



National Institute for
Reproductive Health

MEETING THE MOMENT *POST-DOBBS*

A Review of Proactive
Abortion Policies Passed
in States & Localities,
June 24 - October 1, 2022

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INTRODUCTION

On June 24, 2022, the Supreme Court of the United States overturned *Roe v. Wade*, disregarding 49 years of precedent. The devastating decision in *Dobbs vs. Jackson Women's Health Organization* pulled the rug out from under millions of people who lived their entire lives with abortion care as a protected right, and unleashed chaos and confusion across the country. Even before *Dobbs*, a flood of state-level abortion restrictions in the previous decades had resulted in a dizzying patchwork of abortion laws and inequitable access; now with the legality of abortion fully left up to the states and no federal floor for protections, the situation has only been exacerbated. Like the restrictive abortion laws in effect prior to *Dobbs*, the ruling disproportionately impacts Black, Indigenous, Latinx, and other communities of color; those working to make ends meet; young people; and people living in rural communities.

With the fall of *Roe*, the National Institute for Reproductive Health (NIRH), our partners, and advocates across the country called upon our allies in state and local government to respond to the harsh reality before us by using both proven and innovative strategies to shore up and expand abortion access. In the intervening months, a record number of state and local officials rose to the challenge, helping to mitigate the damage from the wave of conservative governors and state legislatures rushing to impose abortion bans. States and localities across the country enacted a host of measures to safeguard and expand access by addressing financial barriers, creating protections against prosecution, expanding models of care, enhancing security and data privacy, countering anti-abortion centers, and proclaiming their commitment to abortion access for all. Additionally, state executives used their administrative power to issue robust executive orders on many of the issue areas addressed by legislation.

Meeting the Moment Post-Dobbs highlights the important proactive work that happened in the first three months following the decision. Seventeen states and at least 24 localities passed legislation or issued executive orders to protect and expand abortion access. This review aims to provide advocates and elected officials with a comprehensive list of proactive state legislation passed and executive orders enacted during this time period, while highlighting some of the most promising policies adopted in localities. Crucially, it also provides information and context for some of the new areas of law and policy that have arisen in the post-*Dobbs* landscape.

Because this resource only covers the immediate aftermath of *Dobbs*, it does not include two areas of work that have been central to NIRH's long-standing state-level abortion advocacy and are essential for achieving true reproductive freedom: 1) statutory protections codifying a person's fundamental right to make their own reproductive health care decisions; and 2) removal of parental involvement laws and age restrictions for accessing an abortion. Several states have passed related legislation in recent years ([Massachusetts](#), [Illinois](#)), as well as earlier in 2022, in anticipation of the *Dobbs* decision ([Colorado](#), [New Jersey](#), [Washington](#)).

We believe our movement is stronger when state and local advocates and elected officials can learn from each other's successes and benefit from their lessons learned. In the face of terrible harm from increasingly diminished access to abortion in many states, and the federal government's failure to sufficiently safeguard this care, it is incumbent upon states and cities to reimagine reproductive health care access, including abortion, and NIRH is here to help.

For more information on examples of bills and strategies to advance reproductive health, rights, and justice, see NIRH's comprehensive reports [Gaining Ground](#) and [Local Reproductive Freedom Index](#). To learn about the policies in this report or about the support that NIRH provides to advocates and officials fighting to protect abortion access, visit our website at www.nirhealth.org or contact us as partnerships@nirhealth.org.

NIRH & NIRH ACTION FUND

The National Institute for Reproductive Health (NIRH) and the National Institute for Reproductive Health Action Fund (NIRH Action Fund) are advocacy groups that fight to protect and advance access to just and equitable reproductive health care and build political power for reproductive freedom. We do this by working hand-in-hand with reproductive health, rights, and justice organizations in states and cities across the country to build coalitions, launch campaigns, change policy, and elect candidates who stand up for everyone's right to control their reproductive lives. For more than four decades, our strategy has been to go on the offensive to pass laws that safeguard reproductive freedom. We work in the communities where change is needed, so the fabric of reproductive freedom becomes harder to tear apart.

