THE STATE OF REPRODUCTIVE HEALTH AND RIGHTS:
A 50-State Report Card

February 2021
The United States as a whole has been given a grade of ‘F’. Here’s why:

The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program that was providing family planning services to 4 million households a year. 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 has been 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.

This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ protections.

The Trump/Pence administration sought to slash federal support for evidence-based, comprehensive sexuality education. Instead, the administration promoted “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 (20 points): Statewide, what percentage of pregnancies are unintended, and how high is the state’s teenage pregnancy rate?

Prevention (30 points): Does the state promote comprehensive sex education in the schools, allow nurses to dispense medications, and allow minors to consent to contraceptive services?

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

Access (25 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 (10 points maximum)
2. A low rate of unintended pregnancy (10 points maximum)
3. Comprehensive sex education in the schools (15 points maximum)
4. Nurses authorized to dispense medications (5 points maximum)
5. Emergency Contraception Mandated in Emergency Room (5 points maximum)
6. Minors access to contraceptive services (5 points maximum)
7. Medicaid expansion under the Affordable Care Act (15 points maximum)
8. A Medicaid “waiver” expanding eligibility for family planning services (5 points maximum)
9. Insurance coverage of abortion services (5 points maximum)
10. An absence of burdensome abortion restrictions (10 points maximum)
11. An absence of TRAP Laws (Targeted Regulation of Abortion Providers) (5 points maximum)
12. Abortion Policy in Absence of Roe (5 points maximum)
13. 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   C: 61-70.9 points   D: 50-60.9 points   F: < than 49.9 points

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www.populationinstitute.org
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

ACKNOWLEDGEMENTS
We wish to express our deep appreciation to the Guttmacher Institute, the Kaiser Family Foundation, Planned Parenthood Federation of America, National Health Law Program and other organizations working in this field for the research and reporting that made this report card possible.
WASHINGTON, D.C. — The Population Institute released its ninth annual 50 State Report Card on Reproductive Health and Rights today. It shows that there is still a large division between states that are prioritizing reproductive health and rights and those that are seeking to curtail access and rights. The U.S. again received a failing grade. 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. While the election of Joe Biden and Kamala Harris portends good news for reproductive health and rights at the federal level, the reshaping of the federal judiciary by the Trump/Pence administration could prove disastrous for decades to come for reproductive health, rights and justice.

Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

**METHODOLOGY**
Using thirteen 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**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**
For the second year in a row, the U.S., as a whole, received an “F.” Several factors account for the failing grade, most notably:

**Title X**
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.

**Sex Education**
The Trump/Pence administration sought to slash federal support for evidence-based, comprehensive sexuality education. Instead, the administration promoted “sexual risk avoidance” programs that embrace the failed “abstinence-only” approach backed by conservatives.

**LOOKING AHEAD**
In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

For the complete report card and additional information, please visit: www.populationinstitute.org/reportcard
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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 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 the patient 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.
- Alabama was given minus because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

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ALABAMA

BREAKDOWN OF SCORES

F- 27.1 / 100

EFFECTIVENESS

Teen Pregnancy Rate 7.3 / 10
Alabama has a teen pregnancy rate of 40 pregnancies per 1,000 women aged 15-19. We have set 24 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Alabama has achieved 73.3% of the objective.

Unintended Pregnancy Rate 6.8 / 10
44% of Alabama’s total pregnancies are unintended, compared to the objective of 30%. Thus, Alabama has achieved 68.2% of 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.

Emergency Contraception in Emergency Room 0 / 5
Alabama does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 the patient 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 Policy With Loss of Roe 0 / 5
Alabama has policies in place that could ban abortion if Roe is struck down.

Abortion Access 2 / 5
59% of women in Alabama live in a county without an abortion provider.

In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”
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**ALASKA’S GRADE**
Alaska received a “C” this year. Most notably, Alaska received mixed marks for:
- Alaska has expanded their Medicaid program under the Affordable Care Act.
- Alaska currently does not offer an expansion for family planning services to the Medicaid plan.
- Alaska does not mandate sex education in public schools.

