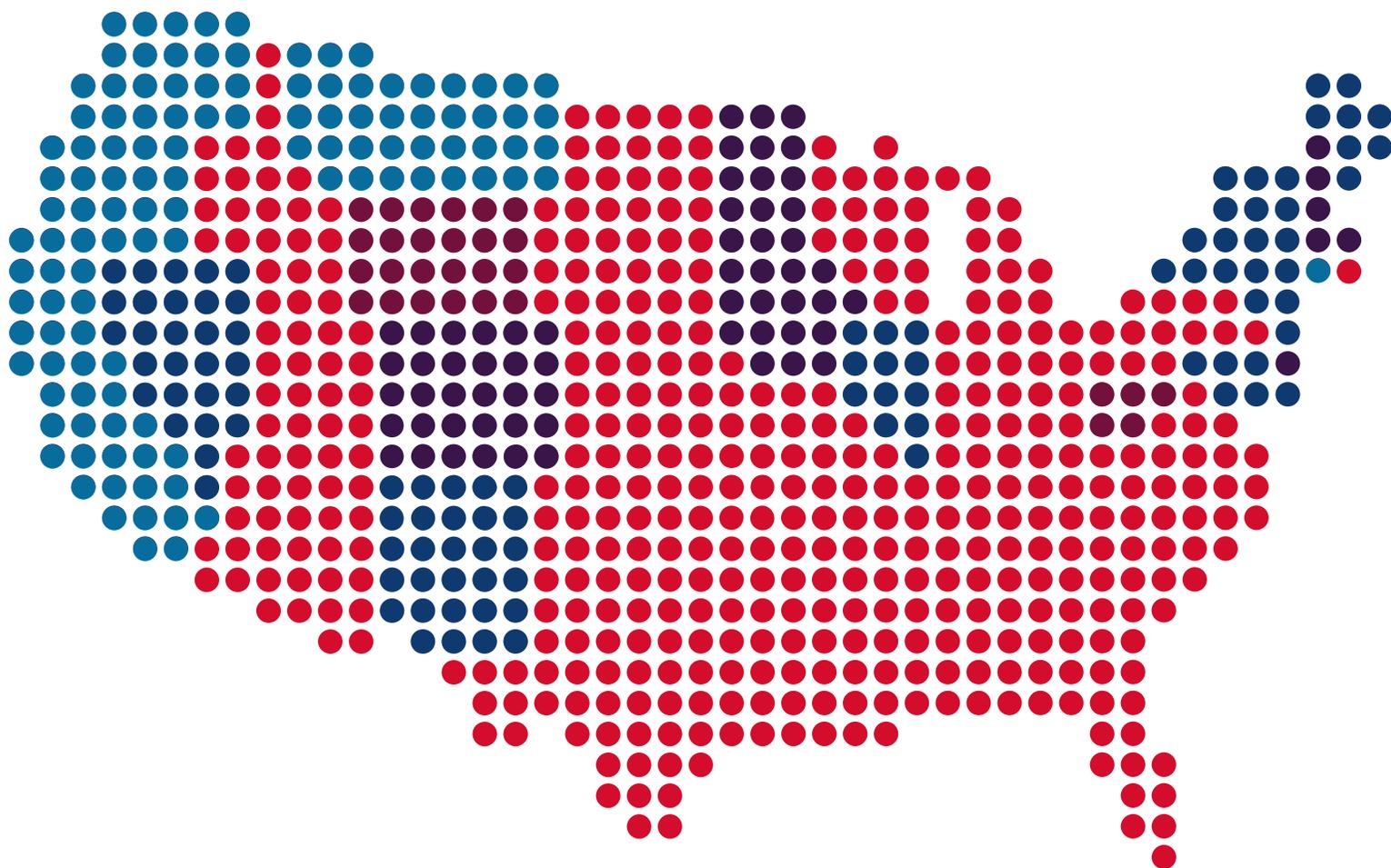


Who Decides?

The Status of Women's Reproductive Rights
in the United States



26th Edition | January 2017

NARAL Pro-Choice America

NARAL Pro-Choice America Foundation



UNITED STATES

ACCESS FACT: Currently, there are no states that provide total access.

The state of reproductive-health-care access in the United States is alarming. Due to the dearth of access in many regions, the nationwide status is “restricted access.”

The cover of this publication illustrates the general state of reproductive freedom throughout the country. The map’s colors represent the status of reproductive-health-care access in each state. The meaning of such colors—a spectrum from bright red for “severely restricted access” to light blue representing “total access”—is provided below.

As the map shows, a handful of states have made great strides in expanding and protecting access to reproductive-health care, achieving the status of “strongly protected access.” Yet no state has achieved “total access” at this time. The large swaths of red serve as a warning about the lack of reproductive-health-care access in much of the nation.

An overview of the states that fall within each access category is below, and more detailed information about each state can be found in the state profiles.

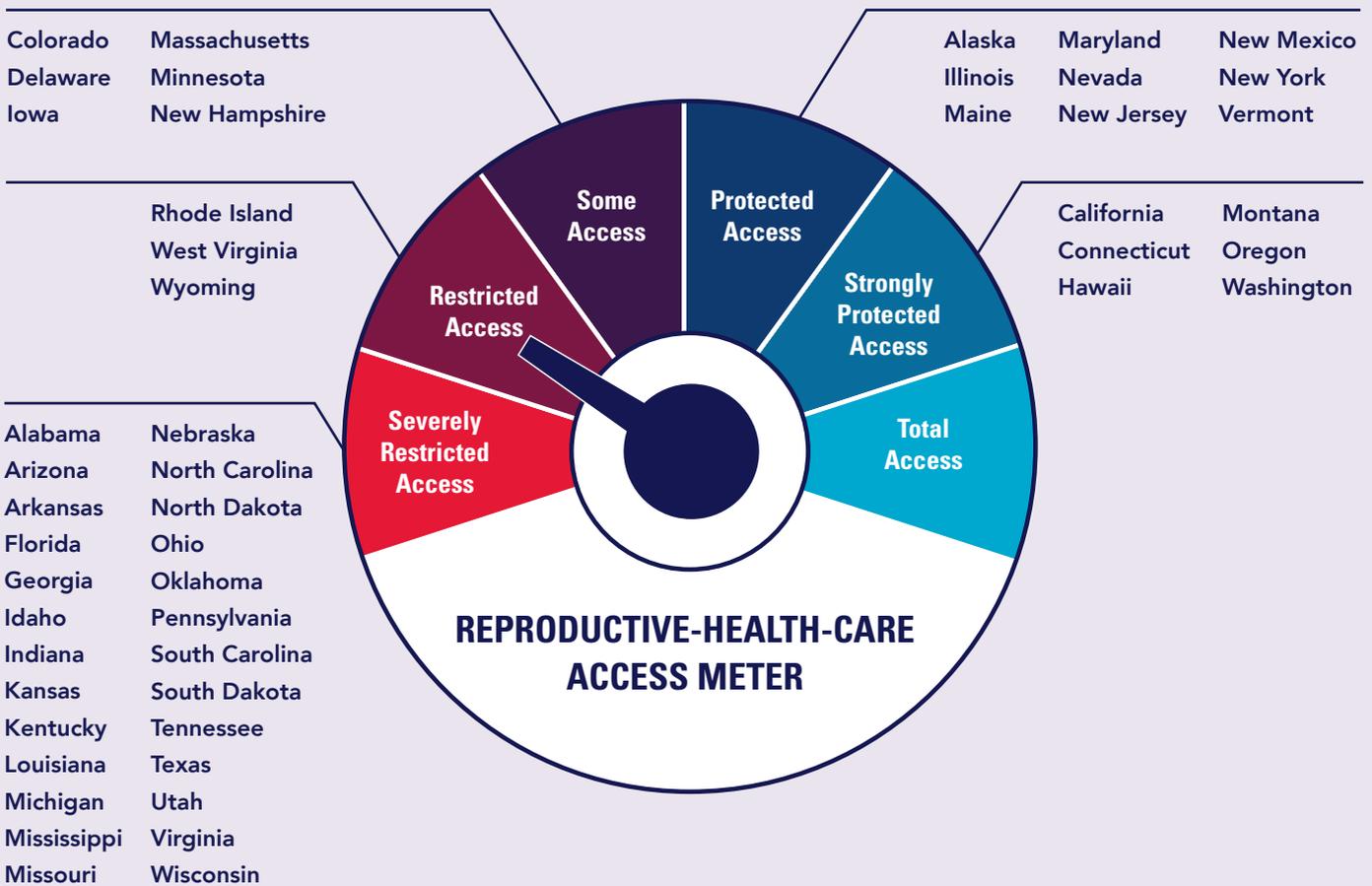


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DEDICATION

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation dedicate the 26th edition of *Who Decides? The Status of Women's Reproductive Rights in the United States* to the individuals who inspire us to never stop working to make reproductive freedom a reality for all. This year began with a tremendous victory at the Supreme Court. Yet it ended very differently, with election results that threaten our freedoms, rights, and ability to chart our own destinies.

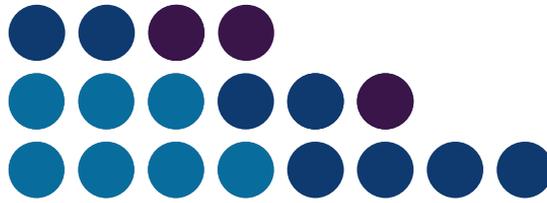
In this alarming landscape, we remember that we've seen these challenges before—and we've always persevered. Pro-choice activists in the courts and in our communities have stood firm through years of attacks. This dedication is a recognition of their tremendous work this past year, which brought together people who have been fighting for generations with thousands of fresh voices. Together, they inspire us to take on all of the challenges that lie ahead.

In the Courts

We dedicate this publication to the litigation team that successfully renewed the promise of *Roe v. Wade* in our highest court, and to those who supported their efforts. Stephanie Toti of the Center for Reproductive Rights eloquently challenged two provisions of a Texas law that were designed to impose untenable and unnecessary regulations on abortion providers. Amy Hagstrom Miller, founder and CEO of Whole Woman's Health, stood up for the rights of the 5.4 million women of reproductive age in Texas as lead plaintiff in the case. One hundred and sixty-three members of Congress signed onto an *amicus* brief in support of a woman's constitutional right to safe and legal abortion. Advocates provided supporting perspectives to the court, including 113 lawyers who shared their personal abortion stories. We dedicate this publication to these individuals for passionately standing up against anti-choice attacks on women's constitutional right to legal abortion.

In our Communities

We also dedicate this edition of *Who Decides?* to all those who worked to challenge abortion stigma across the country in 2016. Courageous women—often led by women of color—brought abortion storytelling into mainstream dialogues, from the Rio Grande Valley to the steps of the Supreme Court to the incredible All Access concert series. Together, they demonstrated why reproductive freedom should be celebrated, not stigmatized. By describing how restrictive state laws and cynical anti-choice bills impact women's lived experiences, these women advocated for reproductive freedom throughout the nation. As Renee Bracey Sherman, of the National Network of Abortion Funds and NARAL Pro-Choice America board, says: "Everyone loves someone who's had an abortion. They probably just don't know it yet. And now everyone knows me." We dedicate this publication to all of the people who remind us, every single day, that women have rights, women deserve respect, women have voices, and women are resilient.



From the President

ILYSE G. HOGUE

The results of the 2016 elections put the reproductive freedom of all Americans on the line, and we will not back down.

Donald Trump's vision for America and the policies he has proposed are a clear and present danger to women, families, and our constitutionally protected right to access abortion. Our charge every day now is to work to ensure President Trump, and the anti-choice Republican majorities in both houses of Congress, cannot strip away our freedoms, our rights, and our ability to chart our own destiny.

We left it all on the field this past cycle. NARAL members worked tirelessly for more than a year to fight for a very different kind of future—one where women are respected, not disparaged. One where abortion is legal and accessible, not punished and stigmatized. And one where our health care is just that—health care, not a political football.

Despite having more people vote for our vision than the anti-choice Republican vision, we now face one of the most daunting challenges ever. While much is uncertain about the battle ahead, we do know this:

- ⌘ Most people who voted for a President Trump, and Republicans, did not do so because they want him to restrict reproductive rights. Seven in 10 Americans support keeping abortion legal and accessible. This was true before the election, and it's still true now.
- ⌘ Anti-choice extremists will use this administration to push their very unpopular agenda forward—including everything from passing abortion bans to defunding Planned Parenthood to restricting contraception access.
- ⌘ Just as we have always said, this is not and never has been just about abortion. Trump's rise to power is about a worldview where women, LGBTQ people, immigrants, Muslims, people with disabilities, and so many others are not considered equal or deserving of sharing in the American dream.

Our mission now is to fight for the America we believe in: one where diversity is our strength, where respect is our mandate and where liberty—to choose abortion, to make our own decisions about our families, to live free from fear—is unassailable.

We know the fight for our values isn't won or lost in a single election. NARAL was founded before *Roe v. Wade*, before abortion was legal throughout the United States. We, as an organization, and as a progressive movement exist to fight for the dignity and equality of all Americans. We hold the line—in good times and in bad—to defend the freedoms that are enshrined in our Constitution and that define what it means to be American.

That mission is as urgent today as it has ever been.

In solidarity,

Ilyse G. Hogue
President

ONLINE ACCESS

www.WhoDecides.org

Visit *Who Decides?* online to dig into our frequently updated state-by-state analysis of the status of women’s reproductive rights, browse the stats for the year in choice, and download a complete PDF of the book.



WHO DECIDES? ONLINE FEATURES:



Summaries of measures across the country affecting reproductive rights—including detailed descriptions, citations, and information on relevant court cases.



Updates to our Fast Facts pages, statute summaries, maps and charts, and other features as new laws are enacted and court cases are decided.



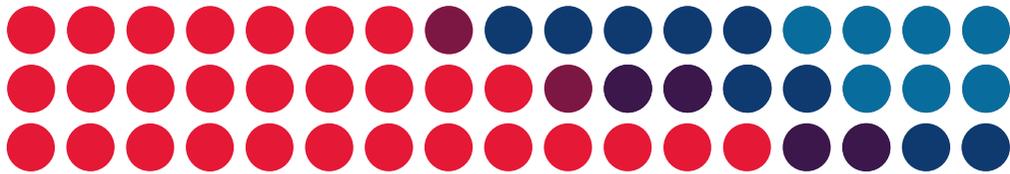
Infographics highlighting the dangerous trends and new threats posed by anti-choice measures around the country.



Opportunities to take action to protect and expand reproductive freedom in your state.

Introduction

2016 KEY FINDINGS



KEY FINDINGS: Pro-Choice Policy

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation support a wide range of pro-choice policies that help protect every woman's right to make reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing safe, legal abortion.