LOCAL AND STATE LEGISLATIVE POLICIES

ADDRESSING FINANCIAL BARRIERS TO ABORTION ACCESS

Public funding for abortion directly supports access to care for those who might otherwise be unable to afford it. Public funding can also support abortion providers, bolstering and strengthening the abortion care infrastructure of a city or state. Despite the Hyde Amendment's long-standing, unjust ban on the use of federal funds for abortions and similar laws enacted decades ago in a majority of states, the *Dobbs* ruling inspired localities and states to allocate new funding for abortion procedures and/or the wraparound services, known as "practical support," required to access abortion care, such as lodging, transportation, and childcare.

Allocation of funding can happen in a variety of ways, including an allotment in the budget, a direct donation to an organization or entity, or the use of American Rescue Plan Act (ARPA) dollars. Whatever the mechanism, establishing funding as an annual contribution, rather than a one-time disbursement, should be the standard, as it provides more stability for organizations to manage their operations. It is also crucial that organizations who are receiving or who are eligible to receive the funds are engaged in the process and consent to receive the funding. Recipient organizations should be informed of any requirements in place for organizations that receive government funding – typically administrative and/or insurance requirements – and of the costs associated with meeting them.

Localities interested in this strategy should first verify whether they are preempted by state law from allocating municipal funds to abortion. If a city is preempted, they may still be able to allocate funding for practical support or use ARPA dollars. ARPA provided \$350 billion of flexible aid to state, local, and tribal governments. These funds have few restrictions in order to support creative recovery solutions and are available to nonprofit organizations. Any of these funding programs should be done in partnership with existing abortion funds (grassroots organizations that directly support people to get the abortions they want and need) to ensure they are not replicating funding models.

Four states and at least 11 localities addressed financial barriers to abortion access in the three months following the *Dobbs* decision.

ALLOCATION TO EXISTING ABORTION FUNDS	
LOCAL	ANALYSIS & CONSIDERATIONS
Atlanta, GA (22-4-3981); Chicago, IL (Mayor's Press Release, 8/31/22); Columbus, OH (2215-2022); Fresno, CA (ID-22-1385); Nashville and Davidson County, TN (RS2022-1734); New York, NY (City Council Press Release, 9/13/22); Seattle, WA (CB 120366)	Directs state and/or municipal funding to abortion access. Review NIRH and All* Above All's resource " Best Practices in Municipal Abortion Funding " for guidance on important considerations when allocating funding, including protecting confidentiality, addressing administrative burdens, and more.
STATE	
California (SB 184 , SB 154 , SB 1245 , AB 2586); Massachusetts (H5050 , H5090); New Jersey (S2023); Oregon (HB 5202)	

ALLOCATION OF ARPA FUNDS TO ADDRESS BARRIERS TO ABORTION ACCESS CAUSED BY COVID-19	
LOCAL	ANALYSIS & CONSIDERATIONS
Cuyahoga County, OH (BC2022-543); St. Louis, MO (Board Bill No 61)	Directs ARPA funding to abortion access. Any jurisdiction can use their ARPA funds to address barriers to abortion caused by the COVID-19 pandemic and its long-lasting impacts. ARPA funds can be allocated to pay for abortion care and logistical support even in cities located in states that have preempted public funding for abortion.

EXPANDING HEALTH COVERAGE FOR ABORTION	
STATE	ANALYSIS & CONSIDERATIONS
California (AB 2134); Massachusetts (H5090)	<p>Requires insurers to provide abortion coverage without cost-sharing.</p> <p>ERISA-covered plans, also known as self-funded plans, will be exempt from this requirement. States can consider requiring state-regulated plans to disclose the coverage they are required by the state to provide.</p>
LOCAL	ANALYSIS & CONSIDERATIONS
Austin, TX (Res 20220721-004); Kansas City, MO (Res 220572); Nashville & Davidson County, TN (RS2022-1646)	<p>Cities have used a few different strategies to explore insurance coverage of abortion for municipal employees and to encourage private employers to add abortion coverage to their insurance plans:</p> <ul style="list-style-type: none"> • Evaluating the feasibility of providing city employees with abortion benefits, such as travel and accommodation expenses (Austin, TX; Nashville & Davidson County, TN). • Creating an early enrollment period to allow city employees to select plans that ensure coverage for all reproductive health care treatments and procedures (Kansas City, MO). • Requiring companies seeking incentive grants to report whether their employee health care coverage includes costs for travel for medical care (Nashville & Davidson County, TN). • Directing the development of a plan for reimbursement for city employees traveling for health care not available in the state. To comply with the state's bans on abortion coverage, Kansas City's language states that reimbursements cannot come from any taxpayer-generated funds (Kansas City, MO; Nashville & Davidson County, TN).

