The Divided States of Reproductive Health and Rights
23 States Receive a “B” or Higher/24 States Receive a “D” or Lower
The Divided States of Reproductive Health and Rights

Since 2010 almost 500 abortion restrictions have been passed at the state level. These changes along with other restrictions on access to reproductive health care have created a landscape in which your ability to access reproductive health care is increasingly dependent on where you live. Our report card makes clear that we have become the “Divided States of Reproductive Health and Rights.” Twenty-three states this year earned a 'B' or higher, but 24 states received a 'D' or lower.

Reflecting the escalating toll inflicted by the Trump administration and its allies, the U.S. grade for 2019 was lowered to an 'F' from the 'D-' awarded in 2018. There were many federal setbacks in 2019, most notably, the finalization of a new set of rules for Title X, the 50-year old federal-state partnership that supports family planning clinics serving low-income households. Frequently referred to as the "domestic gag rule," the new rules prohibit Title X family planning physicians and staff from counseling patients on abortion or referring them to abortion providers. In response to the new regulations, Planned Parenthood and other abortion providers dropped out of the program.

At the state level there is a deep divide between the states that are promoting reproductive health and rights and those restricting access. This year 21 states receiving a failing grade. Several of the states receiving failing grades have passed abortion restrictions that defy the Roe v. Wade guidelines in hopes of persuading the U.S. Supreme Court to overturn the landmark ruling.

The United States as a whole has been given a grade of 'F'. Here's why:

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the "domestic gag rule" jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to "crisis pregnancy centers" run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. The general atmosphere around reproductive health and rights has continued to be extremely hostile across the U.S.

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting "sexual risk avoidance" programs that embrace the failed "abstinence-only" approach backed by conservatives.

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 eighth 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 schools, authorizes nurses to dispense medications, and allow minors to consent to contraceptive services?

**AFFORDABILITY** (25 points): 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)
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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)
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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**: 86-100 points
- **B**: 71-85.9 points
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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 the rate of unintended pregnancies in the U.S, see https://www.guttmacher.org/reports/pregnancy-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

ACKNOWLEDGMENTS
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.
U.S. grade falls to a “F” is one of 21 states receiving a failing grade

WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole or for Alabama. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

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.

ALABAMA’S GRADE
Alabama received an “F” this year. Most notably, Alabama received poor marks for: Alabama has decided not to expand their Medicaid program under the Affordable Care Act. Alabama does not explicitly allow all minors to consent to contraceptive services. 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. Alabama was given minus because they passed a near total abortion ban this year that is not in effect after being blocked in court.

STATE GRADES
Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

THE NATIONAL GRADE
For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

Title X
Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

Federal Courts
In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

Sex Education
The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 someone to have an abortion: abortion is prohibited after 20 weeks; there is a mandatory ultrasound where the patient must be given an opportunity to view the image; there is a waiting period of 48 hours between receiving counseling and obtaining an 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’S GRADE**

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

- **Alaska** has expanded their Medicaid program under the Affordable Care Act.
- **Alaska** explicitly allows all minors to consent to contraceptive services.
- **Alaska** has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

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In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curtail access to reproductive health care. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
## Looking Ahead

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### Breakdown of Scores / Alaska

<table>
<thead>
<tr>
<th>Category</th>
<th>Score / Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
<td></td>
</tr>
<tr>
<td>Teen Pregnancy Rate 12 / 15</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Unintended Pregnancy Rate 15 / 15</td>
<td>35% of Alaska’s total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Alaska has achieved the target rate.</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
</tr>
<tr>
<td>Sex Education 0 / 15</td>
<td></td>
</tr>
<tr>
<td>Alaska does not mandate sex education in public schools.</td>
<td></td>
</tr>
<tr>
<td>Nurses Authorized to Dispense Medications 5 / 5</td>
<td>Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.</td>
</tr>
<tr>
<td>Minors’ Access to Contraception 5 / 5</td>
<td>Alaska explicitly allows all minors to consent to contraceptive services.</td>
</tr>
<tr>
<td><strong>Affordability</strong></td>
<td></td>
</tr>
<tr>
<td>Medicaid Expansion 15 / 15</td>
<td></td>
</tr>
<tr>
<td>Alaska has expanded their Medicaid program under the Affordable Care Act.</td>
<td></td>
</tr>
<tr>
<td>Medicaid Family Planning Expansions 0 / 5</td>
<td>Alaska currently does not offer an expansion for family planning services to the Medicaid plan.</td>
</tr>
<tr>
<td>Insurance Coverage of Abortion 5 / 5</td>
<td>Alaska does not restrict coverage of abortion in private insurance plans.</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td></td>
</tr>
<tr>
<td>Abortion Restrictions 8 / 10</td>
<td></td>
</tr>
<tr>
<td>Alaska has the following laws, which make it unnecessarily difficult for someone to have an abortion: a person planning on receiving an abortion must undergo mandatory counseling including misinformation on link to breast cancer and fetal pain; and clinicians who perform medication abortion procedures are required to be licensed physicians.</td>
<td></td>
</tr>
<tr>
<td>Trap Laws 5 / 5</td>
<td></td>
</tr>
<tr>
<td>Alaska has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.</td>
<td></td>
</tr>
<tr>
<td>Abortion Access 3 / 5</td>
<td></td>
</tr>
<tr>
<td>32% of women in Alaska live in a county without an abortion provider.</td>
<td></td>
</tr>
</tbody>
</table>

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 someone to have an abortion: there is a mandatory waiting period of 24 hours between pre-abortion counseling and obtaining an abortion; there is a mandatory ultrasound where the patient 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.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

**D-**

is one of 24 states receiving a “D” or below

U.S. grade falls to a “F”
### 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% of 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 surpassed the target rate.

