproductive health take different forms for different people based on geography, race, ethnicity, age, socioeconomic status, rurality, disability status, and immigration status (among other demographics) and due to entrenched racism, anti-Blackness, and classism in the United States.
18. A robust body of scientific research documenting the impacts of the *Dobbs* decision shows dramatic decreases in the number of abortion clinics and abortion providers (especially in states enforcing bans) *and* an increase in the total number

³⁴ State legislation introduced to regain, protect, or expand access to abortion, contraception, and maternal healthcare increased dramatically over the last several years signaling that state legislative champions for reproductive health, rights, and justice will not back down in the face of high-volume attacks. See "[Meeting the Moment Post-Dobbs: A Review of Proactive Abortion Policies Passed in States & Localities, June 24-October 1, 2022](#)," National Institute for Reproductive Health, 30 November 2022. Also see Kimya Forouzan (Guttmacher Institute) and Rosann Mariappuram (State Innovation Exchange), "[Policy Analysis: Midyear 2024 State Policy Trends: Many US States Attack Reproductive Health Care, as Other States Fight Back](#)," Guttmacher Institute, June 2024.

³⁵ 2024 saw the historic approval of over the counter birth control (O-Pill) and Emergency Contraception (EC). See [Freethepill](#). Several states categorized as restrictive on abortion had meaningful wins in expanding insurance coverage for six and twelve month supplies of birth control, including Arizona, Idaho, and Tennessee.

³⁶ Responding to the urgent calls to meaningfully address the United States' maternal health crisis for Black birthing people, state legislators worked in partnership with communities, advocates, and providers to move priority legislation known to improve outcomes. See "[Black Mamas Matter: In Policy and Practice](#)," Black Mamas Matter Alliance, Policy & Advocacy Department, Atlanta, GA. April 2023. See also "[State legislators are taking the maternal mortality crisis into their own hands](#)" *Oregon Capital Chronicle*, 24 May 2024.

³⁷ In 2024 the Pennsylvania Black Maternal Health Caucus' multi-year effort to provide Medicaid coverage for doulas was signed into law, joining the diverse list of states across the country that have implemented policies known to improve maternal health, experiences and outcomes. See Amy Chen, "[Doula Medicaid Project: February 2024 State Roundup](#)," National Health Law Project, 21 February 2024.

³⁸ In Kansas, former State Representative Christina Haswood, fought hard to prevent the passage of the state's ban on gender-affirming care in 2024, joining legislators across the United States (in Florida, Georgia, Kentucky, and West Virginia) who have successfully spoken up and blocked vicious anti-LGBTQ+ bills from becoming law. See [Kansas SB233](#).

of abortions.^{39 40} This increase in abortions does not diminish the impact of *Dobbs* on people’s lives. Instead, it shows the willingness of people to seek abortion care in spite of policies making it harder to access care. People in states with abortion bans or severe restrictions have delayed their abortions, traveled to another state, obtained telehealth abortion care from a provider in a shield law state, self-managed their abortions, and continued pregnancies they did not want.⁴¹ Being forced to travel for care creates more financial and emotional burdens for abortion seekers, such as distress and anxiety, and increased financial costs (transportation, lodging, childcare, taking time off from work, etc.).⁴² Abortion funds and practical support funds all over the United States- which were already a crucial piece of the abortion care infrastructure before *Dobbs*- have provided financial, logistical, and personalized support for monumental numbers of people since the decision.⁴³

19. Researchers have found that post-*Dobbs* abortion restrictions and their interpretations have altered the standard of care, contributing to delays, worsened health outcomes, and increased cost and logistical complexity of care- a retrogression on human rights standards which hold that access to abortion is critical to the right to health and life.^{44 45} Since the *Dobbs* decision, the increased risk of scrutiny and costly litigation over abortion care has reduced access to maternal healthcare for entire communities and some hospitals have closed their maternity wings entirely due to the legal landscape, exacerbating the already dire

³⁹ Two groundbreaking data collection projects, the Society of Family Planning’s #WeCount and the Guttmacher Institute’s Monthly Abortion Provision Study, have the most comprehensive participation of any tracking effort on abortion, in large part due to their conscientious approach to data collection and privacy with both brick and mortar and telehealth providers. Both studies report that while access to in-person care has decreased, the total number of abortions has increased, with medication abortion representing 63% of all clinician-provided abortions in the United States in 2023. See [“Monthly Abortion Provision Study: US Abortion Data Dashboard,”](#) Guttmacher Institute, Accessed: 18 March 2025. Also see [“Policy Analysis: Medication Abortion Remains Critical to State Abortion Provision as Attacks on Access Persist,”](#) Guttmacher Institute, February 2025.

⁴⁰ [“#WeCount.”](#) The Society of Family Planning, Accessed: 18 March 2025.

⁴¹ Over 170,000 patients traveled out of state in 2023 to seek abortion care. See [“#WeCount,”](#) Society of Family Planning, 14 May 2024.

⁴² [“Being forced to travel for abortion care comes with emotional costs, study finds,”](#) Advancing New Standards in Reproductive Health (ANSIRH), University of California, San Francisco, 19 January 2023.

⁴³ [“Critical Role of Abortion Funds Post-Roe,”](#) National Network of Abortion Funds, 18 January 2024.