GRANT TO SAFETY NET PROVIDERS OF ABORTION AND CONTRACEPTION	
STATE	ANALYSIS & CONSIDERATIONS
California (AB 2134)	Allocates grants to safety-net providers and those who provide uncompensated abortion and contraception care to patients with low incomes and those facing other financial barriers. This funding helps ensure that the state’s current network of abortion providers is financially sustainable for the long term.

BUILDING PROTECTION FROM PROSECUTION

Across the country, policymakers and advocates are seeking to use their authority to protect providers and patients from the criminal prosecution and/or civil penalties they may face for allegedly violating the new raft of state abortion bans. Though some prosecutors had tried to criminalize abortion providers and patients before *Roe* was overturned, this area of policy is largely new and untested in the post-*Dobbs* legal landscape. In particular, policies that address interstate actions raise constitutional questions that have not yet been resolved, and laws restricting the ability of law enforcement or municipal agencies from enforcing bans locally in states where abortion is restricted may create a false sense of safety. Anti-abortion officials, such as the attorney general, can still step in to enforce an abortion ban if local authorities refuse to do so. Before pursuing this emerging area of law, NIRH strongly encourages elected officials to consult with their jurisdiction’s attorney and to reach out to us for guidance.

It’s important to note that five states passed policies to protect against prosecution in 2022 prior to the *Dobbs* ruling, both before ([Colorado](#); [New Jersey](#); [Washington](#)), and in response to the leaked draft opinion ([Connecticut](#); [New York](#)). While these policies do not appear in the chart below because they pre-date the *Dobbs* ruling, they are important models of which to be aware.

Four states and at least 12 localities passed policies to protect against prosecution related to abortion in the three months following the *Dobbs* decision.

PROVIDER AND PATIENT PROTECTION FROM OUT OF STATE HARMS (CONT.)

STATE	ANALYSIS & CONSIDERATIONS
<p>California (AB 1666); Delaware (HB 455); Massachusetts (H5090); New Jersey (A3974)</p>	<p>Aims to protect patients and providers from extradition to a state where abortion is criminalized, for abortions performed in the state where abortion is legal.</p> <ul style="list-style-type: none"> • All the laws except New Jersey’s also aim to prevent states from issuing a summons or enforcing an out-of-state subpoena in a civil or criminal case regarding reproductive services. • Massachusetts’ bill aims to protect providers from prosecution and lawsuits “regardless of the patient’s location,” if the abortion complied with state law. • California’s law aims to provide protection from civil law damages and/or allows patients and providers to countersue for damages.
<p>California (AB 1242); Massachusetts (H5090); New Jersey (A3975)</p>	<p>Prevents state employees from cooperating with another state’s criminal or civil proceeding regarding a patient’s legal health care. In California and Massachusetts, this includes issuing a summons. The California law also prohibits law enforcement from arresting a person for aiding a lawful abortion performed in the state.</p>
<p>California (AB 2091); Delaware (HB 455); New Jersey (A3975)</p>	<p>Prevents the interstate disclosure of patient’s medical records related to reproductive health care by a health plan, clearinghouse, or provider without the patient’s written consent in any civil or criminal proceeding.</p>

PROTECTION FROM DISCRIMINATION IN EMPLOYMENT DUE TO REPRODUCTIVE HEALTH CARE DECISIONS	
LOCAL	ANALYSIS & CONSIDERATIONS
Austin, TX (Ordinance No 20220721-001)	Bans discrimination in employment based upon an individual's decisions about their reproductive health care.

PROTECTION AGAINST INVESTIGATION	
STATE	ANALYSIS & CONSIDERATIONS
California (AB 2223)	Helps to protect against the criminalization of pregnancy loss by prohibiting using the coroner's statements on fetal death certificates in a criminal prosecution or civil action against a person who is immune from liability under California's Reproductive Privacy Act.
Massachusetts (H5090)	Allows for a civil cause of action for patients and providers who have been targeted with abusive litigation that infringes on their legally protected health care activity, allowing for injunctive and monetary relief.

