THE STATUS OF WOMEN IN FLORIDA

REPRODUCTIVE RIGHTS

INSTITUTE FOR WOMEN'S POLICY RESEARCH

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THE STATUS OF WOMEN IN FLORIDA REPRODUCTIVE RIGHTS

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About This White Paper

This White Paper provides an overview of reproductive rights in Florida. The report outlines the historical and political context of reproductive rights in the state and summarizes key data and outcomes. The report concludes with policy recommendations and areas for future research. It builds on the Institute for Women's Policy Research's longstanding report series, *The Status of Women in the States*. This project has provided data on the status of women nationally and for all 50 states plus the District of Columbia since 1996. *The Status of Women in the States* publications use data from the United States government and other sources to analyze women's status across multiple issue areas. These reports have been used to highlight women's progress and the obstacles they continue to face and to encourage policy and programmatic changes that can improve women's opportunities. This report was funded by the Florida Women's Funding Alliance (FWFA).

Acknowledgments

The authors would like to thank the IWPR research and policy staff who helped produce this white paper. IWPR appreciates the partnership of Takeata King Pang, Executive Director of the Women's Foundation of Florida, in producing this paper. This report was generously funded by the Florida Women's Funding Alliance.

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INSTITUTE FOR WOMEN'S POLICY RESEARCH

About the Institute for Women's Policy Research

The Institute for Women's Policy Research strives to win economic equity for all women and eliminate barriers to their full participation in society. As a leading national think tank, we build evidence to shape policies that grow women's power and influence, close inequality gaps, and improve the economic well-being of families.

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FLORIDA WOMEN'S FUNDING ALLIANCE

About the Florida Women's Funding Alliance

The Florida Women's Funding Alliance (FWFA) leverages our collective voices to advocate and educate for social change to stimulate opportunities for women and girls to thrive in Florida. We envision a Florida where women and girls thrive and have equal access to opportunities to succeed.

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INTRODUCTION

Reproductive rights are vitally important to women's overall health and socioeconomic well-being. The ability to access abortion and family planning, and to determine whether and when to have a child, is central to a woman's economic security and has implications for continuing education and joining the workforce (Anderson et al. 2016; Bernstein and Jones 2019; Jones and Bernstein 2019; Sonfield et al. 2013). Additionally, access to quality and affordable health care services is key to women's reproductive health. Over the last decade, a number of states have implemented laws that have threatened access to contraception and abortion, and to comprehensive healthcare more broadly, especially for low-income and uninsured women. Just as reproductive rights and health impact the socioeconomic well-being of women, women's economic security directly impacts their reproductive health and well-being: Access to employer-provided health insurance and earnings helps ensure women have affordable access to reproductive health services. With the economic crisis brought on by the COVID-19 pandemic and women's increased economic insecurity brought on by the "shecession," women are facing increased barriers to vital reproductive healthcare services.

Many women in Florida face significant barriers to accessing quality and affordable care, impacting their reproductive health and the health and well-being of their families. As of 2016, 16.4 percent of women in Florida received inadequate prenatal care, and 8.5 percent of babies were born with a low birth weight (Anderson et al. 2016). According to IWPR's Poverty and Opportunity Index for the 50 states and Washington, DC, Florida ranks 48th out of 51 for the share of women age 18-64 who have health insurance (82.8 percent; IWPR 2022), leaving many women without insurance to cover reproductive health costs. Additionally, one in three low-income women in the United States rely on a health center or publicly funded clinic for contraception and preventative reproductive health services (Ranji et al. 2019). Yet one in five women in Florida live in a county without an abortion provider (Anderson et al. 2016), leaving many women without access to affordable reproductive health care.

An in-depth analysis of the current state of women's reproductive rights and health in Florida is critical for the development of policies and programs that will improve access and outcomes for women across the state, particularly in light of the pandemic and ongoing economic crisis. To facilitate state-level discussions as well as the development and promotion of relevant policies, this White Paper provides information on a range of issues related to women's reproductive health and rights in Florida, including abortion, contraception, infertility, and sex education. In addition, the paper presents data on fertility and natality and highlights disparities in women's reproductive health outcomes by race and ethnicity. It also explores the decision of some states to extend eligibility for Medicaid family planning services and provides data on several other topics that affect women's reproductive health, including access to health insurance. The White Paper ends with recommendations for policies to improve women's access to reproductive health services and additional research to address existing gaps in the literature.[1]

[1] This report uses the term "women" to describe people who self-identified as female and assumes that these individuals are directly affected by restrictions on access to reproductive health care. The use of the term "women" reflects an absence of intersectional data on reproductive health and gender identity. Trans men, intersex people, and non-binary people have a variety of important reproductive needs that are understudied by the reproductive field (Dawson and Leong 2020).

METHODOLOGY AND LIMITATIONS

Compiled between July 2021 and January 2023, this White Paper is a desk-based literature and policy review, with data drawn from the reports of local and national nonprofits, academic literature, the Centers for Disease Control and Prevention (CDC), and the United States Census Bureau's American Community Survey. The White Paper also includes the Institute for Women's Policy Research's (IWPR's) Index of Reproductive Rights, a product of IWPR's ongoing Status of Women in the States project that provides state-level data on a range of topics affecting women. The most recent data are used, ranging from 2015 to 2021. The Florida-specific data disaggregated by race and ethnicity in this report are primarily compiled from the Florida Department of Health's 2020 Health Equity Report.[2] This report, dating back to 2010, contains county and statewide data measuring various environmental, social, and economic determinants of health.

This White Paper has several limitations. In the surveys it uses, respondents are asked to self-identify within the binary choice of male and female. IWPR acknowledges that not all people who can become pregnant identify as women, including some transgender and/or non-binary individuals. Likewise, not all women can become pregnant, including transgender women. In addition, large-scale surveys that provide numerical metrics do not fully capture how individuals conceptualize and narrate their own experiences with health or sexuality (Tichenor 2020; Merry 2016). We recommend that policymakers and advocates complement this report by listening to women and gender-expansive individuals in their communities and learning about how the broad themes discussed in this report have affected their lives. This report was written during a time of extreme policy upheaval and change in Florida and the United States more broadly. Much of the research cited here takes years to compile, leading to a lag in descriptions of policy consequences and accurate evaluations of their effects.

[2] While this data was crucial for this report's development, certain methodological decisions limit its usefulness. Without disaggregating the data by gender, it was impossible to determine how gender – a potentially crucial aspect of health – affected health outcomes. Also, the racial categories included Hispanic populations, rather than examining Hispanics separately. In addition, not all data are disaggregated by race.

REPRODUCTIVE RIGHTS LANDSCAPE IN FLORIDA

Reproductive rights — having the ability to decide whether and when to have children — are important to women's socioeconomic well-being and overall health. The ability to make decisions about one's reproductive life has significant and long-term socio-economic effects. Access to adequate reproductive health care is associated with the ability to accrue more work experience, increased wages, and average career earnings among women (Buckles 2008; Miller 2009; Rodgers et al. 2021). In addition, the timing and size of a young woman's family can significantly affect whether she obtains more advanced educational training (Riechlin Cruse and Bernstein 2020). Because more education is related to increased earnings, the ability to make family planning choices can mean the difference between a woman being stuck at poverty-level wages or achieving long-term financial security. Understanding that women's access to reproductive health services and their ability to pay for them varies across the nation, IWPR developed the Reproductive Rights Index for all states to demonstrate disparities in access and economic inequities.