**STATE GRADES**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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**BREAKDOWN OF SCORES**

**C 67.2 / 100**

**EFFECTIVENESS**

**Teen Pregnancy Rate 7.3 / 10**
Alaska has a teen pregnancy rate of 40 pregnancies per 1,000 women aged 15-19. We set 24 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Alaska has achieved 73.3% of the objective.

**Unintended Pregnancy Rate 8.9 / 10**
35% of Alaska’s total pregnancies are unintended, compared to the objective of 30%. Thus, Alaska has achieved 88.6% of the target rate.

**PREVENTION**

**Sex Education 0 / 15**
Alaska 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.

**Emergency Contraception in Emergency Room 0 / 5**
Alaska does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**Minors’ Access to Contraception 5 / 5**
Alaska explicitly allows all minors to consent to contraceptive services.

**AFFORDABILITY**

**Medicaid Expansion 15 / 15**
Alaska has expanded their Medicaid program under the Affordable Care Act.

**Medicaid Family Planning Expansions 0 / 5**
Alaska currently does not offer an expansion for family planning services to the Medicaid plan.

**Insurance Coverage of Abortion 5 / 5**
Alaska does not restrict coverage of abortion in private insurance plans.

**ACCESS**

**Abortion Restrictions 8 / 10**
Alaska has the following laws, which make it unnecessarily difficult for 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.

**TRAP Laws 5 / 5**
Alaska has not enacted TRAP Laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

**Abortion Policy With Loss of Roe 5 / 5**
Alaska does not have policies in place that could ban abortion if Roe is struck down.

**Abortion Access 3 / 5**
32% of women in Alaska live in a county without an abortion provider.
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ARIZONA’S GRADE
Arizona received an “F” 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.
- Arizona was given minus because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

THE NATIONAL GRADE
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- Title X
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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
This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

BREAKDOWN OF SCORES

F- 41.2 / 100

EFFECTIVENESS

Teen Pregnancy Rate 8.2 / 10
Arizona has a teen pregnancy rate of 35 pregnancies per 1,000 women aged 15-19. We set 24 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Arizona has achieved 81.6% of the objective.

Unintended Pregnancy Rate 8 / 10
39% of Arizona’s total pregnancies are unintended, compared to the objective of 30%. Thus, Arizona has achieved 79.5% of 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.

Emergency Contraception in Emergency Room 0 / 5
Arizona does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 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.

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 Policy With Loss of Roe 0 / 5
Arizona has policies in place that could ban abortion if Roe is struck down.

Abortion Access 4 / 5
18% of women in Arizona live in a county without an abortion provider.

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Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

**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 education include condoms.
- 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 received a “minus” because of a law that prevents abortion providers from receiving family planning funding.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**

This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
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**BREAKDOWN OF SCORES**

**EFFECTIVENESS**

**Teen Pregnancy Rate**  
7.3 / 10  
Arkansas has a teen pregnancy rate of 46 pregnancies per 1,000 women aged 15-19. We set 30 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Arkansas has achieved 73.3% of the objective.

**Unintended Pregnancy Rate**  
8.6 / 10  
36% of Arkansas’s total pregnancies are unintended, compared to the objective of 30%. Thus, Arkansas has achieved 86.4% of the target rate.

**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 lockout 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 Policy With Loss of Roe**  
0 / 5  
Arkansas has policies in place that could ban abortion if Roe is struck down.

**Abortion Access**  
0 / 5  
77% of women in Arkansas live in a county without an abortion provider.

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Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

**METHODOLOGY**
Using thirteen 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.

**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 currently does not have laws enacted that make it unnecessarily difficult for someone to have an abortion.
- California received a “plus” because they mandate their sex education program include information on sexual orientation and that it be inclusive. They also mandate the sex education program teach about consent.

**STATE GRADES**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:
- **Title X**
  - The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  - This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
CALIFORNIA

LOOKING AHEAD

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BREAKDOWN OF SCORES

A+ 96 / 100

EFFECTIVENESS

Teen Pregnancy Rate 8.3 / 10
California has a teen pregnancy rate of 32 pregnancies per 1,000 women aged 15-19. We set 22 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that California has achieved 83.3% of the objective.

Unintended Pregnancy Rate 7.7 / 10
40% of California’s total pregnancies are unintended, compared to the objective of 30%. Thus, California has achieved 77.4% of 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.

