National Institute for Reproductive Health

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SUMMER WRAP-UP: REVIEWING 2025 PROACTIVE STATE LEGISLATIVE TRENDS

While the Trump administration and anti-abortion legislators continue their attacks on reproductive freedom and bodily autonomy, state policy makers hit the ground running to shore up protections for reproductive freedom. This year, state legislative champions moved to enact proactive measures to protect patients and providers, expand birth justice, strengthen Medicaid and insurance coverage, and safeguard data privacy in the face of federal entrenchment. Across the issue areas NIRH tracks, at least twenty-two states enacted over forty proactive laws.

This resource provides a snapshot of proactive legislation enacted by states to secure reproductive freedom under the law by:

- Enshrining protections for reproductive health care in state law;
- Broadening shield protections for patients, providers, and helpers;
- Enacting protections for emergency pregnancy care;
- Repealing laws that restrict or criminalize abortion care;
- Expanding insurance coverage and funding for reproductive health care;
- Widening the scope of practice for providers; and
- Furthering access to care for young people.

PROTECTING REPRODUCTIVE FREEDOM IN STATE LAW

States can protect reproductive health care in state law by amending their state constitution to explicitly protect reproductive freedom and the full range of reproductive health care as a fundamental right and passing legislation that protects the fundamental right to reproductive freedom and prohibits government interference with reproductive decisions.

State Constitutional Amendments for Reproductive Freedom

A state constitutional amendment is a powerful path available to many states to establish, protect, and expand the right to the full range of reproductive health care. So far this year, Virginia[1] is the only state to pass a legislatively referred state constitutional amendment, that, if approved by voters, would provide every individual with the right to make decisions about all matters related to one's pregnancy.

Virginia S.J. 247 is a legislatively referred state constitutional amendment, that, if approved by the voters, would establish a right to reproductive freedom. The amendment would also include anti-discrimination protections to prohibit the state from acting against a person for exercising their right to reproductive freedom or for assisting another person in exercising that right. Virginia requires legislatively referred state constitutional amendments to pass by a simple majority during two successive legislative sessions to appear on the ballot. As this amendment first passed during the 2025 legislative session, it will be introduced again for approval during the 2026 session. If passed again, the amendment will appear on the November 2026 ballot.

REPEALING LAWS THAT RESTRICT OR CRIMINALIZE ABORTION CARE

Many states have criminal penalties related to abortion, including those with protections for reproductive freedom. Even still, states supportive of reproductive freedom can reduce the risk of criminalization by repealing laws that restrict or criminalize abortion care. Virginia[2] enacted legislation to clarify that abortion-related criminal penalties do not apply to miscarriage management, while Maine[3] eliminated a state law requiring the reporting of miscarriages before 20 weeks' gestation. These reforms underscore the importance of dismantling outdated laws that fuel stigma and surveillance.

Virginia S.B. 1279 provides that the criminal penalties applicable to the performance of an abortion do not apply to the treatment of a nonviable pregnancy. This bill took effect on July 1, 2025.

Maine H.P. 59 eliminates the requirement that health care professionals report to the Department of Health and Human Services for each occurrence of a miscarriage of a fetus of less than 20 weeks' gestation. This bill took effect on April 25, 2025.

BROADENING INTERSTATE SHIELD PROTECTIONS FOR PATIENTS, PROVIDERS, AND HELPERS

Interstate shield laws aim to protect abortion and gender-affirming care for patients, providers, and helpers from prosecution by states hostile to reproductive health care. They are an essential way to advance protections for abortion seekers and gender-affirming care for patients traveling from banned states.

Colorado,[4] Maine,[5] Massachusetts,[6] New York,[7] Vermont,[8] and Virginia[9] passed laws that allow medication abortion labels to include the name of the health care facility instead of the prescribing practitioner's name, helping protect the privacy of individual providers. Shielding information in this way is an effort to lessen the threat of criminalization as anti-abortion state actors target individual providers that mail medication across state lines.