Reproductive Rights Index

The Reproductive Rights Index calculated by the Institute for Women's Policy Research includes eight component indicators of reproductive rights: mandatory parental consent or notification laws for minors receiving abortions, waiting periods for abortions, restrictions on public funding for abortions, the percent of women living in counties with at least one abortion provider, pro-choice governors or legislators, Medicaid "family planning" expansion, coverage of infertility treatments, and mandatory, quality sex education. States receive composite scores and corresponding grades based on their combined performance on these indicators, with higher scores reflecting stronger performance and receiving higher letter grades.[3] On the 2022 update of the Reproductive Rights Index, Florida received an overall score of C+, ranking 22nd nationally. Florida's C+ score is the result of trends in Florida's policies and government related to restrictive abortion laws, the prevalence of an anti-choice governor and state legislature, mandatory sexual education in public schools, and a lack of infertility treatment coverage.

Table 1. Summary of Florida's Standing on IWPR's 2022 Reproductive Rights Index

Parental Consent and/or Notice, as of June 2022	Yes	**Pro-Choice Governor and Legislature, June 2022**	No
Waiting Period, as of June 2022	No, the law passed in July 2020 is now permanently enjoined	**Medicaid Family Planning/ Contraception Expansion, 2021**	Yes, limited
Public Funding of Abortion Services, as of June 2022	No	**Coverage of Infertility Treatments, as of 2021**	No
Percent of Women Living in Counties with at least one Abortion Provider, 2017	76%	**Mandatory, Quality Sex Education, as of June 2022**	No

Source: IWPR original analysis of 2017-2022 data from the Guttmacher Institute, NARAL Pro-Choice America, Sex Ed for Social Change (SEICUS), and the National Conference of State Legislators. All 50 states and the District of Columbia. While this updated index was published in July 2022, the data used were collected before the Supreme Court's decision to overturn *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization*.

[3] For an account of how scores are calculated, see the Methodology in Appendix B.

Florida state government

The 1973 *Roe v. Wade* Supreme Court decision recognized a constitutional right to abortion up to the point of fetal viability; as a result, abortion was legal — though not always accessible — throughout the United States. In June 2022, the Supreme Court overturned *Roe v. Wade* in the *Dobbs v. Jackson Women's Health Organization* ruling, creating a crisis of abortion access throughout the country as many states moved quickly to ban abortion.

Even before the *Dobbs* decision, both states and the federal government were taking a number of steps to make abortion harder to access, particularly for low-income individuals. These include restrictions on insurance coverage for abortion and Targeted Regulation of Abortion Providers (TRAP) laws — laws that single out medical practices that provide abortion care for burdensome and medically unnecessary regulations.

The Republican party has held a trifecta within the Florida state government — controlling the governorship, Senate and House — for nearly all of the last 24 years.[4] High-level elected officials and state legislatures that are unsupportive of reproductive rights have worked over the years to decrease or eliminate abortion access in Florida.

Despite this anti-choice trifecta, Florida did not have an outright ban on abortion in effect in the state prior to the fall of *Roe*. In 1980, Florida voters enshrined an explicit, freestanding, and broadly worded right to privacy in the state Constitution. Article I, Section 23 of the Florida Constitution states: "Every natural person has the right to be let alone and free from governmental intrusion into the person's private life except as otherwise provided herein." The Florida Supreme Court found the right to abortion within that right to privacy, even though the provision does not explicitly mention abortion. However, the court's makeup has changed since 2019, becoming more conservative. It formally weakened the doctrine of stare decisis and has overruled many prior precedents. In January 2023, the State Supreme Court agreed to hear a challenge brought by abortion providers challenging a 2022 law banning abortion after 15 weeks but declined to block the bill while the lawsuit is underway, leaving the ban in place (ACLU 2023).

The anti-choice movement in Florida

The majority of Americans support the legal right to abortion and disapprove of the Supreme Court's decision to overturn *Roe v. Wade*. By more than a 20-point margin, Americans think the ruling is a step backward for the country. However, despite public support for reproductive freedom — including abortion and contraception — there is a longstanding, well-organized, well-funded, and vocal minority of Americans opposed to it. The anti-choice movement (also referred to as the pro-life movement) has spent decades working to restrict access to abortion at the state and federal levels, while simultaneously working to increase the number of conservative jurists on the federal bench with the goal of flipping the US Supreme Court to a conservative majority supportive of overturning *Roe v. Wade*.

With the successful appointments of Brett Kavanaugh and Amy Coney Barrett to the Supreme Court, the makeup of the Supreme Court flipped to a 5-4 — then 6-3 — conservative majority. Following this shift and aided by similar changes in some federal appeals courts, states with legislatures opposed to reproductive freedom began to introduce and enact additional abortion bans in violation of *Roe* — all

[4] In 2010, then-Governor Charlie Crist changed his party registration from Republican to Independent while running for United States Senate during the final year of his gubernatorial term.

with the goal of getting a case to the Supreme Court that would directly challenge the federal legal right to abortion. This effort culminated in the Supreme Court's decision to take up *Dobbs v. Jackson Women's Health Organization*.

The anti-choice movement is nationally coordinated and works actively in Florida. The Florida Right to Life Committee was founded in 1971, before *Roe* legalized abortion nationally, in opposition to efforts in the state to legalize abortion. In addition to consistent anti-choice activism, there has also been significant anti-choice violence in Florida. Over the past 30 years, two abortion providers and a clinic escort were shot and killed, clinics have been firebombed and vandalized, and there is an increasing amount of clinic harassment, disturbance, and violence in recent years.

The recent increase in anti-choice violence in Florida aligns with the national "increase in intimidation tactics, vandalism, and other activities aimed at disrupting services, harassing providers, and blocking patients' access to abortion care" reported by the National Abortion Federation's 2021 Violence and Disruption Statistics. The most significant increases compared with 2020 were in stalking (600%), blockades (450%), hoax devices/suspicious packages (163%), invasions (129%), and assault and battery (128%).

Sexual and Reproductive Education

Florida's sexual health landscape has changed broadly over the past few years, owing to increased focus on the issue in the state legislature. Florida schools are required to teach a health education curriculum that includes information on teen pregnancy. Sexual education — including the topics of contraception, abortion, and safe sex — is not required, and parents may choose to remove their child from instruction on reproductive health or any disease via a written "opt out" request. This opt-out policy means that many Florida children do not receive even a preliminary health education. Additional legislation enacted in 2021 requires schools to notify parents of their right to opt out of any sex education, and requires annual school board approval of sex education materials in a public school board meeting.

If schools choose to teach sex education, Florida requires that the curriculum emphasizes abstinence and the benefits of heterosexual marriage in the context of HIV/AIDS instruction (SIECUS 2021). As of 2021, there is no state requirement for inclusion of consent in the curriculum of Florida schools or a standard for medically accurate instruction (SIECUS 2023; Guttmacher Institute 2021d). The CDC reports that well-designed sex education programs lead to students having less unprotected sex and better academic performance, as well as a delay in initial sexual intercourse (Centers for Disease Control and Prevention 2020a). Systematic literature reviews confirm that adolescents who receive comprehensive sex education are also significantly less likely to experience unplanned pregnancy and sexually transmitted infection transmission than those who received abstinence-only sex education (Kohler, Manhart, and Lafferty 2008; Norton, Chandra-Mouli, and Lane 2017).

Relatedly, in 2019, the Florida Department of Education began requiring sexual trafficking and sexual abuse prevention education in K-12 schools, making Florida the first in the country to require such training. However, this education is explicitly not a comprehensive sexual education; as the Department of Education notes, "In the Stay KidSafe! program we are not teaching about puberty, reproduction, and safe sex."