Emergency Contraception in Emergency Room 5 / 5
California requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 Policy With Loss of Roe 5 / 5
California does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access 5 / 5
3% of women in California live in a county without an abortion provider.

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**METHODOLOGY**

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

**COLORADO’S GRADE**

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

- **Colorado** has expanded their Medicaid program under the Affordable Care Act.
- **Colorado** explicitly allows all minors to consent to contraceptive services.
- **Colorado** does not mandate sex education in public schools.
- **Colorado** received a “minus” because of a law that prevents abortion providers from receiving family planning funding.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

**Title X**

The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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Colorado

BREAKDOWN OF SCORES

C- 67.9 / 100

EFFECTIVENESS

Teen Pregnancy Rate
8.5 / 10
Colorado 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 2025 as the goal, which indicates that Colorado has achieved 85% of the objective.

Unintended Pregnancy Rate
8.9 / 10
35% of Colorado’s total pregnancies are unintended, compared to the objective of 30%. Thus, Colorado has achieved 88.6% of 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.

Emergency Contraception in Emergency Room
2.5 / 5
Colorado requires emergency rooms to provide information about emergency contraception, but does not mandate they dispense it on request to sexual assault victims.

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 Policy With Loss of Roe
5 / 5
Colorado does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access
4 / 5
27% of women in Colorado live in a county without an abortion provider.

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**METHODOLOGY**

Using thirteen 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.

**CONNECTICUT’S GRADE**

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

- Connecticut currently does not have laws enacted that make it unnecessarily difficult for someone to have an abortion.
- Connecticut received a “plus” because they mandate their sex education program include information on sexual orientation and that it be inclusive.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
B+ 71.5 / 100

CONNECTICUT

LOOKING AHEAD

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BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate
9 / 10
Connecticut has a teen pregnancy rate of 21 pregnancies per 1,000 women aged 15-19. We set 15 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Connecticut has achieved 90% of this objective.

Unintended Pregnancy Rate
7.5 / 10
41% of Connecticut’s total pregnancies are unintended, compared to the objective of 30%. Thus, Connecticut has achieved 75% of the target rate.

PREVENTION

Sex Education
0 / 15
Connecticut 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.

Emergency Contraception in Emergency Room
5 / 5
Connecticut requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

Minors’ Access to Contraception
0 / 5
Connecticut does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion
15 / 15
Connecticut has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions
5 / 5
Connecticut offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with incomes up to 263% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion
5 / 5
Connecticut does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions
10 / 10
Connecticut currently does not have laws enacted that make it unnecessarily difficult for someone to have an abortion.

TRAP Laws
5 / 5
Connecticut has not enacted TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

Abortion Policy
With Loss of Roe
5 / 5
Connecticut does not have policies in place that could ban abortion if Roe is struck down.

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

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METHODOLOGY
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DELAWARE’S GRADE
Delaware received a “B” this year. Most notably, Delaware received high marks for:

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.

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

THE NATIONAL GRADE
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

Title X
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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
This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

**BREAKDOWN OF SCORES**

<table>
<thead>
<tr>
<th>EFFECTIVENESS</th>
<th>72.7 / 100</th>
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**EFFECTIVENESS**

**Teen Pregnancy Rate**

7.8 / 10

Delaware has a teen pregnancy rate of 36 pregnancies per 1,000 women aged 15-19. We set 23 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Delaware has achieved 78.3% of the objective.

**Unintended Pregnancy Rate**

5.9 / 10

48% of Delaware’s total pregnancies are unintended, compared to the objective of 30%. Thus, Delaware has achieved 59.1% 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.

**Emergency Contraception in Emergency Room**

0 / 5

Delaware does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**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 Policy With Loss of Roe**

5 / 5

Delaware does not have policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

4 / 5

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

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WASHINGTON, D.C. — The Population Institute released its ninth annual 50 State Report Card on Reproductive Health and Rights today. It shows that there is still a large division between states that are prioritizing reproductive health and rights and those that are seeking to curtail access and rights. The U.S. again received a failing grade. While the election of Joe Biden and Kamala Harris portends good news for reproductive health and rights at the federal level, the reshaping of the federal judiciary by the Trump/Pence administration could prove disastrous for decades to come for reproductive health, rights and justice.

Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

**WASHINGTON, D.C.**

WASHINGTON, D.C. is one of 18 states receiving a “B” or higher

**WASHINGTON, D.C.'S GRADE**

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

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

**WASHINGTON, D.C. received a “plus”** because they mandate their sex education program include information on sexual orientation and that it be inclusive. They also mandate the sex education program teach about consent.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an "A" in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
WASHINGTON, D.C.

In releasing this year's report card, Wetter warned that, "While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community."

BREAKDOWN OF SCORES

B+ 81.6 / 100

EFFECTIVENESS

Teen Pregnancy Rate 8.7 / 10
Washington, D.C. has a teen pregnancy rate of 42 pregnancies per 1,000 women aged 15-19. We set 34 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that the Washington, D.C. has achieved 86.8% of the objective.

Unintended Pregnancy Rate 5.9 / 10
48% of Washington, D.C. total pregnancies are unintended, compared to the objective of 30%. Thus, Washington, D.C. has achieved 59.1% 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.

Emergency Contraception in Emergency Room 5 / 5
Washington, D.C. requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 Policy With Loss of Roe 5 / 5
Washington, D.C. does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access 5 / 5
0% of women in the Washington, D.C. live in a county without an abortion provider.

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Jennie Wetter, the Institute's director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

**METHODOLOGY**

Using thirteen 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.

**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.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
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**FLORIDA**

**LOOKING AHEAD**

**BREAKDOWN OF SCORES**

**F 34.9 / 100**

**EFFECTIVENESS**

**Teen Pregnancy Rate**

8 / 10
Florida has a teen pregnancy rate of 35 pregnancies per 1,000 women aged 15-19. We set 23 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Florida has achieved 80% of the objective.

**Unintended Pregnancy Rate**

5.9 / 10
48% of Florida’s total pregnancies are unintended, compared to the objective of 30%. Thus, Florida has achieved 59.1% 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.

**Emergency Contraception in Emergency Room**

0 / 5
Florida does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**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**

5 / 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 consent and 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 Policy With Loss of Roe**

5 / 5
Florida does not have policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

4 / 5
24% of women in Florida live in a county without an abortion provider.

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**METHODOLOGY**
Using thirteen 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.

**GEORGIA’S GRADE**
Georgia received an “F” this year. Most notably, Georgia received poor marks for:

- 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.
- 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 an abortion procedure, which must include misinformation about fetal pain. Furthermore, parental notice is required, and clinicians who perform medication abortion procedures are required to be licensed physicians.

**STATE GRADES**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**
For the second year in a row, the U.S., as a whole, received an “F.” Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
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**LOOKING AHEAD**

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HAWAII

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

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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Title X

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Federal Courts

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**Federal Courts**

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**METHODOLOGY**

Using thirteen 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 “D” this year. Most notably, Idaho received poor marks for:

- Idaho does not mandate sex education in public schools.
- Idaho does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.
- Idaho has policies in place that could ban abortion if Roe is struck down.

Idaho is one of 27 states receiving a “D” or below.
In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

**IDaho**

**LOOKING AHEAD**

EFFECTIVENESS

**Teen Pregnancy Rate**

8.3 / 10

Idaho has a teen pregnancy rate of 28 pregnancies per 1,000 women aged 15-19. We set 18 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Idaho has achieved 83.3% of this objective.

**Unintended Pregnancy Rate**

9.8 / 10

31% of Idaho’s total pregnancies are unintended, compared to the objective of 30%. Thus, Idaho has achieved 97.7% of 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.

**Emergency Contraception in Emergency Room**

0 / 5

Idaho does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**Minors’ Access to Contraception**

5 / 5

Idaho explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

**Medicaid Expansion**

15 / 15

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

**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 Policy With Loss of Roe**

0 / 5

Idaho has policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

1 / 5

67% of women in Idaho live in a county without an abortion provider.