FREEDOM FROM PROSECUTION AND/OR INTERFERENCE BY THE STATE	
LOCAL	ANALYSIS & CONSIDERATIONS
Athens-Clarke County, GA (Resolution, 8/2/22); Atlanta, GA (22-R-3711); Austin, TX (Resolution No 20220721-002); Dallas, TX (Resolution No. 22-1140); Denton, TX (ID 22-1275); Nashville & Davidson County, TN (Resolution No. 2022-1635); New Orleans, LA (No. R-22-310); Travis County, TX (Item 5, 9/13/22);	States that prosecution of criminal abortion laws should be the lowest priority for local law enforcement, requests that local police departments place investigations of abortion-related care at the lowest possible priority, and states that city funds should not be used to help investigate such crimes. These resolutions do not have the power to prohibit or prevent prosecution of abortion and are limited by the power of the local elected offices and state attorneys general.

FREEDOM FROM PROSECUTION AND/OR INTERFERENCE BY THE STATE (CONT.)	
STATE	ANALYSIS & CONSIDERATIONS
Massachusetts (H5090)	States that individuals have the right to access reproductive health care services without interference.

EXPANDING MODELS OF CARE

For decades, attacks on abortion – from state-level restrictions to stigmatizing rhetoric from politicians to harassment and violence from protesters – had led to a chilling effect on the provision of abortion care. The *Dobbs* decision has only made this worse. Clinics across the country have been forced to shutter, even in states where abortion is not completely banned, leaving residents with no abortion services in their state. To prepare for the expected influx of patients from neighboring states, some states where abortion is protected have expanded the settings where people can access abortion care and the category of clinicians that are qualified to provide abortion care. While these strategies predate *Dobbs*, they have taken on new urgency in the wake of that ruling. According to the National Academies of Sciences, Engineering, and Medicine’s 2018 comprehensive [report](#) on the safety of abortion, trained advanced practice clinicians – such as certified nurse-midwives, nurse practitioners, and physician assistants – can safely and effectively provide abortions.

Four states and at least one locality have expanded models of care in the three months following the *Dobbs* decision.

EXPANDING ACCESS AND FUNDING FOR MEDICATION ABORTION	
LOCAL	ANALYSIS & CONSIDERATIONS
New York, NY (Int 0507-2022)	Establishes provision of medication abortion at no-cost at all city-run sexual health clinics.
STATE	ANALYSIS & CONSIDERATIONS
Massachusetts (H5090)	Directs funding toward ensuring readiness for medication abortion to be provided at state universities and community colleges.

EXPANDS WHO CAN PERFORM ABORTIONS	
STATE	ANALYSIS & CONSIDERATIONS
California (AB 657 , SB 1375); Delaware (HB 455); Washington (HB 1851)	<p>Expands the scope of practice for provision of abortion care to include physician assistants (PAs) and nurse practitioners (NPs).</p> <p>These policies are critical to helping access states meet the need for abortion care for patients from restrictive states. It is important to work with local PA and NP associations on these policies to ensure their buy-in for passage and to support post-passage training that will be needed for implementation.</p>

INCREASING SECURITY FOR PROVIDERS & PATIENTS

Safety and security at abortion clinics has been a critical challenge for decades as the anti-abortion movement has used harassment, threats, and violence to create a hostile and intimidating environment at facilities that provide abortion care. Anti-abortion activists have been galvanized by the Supreme Court’s actions, leading to an escalation in their dangerous behavior since the *Dobbs* decision. Policies that help protect abortion clinics are important to maintain public safety and to work towards creating a safe, peaceful environment without stigma or shame for people accessing health care.

When considering policies or funding allocations for clinic security, it is important for policymakers to work in partnership with clinics and advocates who know their patients best and understand the local environment. An increased presence of police or security guards that can be mistaken for law enforcement at clinics may create a triggering or threatening environment for some patients or clinic staff, especially Black people and other people of color. Without training and strict oversight, police officers may not understand the laws in place to protect clinics and patients from protesters, and some police may even sympathize with the protesters who are creating a dangerous environment. There is no one-size-fits-all solution to clinic security, so it is important to hear from the staff themselves about what they need to be and feel safe. Strategies to protect clinics are not limited to the solutions discussed below. NIRH has worked with abortion providers, advocates, and elected officials to find options that fit their communities.

Two states and at least two localities have passed policies to increase security for providers and patients in the three months following the *Dobbs* decision.