Pro-choice measures enacted during 2016 cover wide-ranging topics, from protections for reproductive-clinic staff and patients to laws that require health-insurance plans to cover 12 months of contraception dispensed at once. Policymakers are realizing what the public majority already knows: that protecting a woman's right to comprehensive reproductive-health care is the right thing to do.

TOTAL PRO-CHOICE STATE MEASURES ENACTED IN 2016¹:

16 STATES AND THE DISTRICT OF COLUMBIA enacted 30 pro-choice measures in 2016: **AZ, CA, CO, DC, DE, HI, IL, LA, MD, MO, NH, NM, NY, TN, UT, VT, and WA.**

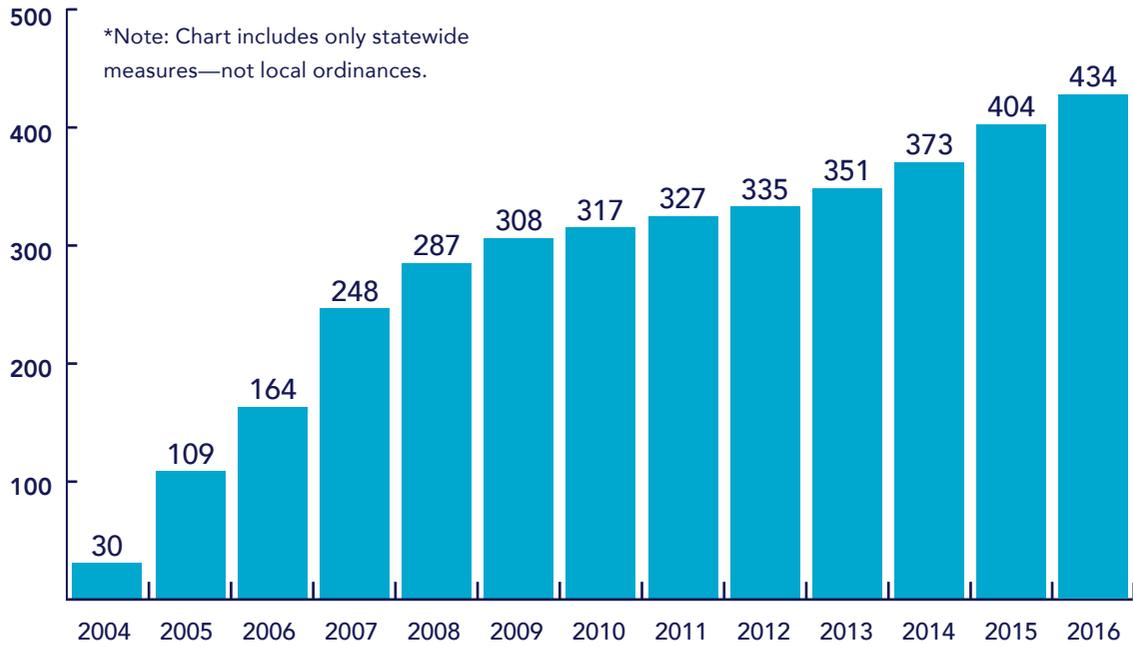
- Once again, **California** enacted more pro-choice legislation than any other state in 2016, with six measures.
- **Hawaii** and **Maryland** enacted the second-highest number of pro-choice measures in 2016, with three measures each.

KEY PRO-CHOICE VICTORIES IN 2016:

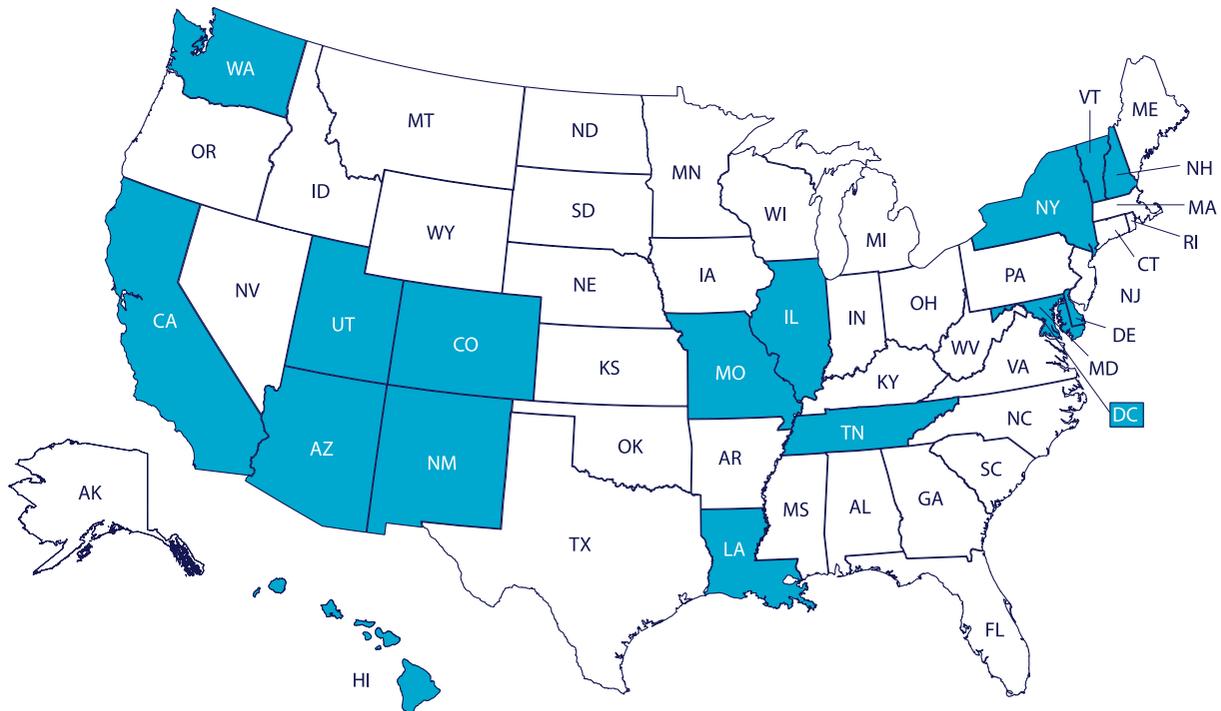
- **California, Hawaii, Illinois** and **Vermont** enacted laws requiring health-insurance plans to cover a 12-month supply of contraception dispensed at once.
- **Delaware** enacted a law that prohibits employers from taking adverse action against an employee for making a reproductive-health decision that the employer might oppose, for example, firing a woman for being pregnant and unmarried or using IVF to conceive.
- **New York** enacted a law that promotes healthy childbearing by permitting pregnant women to enroll in the state health exchange at any time.
- **California** enacted a law to protect the home addresses of reproductive-health-care providers, employees, volunteers, and patients.
- Four states enacted laws that promote healthy childbearing: **Hawaii, Maryland, Missouri,** and **New Hampshire.**
- **Missouri** and **New York** enacted laws to improve treatment of incarcerated pregnant women.
- **California** enacted a law prohibiting health-insurance plans from requiring patients to get a referral before they can obtain reproductive-health-care services.

¹This report uses "laws" to refer specifically to statutes adopted by the legislature or enacted by ballot measure. "Measures" is a broader term that includes the following: constitutional provisions, statutes, regulations, court decisions, ballot measures, opinions of state attorneys general, state policies, and other governmental action with statewide effect.

CUMULATIVE NUMBER OF STATEWIDE PRO-CHOICE MEASURES ENACTED SINCE 2004*



STATES THAT ENACTED PRO-CHOICE MEASURES IN 2016



KEY FINDINGS: Threats to Choice

In the 2010 elections, anti-choice politicians seized control of many state legislatures, vowing to focus on the nation's economic challenges. Once elected, however, they abandoned their promises and instead launched a War on Women. While the tide is changing, thanks to the landmark *Whole Woman's Health* decision and the election of more pro-choice candidates in some state houses, in 2016 we continued to see the anti-choice effects of those elections six years ago.

Among the 56 anti-choice state measures enacted in 2016, the most prominent trends were: abortion bans, restrictions on biomedical research, counseling and referral bans, laws barring abortion providers from participating in public health-care programs, and TRAP (Targeted Regulation of Abortion Providers) laws.

TOTAL ANTI-CHOICE STATE MEASURES ENACTED IN 2016:

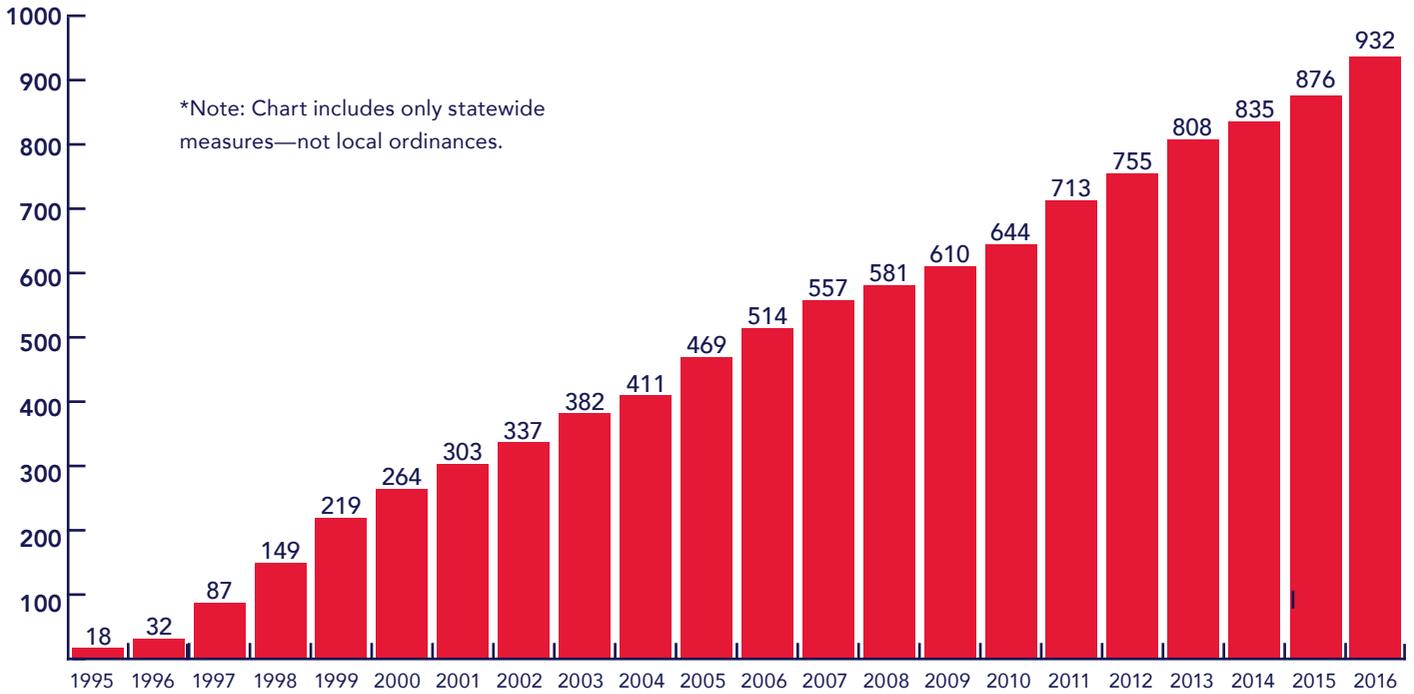
26 STATES enacted 56 anti-choice measures in 2016: **AK, AL, AR, AZ, CO, FL, GA, IA, ID, IL, IN, KS, KY, LA, MI, MO, MS, OH, OK, PA, SC, SD, TN, UT, WI, WV.**

- **Louisiana** enacted the most anti-choice legislation in 2016, with seven measures. **Mississippi** followed, enacting six anti-choice measures, and **South Dakota** enacted five anti-choice measures. This year, these states alone are responsible for enacting nearly one-third of the total number of anti-choice laws enacted in the entire country.
- Since 1995, states have enacted 932 anti-choice measures.

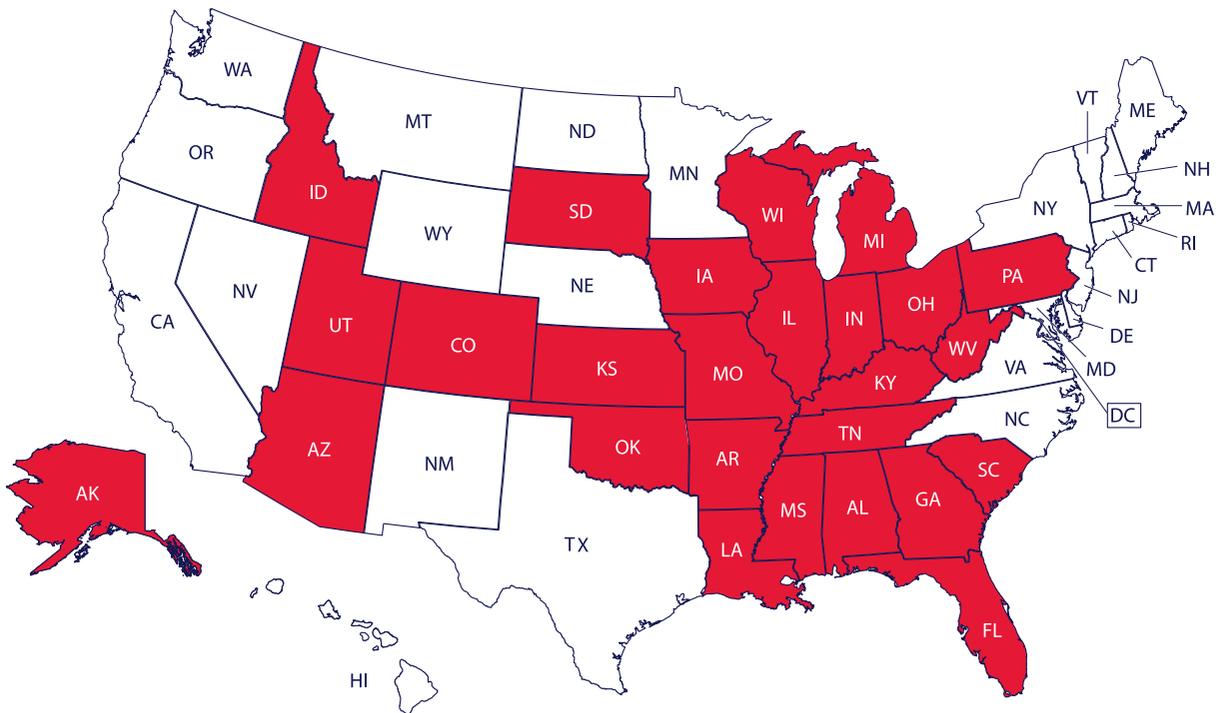
TOTAL ANTI-CHOICE STATE MEASURES ENACTED IN 2016:

- **Arizona, Florida, Kansas, Louisiana, Missouri, Mississippi, Ohio, Oklahoma, Pennsylvania, and Wisconsin** enacted measures prohibiting organizations that provide abortion from participating in public health-care programs and/or receiving certain public funds.
- **South Carolina** and **South Dakota** enacted bans on abortion care after 20 weeks, with no exception to protect a woman's health.
- **Louisiana, Mississippi, and West Virginia** enacted laws banning D&E, the most common type of second-trimester abortion procedure.
- **Indiana** and **Louisiana** enacted bans on abortion if sought for reasons of fetal anomaly.
- **Indiana, Louisiana, Mississippi, South Dakota, Tennessee, and Utah** enacted measures to restrict the use or donation of fetal tissue, and/or dictate how a provider conducts its business in this regard.
- **Alabama, Florida, Idaho, Indiana, Louisiana, South Dakota, and Tennessee** imposed onerous regulations on abortion providers that are intended to force clinics out of practice.
- **Louisiana** enacted a mandatory-delay law, which extended its existing 24-hour mandatory delay to 72 hours. Mandatory delays create extreme burdens for many women, especially those in rural areas who must often travel long distances to reach a health-care provider, or women who simply do not have the resources to take extra time off work or pay for child care and out-of-town lodging.
- Six states—**Arkansas, Michigan, Missouri, Ohio, Oklahoma, and Pennsylvania**—passed laws that prohibit some individuals or organizations that receive state funds from counseling or referring for abortion.
- Four states—**Georgia, Indiana, Michigan, and Missouri**—enacted laws that provide direct funding for crisis pregnancy centers, anti-choice organizations that often pose as comprehensive reproductive-health centers but whose sole purpose is to block women from exercising their right to choose.
- **Arkansas, Georgia, Kentucky, and Mississippi** restrict young women's access to abortion—either through parental-notification or consent requirements.
- **Arizona** and **Indiana** enacted measures restricting access to medication abortion.