Additionally, on March 28th, 2022, Governor Ron DeSantis signed into law HB1557, also known as the "Don't Say Gay" Bill (Diaz 2022). The law bans public school districts from encouraging classroom discussion of sexual orientation or gender identity in "primary grade levels or in a manner that is not age-appropriate or developmentally appropriate for students." This legislation will have a significant silencing impact on gender and sexuality education in public schools, and advocates argue that this approach will pathologize and shame Gay, Lesbian, Bisexual, Transgender, Queer, Intersex, and Asexual LGBTQIA students. Existing sexual and mental health disparities for LGBTQIA students will likely worsen under the shroud of bureaucratic shaming. Previous research on similar policies indicates that policies that ban open, developmentally appropriate conversations about sexuality can have detrimental and long-term impacts. Prodigious evidence suggests that inclusive sexual health education leads to improved reproductive and mental health outcomes.

In 2022, legislation was introduced to require schools that teach sex education to provide comprehensive and culturally responsive instruction (HB 1409 and SB 1936). These bills have not advanced through the legislature.

HEALTHCARE ACCESS

Florida's changing political landscape has coincided with changes in women's reproductive rights and healthcare access within the state. Changes in the state laws in recent years introduced new challenges to accessing reproductive healthcare services as described below.

Abortion Access

In April 2022, Florida Governor Ron DeSantis signed Florida HB 5 into law, which bans abortion at 15 weeks. The law, which went into effect on July 1, 2022, does not include exemptions for rape, incest, or human trafficking, but does allow exceptions in cases of life endangerment, or if two physicians certify that the fetus has a fatal fetal abnormality. There is an active legal challenge against this law, but it is in effect as of this writing.

In addition to the 15-week ban, there are also other restrictions on abortion in Florida. These include restrictions on insurance coverage for abortion; the state requires that health plans offered in the state's Affordable Care Act (ACA) exchange only cover abortion in cases of life endangerment, rape, or incest (allowing individuals to purchase an optional rider for an additional cost) and prohibits public funding for abortion coverage in most cases. Florida law includes a number of additional barriers to receiving abortion care, including mandatory ultrasound requirements and TRAP laws, which include requirements around facilities that provide second-trimester abortions, admitting privileges and transfer agreements for physicians, and record keeping. Florida law allows only licensed physicians to provide abortions.

In 2020, Florida's Santa Rosa County voters approved a referendum that declared their county as a "pro-life sanctuary," in which the county affirmed its commitment to anti-abortion policy (Blanks 2020). While this measure was largely symbolic due to existing Florida state laws, it underscores the state's political and social environment concerning abortion.

Parental Consent and/or Notice

Parental consent or notification laws require parents or guardians of a minor seeking an abortion to consent to the procedure or be notified. While these laws offer minors the option to use judicial bypass to avoid parental notification, this bypass risks delaying abortion and creating significant duress for minors whose parents may not be supportive of their decision to terminate pregnancy (Braverman et al. 2017). In Florida, parental notification in cases where a minor is seeking an abortion was added to the state constitution in 2004, and a parental consent law passed in 2020 requires minors to obtain parental or guardian consent to receive an abortion (NARAL 2020; Wurth 2020).

Waiting Period

Several states have laws that require women to wait, ranging from 24 to 72 hours, between a consultation at a clinic and receiving an abortion. In Florida, pregnant people seeking an abortion must undergo a 24-hour mandatory waiting period, counseling, and an ultrasound to receive an abortion (Center for Reproductive Rights 2022). The waiting period potentially creates a logistical barrier to abortion access that especially affects women of color, low-income women, rural women, and women facing interpersonal violence.

Access to Abortion Providers

The number of abortion clinics in Florida decreased from 140 in 1982 to 65 in 2017 — a 53.5 percent decline over 35 years, which may have occurred as a result of the state's restrictive reproductive laws (Guttmacher Institute 2021a; Arndorfer et al. 1998). This decline means that as of 2017, only 76 percent of Floridan women lived in a county with an abortion clinic. Additionally, even those women who live in a county with a clinic may face obstacles to accessing abortion services. For example, these clinics must obtain special licensure and abide by reasonable proximity requirements, meaning they must be within a "reasonable" distance of a hospital in case of a medical emergency ("State Laws: Florida" 2021). This latter provision disproportionately affects abortion clinics in rural areas. Closing these clinics renders a lack of transportation, child care, and paid time off from work obstacles to accessing abortion services, especially for rural patients (National Latina Institute for Reproductive Justice 2005; Tulimiero et al. 2021; National Organization for Women 2018).

While the number of abortion clinics in Florida has declined, the number of "crisis pregnancy centers" has increased.[5] As of 2019, there were 192 crisis pregnancy centers operating in the state (Long 2020). Since the Florida Pregnancy Support Services Program began in 2004, the Florida government has spent more than $30 million on these anti-abortion clinics that focus on pushing for live births (Long 2020). The 2021 state budget directed $4.5 million toward alternatives to abortion services, such as pregnancy support services programs (Zaragovia 2021). In addition, the Florida Pregnancy Care Network, which contracts with crisis pregnancy centers, is reimbursed for services by the Department of Health at significantly higher rates than state Medicaid providers (Long 2020). According to the Guttmacher Institute, in 2017, 71,050 abortions were provided in Florida. There was a 9 percent increase in the number of abortions from 2017 to 2020, with most of the increase (7 percent) happening between 2019 and 2020 (Guttmacher 2022d).

Access to Contraception

The ACA expanded women's access to contraception in several ways. It required health care insurers to cover contraceptive counseling and all Food and Drug Administration (FDA) approved contraceptive methods without any out-of-pocket costs to patients (Guttmacher Institute 2022a). Moreover, the ACA provided states with a new pathway to expand eligibility for contraceptive coverage by making changes to their state Medicaid program. States interested in expanding contraception access through Medicaid can either complete the process via a temporary waiver from the federal government or through an expedited option of State Plan Amendment (Guttmacher Institute 2022b). Florida has opted for a waiver rather than the permanent change afforded by State Plan Amendment. Most states that chose to make this expansion extended services by raising the income ceiling that determines eligibility for Medicaid; a smaller number of states offer more limited expansions that continue coverage for family planning for individuals leaving the Medicaid program. Florida expanded its program for Medicaid coverage of contraceptive services through the second approach — by securing a waiver that expanded the duration of services for those on Medicaid who lost coverage for any reason (Guttmacher Institute 2021e). The Medicaid expansion has allowed more than 80,000 low-income women to access reproductive care, including counseling, contraception, annual exams, and STI testing and treatment (Agency for Health Care Administration 2020).

[5] Crisis pregnancy centers typically have a religious affiliation and often advertise themselves as full-service clinics. They offer limited health services and focus on anti-abortion counseling that prioritizes encouraging clients to carry their pregnancy to term.

Despite this expansion, a study found that 59.9 percent of women in Florida were at risk for unintended pregnancy, and almost 2 million women had an ongoing unmet need for contraceptives in 2016 (Pazol et al. 2018). In Florida, 1.2 million women who are living at or below 250 percent of the poverty line live in "contraceptive deserts," meaning they lack access to a health center that offers the full range of reproductive care practices (Power to Decide 2020). Crossing this contraceptive desert requires individuals to bear the potential costs associated with traveling, taking unpaid time off work, and paying for child care.

Emergency Contraception

Emergency contraception — birth control that can be taken up to several days after unprotected sex, contraceptive failure, or sexual assault — can prevent unwanted pregnancies and allow women to maintain control over the timing and size of their families. Plan B — approved for use in the United States in 1999 — was the first oral form of emergency contraception to be made available, but there are others that have been introduced since then. The ACA's provision that requires most new private health plans to cover all contraceptive drugs and devices prescribed to patients without cost-sharing includes emergency contraception (Cleland et al. 2016; Kaiser Family Foundation 2018).

