

Every person has the right to make fundamental decisions about how, when, and whether they have children and expand their family. For this reason, access to abortion care *is* Reproductive Justice, and unrestricted access to abortion services *must* be part of basic primary health care.

Abortion is a safe, legal, time-sensitive medical option. There are many reasons that a pregnant person might decide that abortion is their best option. We must trust Black women, femmes, girls, and gender-expansive individuals to make the personal decision that is best for themselves and their families. This right should not be infringed upon by the law. The only people who should *ever* be involved in decisions about abortion care should be the person seeking services, their trusted medical professional, and whoever the care-seeker may choose to include—not politicians.

Black women and girls account for more than one-third (38%) of all U.S. abortions, although they comprise just 13 percent of the population.^{41 42} Also, Black women are more likely to lack economic resources, to be unemployed and/or uninsured, and to be insured by programs that restrict coverage for abortion care.^{43 44 45 46 47 48}

For example, the Affordable Care Act (ACA) does not require private insurance companies to cover abortion care; as a result, numerous states have enacted bans on abortion coverage for private insurers.⁴⁹ Only a handful of states require coverage of abortion care.⁵⁰

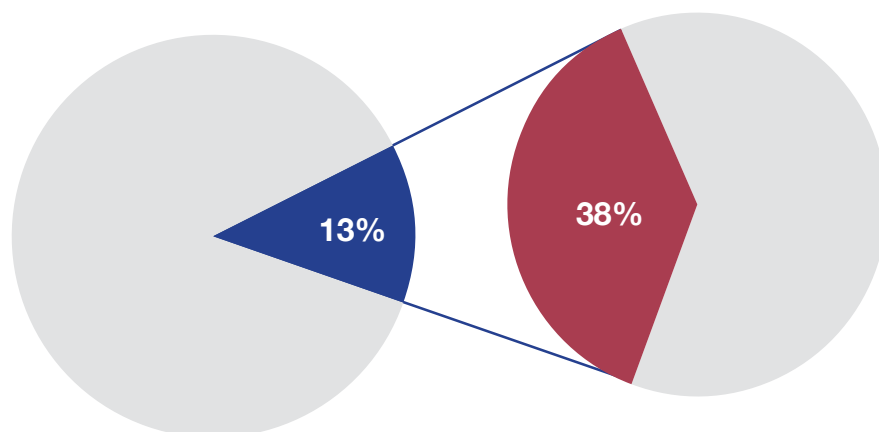
More than ever anti-choice activists are succeeding in their efforts to systematically dismantle the abortion care system and erect barriers that make services inaccessible—particularly for people who lack economic means and/or high-quality insurance. Between 2011 and 2017, states enacted more than 400 medically unnecessary restrictions to curtail access to needed abortion

care.⁵¹ As a result of these draconian laws, the number of abortion providers is decreasing, especially in rural areas, and the vast majority of people (87%) now live in a county without a known abortion provider.⁵²

Black women, femmes, girls, and gender-expansive individuals are being systematically denied the information and services they need to act in their own best interests.⁵³ This includes barriers to accessing health care (including abortion care) which centers on their bodily autonomy. Only once these barriers have been dismantled can we make advances in generational wealth and seize opportunities to grow and excel personally, socially, academically, and professionally.

Like most Americans, Black individuals support the right to choose. In a national survey, the majority (80%) of Black individuals said that abortion should “remain legal and women should be able to get safe abortions.” Three-quarters (76%) agree that health insurance should cover abortion care.⁵⁴

BLACK WOMEN AND GIRLS ACCOUNT FOR MORE THAN ONE-THIRD (38%) OF ALL U.S. ABORTIONS, ALTHOUGH THEY COMPRISE JUST 13 PERCENT OF THE POPULATION



POLICY RECOMMENDATIONS

Legislators and other elected officials must respect science, ethics, and public opinion, and undo medically unnecessary barriers to abortion care. Congress, policymakers, and the Biden-Harris administration must act to ensure that the right to abortion care is fully available to *all* people.⁵⁵

- ***End all federal bans on abortion care coverage***

The Biden-Harris administration should revoke bans on abortion care affecting people who get their insurance from federal programs, including ACA exchanges. This includes reversing President Obama’s Executive Order 13535, which reinforced a commitment to preserve the anti-choice Hyde Amendment, which prevents federal funds from being used for abortion care.