⁴⁴ Patients have experienced preventable complications because clinicians reported that their “hands were tied,” making it impossible for them to provide timely treatment. A national survey of 569 OB-GYNs found that post-*Dobbs*, one in five providers felt constrained in managing miscarriages and other pregnancy-related emergencies; in abortion ban states, this figure was four in ten. See Frederiksen, B., Ranji, U., Gomez, I., & Salganicoff, A., [“A National Survey of OBGYNs’ Experiences After Dobbs,”](#) KFF, 21 June 2023.

⁴⁵ A clear majority of providers surveyed believed that their ability to manage pregnancy-related emergencies worsened, increasing racial inequities in maternal health and many providers are leaving states with abortion bans, adding to the existing shortage of healthcare providers. Many new medical residents are choosing not to train in states with abortion bans, and those who do are likely to miss out on learning essential skills in caring for pregnant people, inevitably leading to worse maternal and reproductive health outcomes. See Kidd, C., Goodman, S., & Gallagher Robbins, K., [“Issue Brief: State Abortion Bans Threaten Nearly 7 Million Black Women, Exacerbate The Existing Black Maternal Mortality Crisis,”](#) National Partnership for Women & Families, May 2024

state of maternity care deserts.⁴⁶ In a country where the maternal mortality rate is already 3 to 4 times higher for Black birthing people than their white counterparts, it is projected that abortion bans will increase the pregnancy-related mortality rate by another 21% overall and 33% for people of color.⁴⁷ Several recent publications from the Center for Disease Control and Prevention (CDC) and the Journal of the American Medical Association (JAMA) have now documented the deepening of disparities in the ongoing maternal health crisis.^{48 49 50 51 52} Every single statistic represents real people with full lives. The preventable deaths of Amber Thurman and Candi Miller in Georgia, Josseli Barnica, Nevaeh Crain and Porsha Ngumezi in Texas, and countless unknown others are a direct result of intentionally cruel, confusing, and intimidating anti-abortion legislation.^{53 54}

⁴⁶ For an extended summary on impacts see [“Maternal Health, Criminalization of Pregnancy Outcomes, and Economic Wellbeing post-Dobbs: Research summary and message guidance for state legislators on the impact of the Dobbs decision,”](#) co-authored by former Georgia State Representative Renitta Shannon, Advancing New Standards in Reproductive Health (ANSIRH), & State Innovation Exchange, 12 November 2024.

⁴⁷ Amanda Jean Stevenson, Leslie Root, and Jane Menken, [The maternal mortality consequences of losing abortion access](#), University of Colorado, Boulder, 29 June 2022.

⁴⁸ See [“Maternal Mortality Rates in the United States, 2023,”](#) National Center for Health Statistics, February 2025.

⁴⁹ Research published in the Journal of the American Medical Association in February 2025 used publicly available birth and death certificate data from all 50 states and Washington D.C. and found higher-than-expected live births among racially minoritized people living in the fourteen states with abortion bans. See Bell, S.O., Franks, A.M., Arbour, D., et al. [“US Abortion Bans and Fertility,”](#) JAMA, Published online 13 February 2025.

⁵⁰ Emerging evidence shows that in addition to the abortion ban itself, distance to the closest clinic is also connected to increased births. See Myers, C.K., Dench, D.L. & Pineda-Torres, M., [“The Road Not Taken: How Driving Distance and Appointment Availability Shape the Effects of Abortion Bans,”](#) National Bureau of Economic Research, March 2025.

⁵¹ People furthest away from clinics offering abortion care have greater increases in births- with Black and Hispanic women, women without a college degree, and unmarried women experiencing the largest increases.

The same study looking at birth rates across the country found that Black infants died at a rate 11% higher than expected in states with abortion bans, making infant deaths an estimated 5.6% higher than they would have been in those states had the abortion bans not been enacted. See Gemmill, A., Franks A.M., Anjur-Dietrich, S., et al., [“US Abortion Bans and Infant Mortality,”](#) JAMA, Published online 13 February 2025.

⁵² Previous research has found that Texas alone (which banned abortion almost a full year earlier than the *Dobbs* decision with state legislation SB8) saw an 11% increase in infant mortality since the passage of the state’s abortion ban, which includes increased numbers of infants being born with conditions that were already diagnosed as incompatible with life during the pregnancy. See [“Analysis Suggests 2021 Texas Abortion Ban Resulted in Increase in Infant Deaths in State in Year After Law Went Into Effect,”](#) Johns Hopkins Bloomberg School of Public Health, 25 June 2024.

⁵³ See [“Joint Statement from Jennifer Driver, Senior Director, Reproductive Rights, SiX Reproductive Freedom Leadership Council and Dr. Jamila Perritt, President & CEO, Physicians for Reproductive Health on the preventable deaths of Amber Thurman and Candi Miller and the harms of abortion bans,”](#) Published online 19 September 2024. See also [“Texas OB-GYNs urge lawmakers to change abortion laws after reports on pregnant women's deaths,”](#) *Texas Tribune*, Published online 3 November 2024.

⁵⁴ Recent decisions out of Texas to not review maternal deaths from 2021-23 and Georgia's firing of its Maternal Mortality Review Committee after the publicization of these deaths are troubling indications of the lengths states will go to in order to obscure the impact of anti-abortion policies. See [“Maternal mortality review panels are in the spotlight. Here’s what they do”](#) *Associated Press*, 5 December 2024.