FUNDING TO EXPAND SECURITY AT ABORTION CLINICS	
STATE	ANALYSIS & CONSIDERATIONS
Massachusetts (H5050); New Jersey (S2023)	<p>Allocates funding for security at abortion clinics.</p> <p>Because some independent abortion providers operate as LLCs or corporations, it is important that funding for clinic security is not restricted only to nonprofit facilities.</p>

CONFIDENTIALITY FOR ABORTION SERVICES, PROVIDERS, EMPLOYEES, VOLUNTEERS, AND PATIENTS	
STATE	ANALYSIS & CONSIDERATIONS
Massachusetts (H5090)	<p>Shores up confidentiality protections for abortion care and those who provide or receive abortion care, to help protect against increased harassment.</p> <p>Massachusetts' law protects abortion care providers. Prior to the <i>Dobbs</i> decision, New York passed a similar law (S9384A) that also protects the immediate family members of those who provide or receive abortion care.</p>

CREATES BUFFER ZONE AND PROTECTS CLINIC STAFF FROM HARASSMENT	
LOCAL	ANALYSIS & CONSIDERATIONS
Sacramento, CA (2022-01223); Seattle, WA (CB 120376)	<p>Establishes a buffer zone outside of abortion clinics.</p> <p>Buffer zones are a fixed area, typically delineated by visible painted lines, that create a safe access space and/or path that anti-abortion protesters are restricted from entering the clinic. Each buffer zone must be carefully tailored to the geography and threat environment of the clinic in order to balance public safety and free speech protections.</p> <p>The Seattle ordinance makes it a misdemeanor to interfere with access to or the operation of health care facilities and providers. This includes interfering with reproductive or gender affirming care.</p> <p>Because buffer zones must be carefully tailored to the geography and threat environment at specific clinics, buffer zones are typically not a good fit for state-level policy.</p>

EXPANDING DATA PRIVACY

Data privacy has become an increasingly urgent area of concern due to the overturn of *Roe* and subsequent threats of surveillance and criminalization of those seeking abortion care, their loved ones, and abortion providers by states that have banned or severely restricted abortion care. According to the [Digital Defense Fund](#), large companies like Google, Amazon, and cell service providers track and keep records of individuals’ data and internet activity, such as using technology to find information about abortion. Governments and other political actors can access this data and have a track record of doing so. Data privacy protections related to abortion and pregnancy intersect with a wide array of complex issues, including information security and surveillance concerns, and are linked to efforts being made by allied movements like racial justice, immigrant rights, and LGBTQ+ justice.

One state and at least nine localities expanded data privacy in the three months following the *Dobbs* decision.

PROTECTION OF REPRODUCTIVE HEALTH INFORMATION	
LOCAL	ANALYSIS & CONSIDERATIONS
Athens-Clarke County, GA (Resolution 8/2/22); Atlanta, GA (22-R-3711); Boise, ID (Res-385-22); New Orleans, LA (R-22-310) Austin, TX (20220721-02); Dallas, TX (Resolution No. 22-1140); Denton, TX (ID-22-1275); San Antonio, TX (Resolution, 7/26/22); Travis County, TX (Medical Access Resolution);	<p>Prohibits city/county funds from being used for storing or cataloguing reports on abortion, conducting surveillance or collecting information related to an individual or organization for the purpose of determining whether an abortion has occurred, or providing information regarding abortion, miscarriage, or reproductive health care act to any government agency.</p> <p>Anti-abortion state leaders may have the authority to circumvent these actions when they are taken by cities.</p>
Nashville & Davidson County, TN (BL2022-1385)	<p>Prohibits law enforcement from using license plate readers for enforcing laws outlawing abortion or outlawing interstate travel to obtain an abortion.</p>
STATE	ANALYSIS & CONSIDERATIONS
California (AB 1242)	<p>Prevents law enforcement and electronic communications corporations from cooperating with out-of-state entities, warrants, wiretaps, or other legal processes seeking information or records for an investigation related to a lawful abortion.</p>
California (AB 2091)	<p>Prohibits health care providers, health care service plans, contractors, or employers from releasing medical information on an individual seeking abortion care in response to a subpoena or request from out-of-state.</p>

