

2025 POLICY PRIORITIES

ABORTION ACCESS AS A REPRODUCTIVE JUSTICE ISSUE

For decades, Black Reproductive Justice advocates have been at the forefront of the movement to expand access to abortion care. We know that *Roe v. Wade*, which guaranteed the right to abortion care, was never enough to ensure that everyone has equitable access to reproductive health care. Even under *Roe*, states were allowed to place some limits on abortion care; and, in the wake of *Roe* being overturned, abortion bans are spreading nationwide. Of the 10 states with the highest Black populations in the United States (U.S.), at least half have either banned abortion care or severely limited access.¹ 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 have always fought for autonomy over our bodies and lives.

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

Abortion care is a safe and time-sensitive medical option that cannot be separated from other human and reproductive rights. Every person has the right to make fundamental decisions about how, when, and whether to 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. We must trust Black women, girls, and gender-expansive individuals to make the personal decision that is best for themselves and their families.

This right should be free from unwarranted governmental intrusion. Yet, in June 2022, the U.S. Supreme Court upended nearly 50 years of precedent in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade*. The 5-4 decision was made possible by a more conservative Court.

Since the *Dobbs* decision, more than a dozen states have banned abortion care and others have moved to severely restrict access to abortion care—including medication abortion.^{2,3} Twelve states have total abortion bans—including medication abortion, and twelve restrict telehealth access to medication abortion, making it nearly impossible to receive abortion care.⁴ These restrictions put critical, intimate health care decisions in the hands of non-medical professionals, and disproportionately harm Black women, girls, and gender-expansive people.

The Impact of Abortion Bans on Black Communities

More than ever, anti-choice activists are succeeding in their efforts to systematically dismantle the abortion care system and erect barriers that make abortion services inaccessible—particularly for Black people who may lack economic means and/or high-quality insurance. Since the fall of *Roe v. Wade*, nearly half of U.S. states have enacted near-total bans on procedural and medication abortion, lack abortion providers due to abortion restrictions, and have, or are likely to enact, gestational bans, and bans on procedural or medication abortions.⁵ Some states have not only attempted to revoke access to medication abortion within their states, but nationwide.⁶

According to In Our Own Voice's most recent national poll, recent abortion bans have made four in ten women of reproductive age (39 percent) consider their risk of death if they get pregnant. **Black women are more likely to seek abortion care than women of other races/ethnicities, and are more likely to live in states with abortion bans or medically unnecessary abortion restrictions.**⁷ Black women and girls account for more than one-third of all US abortions, although they comprise just 13 percent of the population.^{8,9} Several

factors drive this disproportionate rate, such as the fact that Black women are more likely to lack economic resources, to be unemployed and/or uninsured, and to be insured by these programs that restrict coverage for abortion care.^{10,11,12,13,14,15} Moreover, Black pregnant people who live in poverty and battle with systemic racism face challenges traveling out of state to receive abortion care.¹⁶

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,¹⁷ while only a handful of states require coverage of abortion care.¹⁸

The Hyde Amendment bans federal funds from paying for abortion care.¹⁹ Since 1976, Hyde has, with limited exceptions, banned federal funding for abortion care. This restriction affects pregnant people who are insured through multiple federal programs, including those covered by Indian Health Services; individuals in federal prisons and detention centers—including those detained for immigration purposes; beneficiaries of Medicaid, Medicare, and the Children's Health Insurance Program; low-income residents of the District of Columbia; Peace Corps volunteers; and servicemembers, veterans and their dependents. Hyde's only exceptions are for pregnancies resulting from rape or incest or if the pregnant person's life is in danger.²⁰

Moreover, 51 percent of all women of reproductive age who are enrolled in Medicaid are women of color, and 55 percent these same women live in states that restrict insurance coverage for abortion except in limited circumstances. Research suggests that bans on Medicaid coverage for abortion results in 1 in 4 low-income women carrying an unwanted pregnancy to term. This outcome—being denied an abortion care—can push an individual into—or deeper into—poverty.^{21,22}

We urge policymakers to prioritize protecting and restoring Medicaid in 2025, while still recognizing the importance of ultimately creating more expansive policies.

