



22 States Receive a B or Higher



26 States Receive a D or Lower

In recent years the United States of America has become “The Divided States of Reproductive Health and Rights,” as there is a growing gap between states that prioritize reproductive health and rights and those that do not. This trend is clearly reflected in this year’s report card, with 22 states earning a “B-” or higher on the report card and 26 states receiving a “D+” or lower.

The ‘good news’ is that a number of attacks on reproductive health in Congress were beaten back in 2018, including attempts to defund Planned Parenthood. An effort to defund Title X, which provides federal assistance to family planning clinics serving low income households, was also blocked, as was a bid to zero-out funding for evidence-based sex education programs.

The Trump administration has sought by various regulatory maneuvers to limit access to reproductive health care, but many of those efforts have yet to be finalized.

With respect to the Affordable Care Act (ACA), the Trump administration has drafted a rule that would restrict the

“contraceptive mandate” by allowing employers and insurers to opt-out of birth control coverage for any religious or moral reason. The change could restrict or eliminate birth control coverage for millions of women. The final rule, however, is expected to take effect in January of 2019.

Also, the Trump administration has drafted a proposed rule that would prevent Title X-funded clinics from referring patients to abortion services. The “domestic gag rule,” as it is known, among other things would cut off funding to many existing providers, including Planned Parenthood affiliates.

Because a number of the new policies proposed by the administration have yet to take

effect, the national grade, which dropped to a “D-” in 2017, remained unchanged in 2018. The outlook for 2019 is a mixed picture. On the one hand, it’s anticipated that the newly elected House of Representatives will be able to preserve funding for family planning and reproductive health programs, while also pushing back against any policy restrictions proposed by the Trump-Pence administration or its allies in the Republican-controlled Senate. On the other hand, the appointment of Brett Kavanaugh to the U.S. Supreme Court and the confirmation of dozens of other Trump-nominated judges to the lower federal courts, makes it more likely that the federal courts will curb, in some form, access to reproductive health care in the U.S.

The United States Gets a D-

The United States as a whole has been given a grade of D-. Here’s why:



The retirement of Justice Kennedy and appointment of Justice Kavanaugh raises concerns that the federal courts will curb access to reproductive health care.

The general atmosphere around reproductive health and rights has continued to be extremely hostile across the U.S.

Congress and the administration has taken aim at eliminating Title X, defunding Planned Parenthood, and gutting teen pregnancy prevention programs.

The Trump administration expanded the exemptions to the birth control benefit to allow any employer or insurer to opt-out of birth control coverage for any religious or moral reason.



GRADING REPRODUCTIVE HEALTH AND RIGHTS

While most Americans are aware of the national political debate over birth control and abortion, many are unaware of the status of reproductive health and rights in their own state. In the interest of an informed public debate, the Population Institute, for the fifth year in a row, is releasing a report card that gives an overview of what's happening in the 50 States and the District of Columbia.

THE 50-STATE REPORT CARD

Focus: The 50-state report card focuses on four broad indicators or policies relating to reproductive health and rights:

Effectiveness (30 points): Statewide, what percentage of pregnancies are unintended, and how high is the state's teenage pregnancy rate?

Prevention (25 points): Does the state promote comprehensive sex education in the schools, support

access to emergency contraception in the emergency room, and allow minors to consent to contraceptive services?

Affordability (25 points): Has the state expanded Medicaid access under the Affordable Care Act? Does the state have policies designed to make birth control affordable to uninsured and low-income individuals, and do they allow insurance coverage of abortion services?

Access (20 points): Does the state impose harassing or burdensome requirements on those seeking family planning or abortion services?

CRITERIA AND SCORES

Eleven criteria are used in determining a state's composite score. States with the best grades will have:

1. A low rate of teenage pregnancy (15 points maximum)
2. A low rate of unintended pregnancy (15 points maximum)
3. Comprehensive sex education in the schools (15 points maximum)
4. Access to emergency contraception in the emergency room (5 points maximum)
5. Minors access to contraceptive services (5 points maximum)
6. Medicaid expansion under the Affordable Care Act (15 points maximum)
7. A Medicaid "waiver" expanding eligibility for family planning services (5 points maximum)
8. Insurance coverage of abortion services (5 points maximum)
9. An absence of burdensome abortion restrictions (10 points maximum)
10. An absence of TRAP Laws (Targeted Regulation of Abortion Providers) (5 points maximum)
11. County-level access to family planning and abortion services (5 points maximum)

CORE GRADE

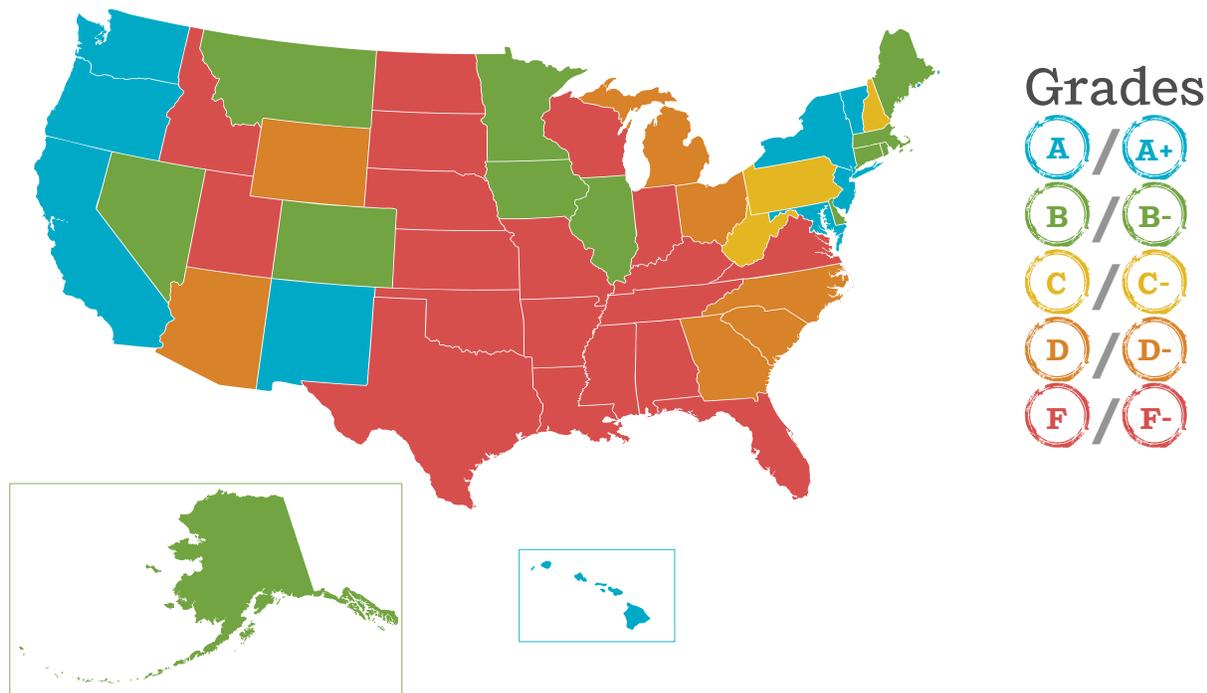
Each state is assigned a "core" grade based upon the following grading system:

A: 81-100 points **B:** 66-80.9 points **C:** 56-65.9 points **D:** 46-55.9 points **F:** < than 45.9 points

STATE	TOTAL SCORE	LETTER GRADE									
AL	40.2	F-	IL	77.7	B	MT	74.2	B-	RI	75.7	B+
AK	68	B	IN	41	F-	NE	31.5	F-	SC	49.7	D-
AZ	55.5	D-	IA	74.5	B-	NV	67.2	B	SD	28.2	F-
AR	42	F-	KS	36	F-	NH	64.7	C	TN	41.9	F-
CA	98	A+	KY	43	F-	NJ	86.7	A-	TX	36.7	F-
CO	74.5	B-	LA	41.8	F	NM	90.2	A+	UT	42	F
CT	79.7	B	ME	69.2	B	NY	86.7	A	VT	82.7	A
DE	76.3	B-	MD	86.2	A-	NC	55	D-	VA	42	F-
DC	87.8	A	MA	78.2	B-	ND	44.7	F-	WA	91.2	A+
FL	37.3	F	MI	52.5	D-	OH	51.5	D-	WV	63.7	C
GA	47	D	MN	74.7	B	OK	32.5	F	WI	39.7	F-
HI	88.5	A-	MS	30.7	F-	OR	97.5	A+	WY	51.2	D
ID	44.2	F	MO	35.5	F-	PA	57.7	C			

FINAL GRADE:

If there are noteworthy developments or other important policies that are not reflected in the state's "core" grade, a state may be accorded a plus (+) or a minus (-), depending on how the changes are likely to impact reproductive health and rights.



STATE BREAKDOWNS:

For state press releases and state-by-state breakdowns of the scoring, more information can be obtained at www.populationinstitute.org/reportcard

FOR MORE INFORMATION:

About teenage pregnancy in the U.S., see

<https://www.guttmacher.org/report/us-teen-pregnancy-state-trends-2011>

About the rate of unintended pregnancies in the U.S, see

<https://www.guttmacher.org/reports/%20pregnancy-desires-and-pregnancies-state-level-estimates-2014>

About state abortion restrictions, see

<https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>

About State Medicaid Expansions, see

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

About state Medicaid family planning waivers, see

<https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions>

About sex education requirements at the state level, see

<https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>

ACKNOWLEDGEMENTS:

We wish to express our deep appreciation to the Guttmacher Institute, the Kaiser Family Foundation, Planned Parenthood Federation of America, National Health Law Program and other organizations working in this field for the research and reporting that made this report card possible.



“It is urgent that everyone concerned about the state of reproductive health and rights in the U.S. pay attention to what is happening at the national and local level and speak out against attacks on access to affordable reproductive health care. Only by fighting back against these attacks can we ensure that no one’s ability to access reproductive health care depends on where they live.

METHODOLOGY

Using eleven criteria, the Institute’s report card

ranked each of the 50 states and the District of Columbia:

- Thirty percent of the grade is based on measures of **effectiveness**. This includes the latest available data on the teenage pregnancy rate (15%) and the rate of unintended pregnancies (15%).
- Twenty-five percent of the grade is based upon **prevention**. This includes mandated comprehensive sex education in

the schools (15%), access to emergency contraception (5%), and minors’ access to contraceptive services (5%).