### PREVENTION

**SEX EDUCATION 0 / 15**
Arizona does not mandate sex education in public schools.

**NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5**
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

**MINORS’ ACCESS TO CONTRACEPTION 5 / 5**
Arizona explicitly allows all minors to consent to contraceptive services.

### AFFORDABILITY

**MEDICAID EXPANSION 8 / 15**
Arizona 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 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 someone to have an abortion: there is a mandatory waiting period of 24 hours between pre-abortion counseling and undergoing the procedure; there is a mandatory ultrasound where the patient 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**
18% of women in Arizona live in a county without an abortion provider.

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**D- 53.5 / 100**

**BREAKDOWN OF SCORES / ARIZONA**

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The Institute’s president Robert Walker said, "The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**ARKANSAS'S GRADE**

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

Arkansas requires HIV education, but does not mandate that condoms be included in the curriculum.

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

Arkansas has the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks of pregnancy; the patient must undergo mandatory counseling including information on fetal pain after 20 weeks’ gestation; there is a mandatory waiting period of 72 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 was given a “minus” because they passed a law banning abortion at 18 weeks. The law has been temporarily blocked from going into effect.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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 surpassed the target rate.

PREVENTION

SEX EDUCATION 0 / 15
Arkansas requires HIV education, but does not mandate that condoms be included in the curriculum.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 someone to have an abortion: abortion is prohibited after 20 weeks of pregnancy; the patient must undergo mandatory counseling including information on fetal pain after 20 weeks’ gestation; there is a mandatory waiting period of 72 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.

LOOKING AHEAD

In releasing this year’s 50-State report card, the Institute’s director of public policy Jennie Wetter said, “It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”

F- 44.5 / 100 BREAKDOWN OF SCORES / ARKANSAS

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**CALIFORNIA’S GRADE**

**California** received an “A” this year. Most notably, California received high 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 someone to have an abortion.

**California** was given “plus” because they passed a law requiring student health centers at public colleges to provide medication abortion.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

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A+ 98 / 100 BREAKDOWN OF SCORES / CALIFORNIA

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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 someone to have an abortion.

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
3% of women in California live in a county without an abortion provider.

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**COLORADO**

is one of 23 states receiving a “B” or higher U.S. grade falls to a “F”

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**COLORADO’S GRADE**

Colorado received a “B” this year. Most notably, Colorado received high 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 law that prevents abortion providers from receiving family planning funding.

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**STATE GRADERS**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

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- **Federal Courts**
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  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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 surpassed the target rate.

PREVENTION

SEX EDUCATION 0 / 15
Colorado does not mandate sex education in public schools.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 obtain an abortion.

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 high 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 someone to have an abortion.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X** clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**

  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. Senate has confirmed dozens of Trump-nominated judges to the lower courts, raising concerns that the federal courts will curtail access to reproductive health care. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**

  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD
In releasing this year’s 50-State report card, the Institute’s director of public policy Jennie Wetter said, “It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”

B 74.7 / 100 BREAKDOWN OF SCORES / CONNECTICUT

<table>
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<tr>
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<td><strong>ABORTION RESTRICTIONS 10 / 10</strong></td>
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<tr>
<td>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.</td>
<td>Connecticut mandates HIV education, but it does not require that condoms be part of the curriculum.</td>
<td>Connecticut has expanded their Medicaid program under the Affordable Care Act.</td>
<td>Connecticut currently does not have laws enacted that make it unnecessarily difficult for someone to have an abortion.</td>
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<tr>
<td><strong>UNINTENDED PREGNANCY RATE 15 / 15</strong></td>
<td><strong>NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5</strong></td>
<td><strong>MEDICAID FAMILY PLANNING EXPANSIONS 5 / 5</strong></td>
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<tr>
<td>41% of Connecticut’s total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Connecticut has surpassed the target rate.</td>
<td>Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.</td>
<td>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.</td>
<td>Connecticut has not enacted TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.</td>
</tr>
<tr>
<td><strong>MINORS’ ACCESS TO CONTRACEPTION 0 / 5</strong></td>
<td><strong>INSURANCE COVERAGE OF ABORTION 5 / 5</strong></td>
<td><strong>ABORTION ACCESS 5 / 5</strong></td>
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</tr>
<tr>
<td>Connecticut does not explicitly allow all minors to consent to contraceptive services.</td>
<td>Connecticut does not restrict coverage of abortion in private insurance plans.</td>
<td>5% of women in Connecticut live in a county without an abortion provider.</td>
<td></td>
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A special thanks to the Guttmacher Institute whose research made this report card possible.
DELAWARE'S GRADE
Delaware received a "B" this year. Most notably, Delaware received high 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 does not restrict coverage of abortion in private insurance plans.
- Delaware received a "minus" because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

THE NATIONAL GRADE
For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

Title X
Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

Federal Courts
In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

Sex Education
The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting "sexual risk avoidance" programs that embrace the failed “abstinence-only” approach backed by conservatives.

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.

STATE GRADES
Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, "The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”
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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 obtain an abortion. 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.