Vermont's legislation also protects Vermont-licensed health care professionals from disciplinary actions related to legally protected health care activities conducted in other states.[10] Virginia enacted data privacy legislation to prohibit data brokers from sharing reproductive health information. Regulating data brokers is one strategy to halt the flow of personally identifiable information to anti-abortion actors, who, to date have purchased information from data brokers to take action against patients, providers, and helpers.

Interstate Shield & Prescription Labeling Legislation

Colorado S.B. 25-129 allows prescription labels for mifepristone, misoprostol, and their generic alternatives to display the name of the prescribing health care practice instead of the individual practitioner's name. The bill also strengthens existing shield protections, in part, by requiring subpoenas to include an affirmation that it is not sought to investigate legally protected health care which includes abortion and gender-affirming care. This bill took effect on April 25, 2025.

Massachusetts S 2538 strengthens Massachusetts's existing shield law by halting the flow of information to those who seek to criminalize and intimidate people who provide, receive, and assist with abortion and gender-affirming care. The legislation achieves this, in part, by permitting medication abortion, contraception, and medication prescribed for gender affirming care to be labeled with the health care facility's name instead of the name of the individual health care practitioner. The bill also prohibits state and local authorities from cooperating with any federal or out-of-state investigation into legally protected health care, which includes abortion and gender-affirming care. This bill took effect on July 1, 2026.

Maine L.D. 538 (HP 357) amends Maine's prescription drug labeling law to allow the name of a health care facility to be listed on prescription labels for mifepristone, misoprostol, and their generic alternatives instead of the prescribing practitioner's name, if requested by the practitioner. This bill took effect on May 27, 2025.

New York S. 4587 allows the name of a health care facility to be listed on prescription labels for mifepristone, misoprostol, and their generic alternatives instead of the prescribing practitioner's name, if requested by the practitioner. This bill took effect on February 3, 2025.

Vermont S. 28 strengthens the state's interstate shield protections by allowing health care providers to withhold their names on prescriptions for gender-affirming and reproductive health care services. Additionally, it protects Vermont-licensed health care professionals from disciplinary actions related to legally protected health care activities conducted in other states. This bill took effect on May 13, 2025.

Data Privacy Legislation

Virginia S.B. 754 prohibits data brokers from obtaining, disclosing, selling, or sharing personally identifiable reproductive or sexual health information without consumer consent. Notably, the definition of "Reproductive or sexual health information" is added to law and includes efforts to research or obtain reproductive or sexual health information services or supplies, including location information. This bill took effect on July 1, 2025.

ENACTING PROTECTIONS FOR EMERGENCY PREGNANCY CARE

The federal Emergency Treatment and Labor Act (EMTALA) was enacted to ensure hospitals treat patients during a medical emergency or active labor. EMTALA guarantees that, in an emergency, patients receive the life-saving care they need, including abortion care. However, on June 3, 2025, the Trump administration repealed guidance reminding hospitals that they must provide emergency abortion care. In the wake of federal rollbacks, several states codified emergency pregnancy care protections, making explicit that abortion is essential emergency care. These laws provide clarity for providers, reduce delays in treatment, and create replicable frameworks for other states. To be clear, rescinding this guidance does not change hospitals' legal obligation to provide emergency abortion care. Even so, it invites chaos into emergency rooms — deepening confusion for hospitals navigating abortion bans and making it even easier for care to be delayed or denied. In response, Colorado,[11] Massachusetts,[12] New York,[13] and Washington[14] enacted emergency pregnancy care protections.

Colorado S.B. 25-130 makes abortion an explicit emergency medical service, requires hospitals to log outcomes, prohibits discrimination in emergency care services, and specifies pregnancy-related conditions that trigger emergency care requirements. This bill took effect on May 14, 2025.

Massachusetts S 2538 is an interstate shield bill that also requires hospitals to provide emergency abortion care, specifies pregnancy-related conditions that trigger emergency care requirements and prohibits religious refusal for emergency abortion care. This bill will take effect on January 1, 2026.

New York S. 3007 C requires hospitals to provide emergency abortion care, explicitly requires screening of pregnant patients for active labor, and includes anti-retaliation protections for health care providers. This bill took effect on May 9, 2025.