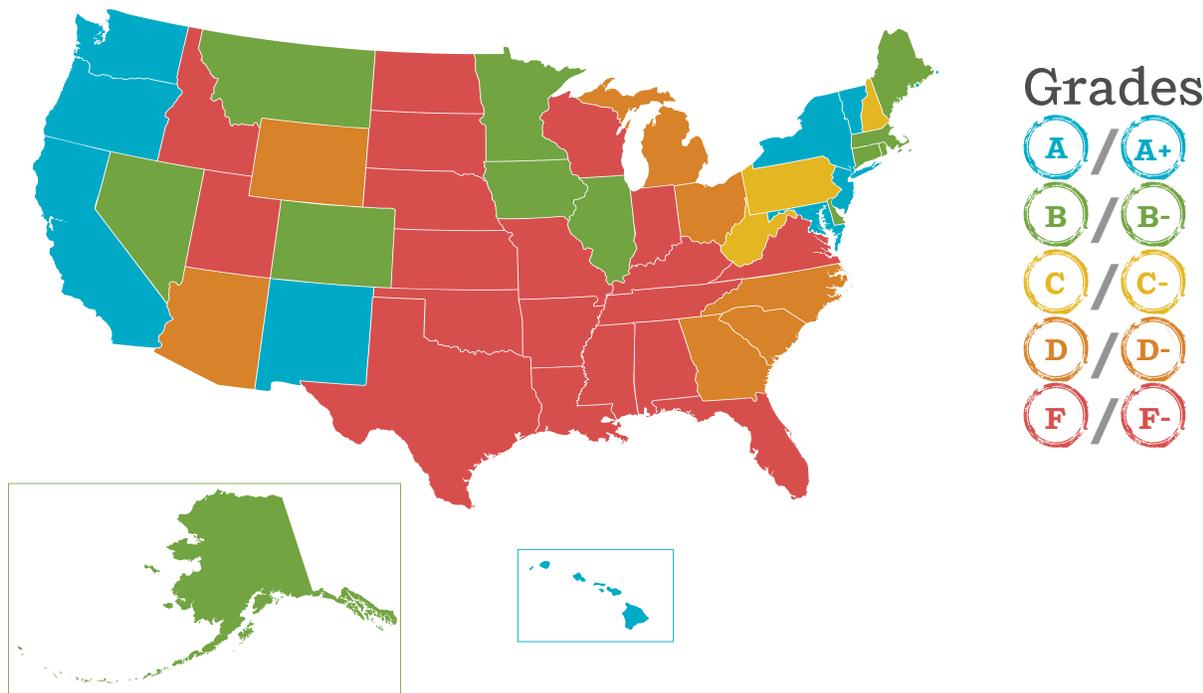
- Twenty-five percent of the grade is based upon **affordability**. This includes if states are expanding Medicaid under the Affordable Care Act (15%), Medicaid eligibility rules for family planning (5%), and restrictions of insurance coverage of abortion (5%).

- The final 20 percent of the grade is based upon clinic **access**. This includes abortion restrictions (10%), TRAP Laws (5%), and percent of women living in a county without an abortion provider (5%).

Based upon their scores, each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

FINAL GRADE:

If there are noteworthy developments or other important policies that are not reflected in the state’s “core” grade, a state may be accorded a plus (+) or a minus (-), depending on how the changes are likely to impact reproductive health and rights.



For a copy of the report, including a state-by-state breakdown, visit the Population Institute’s website www.populationinstitute.org/reportcard

For questions about the report, call **Jennie Wetter**, *Director of Public Policy* at (202) 544-3300, ext. 108.

A special thanks to the Guttmacher Institute whose research made this report card possible.



LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

ALABAMA



40.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.2 / 15

Alabama has a teen pregnancy rate of 48 pregnancies per 1,000 women aged 15-19. We have set 37 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Alabama has achieved 81.6% of the objective.

Unintended Pregnancy Rate 15 / 15

44% of Alabama's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Alabama has achieved the target rate.

PREVENTION

Sex Education 5 / 15

Alabama requires HIV education with information on condoms in its sex education curriculum, but not other methods of contraception.

Access to Emergency Contraception 0 / 5

Alabama has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Alabama does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Alabama has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Alabama offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with an income level up to 146% of the federal poverty line. The family planning expansion is also extended to include men.

Insurance Coverage of Abortion 0 / 5

Alabama restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 1 / 10

Alabama has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; there is a mandatory ultrasound where the woman must be given an opportunity to view the image; there is a waiting period of 48 hours between the woman receiving counseling and obtaining her abortion; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Alabama has enacted a series of TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

59% of women in Alabama live in a county without an abortion provider.

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ALASKA



68 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12 / 15

Alaska has a teen pregnancy rate of 47 pregnancies per 1,000 women aged 15-19. We set 35 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Alaska has achieved 80% of the objective.

Unintended Pregnancy Rate 15 / 15

35% of Alaska's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Alaska has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Alaska does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Alaska has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Alaska explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Alaska has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Alaska currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

Alaska does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 8 / 10

Alaska has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: a woman planning on receiving an abortion must undergo mandatory counseling including information on link to breast cancer and fetal pain; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 5 / 5

Alaska has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 3 / 5

37% of women in Alaska live in a county without an abortion provider.

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Arizona is 1 of 26 states now receiving a D or lower

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

ARIZONA’S GRADE

Arizona received a “D” this year. Most notably, Arizona received poor marks for:

Arizona does not mandate sex education in public schools.

Arizona has the following laws, which make it unnecessarily difficult for a woman to

have an abortion if she chooses to do so: there is a mandatory waiting period of 24 hours between pre-abortion counseling and undergoing the procedure; there is a mandatory ultrasound where the woman must be given an opportunity to view the image; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

Arizona received a “minus” because of a law that prevents abortion providers from receiving family planning funding.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received

an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could

cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

ARIZONA



55.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.5 / 15

Arizona has a teen pregnancy rate of 47 pregnancies per 1,000 women aged 15-19. We set 41 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Arizona has achieved 90% the objective.

Unintended Pregnancy Rate 15 / 15

39% of Arizona's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Arizona has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Arizona does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Arizona has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Arizona explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Arizona has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Arizona currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Arizona restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life or severe health impacts in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 3 / 10

Arizona has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: there is a mandatory waiting period of 24 hours between pre-abortion counseling and undergoing the procedure; there is a mandatory ultrasound where the woman must be given an opportunity to view the image; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws: 0 / 5

Arizona has enacted a series of TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 4 / 5

19% of women in Arizona live in a county without an abortion provider.

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Arkansas is 1 of 19 states receiving a failing grade

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ARKANSAS’S GRADE

Arkansas received an “F” this year. Most notably, Arkansas received poor marks for:

Arkansas does not mandate sex education in public schools.

Arkansas has expanded their Medicaid program under the Affordable Care Act, but they have enacted harmful waivers such as work requirements and lock out penalties

that limit the number of people who can use the expansion.

Arkansas has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks of pregnancy; the woman must undergo mandatory counseling including information on fetal pain after 20 weeks’ gestation; there is a mandatory waiting period of 48 hours between pre-abortion counseling and undergoing the procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

Arkansas received a “minus” because of a law that prevents abortion providers from receiving family planning funding.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule

that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

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ARKANSAS



42 / 100

BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate

10.5 / 15

Arkansas has a teen pregnancy rate of 59 pregnancies per 1,000 women aged 15-19. We set 41 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Arkansas has achieved 69.9% of the objective.

Unintended Pregnancy Rate 15 / 15

36% of Arkansas's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Arkansas has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Arkansas does not mandate sex education in public schools.

Access to Emergency Contraception 2.5 / 5

Arkansas mandates that emergency rooms provide information about emergency contraception.

Minors' Access to Contraception 5 / 5

Arkansas explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion

8 / 15

Arkansas has expanded their Medicaid program under the Affordable Care Act, but they have enacted harmful waivers such as work requirements and lock out penalties that limit the number of people who can use the expansion.

Medicaid Family Planning Expansions 0 / 5

Arkansas currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Arkansas restricts coverage of abortion in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions

1 / 10

Arkansas has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks of pregnancy; the woman must undergo mandatory counseling including information on fetal pain after 20 weeks' gestation; there is a mandatory waiting period of 48 hours between pre-abortion counseling and undergoing the procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Arkansas has enacted a series of TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 0 / 5

77% of women in Arkansas live in a county without an abortion provider.

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**POPULATION
INSTITUTE**



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CALIFORNIA’S GRADE

California received an “A” this year. Most notably, California received good marks for:

California mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception,

and requires that the education be medically accurate.

California has expanded their Medicaid program under the Affordable Care Act.

California currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

California received a “plus” because they mandate their sex education program include information on sexual orientation and that it be inclusive.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states

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CALIFORNIA



98 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13 / 15

California has a teen pregnancy rate of 44 pregnancies per 1,000 women aged 15-19. We set 36 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that California has achieved 86.6% of the objective.

Unintended Pregnancy Rate 15 / 15

40% of California's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, California has achieved the target rate.

PREVENTION

Sex Education 15 / 15

California mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception, and requires that the education be medically accurate.

Access to Emergency Contraception 5 / 5

California mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 5 / 5

California explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

California has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

California offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with incomes up to 200% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under 19 years old.

Insurance Coverage of Abortion 5 / 5

California does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

California currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

California has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 5 / 5

5% of women in California live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Colorado is 1 of 22 states now receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-“, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

COLORADO’S GRADE

Colorado received a “B” this year. Most notably, Colorado received good marks for:

Colorado has expanded their Medicaid program under the Affordable Care Act.

Colorado explicitly allows all minors to consent to contraceptive services.

Colorado has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Colorado received a “minus” because of a restriction that prevents abortion providers from receiving family planning funding.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas,

Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many

of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

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COLORADO



74.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 14 / 15

Colorado has a teen pregnancy rate of 37 pregnancies per 1,000 women aged 15-19. We set 33 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Colorado has achieved 93.3% of the objective.

Unintended Pregnancy Rate 15 / 15

35% of Colorado's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Colorado has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Colorado does not mandate sex education in public schools.

Access to Emergency Contraception 2.5 / 5

Colorado mandates that emergency rooms provide information about emergency contraception.

Minors' Access to Contraception 5 / 5

Colorado explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Colorado has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Colorado currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

Colorado does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 9 / 10

Colorado requires parental notice before a minor may undergo the procedure.