IV. Assessment of Implementation of the 3rd Cycle UPR Recommendations

20. The United States government is retrogressing on the recommendations it accepted in the 3rd Cycle of the UPR in 2020. As outlined above, the federal and executive branches, and a majority of states governments are now enforcing abortion bans post-*Dobbs* and have stated their intention to further dismantle access and rights to abortion, contraception, and gender affirming at the same time as neglecting a public health crisis in maternal health and maternal health care.
21. As the state legislative champions signed to this submission reflect, there are also concerted efforts to push back and move a proactive vision- in majority progressive *and* majority conservative legislatures alike. State legislative champions for reproductive health, rights, and justice are committed to the long-term work of awareness building and culture shift, pushing back on restrictions and advancing a human rights framework for sexual and reproductive rights.

Annex 1- List of State Legislators in Signed Support of Submission

Two hundred twelve (212) state legislators in forty-five (45) states join the State Innovation Exchange (hereafter “SiX”) in signing their support to this submission. State legislators have signed in their individual capacity and not as formal United States government representatives or delegates to the UN UPR. Titles are used for identification purposes only.

Alabama

Senator Merika Coleman, M.P.A, J.D., Vice Chair of Alabama Legislative Black Caucus

Arizona

Senator Rosanna Gabaldón, Minority Whip

Senator Analise Ortiz

Representative Reverend Stephanie Stahl Hamilton, MDiv

Representative Sarah Liguori

Colorado

Senator Lisa Cutter, Assistant Majority Leader

Senator Jessie Danielson

Senator Nick Hinrichsen, Majority Whip

Senator Cathy Kipp

Senator Faith Winter

Representative Brianna Titone

Representative Jenny Willford

Connecticut

Representative André Bumgardner, Assistant Majority Leader

Representative Kate Farrar

Representative Jillian Gilchrest

Representative Anne Hughes, LMSW, Assistant Majority Whip

Representative Susan Johnson, Deputy Majority Leader

Delaware

Senator S. Elizabeth Lockman, Senate Majority Whip

Florida

Representative Anna V. Eskamani, PhD

Representative Rita Harris

Georgia

Senator Nan G. Orrock

Representative Park Cannon, House Secretary

Representatives DR. L C Myles Jr

Representative Shea Roberts

Representative Kim Schofield

Hawaii

Representative Terez Amato

Representative Della Au Belatti

Representative Ikaika Hussey

Representative Jeanne Kapela

Representative Tina Nakada Grandinetti, Ph.D.

Representative Amy Perruso, Ph.D., Majority Whip

Idaho

Senator Melissa Wintrow, Senate Minority Leader

Representative Ilana Rubel, House Minority Leader

Illinois

Senator Sara Feigenholtz

Senator Graciela Guzman

Senator Rachel Ventura, Chair of Human Rights

Senator Celina Villanueva

Representative Blair-Sherlock

Representative Mary Beth Canty

Representative Kelly M. Cassidy

Representative Terra Costa Howard

Representative Sonya M. Harper

Representative Barbara Hernandez

Representative Norma Hernandez, Co-Chair of Illinois Legislative Latino Caucus

Representative Maura Hirschauer

Representative Lilian Jimenez, J.D.

Representative Gregg Johnson

Representative Lindsey LaPointe, LSW

Representative Theresa Mah, Ph.D, Chair of Majority Conference

Representative Joyce Mason, MBA

Indiana

Senator Shelli Yoder, Senate Minority Leader

Iowa

Senator Liz Bennett

Senator Art Staed

Kansas

Representative Heather Meyer, MSW

Representative Silas Miller, Ranking Minority Federal and State Affairs Committee

Kentucky

Representative Tina Bojanowski

Representative Lisa Willner, PhD

Louisiana

Senator Royce Duplessis

Maine

Representative Sally Jeane Cluchey, MS

Representative Gary Friedmann

Representative Amy D. Kuhn

Representative Marc Malon

Representative Amy Roeder, Chair of Joint Standing Committee on Labor

Maryland

Delegate Lorig Charkoudian

Delegate Lesley J. Lopez, Deputy Majority Whip

Delegate Ashanti Martinez, Chair of Maryland Legislative Latino Caucus

Delegate Julie Palakovich Carr

Delegate Joseline A. Peña-Melnyk, J.D., Chair of Health and Government Operations Committee

Delegate Jheanelle Wilkins, Vice Chair of House Ways and Means Committee, Chair of Legislative Black Caucus of Maryland

Delegate Nicole A. Williams, Esq., Vice Chair of House Democratic Caucus

Massachusetts

Senator Liz Miranda

Senator Rebecca L. Rausch, Esq., LL.M., Chair of Joint Committee on Municipalities and Regional Government

Representative Michelle L. Badger

Representative Carmine Lawrence Gentile, J.D., Vice Chair of Committee on Higher Education

Representative Natalie Higgins

Representative David H. A. LeBoeuf

Representative Jack Patrick Lewis

Representative Jay Livingstone

Representative Sam Montaña, Vice Chair of the Joint Committee on Aging and Independence

Representative Tram T. Nguyen, Esq., Chair of the House Committee on Climate Action & Sustainability

Representative Lindsay N. Sabadosa, Dr.LP

Representative Margaret Scarsdale

Representative Danillo A. Sena

Michigan

Senator Stephanie Chang, MPP/MSW, Chair of Senate Democratic Policy and Steering

Senator Sue Shink, J.D.