CUMULATIVE NUMBER OF STATEWIDE ANTI-CHOICE MEASURES ENACTED SINCE 1995*



STATES THAT ENACTED ANTI-CHOICE MEASURES IN 2016



KEY FINDINGS: Political Landscape

CHOICE POSITIONS OF EXECUTIVES

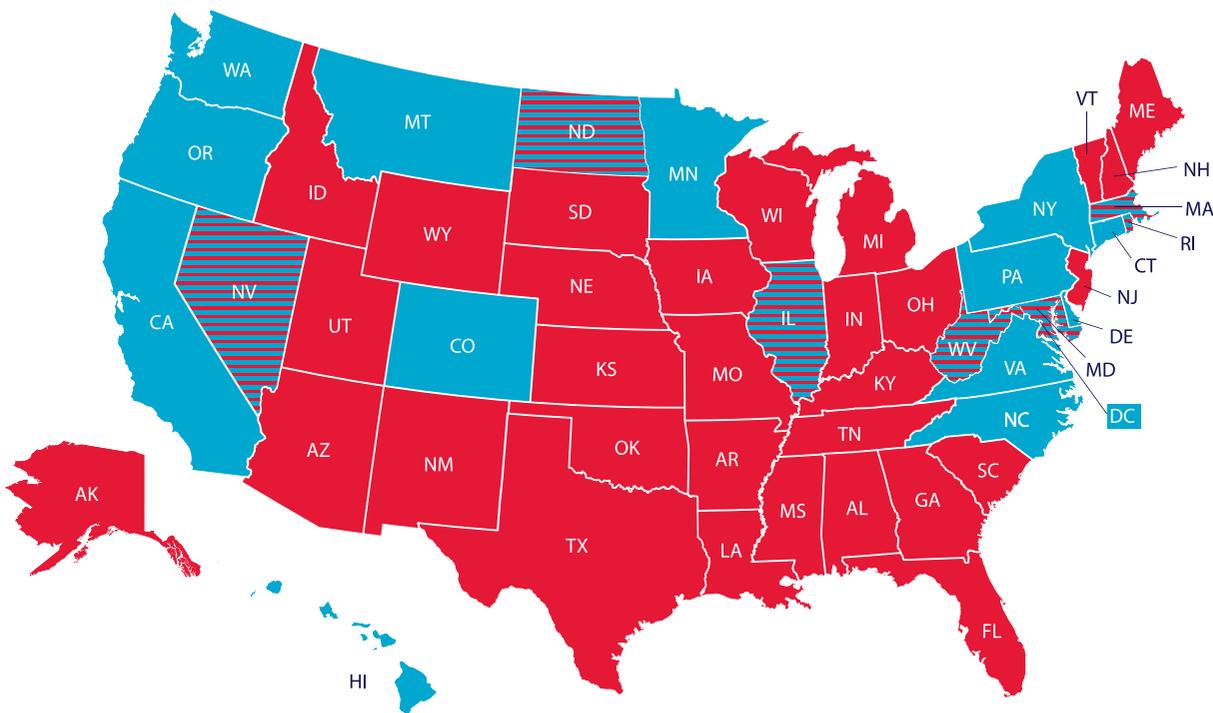
FEDERAL GOVERNMENT:

POTUS President Donald Trump is anti-choice.

VPOTUS Vice President Mike Pence is anti-choice.

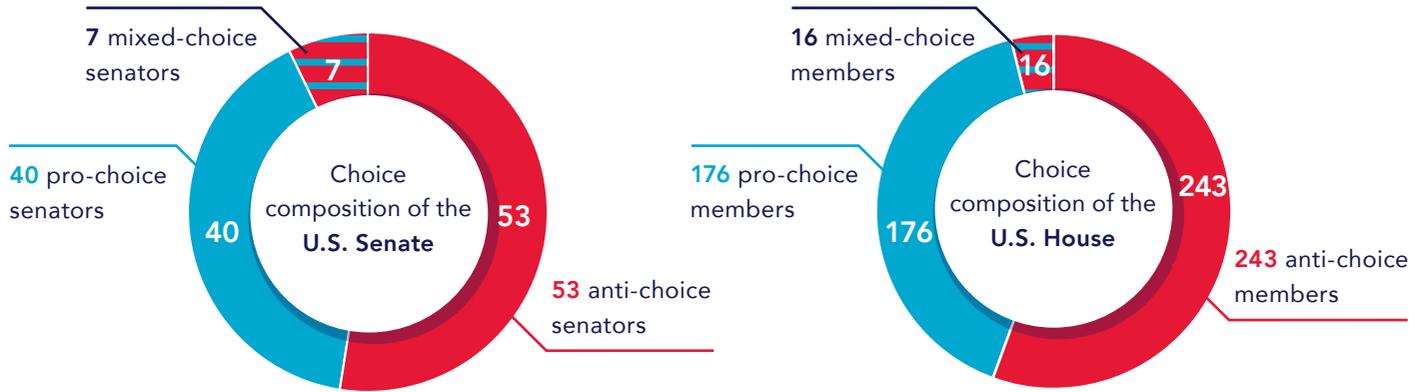
STATE GOVERNORS:

- **13 GOVERNORS** and the **MAYOR** of the **DISTRICT of COLUMBIA** are pro-choice: **CA, CO, CT, DE, DC, HI, MN, MT, NY, NC, OR, PA, VA, WA.**
- **7 GOVERNORS** are mixed-choice: **IL, MD, MA, NV, ND, RI, WV.**
- **30 GOVERNORS** are anti-choice: **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, ME, MI, MS, MO, NE, NH, NJ, NM, OH, OK, SC, SD, TN, TX, UT, VT, WI, WY.**



CHOICE POSITIONS OF LEGISLATURES

U.S. CONGRESS:



STATE LEGISLATURES:

Legislatures that are anti-choice outnumber pro-choice legislatures:

- **9 STATES** and the **DISTRICT of COLUMBIA** have pro-choice legislatures (both the house and senate are pro-choice): **CA, CT, DC (city council), HI, MD, MA, NJ, NM, OR, VT.**
- **32 STATES** have anti-choice legislatures (both the house and senate are anti-choice): **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MN, MS, MO, NE, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.**

Choice composition of **state senates**:

- **9 STATES** and the **DISTRICT of COLUMBIA** have pro-choice senate: **CA, CT, DC (city council), HI, MD, MA, NJ, NM, OR, VT.**
- **8 STATES** have a mixed-choice senate: **CO, DE, IL, ME, MT, NV, NH, WA.**
- **33 STATES** have an anti-choice senate: **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MN, MS, MO, NE, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.**

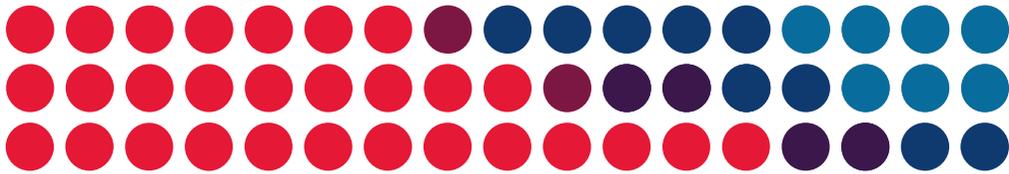
Choice composition of **state houses**:

- **13 STATES** have a pro-choice house: **CA, CO, CT, HI, MD, MA, NV, NJ, NM, NY, OR, VT, WA.**
- **5 STATES** have a mixed-choice house: **DE, IL, ME, MT, NH.**
- **31 STATES** have an anti-choice house: **AL, AK, AZ, AR, FL, GA, ID, IN, IA, KS, KY, LA, MI, MN, MS, MO, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.**

¹ The terms "senate" and "house" include the equivalent bodies in states that have different titles for their state legislative bodies. Nebraska has a unicameral body that is counted as a senate, and the District of Columbia's city council—for this purpose—is counted as a senate.

Fast Facts

CURRENT & 2016 ENACTED STATE MEASURES



ABORTION PROVIDERS: Expansions & Restrictions

The anti-choice movement has undertaken a campaign to impose unnecessary and burdensome regulations on abortion providers—but not other medical professionals—in an obvious attempt to drive doctors out of practice and make abortion care more expensive and difficult for women to obtain. Such proposals are known as TRAP laws: Targeted Regulation of Abortion Providers. Common TRAP regulations include those that limit the provision of care only to physicians or to hospital settings, force practices to convert needlessly into mini-hospitals at great expense, require abortion providers to get admitting privileges, and require facilities to have a transfer agreement with a local hospital (with nothing requiring hospitals to grant such privileges).

A landmark Supreme Court case in 2016, *Whole Woman's Health v. Hellerstedt*, laid the legal groundwork for advocates to roll back TRAP laws that have been causing clinics to close across the nation. In this decision, the Supreme Court struck down two TRAP provisions in an anti-choice Texas law—admitting-privileges and surgical-center requirements—because “neither . . . offers medical benefits sufficient to justify the burdens upon access that each imposes.” This was a powerful response to TRAP supporters’ disingenuous claims that such requirements are necessary to ensure patient health and safety. In reality, abortion is an extremely safe procedure that is already subject to safety laws and regulations, just like all types of medical care.

The *Whole Woman's Health* decision had an immediate, positive impact in states beyond Texas, including in Alabama where the attorney general dropped his defense of a similar TRAP law, in light of the Supreme Court’s ruling. Also, the high court refused to take up similar cases in Mississippi and Wisconsin. Moreover, several states continue to persevere in realizing the promises of *Roe*, and have enacted measures expanding the number of qualified-health providers who are authorized to provide surgical or medication abortion. Increasing the number of providers gives women better and quicker access to the care they need, and is an effective way of fighting back against restrictions.

However, while advocates are preparing to continue using this landmark case to knock down similar TRAP laws in the first step toward revitalizing abortion access throughout the country, the subsequent presidential election results have cast a long shadow. President Trump and Vice President Pence represent the clearest threat to reproductive freedom in a generation—and with one Supreme Court seat open now and others likely—such a threat must be taken seriously.



CURRENT PRO-CHOICE STATE MEASURES:

10 STATES have expanded the scope of practice of advanced-practice clinicians to include medication and/or surgical abortion services: **CA, CT, IL, MT, NH, NY, OR, RI, VT, WA.**

- **6 OF THESE STATES** allow other qualified health-care professionals to provide surgical abortion care: **CA, MT, NH, NY, OR, VT.**



CURRENT ANTI-CHOICE STATE MEASURES:

44 STATES AND THE DISTRICT OF COLUMBIA have measures subjecting abortion providers to restrictions not imposed on other medical professionals: **AL, AK, AZ, AR, CA, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY.**

- **19 OF THESE STATES** have enacted measures unnecessarily requiring abortion providers to have admitting privileges at a hospital, though hospitals are not required to consider or grant the request: **AL, AZ, AR, FL, IN, KS, LA, MI, MS, MO, NJ, NY, ND, OK, SC, TN, TX, UT, WI.**



2016 ENACTED ANTI-CHOICE STATE MEASURES:

7 STATES enacted 8 measures that subject abortion providers to restrictions not imposed on other medical professionals: **AL, FL, ID, IN, LA, SD, TN.**

ABORTION RIGHTS: Protections & Bans

Women's reproductive freedom and privacy are protected by the U.S. Constitution, as affirmed by the Supreme Court in the historic *Roe v. Wade* decision and other cases. However, an increasingly hostile Supreme Court and anti-choice legislatures have allowed more and more restrictions on those rights, infringing on private medical decisions in many ways. When the Supreme Court upheld the dangerous Federal Abortion Ban in 2007, it gave states the green light to enact still more bans and restrictions on abortion that disregard women's health. Consequently, in many states, anti-choice politicians have grown even bolder in their attempts to outlaw abortion earlier and earlier in pregnancy, trying to enact bans on other common abortion procedures, and criminalizing doctors for the reasons women seek abortion care. Moreover, in 2017, we likely will enter a period of unprecedented attack on a woman's autonomy over her own body and legal abortion. Under a Trump/Pence administration, coupled with a Supreme Court vacancy, abortion bans are a clear and present danger.

A bright spot, however, is that many pro-choice states have taken affirmative steps to safeguard the protections established in *Roe*. Some have constitutions that provide greater protections for a woman's right to choose than the U.S. Constitution, and other states have enacted Freedom of Choice Acts, which ensure that a woman's right to choose will remain protected if anti-choice politicians continue dismantling the protections established in *Roe*. However, it's important to note that if a federal nationwide ban were upheld by the court, these state-level pro-choice policies would be nullified.