Looking ahead

In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”

81.3 / 100 BREAKDOWN OF SCORES / DELAWARE

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.
WASHINGTON D.C.

is one of 23 states receiving a “B” or higher

U.S. grade falls to a “F”

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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.

**WASHINGTON, D.C.’S GRADE**

Washington, D.C. received a “B” this year. Most notably, Washington, D.C. received high marks for:

- Mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, as well as different methods of contraception.
- Has expanded their Medicaid program under the Affordable Care Act.
- Currently does not have laws enacted that make it unnecessarily difficult for someone to have an abortion.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  
  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 someone to have an abortion.

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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WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole or for Florida. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**FLORIDA’S GRADE**

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

- Florida 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.
- 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.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  - Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  - In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  - The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Nurse Practitioners and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 someone to have an abortion: a mandatory ultrasound where the patient must be given an opportunity to view the image is required; parental notice is required before a minor can obtain an abortion; 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
24% of women in Florida live in a county without an abortion provider.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**Georgia**

is one of 24 states receiving a “D” or below

U.S. grade falls to a “F”

**Georgia’s Grade**

Georgia was given a “minus” because of a law passed that would ban abortion as early as six weeks, which is before most women know they are pregnant. A federal court has temporarily blocked the law from going into effect.

**State Grades**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**The National Grade**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

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**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

**Methodology**

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**Georgia**

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

- Georgia has decided not to expand their Medicaid program under the Affordable Care Act.
- Georgia has the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks, the patient must receive counseling 24 hours before the 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.
- Georgia was given a “minus” because of a law passed that would ban abortion as early as six weeks, which is before most women know they are pregnant. A federal court has temporarily blocked the law from going into effect.

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- Federal Courts
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- Sex Education
  - The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 someone to have an abortion: abortion is prohibited after 20 weeks, the patient must receive counseling 24 hours before the 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
55% of women in Georgia live in a county without an abortion provider.

LOOKING AHEAD

In releasing this year’s 50-State report card, the Institute’s director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”
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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**U.S. grade falls to a “F”**

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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.

**HAWAII’S GRADE**

Hawaii received an “A” this year. Most notably, Hawaii received high 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 someone to have an abortion.
- **Hawaii** received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 someone to have an abortion.

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.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Indiana, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

**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 someone to have an abortion: 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.

**IDAHO**

is one of 21 states receiving a failing grade

U.S. grade falls to a “F”
**LOOKING AHEAD**

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**BREAKDOWN OF SCORES / IDAHO**

- **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.

- **NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5**
  Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

- **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 someone to have an abortion: 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**
    67% of women in Idaho live in a county without an abortion provider.

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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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 obtain an abortion.

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

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The U.S. grade falls to a “F” is one of 21 states receiving a failing grade

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**INDIANA’S GRADE**

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

- 70% of women in Indiana live in a county without an abortion provider.
- Indiana has the following laws, which make it unnecessarily difficult for someone to obtain an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including information on fetal pain; an ultrasound is required and the patient 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 a law that prevents abortion providers from receiving family planning funding.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
### 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 surpassed the target rate.

### PREVENTION

**SEX EDUCATION 0 / 15**  
Indiana mandates HIV education, but it does not require that condoms are part of the curriculum.

**NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5**  
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

**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 someone to obtain an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including information on fetal pain; an ultrasound is required and the patient 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**  
70% of women in Indiana live in a county without an abortion provider.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 high marks for:

- **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.
- **Iowa** has expanded their Medicaid program under the Affordable Care Act.
- **Iowa** has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

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

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X** clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**

  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**

  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 someone to have an abortion: abortion is prohibited after 20 weeks, an ultrasound is required and the patient 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 2 / 5
58% of women in Iowa live in a county without an abortion provider.
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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

KANSAS is one of 21 states receiving a failing grade
U.S. grade falls to a “F”

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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 mandates sex education in public schools, but does not require that sex education include condoms or contraception.
- 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 someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation on link to breast cancer, negative psychological effects, and fetal pain; an ultrasound is required and the patient 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.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD
In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."

F 35 / 100 BREAKDOWN OF SCORES / KANSAS

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 surpassed the target rate.

PREVENTION

SEX EDUCATION 0 / 15
Kansas mandates sex education in public schools, but does not require that sex education include condoms or contraception.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 OF 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 someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation on link to breast cancer, negative psychological effects, and fetal pain; an ultrasound is required and the patient 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 1 / 5
61% of women in Kansas live in a county without an abortion provider.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

KENTUCKY

U.S. grade falls to a “F”

KENTUCKY is one of 21 states receiving a failing grade

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

**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.

**KENTUCKY’S GRADE**

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

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.

Kentucky has the following laws, which make it unnecessarily difficult for someone to have an abortion: 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 in the presence of the patient which by extension bans telemedicine.

Kentucky was given a “minus” because of a law passed that would ban abortion as early as six weeks, which is before most women know they are pregnant. A federal court has temporarily blocked the law from going into effect.