State legislatures have taken different approaches to addressing emergency contraception. Some have sought to restrict access to it by excluding it from state Medicaid family planning eligibility expansions or allowing some pharmacists or pharmacies to refuse to provide contraceptive services. Others have expanded access to emergency contraception by requiring emergency rooms to provide information about it to sexual assault victims, requiring emergency rooms to dispense it to sexual assault victims, allowing individuals to obtain emergency contraception without a doctor's prescription, or directing pharmacists or pharmacies to fill all valid prescriptions (Munro et al. 2015).

In Florida, pharmacists are permitted to refuse to dispense emergency contraception (Guttmacher 2022). Those without insurance benefits must pay retail price for over-the-counter emergency contraception, which can range from $35 to $60 (Kaiser Family Foundation 2018). While Plan B is approved to be stocked on shelves, a portion of pharmacies in Florida, especially independent pharmacies, store emergency contraception in a locked security box (Cleland, Bass, Doci, and Foster 2016).

HEALTHCARE FUNDING

Funding for reproductive health services can play an important role in accessibility and delivery of those services. The availability of public funding helps reduce already existing health disparities.

Public Funding of Abortion Services

Current law prohibits the use of federal funding to pay for abortion care in most circumstances. Known as the Hyde Amendment, this funding restriction has been attached to annual funding legislation since its initial implementation in 1977. For more than 40 years, the Hyde Amendment has restricted abortion for low-income people who access their health insurance through the Medicaid program.

While Medicaid is a joint federal–state program and states may use their own funds to cover abortion in excess of what is required under federal law, Florida is one of 33 states that follow the federal standard and only allow coverage for abortion in cases of life endangerment, rape, and incest. In addition to the ban on Medicaid coverage for abortion included in the Hyde Amendment, there are a number of other bans on abortion coverage enacted through annual appropriations bills. These include a ban on abortion coverage for federal employees and a ban on abortion coverage for federal prisoners.

Title X program

The Title X Family Planning Program is the only dedicated source of federal funding for contraception in the United States, providing family planning and reproductive health care for people with low incomes. First enacted in 1970, the program gets its name from its statutory authorization: Title X of the Public Health Service Act. It is administered by the Office of Population Affairs (OPA) within the Department of Health and Human Services (HHS).

In 2019, HHS — under the Trump Administration — promulgated a final rule that instituted new and unworkable restrictions around abortion. Specifically, the rule prohibited Title X recipients from referring clients for abortion, imposed coercive counseling requirements for pregnant patients, and required physical separation between Title X projects and abortion-related activities. Analysis by the Guttmacher Institute demonstrates that, in 2019 alone, one out of every four Title X services sites left the program as a result of the new rule. In total, an estimated 981 clinics left the Title X program because of the Trump rule, reducing the network's capacity to provide contraceptive services by at least 46 percent. Guttmacher's study estimated this translated to roughly 1.6 million patients.

On October 4, 2021, the Biden Administration's OPA at the HHS issued a final rule that revoked the Trump rule "in its totality." The rule went into effect in November 2021, restoring Title X's previous structure.

In addition to the devastating impacts of the Trump Administration's rule, the Title X program has also been severely under-resourced by federal legislators. The Fiscal Year 2023 omnibus funding bill (US Congress, Senate 2023), passed in late December 2022, funded the program at $286.5 million for the ninth year in a row ($113.521 million under President Biden's FY 2023 budget request for the program). A 2016 study published in the American Journal of Public Health found that funding levels were less than 40 percent of what would be necessary to meet the need for publicly funded contraception in

the United States; advocates have argued that the need has only increased since the *Dobbs* decision (August et al. 2016).

In 2021, Title X clinics provided contraceptive care to 77,007 women in Florida. Between 2018 and 2021, the number of women served in the state declined by 27.7 percent. For Fiscal Year 2022, Florida had two prime recipients of Title X grants: the Florida Department of Health (received $11,800,000) and Community Health Centers of Pinellas, Inc. (received $425,000) (U.S. Department of Health & Human Services 2022).

Medicaid expansion to fill the coverage gap

Health insurance is foundational to accessing reproductive care. Nationally, the Patient Protection and ACA increased the number of people with health insurance through changes to Medicaid, a public health coverage program for low-income individuals. The ACA sought to expand Medicaid eligibility to all individuals who are ineligible for Medicare and have incomes up to 138 percent of the federal poverty line (Federal Poverty Level 2022); however, the Supreme Court ruled in 2012 that states could elect whether or not to participate in the expansion. Florida has not adopted the expansion; according to the Kaiser Family Foundation, an initiative to put Medicaid expansion on the 2020 ballot was delayed by its organizing committee (Kaiser Family Foundation 2023).

In Florida, 82.8 percent of women aged 18-64 have insurance coverage, lower than in the United States overall (Shaw and Mariano forthcoming). In the state, as in the nation, rates of coverage vary considerably across racial and ethnic groups. Among Floridians, White non-Hispanic residents have the highest rate of coverage at 86.7 percent, and Hispanic residents have the lowest (78.8 percent). Within racial/ethnic groups, rates of insurance coverage can vary substantially among subpopulations. For example, 8 percent of non-elderly Asian adults but 15 percent of Native Hawaiian or Pacific Islander adults were uninsured in 2022 (If/When/How 2016; Kaiser Family Foundation 2022b). Within Florida, there are also significant geographic disparities in health insurance coverage. For all surveyed residents, Hernando County reports the lowest health insurance coverage rate at 74.4 percent, compared with 94.4 percent in Sumter County, the highest in the state. Data on health care coverage by race and ethnicity for women specifically is limited due to small sample sizes (Florida Department of Health).

According to research by the Center on Budget and Policy Priorities, there are approximately 425,000 uninsured adults in Florida who would become eligible if the state expanded Medicaid (Center on Budget and Policy Priorities 2021). This population of low-income, uninsured adults who are too poor to qualify for ACA subsidies but ineligible for Medicaid because of state decisions not to implement expansion are in what is called the coverage gap. In Florida, 36 percent of those in the coverage gap are women of reproductive age, and 25 percent are parents with children at home.

Coverage of Fertility Treatments

Infertility treatments are essential for expanding reproductive choices, but they are often prohibitively expensive, especially when not covered by insurance. As of 2014, the legislatures of 18 states had passed measures requiring insurance companies to cover infertility treatments. Florida, however, is not one of these states (Storz and Snyder forthcoming). See Appendix A for more details.

IMPACT TO WOMEN VARIES BY COMMUNITY

As demonstrated by IWPR's Reproductive Rights Index for Florida, many women in the state face barriers to accessing reproductive health services. But some communities may be disproportionately impacted due to other compounding factors, such as systemic racism and other structural barriers. Below, we describe in more detail communities of women whose reproductive health outcomes may be impacted by racial inequities or inequities experienced because of their immigration status.

Race Disparity

Across the country, Black women have lower life expectancies, higher maternal mortality rates, and a higher incidence of chronic health conditions than women of other racial and ethnic groups (J. J. Chinn, Martin, and Redmond 2021). Florida-specific data also point to substantial disparities in access, quality, and outcomes of health care services that particularly affect Black women. In Florida, 16.8 percent of Black adults could not see a doctor at least once in the past year because of excessive costs, compared with 13.5 percent of White adults. As a result of the inaccessibility of care, the overall health outcomes of Black adults are measurably worse, including in the sphere of reproductive health. A smaller proportion (69.4 percent) of Black women received prenatal care compared with White women (78.3 percent) in the first trimester. Similarly, maternal deaths (37 per 100,000 births) and infant deaths (10.7 per 1,000 births) were higher for Black women than for White women, whose numbers were 5.4 and 4.2, respectively (Florida Department of Health 2021a). More qualitative data is needed on the complex experiences of Black women in Florida (Sister Song 2021).