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ILLINOIS’S GRADE
Illinois received a “B” this year. Most notably, Illinois received high marks for:

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

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

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

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

THE NATIONAL GRADE
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Title X
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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**INDIANA’S GRADE**
Indiana received an “F” this year. Most notably, Indiana received poor marks for:

- **Indiana** mandates HIV education, but it does not require that condoms are part of the curriculum.
- **Indiana** has the following laws, which make it unnecessarily difficult for someone to obtain an abortion: abortion is prohibited after 20 weeks; the patient must undergo mandatory counseling including misinformation 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**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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**EFFECTIVENESS**

**Teen Pregnancy Rate**

8 / 10

Indiana has a teen pregnancy rate of 33 pregnancies per 1,000 women aged 15-19. We set 21 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Indiana has achieved 80% of this objective.

**Unintended Pregnancy Rate**

8.4 / 10

37% of Indiana’s total pregnancies are unintended, compared to the objective of 30%. Thus, Indiana has achieved 84.1% of 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 meditations including birth control and STI treatment.

**Emergency Contraception in Emergency Room**

0 / 5

Indiana does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**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**

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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 misinformation 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 Policy With Loss of Roe**

5 / 5

Indiana does not have policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

1 / 5

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

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**IOWA’S GRADE**

**Iowa** received a “C” this year. Most notably, **Iowa** received mixed marks for:

- **Iowa** 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.

- **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.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

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The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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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 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 in the presence of the patient which by extension bans telemedicine.

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### Breakdown of Scores

#### Effectiveness

<table>
<thead>
<tr>
<th><strong>Teen Pregnancy Rate</strong></th>
<th><strong>Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3 / 10</td>
<td></td>
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</tbody>
</table>

Kansas has a teen pregnancy rate of 30 pregnancies per 1,000 women aged 15-19. We set 20 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Kansas has achieved 83.3% of this objective.

<table>
<thead>
<tr>
<th><strong>Unintended Pregnancy Rate</strong></th>
<th><strong>Score</strong></th>
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</thead>
<tbody>
<tr>
<td>9.1 / 10</td>
<td></td>
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</table>

34% of Kansas’s total pregnancies are unintended, compared to the objective of 30%. Thus, Kansas has achieved 90.9% of the target rate.

#### Prevention

<table>
<thead>
<tr>
<th><strong>Sex Education</strong></th>
<th><strong>Score</strong></th>
</tr>
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<tbody>
<tr>
<td>0 / 15</td>
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</table>

Kansas mandates sex education in public schools, but does not require that sex education include condoms or contraception.

<table>
<thead>
<tr>
<th><strong>Nurses Authorized to Dispense Medications</strong></th>
<th><strong>Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 5</td>
<td></td>
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</tbody>
</table>

Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment.

<table>
<thead>
<tr>
<th><strong>Emergency Contraception in Emergency Room</strong></th>
<th><strong>Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 5</td>
<td></td>
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</table>

Kansas does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

<table>
<thead>
<tr>
<th><strong>Minors’ Access to Contraception</strong></th>
<th><strong>Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 5</td>
<td></td>
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</tbody>
</table>

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

#### Affordability

<table>
<thead>
<tr>
<th><strong>Medicaid Expansion</strong></th>
<th><strong>Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 15</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Medicaid Family Planning Expansions</strong></th>
<th><strong>Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 5</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Insurance Coverage of Abortion</strong></th>
<th><strong>Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 5</td>
<td></td>
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</tbody>
</table>

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.

#### Affordability

<table>
<thead>
<tr>
<th><strong>Access</strong></th>
<th><strong>Score</strong></th>
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<tr>
<th><strong>Abortion Restrictions</strong></th>
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</thead>
<tbody>
<tr>
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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 in the presence of the patient which by extension bans telemedicine.

<table>
<thead>
<tr>
<th><strong>TRAP Laws</strong></th>
<th><strong>Score</strong></th>
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</thead>
<tbody>
<tr>
<td>5 / 5</td>
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</table>

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.

<table>
<thead>
<tr>
<th><strong>Abortion Policy With Loss of Roe</strong></th>
<th><strong>Score</strong></th>
</tr>
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<tbody>
<tr>
<td>5 / 5</td>
<td></td>
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</table>

Kansas does not have policies in place that could ban abortion if Roe is struck down.