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.
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### 43.5 / 100 BREAKDOWN OF SCORES / KENTUCKY

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<thead>
<tr>
<th>EFFECTIVENESS</th>
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<tr>
<td><strong>TEEN PREGNANCY RATE 11 / 15</strong></td>
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<td><strong>MEDICAID EXPANSION 8 / 15</strong></td>
<td><strong>ABORTION RESTRICTIONS 2 / 10</strong></td>
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<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
<td>Kentucky has the following laws, which make it unnecessarily difficult for someone to have an abortion: 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 in the presence of the patient which by extension bans telemedicine.</td>
</tr>
<tr>
<td><strong>UNINTENDED PREGNANCY RATE 15 / 15</strong></td>
<td><strong>NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5</strong></td>
<td><strong>MEDICAID FAMILY PLANNING EXPANSIONS 0 / 5</strong></td>
<td><strong>TRAP LAWS 0 / 5</strong></td>
</tr>
<tr>
<td>36% of Kentucky’s total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Kentucky has surpassed the target rate.</td>
<td>Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.</td>
<td>Kentucky currently does not offer an expansion for family planning services to the Medicaid plan.</td>
<td>Kentucky has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.</td>
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<tr>
<td><strong>MINORS’ ACCESS TO CONTRACEPTION 2.5 / 5</strong></td>
<td></td>
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<td></td>
<td>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.</td>
<td>82% of women in Kentucky live in a county without an abortion provider.</td>
</tr>
</tbody>
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WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole or for Louisiana. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**LOUISIANA**

**U.S. grade falls to a “F”**

LOUISIANA is one of 21 states receiving a failing grade

**F**

**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 someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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.

Louisiana was given a “minus” because of a law passed that would ban abortion as early as six weeks, which is before most women know they are pregnant. A federal court has temporarily blocked the law from going into effect.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

Federal Courts

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**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
## 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.

### NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

### 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 someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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
72% of women in Louisiana live in a county without an abortion provider.

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**F- 46.8 / 100 BREAKDOWN OF SCORES / LOUISIANA**

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

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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 an “A” this year. Most notably, Maine received high 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** 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.
- **Maine** does not restrict coverage of abortion in private insurance plans.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an "A" in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD

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A 86.7 / 100 BREAKDOWN OF SCORES / MAINE

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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

MINORS’ ACCESS TO CONTRACEPTION 2.5 / 5
Maine explicitly allows all minors to consent to contraceptive services, however doctors may, but do not have to, inform the minor’s parents.

AFFORDABILITY

MEDICAID EXPANSION 8 / 15
Maine 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
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 4 / 5
24% of women in Maine live in a county without an abortion provider.

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**MARYLAND’S GRADE**

Maryland received an “A” this year. Most notably, Maryland received high 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.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

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- **Title X** clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**

  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**

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**A- 88.7 / 100 BREAKDOWN OF SCORES / MARYLAND**

### 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.

**NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5**

Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

**MINORS’ ACCESS TO CONTRACEPTION 2.5 / 5**

Maryland explicitly allows all minors to consent to contraceptive services, however doctors may, but do not have to, inform the minor’s parents.

### 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**

29% of women in Maryland live in a county without an abortion provider.
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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

**MASSACHUSETTS’S GRADE**

Massachusetts received a “B” this year. Most notably, Massachusetts received high marks for:

- Massachusetts has expanded their Medicaid program under the Affordable Care Act.
- Massachusetts does not restrict coverage of abortion in private insurance plans.
- Massachusetts explicitly allows all minors to consent to contraceptive services.
- Massachusetts received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

Massachusetts received a “B” this year. Most notably, Massachusetts received high marks for:

- Massachusetts has expanded their Medicaid program under the Affordable Care Act.
- Massachusetts does not restrict coverage of abortion in private insurance plans.
- Massachusetts explicitly allows all minors to consent to contraceptive services.
- Massachusetts received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.
LOOKING AHEAD

In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."

B- 73.2 / 100 BREAKDOWN OF SCORES / MASSACHUSETTS

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 surpassed the target rate.

PREVENTION

SEX EDUCATION 0 / 15
Massachusetts does not mandate sex education in public schools.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 requires parental consent before a minor can obtain an abortion.

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
13% of women in Massachusetts live in a county without an abortion provider.

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WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole or for Michigan. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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.

**MICHIGAN’S GRADE**

**Michigan** received an “F” 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.

**Michigan** has the following laws, which make it unnecessarily difficult for someone to have an abortion: the patient 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 prevents abortion providers from receiving family planning funding.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

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For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
**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.

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**PREVENTION**

**SEX EDUCATION 0 / 15**
Michigan mandates HIV education, but it does not require that condoms are part of the curriculum.

**NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5**
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

**MINORS’ ACCESS TO CONTRACEPTION 0 / 5**
Michigan does not explicitly allow all minors to consent to contraceptive services.

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**AFFORDABILITY**

**MEDICAID EXPANSION 8 / 15**
Michigan 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**
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.

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**ACCESS**

**ABORTION RESTRICTIONS 4 / 10**
Michigan has the following laws, which make it unnecessarily difficult for someone to have an abortion: the patient 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 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**
35% of women in Michigan live in a county without an abortion provider.

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**LOOKING AHEAD**

In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."
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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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.

**MINNESOTA’S GRADE**

Minnesota received a “B” this year. Most notably, Minnesota received high marks for:

- Minnesota has expanded their Medicaid program under the Affordable Care Act.
- 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.
- Minnesota does not restrict coverage of abortion in private insurance plans.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
### 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.

**Nurses Authorized to Dispense Medications** 5 / 5

Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

**Minors’ Access to Contraception** 2.5 / 5

Minnesota explicitly allows all minors to consent to contraceptive services, however doctors may, but do not have to, inform the minor’s parents.

### 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 someone to have an abortion: 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** 1 / 5

61% of women in Minnesota live in a county without an abortion provider.