TRAP Laws 5 / 5

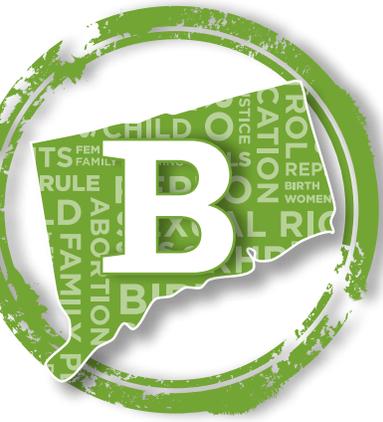
Colorado has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 4 / 5

27% of women in Colorado live in a county without an abortion provider.

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CONNECTICUT’S GRADE

Connecticut received a “B” this year. Most notably, Connecticut received good marks for:

Connecticut has expanded their Medicaid program under the Affordable Care Act.

Connecticut offers Medicaid expansions to

cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with incomes up to 263% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Connecticut currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade

in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called

“domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

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LOOKING AHEAD

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CONNECTICUT



79.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 14.7 / 15

Connecticut has a teen pregnancy rate of 29 pregnancies per 1,000 women aged 15-19. We set 28 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Connecticut has achieved 98.3% of this objective.

Unintended Pregnancy Rate 15 / 15

41% of Connecticut's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Connecticut has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Connecticut mandates HIV education, but it does not require that condoms be part of the curriculum.

Access to Emergency Contraception 5 / 5

Connecticut mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 0 / 5

Connecticut does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Connecticut has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Connecticut offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with incomes up to 263% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 5 / 5

Connecticut does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

Connecticut currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

Connecticut has not enacted TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 5 / 5

5% of women in Connecticut live in a county without an abortion provider.

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Delaware is 1 of 22 states now receiving a B- or higher

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METHODOLOGY

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Delaware’s Grade

Delaware received a “B” this year. Most notably, Delaware received good marks for:

Delaware mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, as well as different methods of contraception.

Delaware has expanded their Medicaid program under the Affordable Care Act.

Delaware has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Delaware received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida,

Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many

of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

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LOOKING AHEAD

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DELAWARE



76.3 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.7 / 15

Delaware has a teen pregnancy rate of 46 pregnancies per 1,000 women aged 15-19. We set 41 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Delaware has achieved 91.7% of the objective.

Unintended Pregnancy Rate 13.6 / 15

48% of Delaware's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Delaware has achieved 90.9% of the target rate.

PREVENTION

Sex Education 12 / 15

Delaware mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, as well as different methods of contraception.

Access to Emergency Contraception 0 / 5

Delaware has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Delaware does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Delaware has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Delaware currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

Delaware does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 8 / 10

Delaware requires parental notice before a minor may undergo the procedure. It also requires clinicians who perform medication abortion procedures to be licensed physicians.

TRAP Laws 5 / 5

Delaware has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 4 / 5

18% of women in Delaware live in a county without an abortion provider.

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WASHINGTON, D.C.



87.8 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.2 / 15

Washington, D.C. has a teen pregnancy rate of 67 pregnancies per 1,000 women aged 15-19. We set 56 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that the Washington, D.C. has achieved 81.6% of the objective.

Unintended Pregnancy Rate 13.6 / 15

48% of Washington, D.C. total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Washington, D.C. has achieved 90.9% of the target rate.

PREVENTION

Sex Education 12 / 15

Washington, D.C. mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, as well as different methods of contraception.

Access to Emergency Contraception 5 / 5

Washington, D.C. mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 5 / 5

Washington, D.C. explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Washington, D.C. has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Washington, D.C. currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

Washington, D.C. does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

Washington, D.C. currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

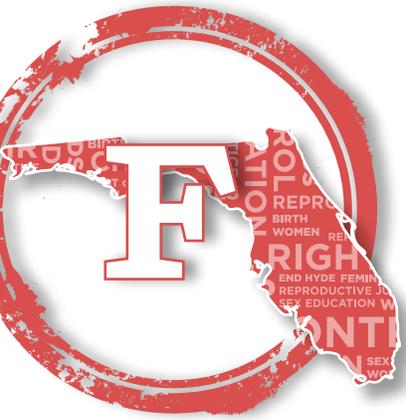
Washington, D.C. has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 5 / 5

0% of women in the Washington, D.C. live in a county without an abortion provider.

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Florida is 1 of 19 states receiving a failing grade

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FLORIDA’S GRADE

Florida received an “F” this year. Most notably, Florida received poor marks for:

Florida does not mandate sex education in public schools.

Florida has decided not to expand their Medicaid

program under the Affordable Care Act.

Florida has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

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Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

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LOOKING AHEAD

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FLORIDA



37.3 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.7 / 15

Florida has a teen pregnancy rate of 46 pregnancies per 1,000 women aged 15-19. We set 37 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Florida has achieved 85% of the objective.

Unintended Pregnancy Rate 13.6 / 15

48% of Florida's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Florida has achieved 90.9% of the target rate.

PREVENTION

Sex Education 0 / 15

Florida does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Florida has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Florida does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Florida has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Florida offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people who have lost coverage for up to 2 years, but does not expand based on income.

Insurance Coverage of Abortion 0 / 5

Florida restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 7 / 10

Florida has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: a mandatory ultrasound where the woman must be given an opportunity to view the image is required; parental notice is required before a minor can undergo the procedure; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 0 / 5

Florida has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 4 / 5

20% of women in Florida live in a county without an abortion provider.

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GEORGIA



47 / 100

BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13 / 15

Georgia has a teen pregnancy rate of 47 pregnancies per 1,000 women aged 15-19. We set 39 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Georgia has achieved 86.6% of the objective.

Unintended Pregnancy Rate 15 / 15

41% of Georgia's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Georgia has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Georgia mandates sex education in public schools, covering abstinence and HIV prevention, but does not require that HIV education include condoms or that sex education include contraception.

Access to Emergency Contraception 0 / 5

Georgia has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Georgia explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Georgia has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Georgia offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 200% of the federal poverty line.

Insurance Coverage of Abortion 0 / 5

Georgia restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life or severe health impacts in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 2 / 10

Georgia has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks, the woman must receive counseling 24 hours before her abortion procedure, which must include information about fetal pain. Furthermore, parental notice is required, and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 5 / 5

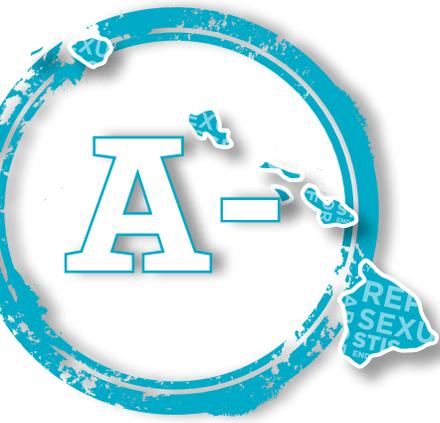
Georgia has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

58% of women in Georgia live in a county without an abortion provider.

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HAWAII’S GRADE

Hawaii received an “A” this year. Most notably, Hawaii received good marks for:

Hawaii mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different

methods of contraception, and requires that the education be medically accurate.

Hawaii has expanded their Medicaid program under the Affordable Care Act.

Hawaii currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

Hawaii received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/ Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade

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HAWAII



88.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.5 / 15

Hawaii has a teen pregnancy rate of 44 pregnancies per 1,000 women aged 15-19. We set 38 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Hawaii has achieved 90% of the objective.

Unintended Pregnancy Rate 15 / 15

37% of Hawaii's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Hawaii has achieved the target rate.

PREVENTION

Sex Education 15 / 15

Hawaii mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception, and requires that the education be medically accurate.

Access to Emergency Contraception 5 / 5

Hawaii mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 0 / 5

Hawaii does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Hawaii has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Hawaii currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

Hawaii does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

Hawaii currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

Hawaii has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 5 / 5

5% of women in Hawaii live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Idaho is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

IDAHO’S GRADE

Idaho received an “F” this year. Most notably, Idaho received poor marks for:

Idaho does not mandate sex education in public schools.

Idaho voted in the 2018 election to expand their Medicaid program under the Affordable Care Act,

but it has not gone into effect yet.

Idaho has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: there is a mandatory waiting period of 24 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida,

Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many

of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

IDAHO



44.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.2 / 15

Idaho has a teen pregnancy rate of 36 pregnancies per 1,000 women aged 15-19. We set 29 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Idaho has achieved 88.3% of this objective.

Unintended Pregnancy Rate 15 / 15

31% of Idaho's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Idaho has exceeded the target rate.

PREVENTION

Sex Education 0 / 15

Idaho does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Idaho has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Idaho explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Idaho voted in the 2018 election to expand their Medicaid program under the Affordable Care Act, but it has not gone into effect yet.

Medicaid Family Planning Expansions 0 / 5

Idaho currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Idaho restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges and in cases of life in all private insurance plans.

ACCESS

Abortion Restrictions 5 / 10

Idaho has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: there is a mandatory waiting period of 24 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 5 / 5

Idaho has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 1 / 5

68% of women in Idaho live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Illinois is 1 of 22 states now receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

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The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

ILLINOIS’S GRADE

Illinois received a “B” this year. Most notably, Illinois received good marks for:

Illinois requires HIV education with information on condoms in its sex education curriculum and requires that the education is medically accurate.

Illinois has expanded their Medicaid program under the Affordable Care Act.

Illinois mandates that emergency rooms provide information about emergency contraception, and dispense it upon request.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

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ILLINOIS

B

77.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.7 / 15

Illinois has a teen pregnancy rate of 43 pregnancies per 1,000 women aged 15-19. We set 34 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Illinois has achieved 85% of the objective.

Unintended Pregnancy Rate 15 / 15

41% of Illinois's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Illinois has achieved the target rate.

PREVENTION

Sex Education 8 / 15

Illinois requires HIV education with information on condoms in its sex education curriculum and requires that the education is medically accurate.

Access to Emergency Contraception 5 / 5

Illinois mandates that emergency rooms provide information about emergency contraception, and dispense it upon request.

Minors' Access to Contraception 0 / 5

Illinois does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Illinois has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Illinois currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

Illinois does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 9 / 10

Illinois requires parental notice before a minor may undergo the procedure.