Representative Kristian Grant

Representative Laurie Pohutsky

Representative Natalie Price

Minnesota

Senator Erin Maye Quade

Representative Esther Agbaje

Representative Kristin Bahner

Representative Brion Curran, Assistant Floor Leader

Representative Mike Freiberg

Representative David Gottfried

Representative Julie Greene

Representative Katie Jones

Representative Larry Kraft

Representative Tina Liebling, Co-Chair of House Judiciary and Civil Law Committee

Representative Kristi Pursell, Assistant Democratic-Farmer-Labor Leader

Representative Liz Reyer

Representative Samantha Sencer-Mura

Representative Andy Smith

Mississippi

Senator Hillman Frazier, JD

Representative Zakiya Summers

Missouri

Senator Tracy McCreery

Representative Adrian Plank

Montana

Senator Ellie Boldman

Senator Mary Ann Dunwell

Senator Andrea Olsen, J.D.

Nebraska

Senator Megan Hunt

Nevada

Assemblymember Natha Anderson, Assistant Majority Whip

Assemblymember Jovan Jackson

Assemblymember Erica Mosca, Assistant Majority Floor Leader

Assemblymember Howard Watts, Majority Whip

New Hampshire

Representative Timothy Horrigan

Representative Jessica LaMontagne, M.S.

Representative Kris Schultz

Representative Alexis H. Simpson, M.Div., House Minority Leader

Representative Laura Telerski, Deputy House Democratic Leader

New Jersey

Senator Raj Mukherji, J.D., M.P.P., M.L.A.

New Mexico

Representative Marianna Anaya

Representative Andrea Romero, J.D., House Parliamentarian

Representative Liz Thomson, Chair of House Health and Human Services Committee

New York

Senator Patricia Fahy

Senator Michelle Hinchey

Senator Brad Hoylman-Sigal

Senator Liz Krueger

Senator Gustavo Rivera, Chair of Committee on Health

Senator Julia Salazar

Assemblymember Harry B. Bronson

Assemblymember Chris Burdick

Assemblymember Phara Souffrant Forrest, RN

Assemblymember Deborah J. Glick

Assemblymember Jessica González-Rojas

Assemblymember Anna Kelles, Ph.D.

Assemblymember Charles D. Lavine, Chair of Assembly Judiciary Committee

Assembly Member Karen M. McMahon

Assemblymember Steven Otis

Assemblymember Amy Paulin, Chair of Assembly Health Committee

Assemblymember Karinés Reyes, R.N., Chair of the New York State PuertoRican/Hispanic Task Force

Assemblymember Linda B. Rosenthal

Assemblymember Rebecca A. Seawright

Assemblymember MaryJane Shimsky

North Carolina

Senator Natalie S. Murdock

Senator Gladys A. Robinson, PhD

Representative Deb Butler, J.D., Co-Chair of North Carolina Progressive House Caucus

Representative Maria Cervania

Representative Julia Greenfield

Representative Pricey Harrison

Representative Renée A. Price

Representative Julie von Haefen, J.D.

Ohio

Representative Michele Grim, LP.D., MPH, Assistant Minority Whip

Oklahoma

Representative Ajay Pittman

Pennsylvania

Senator Amanda M. Cappelletti

Senator Katie Muth

Representative Tim Briggs

Representative Morgan Cephas, Co-Chair of Pennsylvania Black Maternal Health Caucus

Representative Mary Jo Daley, Co-Chair of Women's Health Caucus

Representative Dan B. Frankel, Chair of Pennsylvania House Health Committee

Representative Nancy Guent

Representative. La'Tasha D. Mayes, Co-Chair of Pennsylvania Black Maternal Health Caucus

Representative Danielle Friel Otten

Representative Chris Rabb

Representative Mike Schlossberg, Majority Whip

Representative Melissa Shusterman

Rhode Island

Senator Dawn Euer, Esq.

Senator Meghan Kallman, PhD

Representative Edith H Ajello

Representative Jennifer S Boylan

Representative Cherie L Cru

Representative Susan Donovan, Chair of Health and Human Services

Representative Leonela Felix

Representative Rebecca Kislak, JD

Representative Michelle McGaw

Representative Jennifer A. Stewart

Representative Teresa Tanzi

South Carolina

Senator Tameika Isaac Devine, J.D.

Representative Terry Alexander

Representative Heather Bauer

Representative Gilda Cobb-Hunter

Representative Annie E McDaniel, Chair of Legislative Black Caucus

Representative JA Moore

Representative Spencer Wetmore

South Dakota

Senator Liz Larson, Minority Leader

Tennessee

Representative Aftyn Behn, LMSW

Texas

Representative Ana-Maria Rodriguez Ramos, Chair of Progressive Caucus

Representative Gene Wu, House Minority Leader

Utah

Representative Rosalba Dominguez

Representative Angela Romero, Minority Leader

Vermont

Senator Tanya Vyhovsky, LICSW

Representative Esme Cole

Representative Kate McCann

Virginia

Senator Jennifer B. Boysko

Delegate Shelly A. Simonds, Vice Chair of House Education

Washington

Senator Derek Stanford

Representative My-Linh Thai, RPh, House Deputy Majority Leader

West Virginia

Delegate Kayla Young, Minority Leader Pro Tempore

Wisconsin

State Senator Dora Drake, Vice Chair of Senate Democratic Caucus, Chair of Wisconsin State Legislature Black Caucus

Senator Chris J. Larson

Senator Melissa Ratcliff

Senator Kelda Helen Roys, Member of the Joint Finance Committee

Representative Jodi Emerson

Representative Joan Fitzgerald

Representative Darrin Madison

Representative Maureen McCarville

Representative Supreme Moore Omokunde

Representative Lori Palmeri

Representative Christine Sinicki

Representative Lee Snodgrass

Representative Lisa Subeck, Chair of Democratic Caucus

Representative Randy A. Udell

Wyoming

Representative Mike Yin, House Minority Floor Leader

Annex 2- State Policy Examples Relevant to Matrix of Recommendations from 3rd Cycle UPR of the United States