Looking Ahead

In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”

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**U.S. grade falls to a “F”**

**MISSISSIPPI**

is one of 21 states receiving a failing grade

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**METHODOLOGY**

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**MISSISSIPPI’S GRADE**

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

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

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

Mississippi has the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks; patients must undergo mandatory counseling including misinformation 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 patient 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 was given a “minus” because of a law passed that would ban abortion as early as six weeks, which is before most women know they are pregnant. A federal court has temporarily blocked the law from going into effect.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

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**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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.

MEDICAID 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 someone to have an abortion: abortion is prohibited after 20 weeks; patients must undergo mandatory counseling including misinformation 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 patient 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.

35.7 / 100 BREAKDOWN OF SCORES / MISSISSIPPI

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MISSOURI’S GRADE
Missouri received an “F” this year. Most notably, Missouri received poor marks for:
- Missouri has decided not to expand their Medicaid program under the Affordable Care Act.

Missouri has the following laws, which make it unnecessarily difficult for someone to have an abortion: the patient 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.

Missouri was given a “minus” because of a law passed that would ban abortion at eight weeks, and would penalize health care providers who perform abortions after eight weeks with up to 15 years in prison. A federal court has temporarily blocked the law from going into effect.

STATE GRADES
Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

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Federal Courts
In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

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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 surpassed the target rate.

PREVENTION

SEX EDUCATION 3 / 15
Missouri mandates HIV education, but it does not require that condoms be part of the curriculum, but does mandate it be medically accurate.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 someone to have an abortion: the patient 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
78% 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.
WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an 'F' from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, "The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected."

**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 high marks for:

- Montana has expanded their Medicaid program under the Affordable Care Act.
- Montana does not restrict coverage of abortion in private insurance plans.
- Montana currently does not have laws enacted that make it unnecessarily difficult for someone to have an abortion.
- Montana received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an “F” – Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting "sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

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LOOKING AHEAD
In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."

B- 76.7 / 100 BREAKDOWN OF SCORES / MONTANA

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
32% of Montana's total pregnancies are unintended, compared to the Healthy People 2020 objective of 44%. Thus, Montana has surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

MINORS' ACCESS TO CONTRACEPTION 2.5 / 5
Montana explicitly allows all minors to consent to contraceptive services, however doctors may, but do not have to, inform the minor's parents.

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 line.

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 someone to have an abortion.

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

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

STATE GRADES
Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

THE NATIONAL GRADE
For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

Title X
Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

Federal Courts
In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

Sex Education
The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
### 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.

### Prevention

**Sex Education 0 / 15**
Nebraska does not mandate sex education in public schools.

**Nurses Authorized to Dispense Medications 0 / 5**
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

**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 someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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**
40% of women in Nebraska live in a county without an abortion provider.
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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.

**NEVADA’S GRADE**

Nevada received a “B” this year. Most notably, Nevada received high marks for:

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

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

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

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

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Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

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**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD
In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."

72.2 / 100 BREAKDOWN OF SCORES / NEVADA

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 surpassed the target rate.

PREVENTION
SEX EDUCATION 0 / 15
Nevada does mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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.

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NEW HAMPSHIRE is one of 4 states receiving a "C" U.S. grade falls to a “F”

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

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. Most notably, New Hampshire received mixed marks for:

- New Hampshire mandates sex education & HIV education, but it does not require that condoms or birth control be part of the curriculum.
- 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 does not restrict coverage of abortion in private insurance plans.

STATE GRADES

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

THE NATIONAL GRADE

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

Title X

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

Federal Courts

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

Sex Education

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
### 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 sex education & HIV education, but it does not require that condoms or birth control be part of the curriculum.

**NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5**
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

**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.

### ACCESS

**ABORTION RESTRICTIONS 9 / 10**
New Hampshire requires parental notice before a minor may obtain an abortion.

**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.

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**LOOKING AHEAD**

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**BREAKDOWN OF SCORES / NEW HAMPSHIRE**

69.7 / 100

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NEW JERSEY’S GRADE
New Jersey received an “A” this year. Most notably, New Jersey received high marks for:
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.
New Jersey has expanded their Medicaid program under the Affordable Care Act.
New Jersey has no laws that make it unnecessarily difficult for someone to have an abortion.

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

STATE GRADES
Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

THE NATIONAL GRADE
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Title X
Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

Federal Courts
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A- 91.7 / 100 BREAKDOWN OF SCORES / NEW JERSEY

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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 5 / 5
New Jersey 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 205% of the federal poverty line. The family planning expansion is also extended to include men.

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 someone to have an abortion.

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
26% of women in New Jersey live in a county without an abortion provider.

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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 MEXICO’S GRADE**

New Mexico received a “B” this year. Most notably, New Mexico received high marks for:

- New Mexico mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.
- New Mexico does not have laws that make it unnecessarily difficult for someone to have an abortion.
- New Mexico received a “plus” because they mandate their sex education program include information on sexual orientation and that it be inclusive.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

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For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
### 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 surpassed 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.

**NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5**
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

**MINORS’ ACCESS TO CONTRACEPTION 5 / 5**
New Mexico explicitly allows all minors to consent to contraceptive services.

### AFFORDABILITY

**MEDICAID EXPANSION 8 / 15**
New Mexico has expanded their Medicaid program under the Affordable Care Act but they have enacted harmful waivers such as lock out penalties that limit the number of people who can use the expansion.

**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 does not have laws that make it unnecessarily difficult for someone to have an abortion.