ABORTION RIGHTS: Protections

STATE CONSTITUTIONAL PROTECTIONS



CURRENT PRO-CHOICE STATE MEASURES:

15 STATES' constitutions provide greater protection of a woman's right to choose than does the federal Constitution: **AK, AZ, CA, CT, FL, IL, IN, MA, MN, MT, NJ, NM, OR, VT, WV.**

FREEDOM OF CHOICE ACTS (FOCA)



CURRENT PRO-CHOICE STATE MEASURES:

7 STATES have codified a woman's right to choose, making the protections of *Roe v. Wade* part of state law: **CA, CT, HI, ME, MD, NV, WA.**

- **3 OF THESE STATES** enacted these measures by ballot initiative: **MD, NV, WA.**

ABORTION RIGHTS: Bans

ABORTION BANS THROUGHOUT PREGNANCY

ABORTION BANS BY WEEK:

Bans abortion at a certain week of pregnancy



CURRENT ANTI-CHOICE STATE MEASURES:

17 STATES ban abortion after 20 weeks without an adequate health exception: **AL, AZ*, AR, GA, ID, IN, KS, LA, MS, NE, ND, OK, SC, SD, TX, WV, WI.**

- **2 OF THESE STATES'** bans on abortion after 20 weeks have been permanently enjoined: **AZ, ID.**

1 STATE has an unconstitutional and unenforceable ban on abortion after 12 weeks without an adequate health exception: **AR*.**

1 STATE has an unconstitutional and unenforceable ban on abortion as early as six weeks—before many women even know they are pregnant: **ND.**

** Note: Both Arizona's and Arkansas' law are written in such a way that they could apply two weeks earlier than is written in the statute.*



2016 ENACTED ANTI-CHOICE STATE MEASURES:

2 STATES enacted bans on abortion after 20 weeks without an adequate health exception: **SC, SD.**

ABORTION BANS BY PROCEDURE:

Bans a type of abortion procedure



CURRENT ANTI-CHOICE STATE MEASURES:

20 STATES have bans outlawing abortion procedures as early as 12 weeks, with no exception to protect a woman's health: **AL, AK, FL, ID, IL, IN, IA, KY, MI, MS, NE, NJ, ND, OK, RI, SC, SD, TN, WV, WI.** This type of ban mirrors the Federal Abortion Ban that became law in 2007 and supersedes the state laws.

1 STATE bans a safe abortion procedure with only a narrow health exception: **OH.**

6 STATES specifically ban D&E, the most common type of second-trimester abortion procedure: **AL, LA, KS, MS, OK, WV.**



2016 ENACTED ANTI-CHOICE STATE MEASURES:

4 STATES enacted bans on D&E, the most common type of second-trimester abortion procedure: **AL, LA, MS, WV.**

NEAR-TOTAL ABORTION BANS



CURRENT ANTI-CHOICE STATE MEASURES:

11 STATES have unconstitutional and unenforceable near-total criminal bans on abortion: **AL, AZ, AR, DE, LA, MA, MI, MS, NM, OK, WV.**

- **1 OF THESE STATES'** bans was enacted after *Roe v. Wade*: **LA.**

4 STATES have laws that would impose near-total criminal bans on abortion if the Supreme Court overturns *Roe v. Wade* (sometimes known as "trigger" bans): **LA, MS, ND, SD.**

ABORTION RIGHTS: Bans

POST-VIABILITY BANS

NARAL Pro-Choice America supports the legal framework established in *Roe v. Wade* and does not oppose restrictions on post-viability abortion so long as they contain adequate exceptions to protect the woman's life and health. However, many states have bans with inadequate exceptions, no exceptions at all, or define viability as occurring at a particular point in pregnancy.



CURRENT ANTI-CHOICE STATE MEASURES:

19 STATES have post-viability abortion bans that have inadequate exceptions, lack the necessary exceptions altogether, or define viability as occurring at a particular point in pregnancy: **AL, DE, FL, ID, IN, KS, MA, MI, MT, NV, NJ, NC, ND, OH, PA, RI, TX, UT, VA.**

- **3 OF THESE STATES** have an unconstitutional and unenforceable post-viability ban: **DE, ID, NY.**

REASONS-BASED BANS

In yet another strategy to ban abortion by any means possible, anti-choice state governments have embraced a recent strategy to enact abortion bans that hold doctors legally liable for the reasons a woman may seek abortion care. These reasons may include the potential race and sex of the pregnancy or cases of fetal anomaly. These bans not only limit access, but force doctors to question a woman's motives for seeking abortion care—a tactic that does not belong in the doctor-patient relationship and should not be dictated by politicians.



CURRENT ANTI-CHOICE STATE MEASURES:

10 STATES have reasons-based bans on abortion: **AZ, IL, IN, KS, LA, NC, ND, OK, PA, SD.**

- **3 OF THESE STATES** ban abortion if sought for reasons of fetal anomaly: **IN, LA, ND.**
- **2 OF THESE STATES** ban abortion if sought because of the race or sex of the pregnancy: **AZ, IN.**
- **9 OF THESE STATES** ban abortion if sought because of the sex of the pregnancy*: **AZ, IL, IN, KS, NC, ND, OK, PA, SD.**

** In some states, doctors are criminally liable if they provide an abortion to a woman they even suspect of getting an abortion because of the race or sex of the fetus.*

BIASED COUNSELING & MANDATORY DELAYS

Biased-counseling and mandatory-delay measures prohibit women from receiving abortion care until they are subjected to a state-mandated lecture and/or materials, typically followed by a delay of at least 24 hours. Like any patient, a woman considering abortion should receive full and unbiased information from her doctor about her medical options. However, these measures require that women be provided with political propaganda and medically inaccurate information, such as the disproven claim that abortion causes breast cancer. Mandatory delays create additional burdens for women, especially women in rural areas who often have to travel for many hours to reach a health-care provider, and women who do not have the resources to take extra time off work or pay for child care. Biased-counseling measures are insulting to women, implying they are not capable of making decisions for themselves, and insert politicians intrusively into the doctor-patient relationship.

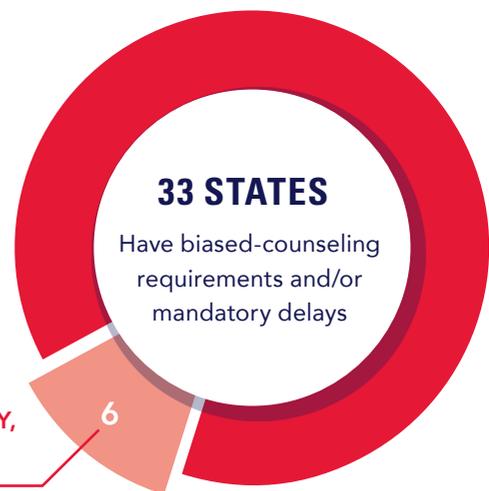


CURRENT STATE MEASURES:

33 STATES have laws that subject women seeking abortion services to biased-counseling requirements and/or mandatory delays: **AL, AK, AZ, AR, DE, FL, GA, ID, IN, KS, KY, LA, MA, MI, MN, MS, MO, MT, NE, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI.**

- **OF THESE STATES:**

6 STATES' laws have been found fully or partially unconstitutional: **AZ, DE, FL, KY, MA, MT.**



2016 ENACTED STATE MEASURES:

2 STATES enacted 2 measures related to biased counseling and/or mandatory delays: **LA, SD.**

CLINIC PROTECTIONS

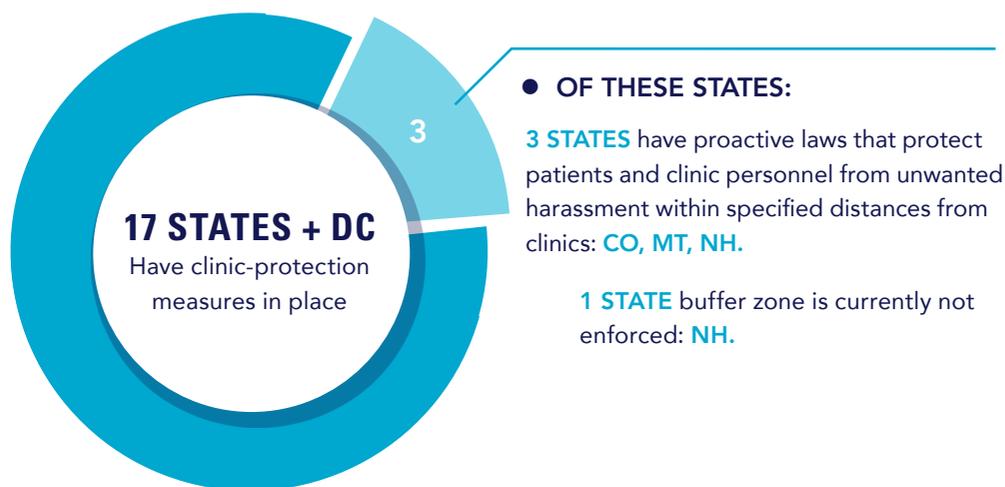
Women and abortion providers' painful, real-world experiences have shown that general measures prohibiting violence and intimidation do not provide sufficient protection against the unlawful and often violent tactics used by some opponents of choice to harass the patients and staff at health centers. Both the long history of clinic violence and the recent increase in threats and violence against reproductive-health patients and providers—like the tragic shooting at a Colorado Springs clinic in 2015—demonstrate that additional protections are necessary.

Measures protecting women and providers from violence and intimidation are critical to preserving the right to choose and ensuring that reproductive-health clinics remain operable. While most states that protect against clinic violence have laws that criminalize interference with access to health-care facilities, some have proactive laws—bubble zones—that guarantee staff and patients can enter clinics without obstruction.



CURRENT STATE MEASURES:

17 STATES AND THE DISTRICT OF COLUMBIA have measures that protect health-care facilities, providers, and/or patients from blockades, harassment, and/or other anti-choice violence: **CA, CO, CT, DC, KS, ME, MD, MA, MI, MN, MT, NV, NH, NY, NC, OR, WA, WI.**



2016 ENACTED STATE MEASURES:

1 STATE enacted 1 measure that improves safety protections for women and reproductive-health providers: **CA.**

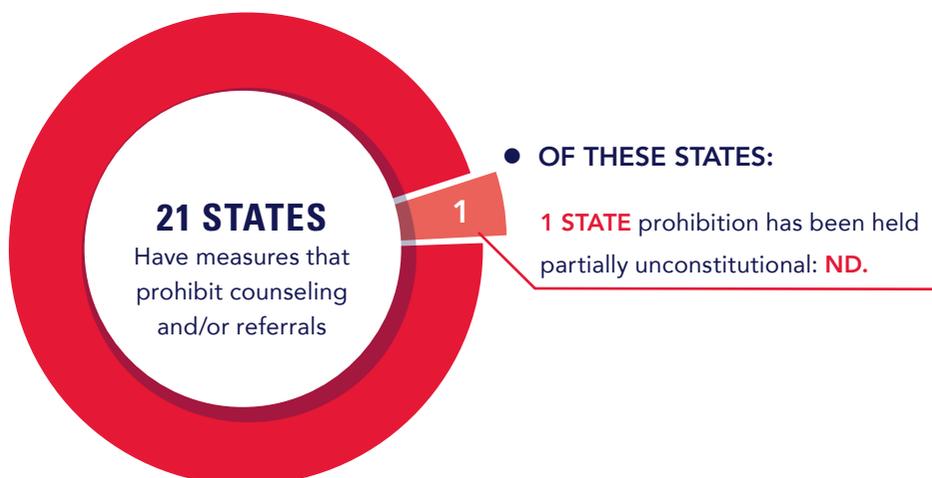
COUNSELING & REFERRAL BANS

To make informed health-care decisions, patients must have access to full, complete, and accurate information about their options. This is a bedrock principle of medical care in a free society. Women seeking reproductive-health care are no different. Counseling and referral bans typically prohibit organizations that receive state and/or federal funds from counseling or referring women for abortion services, and consequently severely limit women's ability to make informed decisions.



CURRENT STATE MEASURES:

21 STATES have measures that prohibit some or all state employees or organizations that receive state funds from providing, counseling, or referring women for abortion services: **AL, AZ, AR, IL, IN, KS, KY, LA, MI, MN, MS, MO, NE, ND, OH, OK, PA, SC, TX, VA, WI.**



2016 ENACTED STATE MEASURES:

6 STATES enacted 8 measures that prohibit organizations receiving public funds from counseling or referring for abortion: **AR, MI, MO, OH, OK, PA.**

CRISIS PREGNANCY CENTERS

All patients deserve comprehensive, unbiased, and medically accurate information when seeking medical care. Women seeking pregnancy-related information are no different. Determined to block as many women as possible from considering abortion, anti-choice activists have set up a nationwide network of fake “clinics” known as crisis pregnancy centers (CPCs), which often pose as comprehensive reproductive-health centers. CPCs use a variety of tactics to lure women into their centers, including false or misleading advertising and promises of free services. Once inside, CPCs intentionally misinform and mislead women, all toward the goal of blocking women from exercising their right to choose.

While they may seem harmless, CPCs do not operate alone. They are allied with powerful national anti-choice organizations and politicians—and many states enact policies that support CPCs, making it more difficult for women to get legitimate reproductive-health care. Several states fund CPCs directly. Many others refer women to CPCs or even require women to visit a CPC before they can get abortion care. Some anti-choice legislatures also funnel money to CPCs through “Choose Life” license-plate programs.

Thankfully, pro-choice lawmakers recognize this threat to women’s reproductive health and have begun enacting legislation to protect women from CPCs’ worst practices. These laws ensure that women have accurate information about the full range of reproductive-health services available to them and even fund comprehensive reproductive-health centers through pro-choice license-plate programs. Regardless of one’s opinion on legal abortion, everyone should agree that no person seeking medical care or counseling should be manipulated, harassed, or lied to.



CURRENT PRO-CHOICE STATE MEASURES:

2 STATES have measures opposing CPCs: **CA, VA.**

- **1 STATE** has a pro-choice license-plate program: **VA.**
- **1 STATE** protects women from CPCs’ worst practices: **CA.**



CURRENT ANTI-CHOICE STATE MEASURES:

27 STATES have measures supporting CPCs: **AL, AZ, AR, FL, GA, ID, IN, KS, LA, MI, MN, MS, MO, NE, NM, NC, ND, OH, OK, PA, SC, SD, TN, TX, VA, WV, WI.**

- **14 STATES** fund CPCs directly*: **GA, IN, KS, LA, MI, MN, MO, NM, NC, ND, OH, PA, TX, WI.**
- **1 STATE** has 1 unenforceable law that forces women to go to a CPC: **SD.**
- **21 STATES** refer women to CPCs: **AZ, AR, FL, GA, ID, KS, LA, MN, MS, NE, NC, ND, OH, OK, PA, SC, SD, TX, VA, WV, WI.**
- **15 STATES** have “Choose Life” license-plate programs: **AL, AR, FL, GA, LA, MS, MO, NC, OH, OK, SC, TN, TX, VA, WI.**
- **1 STATE** makes it harder to distinguish CPCs from legitimate reproductive-health clinics: **SD.**



2016 ENACTED ANTI-CHOICE STATE MEASURES:

8 STATES enacted 8 measures supporting CPCs: **GA, ID, IN, MI, MO, OK, SD, WI.**

* Because the details of budget expenditures are not always publicly available, the process of researching and documenting current measures is ongoing.