State legislation included in the table below represents a non-exhaustive list of state level bills, relevant to the recommendations made in the 3rd Cycle UPR of the United States on sexual and reproductive rights, that were enacted in 2024. These laws were layered onto a pre-existing landscape with no federal protection for abortion and the state-by-state patchwork of policies on abortion and reproductive and maternal health more broadly. Thousands more pieces of restrictive and proactive state legislation on reproductive health are introduced than enacted in state legislatures every year, nevertheless reflecting trends in strategy for both restrictive and proactive efforts and signaling likely efforts in subsequent legislative sessions. See the Center for Reproductive Rights’ “2024 State Legislative Wrap-Up” report and the Guttmacher “State Legislation Tracker” for a complete overview of all introduced and enacted state level legislation in 2024.⁵⁵

3rd Cycle UPR Recommendations on Sexual and Reproductive Rights⁵⁶
<p>26.300 Clarify its approach to ensuring access to comprehensive sexual and reproductive health services (United Kingdom of Great Britain and Northern Ireland); Source of Position: A/HRC/46/15/Add.1 - Para.12</p>
<p>26.301 Ensure that laws permitting the refusal of care based on religious and moral beliefs do not restrict women’s sexual and reproductive health and rights and that measures are put in place to monitor and prevent violations of these rights (Australia); Source of Position: A/HRC/46/15/Add.1 - Para.12</p>
<p>26.302 Reverse policies inhibiting comprehensive and universal access to voluntary sexual and reproductive health services, especially in emergency situations, and end related restrictions on foreign assistance (Austria); Source of Position: A/HRC/46/15/Add.1 - Para.12</p>
<p>26.303 Take action to support equitable access to sexual and reproductive health and rights services, and review policies that effectively limit foreign assistance for sexual and reproductive health and rights services abroad (Canada); Source of Position: A/HRC/46/15/Add.1 - Para.12</p>

⁵⁵ “[2024 State Legislative Wrap-Up- State Policy Report: An overview of the state landscape](#),” Center for Reproductive Rights, Accessed: 20 March 2025; “[State legislation tracker](#)” (Contraception and Gender-Affirming Care 2024), Guttmacher Institute, Accessed: 20 March 2025.

⁵⁶ “Thematic List of Recommendations for the United States of America (3rd Cycle- 36th Session- Theme: Sexual and Reproductive Health and Rights)” from “[Universal Periodic Review - United States of America](#),” United Nations Human Rights Council, Accessed: 18 March 2025.

<p>26.304 Rescind the Title X restrictions to ensure access to comprehensive family planning services for all (Denmark); Source of Position: A/HRC/46/15/Add.1 - Para.12</p> <p>26.306 Ensure access by women and girls to sexual and reproductive rights and health (France); Source of Position: A/HRC/46/15/Add.1 - Para.12</p> <p>26.307 Protect the sexual and reproductive health and rights of women and girls by ensuring their access to sexual and reproductive health information, commodities and services (Iceland); Source of Position: A/HRC/46/15/Add.1 - Para.12</p> <p>26.308 Guarantee essential health services for all, including sexual and reproductive health services (Luxembourg); Source of Position: A/HRC/46/15/Add.1 - Para.12</p> <p>26.309 Ensure universal access to sexual and reproductive health information, education and services for all (Malaysia); Source of Position: A/HRC/46/15/Add.1 - Para.12</p> <p>26.310 Ensure access by all women to sexual and reproductive health information and services (Mexico); Source of Position: A/HRC/46/15/Add.1 - Para.12</p>		
Recommendation Sub-Category	Restrictive State Policy Examples	Proactive State Policy Examples
<p>Abortion Access⁵⁷</p>	<p>Tennessee enacted a law that prohibits people from helping a minor travel within the state in order to conceal an abortion from that minor’s parent or guardian. S.B. 1971, 113th Gen. Assemb., 2nd Reg. Sess. (Tenn. 2024)</p> <p>Kansas enacted a law creating the crime of ‘coercion to obtain an abortion’ with penalties ranging from 90 days to 1 year in prison and \$5,000 to \$10,000 fines depending</p>	<p>Arizona passed a law to repeal the state’s pre-<i>Roe</i> total abortion ban, which was triggered into effect by the <i>Dobbs</i> decision. H.B. 2677, 56th Leg., Reg. Sess. (Ariz. 2024)</p> <p>Maine and Rhode Island enacted comprehensive interstate shield legislation protecting abortion care, providers- including those that provide telehealth abortion care across state lines - patient medical records, and helpers engaged in the provision of</p>

⁵⁷ “[2024 State Legislative Wrap-Up- State Policy Report: An overview of the state landscape](#),” Center for Reproductive Rights, Accessed: 20 March 2025.