Washington S.B. 5557 incorporates existing state regulations requiring pregnancy termination during a medical emergency in state law and prohibits prioritizing the continuation of the pregnancy or the health of the embryo or fetus over the pregnant person. This bill took effect on April 29, 2025.

PROTECTING THE RIGHT TO CONTRACEPTION

Despite overwhelming bipartisan support for contraception, with just 3% of voters saying policymakers should make it harder to get,[15] the Trump administration is working to rollback contraception care for those who need it most.[16] Recognizing this increasing threat, even in states with oppositional governors and legislatures, we are seeing efforts to protect and expand contraception access. So far this year, Illinois,[17] New Hampshire,[18] and Tennessee[19] enacted legislation aimed to protect the right or expand access to certain reproductive health care decisions. Illinois enacted two laws expanding access to contraception, one allows pharmacists to prescribe and dispense contraception, and the other requires public universities to offer contraception and medication abortion services on campus. New Hampshire's law provides patients with greater autonomy to choose sterilization care. Tennessee's law aims to protect access to fertility treatments and contraception.

Illinois H.B. 3489 expands the scope of practice for pharmacists to include assessing, consulting, and dispensing all contraceptives, including emergency contraception. It also amends the Illinois Public Aid Code to ensure that the medical assistance program covers pharmacist-provided patient care services for all contraceptives, including emergency contraception. This bill will take effect on January 1, 2026.

Illinois H.B. 3709 requires public universities to provide students with access to contraception and medication abortion beginning with the 2025-2026 school year. This bill took effect on August 22, 2025.

New Hampshire HB 606 prohibits physicians from denying sterilization procedures based on a patient's age, number of children, or perceived future reproductive desires, provided the patient is 18 years or older and has a physiological medical condition that warrants such treatment. This bill will take effect on September 13, 2025.

Tennessee SB 449 defines contraception broadly to include medications, devices, sterilization, and fertility care explicitly and affirms an individual's right to access these services, stating that Tennessee law does not prohibit any activity related to fertility treatment or contraception. This bill took effect on July 1, 2025. While it is important that people have access to contraception and fertility care, Tennessee continues to enforce a trigger ban, which prohibits abortion at all stages of pregnancy.

STATE FUNDING FOR REPRODUCTIVE HEALTH CARE

Funding remains one of the strongest tools to expand access given that cost is often the most significant barrier to care. State legislatures can reduce these barriers even in the face of federal restrictions. They can increase abortion access by funding programs that provide and assist with abortion care and expanding Medicaid coverage to include reproductive health care. State efforts to create and expand funding mechanisms for reproductive health care are likely to continue in response to the recently enacted federal budget which cuts $1 trillion from Medicaid and targets essential reproductive health providers like Planned Parenthood for defunding.[20]

Public Funding for Abortion Care

In 2025, Maryland,[21] New York,[22] and Washington[23] appropriated funding to state grants and programs for abortion access. Under the Affordable Care Act, insurance plans that offer abortion coverage through the Marketplace must collect $1 per enrollee each month to cover abortion services. Although these funds have accrued for over a decade, they have mostly gone unused. This year, Maryland became the first state to enact legislation that requires private insurance companies that offer abortion coverage to transfer surplus funds to the Public Health Abortion Grant Program.

Maryland H.B. 930 requires insurance companies to use premium funds collected for abortion coverage to provide abortion care clinical services, with any surplus funds being transferred to the Public Health Abortion Grant Program Fund which the bill establishes to provide funding for folks with low incomes to access abortion. This bill took effect on July 1, 2025.

New York S. 3003D allocates $25,000,000 to state grants for abortion access, including the Reproductive Freedom and Equity Grant Program. This bill took effect on May 20, 2025.

Washington S.B. 5167 allocates $8,469,250 from the general fund for fiscal year 2026 and $7,853,000 for fiscal year 2027 to fund programs and grants for maintaining access to abortion care. The bill also directs the department of health to purchase and distribute medication abortion to health care providers at cost. This bill took effect on May 20, 2025.