ADDRESSING THE HARMS OF ANTI-ABORTION CENTERS

Anti-abortion centers (AACs) – also known as limited-service pregnancy centers, crisis pregnancy centers, or fake clinics – are facilities disguised as legitimate reproductive health clinics that are, in reality, unlicensed, usually faith-based organizations that provide counseling and limited prenatal services from an anti-abortion perspective grounded in religious beliefs, not medical facts. AACs use deceptive and harmful tactics to deter and delay people from getting abortions and manipulate people’s reproductive decisions by stoking fear and shame. Addressing the deceptive behavior of AACs is incredibly important; if left unchecked, their power and influence is likely to grow as legitimate abortion clinics shut down. Since *Dobbs*, some localities have tried to regulate AACs via bans on deceptive advertising, and to protect individuals from their deceptive and manipulative behavior through public education campaigns. Efforts to address AACs need to take into account local circumstances, as well as court rulings like the Supreme Court's decision in *NIFLA v. Becerra*, which makes it difficult to require AACs to make disclosures about their anti-abortion beliefs or the services, like abortion, that they do not provide.

At least five localities addressed the harms of AACs in the three months following the *Dobbs* decision.

REGULATING ANTI-ABORTION CENTERS	
LOCAL	ANALYSIS & CONSIDERATIONS
Pittsburgh, PA (2022-0524); Seattle, WA (CB 120399)	Bans deceptive advertising by AACs. Prior to the <i>Dobbs</i> decision, Connecticut enacted Public Act 21-17 which these ordinances use as a model. The Connecticut law is currently being challenged in federal court on First Amendment grounds.
Cambridge, MA (2022-16); Worcester, MA (City Council Journal, 7/19/22)	Tasks the city manager and city solicitor with reviewing how to regulate AACs.

ESTABLISHES A PUBLIC EDUCATION CAMPAIGN AROUND ANTI-ABORTION CENTERS	
LOCAL	ANALYSIS & CONSIDERATIONS
New York, NY (Int 0506-2022)	<p>Establishes a public education campaign on the deceptive advertising and misleading information provided by AACs and the impact that has on timely access to care.</p> <p>Campaigns can also highlight other locations, like diaper banks, where people can receive much-needed pregnancy, parenting, and baby resources without being subjected to the inaccurate information and stigmatizing language of AACs.</p>

CREATING PUBLIC EDUCATION AND OUTREACH PROGRAMS

Every level of government has a crucial role to play in providing the public with information on abortion laws and where and how people can safely access abortion care, including how to access financial and logistical support. Disinformation about abortion is widespread and the shifting legal landscape makes it difficult for people to know what the law is in their state. When thinking about launching any kind of public education campaign, it is critical for elected officials to work with advocates to ensure they are not recreating existing resources. Often, the best option is to amplify resources that already exist. If a city or state is developing a new public education campaign, abortion rights advocates and/or health care providers should ideally be engaged as advisors or collaborators to ensure information is accurate and that providers and patients are protected. While the policies here are originated by legislation, government agencies should be able to engage in some public education and outreach without passing legislation, especially by sharing information via existing websites, social media, community events, or other local spaces.

One state and at least two localities created public education and outreach programs in the three months following the *Dobbs* decision.

CREATES STATE/CITY WEBSITES THAT PROVIDE INFORMATION ON REPRODUCTIVE HEALTH CARE AND HOW TO ACCESS IT	
LOCAL	ANALYSIS & CONSIDERATIONS
Los Angeles County, CA (170772); New York, NY (Int 0474-2022)	<p>Mandates the creation of a website to provide information on abortion and reproductive health care. California's AB 2134 also requires that information be added to the Department of Industrial Relations website regarding abortion and contraception services that are available at no cost through the state's Reproductive Health Equity Program.</p> <p>General public education campaigns on abortion access should also include information about the deceptive advertising and practices of anti-abortion centers.</p>
STATE	
California (SB 1142); (AB 2134)	

ADDRESSES HEALTH INEQUITIES IN REPRODUCTIVE HEALTH EDUCATION	
STATE	ANALYSIS & CONSIDERATIONS
California (AB 2586)	Establishes the California Reproductive Justice and Freedom Fund to support community-based organizations in providing comprehensive reproductive and sexual health education, inclusive of abortion care, to disproportionately impacted communities.