EMERGENCY CONTRACEPTION

Emergency contraception (EC), often referred to as the “morning-after” pill, is birth control that can significantly reduce a woman’s chance of becoming pregnant if taken soon after sex. EC can prevent a pregnancy before it occurs; it has no effect on an existing pregnancy. It is not the abortion pill commonly known as RU 486. It may be used when other birth-control methods fail or in cases when birth control is not used, such as when a woman is sexually assaulted. The Food and Drug Administration has approved EC medications for over-the-counter sale to individuals of all ages. Unfortunately, many women do not know about the benefits of EC, and anti-choice groups have fought efforts to improve access to it.



CURRENT STATE MEASURES:

19 STATES and the DISTRICT OF COLUMBIA have laws and/or policies that improve women’s access to EC: **AR, CA, CO, CT, DC, HI, IL, MD, MA, MN, NJ, NM, NY, OR, PA, SC, TX, UT, WA, WI.**

- **OF THESE STATES:**

17 STATES and the DISTRICT OF COLUMBIA have laws that improve sexual-assault survivors’ access to EC in hospitals: **AR, CA, CO, CT, DC, HI, IL, MA, MN, NJ, NM, NY, OR, SC, TX, UT, WA, WI.**

1 OF THESE STATES has an EC-in-the-ER law that includes such a significant refusal clause that it makes access to the medication effectively unavailable: **PA.**



INSURANCE COVERAGE & ABORTION

Insurance coverage is critical to ensuring access to health-care services. Without it, women are forced to bear the cost of their reproductive-health care entirely on their own even if they have paid for health insurance. However, some insurers object to, or are prohibited from, including coverage of abortion services in their health plans. Anti-choice legislators have enacted laws that prohibit insurance companies from covering abortion services for public employees, in the state insurance exchanges, and even in the entire private insurance market. Treating insurance coverage for abortion differently than other health care can put the procedure financially out of reach for some women—which is the laws' exact purpose.

Conversely, measures that guarantee coverage for abortion services ensure that women have access to safe, comprehensive care. Such laws recognize that abortion is part of a range of reproductive-health services and should be treated no differently.



CURRENT PRO-CHOICE STATE MEASURES:

1 STATE has 1 measure guaranteeing insurance coverage for abortion services: **CA**.



CURRENT ANTI-CHOICE STATE MEASURES:

29 STATES prohibit insurance plans from covering abortion services for all or some residents of the state: **AL, AZ, AR, CO, FL, GA, ID, IL, IN, KS, KY, LA, MA, MI, MS, MO, NE, NC, ND, OH, OK, PA, RI, SC, SD, TN, UT, VA, WI**.

- **11 STATES** expressly prohibit abortion coverage in the entire private insurance market: **ID, IN, KS, KY, MI, MO, NE, ND, OK, RI, UT**.
1 of these laws is unconstitutional: **RI**.
- **23 STATES** expressly prohibit abortion coverage in state insurance exchanges: **AL, AZ, AR, FL, GA, ID, IN, KS, LA, MI, MS, MO, NE, NC, OH, OK, PA, SC, SD, TN, UT, VA, WI**.
- **17 STATES** expressly prohibit abortion coverage for public employees: **AZ, AR, CO, GA, IL, KS, KY, MA, MS, NE, NC, ND, OH, PA, RI, SC, VA**.

INSURANCE COVERAGE & CONTRACEPTION

Measures promoting insurance coverage for contraception are crucial to women's reproductive health. It used to be legal in many states for insurance companies to refuse to cover birth control, but thanks to the Affordable Care Act (ACA), insurance plans must cover women's family-planning care, including all Food and Drug Administration-approved contraceptive methods, without copayments or deductibles. Now, however, the ACA's contraceptive-coverage policy, which benefited millions of women, is at great risk from the incoming, extremely anti-choice Trump/Pence administration. It remains to be seen whether the policy will survive in its current form—or indeed, at all.

Given the uncertainty at the federal level, it is even more important that many states have policies that promote and improve insurance coverage for contraception. One such policy is known as contraceptive equity: insurers must cover prescription contraception to the same extent as other medications. Some states have gone even further and have built upon the federal birth-control policy by requiring that insurers cover an even broader range of contraceptives without cost-sharing and/or cover a year's supply of contraception dispensed at once. These measures are an important backstop to the federal law and allow states to ensure more robust coverage of contraception.



CURRENT STATE MEASURES:

27 STATES ensure equity in private insurance coverage for prescription contraception: **AZ, AR, CA, CO, CT, DE, GA, HI, IL, IA, ME, MD, MA, MI, MT, NV, NH, NJ, NM, NY, NC, OR, RI, VT, WA, WV, WI.**

3 STATES also require that health-insurance plans cover cost-free each unique contraceptive product: **CA, IL, MD.**

6 STATES and the DISTRICT OF COLUMBIA also require that health-insurance plans cover multiple months of contraception dispensed at once: **CA, DC, HI, IL, MD, OR, VT.**

- **5 STATES and the DISTRICT OF COLUMBIA** require coverage of 12 months of contraception dispensed at once: **CA, DC, HI, IL, OR, VT.**
- **1 STATE** requires coverage of 6 months of contraception dispensed at once: **MD.**



2016 ENACTED STATE MEASURES:

2 STATES enacted 2 measures that require health-insurance plans to cover cost-free each unique contraceptive product: **IL, MD.**

5 STATES enacted 5 measures that require health-insurance plans to cover multiple months of contraception dispensed at once: **CA, HI, IL, MD, VT.**

LOW-INCOME WOMEN & ABORTION

All women should have access to reproductive-health care, including abortion, regardless of their economic status. Several states have no restrictions on public funding for abortion, which allows women who rely on the government for health insurance to obtain a full range of health-care services. However, the federal government and many states restrict abortion coverage in Medicaid and other public health-care programs. These policies have the effect of discriminating against women who receive public health insurance and create a two-tiered system of reproductive freedom, with one set of rights for wealthy women and another set for those with lesser means.

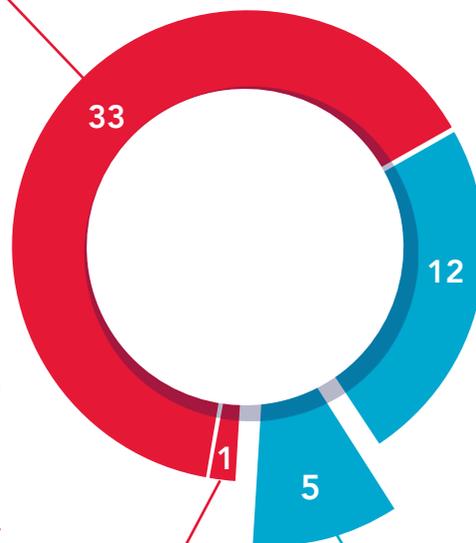


CURRENT STATE MEASURES:

32 STATES and the DISTRICT OF COLUMBIA restrict low-income women's access to abortion in almost all cases (exceptions only for life endangerment, rape, and incest): **AL, AR, CO, DE, DC, FL, GA, ID, IN, IA, KS, KY, LA, ME, MI, MS, MO, NE, NV, NH, NC, ND, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WY.**

- **6 OF THESE STATES** fund abortion services for low-income women in extremely limited circumstances beyond life endangerment, rape, and incest: **IN, IA, MS, UT, VA, WI.**

1 STATE restricts low-income women's access to abortion without exception, in violation of federal law: **SD.**



12 STATES fund abortion services for low-income women beyond life endangerment, rape, and incest: **AK, AZ, IL, MD, MA, MN, MT, NJ, NM, NY, VT, WV.**

5 STATES impose no restrictions on low-income women's abortion services: **CA, CT, HI, OR, WA.**

LOW-INCOME WOMEN & CONTRACEPTION

All women should have access to basic reproductive-health care regardless of their income, but the high cost of health care and health insurance puts family-planning services financially out of reach for many. For these women, the Medicaid program is a vital safety net—but many who need Medicaid do not qualify for their state’s program because of limited-eligibility rules.

Traditionally, to try to remedy this problem, states apply for a waiver from the federal government to expand eligibility. Under the Affordable Care Act, now states may submit a State Plan Amendment (SPA) to expand access to their state’s family-planning program under Medicaid permanently. This type of change, as opposed to a waiver subject to continuous review and modification, has the potential to streamline enrollment and reduce administrative costs, making it a better policy option for many states. However, given the incoming Trump/Pence administration’s threat to repeal the ACA, all its guaranteed benefits may be changed or last altogether.

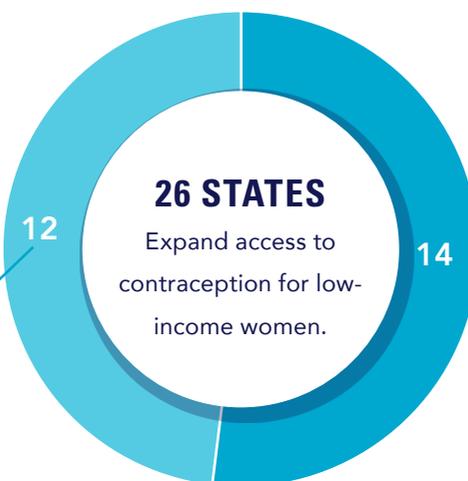


CURRENT STATE MEASURES:

26 STATES, as of August 2016, provided expanded access to Medicaid coverage for family-planning services: **AL, CA, CT, FL, GA, IN, IA, LA, ME, MD, MN, MS, MT, NH, NM, NY, NC, OK, OR, PA, RI, SC, VA, WA, WI, WY.**

● OF THESE STATES:

12 STATES provide this coverage through a waiver obtained from the federal government: **AL, FL, GA, IA, MD, MN, MS, MT, OR, RI, WA, WY.**



14 STATES provide this coverage through a SPA: **CA, CT, IN, LA, ME, NH, NM, NY, NC, OK, PA, SC, VA, WI.**

2 STATES and the **DISTRICT OF COLUMBIA** cover 12 months of contraception dispensed at once: **CA, DC, WA.**

6 STATES provide Medicaid coverage of over-the-counter emergency contraception: **IL, MD, NM, NY, OR, WA.**



2016 ENACTED STATE MEASURES:

3 STATES enacted 3 measures expanding access to family planning to low-income women and men: **CA, ME, PA.**

REFUSALS & GUARANTEES OF MEDICAL CARE

Unable to make abortion illegal, anti-choice lawmakers have enacted a wide variety of laws to try to make the procedure—and other reproductive-health services—unavailable. One such measure is called a “refusal” law; typically such measures allow a broad range of individuals and institutions—including hospitals, health-care providers, pharmacists, employers, and insurance companies—to refuse to provide, pay for, cover, counsel for, or even refer patients for medical treatment. Although carefully crafted refusal laws may be acceptable in some circumstances to protect individuals who oppose certain treatments, health-care corporations should not be allowed to deny women access to necessary medical services and information.

Some states have taken action to protect women from refusal laws. These measures guarantee that women can get the reproductive-health care they need. For example, in response to multiple reports of hostile, anti-choice pharmacists, some states enacted measures requiring pharmacies to fill legal birth-control prescriptions. States also are taking steps to protect women from employers that fire workers because they don’t approve of their private, reproductive-health decisions, such as using birth control or IVF. When a woman makes a medical decision, she should be able to receive the care recommended by her doctor without interference or punishment from any third party.



CURRENT PRO-CHOICE STATE MEASURES:

7 STATES guarantee that women’s birth-control prescriptions will be filled: **CA, IL, ME, NV, NJ, WA, WI.**

1 STATE and the DISTRICT of COLUMBIA guarantee that employees cannot be discriminated against because of a reproductive-health decision: **DE, DC.**



2016 ENACTED PRO-CHOICE STATE MEASURES:

1 STATE enacted 1 measure guaranteeing that employees cannot be discriminated against because of a reproductive-health decision: **DE.**



CURRENT ANTI-CHOICE STATE MEASURES:

47 STATES and the DISTRICT OF COLUMBIA allow certain individuals or organizations to refuse to provide women specific reproductive-health services, information, or referrals: **AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY.**

YOUNG WOMEN & ABORTION

Most young women talk with at least one parent when facing an unintended pregnancy. But some young women feel for various reasons—including abuse, rape, or incest—that they cannot. Placing restrictions on a young woman’s access to abortion can delay her from seeking earlier, safer care, thus putting her health at risk. Of course, most parents hope their daughters will seek out their advice and support, but responsible parents want, above all, for their daughters to be safe.



CURRENT STATE MEASURES:

44 STATES have parental-notice or -consent measures that restrict young women’s access to abortion: **AL, AK, AZ, AR, CA, CO, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY.**

- ⌘ **30 STATES** require parental consent: **AL, AZ, AR, CA, ID, IN, KS, KY, LA, ME, MA, MI, MS, MO, MT, NE, NM, NC, ND, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WY.**
- ⌘ **19 STATES** require parental notice: **AK, CO, DE, FL, GA, IL, IA, MD, MN, NV, NH, NJ, OK, SD, TX, UT, VA, WV, WY.**
- ⌘ **12 STATES** have parental-notice and/or -consent measures that, in some cases, permit other trusted adults to stand in for a parent: **AZ, CO, DE, IL, IA, ME, NC, NE, PA, SC, VA, WI.**
- ⌘ **5 STATES** require both parental notice and consent: **OK, TX, UT, VA, WY.**
- ⌘ **6 OF THESE LAWS** have been found unconstitutional and unenforceable: **AK, CA, MT, NV, NJ, NM.**

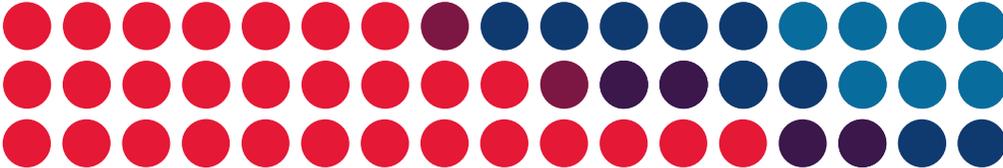


2016 ENACTED STATE MEASURES:

2 STATES enacted 3 measures restricting young women’s access to abortion: **GA, KY.**

State Profiles

HOW EACH STATE MEASURES UP





ALABAMA

ACCESS FACT: 93% of Alabama counties have no abortion clinic.*

Political Information

Executive

Gov. Robert Bentley (R) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ○

Restrictions ●

Abortion Rights

Protections ○

Bans Throughout Pregnancy ●

Near-Total and/or Post-Viability Bans ●

Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage ○

Bans ●

Low-Income Women & Abortion

Funds ○

Bans ●

Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception ○

Low-Income Women & Contraception ●

Emergency Contraception ○

Other Important Issues

Clinic Protections ○

Crisis Pregnancy Centers

Regulates ○

Supports ●

Refusals & Guarantees

Guarantees ○

Refusals ○

Counseling & Referral Bans ●

COLOR KEY:

● anti-choice ● pro-choice ● mixed-choice

SYMBOL KEY:

- Measures have a strong impact or are in full effect.
- ◐ Measures have a less strong impact or are partially in effect.
- Measures have no impact, no measures are in place, or measures are completely enjoined.