<table>
<thead>
<tr>
<th><strong>Abortion Access</strong></th>
<th><strong>Score</strong></th>
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<td>1 / 5</td>
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Kentucky received a “minus” because their ‘Choose Life’ license plates fund anti-choice organizations/Crisis Pregnancy Centers.

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In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

### BREAKDOWN OF SCORES

#### F- 33.6 / 100

## EFFECTIVENESS

### Teen Pregnancy Rate

**Score: 7.5 / 10**

Kentucky has a teen pregnancy rate of 41 pregnancies per 1,000 women aged 15-19. We set 26 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Kentucky has achieved 75% of the objective.

### Unintended Pregnancy Rate

**Score: 8.6 / 10**

36% of Kentucky’s total pregnancies are unintended, compared to the objective of 30%. Thus, Kentucky has achieved 86.4% of the target rate.

## PREVENTION

### Sex Education

**Score: 0 / 15**

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

### Nurses Authorized to Dispense Medications

**Score: 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.

### Emergency Contraception in Emergency Room

**Score: 0 / 5**

Kentucky does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

### Minors’ Access to Contraception

**Score: 2.5 / 5**

Kentucky 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

**Score: 8 / 15**

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

### Medicaid Family Planning Expansions

**Score: 0 / 5**

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

### Insurance Coverage of Abortion

**Score: 0 / 5**

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

## ACCESS

### Abortion Restrictions

**Score: 2 / 10**

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.

### TRAP Laws

**Score: 0 / 5**

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

### Abortion Policy With Loss of Roe

**Score: 0 / 5**

Kentucky has policies in place that could ban abortion if Roe is struck down.

### Abortion Access

**Score: 0 / 5**

82% of women in Kentucky live in a county without an abortion provider.
WASHINGTON, D.C. — The Population Institute released its ninth annual 50 State Report Card on Reproductive Health and Rights today. It shows that there is still a large division between states that are prioritizing reproductive health and rights and those that are seeking to curtail access and rights. The U.S. again received a failing grade. While the election of Joe Biden and Kamala Harris portends good news for reproductive health and rights at the federal level, the reshaping of the federal judiciary by the Trump/Pence administration could prove disastrous for decades to come for reproductive health, rights and justice.

Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

METHODOLOGY
Using thirteen 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 and negative psychological effects; an ultrasound ultrasound where the provider must display and describe the image; there is a mandatory waiting period of 24 hours between abortion counseling and procedure; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

THE NATIONAL GRADE
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

Title X
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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
This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
BREAKDOWN OF SCORES

F 34.6 / 100

EFFECTIVENESS
Teen Pregnancy Rate 7.2 / 10
Louisiana has a teen pregnancy rate of 44 pregnancies per 1,000 women aged 15-19. We set 27 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Louisiana has achieved 71.6% of the objective.

Unintended Pregnancy Rate 6.4 / 10
46% of Louisiana’s total pregnancies are unintended, compared to the objective of 30%. Thus, Louisiana has achieved 63.6% 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.

Emergency Contraception in Emergency Room 0 / 5
Louisiana does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 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 Louisiana does not get points for their family planning expansion.

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 and negative psychological effects; an ultrasound 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 Policy With Loss of Roe 0 / 5
Louisiana has policies in place that could ban abortion if Roe is struck down.

Abortion Access 1 / 5
72% of women in Louisiana live in a county without an abortion provider.

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Using thirteen 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**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

**Title X**

The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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**MAINE’S GRADE**

Maine received a “B” 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.
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</tr>
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<tr>
<td><strong>Teen Pregnancy Rate</strong></td>
<td><strong>Sex Education</strong></td>
<td><strong>Medicaid Expansion</strong></td>
<td><strong>Abortion Restrictions</strong></td>
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<td>8.5 / 10</td>
<td>15 / 15</td>
<td>8 / 15</td>
<td>10 / 10</td>
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<td>Maine has a teen pregnancy rate of 24 pregnancies per 1,000 women aged 15-19. We set 15 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Maine has achieved 85% of the objective.</td>
<td>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.</td>
<td>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.</td>
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<td>8.2 / 10</td>
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<tr>
<td>0/ 5</td>
<td>5 / 5</td>
<td>5 / 5</td>
<td>4 / 5</td>
</tr>
<tr>
<td>Maine does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.</td>
<td>Maine does not have policies in place that could ban abortion if Roe is struck down.</td>
<td>Maine does not restrict coverage of abortion in private insurance plans.</td>
<td>24% of women in Maine live in a county without an abortion provider.</td>
</tr>
<tr>
<td><strong>Minors’ Access to Contraception</strong></td>
<td><strong>Looking Ahead</strong></td>
<td><strong>Population Institute</strong></td>
<td><strong>A special thanks to the Guttmacher Institute whose research made this report card possible.</strong></td>
</tr>
<tr>
<td>2.5 / 5</td>
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MARYLAND'S GRADE
Maryland received a “B” 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 does not restrict coverage of abortion in private insurance plans.