TRAP Laws 5 / 5

Illinois has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 3 / 5

40% of women in Illinois live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

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**POPULATION
INSTITUTE**



Indiana is 1 of 19 states receiving a failing grade

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

INDIANA’S GRADE

Indiana received a “D” this year. Most notably, Indiana received poor marks for:

Indiana mandates HIV education, but it does not require that condoms are part of the curriculum.

Indiana has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses

to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on fetal pain; an ultrasound is required and the woman must be given an opportunity to view the image; there is a mandatory waiting period of 18 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

Indiana received a “minus” because of enacted law preventing abortion providers from receiving family planning funding.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York,

Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

INDIANA



41 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12 / 15

Indiana has a teen pregnancy rate of 42 pregnancies per 1,000 women aged 15-19. We set 30 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Indiana has achieved 80% of this objective.

Unintended Pregnancy Rate 15 / 15

37% of Indiana's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Indiana has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Indiana mandates HIV education, but it does not require that condoms are part of the curriculum.

Access to Emergency Contraception 0 / 5

Indiana has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Indiana does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 8 / 15

Indiana has expanded their Medicaid program under the Affordable Care Act, but they have enacted harmful waivers such as work requirements and lock out penalties that limit the number of people who can use the expansion.

Medicaid Family Planning Expansions 5 / 5

Indiana offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 146% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 0 / 5

Indiana restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, incest or severe health impacts in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 0 / 10

Indiana has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on fetal pain; an ultrasound is required and the woman must be given an opportunity to view the image; there is a mandatory waiting period of 18 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Indiana has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 1 / 5

66% of women in Indiana live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

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Iowa is 1 of 22 states now receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

IOWA’S GRADE

Iowa received a “B” this year. Most notably, Iowa received good marks for:

Iowa has expanded their Medicaid program under the Affordable Care Act.

Iowa explicitly allows all minors to consent to contraceptive services.

Iowa has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks, an ultrasound is required and the woman must be given an opportunity to view the image, requires parental notice and requires clinicians who perform medication abortion procedures to be licensed physicians.

Iowa received a “minus” because of a law that prevents abortion providers from receiving state family planning funds.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states

receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called

“domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

IOWA



74.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.5 / 15

Iowa has a teen pregnancy rate of 32 pregnancies per 1,000 women aged 15-19. We set 26 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Iowa has achieved 90% of this objective.

Unintended Pregnancy Rate 15 / 15

33% of Iowa's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Iowa has achieved the target rate.

PREVENTION

Sex Education 3 / 15

Iowa mandates sex education in public schools, covering abstinence and HIV prevention, but does not require that HIV education include condoms or that sex education include contraception. However it does require that the education be medically accurate.

Access to Emergency Contraception 0 / 5

Iowa has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Iowa explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Iowa has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Iowa does not offer Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid, but they do have a state funded program. The state funded program is offered to people with income levels up to 300% of the federal poverty line.

Insurance Coverage of Abortion 5 / 5

Iowa does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 5 / 10

Iowa has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks, an ultrasound is required and the woman must be given an opportunity to view the image, requires parental notice and requires clinicians who perform medication abortion procedures to be licensed physicians.

TRAP Laws 5 / 5

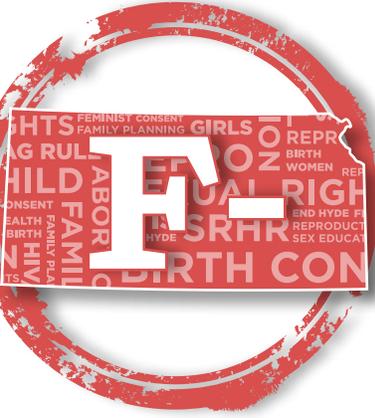
Iowa has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 3 / 5

42% of women in Iowa live in a county without an abortion provider.

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Kansas is 1 of 19 states receiving a failing grade

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

KANSAS’S GRADE

Kansas received an “F” this year. Most notably, Kansas received poor marks for:

Kansas does not mandate sex education in public schools.

Kansas has decided not to expand their Medicaid program under the Affordable Care Act.

Kansas has the following laws, which make it unnecessarily difficult

for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on link to breast cancer, negative psychological effects, fetal pain, an ultrasound is required and the woman must be given an opportunity to view the image; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

Kansas received a “minus” because they have enacted law that prevents private family planning clinics from receiving family planning funding.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey,

New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

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The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

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LOOKING AHEAD

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KANSAS



36 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13 / 15

Kansas has a teen pregnancy rate of 40 pregnancies per 1,000 women aged 15-19. We set 32 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Kansas has achieved 86.6% of this objective.

Unintended Pregnancy Rate 15 / 15

34% of Kansas's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Kansas has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Kansas does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Kansas has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Kansas does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Kansas has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Kansas currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage for Abortion 0 / 5

Kansas restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life endangerment in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 1 / 10

Kansas has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on link to breast cancer, negative psychological effects, fetal pain, an ultrasound is required and the woman must be given an opportunity to view the image; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 5 / 5

Kansas has enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety, but they are temporarily enjoined pending court decisions.

Abortion Access 2 / 5

56% of women in Kansas live in a county without an abortion provider.

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KENTUCKY



43 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 11 / 15

Kentucky has a teen pregnancy rate of 52 pregnancies per 1,000 women aged 15-19. We set 36 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Kentucky has achieved 73.3% of the objective.

Unintended Pregnancy Rate 15 / 15

36% of Kentucky's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Kentucky has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Kentucky mandates sex education in public schools, covering abstinence and HIV prevention, but does not require that HIV education include condoms or that sex education include contraception.

Access to Emergency Contraception 0 / 5

Kentucky has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Kentucky explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 8 / 15

Kentucky has expanded their Medicaid program under the Affordable Care Act, but they have enacted harmful waivers such as work requirements and lock out penalties that limit the number of people who can use the expansion.

Medicaid Family Planning Expansions 0 / 5

Kentucky currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Kentucky restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life endangerment in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 3 / 10

Kentucky has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between abortion counseling and the procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 0 / 5

Kentucky has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 1 / 5

74% of women in Kentucky live in a county without an abortion provider.

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Louisiana is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

LOUISIANA’S GRADE

Louisiana received an “F” this year. Most notably, Louisiana received poor marks for:

Louisiana does not mandate sex education in public schools.

Louisiana has the following laws, which make it unnecessarily difficult for a woman

to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on fetal pain, negative psychological effects and an ultrasound where the provider must display and describe the image; there is a mandatory waiting period of 24 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received

an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

LOUISIANA



41.8 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 11.5 / 15

Louisiana has a teen pregnancy rate of 54 pregnancies per 1,000 women aged 15-19. We set 40 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Louisiana has achieved 76.6% of the objective.

Unintended Pregnancy Rate 14.3 / 15

46% of Louisiana's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Louisiana has achieved 95.5% of the target rate.

PREVENTION

Sex Education 0 / 15

Louisiana does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Louisiana has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Louisiana does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Louisiana has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Louisiana currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Louisiana restricts abortion coverage in private insurance plans by not allowing any abortion coverage in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 0 / 10

Louisiana has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on fetal pain, negative psychological effects and an ultrasound where the provider must display and describe the image; there is a mandatory waiting period of 24 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Louisiana has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 1 / 5

63% of women in Louisiana live in a county without an abortion provider.

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Maine is 1 of 22 states now receiving a B- or higher

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

MAINE’S GRADE

Maine received a “B” this year. Most notably, Maine received good marks for:

Maine mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception,

and requires that the education be medically accurate.

Maine Maine does not restrict coverage of abortion in private insurance plans.

Maine has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri,

Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned

Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

MAINE



69.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.2 / 15

Maine has a teen pregnancy rate of 29 pregnancies per 1,000 women aged 15-19. We set 22 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Maine has achieved 88.3% of the objective.

Unintended Pregnancy Rate 15 / 15

38% of Maine's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Maine has achieved the target rate.

PREVENTION

Sex Education 15 / 15

Maine mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception, and requires that the education be medically accurate.

Access to Emergency Contraception 0 / 5

Maine has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Maine does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Maine voters voted to expand their Medicaid program under the Affordable Care Act, but the expansion has not gone into effect yet.

Medicaid Family Planning Expansions 5 / 5

Maine offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 214% of the federal poverty line, as well as people who have lost coverage postpartum. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 5 / 5

Maine does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 9 / 10

Maine requires clinicians who perform medication abortion procedures to be licensed physicians.

TRAP Laws 5 / 5

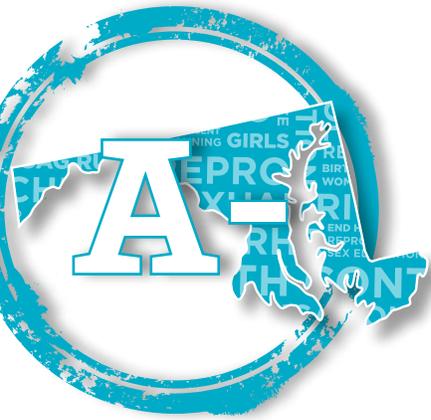
Maine has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

55% of women in Maine live in a county without an abortion provider.

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Maryland is 1 of 22 states receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

MARYLAND’S GRADE

Maryland received an “A” this year. Most notably, Maryland received good marks for:

Maryland mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.

Maryland has expanded their Medicaid program under the Affordable Care Act.

Maryland offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 200% of the federal poverty line. Women under age 19 are also covered.

Maryland received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s

report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

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The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

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MARYLAND



86.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.5 / 15

Maryland has a teen pregnancy rate of 42 pregnancies per 1,000 women aged 15-19. We set 32 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Maryland has achieved 83.3% of the objective.

Unintended Pregnancy Rate 14.7 / 15

45% of Maryland's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Maryland has achieved 97.7% of the target rate.

PREVENTION

Sex Education 12 / 15

Maryland mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.

Access to Emergency Contraception 0 / 5

Maryland has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Maryland explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Maryland has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Maryland offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 200% of the federal poverty line. Women under age 19 are also covered.

Insurance Coverage of Abortion 5 / 5

Maryland does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 8 / 10

Maryland requires clinicians who perform medication abortion procedures to be licensed physicians and parental notice is required.

TRAP Laws 5 / 5

Maryland has not enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 4 / 5

24% of women in Maryland live in a county without an abortion provider.