STATE ADMINISTRATIVE POLICY

EXECUTIVE ORDERS TO PROTECT ABORTION ACCESS

Executive orders, statements of policy by executive actors, and both formal and informal regulations all create policies that impact and shape people's daily lives. State executives have a critical role to play in protecting and expanding abortion access, especially in states where the governor supports abortion access but the legislature is hostile to abortion. Immediately following the *Dobbs* decision, governors and attorneys general – from both access *and* restrictive states – took action and issued wide-ranging orders. This section provides examples of actions executives who support abortion access might consider taking in their states.

Advocates have a role to play in influencing executive action and can do so by engaging with these offices to lift up the needs of the communities they represent. It is important to note that in many states, executive orders can be rescinded or modified with a new administration. Many of the policy areas these orders address are covered in more detail in the sections above, including the analysis and key considerations that should be taken into account. NIRH encourages officials and advocates to review those considerations above when determining whether and how to move an executive order forward.

Executives in fourteen states acted to protect abortion access in the three months following the *Dobbs* decision.

STATE	EXECUTIVE ORDER	ACTION
California	Governor Newsom Executive Order N-12-22	<ul style="list-style-type: none"> • Declines any warrant for the arrest or surrender of any person charged with a criminal violation of a law that involves the provision, receipt, or assistance with reproductive health care services that are legal under CA law. • Prohibits executive agencies and employees from providing any information or using any state time, money, or facilities in furtherance of any inquiry, investigation, or proceeding initiated in or by another state that seeks to impose civil, criminal, or professional liability upon a person/entity for providing, receiving, or assisting in reproductive health services provided in the state.
Colorado	Governor Polis Executive Order D-2022-032	<ul style="list-style-type: none"> • Protects patients and providers from extradition within the Governor’s discretion. • Prohibits, unless required by court order, interstate assistance to patient investigations. • Prohibits interstate communication about patients. • Directs medical and professional licensing boards to issue rules that will ensure that no provider is disciplined for providing legal reproductive care in state.

STATE	EXECUTIVE ORDER	ACTION
Delaware	Attorney General Jennings	<ul style="list-style-type: none"> • Launches the Attorney General’s Abortion Legal Helpline that, with support from nearly a dozen partner law firms and several nonprofit and advocacy groups, provides free legal advice, including “know your rights” guidance and referrals for: Delawareans seeking abortions; patients seeking to travel to Delaware to obtain an abortion; people and organizations providing support to these patients; and health care providers.
Illinois	Governor Pritzker	<ul style="list-style-type: none"> • Allocates \$5.8 million in state general revenue funds to the Illinois Family Planning Program, providing funding to 29 delegate agencies that operate 98 family planning clinics throughout the state. • Increases Medicaid reimbursement for abortion services by 20% and eliminates the requirement for providers caring for patients that are dually eligible for Medicare and Medicaid to receive a denial from Medicare before submitting for reimbursement from Medicaid.

STATE	EXECUTIVE ORDER	ACTION
Maine	Governor Mills Executive Order 4	<ul style="list-style-type: none"> • Prohibits executive agencies and employees from providing any information or using any state time, money, or facilities to support an investigation in another state of a person or entity for providing, receiving, or assisting in reproductive health services that are legal in Maine. • Governor will exercise their discretion to decline requests for the arrest or surrender of any person charged with a criminal violation of a law of another state where the violation involves the provision of, assistance with, securing of, or receipt of reproductive health care services, unless the action would also constitute a criminal offense under Maine law.
Massachusetts	Attorney General Healy	<ul style="list-style-type: none"> • Attorney General Healy posted a multilingual advisory about AACs on the state’s official website.
Michigan	Governor Whitmer Executive Order No 2022-4	<ul style="list-style-type: none"> • Refuses to extradite people who come to the state seeking reproductive health care. • Refuses to extradite providers who offer reproductive health care in Michigan .

STATE	EXECUTIVE ORDER	ACTION
Michigan	<p><u>Governor Whitmer Executive Director No 2022-5</u></p> <p><u>Governor Whitmer Education Initiative</u></p>	<ul style="list-style-type: none"> • Instructs state departments and agencies not to cooperate with or assist the authorities of any state in any investigation or proceeding against an individual for obtaining or providing, or assisting another to obtain or provide, any legal reproductive health care. • Required state departments and agencies to identify and assess opportunities to increase protections for reproductive rights in Michigan. • Partners with the Michigan Department of Health and Human Services to launch a public effort to educate Michiganders and health care providers about access to emergency contraception and medication abortion.
Minnesota	<p><u>Governor Walz Executive Order 22-16</u></p>	<ul style="list-style-type: none"> • Protects health care providers in the state from other states' legal challenges if they provide reproductive health services for out-of-state residents. • States the governor can reject requests from other states to arrest or surrender a person considered to be illegally providing, receiving, or assisting with abortions, unless their charges are also considered illegal under Minnesota law.