To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

ALASKA



PROTECTED ACCESS

ACCESS FACT: 90% of Alaska counties have no abortion clinic.*

Political Information

Executive	
Gov. Bill Walker (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	●
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	◐
Mandatory Delays	○
Insurance Coverage & Abortion	
Coverage	○
Bans	○
Low-Income Women & Abortion	
Funds	◐
Bans	○
Young Women & Abortion	○

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	○
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
Guarantees	○
Refusals	◐
Counseling & Referral Bans	○

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@NARAL

*SOURCE: Guttmacher Institute



ARIZONA

ACCESS FACT: 67% of Arizona counties have no abortion clinic.*

Political Information

Executive

Gov. Doug Ducey (R)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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STATE AFFILIATE:

NARAL Pro-Choice Arizona

www.prochoicearizona.org

@ProChoiceAZ

*SOURCE: Guttmacher Institute

ARKANSAS

ACCESS FACT: 97% of Arkansas counties have no abortion clinic.*



Political Information

Executive	
Gov. Asa Hutchinson (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	●
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	○
Biased Counseling	●
Mandatory Delays	●
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	◐
Low-Income Women & Contraception	○
Emergency Contraception	◐

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	◑

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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute



CALIFORNIA

ACCESS FACT: 45% of California counties have no abortion clinic.*

Political Information

Executive	
Gov. Jerry Brown (D)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	●
Restrictions	◐
Abortion Rights	
Protections	●
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	
	○
Mandatory Delays	
	○
Insurance Coverage & Abortion	
Coverage	●
Bans	○
Low-Income Women & Abortion	
Funds	●
Bans	○
Young Women & Abortion	
	○

Family-Planning Policies

Insurance Coverage & Contraception	●
Low-Income Women & Contraception	●
Emergency Contraception	●

Other Important Issues

Clinic Protections	◐
Crisis Pregnancy Centers	
Regulates	◐
Supports	○
Refusals & Guarantees	
Guarantees	◐
Refusals	●
Counseling & Referral Bans	○

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STATE AFFILIATE:

NARAL Pro-Choice California

www.prochoicecalifornia.org

@ProChoiceCA

*SOURCE: Guttmacher Institute

COLORADO



ACCESS FACT: 78% of Colorado counties have no abortion clinic.*

Political Information

Executive	
Gov. John Hickenlooper (D)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	○
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	○
Mandatory Delays	○
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	●
Low-Income Women & Contraception	○
Emergency Contraception	●

Other Important Issues

Clinic Protections	●
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
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Counseling & Referral Bans	○

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STATE AFFILIATE:

NARAL Pro-Choice Colorado

www.prochoicecolorado.org

[@NARALColorado](https://twitter.com/NARALColorado)

*SOURCE: Guttmacher Institute



CONNECTICUT

ACCESS FACT: 13% of Connecticut counties have no abortion clinic.*

Political Information

Executive	
Gov. Dannel Malloy (D)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	◐
Restrictions	◑
Abortion Rights	
Protections	●
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	
	○
Mandatory Delays	
	○
Insurance Coverage & Abortion	
Coverage	◐
Bans	○
Low-Income Women & Abortion	
Funds	●
Bans	○
Young Women & Abortion	
	○

Family-Planning Policies

Insurance Coverage & Contraception	◐
Low-Income Women & Contraception	◐
Emergency Contraception	●

Other Important Issues

Clinic Protections	
	◐
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	
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STATE AFFILIATE:

NARAL Pro-Choice Connecticut

www.prochoicect.org

@ProChoiceCT

*SOURCE: Guttmacher Institute

DELAWARE



ACCESS FACT: 33% of Delaware counties have no abortion clinic.*

Political Information

Executive	
Gov. John Carney (D)	
Legislative	
State Senate	
State House	

Abortion-Care Policies

Abortion Providers	
Expansions	
Restrictions	
Abortion Rights	
Protections	
Bans Throughout Pregnancy	
Near-Total and/or Post-Viability Bans	
Biased Counseling	
Mandatory Delays	
Insurance Coverage & Abortion	
Coverage	
Bans	
Low-Income Women & Abortion	
Funds	
Bans	
Young Women & Abortion	

Family-Planning Policies

Insurance Coverage & Contraception	
Low-Income Women & Contraception	
Emergency Contraception	

Other Important Issues

Clinic Protections	
Crisis Pregnancy Centers	
Regulates	
Supports	
Refusals & Guarantees	
Guarantees	
Refusals	
Counseling & Referral Bans	

COLOR KEY:

anti-choice pro-choice mixed-choice

SYMBOL KEY:

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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

DISTRICT OF COLUMBIA

NO GRADE**

ACCESS FACT: The number of abortion clinics in the District of Columbia increased by 25% from 2008 to 2011*

Political Information

Executive

Mayor Muriel Bowser (D) 

Legislative

City Council 

Family-Planning Policies

Insurance Coverage & Contraception 

Low-Income Women & Contraception 

Emergency Contraception 

Abortion-Care Policies

Abortion Providers

Expansions 

Restrictions 

Abortion Rights

Protections 

Bans Throughout Pregnancy 

Near-Total and/or Post-Viability Bans 

Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage 

Bans 

Low-Income Women & Abortion

Funds 

Bans 

Young Women & Abortion



Other Important Issues

Clinic Protections 

Crisis Pregnancy Centers

Regulates 

Supports 

Refusals & Guarantees

Guarantees 

Refusals 

Counseling & Referral Bans 

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www.naral.org

 @NARAL

**NOTE: Because Congress routinely interferes with the District of Columbia's local abortion-related policy, no local grade is given.

*SOURCE: Guttmacher Institute

FLORIDA

ACCESS FACT: 73% of Florida counties have no abortion clinic.*



Political Information

Executive

Gov. Rick Scott (R)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute



GEORGIA

ACCESS FACT: 96% of Georgia counties have no abortion clinic.*

Political Information

Executive	
Gov. Nathan Deal (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	○
Biased Counseling	◐
Mandatory Delays	◐
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	◐
Low-Income Women & Contraception	◐
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	○

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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

HAWAII

ACCESS FACT: 40% of Hawaii counties have no abortion clinic.*



Political Information

Executive	
Gov. David Ige (D)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	●
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	○
Mandatory Delays	○
Insurance Coverage & Abortion	
Coverage	○
Bans	○
Low-Income Women & Abortion	
Funds	●
Bans	○
Young Women & Abortion	○

Family-Planning Policies

Insurance Coverage & Contraception	●
Low-Income Women & Contraception	○
Emergency Contraception	●

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	○

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To get involved, please visit:

www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute



IDAHO

ACCESS FACT: 95% of Idaho counties have no abortion clinic.*

Political Information

Executive

Gov. Clement Leroy "Butch" Otter (R) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ○

Restrictions ●

Abortion Rights

Protections ○

Bans Throughout Pregnancy ○

Near-Total and/or Post-Viability Bans ○

Biased Counseling ●

Mandatory Delays ●

Insurance Coverage & Abortion

Coverage ○

Bans ●

Low-Income Women & Abortion

Funds ○

Bans ●

Young Women & Abortion ●

Family-Planning Policies

Insurance Coverage & Contraception ○

Low-Income Women & Contraception ○

Emergency Contraception ○

Other Important Issues

Clinic Protections ○

Crisis Pregnancy Centers

Regulates ○

Supports ●

Refusals & Guarantees

Guarantees ○

Refusals ●

Counseling & Referral Bans ○

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To get involved, please visit:

www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute

ILLINOIS



ACCESS FACT: 92% of Illinois counties have no abortion clinic.*

Political Information

Executive	
Gov. Bruce Rauner (R)	
Legislative	
State Senate	
State House	

Abortion-Care Policies

Abortion Providers	
Expansions	
Restrictions	
Abortion Rights	
Protections	
Bans Throughout Pregnancy	
Near-Total and/or Post-Viability Bans	
Biased Counseling	
Mandatory Delays	
Insurance Coverage & Abortion	
Coverage	
Bans	
Low-Income Women & Abortion	
Funds	
Bans	
Young Women & Abortion	

Family-Planning Policies

Insurance Coverage & Contraception	
Low-Income Women & Contraception	
Emergency Contraception	

Other Important Issues

Clinic Protections	
Crisis Pregnancy Centers	
Regulates	
Supports	
Refusals & Guarantees	
Guarantees	
Refusals	
Counseling & Referral Bans	

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STATE AFFILIATE:

Illinois Choice Action Team

www.ilchoiceactionteam.org

@ICATIllinois

*SOURCE: Guttmacher Institute



INDIANA

ACCESS FACT: 93% of Indiana counties have no abortion clinic.*

Political Information

Executive

Gov. Eric Holcomb (R) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ○

Restrictions ●

Abortion Rights

Protections ●

Bans Throughout Pregnancy ●

Near-Total and/or Post-Viability Bans ●

Biased Counseling

Mandatory Delays

Insurance Coverage & Abortion

Coverage ○

Bans ●

Low-Income Women & Abortion

Funds ○

Bans ●

Young Women & Abortion

Family-Planning Policies

Insurance Coverage & Contraception ○

Low-Income Women & Contraception ●

Emergency Contraception ○

Other Important Issues

Clinic Protections ○

Crisis Pregnancy Centers

Regulates ○

Supports ●

Refusals & Guarantees

Guarantees ○

Refusals ●

Counseling & Referral Bans

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To get involved, please visit:

www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute

IOWA



ACCESS FACT: 85% of Iowa counties have no abortion clinic.*

Political Information

Executive

Gov. Terry Branstad (R) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ○

Restrictions ●

Abortion Rights

Protections ○

Bans Throughout Pregnancy ○

Near-Total and/or Post-Viability Bans ○

Biased Counseling

○

Mandatory Delays

○

Insurance Coverage & Abortion

Coverage ○

Bans ○

Low-Income Women & Abortion

Funds ○

Bans ●

Young Women & Abortion

●

Family-Planning Policies

Insurance Coverage & Contraception ○

Low-Income Women & Contraception ○

Emergency Contraception ○

Other Important Issues

Clinic Protections ○

Crisis Pregnancy Centers

Regulates ○

Supports ○

Refusals & Guarantees

Guarantees ○

Refusals ●

Counseling & Referral Bans ○

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www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute



KANSAS

ACCESS FACT: 98% of Kansas counties have no abortion clinic.*

Political Information

Executive

Gov. Sam Brownback (R) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ○

Restrictions ○

Abortion Rights

Protections ○

Bans Throughout Pregnancy ●

Near-Total and/or Post-Viability Bans ●

Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage ○

Bans ●

Low-Income Women & Abortion

Funds ○

Bans ●

Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception ○

Low-Income Women & Contraception ○

Emergency Contraception ○

Other Important Issues

Clinic Protections ●

Crisis Pregnancy Centers

Regulates ○

Supports ●

Refusals & Guarantees

Guarantees ○

Refusals ●

Counseling & Referral Bans ●

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To get involved, please visit:

www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute

KENTUCKY

ACCESS FACT: 98% of Kentucky counties have no abortion clinic.*



Political Information

Executive	
Gov. Matt Bevin (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	◐
Mandatory Delays	◐
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	○
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute



LOUISIANA

ACCESS FACT: 92% of Louisiana counties have no abortion clinic.*

Political Information

Executive

Gov. John Bel Edwards (D) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ○

Restrictions ●

Abortion Rights

Protections ○

Bans Throughout Pregnancy ●

Near-Total and/or Post-Viability Bans ●

Biased Counseling

Mandatory Delays

Insurance Coverage & Abortion

Coverage ○

Bans ●

Low-Income Women & Abortion

Funds ○

Bans ●

Young Women & Abortion

To get involved, please visit:

www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute

Family-Planning Policies

Insurance Coverage & Contraception ○

Low-Income Women & Contraception ●

Emergency Contraception ○

Other Important Issues

Clinic Protections ○

Crisis Pregnancy Centers

Regulates ○

Supports ●

Refusals & Guarantees

Guarantees ○

Refusals ●

Counseling & Referral Bans

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MAINE



PROTECTED ACCESS

ACCESS FACT: 81% of Maine counties have no abortion clinic.*

Political Information

Executive	
Gov. Paul LePage (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	●
Abortion Rights	
Protections	●
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	
	○
Mandatory Delays	
	○
Insurance Coverage & Abortion	
Coverage	○
Bans	○
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	
	●

Family-Planning Policies

Insurance Coverage & Contraception	●
Low-Income Women & Contraception	●
Emergency Contraception	○

Other Important Issues

Clinic Protections	●
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
Guarantees	●
Refusals	●
Counseling & Referral Bans	○

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[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute



PROTECTED ACCESS

MARYLAND

ACCESS FACT: 67% of Maryland counties have no abortion clinic.*

Political Information

Executive

Gov. Larry Hogan (R)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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STATE AFFILIATE:

NARAL Pro-Choice Maryland

www.prochoicemaryland.org

@ProChoiceMD

*SOURCE: Guttmacher Institute

MASSACHUSETTS



ACCESS FACT: 36% of Massachusetts counties have no abortion clinic.*

Political Information

Executive

Gov. Charles Baker (R)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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STATE AFFILIATE:

NARAL Pro-Choice Massachusetts

www.prochoicemass.org

[@ProChoiceMass](https://twitter.com/ProChoiceMass)

*SOURCE: Guttmacher Institute



MICHIGAN

ACCESS FACT: 86% of Michigan counties have no abortion clinic.*

Political Information

Executive	
Gov. Rick Snyder (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	◐
Biased Counseling	●
Mandatory Delays	●
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	◐
Low-Income Women & Contraception	○
Emergency Contraception	○

Other Important Issues

Clinic Protections	◐
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

COLOR KEY:

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

MINNESOTA



ACCESS FACT: 95% of Minnesota counties have no abortion clinic.*

Political Information

Executive

Gov. Mark Dayton (D)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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STATE AFFILIATE:

NARAL Pro-Choice Minnesota

www.prochoiceminnesota.org

@ProChoiceMN

*SOURCE: Guttmacher Institute



MISSISSIPPI

ACCESS FACT: 99% of Mississippi counties have no abortion clinic.*

Political Information

Executive	
Gov. Phil Bryant (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	◐
Biased Counseling	●
Mandatory Delays	◐
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	◐
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

COLOR KEY:

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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

MISSOURI

ACCESS FACT: 97% of Missouri counties have no abortion clinic.*



Political Information

Executive	
Gov. Eric Greitens (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	●
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	●
Mandatory Delays	●
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	○
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

COLOR KEY:

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STATE AFFILIATE:

NARAL Pro-Choice Missouri

www.prochoicemissouri.org

[@ProChoiceMissouri](https://twitter.com/ProChoiceMissouri)

*SOURCE: Guttmacher Institute



MONTANA

ACCESS FACT: 89% of Montana counties have no abortion clinic.*

Political Information

Executive

Gov. Steve Bullock (D)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



COLOR KEY:

● anti-choice ● pro-choice ● mixed-choice

SYMBOL KEY:

- Measures have a strong impact or are in full effect.
- ◐ Measures have a less strong impact or are partially in effect.
- Measures have no impact, no measures are in place, or measures are completely enjoined.