Medicaid and State Coverage for Reproductive Health Care

Several states took steps this year to expand state Medicaid coverage for reproductive health care, with a particular focus on expanding access to doula care and birth centers. Expanding doula and midwifery care, alongside equitable birth center coverage, reflects a growing recognition that birth justice is central to reproductive freedom. States including Arkansas,[24] Illinois,[25] Louisiana,[26] Maine,[27] Mississippi,[28] Minnesota,[29] Montana,[30] New Mexico,[31] Oregon,[32] Utah,[33] Vermont,[34] and Virginia[35] enacted legislation reshaping Medicaid to support culturally congruent care — a key step toward addressing racial disparities in maternal health outcomes. Florida passed a bill requiring fertility preservation coverage for state employee health plans.

Birth Center Equity

Arkansas H.B. 1826 mandates that starting January 1, 2026, health benefit plans in Arkansas must provide the same coverage for birth services in licensed birth centers as they do for birthing services in hospitals. This bill will take effect on January 1, 2026.

New Mexico H.B. 56 mandates Medicaid reimbursement for services provided at licensed birth centers at the same rate as equivalent services provided at hospitals. This bill took effect on June 20, 2025.

Vermont S. 18 requires prenatal, maternity, postpartum, and newborn coverage under health insurance plans and Medicaid to include birth center services. This bill took effect on May 13, 2025.

Doula Coverage

Illinois S.B. 2437 amends the Medical Assistance Article of the Illinois Public Aid Code to require hospitals and birthing centers to establish policies that allow patients enrolled in Medicaid to select a certified doula to accompany them during labor, childbirth, and postpartum care. This bill took effect on June 16, 2025.

Louisiana H.B. 454 mandates Medicaid coverage for maternity care provided by doulas before, during, and after childbirth. This bill took effect on August 1, 2025.

Maine H.P. 1008 (LD 1523) requires the Department of Health and Human Services to reimburse doula services, including attendance during childbirth and up to four prenatal and four postpartum visits, starting January 1, 2026.

Mississippi H.B. 1401 establishes a community health worker certification program in the state department of health and requires the department seek approval from the centers for Medicare and Medicaid services for a state plan amendment, waiver, or alternative payment model to provide reimbursement for services provided by certified community healthworkers. This bill took effect on July 1, 2025.

Montana S.B. 319 revises laws related to the certification and regulation of doulas by establishing voluntary certification requirements and granting the Department of Public Health and Human Services the authority to provide Medicaid coverage for state-certified doula services. This bill will take effect on January 1, 2026.

New Mexico H.B. 214 is a doula credentialing and access bill that establishes a framework for credentialing doulas, requires hospitals and birth centers to adopt policies to ensure credentialed doulas can accompany patients, and creates a 'Doula Fund' to support relevant activities. This bill took effect on June 20, 2025.

Virginia S.B. 1418 expands the state plan for medical assistance, which is submitted to the U.S. Secretary of Health and Human Services, to include a provision for the payment of postpartum doula care. This doula care will be provided at up to 10 doula visits, with up to 4 visits during pregnancy and 6 visits during the 12 months following birth, with additional visits permitted if deemed medically necessary. This bill took effect on July 1, 2025.

Oregon S.B. 692 mandates Medicaid coverage for doula services, postpartum doula services, and lactation consultations through health insurance policies, with specific service requirements, including a minimum number of visits and hours. Additionally, the authority will track and report data on doula services, utilization, and related birth outcomes. This bill will take effect on January 1, 2026.

Utah S.B. 284 authorizes the Medicaid program in Utah to cover doula services. The bill is set to take effect on May 7, 2025.

Vermont S. 53 ensures Medicaid will reimburse certified doulas for services during pregnancy, childbirth, and postpartum, though travel costs will not be reimbursed. The legislative intent is to provide reasonable reimbursement rates for doulas that align with those in other states' Medicaid programs. The bill is set to take effect in July 2026, with the certification process beginning before that date.

Fertility Care Coverage

Florida H.B. 677 requires state group health insurance to cover fertility preservation for state employees and their dependents undergoing cancer treatments that may lead to infertility. This bill took effect on July 1, 2025.