**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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**B+ 83.2 / 100 BREAKDOWN OF SCORES / NEW MEXICO**

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**NEW YORK**

New York is one of 23 states receiving a “B” or higher

U.S. grade falls to a “F”

New York received a “B” this year. Most notably, New York received high marks for:

- **New York** does not have any laws which make it unnecessarily difficult for someone to have an abortion.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X** clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

**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 a “B” this year. Most notably, 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.
**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.

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**PREVENTION**

**SEX EDUCATION 0 / 15**
New York requires HIV education, but does not include information on condoms in its HIV education curriculum.

**NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5**
Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

**MINORS’ ACCESS TO CONTRACEPTION 5 / 5**
New York explicitly allows all minors to consent to contraceptive services.

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**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.

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**ACCESS**

**ABORTION RESTRICTIONS 10 / 10**
New York does not have any laws which make it unnecessarily difficult for someone to have an abortion.

**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**
8% of women in New York live in a county without an abortion provider.

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**BREAKDOWN OF SCORES / NEW YORK**

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>EFFECTIVENESS</td>
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<tr>
<td>ABORTION ACCESS</td>
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**TOTAL SCORE:** 81.7 / 100

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 “C” this year. Most notably, North Carolina received mixed 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 someone to have an abortion: the patient must undergo mandatory counseling including misinformation 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 family planning funding.

**State Grades**
Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**The National Grade**
For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**
Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**
In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**
The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Nurse Practitioners and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 2 / 10
North Carolina has the following laws, which make it unnecessarily difficult for someone to have an abortion: the patient must undergo mandatory counseling including misinformation 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.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 & HIV education in public schools but it sets no requirement to teach about condoms and contraception.
- North Dakota does not explicitly allow all minors to consent to contraceptive services.
- North Dakota has the following laws, which make it unnecessarily difficult for someone to have an abortion: 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**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
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- **Sex Education**
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD
In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."

F- 49.7 / 100 BREAKDOWN OF SCORES / NORTH DAKOTA

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 surpassed the target rate.

PREVENTION
SEX EDUCATION 0 / 15
North Dakota mandates sex education & HIV education in public schools but it sets no requirement to teach about condoms and contraception.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

MINORS’ ACCESS TO CONTRACEPTION 0 / 5
North Dakota does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY
MEDICAID EXPANSION 15 / 15
New 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 someone to have an abortion: 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
72% of women in North Dakota live in a county without an abortion provider.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**OHIO'S GRADE**

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

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

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

- **Ohio** has the following laws, which make it unnecessarily difficult for someone to have an abortion: 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 patient the opportunity to view; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians.

Ohio was given a “minus” because of a law passed that would ban abortion as early as six weeks, which is before most women know they are pregnant. A federal court has temporarily blocked the law from going into effect.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

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- **Title X**
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
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- **Sex Education**
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39.5 / 100 BREAKDOWN OF SCORES / OHIO

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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

MINORS’ ACCESS TO CONTRACEPTION 0 / 5
Ohio does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

MEDICAID EXPANSION 8 / 15
Ohio 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 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 someone to have an abortion: 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 patient 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
55% of women in Ohio live in a county without an abortion provider.

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**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 has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.
- Oklahoma has the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**

  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**

  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**

  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
### 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 surpassed the target rate.

### PREVENTION

**SEX EDUCATION 8 / 15**
Oklahoma requires HIV education with information on condoms in its sex education curriculum, but not other methods of contraception. They also require it to be medically accurate.

**NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5**
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

**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.

### ACCESS

**ABORTION RESTRICTIONS 0 / 10**
Oklahoma has the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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**
53% of women in Oklahoma live in a county without an abortion provider.

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WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**OREGON’S GRADE**

Oregon received an “A” this year. Most notably, Oregon received high 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 someone to have an abortion.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD
In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."

A+ 95 / 100 BREAKDOWN OF SCORES / OREGON

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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

MINORS’ ACCESS TO CONTRACEPTION 2.5 / 5
Oregon explicitly allows all minors to consent to contraceptive services, however doctors may, but do not have to, inform the minor’s parents.

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 someone to have an abortion.

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

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WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole or for Pennsylvania. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 mixed marks for:

- **Pennsylvania** mandates HIV education, but it does not require that condoms be part of the curriculum.
- **Pennsylvania** has expanded their Medicaid program under the Affordable Care Act.
- **Pennsylvania** has the following laws, which make it unnecessarily difficult for someone to have an abortion: 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**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  
  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD
In releasing this year’s 50-State report card, the Institute’s director of public policy Jennie Wetter said, “It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”

65.2 / 100 BREAKDOWN OF SCORES / PENNSYLVANIA

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 surpassed the target rate.

PREVENTION
SEX EDUCATION 0 / 15
Pennsylvania mandates HIV education, but it does not require that condoms be part of the curriculum.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Nurse Practitioners and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

MINORS’ ACCESS TO CONTRACEPTION 5 / 5
Pennsylvania explicitly allows 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 someone to have an abortion: 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.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 high 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 be inclusive.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD

In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."

B+ 81.7 / 100 BREAKDOWN OF SCORES / RHODE ISLAND

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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists and Nurse Practitioners are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 obtain an abortion.

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 4 / 5
22% of women in Rhode Island live in a county without an abortion provider.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 an “F” 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 has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.
- South Carolina received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD

In releasing this year's 50-State report card, the Institute's director of public policy Jennie Wetter said, "It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights."