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MASSACHUSETTS



78.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 14.2 / 15

Massachusetts has a teen pregnancy rate of 24 pregnancies per 1,000 women aged 15-19. We set 21 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Massachusetts has achieved 95% of the objective.

Unintended Pregnancy Rate 15 / 15

38% of Massachusetts's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Massachusetts has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Massachusetts does not mandate sex education in public schools.

Access to Emergency Contraception 5 / 5

Massachusetts mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 5 / 5

Massachusetts explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Massachusetts has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Massachusetts currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

Massachusetts does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 9 / 10

Massachusetts has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: parental consent is required.

TRAP Laws 5 / 5

Massachusetts has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 5 / 5

14% of women in Massachusetts live in a county without an abortion provider.

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METHODOLOGY

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MICHIGAN’S GRADE

Michigan received a “D” this year. Most notably, Michigan received poor marks for:

Michigan mandates HIV education, but it does not require that condoms are part of the curriculum. However, Michigan requires the education not to be medically inaccurate.

Michigan has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: the woman must undergo mandatory counseling including information on negative psychological effects; there is a mandatory waiting period of 24 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

Michigan received a “minus” because of a law that prioritizes non-abortion providers when distributing family planning funding.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and

Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

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In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

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MICHIGAN



52.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.5 / 15

Michigan has a teen pregnancy rate of 39 pregnancies per 1,000 women aged 15-19. We set 29 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Michigan has achieved 83.3% of the objective.

Unintended Pregnancy Rate 15 / 15

43% of Michigan's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Michigan has achieved the target rate.

PREVENTION

Sex Education 3 / 15

Michigan mandates HIV education, but it does not require that condoms are part of the curriculum. However, Michigan requires the education not to be medically inaccurate.

Access to Emergency Contraception 0 / 5

Michigan has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Michigan does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Michigan has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Michigan currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Michigan restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life endangerment in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 4 / 10

Michigan has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: the woman must undergo mandatory counseling including information on negative psychological effects; there is a mandatory waiting period of 24 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 0 / 5

Michigan has also enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 3 / 5

40% of women in Michigan live in a county without an abortion provider.

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MINNESOTA



74.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.7 / 15

Minnesota has a teen pregnancy rate of 26 pregnancies per 1,000 women aged 15-19. We set 21 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Minnesota has achieved 91.7% of the objective.

Unintended Pregnancy Rate 15 / 15

31% of Minnesota's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Minnesota has surpassed the target rate.

PREVENTION

Sex Education 0 / 15

Minnesota mandates sex education in public schools, covering abstinence and HIV prevention, but does not require that HIV education include condoms or that sex education include contraception.

Access to Emergency Contraception 5 / 5

Minnesota mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 5 / 5

Minnesota explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Minnesota has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Minnesota offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 200% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 5 / 5

Minnesota does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 4 / 10

Minnesota has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: the woman must undergo mandatory counseling including information on fetal pain after 20 weeks; there is a mandatory waiting period of 24 hours between abortion counseling and procedure; notice of both parents is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 5 / 5

Minnesota has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

59% of women in Minnesota live in a county without an abortion provider.

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MISSISSIPPI’S GRADE

Mississippi received an “F” this year. Most notably, Mississippi received poor marks for:

Mississippi mandates sex education, but it does not require that contraception be part of the curriculum.

Mississippi has decided not to expand their Medicaid program under the Affordable Care Act.

Mississippi has the following laws, which

make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; women must undergo mandatory counseling including information on link to breast cancer; there is a mandatory waiting period of 24 hours between counseling and procedure with a mandatory ultrasound that the provider must offer the woman the opportunity to view; consent from both parents is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

Mississippi received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California,

Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

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MISSISSIPPI



30.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 11.7 / 15

Mississippi has a teen pregnancy rate of 58 pregnancies per 1,000 women aged 15-19. We set 45 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Mississippi has achieved 78.3% of the objective.

Unintended Pregnancy Rate 14 / 15

47% of Mississippi's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Mississippi has achieved 93.2% of the target rate.

PREVENTION

Sex Education 0 / 15

Mississippi mandates sex education, but it does not require that contraception be part of the curriculum.

Access to Emergency Contraception 0 / 5

Mississippi has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Mississippi does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Mississippi has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Mississippi offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 199% of the federal poverty line, including men and individuals under age 19.

Insurance Coverage of Abortion 0 / 5

Mississippi restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 0 / 10

Mississippi has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; women must undergo mandatory counseling including information on link to breast cancer; there is a mandatory waiting period of 24 hours between counseling and procedure with a mandatory ultrasound that the provider must offer the woman the opportunity to view; consent from both parents is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Mississippi has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 0 / 5

91% of women in Mississippi live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

MISSOURI



35.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.5 / 15

Missouri has a teen pregnancy rate of 43 pregnancies per 1,000 women aged 15-19. We set 33 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Missouri has achieved 83.3% of the objective.

Unintended Pregnancy Rate 15 / 15

37% of Missouri's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Missouri has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Missouri mandates HIV education, but it does not require that condoms be part of the curriculum.

Access to Emergency Contraception 0 / 5

Missouri has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Missouri does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Missouri has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Missouri does not offer Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid, but they do have a state funded program. The state funded program is offered to people with income levels up to 185% of the federal poverty line.

Insurance Coverage of Abortion 0 / 5

Missouri restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life endangerment in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 3 / 10

Missouri has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: the woman must undergo mandatory counseling including information on fetal pain at 20 weeks; there is a mandatory waiting period of 72 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Missouri has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 0 / 5

94% of women in Missouri live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Montana is 1 of 22 states now receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-“, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

MONTANA’S GRADE

Montana received a “B” this year. Most notably, Montana received good marks for:

Montana has expanded their Medicaid program under the Affordable Care Act.

Montana offers Medicaid expansions to cover family

planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 216% of the federal poverty.

Montana currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

Montana received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states

receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

MONTANA



74.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.2 / 15

Montana has a teen pregnancy rate of 41 pregnancies per 1,000 women aged 15-19. We set 30 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Montana has achieved 81.6% of the objective.

Unintended Pregnancy Rate 15 / 15

36% of Montana's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Montana has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Montana mandates sex education and HIV education in public schools but it does not require that condoms or other forms of contraception be part of the curriculum.

Access to Emergency Contraception 0 / 5

Montana has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Montana explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Montana has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Montana offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 216% of the federal poverty.

Insurance Coverage of Abortion 5 / 5

Montana does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

Montana currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

Montana has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

55% of women in Montana live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

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Nebraska is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

NEBRASKA’S GRADE

Nebraska received an “F” this year. Most notably, Nebraska received poor marks for:

Nebraska does not mandate sex education in public schools.

Nebraska voted in the 2018 election to expand their Medicaid program under the Affordable Care Act, but it has not gone into effect yet.

Nebraska has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on negative psychological effects; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

Nebraska received a “minus” because of a law that prevents abortion providers from receiving Title X funds.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey,

New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

NEBRASKA



31.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.5 / 15

Nebraska has a teen pregnancy rate of 35 pregnancies per 1,000 women aged 15-19. We set 25 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Nebraska has achieved 83.3% of the objective.

Unintended Pregnancy Rate 15 / 15

32% of Nebraska's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Nebraska has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Nebraska does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Nebraska has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Nebraska does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Nebraska voted in the 2018 election to expand their Medicaid program under the Affordable Care Act, but it has not gone into effect yet.

Medicaid Family Planning Expansions 0 / 5

Nebraska currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Nebraska restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life endangerment in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 1 / 10

Nebraska has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on negative psychological effects; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Nebraska has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 3 / 5

41% of women in Nebraska live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Nevada is 1 of 22 states now receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

NEVADA’S GRADE

Nevada received a “B” this year. Notably, Nevada received marks for:

Nevada has expanded their Medicaid program under the Affordable Care Act.

Nevada does mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception.

Nevada does not explicitly allow all minors to consent to contraceptive services.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota,

Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

NEVADA

B

67.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.2 / 15

Nevada has a teen pregnancy rate of 49 pregnancies per 1,000 women aged 15-19. We set 42 pregnancies per 1,000 teen women as the goal, which indicates that Nevada has achieved 88.3% of the objective.

Unintended Pregnancy Rate 15 / 15

42% of Nevada's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Nevada has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Nevada does not mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception.

Access to Emergency Contraception 0 / 5

Nevada has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Nevada does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Nevada has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Nevada currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

Nevada does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 9 / 10

Nevada requires clinicians who perform medication abortion procedures to be licensed physicians.

TRAP Laws 5 / 5

Nevada has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 5 / 5

9% of women in Nevada live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



New Hampshire is 1 of 3 states receiving a C

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

NEW HAMPSHIRE’S GRADE

New Hampshire received a “C” this year. Notably, New Hampshire received marks for:

New Hampshire has expanded their Medicaid program under the Affordable Care Act, but they have enacted harmful waivers such as work requirements

that limit the number of people who can use the expansion..

New Hampshire

mandates HIV education, but it does not require that condoms be part of the curriculum.

New Hampshire offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 201% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received

an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

NEW HAMPSHIRE



64.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.7 / 15

New Hampshire has a teen pregnancy rate of 22 pregnancies per 1,000 women aged 15-19. We set 17 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that New Hampshire has achieved 91.7% of the objective.

Unintended Pregnancy Rate 15 / 15

39% of New Hampshire's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, New Hampshire has surpassed the target rate.

PREVENTION

Sex Education 0 / 15

New Hampshire mandates HIV education, but it does not require that condoms be part of the curriculum.

Access to Emergency Contraception 0 / 5

New Hampshire has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

New Hampshire does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 8 / 15

New Hampshire has expanded their Medicaid program under the Affordable Care Act, but they have enacted harmful waivers such as work requirements that limit the number of people who can use the expansion.

Medicaid Family Planning Expansions 5 / 5

New Hampshire offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 201% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 5 / 5

New Hampshire does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 9 / 10

New Hampshire requires parental notice before a minor may undergo the procedure.

TRAP Laws 5 / 5

New Hampshire has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 4 / 5

30% of women in New Hampshire live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

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LOOKING AHEAD

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NEW JERSEY



86.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.7 / 15

New Jersey has a teen pregnancy rate of 36 pregnancies per 1,000 women aged 15-19. We set 31 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that New Jersey has achieved 91.7% of the objective.

Unintended Pregnancy Rate 14 / 15

47% of New Jersey's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, New Jersey has achieved 93.2% of the target rate.