Midwifery Coverage

Minnesota H.F. 2 enacts the Minnesota Certified Midwife Practice Act which establishes licensure requirements, scope of practice, and permits Medicaid coverage to include services provided by licensed certified midwives. This bill took effect on June 15, 2025.

PRIVATE INSURANCE COVERAGE FOR REPRODUCTIVE HEALTH CARE

States have broad authority to mandate private insurance coverage for specific reproductive health services, including contraception, abortion, and perinatal care.[36] This year, Maryland,[37] Oregon,[38] and Vermont[39] passed legislation expanding private insurance coverage for reproductive health care services.

Maryland SB 674 establishes the Maryland Collaborative to Advance Implementation of Coverage of Over-the-Counter Birth Control under the Maryland Commission for Women. The Collaborative will study and recommend ways to improve access to OTC birth control, addressing barriers in pharmacies, retail platforms, and public health initiatives. This bill took effect on July 1, 2025.

Oregon S.B. 692 mandates private insurance coverage for doula services, postpartum doula services, and lactation consultations through health insurance policies, with specific service requirements, including a minimum number of visits and hours. Additionally, the authority will track and report data on doula services, utilization, and related birth outcomes. This bill will take effect on January 1, 2026.

Vermont S. 18 requires prenatal, maternity, postpartum, and newborn coverage under health insurance plans and Medicaid to include birth center services. This bill took effect on May 13, 2025.

Vermont S. 30 mandates private insurance and Medicaid coverage for abortion care without cost-sharing requirements. This bill will take effect on September 1, 2025.

BROADENING THE SCOPE OF PRACTICE FOR REPRODUCTIVE HEALTH CARE PROVIDERS

States can expand access to reproductive health care by broadening the scope of practice for health care professionals. For instance, by allowing providers other than physicians to provide abortion care or creating additional certification pathways for doulas and midwives. To date, Hawaii,[40] Illinois,[41] and Virginia[42] passed legislation that expands the scope of practice for midwives.

Hawaii H.B. 1194 makes midwife regulatory laws permanent. It clarifies midwifery practice scope and establishes licensure requirements for certified midwives and certified professional midwives. It further grants licensed midwives global signature authority and sets continuing education and prescriptive authority. This bill took effect on May 5, 2025.

Illinois H.B. 2688 establishes full practice authority for advanced practice registered nurses (APRNs), enabling them to operate without a written collaborative agreement under specific conditions. This aims to enhance maternal healthcare delivery, particularly in areas where access to obstetric care is limited. This bill will take effect on January 1, 2026.

Virginia H.B. 1635 permits licensed certified midwives who have completed 1,000 hours of practice under a practice agreement to practice without a practice agreement upon receipt of an attestation from the licensed physician or midwife with whom they entered into a practice agreement. This bill took effect on July 1, 2025.

YOUNG PEOPLE

Young people face additional logistical and legal barriers when accessing abortion care. Lawmakers supportive of abortion can improve access to care for young people by recognizing their autonomy and capacity to consent to reproductive health care. Connecticut's[43] new law recognizes the autonomy of young people to consent to reproductive health care, including abortion, without parental interference, offering a replicable model for advancing youth access in other states.

Connecticut H.B. 7213 permits minors to consent to reproductive care, including abortion, without parental notification or consent. The bill prohibits health care providers from disclosing information, including billing details, without the minor's express consent. This bill took effect on June 9, 2025.

FORGING AHEAD: WRAPPING 2025 STATE SESSIONS AND PREPARING TO LEAD IN 2026

The progress across states in 2025 demonstrates that state lawmakers are not only holding the line but leading the way: expanding rights, dismantling criminalization, and creating new standards for reproductive freedom. As legislatures wrap their sessions and prepare for 2026, these trends provide a roadmap for partners, advocates, and policymakers committed to building durable infrastructure for reproductive freedom.

For additional tools and forward-looking strategies, see NIRH's 2025 Policy Blueprint for States.