F- 47.2 / 100 BREAKDOWN OF SCORES / SOUTH CAROLINA

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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 someone to have an abortion: 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.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD

In releasing this year’s 50-State report card, the Institute's director of public policy Jennie Wetter said, “It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”

F– 33.2 / 100 BREAKDOWN OF SCORES / SOUTH DAKOTA

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 surpassed the target rate.

PREVENTION

SEX EDUCATION 0 / 15
South Dakota does not mandate sex education in public schools.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Nurse Practitioners and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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
76% of women in South Dakota live in a county without an abortion provider.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**TENNESSEE**

is one of 21 states receiving a failing grade

U.S. grade falls to a “F”

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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. They do mandate that the sex and HIV education be medically accurate.
- 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 someone to have an abortion: 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 has a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

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**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

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In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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**F- 49.9 / 100** BREAKDOWN OF SCORES / TENNESSEE

<table>
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<td><strong>TEEN PREGNANCY RATE 12.2 / 15</strong></td>
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<td>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.</td>
<td>Tennessee does mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception. They do mandate that the sex and HIV education be medically accurate.</td>
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<tr>
<td><strong>UNINTENDED PREGNANCY RATE 14.7 / 15</strong></td>
<td><strong>NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5</strong></td>
<td><strong>MEDICAID FAMILY PLANNING EXPANSIONS 0 / 5</strong></td>
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</tr>
<tr>
<td>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.</td>
<td>Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.</td>
<td>Tennessee currently does not offer an expansion for family planning services to the Medicaid plan.</td>
<td>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.</td>
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<tr>
<td><strong>MINORS’ ACCESS TO CONTRACEPTION 5 / 5</strong></td>
<td><strong>INSURANCE COVERAGE OF ABORTION 0 / 5</strong></td>
<td><strong>ABORTION ACCESS 1 / 5</strong></td>
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<td>Tennessee explicitly allows all minors to consent to contraceptive services.</td>
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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

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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.

**TEXAS’S GRADE**

Texas received an "F" this year. Most notably, Texas received poor marks for:

- Texas has decided not to expand their Medicaid program under the Affordable Care Act.
- Texas has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.
- Texas has the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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 of a law that prevents abortion providers from receiving family planning funding.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting "sexual risk avoidance" programs that embrace the failed “abstinence-only” approach backed by conservatives.
### 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 surpassed the target rate.

### Prevention

**Sex Education 12 / 15**
Texas mandates sex education in public schools, covering abstinence and HIV prevention, and requires that sex education and HIV education include condoms and birth control.

**Nurses Authorized to Dispense Medications 0 / 5**
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

**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.

### Access

**Abortion Restrictions 0 / 10**
Texas has the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**U.S. grade falls to a “F”**

Utah is one of 21 states receiving a failing grade

F-

POPULATION INSTITUTE 2019 REPORT CARD SHOWS THE DIVIDED STATES OF REPRODUCTIVE HEALTH AND RIGHTS

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**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 someone to have an abortion: the patient must undergo mandatory counseling including misinformation 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.

Utah was given a “minus” because of a law passed that would ban abortion at 18 weeks. A federal court has temporarily blocked the law from going into effect.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

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**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 private 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 someone to have an abortion: the patient must undergo mandatory counseling including misinformation 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
63% of women in Utah live in a county without an abortion provider.

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**VERMONT’S GRADE**
Vermont received a “B” this year. Most notably, Vermont received high marks for:
- Vermont mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.
- Vermont has expanded their Medicaid program under the Affordable Care Act.
- Vermont has no laws that make it unnecessarily difficult for someone to have an abortion.

**STATE GRADES**
Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**
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**Title X**
Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**
In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**
The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 someone to have an abortion.

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.

82.7 / 100 BREAKDOWN OF SCORES / VERMONT

LOOKING AHEAD

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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 a “B” this year. Most notably, Virginia received high marks for:

Virginia mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception. They also require that it be medically accurate.

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

Virginia explicitly allows all minors to consent to contraceptive services.

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

**STATE GRADES**
Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**
For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**
Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**
In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**
The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
EFFECTIVENESS

TEEN PREGNANCY RATE 13 / 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 surpassed the target rate.

PREVENTION

SEX EDUCATION 15 / 15
Virginia mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception. They also require that it be medically accurate.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

MINORS’ ACCESS TO CONTRACEPTION 5 / 5
Virginia explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

MEDICAID EXPANSION 15 / 15
Virginia has expanded their Medicaid program under the Affordable Care Act.

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 someone to have an abortion: the patient must undergo an ultrasound where the provider must offer the patient 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 5 / 5
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
80% of women in Virginia live in a county without an abortion provider.

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WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”
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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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.

ACCESS

ABORTION RESTRICTIONS 10 / 10
Washington has no laws that make it unnecessarily difficult for someone to have an abortion.