Immigration Disparity

Highlighting immigrant women's access to health in Florida is important because of a sizable immigrant population in the state: Between 2015 and 2019, about 1 in 5 Florida residents (21 percent) were not born in the United States (U.S. Census Bureau 2021). Immigrants make up a quarter of Florida's labor force, and 25 percent of immigrants in the state have arrived since 2010 (Ruggles, Flood, and Goeken 2019). Fifty-three percent of immigrants self-reported as women (Ruggles, Flood, and Goeken 2019). In 2018, immigrants to Florida experienced higher levels of poverty and lower rates of health insurance coverage compared with people born in the United States (Blizzard and Batalova 2020).

Other factors also affect immigrant women's access to health care in Florida and across the nation. The ACA does not assist undocumented immigrants and Deferred Action for Childhood Arrivals recipients in accessing health care, as expansions do not include non-citizens (National Women's Law Center 2013; Gunja and Collins 2019). Immigrant women also often face language and cultural barriers to health care. Together, these restrictive policies and systems limit preventive care and result in a higher incidence of HIV and cervical cancer among immigrant women (National Women's Law Center 2013).

OTHER RELATED ISSUES

Legislative restrictions on reproductive rights divert the time, attention, and skills of providers from the important health issues related to improving maternal health, infant mortality, and birth equity. Below, we discuss these issues that, while not related to legal matters or accessibility of reproductive health services directly, point out how racial and/or economic inequities may impact women's reproductive health.

Prenatal Care, Low-Weight Births, and Infant Mortality

Florida has a slightly lower rate of women receiving prenatal care (90 percent) than the national average (96 percent) (Center for Disease Control 2021a).[6] Florida also has a higher incidence of low-birthweight babies (8.7 percent) and infant mortality (5.8 percent per 1,000 live births) than the national average, which were 8 percent and 5.4 percent, respectively (Centers for Disease Control and Prevention 2021a; Ely and Driscoll 2020). In Florida, as in the nation, rates of infant mortality vary considerably by race and ethnicity. As described in the race disparity section of this paper, infant mortality for Black Floridians is more than double that of White (Centers for Disease Control and Prevention 2021c).

Maternal Mortality

Maternal mortality rates are considerably higher in the United States than in any other peer high-income country (Bravender 2020). In the United States, there were 20.1 maternal deaths for every 100,000 live births. In Florida, the rate was substantially higher, at 39.3 maternal deaths for every 100,000 live births. (Hoyert L. 2021; Florida Department of Health 2021a). Substantial racial and ethnic disparities exist in maternal mortality rates, with Black women facing the highest rate (Florida Department of Health 2021a). The CDC reported that racial maternal mortality disparities are persistent over time and do not decrease when controlling for age or education (Petersen et al. 2019). These disparities are most likely a result of intersecting systemic factors, such as lack of access to insurance coverage and social services, as well as institutional failures in areas such as transportation and housing (Petersen et al. 2019). Underlying these factors is the centuries-long history of racism in the United States that shapes current historical social policies (Prather et al. 2018).

Fertility

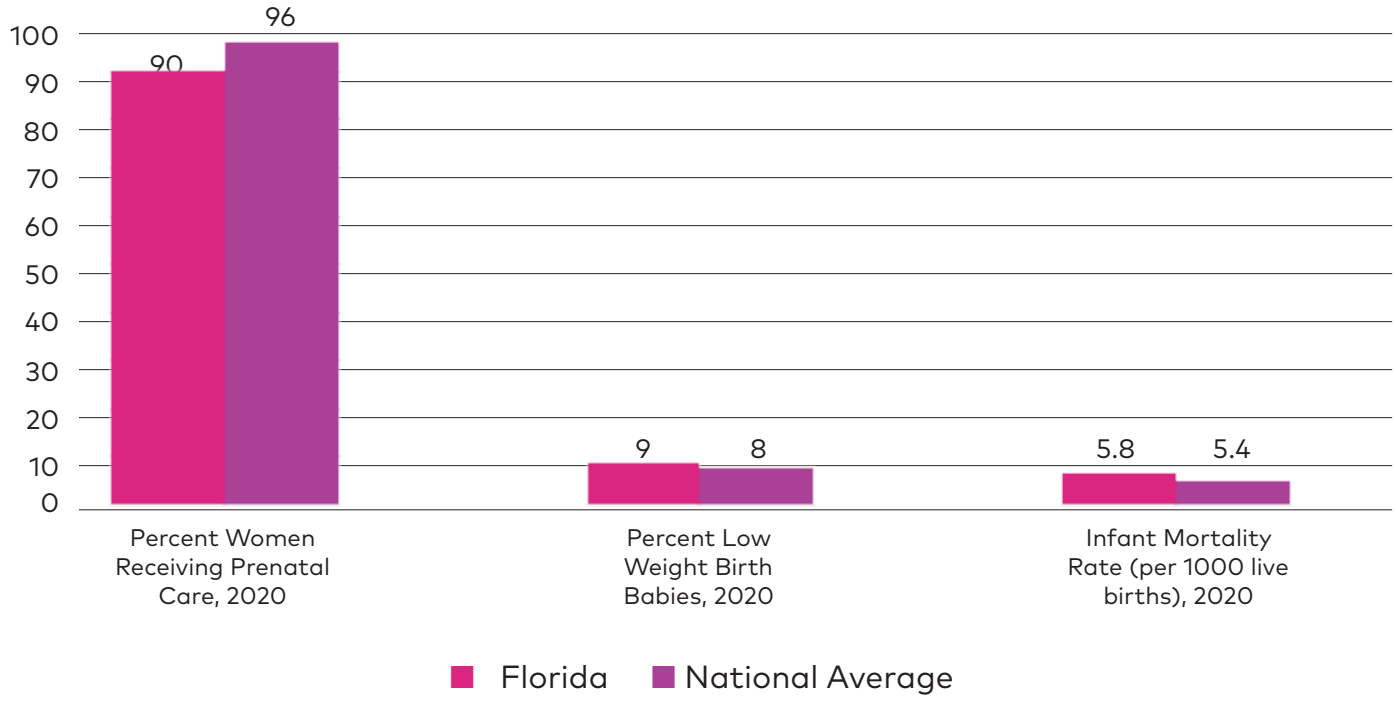
Fertility rate refers to the number of children born to women aged 15 to 49 per 1,000 women. In the United States, the women's fertility rate has declined in recent years, mainly due to women's tendency to marry and give birth later in life (Smock and Schwartz 2020). Florida falls slightly behind the national average in fertility rates (53.4 births per 1,000 women in the state, compared with 55.8 births per 1,000 women nationally) (Centers for Disease Control and Prevention 2021a).

Adolescent Pregnancy

Florida's adolescent birth rate in 2020 was 15.2 per 1,000 girls aged 15–19 years, slightly lower than the national average (15.4). Behind these averages lie significant racial disparities. In 2020, the teen birth rate among Black girls was twice the rate among their White peers. This disparity reveals a lack of access and systems of support that are responsive to the needs of Black girls (Center for Disease Control 2021b).

[6] Prenatal care reduces the risk of complications for both the pregnant person and the developing fetus (Office on Women's Health 2019).