	<p>on the circumstance. H.B. 2436, 90th Leg., Reg. Sess. (Kan. 2024)</p> <p>Utah enacted an embryonic personhood law for the purposes of crime victim restitution. H.B. 218, 66th Leg., Reg. Sess. (Utah 2024)</p> <p>Kansas enacted a law requiring providers to ask patients why they are seeking abortion care and to report the answers to the state along with the patient’s age, marital status, level of education, race, and indication of whether the patient received services from an anti-abortion center, among other items. H.B. 2749, 90th Leg., Reg. Sess. (Kan. 2024)</p> <p>Utah enacted a law that allows the state Department of Health and Human Services to deny or revoke licenses of abortion clinics that perform abortions in violation of the state’s numerous abortion laws. S.B. 229, 65th Leg., Reg. Sess. (Utah 2024)</p>	<p>fertility care, miscarriage care, and gender-affirming care. These laws have additional protections against extradition and adverse actions from state licensing boards and medical malpractice carriers. L.D. 227 (H.P. 148), 131st Leg., Reg. Sess (Me. 2024); H.B. 7577/S.B. 2262, 2023-2024 Gen. Assemb., Reg. Sess. (RI. 2024)</p> <p>California, Delaware, Hawai’i, Maryland, New Jersey, New York, Vermont and Washington expanded existing state shield laws in a variety of ways*. For example, Maryland’s expansion applies the shield protections to gender-affirming care, including fertility preservation. Cal. Health & Safety Code §§ 103005, 123462, 123466; Del. Code Ann. tit. 18, § 2535; Haw. Rev. Stat. § 323J-4; Md. Code Ann., Cts. & Jud. Proc. § 9-302; N.J. Stat. Ann. § 2A:84A-22.19; N.Y. C.P.L.R. § 3119; Vt. Stat. Ann. tit. 12 § 7306; Wash. Rev. Code § 7.115.020.</p> <p><i>*Of note, the Virginia legislature passed a package of interstate shield laws that was vetoed by the state’s governor.</i></p> <p>California, Maryland and Massachusetts enacted laws that provide funding to abortion facilities for security and other improvements. A.B. 106, 2024 Leg., Reg. Sess. (Cal. 2024); A.B. 158, 2024 Leg., Reg. Sess. (Cal. 2024); S.B. 975, 446th Gen. Assemb., Reg. Sess. (Md. 2024); H. 4800, 193rd Gen. Ct., Reg. Sess. (Mass. 2024).</p>
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		<p>California, Connecticut, and New York enacted laws appropriating funds to clinics and non-profits to facilitate abortion care. A.B. 107, 2024 Leg., Reg. Sess. (Cal. 2024); A.B. 157, 2024 Leg., Reg. Sess. (Cal. 2024); H.B. 5523, 2024 Gen. Assemb., Reg. Sess. (Conn. 2024); A. 8806/S. 8306, 246th Leg., Reg. Sess. (N.Y. 2024); R. 1952, 246th Leg., Reg. Sess. (N.Y. 2024).</p> <p>Michigan enacted a law appropriating \$5million to expand access to reproductive health services. S.B. 747, 102nd Leg., Reg. Sess. (Mich. 2024).</p> <p>Maryland enacted a comprehensive data privacy law prohibiting all entities doing business in the state from selling or sharing health data without the consumer’s consent. H.B. 567, 446th Gen. Assemb., Reg. Sess. (Md. 2024)</p> <p>California enacted a law authorizing social workers to inform people 10 years old and above of their right to consent to receive abortion care. A.B. 866, 2024 Leg., Reg. Sess. (Cal. 2024)</p>
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<p>Care in Emergency Situations⁵⁸</p>	<p>South Dakota enacted a law ostensibly shifting responsibility to medical providers attempting to navigate the state’s total abortion ban with very limited exceptions- requiring the state to create materials that explain the abortion ban law, common medical exceptions, and criteria for providers determining a course of treatment. H.B. 1224, 99th Leg., Reg. Sess. (S.D. 2024)</p>	<p>Illinois enacted legislation that explicitly requires hospitals licensed in those states to provide abortion care when that care is necessary to resolve a medical condition that could lead to death, severe injury, or serious illness. H.B. 581 § 1, 103rd Gen. Assemb., Reg. Sess. (Ill. 2024)</p>
<p>Medication Abortion⁵⁹</p>	<p>Louisiana enacted a ‘first-of-its-kind’ law categorizing mifepristone and misoprostol as Schedule IV drugs making possession or dispensing of the medications without a valid prescription a criminal offense with penalties of one to ten years in prison and a \$5,000 fine and the option to bring racketeering charges. S.B. 276, 2024 Leg., Reg. Sess. (La. 2024)</p> <p>Louisiana enacted a law creating the crime of ‘coerced criminal abortion by means of fraud’ with penalties between 5 to 10 years in prison for persons that cause the use of medication abortion pills without the pregnant persons’ knowledge. S.B. 276, 2024 Leg., Reg. Sess. (La. 2024)</p>	<p>Delaware enacted a law requiring all universities that receive state funds and are physically located in the state to offer medication abortion at the university health center. S.B. 301-1, 152nd Gen. Assemb., Reg. Sess. (Del. 2024)</p> <p>Washington and New York (2025) enacted a law allowing medication abortion labels to have the name of a healthcare facility rather than an individual provider. H.B. 2115, 68th Leg., Reg. Sess. (Wash. 2024); A. 2145, 247th Leg., Reg. Sess. (N.Y. 2025)</p>

⁵⁸ “[2024 State Legislative Wrap-Up- State Policy Report: An overview of the state landscape.](#)” Center for Reproductive Rights, Accessed: 20 March 2025.

⁵⁹ “[2024 State Legislative Wrap-Up- State Policy Report: An overview of the state landscape.](#)” Center for Reproductive Rights, Accessed: 20 March 2025.