PREVENTION

Sex Education 15 / 15

New Jersey mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception. New Jersey also requires the education be medically accurate.

Access to Emergency Contraception 5 / 5

New Jersey mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 0 / 5

New Jersey does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

New Jersey has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

New Jersey currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

New Jersey does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

New Jersey has no laws that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

New Jersey has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 4 / 5

23% of women in New Jersey live in a county without an abortion provider.

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NEW MEXICO



90.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 11.2 / 15

New Mexico has a teen pregnancy rate of 62 pregnancies per 1,000 women aged 15-19. We set 47 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that New Mexico has achieved 75% of the objective.

Unintended Pregnancy Rate 15 / 15

38% of New Mexico's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, New Mexico has achieved the target rate.

PREVENTION

Sex Education 12 / 15

New Mexico mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.

Access to Emergency Contraception 5 / 5

New Mexico mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 5 / 5

New Mexico explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

New Mexico has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

New Mexico offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 255% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 5 / 5

New Mexico does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

New Mexico currently does not have laws enacted that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

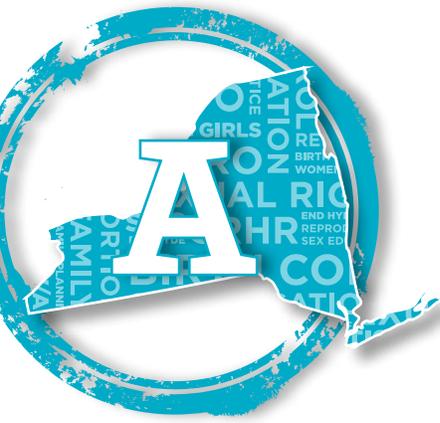
New Mexico has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

48% of women in New Mexico live in a county without an abortion provider.

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New York is 1 of 22 states receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

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The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

NEW YORK’S GRADE

New York received an “A” this year. Most notably, New York received good marks for:

New York has expanded their Medicaid program under the Affordable Care Act.

New York offers Medicaid expansions to cover family

planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 223% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

New York does not have any laws which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade

in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called

“domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

NEW YORK



86.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.7 / 15

New York has a teen pregnancy rate of 45 pregnancies per 1,000 women aged 15-19. We set 36 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that New York has achieved 85% of the objective.

Unintended Pregnancy Rate 14 / 15

47% of New York's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, New York has achieved 93.2% of the target rate.

PREVENTION

Sex Education 5 / 15

New York requires HIV education with information on condoms in its sex education curriculum, but not other methods of contraception.

Access to Emergency Contraception 5 / 5

New York mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 5 / 5

New York explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

New York has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

New York offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 223% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 5 / 5

New York does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

New York does not have any laws which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

New York has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 5 / 5

10% of women in New York live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



North Carolina is 1 of 26 states now receiving a D or lower

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

NORTH CAROLINA’S GRADE

North Carolina received a “D” this year. Most notably, North Carolina received poor marks for:

North Carolina has decided not to expand their Medicaid program under the Affordable Care Act.

North Carolina has the following laws, which make it unnecessarily difficult for a woman to

have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on negative psychological effects; there is a mandatory waiting period of 72 hours between counseling and procedure with a mandatory ultrasound; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

North Carolina received a “minus” because of a law that prevents abortion providers from receiving state family planning funds.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York,

Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

NORTH CAROLINA



55 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13 / 15

North Carolina has a teen pregnancy rate of 44 pregnancies per 1,000 women aged 15-19. We set 36 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that North Carolina has achieved 86.6% of the objective.

Unintended Pregnancy Rate 15 / 15

43% of North Carolina's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, North Carolina has achieved the target rate.

PREVENTION

Sex Education 15 / 15

North Carolina mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception. North Carolina also requires that the education be medically accurate.

Access to Emergency Contraception 0 / 5

North Carolina has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

North Carolina explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

North Carolina has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

North Carolina offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment is offered to people with income levels up to 200% of the federal poverty line. North Carolina also expands to the coverage to include men and individuals under 19 years old.

Insurance Coverage of Abortion 0 / 5

North Carolina restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 0 / 10

North Carolina has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on negative psychological effects; there is a mandatory waiting period of 72 hours between counseling and procedure with a mandatory ultrasound; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

North Carolina has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

53% of women in North Carolina live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



POPULATION
INSTITUTE



North Dakota is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

NORTH DAKOTA’S GRADE

North Dakota received an “F” this year. Most notably, North Dakota received poor marks for:

North Dakota mandates sex education in public schools but it sets no requirement to teach about condoms and contraception.

73% of women in **North Dakota** live in a county

without an abortion provider.

North Dakota has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent from both parents is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

North Dakota received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey,

New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

The National Grade

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

NORTH DAKOTA



44.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 11.7 / 15

North Dakota has a teen pregnancy rate of 34 pregnancies per 1,000 women aged 15-19. We set 21 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that North Dakota has achieved 78.3% of the objective.

Unintended Pregnancy Rate 15 / 15

33% of North Dakota's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, North Dakota has achieved the target rate.

PREVENTION

Sex Education 0 / 15

North Dakota mandates sex education in public schools but it sets no requirement to teach about condoms and contraception.

Access to Emergency Contraception 0 / 5

North Dakota has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Birth Control 0 / 5

North Dakota does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

North Dakota has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

North Dakota currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

North Dakota restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life endangerment in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 2 / 10

North Dakota has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent from both parents is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

North Dakota has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 1 / 5

73% of women in North Dakota live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Ohio is 1 of 26 states now receiving a D or lower

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

OHIO’S GRADE

Ohio received a “D” this year. Most notably, Ohio received poor marks for:

Ohio does not explicitly allow all minors to consent to contraceptive services.

Ohio has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses

to do so: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between counseling and procedure with a mandatory ultrasound that the provider must offer the woman the opportunity to view; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

Ohio received a “minus” because of a law that intentionally gives lowest priority to private reproductive health-based providers when considering the distribution of Title X family planning funds.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and

Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

OHIO



51.5 / 100
BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.5 / 15

Ohio has a teen pregnancy rate of 41 pregnancies per 1,000 women aged 15-19. We set 31 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Ohio has achieved 83.3% of the objective.

Unintended Pregnancy Rate 15 / 15

44% of Ohio's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Ohio has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Ohio does mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception.

Access to Emergency Contraception 5 / 5

Ohio mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 0 / 5

Ohio does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Ohio has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Ohio currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Ohio restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 2 / 10

Ohio has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between counseling and procedure with a mandatory ultrasound that the provider must offer the woman the opportunity to view; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 0 / 5

Ohio has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

56% of women in Ohio live in a county without an abortion provider.

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Oklahoma is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

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The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

OKLAHOMA’S GRADE

Oklahoma received an “F” this year. Most notably, Oklahoma received poor marks for:

Oklahoma has decided not to expand their Medicaid program under the Affordable Care Act.

Oklahoma does not explicitly allow all minors to consent to contraceptive services.

Oklahoma has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on link to breast cancer and fetal pain; there is a mandatory waiting period of 72 hours between counseling and procedure with a mandatory ultrasound; parental consent and notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and

Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

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OKLAHOMA



32.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 10.5 / 15

Oklahoma has a teen pregnancy rate of 58 pregnancies per 1,000 women aged 15-19. We set 40 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Oklahoma has achieved 69.9% of the objective.

Unintended Pregnancy Rate 15 / 15

39% of Oklahoma's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Oklahoma has achieved the target rate.

PREVENTION

Sex Education 5 / 15

Oklahoma requires HIV education with information on condoms in its sex education curriculum, but not other methods of contraception.

Access to Emergency Contraception 0 / 5

Oklahoma has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Oklahoma does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Oklahoma has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Oklahoma offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with an income level up to 138% of the federal poverty line. However, since the expansion of the Affordable Care Act would also cover people up to 138% of the poverty line Oklahoma does not get points for their family planning expansion.

Insurance Coverage of Abortion 0 / 5

Oklahoma restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life endangerment in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 0 / 10

Oklahoma has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on link to breast cancer and fetal pain; there is a mandatory waiting period of 72 hours between counseling and procedure with a mandatory ultrasound; parental consent and notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

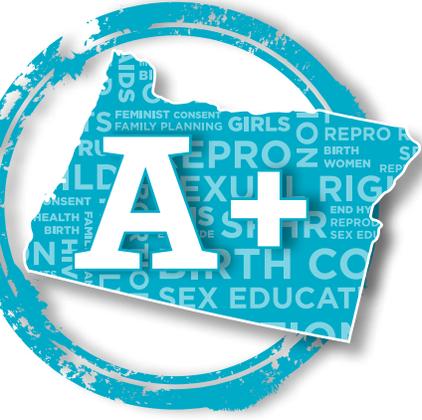
Oklahoma has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

54% of women in Oklahoma live in a county without an abortion provider.

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Oregon is 1 of 22 states receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

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The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

OREGON’S GRADE

Oregon received an “A” this year. Most notably, Oregon received good marks for:

Oregon mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.

Oregon also requires that the education be medically accurate.

Oregon has expanded their Medicaid program under the Affordable Care Act.

Oregon has no laws that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

Oregon received a “plus” because it mandates that sex education include information on sexual orientation and that it be inclusive.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade

in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

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Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called

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OREGON



97.5 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.5 / 15

Oregon has a teen pregnancy rate of 36 pregnancies per 1,000 women aged 15-19. We set 30 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Oregon has achieved 90% of the objective.

Unintended Pregnancy Rate 15 / 15

36% of Oregon's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Oregon has achieved the target rate.

PREVENTION

Sex Education 15 / 15

Oregon mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception. Oregon also requires that the education be medically accurate.

Access to Emergency Contraception 5 / 5

Oregon mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 5 / 5

Oregon explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Oregon has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Oregon offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 250% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 5 / 5

Oregon does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

Oregon has no laws that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

Oregon has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 4 / 5

30% of women in Oregon live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Pennsylvania is 1 of 3 states receiving a C

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

PENNSYLVANIA’S GRADE

Pennsylvania received a “C” this year. Most notably, Pennsylvania received poor marks for:

Pennsylvania mandates HIV education, but it does not require that condoms be part of the curriculum.

Pennsylvania does not explicitly allow all

minors to consent to contraceptive services.