FIGURE 1. Prenatal Care, Low-Weight Births, and Infant Mortality Rates in Florida and the United States, 2020



Source: IWPR compilation of data from (Centers for Disease Control and Prevention 2021a; Murphy et al. 2021; Florida Department of Health 2021a)

Period Poverty

Reliable and affordable access to menstruation products allows menstruating people to stay in school and work and carry out their daily activities comfortably. In the United States, 1 in 4 adolescent girls has missed instructional time due to a lack of period supplies ("Florida State Fact Sheet on Period Poverty" 2020). This lack of period supplies is primarily determined by income levels. The $150 to $300 per year that menstruating people spend on period products places an outsized burden on low-income individuals (Wilson 2020). In Florida, this burden affects 1 in 6 women and girls aged 12 to 44 who live below the Federal Poverty Line ("Florida State Fact Sheet on Period Poverty" 2020).[7] Legislation has been proposed to require public funding of basic menstruation services in schools (SB 248/HB 175 in the 2022 legislative session) but has not been put to a vote.

[7] To address the effects of period poverty, Florida state Representative Michael Grieco introduced a bill titled the Learning with Dignity Act that would make period products available for free in public schools (Wilson 2020). The bill died in Committee in the spring of 2021 (Grieco 2021).

POLICY RECOMMENDATIONS

To improve access to reproductive health care for all women in Florida requires changes at both the federal and state level. However, the political environment both nationally and, in particular, in Florida creates significant challenges in pursuit of these goals. For that reason, we recommend that voters consider the need to protect reproductive freedom when casting votes in local, state, and federal elections, and that they work to elect leaders who are committed to protecting and expanding access to reproductive health care.

Federal policy recommendations

- **Legislative action to protect and expand access to abortion throughout the United States, particularly in light of the Dobbs decision.** This includes passage of federal legislation to guarantee the right to provide and to access abortion (the Women's Health Protection Act), as well as the enactment of appropriations funding bills free from the Hyde Amendment and related federal abortion-coverage bans. Passage of the Women's Health Protection Act would override state-passed abortion bans and restrictions, and ending the Hyde Amendment would help to ensure that abortion is accessible, regardless of how an individual receives their health insurance.
- **Consider additional legislative options to improve accessibility of abortion, particularly for individuals living in states passing abortion restrictions.** With Florida already enacting a 15-week abortion ban and seemingly poised to consider even more restrictive legislation, the ability for Florida residents to access abortion out of state is increasingly important. Legislation to protect the right to travel to access abortion care (H.R. 8297), the Ensuring Access to Abortion Act of 2022) was passed by the House of Representatives in 2022, but did not receive a vote in the United States Senate.
- **Identify additional opportunities to increase accessibility of medication abortion.** On January 22, 2023, the Biden Administration issued a Presidential Memorandum aimed at protecting access to medication abortion by directing federal agencies to consider new guidance protecting legal access to mifepristone, a medication used to bring about a medical abortion, as well as patient safety and security. This was the most recent in a string of actions by the Biden Administration to expand and protect access to medication abortion; other initiatives included relaxing the restrictions governing the dispensing of the medication and issuing a legal opinion underscoring the right of the United States Postal Service to deliver the medication. Medication abortion is increasingly a focus of anti-abortion activism, and the current lawsuit in Texas takes aim at the FDA's approval of mifepristone and seeks to have the drug fully removed from the shelves (The White House 2023).
- **Increase funding for the Title X program.** The Title X program was decimated by the Trump Administration's regulatory action, but it has also been severely underfunded for many years. A robust increase in funding for Title X would ensure that the program is able to meet the unmet need for low-income women in Florida.

State policy recommendations

- Overturn existing legislation and policy that restricts access to abortion for people living in Florida, including the 15-week ban, bans on insurance coverage for abortion, parental consent requirements, and TRAP laws.
- Resist further attempts to limit abortion access, including any abortion bans or laws that copy the Texas Senate Bill 8, a bill that bans virtually all abortions and medical counseling and support related to abortion after 6 weeks (Snyder, 2021).
- Seek opportunities to protect abortion access and reproductive healthcare. We note that the political environment and current elected legislature/governor make this extremely challenging.

Other policy options

Consider pursuing an abortion-rights ballot measure. According to news reports, there are ongoing discussions within the state about whether to pursue a ballot measure to protect and restore abortion access in Florida. Recent successful ballot initiatives, starting with the August 2022 vote in Kansas that defeated an effort to remove protections around abortion from the state constitution, has led advocates to consider this approach in other states where questions can be posed directly to voters. Amendments to the Florida constitution must get 60 percent support from voters, making such a ballot initiative a particularly challenging process.

CONCLUSION

Reproductive rights and access to healthcare are critical foundations for autonomous, economically secure, and joyful lives. This report has outlined the ways that reproductive rights still are elusive in Florida, as well as the ways such rights might be more fully realized. Due to the shifting landscape of reproductive rights on both state and national levels, the issues outlined in this White Paper will continue to be salient in the lives of Florida's women. Daily work on these issues is taking place in classrooms, clinics, and pharmacies across the state. Their everyday lives are deeply affected by the policies and outcomes described above. We recommend that policymakers and advocates complement this report by listening to Floridian women's lived experiences and learning about ways they can contribute to the full realization of their reproductive rights.

Areas for Future Research

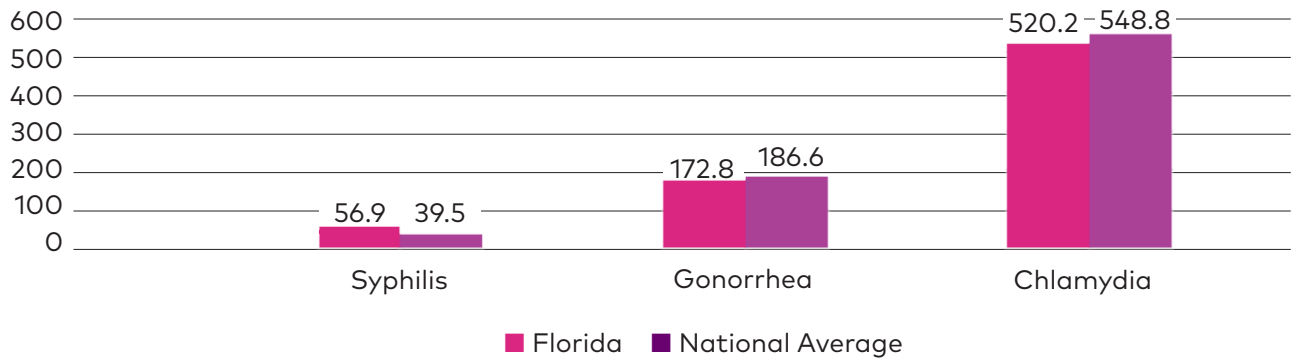
Many of the sources discussed in this White Paper are limited by a current lack of data, particularly intersectional data. Generally, qualitative and community-based participatory research is needed to contextualize available information on reproductive health. Research is particularly scarce concerning the experience of transgender and non-binary people, undocumented immigrants, unhoused women, and incarcerated women. Similarly, many data sources present data in the aggregate, since sample sizes are often too small to examine differences among racial and ethnic groups. Qualitative research can help illuminate some of these gaps in existing research.

Finally, the COVID-19 pandemic affected people's reproductive health access and choices in important ways. For example, many women reported delaying pregnancy during the pandemic or planning to have fewer children while also experiencing decreased access to sexual and reproductive health services (Lindberg et al. 2020). More research is needed to understand the long-term impact of the pandemic on women's reproductive health, especially its impact on marginalized groups such as low-income women, women of color, and immigrant women.

APPENDIX A

Cases of STIs had been increasing across the country for six years as of 2019 (Centers for Disease Control and Protection 2021d). HHS developed a National Strategic Plan for the country in 2021 to reduce the spread of STIs and increase knowledge of their risks (United States Department of Health and Human Services 2020). In Florida, infection rates of gonorrhea and chlamydia per 100,000 women (172.8 and 520.2, respectively) are lower than the national average. On the other hand, syphilis infection rates are considerably higher in Florida than in the nation as a whole, with 56.9 cases per 100,000 people compared with 39.5 per 100,000 people (Centers for Disease Control and Prevention 2021e). STIs are associated with health complications and increased risk of HIV transmission (United States Department of Health and Human Services 2020). Improving the health care system in Florida while simultaneously increasing awareness of STIs — particularly among underserved and at-risk populations — could reduce transmission in the state.