STATE AFFILIATE:

NARAL Pro-Choice Montana

www.prochoicemontana.org

@ProChoiceMT

*SOURCE: Guttmacher Institute

NEBRASKA

ACCESS FACT: 97% of Nebraska counties have no abortion clinic.*



Political Information

Executive	
Gov. Pete Ricketts (R)	●
Legislative	
State Senate	●
State House**	

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	○
Biased Counseling	●
Mandatory Delays	◐
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	○
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	◐
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

COLOR KEY:

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**NOTE: No information is provided for the Nebraska House, since the state legislature is unicameral and its members are called state senators.

To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute



PROTECTED ACCESS

NEVADA

ACCESS FACT: 88% of Nevada counties have no abortion clinic.*

Political Information

Executive

Gov. Brian Sandoval (R)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

NEW HAMPSHIRE



ACCESS FACT: 50% of New Hampshire counties have no abortion clinic.*

Political Information

Executive	
Gov. Chris Sununu (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	●
Restrictions	●
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	●
Biased Counseling	●
Mandatory Delays	●
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	●
Low-Income Women & Contraception	●
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

COLOR KEY:

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- Measures have no impact, no measures are in place, or measures are completely enjoined.

To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute



PROTECTED ACCESS

NEW JERSEY

ACCESS FACT: 48% of New Jersey counties have no abortion clinic.*

Political Information

Executive

Gov. Chris Christie (R)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute

NEW MEXICO



PROTECTED ACCESS

ACCESS FACT: 94% of New Mexico counties have no abortion clinic.*

Political Information

Executive	
Gov. Susana Martinez (R)	●
Legislative	
State Senate	●
State House	●

Family-Planning Policies

Insurance Coverage & Contraception	●
Low-Income Women & Contraception	●
Emergency Contraception	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	●
Abortion Rights	
Protections	●
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	
	○
Mandatory Delays	
	○
Insurance Coverage & Abortion	
Coverage	○
Bans	○
Low-Income Women & Abortion	
Funds	●
Bans	○
Young Women & Abortion	
	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	○

COLOR KEY:

● anti-choice ● pro-choice ● mixed-choice

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- Measures have no impact, no measures are in place, or measures are completely enjoined.

To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute



PROTECTED ACCESS

NEW YORK

ACCESS FACT: 53% of New York counties have no abortion clinic.*

Political Information

Executive

Gov. Andrew Cuomo (D) 

Legislative

State Senate 

State House 

Abortion-Care Policies

Abortion Providers

Expansions 

Restrictions 

Abortion Rights

Protections 

Bans Throughout Pregnancy 

Near-Total and/or Post-Viability Bans 

Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage 

Bans 

Low-Income Women & Abortion

Funds 

Bans 

Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception 

Low-Income Women & Contraception 

Emergency Contraception 

Other Important Issues

Clinic Protections 

Crisis Pregnancy Centers

Regulates 

Supports 

Refusals & Guarantees

Guarantees 

Refusals 

Counseling & Referral Bans 

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 anti-choice  pro-choice  mixed-choice

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To get involved, please visit:

www.naral.org

 @NARAL

*SOURCE: Guttmacher Institute

NORTH CAROLINA

ACCESS FACT: 90% of North Carolina counties have no abortion clinic.*



Political Information

Executive	
Gov. Roy Cooper (D)	
Legislative	
State Senate	
State House	

Abortion-Care Policies

Abortion Providers	
Expansions	
Restrictions	
Abortion Rights	
Protections	
Bans Throughout Pregnancy	
Near-Total and/or Post-Viability Bans	
Biased Counseling	
Mandatory Delays	
Insurance Coverage & Abortion	
Coverage	
Bans	
Low-Income Women & Abortion	
Funds	
Bans	
Young Women & Abortion	

Family-Planning Policies

Insurance Coverage & Contraception	
Low-Income Women & Contraception	
Emergency Contraception	

Other Important Issues

Clinic Protections	
Crisis Pregnancy Centers	
Regulates	
Supports	
Refusals & Guarantees	
Guarantees	
Refusals	
Counseling & Referral Bans	

COLOR KEY:

anti-choice pro-choice mixed-choice

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STATE AFFILIATE:

NARAL Pro-Choice North Carolina

www.prochoicenc.org

@ProChoiceNC

*SOURCE: Guttmacher Institute



NORTH DAKOTA

ACCESS FACT: 98% of North Dakota counties have no abortion clinic.*

Political Information

Executive

Gov. Doug Burgum (R)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

OHIO

ACCESS FACT: 91% of Ohio counties have no abortion clinic.*



Political Information

Executive

Gov. John Kasich (R) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ○

Restrictions ●

Abortion Rights

Protections ○

Bans Throughout Pregnancy ○

Near-Total and/or Post-Viability Bans ●

Biased Counseling

●

Mandatory Delays

●

Insurance Coverage & Abortion

Coverage ○

Bans ●

Low-Income Women & Abortion

Funds ○

Bans ●

Young Women & Abortion

●

Family-Planning Policies

Insurance Coverage & Contraception ○

Low-Income Women & Contraception ○

Emergency Contraception ○

Other Important Issues

Clinic Protections ○

Crisis Pregnancy Centers

Regulates ○

Supports ●

Refusals & Guarantees

Guarantees ○

Refusals ●

Counseling & Referral Bans ●

COLOR KEY:

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STATE AFFILIATE:

NARAL Pro-Choice Ohio

www.prochoiceohio.org

[@ProChoiceOH](https://twitter.com/ProChoiceOH)

*SOURCE: Guttmacher Institute

*NOTE: Because the most recent nationwide data are from 2011, and anti-choice restrictions have gone into effect in Ohio since, the current percentage of counties with no abortion clinic may be greater. As of the date of this publication, several media outlets have reported that only 9 abortion clinics remain open in the state.



OKLAHOMA

ACCESS FACT: 96% of Oklahoma counties have no abortion clinic.*

Political Information

Executive	
Gov. Mary Fallin (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	●
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	○
Biased Counseling	●
Mandatory Delays	◐
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	◐
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	◐

COLOR KEY:

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To get involved, please visit:

www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute

OREGON



ACCESS FACT: 78% of Oregon counties have no abortion clinic.*

Political Information

Executive

Gov. Kate Brown (D) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ●

Restrictions ○

Abortion Rights

Protections ●

Bans Throughout Pregnancy ○

Near-Total and/or Post-Viability Bans ○

Biased Counseling

○

Mandatory Delays

○

Insurance Coverage & Abortion

Coverage ○

Bans ○

Low-Income Women & Abortion

Funds ●

Bans ○

Young Women & Abortion

○

Family-Planning Policies

Insurance Coverage & Contraception ●

Low-Income Women & Contraception ●

Emergency Contraception ●

Other Important Issues

Clinic Protections ●

Crisis Pregnancy Centers

Regulates ○

Supports ○

Refusals & Guarantees

Guarantees ○

Refusals ●

Counseling & Referral Bans ○

COLOR KEY:

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SYMBOL KEY:

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STATE AFFILIATE:

NARAL Pro-Choice Oregon

www.prochoiceoregon.org

[@ProChoiceOregon](https://twitter.com/ProChoiceOregon)

*SOURCE: Guttmacher Institute



PENNSYLVANIA

ACCESS FACT: 87% of Pennsylvania counties have no abortion clinic.*

Political Information

Executive	
Gov. Tom Wolf (D)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	◐
Biased Counseling	●
Mandatory Delays	◐
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	◐
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

COLOR KEY:

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www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

RHODE ISLAND

ACCESS FACT: 80% of Rhode Island counties have no abortion clinic.*



Political Information

Executive	
Gov. Gina Raimondo (D)	
Legislative	
State Senate	
State House	

Abortion-Care Policies

Abortion Providers	
Expansions	
Restrictions	
Abortion Rights	
Protections	
Bans Throughout Pregnancy	
Near-Total and/or Post-Viability Bans	
Biased Counseling	
Mandatory Delays	
Insurance Coverage & Abortion	
Coverage	
Bans	
Low-Income Women & Abortion	
Funds	
Bans	
Young Women & Abortion	

Family-Planning Policies

Insurance Coverage & Contraception	
Low-Income Women & Contraception	
Emergency Contraception	

Other Important Issues

Clinic Protections	
Crisis Pregnancy Centers	
Regulates	
Supports	
Refusals & Guarantees	
Guarantees	
Refusals	
Counseling & Referral Bans	

COLOR KEY:

anti-choice pro-choice mixed-choice

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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute



SOUTH CAROLINA

ACCESS FACT: 93% of South Carolina counties have no abortion clinic.*

Political Information

Executive

Gov. Nikki Haley (R) ●

Legislative

State Senate ●

State House ●

Abortion-Care Policies

Abortion Providers

Expansions ○

Restrictions ●

Abortion Rights

Protections ○

Bans Throughout Pregnancy ●

Near-Total and/or Post-Viability Bans ○

Biased Counseling ●

Mandatory Delays ●

Insurance Coverage & Abortion

Coverage ○

Bans ●

Low-Income Women & Abortion

Funds ○

Bans ●

Young Women & Abortion ●

Family-Planning Policies

Insurance Coverage & Contraception ○

Low-Income Women & Contraception ●

Emergency Contraception ●

Other Important Issues

Clinic Protections ○

Crisis Pregnancy Centers

Regulates ○

Supports ●

Refusals & Guarantees

Guarantees ○

Refusals ●

Counseling & Referral Bans ●

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To get involved, please visit:

www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute

SOUTH DAKOTA

ACCESS FACT: 98% of South Dakota counties have no abortion clinic.*



Political Information

Executive	
Gov. Dennis Daugaard (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	◐
Biased Counseling	●
Mandatory Delays	●
Insurance Coverage & Abortion	
Coverage	○
Bans	◐
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	○
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	○

COLOR KEY:

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STATE AFFILIATE:

NARAL Pro-Choice South Dakota

www.prochoicesd.org

[@NARALSD](https://twitter.com/NARALSD)

*SOURCE: Guttmacher Institute



TENNESSEE

ACCESS FACT: 96% of Tennessee counties have no abortion clinic*

Political Information

Executive	
Gov. Bill Haslam (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	◐
Mandatory Delays	●
Insurance Coverage & Abortion	
Coverage	○
Bans	◐
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	○
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	◐
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	○

COLOR KEY:

● anti-choice ○ pro-choice ◐ mixed-choice

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To get involved, please visit:

www.naral.org

[@NARAL](https://twitter.com/NARAL)

*SOURCE: Guttmacher Institute

TEXAS

ACCESS FACT: 97% of Texas counties have no abortion clinic.*



Political Information

Executive	
Gov. Greg Abbott (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	●
Near-Total and/or Post-Viability Bans	◐
Biased Counseling	◐
Mandatory Delays	●
Insurance Coverage & Abortion	
Coverage	○
Bans	◐
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

STATE AFFILIATE:

NARAL Pro-Choice Texas

www.prochoicetexas.org

[@NARALTX](https://twitter.com/NARALTX)

*SOURCE: Guttmacher Institute

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	○
Emergency Contraception	◐

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

COLOR KEY:

● anti-choice ● pro-choice ◐ mixed-choice

SYMBOL KEY:

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*NOTE: Because the most recent nationwide data are from 2011, and anti-choice restrictions went into effect in Texas since, the current percentage of counties with no abortion clinic is greater than the 93% that Guttmacher presents. In June 2016, the United States Supreme Court struck down two of the state's anti-choice restrictions; at the time of litigation, only 10 or fewer clinics remained in Texas. Even though these restrictions are no longer enforceable, it will take time for clinics to reopen.



UTAH

ACCESS FACT: 97% of Utah counties have no abortion clinic.*

Political Information

Executive	
Gov. Gary Herbert (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	●
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	◐
Biased Counseling	●
Mandatory Delays	●
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	○
Emergency Contraception	●

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	○

COLOR KEY:

● anti-choice ● pro-choice ● mixed-choice

SYMBOL KEY:

- Measures have a strong impact or are in full effect.
- ◐ Measures have a less strong impact or are partially in effect.
- Measures have no impact, no measures are in place, or measures are completely enjoined.