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

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year's report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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Title X
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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BREAKDOWN OF SCORES

B- 81.1 / 100

EFFECTIVENESS

Teen Pregnancy Rate
8 / 10
Maryland has a teen pregnancy rate of 33 pregnancies per 1,000 women aged 15-19. We set 21 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Maryland has achieved 80% of the objective.

Unintended Pregnancy Rate
6.6 / 10
45% of Maryland’s total pregnancies are unintended, compared to the objective of 30%. Thus, Maryland has achieved 65.9% 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.

Emergency Contraception in Emergency Room
0 / 5
Maryland does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 an amendment, is offered to people with income levels up to 259% of the federal poverty line covering men and individuals under age 19.

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 Policy With Loss of Roe
5 / 5
Maryland does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access
4 / 5
29% of women in Maryland live in a county without an abortion provider.

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

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**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 requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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**MASSACHUSETTS**

**LOOKING AHEAD**

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**BREAKDOWN OF SCORES**

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<td>9 / 10</td>
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<td>Massachusetts has a teen pregnancy rate of 18 pregnancies per 1,000 women aged 15-19. We set 12 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Massachusetts has achieved 90% of the objective.</td>
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| PREVENTION | | AFFORDABILITY | |
|-------------|-----------------|-----------------|
| **Sex Education** | 0 / 15 | **Medicaid Expansion** | 15 / 15 |
| Massachusetts does not mandate sex education in public schools. |
| **Nurses Authorized to Dispense Medications** | 0 / 5 | **Medicaid Family Planning Expansions** | 0 / 5 |
| Clinical Nurse Specialists, Nurse Practitioners, and Nurse Midwives are not authorized to dispense medications including birth control and STI treatment. |
| **Emergency Contraception in Emergency Room** | 5 / 5 | **Insurance Coverage of Abortion** | 5 / 5 |
| Massachusetts requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims. |
| **Minors’ Access to Contraception** | 5 / 5 | **Insurance Coverage** | 5 / 5 |
| Massachusetts explicitly allows all minors to consent to contraceptive services. |

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MICHIGAN is one of 23 states receiving a failing grade

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**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 misinformation 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**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
  - The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  - This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
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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 requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.
- Minnesota does not restrict coverage of abortion in private insurance plans.

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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**BREAKDOWN OF SCORES**

**B 71.1 / 100**

**EFFECTIVENESS**

**Teen Pregnancy Rate**

8.8 / 10

Minnesota has a teen pregnancy rate of 20 pregnancies per 1,000 women aged 15-19. We set 13 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Minnesota has achieved 88.3% of the objective.

**Unintended Pregnancy Rate**

9.8 / 10

31% of Minnesota’s total pregnancies are unintended, compared to the objective of 30%. Thus, Minnesota has achieved 97.7% of 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.

**Emergency Contraception in Emergency Room**

5 / 5

Minnesota requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**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 other wise 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 misinformation 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 Policy With Loss of Roe**

5 / 5

Minnesota does not have policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

1 / 5

61% of women in Minnesota live in a county without an abortion provider.
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MISSISSIPPI’S GRADE
Mississippi received an “F” this year. Most notably, Mississippi received poor marks for:

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

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

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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**MISSOURI’S GRADE**

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

- Missouri voters approved an amendment to expand Medicaid, but the expansion does not go into effect until July 1, 2021.
- Missouri has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.
- Missouri received a “minus” because of a law that prevents abortion providers from receiving family planning funding.