FIGURE 2. Sexually Transmitted Diagnostic Infection Rates Among Women, Florida and National Average, 2019

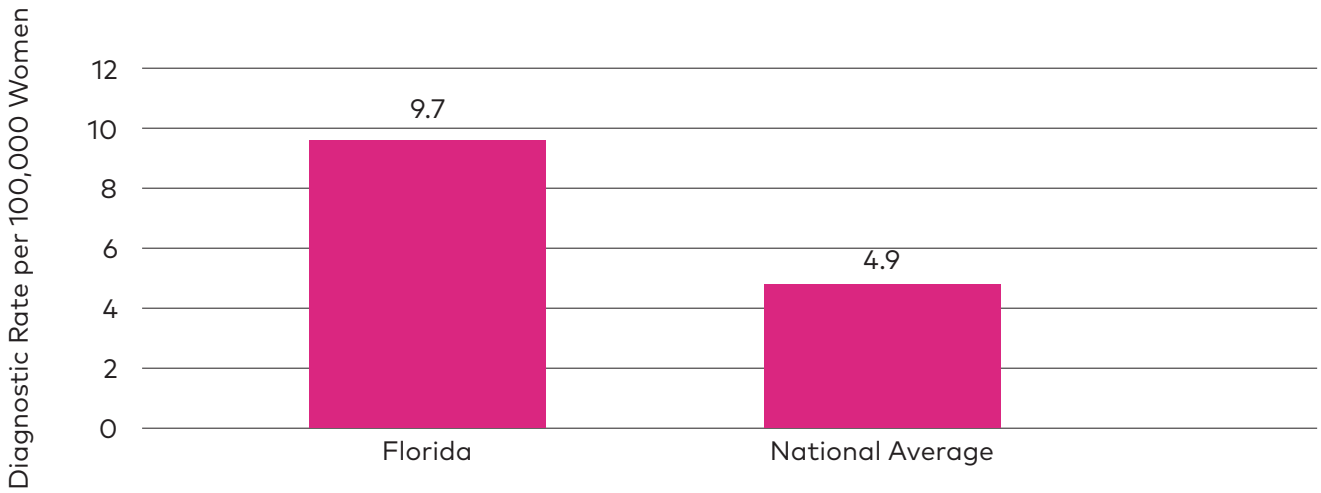


Source: IWPR analysis of (Centers for Disease Control and Prevention 2021e)

HIV/AIDS

The number of reported HIV/AIDS infections per 100,000 women in Florida is almost double that of the national average (9.7 versus 4.9, respectively) (HIV Surveillance Report 2021). While sex-disaggregated data on Black and Hispanic women with HIV/AIDS in Florida is unavailable, the data for the total Black and Hispanic populations suggest troubling disparities. In 2019, the diagnosis rate for Black Floridians was 53.2 per 100,000 people, while the rate for Hispanics in Florida was 29.2 per 100,000 people (Florida Department of Health 2021b). Social and economic inequalities among racial groups likely contribute to the uneven prevalence of HIV/AIDS within specific communities. The Florida Department of Health developed a plan to reduce transmission; the components include routine testing, rapid access to and retention in treatment, access to Pre-exposure prophylaxis (or PrEp) and Nonoccupational post-exposure prophylaxis (or nPEP) medicines taken to prevent getting HIV, and increased awareness (Florida Department of Health 2021b) . Structural issues such as insurance coverage and access to health care affect progress on this measure. HIV diagnoses have been declining for the overall Florida population since 2001, from a rate of 47.4 per 100,000 people in 2001 to 16.2 per 100,000 people in 2020.

Figure 3. HIV/AIDS Infection Rate per 100,000 Women, Florida and National Average, 2019



Source: (Centers for Disease Control and Prevention 2021f)

APPENDIX B

Reproductive Rights Index

State	Score	National Rank	Grade	Parental Consent and/or Notice, as of June 2022[a]	Waiting Period, as of June 2022[a]	Public Coverage, as of June 2022[a]	Percent of Women Living in Counties with at least one Abortion Provider, 2017[b]	State Government Opposed to Reproductive Rights, June 2022[c]	Medicaid Family Planning, September 2021[d]	Infertility Treatment Coverage, as of March 2021[e]	Sex Education, as of June 2021[f]	Legal Right to Abortion, June 2022[c]
Alabama	1.41	40	D	0	0	0	41%	0.00	1	0	0	
Alaska	2.68	24	C+	1	1	1	68%	0.00	0	0	0	P
Arizona	0.82	45	F	0	0	0	82%	0.00	0	0	0	
Arkansas	0.73	48	F	0	0	0	23%	0.00	0	1	0	T
California	6.22	2	A-	1	1	1	97%	1.00	1	0.5	1	P
Colorado	2.23	28	C	0	1	0	73%	1.00	0	0	0	P
Connecticut	5.45	5	B+	1	1	1	95%	1.00	1	1	0	P
Delaware	3.32	19	C+	0	1	0	82%	1.00	0	1	0.5	P
District of Columbia	3.50	17	B-	1	1	0	100%	1.00	0	0	0.5	P
Florida	2.76	22	C+	0	1	0	76%	0.00	1	0	0.5	P
Georgia	1.95	29	C-	0	0	0	45%	0.00	1	0	0.5	
Hawaii	4.95	11	B	1	1	1	95%	1.00	0	1	0.5	P
Idaho	0.33	50	F	0	0	0	33%	0.00	0	0	0	T
Illinois	4.13	13	B	1	1	1	63%	1.00	0	1	0	P
Indiana	1.30	42	D	0	0	0	30%	0.00	1	0	0	
Iowa	1.42	39	D	0	0	0	42%	0.00	0Æ	0	1	*
Kansas	1.89	30	C-	0	0	0	39%	1.00	0	0	0.5	P
Kentucky	1.68	33	D+	0	0	0	18%	1.00	0	0	0.5	T
Louisiana	1.28	43	D-	0	0	0	28%	0.00	1	0	0	T
Maine	5.26	7	B+	1	1	1	76%	1.00	1	0	0.5	P
Maryland	5.21	8	B+	0	1	1	71%	1.00	1	1	0.5	P
Massachusetts	3.87	16	B-	0	1	1	87%	1.00	0	1	0	P
Michigan	1.65	34	D+	0	0	0	65%	1.00	0	0	0	
Minnesota	3.89	15	B-	0	0	1	39%	1.00	1	0	0.5	P
Mississippi	1.59	35	D+	0	0	0	9%	0.00	1	0	0.5	T
Missouri	0.22	51	F	0	0	0	22%	0.00	0Æ	0	0	T
Montana	3.94	14	B-	0	1	1	44%	0.00	1	1	0.5	P
Nebraska	0.60	49	F	0	0	0	60%	0.00	0	0	0	
Nevada	3.41	18	C+	1	1	0	91%	1.00	0	0	0.5	P
New Hampshire	3.20	20	C+	0	1	0	70%	0.00	1	1	0.5	