Pennsylvania has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

Pennsylvania received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received

an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

PENNSYLVANIA



57.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.2 / 15

Pennsylvania has a teen pregnancy rate of 35 pregnancies per 1,000 women aged 15-19. We set 28 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Pennsylvania has achieved 88.3% of the objective.

Unintended Pregnancy Rate 15 / 15

40% of Pennsylvania's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Pennsylvania has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Pennsylvania mandates HIV education, but it does not require that condoms be part of the curriculum.

Access to Emergency Contraception 2.5 / 5

Pennsylvania mandates that emergency rooms provide information about emergency contraception.

Minors' Access to Contraception 0 / 5

Pennsylvania does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Pennsylvania has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Pennsylvania offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment is offered to people with income levels up to 220% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 0 / 5

Pennsylvania restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 5 / 10

Pennsylvania has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 0 / 5

Pennsylvania has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 2 / 5

48% of women in Pennsylvania live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Rhode Island is 1 of 22 states now receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-“, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

RHODE ISLAND’S GRADE

Rhode Island received a “B” this year. Most notably, Rhode Island received good marks for:

Rhode Island mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different

methods of contraception. Rhode Island also requires that sex education be medically accurate.

Rhode Island has expanded their Medicaid program under the Affordable Care Act.

Rhode Island does not restrict coverage of abortion in private insurance plans.

Rhode Island received a “plus” because they mandate their sex education program include information on sexual orientation and that it’s inclusive.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade

in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called

“domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

RHODE ISLAND



75.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.7 / 15

Rhode Island has a teen pregnancy rate of 32 pregnancies per 1,000 women aged 15-19. We set 27 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Rhode Island has achieved 91.7% of the objective.

Unintended Pregnancy Rate 15 / 15

40% of Rhode Island's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Rhode Island has achieved the target rate.

PREVENTION

Sex Education 15 / 15

Rhode Island mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception. Rhode Island also requires that sex education be medically accurate.

Access to Emergency Contraception 0 / 5

Rhode Island has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Rhode Island does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Rhode Island has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Rhode Island offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to those with loss of coverage postpartum, but does not expand based on income.

Insurance Coverage of Abortion 5 / 5

Rhode Island does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 9 / 10

Rhode Island requires parental consent to obtain before a minor may undergo the procedure.

TRAP Laws 0 / 5

Rhode Island has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 3 / 5

36% of women in Rhode Island live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



South Carolina is 1 of 26 states now receiving a D or lower

U.S. Maintains a D-, however, there is a storm looming

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

SOUTH CAROLINA’S GRADE

South Carolina received a “D” this year. Most notably, South Carolina received poor marks for:

South Carolina has decided not to expand their Medicaid program under the Affordable Care Act.

South Carolina does not explicitly allow all minors to consent to contraceptive services.

South Carolina has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks, there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

South Carolina received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received

an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called

“domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

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SOUTH CAROLINA



49.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.5 / 15

South Carolina has a teen pregnancy rate of 48 pregnancies per 1,000 women aged 15-19. We set 38 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that South Carolina has achieved 83.3% of the objective.

Unintended Pregnancy Rate 14.7 / 15

45% of South Carolina's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, South Carolina has achieved 97.7% of the target rate.

PREVENTION

Sex Education 12 / 15

South Carolina mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.

Access to Emergency Contraception 2.5 / 5

South Carolina mandates that emergency rooms dispense emergency contraception upon request.

Minors' Access to Contraception 0 / 5

South Carolina does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

South Carolina has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

South Carolina offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 199% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 0 / 5

South Carolina restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 2 / 10

South Carolina has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks, there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

South Carolina has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 1 / 5

71% of women in South Carolina live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

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South Dakota is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

SOUTH DAKOTA’S GRADE

South Dakota received an “F” this year. Most notably, South Dakota received poor marks for:

South Dakota does not mandate sex education in public schools.

South Dakota has decided not to expand their Medicaid program under the Affordable Care Act.

South Dakota has the following laws, which

make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on fetal pain and negative psychological effects; there is a mandatory waiting period of 72 hours between counseling and procedure; parental notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

South Dakota received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey,

New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

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The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

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LOOKING AHEAD

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SOUTH DAKOTA



28.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.2 / 15

South Dakota has a teen pregnancy rate of 38 pregnancies per 1,000 women aged 15-19. We set 27 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that South Dakota has achieved 81.6% the objective.

Unintended Pregnancy Rate 15 / 15

35% of South Dakota's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, South Dakota has achieved the target rate.

PREVENTION

Sex Education 0 / 15

South Dakota does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

South Dakota has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

South Dakota does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

South Dakota has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

South Dakota currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

South Dakota restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life and severe health impacts in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 1 / 10

South Dakota has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on fetal pain and negative psychological effects; there is a mandatory waiting period of 72 hours between counseling and procedure; parental notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

South Dakota has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 0 / 5

77% of women in South Dakota live in a county without an abortion provider.

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Tennessee is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

TENNESSEE’S GRADE

Tennessee received an “F” this year. Most notably, Tennessee received poor marks for:

Tennessee does mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception.

Tennessee has decided not to expand their

Medicaid program under the Affordable Care Act.

Tennessee has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: there is a mandatory waiting period of 48 hours between counseling and procedure; parental consent is required and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

Tennessee received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and

Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

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LOOKING AHEAD

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TENNESSEE



41.9 / 100

BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.2 / 15

Tennessee has a teen pregnancy rate of 49 pregnancies per 1,000 women aged 15-19. We set 38 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Tennessee has achieved 81.6% of the objective.

Unintended Pregnancy Rate 14.7 / 15

45% of Tennessee's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Tennessee has achieved 97.7% of the target rate.

PREVENTION

Sex Education 0 / 15

Tennessee does not mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception.

Access to Emergency Contraception 0 / 5

Tennessee has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Tennessee explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Tennessee has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Tennessee currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Tennessee restricts abortion coverage in private insurance plans by not allowing any abortion coverage in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 4 / 10

Tennessee has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: there is a mandatory waiting period of 48 hours between counseling and procedure; parental consent is required and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 5 / 5

Tennessee has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety, but they have been permanently enjoined by the courts.

Abortion Access 1 / 5

63% of women in Tennessee live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



POPULATION
INSTITUTE



Texas is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

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METHODOLOGY

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TEXAS’S GRADE

Texas received an “F” this year. Most notably, Texas received poor marks for:

Texas does not mandate sex education in public schools.

Texas has decided not to expand their Medicaid program under the Affordable Care Act.

Texas has the following laws, which make it unnecessarily difficult

for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on link to breast cancer, fetal pain, negative psychological effects, and get an ultrasound where the provider is required to show and describe the image; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent and notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

Texas received a “minus” because they prevent abortion providers from receiving family planning funding.

STATE GRADES

Ten states (California,

Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics

funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

TEXAS



36.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 11.2 / 15

Texas has a teen pregnancy rate of 58 pregnancies per 1,000 women aged 15-19. We set 43 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Texas has achieved 75% of the objective.

Unintended Pregnancy Rate 15 / 15

42% of Texas's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Texas has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Texas does not mandate sex education in public schools.

Access to Emergency Contraception 2.5 / 5

Texas mandates that emergency rooms provide information about emergency contraception.

Minors' Access to Contraception 0 / 5

Texas does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Texas has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Texas does not offer Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid, but they do have a state funded program. The state funded program is offered to people with income levels up to 185% of the federal poverty line.

Insurance Coverage of Abortion 0 / 5

Texas restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life endangerment or severe health impacts in all private health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 0 / 10

Texas has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on link to breast cancer, fetal pain, negative psychological effects, and get an ultrasound where the provider is required to show and describe the image; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent and notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Texas has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 3 / 5

43% of women in Texas live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.



Utah is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

UTAH’S GRADE

Utah received an “F” this year. Most notably, Utah received poor marks for:

Utah does mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception. However, Utah does require it to be medically accurate.

Utah voted in the 2018 election to expand their Medicaid program under the Affordable Care Act, but it has not gone into effect yet.

Utah has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: the woman must undergo mandatory counseling including information on fetal pain at 20 weeks; there is a mandatory waiting period of 72 hours between counseling and procedure; parental consent and notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and

Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

UTAH



42 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 14 / 15

Utah has a teen pregnancy rate of 28 pregnancies per 1,000 women aged 15-19. We set 24 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Utah has achieved 93.3% of the objective.

Unintended Pregnancy Rate 15 / 15

26% of Utah's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Utah has surpassed the target rate.

PREVENTION

Sex Education 3 / 15

Utah does mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception. However, Utah does require it to be medically accurate.

Access to Emergency Contraception 5 / 5

Utah mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 0 / 5

Utah does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Utah voted in the 2018 election to expand their Medicaid program under the Affordable Care Act, but it has not gone into effect yet.

Medicaid Family Planning Expansions 0 / 5

Utah currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 0 / 5

Utah restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, incest, severe health, and fetal impairment in all public health insurance plans including those sold on the insurance exchanges.

ACCESS

Abortion Restrictions 4 / 10

Utah has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: the woman must undergo mandatory counseling including information on fetal pain at 20 weeks; there is a mandatory waiting period of 72 hours between counseling and procedure; parental consent and notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 0 / 5

Utah has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 1 / 5

62% of women in Utah live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

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LOOKING AHEAD

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VERMONT



82.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 12.7 / 15

Vermont has a teen pregnancy rate of 28 pregnancies per 1,000 women aged 15-19. We set 19 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Vermont has achieved 85% the objective.

Unintended Pregnancy Rate 15 / 15

34% of Vermont's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Vermont has achieved the target rate.

PREVENTION

Sex Education 12 / 15

Vermont mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.

Access to Emergency Contraception 0 / 5

Vermont has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

Vermont does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Vermont has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Vermont does not offer Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid, but they do have a state funded program. The state funded program is offered to people with income levels up to 200% of the federal poverty line.

Insurance Coverage of Abortion 5 / 5

Vermont does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

Vermont has no laws that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

Vermont has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 3 / 5

38% of women in Vermont live in a county without an abortion provider.

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Virginia is 1 of 19 states receiving a failing grade

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

VIRGINIA’S GRADE

Virginia received an “F” this year. Most notably, Virginia received poor marks for:

Virginia does not mandate sex education in public schools.

Virginia has decided to expand their Medicaid program under the Affordable Care Act, but did not take effect until January 1, 2019.

