



2025 CORE POLICY PRIORITIES

In Our Own Voice is the only national organization dedicated to advocating for Reproductive Justice on the federal, regional, and state levels. The organization develops new and expansive policy solutions to address some of the most pressing issues faced by Black women, girls, and gender-expansive people, as well as many others in our society. The Reproductive Justice framework is based on human rights and encapsulating health equity, gender justice, economic justice, and more. Reproductive Justice affirms the right to not have a child; to have a child; to social and economic support to parent a child free from varying forms of interpersonal, community, and/or state-based violence; and the right to sexual expression.

In 2025, Reproductive Justice is under direct assault.

In Our Own Voice's policy priorities address the most pressing issues in order to ensure that Reproductive Justice exists for all individuals in the United States. We call on advocates of Reproductive Justice to step up to combat interlocking systems of oppression—based on race, class, gender, and sexual orientation—that too often disproportionately impact Black women, girls, and gender-expansive people.

We call on our Congressional allies to:

Co-sponsor the bills that advance Reproductive Justice, described below.

Sponsor new bills that protect and advance Reproductive Justice policy priorities.

Oppose attacks on Reproductive Justice policies and support a bold and expansive vision for Reproductive Justice.

ABORTION ACCESS

Of the 10 states with the highest Black populations, half have either banned abortion care or severely limited access to this essential service. According to our most recent national poll, commissioned ahead of the 2024 election cycle, recent abortion care bans make 40 percent of reproductive-aged women consider their own risk of death if they become pregnant. Reproductive Justice advocates are at the forefront of the movement to expand access to abortion care and ensure that everyone has equitable access to reproductive health care. Deadly abortion bans are rooted in anti-Black racism, misogyny, and gender injustice. While some women are experiencing governmental intrusion on their health care decisions for the first time, Black people in the U.S. have always faced legal attempts to limit their bodily autonomy. Ensuring access to abortion care is crucial to achieving the tenants of Reproductive Justice.

- **We urge you to stand with us and advance bold and equitable access to abortion care, including by supporting the *Equal Access to Abortion Coverage in Health Insurance (EACH) Act* and the *Abortion Justice Act*.**

PROTECT MEDICAID

Medicaid is our nation's only program providing comprehensive health care and long-term care coverage for low-income people. The program is a lifeline for Black women, girls, and gender-expansive people. Approximately 24 million of the program's 83 million enrollees are women; more than half of those women are of reproductive age; and about 4.4 million identify as Black. Medicaid is by far the nation's largest payer for health care services, including family-planning services, prenatal services, and childbirth care; it also ensures that our nation's most under-served communities can access other crucial preventive health services like breast cancer screenings. Medicaid pays for almost two-thirds of Black births, and the expansion of Medicaid coverage for postpartum care from 60 days to 1 year has demonstrably reduced postpartum hospitalizations, a key issue in the Black maternal health crisis. Medicaid requires an array of mandatory benefits that every state must include—inpatient and outpatient hospital services, physician services, and rural clinic services. Yet, the program's federal-state partnership model means that states can either expand or severely restrict non-mandated benefits. The resulting state-by-state coverage disparities disproportionately impact the many Black women, girls, and gender-expansive people who live in states that are not wholly committed to government programs that ensure access to high-quality health care. Without insurance coverage, even the cost of contraceptive services is out of reach for many. Our most recent national poll revealed that 64 percent of Black women 18 to 44 surveyed could not afford to pay \$45 or more for a three-month supply of contraception. Protecting Medicaid from block grants and other attempts to limit eligibility is central to the intersectional framework of Reproductive Justice.

- **We urge you to fight to restore, defend, and expand Medicaid's vital services and mandatory benefits.**

MATERNAL HEALTH

Black birthing people in the U.S. have unacceptably poor maternal and infant health outcomes—including staggering rates of preventable illnesses and deaths. At the heart of the U.S. maternal health crisis is a woefully fragmented health care system that creates racial disparities in maternal and infant morbidity and mortality. The U.S. has the highest rate of maternal and infant mortality among high-resource countries. Black women have the country's highest rate of maternal mortality, and are two-to-three times more likely to die of pregnancy- and childbirth-related causes compared to women of other races and ethnicities. Black newborns also have worse outcomes than their counterparts: they have the highest infant death rates of all races/ethnicities, a rate that is more than double that of white babies. Our most recent national poll found that nearly one-quarter of Black women 18 to 44 surveyed were worried about their health and safety during pregnancy or childbirth because of their race. Nearly 20 percent reported feeling that a health care provider didn't take their pain seriously during pregnancy or childbirth because of their race and/or gender. Achieving better outcomes for Black women, birthing people, and their babies requires a commitment to birth justice, including increasing the availability of high-quality prenatal care, and access to Black midwives and doulas.

- **We urge you to advocate for passage of the *Momnibus Act*, *CARE for Moms Act*, and similar policies to achieve these goals.**