State	Score	National Rank	Grade	Parental Consent and/or Notice, as of June 2022[a]	Waiting Period, as of June 2022[a]	Public Coverage, as of June 2022[a]	Percent of Women Living in Counties with at least one Abortion Provider, 2017[b]	State Government Opposed to Reproductive Rights, June 2022[c]	Medicaid Family Planning, September 2021[d]	Infertility Treatment Coverage, as of March 2021[e]	Sex Education, as of June 2021[f]	Legal Right to Abortion, June 2022[c]
New Jersey	6.24	1	A-	1	1	1	74%	1.00	1	1	1	P
New Mexico	5.02	10	B+	1	1	1	52%	1.00	1	0	0.5	
New York	5.42	6	B+	1	1	1	92%	1.00	1	1	0	P
North Carolina	2.97	21	C+	0	0	0	47%	1.00	1	0	0.5	
North Dakota	0.78	46	F	0	0	0	28%	0.00	0	0	0.5	T
Ohio	1.45	38	D	0	0	0	45%	0.00	0	1	0.5	
Oklahoma	1.47	37	D	0	0	0	47%	0.00	1	0	0	T
Oregon	5.77	4	A-	1	1	1	77%	1.00	1	0	1	P
Pennsylvania	2.52	25	C+	0	0	0	52%	1.00	1	0	0	
Rhode Island	4.78	12	B	0	1	0	78%	1.00	1	1	1	P
South Carolina	1.79	32	C-	0	0	0	29%	0.00	1	0	0.5	
South Dakota	0.74	47	F	0	0	0	24%	0.00	0	0	0.5	T
Tennessee	1.87	31	C-	0	1	0	37%	0.00	0	0	1	T
Texas	2.32	26	C	0	0	0	57%	0.00	1	0.5	0.5	T
Utah	1.37	41	D	0	0	0	37%	0.00	0	1	0.5	T
Vermont	5.12	9	B+	1	1	1	62%	1.00	1	0	0.5	P
Virginia	2.70	23	C+	0	1	0	20%	1.00	1	0	0	
Washington	5.90	3	A-	1	1	1	90%	1.00	1	0	1	P
West Virginia	1.10	44	D-	0	0	0	10%	0.00	0	1	0.5	
Wisconsin	2.30	27	C	0	0	0	30%	1.00	1	0	0	
Wyoming	1.54	36	D+	0	1	0	4%	0.00	1	0	0	T

Notes/Legend:
T: A trigger ban will make abortion criminally illegal when *Roe* is overturned.
P: The right to abortion is protected in the state constitution or state law.
* Iowa State Supreme Court overturned the state constitutional amendment protecting the right to abortion on June 17th, 2022.[1]
Æ Iowa and Missouri have state-funded programs expanding Medicare for family planning but exclude abortion providers.

Sources:
(a) The Guttmacher Institute, "An Overview of Abortion Laws,"https://www.guttmacher.org/state-policy/explore/overview-abortion-laws; **(b)** The Guttmacher Institute, "Abortion Incidence and Service Availability in the United States, 2017," https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017; **(c)** NARAL Pro-Choice America, "The State of Legal Abortion: States Poised to Ban Abortion if *Roe* Falls" (2022), https://www.prochoiceamerica.org/wp-content/uploads/2022/05/NARAL-State-of-Legal-Abortion-ENG-Final-5.4.2022.pdf; **(d)** The Guttmacher Institute, "Medicaid Family Planning Eligibility Expansions," https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions; Usha Ranji, Ivette Gomez, and Alina Salganicoff, "States That Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid" (Kaiser Family Foundation, 2021), https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D; **(e)** National Conference of State Legislators, "State Laws Related to Insurance Coverage for Infertility Treatment" (2021), https://www.ncsl.org/research/health/insurance-coverage-for-infertility-laws.aspx; **(f)** The Guttmacher Institute, "Sex and HIV Education" (2022), https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education; **(g)** Sex Ed for Social Change (SEICUS), "State Profiles" (2021), https://siecus.org/state_profile/massachusetts-state-profile/#:~:text=State%20Sex%20Education%20Policies%20and,sexual%20orientation%20or%20gender%20identity.

Methodology of RRI

The IWPR Reproductive Rights Index calculates a score for all 50 US states and the District of Columbia. The grade earned by an individual state is a summary of their total score across all indicators. Some indicators are weighted more heavily than others. Abortion bans, including trigger bans that would automatically make abortion illegal if *Roe v. Wade* is overturned, are not included in the overall score. However, states that have trigger bans or abortion protections are connoted in the composite map.[2]

The Index measures reproductive rights in the United States. using eight key indicators: (1) parental consent and/or notice for abortion care for minors, (2) waiting periods to access care, (3) public insurance coverage of abortion care, (4) the share of women living in counties with at least one abortion provider, (5) state governments (governor and legislature) fully opposed to reproductive freedom, (6) expanded access to Medicaid family-planning services, (7) coverage of infertility treatments, and (8) mandatory, quality sex education in public schools.[3] Additionally, as shown in Table Two, the index accounts for the presence or enactment of laws in each state that protect or prohibit women's right to abortion ("Legal Right to Abortion" column). This indicates which states have a "trigger ban" law that will immediately ban abortion following the fall of *Roe*, which states have taken steps to protect the legal right to abortion by codifying this right in state law, and which states have done neither. This column does not impact the letter grade or ranking of states. Collectively, these indicators provide a comprehensive snapshot of the status of women's reproductive rights in the states.

The Index is calculated based on the most recent data available, which ranges by indicator from October 2017 to June 2022. Data are compilations of secondary source data from the Kaiser Family Foundation, Sex Ed for Social Change (SEICUS), NARAL Pro-Choice America, the Guttmacher Institute, and the National Conference of State Legislatures.[4] While comparisons over time are a goal of the Index, some of the indicators were changed in response to policy developments and source data.[5] The Index no longer includes same-sex marriage and adoption due to the Supreme Court decision in *Obergefell v. Hodges*.[6]

[1] Please see "PLANNED PARENTHOOD OF THE HEARTLAND, INC.vs KIM REYNOLDS ex rel. STATE OF IOWA, No. 21–0856 (Supreme Court of Iowa, 2022), https://www.iowacourts.gov/courtcases/14891/embed/SupremeCourtOpinion.
[2] The maximum score a state can receive in the index is 6.5.
[3] For further information on weighting methodology, please consult Appendix A5 in Cynthia Hess et al., "The Status of Women in the States" (2015), http://statusofwomendata.org/wp-content/uploads/2015/09/PDF-of-final-Reproductive-Rights-chapter-9-4-2015.pdf.
[4] To construct the Composite Index, each component indicator was rated on a scale from 0 to 1 and given a weighting. Indicators (1), (2), and (4) are given a lower weight of 50 percent; the other five indicators are fully weighted at 100 percent, leading to a maximum ideal value of 6.5 points for the Index.
[5] The pro-choice state government indicator has been amended; originally, the indicator accounted for the stance on reproductive freedom of all three governmental bodies (executive, house, senate) by assigning .33 points to each, from 0 to 1. States with an anti-choice trifecta received a score of zero, while all other states receive a score of one. Third, the indicator on mandatory sex education was adjusted to reflect several measures of the quality of the curriculum. States were given 1 point if sex education was mandated and included at least one consistent measure of quality (i.e., were medically accurate; inclusive; and/or culturally unbiased); states received 0.5 points if sex education was mandated but without at least one measure of quality, and received a 0 if there was no mandatory sex education. In this update, the Medicaid Expansion indicator only reflects expanded access to Medicaid family planning specifically.
[6] The Supreme Court of the United States, "OBERGEFELL ET AL. v. HODGES, DIRECTOR, OHIO DEPARTMENT OF HEALTH, ET AL." (October 2014), https://www.supremecourt.gov/opinions/14pdf/14-556_3204.pdf.

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OUR MISSION | A just future begins with bold ideas.

We win economic equity for all women and eliminate barriers to their full participation in society. As a leading national think tank, we build evidence to shape policies that grow women's power and influence, close inequality gaps, and improve the economic well-being of families.

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