Virginia has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: the woman must undergo an ultrasound where the provider must offer the woman the opportunity to view the image; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent and notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

Virginia received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and

Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

VIRGINIA



42 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 15 / 15

Virginia has a teen pregnancy rate of 36 pregnancies per 1,000 women aged 15-19. We set 28 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Virginia has achieved 86.6% of the objective.

Unintended Pregnancy Rate 15 / 15

38% of Virginia's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Virginia has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Virginia does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Virginia has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Virginia explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Virginia has decided to expand their Medicaid program under the Affordable Care Act, but did not take effect until January 1, 2019.

Medicaid Family Planning Expansions 5 / 5

Virginia offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with an income level up to 205% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 0 / 5

Virginia restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, or incest in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 4 / 10

Virginia has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: the woman must undergo an ultrasound where the provider must offer the woman the opportunity to view the image; there is a mandatory waiting period of 24 hours between counseling and procedure; parental consent and notice is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 0 / 5

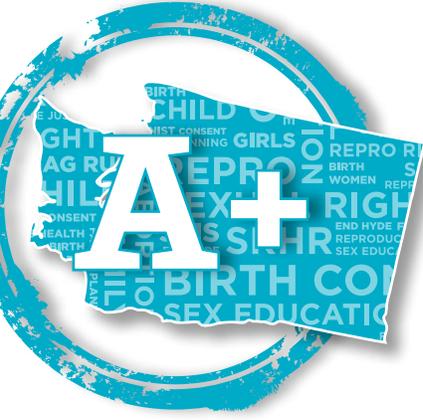
Virginia has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 0 / 5

78% of women in Virginia live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

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Washington is 1 of 22 states receiving a B- or higher

U.S. Maintains a D-, however, there is a storm looming

WASHINGTON, D.C. - The Population Institute released its seventh annual *50 State Report Card on Reproductive Health and Rights* today. The grade for the U.S. as a whole remains at a “D-”, but there are number of looming threats to reproductive health and rights emanating out of the nation’s capital. At the state level, 26 states received a “D” or lower, with 19 states receiving a failing grade. The report card tracks multiple indicators of reproductive health and rights, including access to family planning and abortion services.

The Institute’s president Robert Walker said, “Last year we said that the country was quickly becoming ‘The Divided States of Reproductive Health and Rights’ and that trend, unfortunately, continues. A woman’s ability to access affordable reproductive health care increasingly depends on where she lives. That’s a worrisome trend.”

METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

WASHINGTON’S GRADE

Washington received an “A” this year. Most notably, Washington received good marks for:

Washington requires HIV education with information on condoms in its sex education

curriculum, and requires that it be medically accurate.

Washington has expanded their Medicaid program under the Affordable Care Act.

Washington has no laws that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

Washington received a “plus” because they mandate their sex education program include information on sexual orientation and that it be inclusive.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states

receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients

for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

WASHINGTON



91.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.2 / 15

Washington has a teen pregnancy rate of 37 pregnancies per 1,000 women aged 15-19. We set 30 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Washington has achieved 88.3% of the objective.

Unintended Pregnancy Rate 15 / 15

34% of Washington's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Washington has achieved the target rate.

PREVENTION

Sex Education 8 / 15

Washington requires HIV education with information on condoms in its sex education curriculum, and requires that it be medically accurate.

Access to Emergency Contraception 5 / 5

Washington mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 5 / 5

Washington explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

Washington has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Washington offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 260% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 5 / 5

Washington does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 10 / 10

Washington has no laws that make it unnecessarily difficult for a woman to have an abortion if she chooses to do so.

TRAP Laws 5 / 5

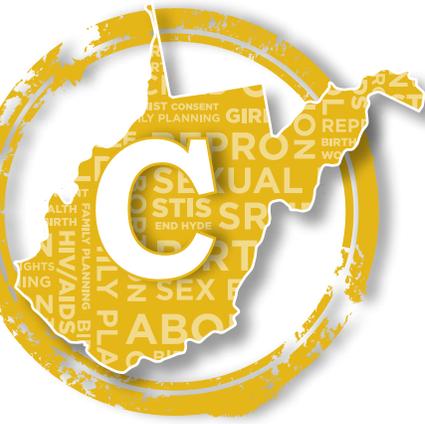
Washington has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 5 / 5

15% of women in Washington live in a county without an abortion provider.

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West Virginia is 1 of 3 states receiving a C

U.S. Maintains a D-, however, there is a storm looming

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METHODOLOGY

Using eleven criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

WEST VIRGINIA’S GRADE

West Virginia received a “C” this year. Notably, West Virginia received marks for:

90% of women in **West Virginia** live in a county without an abortion provider.

West Virginia has the following laws, which

make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on negative psychological effects; there is a mandatory waiting period of 24 hours between counseling and procedure; parental notice is required; and clinicians who perform medication abortion procedures are required to be in the presence of the patient which by extension bans telemedicine.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey, New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade

in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-”. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from referring their patients for abortion. The so-called “domestic gag rule” could

cut off funding to many of the existing providers, including Planned Parenthood.

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WEST VIRGINIA



63.7 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 9.7 / 15

West Virginia has a teen pregnancy rate of 54 pregnancies per 1,000 women aged 15-19. We set 33 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that West Virginia has achieved 64.9% of the objective.

Unintended Pregnancy Rate 15 / 15

38% of West Virginia's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, West Virginia has achieved the target rate.

PREVENTION

Sex Education 12 / 15

West Virginia mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.

Access to Emergency Contraception 0 / 5

West Virginia has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 0 / 5

West Virginia does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 15 / 15

West Virginia has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

West Virginia currently does not offer an expansion for family planning services to the Medicaid plan.

Insurance Coverage of Abortion 5 / 5

West Virginia does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 2 / 10

West Virginia has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; the woman must undergo mandatory counseling including information on negative psychological effects; there is a mandatory waiting period of 24 hours between counseling and procedure; parental notice is required; and clinicians who perform medication abortion procedures are required to be in the presence of the patient which by extension bans telemedicine.

TRAP Laws 5 / 5

West Virginia has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 0 / 5

90% of women in West Virginia live in a county without an abortion provider.

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Wisconsin is 1 of 19 states receiving a failing grade

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METHODOLOGY

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WISCONSIN’S GRADE

Wisconsin received an “F” this year. Most notably, Wisconsin received poor marks for:

Wisconsin mandates HIV education, but it does not require that condoms be part of the curriculum.

Wisconsin has decided not to expand their Medicaid program under the Affordable Care Act.

Wisconsin has the following laws, which

make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between counseling and procedure and a woman must receive counseling on fetal pain; a woman is required to get an ultrasound where the provider must show and describe the image; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

Wisconsin received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES

Ten states (California, Washington, D.C., Hawaii, Maryland, New Jersey,

New Mexico, New York, Oregon, Vermont, and Washington) received an “A” in this year’s report. The 19 states receiving a failing grade in 2018 included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

THE NATIONAL GRADE

For the second year in a row, the U.S. received a “D-“. While federal law and federal funding levels remain largely unchanged, new threats emerged in 2018:

Title X

In a move that threatens the future status of family planning clinics receiving Title X funding, the Trump administration last year drafted a proposed rule that would prevent clinics funded by Title X from

referring their patients for abortion. The so-called “domestic gag rule” could cut off funding to many of the existing providers, including Planned Parenthood.

The ACA’s Contraceptive Mandate

The Trump administration finalized regulatory changes to the Affordable Care Act, which would allow employers with “religious” or “moral” objections to drop coverage of contraception in the health insurance policies provided to their employees.

Conservative Court Appointments

In addition to the appointment of Brett Kavanaugh to the Supreme Court, the Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curb access to reproductive health care.

LOOKING AHEAD

In releasing this year's 50-State report card, Walker noted that "This year's report card reflects the fact that reproductive health and rights remain under critical assault at the state and federal levels. It also demonstrates there is a growing divide between those states that put a high importance on reproductive health and rights and those that do not."

WISCONSIN



39.7 / 100

BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.7 / 15

Wisconsin has a teen pregnancy rate of 28 pregnancies per 1,000 women aged 15-19. We set 23 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Wisconsin has achieved 91.7% of the objective.

Unintended Pregnancy Rate 15 / 15

30% of Wisconsin's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Wisconsin has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Wisconsin mandates HIV education, but it does not require that condoms be part of the curriculum.

Access to Emergency Contraception 5 / 5

Wisconsin mandates that emergency rooms provide information about emergency contraception and dispense it upon request.

Minors' Access to Contraception 0 / 5

Wisconsin does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Wisconsin has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 5 / 5

Wisconsin offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 306% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion 0 / 5

Wisconsin restricts abortion coverage in private insurance plans by only allowing abortion coverage for cases of life, rape, incest or severe physical health in health insurance plans sold on the insurance exchanges.

ACCESS

Abortion Restrictions 0 / 10

Wisconsin has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between counseling and procedure and a woman must receive counseling on fetal pain; a woman is required to get an ultrasound where the provider is required to show and describe the image; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

TRAP Laws 0 / 5

Wisconsin has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 1 / 5

67% of women in Wisconsin live in a county without an abortion provider.

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard

A special thanks to the Guttmacher Institute whose research made this report card possible.

LOOKING AHEAD

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WYOMING



51.2 / 100 BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 13.2 / 15

Wyoming has a teen pregnancy rate of 41 pregnancies per 1,000 women aged 15-19. We set 34 pregnancies per 1,000 teen women by 2020 as the goal, which indicates that Wyoming has achieved 88.3% of the objective.

Unintended Pregnancy Rate 15 / 15

35% of Wyoming's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Wyoming has achieved the target rate.

PREVENTION

Sex Education 0 / 15

Wyoming does not mandate sex education in public schools.

Access to Emergency Contraception 0 / 5

Wyoming has no laws affirming a woman's right to emergency contraception in the emergency room.

Minors' Access to Contraception 5 / 5

Wyoming explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15

Wyoming has decided not to expand their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions 0 / 5

Wyoming offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver for loss of coverage post-partum, but does not expand coverage based on income.

Insurance Coverage of Abortion 5 / 5

Wyoming does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions 8 / 10

Wyoming has the following laws, which make it unnecessarily difficult for a woman to have an abortion if she chooses to do so: parental consent and notice is required and clinicians who perform medication abortion procedures are required to be licensed physicians.

TRAP Laws 5 / 5

Wyoming has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Access 0 / 5

96% of women in Wyoming live in a county without an abortion provider.

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