- ***Allow trained and licensed advance practice medical professionals to provide early abortion care***

There is significant need for more medical professionals who can provide abortion care, particularly in rural, predominantly Black and Brown, and/or economically challenged communities. Expanding the number of providers that can perform abortion services in pregnancy’s early stages will improve outcomes for a large number of women.⁵⁶ Nurse practitioners, certified nurse midwives, physician assistants, and nurses should be allowed to provide this medically safe care.⁵⁷

- ***Institute preclearance provisions for states and local governments with a history of restrictive and non-evidence-based reproductive policies***

This type of preclearance would require any law related to reproductive health, rights, or justice to be scrutinized and approved by a federal body before being implemented. It would function similar to Section 5 of the Voting Rights Act of 1965.⁵⁸ Preclearance should be required for states and local governments that have demonstrated a history of restrictive and medically flawed policies on abortion care.

- ***Prohibit the abuse of “religious freedom” to restrict and/or ban access to abortion care***

Religious or personal beliefs should never be allowed to impact or hamper personal decision-making about whether and when to continue a pregnancy. Federal legislation should not allow exemptions or accommodations based on religious “freedom.” In addition, existing policy riders—which are designed to curtail reproductive health care—should be permanently repealed and blocked from being attached to annual federal appropriations (see the Religion and Reproductive Justice Freedom section).

- ***Remove all cost-sharing for abortion services***

Abortion is a safe, legal medical procedure, and should be affordable and accessible to everyone who needs this type of care. Yet, some individuals face challenges in getting the health care they need, when they need it. According to the National Financial Capability Study, nearly “one in three Black Americans aged 18 to 64 has past-due medical bills.”⁵⁹ To fully address systemic health disparities and economic inequity, health care costs should not be transferred to anyone seeking services, including for abortion care.

- ***Eliminate funding for crisis pregnancy centers***

Pregnant individuals need full and accurate information to make the best decisions for themselves and their families. Crisis pregnancy centers intentionally mislead clients, often by posing as legitimate and licensed medical centers, and provide them with inaccurate, non-scientific information and services in an attempt to manipulate people into maintaining a pregnancy.

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- ***Stop Deceptive Advertising for Women’s Healthcare Services Act***

Introduced in 2019 by Representative Carolyn Maloney (D-NY), this legislation would prevent unregulated and/or unlicensed entities or individuals (often calling themselves “crisis pregnancy centers”) to use coercive or deceptive practices to pressure or dissuade people from accessing abortion care—including by using misleading advertisements and impersonating clinical professionals. The Act should be expanded to also prohibit health care providers from being forced to recite medically-unfounded, misleading, and false “information” to abortion patients, which is current law in several states.⁶⁰

- ***Equal Access to Abortion Coverage in Health Insurance (EACH) Act***

Introduced in 2021 by Representatives Barbara Lee (D-CA), Jan Schakowsky (D-IL), Ayanna Pressley (D-MA) and Diana DeGette (D-CO) and Senators Tammy Duckworth (D-IL), Mazie Hirono (D-HI) and Patty Murray (D-WA), this legislation would allow low-income individuals to use their health care coverage (i.e., through ACA, Medicaid, Medicare, etc.) for all reproductive health services, including abortion care and contraception.

- ***Abortion is Health Care Everywhere Act***

Introduced in 2021 by Representative Jan Shakowsky (D-IL), this legislation would repeal the harmful Helms’ Amendment and remove distinctions between providing abortion care versus other reproductive care in international aid programs.⁶¹ Restrictions on the use of U.S. funds are rooted in colonialism, and are an example of using white supremacy to control the bodies and reproduction of Black and Brown people.⁶² This Act would ensure that pregnant people have bodily autonomy and can seek reliable and effective care.⁶³

- ***Women’s Health Protection Act***

Introduced in 2021 by Representatives Judy Chu (D-CA) and Lois Frankel (D-FL) and by Senators Richard Blumenthal (D-CT) and Tammy Duckworth (D-IL), this legislation would preempt state efforts to limit access to reproductive health care through restrictions, regulations, or requirements that are medically unnecessary and/or create undue burdens on people seeking abortion care.⁶⁴

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