To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

VERMONT



ACCESS FACT: 79% of Vermont counties have no abortion clinic.*

Political Information

Executive	
Gov. Phil Scott (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	●
Restrictions	○
Abortion Rights	
Protections	●
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	
	○
Mandatory Delays	
	○
Insurance Coverage & Abortion	
Coverage	○
Bans	○
Low-Income Women & Abortion	
Funds	●
Bans	○
Young Women & Abortion	
	○

Family-Planning Policies

Insurance Coverage & Contraception	●
Low-Income Women & Contraception	○
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
Guarantees	○
Refusals	○
Counseling & Referral Bans	○

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@NARAL

*SOURCE: Guttmacher Institute



VIRGINIA

ACCESS FACT: 92% of Virginia counties have no abortion clinic.*

Political Information

Executive	
Gov. Terry McAuliffe (D)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	◐
Biased Counseling	●
Mandatory Delays	◐
Insurance Coverage & Abortion	
Coverage	○
Bans	●
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	◐

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	◐
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	◐
Supports	●
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	●

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STATE AFFILIATE:

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[@NARALVirginia](https://twitter.com/NARALVirginia)

*SOURCE: Guttmacher Institute

WASHINGTON

ACCESS FACT: 64% of Washington counties have no abortion clinic.*



STRONGLY PROTECTED ACCESS

Political Information

Executive	
Gov. Jay Inslee (D)	
Legislative	
State Senate	
State House	

Abortion-Care Policies

Abortion Providers	
Expansions	
Restrictions	
Abortion Rights	
Protections	
Bans Throughout Pregnancy	
Near-Total and/or Post-Viability Bans	
Biased Counseling	
Mandatory Delays	
Insurance Coverage & Abortion	
Coverage	
Bans	
Low-Income Women & Abortion	
Funds	
Bans	
Young Women & Abortion	

Family-Planning Policies

Insurance Coverage & Contraception	
Low-Income Women & Contraception	
Emergency Contraception	

Other Important Issues

Clinic Protections	
Crisis Pregnancy Centers	
Regulates	
Supports	
Refusals & Guarantees	
Guarantees	
Refusals	
Counseling & Referral Bans	

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STATE AFFILIATE:

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www.prochoicewashington.org

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*SOURCE: Guttmacher Institute



RESTRICTED ACCESS

WEST VIRGINIA

ACCESS FACT: 98% of West Virginia counties have no abortion clinic.*

Political Information

Executive

Gov. Jim Justice (D)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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To get involved, please visit:

www.naral.org

@NARAL

*SOURCE: Guttmacher Institute

WISCONSIN

ACCESS FACT: 96% of Wisconsin counties have no abortion clinic.*



Political Information

Executive

Gov. Scott Walker (R)



Legislative

State Senate



State House



Abortion-Care Policies

Abortion Providers

Expansions



Restrictions



Abortion Rights

Protections



Bans Throughout Pregnancy



Near-Total and/or Post-Viability Bans



Biased Counseling



Mandatory Delays



Insurance Coverage & Abortion

Coverage



Bans



Low-Income Women & Abortion

Funds



Bans



Young Women & Abortion



Family-Planning Policies

Insurance Coverage & Contraception



Low-Income Women & Contraception



Emergency Contraception



Other Important Issues

Clinic Protections



Crisis Pregnancy Centers

Regulates



Supports



Refusals & Guarantees

Guarantees



Refusals



Counseling & Referral Bans



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STATE AFFILIATE:

NARAL Pro-Choice Wisconsin

www.prochoicewisconsin.org

@NARALWI

*SOURCE: Guttmacher Institute



WYOMING

ACCESS FACT: 100% of Wyoming counties have no abortion clinic.*

Political Information

Executive	
Gov. Matt Mead (R)	●
Legislative	
State Senate	●
State House	●

Abortion-Care Policies

Abortion Providers	
Expansions	○
Restrictions	◐
Abortion Rights	
Protections	○
Bans Throughout Pregnancy	○
Near-Total and/or Post-Viability Bans	○
Biased Counseling	○
Mandatory Delays	○
Insurance Coverage & Abortion	
Coverage	○
Bans	○
Low-Income Women & Abortion	
Funds	○
Bans	●
Young Women & Abortion	●

Family-Planning Policies

Insurance Coverage & Contraception	○
Low-Income Women & Contraception	◐
Emergency Contraception	○

Other Important Issues

Clinic Protections	○
Crisis Pregnancy Centers	
Regulates	○
Supports	○
Refusals & Guarantees	
Guarantees	○
Refusals	●
Counseling & Referral Bans	○

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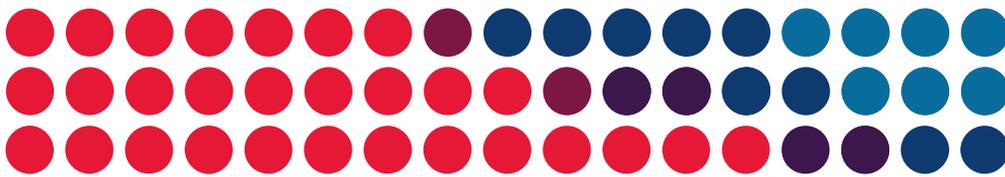
STATE AFFILIATE:

NARAL Pro-Choice Wyoming

www.prochoicewyoming.org

*SOURCE: Guttmacher Institute

Conclusion



METHODOLOGY

GENERAL METHODOLOGY

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation have supporting documentation for statements of fact made in *Who Decides? The Status of Women's Reproductive Rights in the United States*. Copies of source documents are filed in NARAL Pro-Choice America and NARAL Pro-Choice America Foundation's offices.

ACCESS FACTS

The number of abortion providers and analysis of census data was supplied by the Guttmacher Institute (Rachel Jones and Jenna Jerman, *Abortion Incidence and Service Availability In the United States, 2011, Perspectives on Sexual and Reproductive Health*, Mar. 2014, 46(1)).

STATE AND LOCAL LEGISLATIVE INFORMATION

This report uses "laws" to refer specifically to statutes adopted by the legislature or enacted by ballot measure. "Measures" is a broader term that includes constitutional provisions, statutes, regulations, court decisions, ballot measures, opinions of state attorneys general, state policies, and other governmental actions with statewide effect.

Counts of enacted pro-choice and anti-choice measures provided on the "Key Findings" pages include all measures enacted during the year, not just those described in more detail on the "Fast Facts" pages. For further information, please contact the NARAL Policy Department.

REPRODUCTIVE-HEALTH-CARE ACCESS METER

Who Decides? reflects the legal state of women's access to reproductive-health services in the previous calendar year. (Note: The Key Findings: Political Landscape data reflect the year ahead.)

Longtime *Who Decides?* readers will have noticed changes in last year's edition in the presentation of state pages. This year's edition continues that trend and incorporates new features. The presence or absence of state laws is indicated by a bubble—either left empty, filled completely, or filled halfway. The state's overall status of reproductive freedom, previously indicated by a letter grade, now is represented by a graphical scale.

As always, a state's rating is based on a combination of factors, including enacted measures, level of legislative and regulatory activity, and a state's overall legislative and political landscape as it pertains to reproductive rights. These factors are assessed in a point system: points are subtracted for anti-choice measures and added for pro-choice measures. Measures that impose the greatest burdens on women are weighted most heavily. Statutes that have been enjoined or struck down by courts receive either full or partial "credit" in points.

The nation's overall rating reflects not only state restrictions on the right to choose, but also federal pro-choice and anti-choice measures.

METHODOLOGY

ABORTION PROVIDERS: EXPANSIONS & RESTRICTIONS

• EXPANSIONS

Points were added if a state allows certain qualified health-care professionals to provide abortion care.

• RESTRICTIONS

Points were allocated based on the breadth and severity of all Targeted Regulation of Abortion Providers (TRAP) measures imposed. (Because of the vast variety of TRAP measures, the summaries include only select examples that illustrate the burdens these measures impose on abortion providers.)

ABORTION RIGHTS: PROTECTIONS & BANS

• PROTECTIONS

FREEDOM OF CHOICE ACTS

Points were added if a state has codified the protections of *Roe v. Wade* and provides an affirmative right to choose.

STATE CONSTITUTIONAL PROTECTIONS

Points were added if a state constitution protects the right to choose beyond the U.S. Constitution, and to the degree that the state constitutional protection prevents imposition of restrictions on the right to choose

• BANS

ABORTION BANS THROUGHOUT PREGNANCY and NEAR-TOTAL ABORTION BANS

Points were subtracted for each abortion ban based either on the point in pregnancy when the ban(s) begin, or on whether the statute bans a specific procedure. Additional points were subtracted for any ban(s) whose effective dates would be triggered if the Supreme Court overturns *Roe v. Wade*.

POST-VIABILITY BANS

If a post-viability abortion restriction has adequate life and health exceptions and does not define viability as occurring at a particular point in pregnancy, no points were subtracted. Points were subtracted for the lack or inadequacy of the health exception and if the state defines viability as occurring at a particular point in pregnancy.

REASONS-BASED BANS

Points were subtracted for each abortion ban that holds doctors legally liable for the reasons a woman may seek abortion care, including the potential race and sex of the pregnancy or in cases of fetal anomaly. This category of bans is a new addition to the publication—reflecting a new prevalence of this type of restriction.

BIASED COUNSELING & MANDATORY DELAYS

Points were allocated based on the length of the waiting period; whether multiple trips are required; whether a physician is required personally to provide specified information; whether the woman must receive state-prepared materials; and whether the woman must receive other material, oral or written, that contains biased information. No points were subtracted if a state has an abortion-specific informed-consent measure that does not require biased counseling or a mandatory delay.

CLINIC PROTECTIONS

Points were allocated based on the strength of the protection. States that have proactive laws—bubble and buffer zones—received more points than states with responsive policies that penalize offenders after they interfere with entry or exit to a facility, physically invade a facility (including trespass, property damage, arson, and bombing), make excessive noise, odors, or telephone calls, and/or make threats, including weapon possession at demonstrations.

COUNSELING & REFERRAL BANS

Points were subtracted if a ban applies to counseling and/or referrals for abortion care.

CRISIS PREGNANCY CENTERS

• REGULATES

Points were added if states limit state funding to CPCs, limit state referrals to CPCs, have a pro-choice license plate program (enacted by the legislature or executive), and/or protect women from CPCs' worst practices.

• SUPPORTS

Points were subtracted if a state funds CPCs directly with taxpayer dollars or tax benefits; requires a woman to go to a CPC or refers women to CPCs; and/or has a "Choose Life" license-plate program (enacted by the legislature or executive). There are multiple potential sources of direct funding for CPCs; while most states that fund CPCs do so with state dollars, some channel federal funds.

METHODOLOGY

EMERGENCY CONTRACEPTION

Points were added if the state ensures that sexual-assault survivors receive counseling about and access to emergency contraception (EC) in emergency rooms; if a state provides for improved public education about EC; or if a state has a measure that improves access to EC in another way.

If the state's Medicaid program covers over-the-counter EC, this information can be found on the Low-Income Women & Contraception Fast-Facts page. If a state has a policy requiring insurance coverage of unique contraceptive products, this information can be found on the Insurance Coverage & Contraception Fast-Facts page.

INSURANCE COVERAGE & ABORTION

• COVERAGE

Points were added if a state guarantees insurance coverage of abortion: in the entire private insurance market, the state health-insurance exchange, and/or for all or some state and/or municipal employees.

• BANS

Points were subtracted if the measure prohibits insurance coverage of abortion in the private insurance market; in the state health-insurance exchange; and/or for all or some state and/or municipal employees.

INSURANCE COVERAGE & CONTRACEPTION

Points were added if a state requires health-insurance plans to cover contraceptives to the same extent that they cover other prescription medication; if a state prohibits cost-sharing for contraceptive products; if the state requires health plans cover 12 months of contraception dispensed at once; and/or if a state requires health plans to cover all FDA-approved unique contraceptive products.

LOW-INCOME WOMEN & ABORTION

Points were added if a state medical assistance program covers abortion care with no restrictions or has a full health exception. Points were deducted for restrictions.

LOW-INCOME WOMEN & CONTRACEPTION

Points were added if the state provides increased coverage for family-planning services through a federal Medicaid waiver or through a state plan amendment. Points were also added if the state's Medicaid program covers over-the-counter EC without a prescription, and if it covers 12 months of contraception dispensed at once.

REFUSALS & GUARANTEES OF MEDICAL CARE

• REFUSALS

Points were subtracted for the total strength of the measures in which individuals or organizations may refuse to provide, cover, counsel about, or refer for reproductive-health services. No points were subtracted for measures that allow individual health-care providers to refuse to offer a service as long as they refer the woman to another provider that does offer the service.

• GUARANTEES

Points were added if a state explicitly guarantees a woman's right to have her birth-control prescription filled. Points were also added if the state ensures that pharmacists are allowed to provide EC to a woman without a prescription through a measure specific to EC or one that permits collaborative-therapy agreements generally and includes EC. (These measures were in place before the Food and Drug Administration (FDA) approved Plan B One-Step® for over-the-counter sales to all customers.) Points were added as well for measures that guarantee employees cannot be discriminated against because of a reproductive-health-care decision.

YOUNG WOMEN & ABORTION

Points were subtracted based on whether and whose consent or notice is required before a minor may obtain abortion services.

ACKNOWLEDGMENTS

The Policy Department at NARAL Pro-Choice America and NARAL Pro-Choice America Foundation researched and wrote this study. The Policy Department staff for the 2017 edition of *Who Decides? The Status of Women's Reproductive Rights in the United States* includes: Vice President for Policy Donna Crane; Deputy Policy Director Leslie McGorman; Senior Policy Representatives Leslie Powell and Kate Ryan; Policy Aides Whitney Lovell and Kyra Berasi; Policy Assistant Nicole McFarland; and interns Shannon Russell and Laura Galanter.

President Ilyse Hogue, along with the boards of directors of NARAL Pro-Choice America and NARAL Pro-Choice America Foundation, provided support and encouragement. Our state affiliates and coalition partners, including the American Civil Liberties Union and affiliates, Planned Parenthood Federation of America and affiliates, the Family Planning Council of Iowa, Healthy & Free Tennessee, South Carolina for Healthy Families, and the Illinois Choice Action Team, provided valuable information. Countless others, particularly in state Medicaid offices and courts across the country, patiently answered requests for documents and information. We also appreciate the fine work of our graphic designer, Dawn Kussman Designs, and our printer, Mount Vernon Printing. Thank you to all who made this report possible.

DISCLAIMER

Who Decides? The Status of Women's Reproductive Rights in the United States is strictly for informational purposes and does not constitute legal services or representation. For legal advice, a practicing attorney who has a thorough knowledge of current law in the state or locality and who is informed about all relevant details of the situation should be consulted.

NARAL Pro-Choice America and NARAL Pro-Choice America Foundation do not guarantee the accuracy of the contents of this book. Laws change, often rapidly, and interpretations of statutes may vary. Legislation may have been acted upon, or cases decided, after the date this book went to press. Systematic bill- and case-tracking concluded on November 9, 2016.

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NARAL Pro-Choice America and NARAL Pro-Choice America Foundation

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MISSION STATEMENTS

NARAL PRO-CHOICE AMERICA

To develop and sustain a constituency that uses the political process to guarantee every woman the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion.



NARAL PRO-CHOICE AMERICA FOUNDATION

To support and protect, as a fundamental right and value, a woman's freedom to make personal decisions regarding the full range of reproductive choices through education, training, organizing, legal action, and public policy.

NOTES

NOTES



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