STATE	EXECUTIVE ORDER	ACTION
Nevada	Governor Sisolak Executive Order 2022-08	<ul style="list-style-type: none"> • States that Nevada will not assist other states that try to prosecute residents who travel to Nevada for abortions. The governor’s office will refuse any request from another state to issue a warrant for the arrest or surrender of someone charged with a criminal violation of another state’s law if the violation involves reproductive health care services. • Establishes that no executive department or employee can offer information or use resources to help another state looking to prosecute or impose civil or criminal liability for someone who received reproductive health care services. • Prohibits medical boards and commissions that oversee medical licenses from disciplining or disqualifying doctors who provide abortions.
New Mexico	Governor Grisham Executive Order 2022-107	<ul style="list-style-type: none"> • Safeguards providers who perform abortions in New Mexico on patients who reside in another state from legal discipline by: <ul style="list-style-type: none"> ◦ Refusing to cooperate with extradition attempts from other states pursuing charges against individuals for receiving or performing reproductive services.

STATE	EXECUTIVE ORDER	ACTION
New Mexico	Governor Grisham Executive Order 2022-107	<ul style="list-style-type: none"> ○ Prohibiting state agencies from cooperating in another state's investigation into a person or other entity for receiving or delivering reproductive services. ○ Requiring the state licensing boards to not impose punishment on the medical providers who provide legal abortion care.
New York	Attorney General James	<ul style="list-style-type: none"> ● Attorney General James launched a Pro Bono Task Force in partnership with 24 law firms and 8 nonprofits. The Task Force operates a hotline providing “know your rights,” legal information, and referrals to: New Yorkers seeking abortions; patients seeking to travel to New York to obtain an abortion; people and organizations providing material support to access to reproductive health care; and conduct research and participate in litigation and other efforts to protect and improve access to reproductive health care.

STATE	EXECUTIVE ORDER	ACTION
North Carolina	Governor Cooper Executive Order No. 263	<ul style="list-style-type: none"> • Provides protections against extraditions for those seeking or providing reproductive health care services and prohibits Cabinet agencies from cooperating in investigations initiated in other states into anyone obtaining or providing reproductive health care. • Directs Cabinet agencies to protect reproductive health care services and states that they cannot require a pregnant state employee to travel to a state where there are no protections for the health of pregnant people. • Directs the Department of Public Safety to work with law enforcement to enforce a state law that prohibits anyone from blocking access to a health care facility.
Pennsylvania	Governor Wolf Executive Order 2022-01	<ul style="list-style-type: none"> • Prohibits executive agencies and employees from providing any information or using any state time, money, or facilities to support an investigation in another state of a person or entity for providing, receiving, or assisting in reproductive health care services that are legal in Pennsylvania.

STATE	EXECUTIVE ORDER	ACTION
Pennsylvania	Governor Wolf Executive Order 2022-01	<ul style="list-style-type: none"> • States the governor can reject requests from other states to arrest or surrender a person considered to be illegally providing, receiving, or assisting with abortions, unless their charges are also considered illegal under Pennsylvania law. • Directs executive agencies to work with state licensing boards to consider whether to implement policies that will ensure no person be disqualified from licensure or subject to professional discipline for providing or assisting in reproductive health services or as a consequence of any judgement/discipline imposed by another state. • Directs executive agencies to consider implementing steps that would better inform the public about reproductive health care.
Rhode Island	Governor McKee Executive Order 22-28	<ul style="list-style-type: none"> • Protects providers who provide reproductive health care services including abortion to individuals seeking care from another state. • Protects providers from disciplinary actions that target their medical licenses and from out-of-state charges.

STATE	EXECUTIVE ORDER	ACTION
Rhode Island	Governor McKee Executive Order 22-28	<ul style="list-style-type: none"> Protects out-of-state patients who seek reproductive health services that are legal in Rhode Island.