<p>Funding Restrictions⁶⁰</p>	<p>Missouri enacted a law prohibiting any public funds from being expended to any abortion clinic or facility and prohibits abortion providers from participating in the state Medicaid program. H.B. 2634, 102nd Gen. Assemb., 2nd Reg. Sess. (Mo. 2024)</p>	<p>Delaware enacted a law requiring Medicaid coverage for abortion up to \$750 per individual per year. H.B. 110-2, 152nd Gen. Assemb., 1st Spec. Sess. (Del. 2024)</p> <p>California enacted a law requiring Medicaid reimbursement rate increases for abortion services to apply even in the absence of federal participation. S.B. 159, 2024 Leg., Reg. Sess. (Cal. 2024)</p>
<p>Monitoring & Prevention of Violations (Religious/Moral Beliefs)⁶¹</p>	<p>Arkansas, Florida, Iowa, Kansas, South Carolina, Tennessee, and West Virginia enacted laws funding anti-abortion centers- organizations that advertise pregnancy assistance but frequently have no medically trained staff and use deceptive practices to discourage people from seeking abortion care. These laws provide state funds to further the work and reach of anti-abortion centers. S.B. 64, 94th Gen. Assemb., Reg. Sess. (Ark. 2024); H.B. 415, 126th Leg., Reg. Sess. (Fla. 2024); H.B. 5001, 126th Leg., Reg. Sess. (Fla. 2024); H.F. 2698, 90th Gen. Assemb., Reg. Sess. (Iowa 2024); S.B. 28, 90th Leg., Reg. Sess. (Kan. 2024), H. 5100, 125th Gen. Assemb., Reg. Sess. (S.C. 2024), H.B. 2973, 113th Gen. Assemb., 2nd Reg. Sess. (Tenn. 2024); S.B. 200, 86th Leg., Reg. Sess. (W. Va. 2024).</p>	<p>Pennsylvania enacted a law to repeal funding allocation to the state’s “Alternatives to Abortion” program following the termination of the state’s contract with anti-abortion centers the year prior. S.B. 1001, 208th Gen. Assemb., Reg. Sess. (Pa. 2024).</p>

⁶⁰ “[2024 State Legislative Wrap-Up- State Policy Report: An overview of the state landscape](#),” Center for Reproductive Rights, Accessed: 20 March 2025.

⁶¹ “[2024 State Legislative Wrap-Up- State Policy Report: An overview of the state landscape](#),” Center for Reproductive Rights, Accessed: 20 March 2025.



	<p>Iowa, Louisiana, Oklahoma, and Utah enacted laws giving anti-abortion centers greater autonomy and creating partnerships between the centers and the state. S.F. 2252, 90th Gen. Assemb., Reg. Sess. (Iowa 2024); S.B. 278, 73rdLeg., Reg. Sess. (La. 2024); S.B. 312, 73rdLeg., Reg. Sess. (La. 2024); S.B. 538, 59th Leg., Reg. Sess. (Okla. 2024); S.B. 147, 65th Leg., Reg. Sess. (Utah 2024).</p> <p>Delaware enacted a law requiring insurance coverage of abortion care but has an exception for ‘religious employers’. Those employers are still required to cover abortion care when it is necessary to preserve the life and health of the covered person. H.B. 110-2, 152nd Gen. Assemb., 1st Spec. Sess. (Del. 2024)</p>	
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<p>Contraception⁶²</p>	<p>Indiana enacted legislation to expand postpartum access to LARCs for Medicaid patients. However during the bill’s hearings in the state legislature anti-abortion advocates removed IUDs as a covered contraceptive under the false argument that IUDs are abortifacients. IN H.B .1426, 123rd Gen. Assemb., Reg. Sess. (Ind. 2024)</p>	<p>Tennessee and Idaho enacted laws to improve insurance coverage of contraception, allowing coverage for 12 and 6 month supplies respectively. S.B. 1919, 113th Gen. Assemb., 2nd Reg. Sess. (Tenn. 2024); S.B. 1234, 67th Leg., Reg. Sess. (Idaho 2024)</p> <p>Delaware enacted a law requiring public universities to have emergency contraception available over the counter or with a prescription. S.B. 301-1, 152nd Gen. Assemb., Reg. Sess. (Del. 2024)</p> <p>Washington passed a budget that includes funds for vending machines that dispense contraceptives for staff and students on college and university campuses as well as funding for federally qualified health centers to purchase long-acting reversible contraceptives. S.B. 5950, 68th Leg., Reg. Sess. (Wash. 2024)</p> <p>Maryland repealed bans on selling condoms in vending machines and contraceptives in vending machines on school campuses. The law also allows registered nurses to dispense all non-prescription contraceptives. MD H. B. 1171, 446th Gen. Assemb., Reg. Sess. (Md. 2024)</p>
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⁶² “[State legislation tracker](#)” (Contraception and Gender-Affirming Care 2024), Guttmacher Institute, Accessed: 20 March 2025.