The Impact of Abortion Bans on Comprehensive Reproductive Health Care

Our 2024 poll also found that access to comprehensive reproductive health care (including abortion) is a critical issue for Black women, girls, and gender-expansive people. Not only are Black women, girls, and gender-expansive people more likely to live in states that restrict abortion access, they also face greater barriers accessing contraception and are offered limited resources to help Black families care for their children.

The result of such barriers is an increase in disparities regarding access to comprehensive reproductive health care that is driving the staggering rates of maternal mortality for Black birthing people.²³ Black women are nearly three times more likely to die of pregnancy related causes than white women—regardless of their geographic region, income, or economic status.²⁴

This wave of abortion bans has broad implications for the future of reproductive and sexual health care, particularly in states that already have maternity care deserts.²⁵ Providers must now consider the threat of criminalization when making critical health care decisions, which has led to disastrous, paralyzing, consequences for patients across the U.S.²⁶

Criminalization is not limited to providers. For Black women and gender-expansive people, the threat of criminalization related to pregnancy is an increasing concern. In the last several years, women have faced the threat of criminalization when they needed emergency pregnancy-related care.²⁷ According to our 2024 national poll, one in three Black women of reproductive age living in restrictive states (34 percent) have thought about the risk of being arrested due to something related to pregnancy. In 2024, the Supreme Court failed to decide whether the Emergency Medical Treatment and Labor Act (EMTALA) supersedes state abortion bans and requires federally funded hospitals to provide emergency, stabilizing care to pregnant patients. The decision leaves providers at risk of criminalization, penalties, and loss of licensure if they provide emergency care; and leaves pregnant people at risk of death, infertility, and other harms.²⁸

Conclusion

The *Dobbs* decision and its continuing ramifications remain deadly for Black people. Even if *Roe* were restored, Black women, girls, and gender-expansive people need more than the right to abortion care to protect their health. *Dobbs* merely compounded inequities Black people already faced in sexual and reproductive health care. These inequities have dire consequences for Black communities, including the highest rates of maternal and infant morbidity and mortality. Black women, girls, and gender-expansive individuals are systematically denied the information and services they need to act in their own best interests—including abortion care, which is critical to bodily autonomy and equal participation in society.²⁹ We face an increasingly dangerous future as harmful policies are predicated in racists and misogynistic ideological agendas. Every level of government must act to ensure that the right to abortion care is fully available to *all* people.³⁰

The abortion crisis will not be solved unless and until policy solutions and grassroots efforts are centered around Reproductive Justice. We must ensure everyone has access to the full range of reproductive health services—including abortion care. Only when *all* barriers to bodily autonomy have been dismantled can we make advances in ensuring Black women, girls, and gender-expansive people can prosper personally, socially, academically, economically, and professionally.³¹

2025 Policy Recommendations

- Pass policies that ensure equitable access to reproductive health care, such as the ***Equal Access to Abortion Coverage in Health Insurance (EACH) Act***, the ***Abortion Justice Act***, the ***Abortion is Health Care Everywhere Act***, and the ***HEAL for Immigrant Families Act***.
- Pass legislation that ensures the right to access abortion care no matter where an individual lives and protects providers who deliver abortion care.
- Pass legislation modeled on Section 5 of the Voting Rights Act of 1965, which would require federal preclearance provisions for state and local governments with a history of restrictive reproductive health care policies that are medically unnecessary and create undue burdens.
- Remove all cost-sharing for abortion care services.
- Eliminate funding for crisis pregnancy centers and pass policies that require crisis pregnancy centers to stop spreading disinformation, such as the ***Stop Anti-Abortion Disinformation Act***.
- Fund the training of abortion care providers, including advanced practice medical professionals, by passing the ***Reproductive Health Care Training Act***.
- Prohibit the abuse of “religious freedom” to restrict and/or ban access to abortion care.

Endnotes

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