1 S.J. 247, 2025 Gen. Assemb., Reg. Ses. (Va. 2025).
2 S.B. 1279, 2025 Gen. Assemb., Reg. Sess. (Va. 2025).
3 H.P., 132nd Leg., Reg. Sess. (Me. 2025).
4 S.B. 25-129, 75th Leg., Reg. Sess. (Colo. 2025).
5 L.D. 538 (HP 357), 132nd Leg., Reg. Sess. (Me. 2025).
6 S. 2538, 194th Gen. Assemb., Reg. Sess. (Mass. 2025).
7 S. 36, 247th Leg., Reg. Sess. (Ny. 2025).
8 S. 28, 2025 Leg., Reg. Sess. (Vt. 2025).
9 S.B. 754, 2025 Gen. Assemb., Reg. Sess. (Va. 2025).
10 S.B. 754 (Va. 2025).
11 S.B. 25-130, 75th Gen. Assemb., 1st Reg. Sess. (Colo. 2025).
12 S. 2538, 2025 Leg., Reg. Sess. (Mass. 2025).
13 S. 3007C, 2025 Leg., Reg. Sess. (Ny. 2025).
14 S.B. 5557, 70th Leg., Reg. Sess. (Wash. 2025).
15 Bellweather Research, Strong bipartisan support exists for ensuring access to all contraceptives (Jan. 2025).
16 Katia Riddle, How the Trump Administration is Rolling Back Access to Birth Control in the U.S., NPR (Aug. 6, 2025).
17 H.B. 3489, 104th Gen. Assemb., Reg. Sess. (Ill. 2025). H.B. 3709, 104th Gen. Assemb., Reg. Sess. (Ill. 2025).
18 H.B. 606, 2025 Reg. Sess. 2025 Reg. Sess. (N.H. 2025). N.H. 2025).
19 S.B. 449, 2025 Leg., Reg. Sess. (Tenn. 2025).
20 H.R.1 - 119th Congress (2025-2026): One Big Beautiful Bill Act | Congress.gov |Library of Congress.
21 H.B. 930, 447th Leg., Reg. Sess. (Md. 2025).
22 S. 3003D, 2025 Leg., Reg. Sess. (Ny. 2025).
23 S.B. 5167,70th Leg., Reg. Sess. (Wash. 2025).
24 H.B. 1826, 95th Gen. Assemb., Reg. Sess. (Ark. 2025).
25 S.B. 2437, 104th Gen. Assemb., Reg. Sess. (Ill. 2025).
26 H.B. 454, 2025 Leg., Reg. Sess. (La. 2025).
27 H.P. 1008 (LD 1523), 132nd Leg., Reg. Sess. (Me. 2025).
28 H.B. 1401, 140th Leg., Reg. Sess. (Miss. 2025).
29 H.F. 2, 94th Gen. Assemb., 1st Spec. Sess. (Minn. 2025).
30 S.B. 319, 70th Leg., Reg. Sess. (Mo. 2025).
31 H.B. 214, 2025 Sess., Reg. Sess. (N.M. 2025).
32 S.B. 692, 84th Leg., Reg. Sess. (Or. 2025).
33 S.B. 284, 2025 Leg., Gen. Sess. (Ut. 2025).
34 S. 18, 2025 Leg., Reg. Sess. (Vt. 2025).
35 S.B. 1418, 2025 Gen. Assemb., Reg. Sess. (Va. 2025).
36 NCSL, Commercial Health Insurance Mandates: State and Federal Roles (Jan. 2024).
37 S.B. 674, 447th Leg., Reg. Sess. (Md. 2025).
38 S.B. 692, 84th Leg., Reg. Sess. (Or. 2025).
39 S. 18, 79th Gen. Assemb., Reg. Sess. (Ve. 2025). S. 30, 79th Gen. Assemb., Reg. Sess. (Ve. 2025).
40 H.B. 1194, Gen. Assemb. Reg. Sess. (Haw. 2025).
41 H.B. 2688, 104th Gen. Assemb., Reg. Sess. (Ill. 2025).
42 H.B. 1635, 2025 Gen. Assemb., Reg. Sess. (Va. 2025).
43 H.B. 7213, 2025 Leg., Reg. Sess. (Conn. 2025).