<p>Maternal Health⁶³</p>	<p>Iowa enacted postpartum Medicaid expansion but placed severe income restrictions on those who qualify, cutting off access from many families and newborns. S.B. 2251, 90th Gen. Assemb., (Iowa 2024)</p>	<p>Idaho enacted postpartum Medicaid extensions up to 12 months postpartum. H.B. 633, 67th Leg., Reg. Sess. (Idaho 2024)</p> <p>Illinois enacted a law to provide Medicaid coverage of services provided by certified professional midwives. H.B. 5142, 103rd Gen. Assemb., 2nd Reg. Sess. (Ill. 2024)</p> <p>Pennsylvania enacted a law providing Medicaid coverage for doula care and establishing an advisory board for guidance on best practices for doulas and racial and geographic disparities in maternal health.</p> <p>Delaware expanded their existing Medicaid coverage for doula services allowing for additional postpartum visits if recommended by a clinician.</p> <p>New York expanded their existing doula coverage with the establishment of a community doula directory with all doulas that accept Medicaid.</p> <p>Colorado enacted a law requiring insurance plans offered in the group market to include coverage for doula care for doulas that meet state requirements.</p>
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⁶³ [“2024 State Legislative Wrap-Up- State Policy Report: An overview of the state landscape.”](#) Center for Reproductive Rights, Accessed: 20 March 2025



		<p>Delaware also enacted requirements for individual and group health insurance policies to cover doula services for a specified set of visits and Virginia enacted a law requiring private insurance coverage of the same. H.B. 1608, 208 Gen. Assemb., Reg. Sess. (Pa. 2024); H.B. 345, 152nd Gen. Assemb., 2nd Reg. Sess. (Del. 2024); A. 8529/S. 8080, 246th Leg., Reg. Sess. (N.Y. 2024); S.B. 24-175, 74th Gen. Assemb., Reg. Sess. (Colo. 2024); H.B. 362, 152nd Gen. Assemb., 1st Spec. Sess. (Del. 2024); H.B. 935/S.B. 118, 2024 Leg., Reg. Sess. (Va. 2024)</p> <p>Illinois and California expanded and clarified covered services and the number of people covered by existing fertility care coverage mandates. California’s law applies to people experiencing infertility, single individuals, and LGBTQ+ couples. S.B. 773, 103rd Gen. Assemb., Reg. Sess. (Ill. 2024) S.B. 773, 103rd Gen. Assemb., Reg. Sess. (Ill. 2024)</p> <p>Illinois enacted a law against the use of restraints during labor, delivery, and postpartum recovery and accommodations for pregnant, lactating, and breastfeeding people. Colorado enacted a law requiring private prisons and county jails be in compliance with their existing law on non-use of restraints and to develop policies for breast milk storage.</p>
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		<p>Pennsylvania enacted a law that prohibits the use of restraints on pregnant and postpartum young people in juvenile detention facilities. H.B. 5431/S.B. 3600, 103rd Gen. Assemb., Reg. Sess. (Ill. 2024); H.B. 24-1459, 74th Leg., Reg. Sess. (Colo. 2024); H.B. 1509, 208 Gen. Assemb., Reg. Sess. (Pa. 2024)</p> <p>Washington enacted legislation allowing incarcerated people participating in residential parenting programs (keeping their newborns with them during confinement) to serve the last year and a half of their sentence in home detention. S.B. 5938, 68th Leg., Reg. Sess. (Wash. 2024)</p> <p>California enacted laws requiring referrals to social workers, additional meals/breast milk for infants, and expedited family visitation options for incarcerated pregnant people as well as a prohibition on solitary confinement for pregnant people up to 12 weeks postpartum. The law also establishes entitlement to the same comprehensive medical care for incarcerated people who have abortions, miscarriages, or stillbirths as those that are pregnant and postpartum. A.B. 2740, 2024 Leg., Reg. Sess. (Cal. 2024); A.B. 2527, 2024 Leg., Reg. Sess. (Cal. 2024)</p>
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<p>Gender-Affirming Care⁶⁴</p>	<p>Idaho enacted a law that prohibits public funds from being used for gender-affirming care. ID H. B. 668, 67th Leg., Reg. Sess. (Idaho 2024)</p> <p>South Carolina enacted a law that bans gender-affirming care as well as public funding and Medicaid coverage for people younger than 18 and bans SC H. B. 4624, 125th Gen. Assemb., Reg. Sess. (S.C. 2024)</p> <p>New Hampshire enacted a law banning surgical gender-affirming care for people younger than 18 and Wyoming enacted a law banning both surgical and hormonal gender affirming care for people younger than 18. NH H.B. 619, Reg. Sess. (N.H. 2024) ; WY S.B. 99, 67th Leg., Reg. Sess. (Wyo. 2024)</p> <p>Tennessee enacted a law prohibiting any person from assisting a person younger than 18 in obtaining gender-affirming care, whether in the state or in another state and allowing for civil legal action to be brought by the parents of the young person. TN S.B. 2782, 113th Gen. Assemb., 2nd Reg. Sess. (Tenn. 2024)</p>	<p>California enacted a law that prohibits schools from informing any person of a student’s sexuality or gender identity without the student’s permission. CA A. B. 1955, 2024 Leg., Reg. Sess. (Cal. 2024)</p> <p>Maine enacted a shield law that protects patients, providers, and helpers engaging in the provision of gender-affirming care. ME H. B. 148, 131st Leg., Reg. Sess (Me. 2024)</p> <p>New York enacted a law clarifying that gender-affirming care cannot be considered child neglect or maltreatment under existing state protections. S.B. 8058, 246th Leg., Reg. Sess. (N.Y. 2024)</p> <p>Washington enacted a law protecting providers from disciplinary action due to offering gender-affirming or reproductive health care. H.B. 1954, 68th Leg., Reg. Sess. (Wash. 2024)</p>
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⁶⁴ “[State legislation tracker](#)” (Contraception and Gender-Affirming Care 2024), Guttmacher Institute, Accessed: 20 March 2025.