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

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WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. It illustrates the escalating toll inflicted by the Trump administration and its allies. The U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole or for West Virginia. At the state level there is a deep and growing divide between states promoting reproductive health and rights and those restricting access.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

WEST VIRGINIA’s GRADE

West Virginia received a “C” this year. Most notably, West Virginia received mixed marks for:

- West Virginia mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception.
- West Virginia has expanded their Medicaid program under the Affordable Care Act.
- West Virginia has the following laws, which make it unnecessarily difficult for someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

THE NATIONAL GRADE

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

- **Title X**
  Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

- **Federal Courts**
  In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

- **Sex Education**
  The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.
LOOKING AHEAD

In releasing this year’s 50-State report card, the Institute’s director of public policy Jennie Wetter said, “It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”

C 63.7 / 100 BREAKDOWN OF SCORES / WEST VIRGINIA

EFFECTIVENESS

TEEN PREGNANCY RATE 9.7 / 15
West Virginia has a teen pregnancy rate of 5.4 pregnancies per 1,000 women aged 15-19. We set 3.3 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 surpassed 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.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 someone to have an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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 bars 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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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”

**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.

**WISCONSIN’S GRADE**

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

- 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 someone to have an abortion: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between counseling and procedure and a patient must receiving counseling on fetal pain; the patient is required get an ultrasound where the provider is 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 of a law that prevents abortion providers from receiving family planning funding.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an "A" in this year's report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting "sexual risk avoidance" programs that embrace the failed “abstinence-only” approach backed by conservatives.

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The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights prevail, access to abortion, contraception, and other reproductive health services will be further curtailed, and low income individuals, in particular, will be adversely affected.”
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 surpassed the target rate.

PREVENTION
SEX EDUCATION 0 / 15
Wisconsin mandates HIV education, but it does not require that condoms be part of the curriculum.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 0 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

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 someone to have an abortion: abortion is prohibited after 20 weeks; there is a mandatory waiting period of 24 hours between counseling and procedure and a patient must receiving counseling on fetal pain; the patient is required get an ultrasound where the provider is 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.

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
70% of women in Wisconsin live in a county without an abortion provider.

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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.

**STATE GRADES**

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 21 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

**THE NATIONAL GRADE**

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

**Title X**

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

**Federal Courts**

In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

**Sex Education**

The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

**WYOMING’S GRADE**

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

- Wyoming does not mandate sex education in public schools.
- Wyoming has decided not to expand their Medicaid program under the Affordable Care Act.
- 96% of women in Wyoming live in a county without an abortion provider.

**WYOMING**

is one of 24 states receiving a “D” or below

U.S. grade falls to a “F”
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 surpassed the target rate.

PREVENTION
SEX EDUCATION 0 / 15
Wyoming does not mandate sex education in public schools.

NURSES AUTHORIZED TO DISPENSE MEDICATIONS 5 / 5
Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.

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 someone to have an abortion: 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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WASHINGTON, D.C. – The Population Institute released its eighth annual 50 State Report Card on Reproductive Health and Rights today. The report card, the most comprehensive of its kind, tracks multiple indicators of reproductive health and rights, including access to family planning, sex education, and abortion services. The findings are not encouraging for the U.S. as a whole.

Reflecting the escalating toll inflicted by the Trump administration and its allies, the U.S. grade for 2019 was lowered to an ‘F’ from the ‘D-’ awarded in 2018. There were many federal setbacks in 2019, most notably, the finalization of a new set of rules for Title X, the 50-year old federal-state partnership that supports family planning clinics serving low-income households. Frequently referred to as the “domestic gag rule,” the new rules prohibit Title X family planning physicians and staff from counseling patients on abortion or referring them to abortion providers. In response to the new regulations, Planned Parenthood and other abortion providers dropped out of the program.

At the state level there is a deep divide between the states that are promoting reproductive health and rights and those restricting access. This year 21 states receiving a failing grade. Several of the states receiving failing grades have passed abortion restrictions that defy the Roe v. Wade guidelines in hopes of persuading the U.S. Supreme Court to overturn the landmark ruling.

The Institute’s president Robert Walker said, “The political war over reproductive health rights is far from over, but the legal and regulatory battle lines have been drawn, and the stakes could not be higher. If the opponents of reproductive health and rights abortion, contraception, and other reproductive health services, basic health care, will be pushed even further out of reach for low income individuals.”

STATE GRADES

Seven states (California, Hawaii, Maine, Maryland, New Jersey, Oregon, and Washington) received an “A” in this year’s report. The 20 states receiving a failing grade included Alabama, Arkansas, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and Wisconsin.

THE NATIONAL GRADE

For the first year in the 8-year history of our report card, the U.S., as a whole, received an ‘F’. Several factors account for the lower grade, most notably:

Title X

Title X clinics provide family planning and reproductive health care services to 4 million people a year, but the adoption of the “domestic gag rule” jeopardizes the integrity and future of the program. Several states and providers, including Planned Parenthood, have opted out rather than abide by the new restrictions. As traditional and trusted family providers drop out, the Trump administration is awarding Title X grants to “crisis pregnancy centers” run by staunch anti-abortion advocates, some of whom do not even provide contraceptive services to clients.

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.
Federal Courts
In addition to the appointments of Brett Kavanaugh and Neil Gorsuch to the U.S. Supreme Court, the U.S. 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. In addition to restricting abortion rights, a more conservative federal judiciary may issue adverse rulings affecting Title X, the coverage of contraception under the Affordable Care Act and LGBTQ protections.

Sex Education
The Trump administration is seeking to slash federal support for comprehensive – and evidence-based – sexuality education curricula that reduce the rate of teen pregnancy. In their place, the administration is promoting “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

LOOKING AHEAD
In releasing this year’s 50-State report card, the Institute’s director of public policy Jennie Wetter said, “It is imperative we remember those who are the most impacted by our failure to ensure access to safe and affordable reproductive health care. Many people of color and low income individuals are already struggling to access the reproductive health services they need. This report must be a call to action for all those who care about reproductive health and rights.”

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%), nurses authorized to dispense medications (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.