

NIRH

National Institute for
Reproductive Health

Still Moving Towards Reproductive Freedom: A Policy Blueprint for States

2025 Policy Agenda

From Defense to Power-Building

Reproductive freedom must be secured in law, realized in practice, and rooted in justice. The National Institute for Reproductive Health (NIRH) believes that protecting and expanding access to abortion and other forms of reproductive health care requires bold, proactive strategies that reflect the lived experiences of those most impacted. Our 2025 policy agenda is grounded in the belief that we must move beyond crisis response to build long-term power that reshapes access, equity, and autonomy in every community.

Today, we are facing not only the long-term consequences of the *Dobbs* decision but also a federal landscape in which anti-abortion forces are once again empowered. The Trump Administration has already taken steps to roll back reproductive rights and has made clear its intention to further restrict abortion access and defund critical care systems. From removing federal reproductive rights resources like ReproRights.gov to pardoning violent anti-abortion extremists, the Administration is signaling a dangerous alignment with extremist efforts to criminalize abortion care and intimidate providers.

Against this backdrop, NIRH is committed to advancing a policy vision that meets this moment with urgency and clarity. We work in deep partnership with state and local governments to expand access to reproductive health care, protect patients and providers, and create policy solutions that affirm reproductive autonomy—**not just as a right, but as a public good.**



This agenda outlines our strategic priorities to enshrine rights, improve access, eliminate criminalization, and remove cost barriers.

Together, these efforts are designed to counter mounting threats while laying the foundation for transformative and lasting change.

The Cost of Inaction: Why Policy Change Cannot Wait

Too often, the consequences of political inaction are fatal. When policies are shaped by stigma, control, and fear—rather than care, equity, and autonomy—people suffer, and lives are lost.

Rosie Jimenez and Amber Thurman are two such people.

In 1977, Rosie Jimenez, a young college student and mother in Texas, died after being denied Medicaid coverage for abortion due to the Hyde Amendment. Unable to afford safe care, she turned to an unsafe alternative. Rosie died not because abortion had been banned—it hadn't but because government policies made it inaccessible.¹

More than four decades later, in 2022, Amber Thurman—a 28-year-old medical assistant and mother—died after experiencing complications following an out-of-state abortion. Amber's doctor delayed her care. Georgia's six-week abortion ban created confusion and doctors in the state feared prosecution. Amber was denied prompt, life-saving care, and her condition worsened until it was too late.²

These were not tragic anomalies. They were entirely preventable deaths—caused by policies that deny people the care they need, criminalize providers, and devalue the lives of those most at risk. Rosie's and Amber's stories are a reminder: we cannot wait for more losses to take action.



¹ Garcia-Ditta, Alexa. "Reckoning with Rosie." *Texas Observer*, November 3, 2015, <https://www.texasobserver.org/rosie-jimenez-abortion-medicaid/>.

² Surana, Kavitha. "Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother's Death Was Preventable." *Pro Publica*, September 16, 2024, <https://www.propublica.org/article/georgia-abortion-ban-amber-thurman-death>.



Reproductive Freedom Must Be Protected in Law

State and local governments must play a leading role in establishing reproductive freedom as a fundamental right. Even in states that have passed constitutional amendments protecting abortion, hostile legislatures continue to push for restrictions that undermine those rights.

NIRH advocates for policies that:



Enshrine protections for reproductive health care in state and local laws by:

- Amending state constitutions to explicitly protect reproductive freedom and the full range of reproductive health care, including abortion, contraception, prenatal, and postpartum care as fundamental right;
- Passing legislation that protects the fundamental right to reproductive freedom and prohibits government interference with reproductive decisions.



Repeal laws that restrict or criminalize abortion care, including:

- Bans based on gestational age or method of abortion;
- Targeted restrictions on abortion providers;
- Fetal personhood laws;
- Mandatory parental involvement laws.

Access to Reproductive Health Care Must Be Expanded



Systemic barriers to care disproportionately harm Black, Indigenous, Latine, immigrant, low-income, and other historically marginalized communities. Discriminatory practices within the medical system and harmful state and federal laws exacerbate already dire maternal health outcomes, particularly in states with severe abortion restrictions.



We must expand access to culturally competent care by:

- Funding and supporting community birth centers;
- Investing in telehealth services for reproductive care;
- Creating provider incentives such as loan forgiveness and housing support.



We must protect emergency medical care by:

- Passing laws that require hospitals to provide stabilizing treatment for pregnancy-related conditions, including abortion and miscarriage care;
- Ensuring nondiscrimination in the provision of emergency reproductive care regardless of insurance status, pregnancy outcome, or income level.

Reproductive Health Care Must Be Affordable and Accessible to All

Cost is one of the most significant barriers to care, especially for people with low incomes, young people, immigrants, and people of color. State and local governments have the power to reduce these barriers even in the face of federal restrictions.



We must improve insurance coverage and reimbursement rates by:

- Repealing bans on insurance coverage of abortion;
- Enhancing coverage for contraception, pregnancy, and abortion care;
- Ensuring fair reimbursement for reproductive health care providers, doulas, and midwives.



We must expand direct funding for care and related needs by:

- Covering associated costs like travel, lodging, and childcare;
- Leveraging untapped funding sources to support care for uninsured and underinsured patients;
- Allowing local governments to use public funds to support reproductive health access.

No One Should Face Criminalization for Pregnancy or Care

Patients, providers, and supporters are increasingly at risk of prosecution under state abortion bans. Criminalization disproportionately affects Black, Latine, Indigenous, and immigrant communities and people living in poverty.

NIRH advocates for policies that:



Remove abortion from criminal codes and protect those involved in seeking, providing, or supporting abortion care;



Strengthen protections for people who travel across state lines for care;



Regulate and limit the use and sharing of digital health data by:

- Requiring deidentification of reproductive health data;
- Restricting law enforcement access to electronic health records and online activity;
- Segmenting sensitive health data in electronic health records.



End harmful reporting and testing practices that lead to family separation by:

- Repealing laws that require or incentivize drug testing of pregnant patients and newborns or reporting of positive drug tests to the family policing system;
- Requiring explicit informed consent before verbal or medical drug screening of pregnant patients.





Securing the Future of Reproductive Freedom

The ongoing assault on reproductive rights by the federal government, hostile state legislatures, and the courts has had devastating impacts. The return of the Trump Administration only intensifies these threats—signaling a coordinated campaign to roll back access to care, defund public health systems, and expand criminalization of patients and providers.

Yet across the country, state and local governments, advocates, and communities are fighting back—and forging ahead. The path forward requires more than resilience. It demands strategy, solidarity, and sustained investment in policies that reshape what is possible.

In states where progress is possible, policymakers must act with urgency to eliminate outdated restrictions, establish constitutional protections, and invest in the reproductive health workforce and care infrastructure. In more restrictive environments, advocates are laying the foundation for long-term change by advancing visionary policies, engaging voters, and building durable coalitions across movements.

Local governments everywhere can act—from allocating funding for services, to passing resolutions in support of reproductive autonomy, to protecting patients and providers from criminalization. These actions, while varied, contribute to a shared goal: securing a future where reproductive freedom is not only defended, but fully realized.



NIRH remains committed to supporting this vision—equipping partners, amplifying community-based solutions, and advancing policy grounded in equity, dignity, and justice.

To learn more or partner with us in this work, contact NIRH at partnerships@nirhealth.org.