**STATE GRADES**

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BREAKDOWN OF SCORES

F- 27.4 / 100

EFFECTIVENESS

Teen Pregnancy Rate 8 / 10
Missouri has a teen pregnancy rate of 34 pregnancies per 1,000 women aged 15-19. We set 22 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Missouri has achieved 80% of the objective.

Unintended Pregnancy Rate 8.4 / 10
37% of Missouri’s total pregnancies are unintended, compared to the objective of 30%. Thus, Missouri has achieved 84.1% of 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.

Emergency Contraception in Emergency Room 0 / 5
Missouri does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

Minors’ Access to Contraception 0 / 5
Missouri does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 0 / 15
Missouri voters approved an amendment to expand Medicaid, but the expansion does not go into effect until July 1, 2021.

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 misinformation 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
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Abortion Policy With Loss of Roe 0 / 5
Missouri has policies in place that could ban abortion if Roe is struck down.

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**MONTANA’S GRADE**
Montana received a “C” this year. Most notably, Montana received mixed marks for:

- **Montana** has expanded their Medicaid program under the Affordable Care Act.
- **Montana** currently does not have laws enacted that make it unnecessarily difficult for someone to have an abortion.
- **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.

**STATE GRADES**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower federal courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

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Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

**METHODOLOGY**

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

**NEBRASKA’S GRADE**

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

- Nebraska does not mandate sex education in public schools.
- Nebraska 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.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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NEBRASKA

LOOKING AHEAD

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BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate 8.7 / 10
Nebraska has a teen pregnancy rate of 26 pregnancies per 1,000 women aged 15-19. We set 18 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Nebraska has achieved 86.6% of the objective.

Unintended Pregnancy Rate 9.5 / 10
32% of Nebraska’s total pregnancies are unintended, compared to the objective of 30%. Thus, Nebraska has achieved 95.5% of the target rate.

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 which increases access to health care.

Emergency Contraception in Emergency Room 0 / 5
Nebraska does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

Minors’ Access to Contraception 0 / 5
Nebraska does not explicitly allow all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion 8 / 15
Nebraska has expanded their Medicaid coverage 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
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 Policy With Loss of Roe 5 / 5
Nebraska does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access 3 / 5
40% of women in Nebraska live in a county without an abortion provider.

F 35.2 / 100

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**METHODOLOGY**
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**NEVADA’S GRADE**
Nevada received a “C” this year. Most notably, Nevada received mixed marks for:

- Nevada has expanded their Medicaid program under the Affordable Care Act.
- Nevada does mandate sex education and HIV education in public schools, but it sets no requirement to teach about condoms and contraception.
- Nevada does not restrict coverage of abortion in private insurance plans.

**STATE GRADES**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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**BREAKDOWN OF SCORES**

**EFFECTIVENESS**

**Teen Pregnancy Rate**

7.5 / 10

Nevada has a teen pregnancy rate of 40 pregnancies per 1,000 women aged 15-19. We set 25 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Nevada has achieved 75% of the objective.

**Unintended Pregnancy Rate**

7.3 / 10

42% of Nevada’s total pregnancies are unintended, compared to the objective of 30%. Thus, Nevada has achieved 72.7% of 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.

**Emergency Contraception in Emergency Room**

0 / 5

Nevada does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**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 Policy With Loss of Roe**

5 / 5

Nevada does not have policies in place that could ban abortion if Roe is struck down.

**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 6 states receiving a “C”

**METHODOLOGY**

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**NEW HAMPSHIRE’S GRADE**

New Hampshire received a “C” this year. Most notably, New Hampshire received mixed marks for:

- **New Hampshire** has expanded their Medicaid program under the Affordable Care Act, but they have enacted harmful waivers such as work requirements that limit the number of people who can use the expansion.
- **New Hampshire** mandates sex education and HIV education, but it does not require that condoms or birth control be part of the curriculum.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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NEW HAMPSHIRE

BREAKDOWN OF SCORES

**EFFECTIVENESS**

**Teen Pregnancy Rate** 8.8 / 10
New Hampshire has a teen pregnancy rate of 18 pregnancies per 1,000 women aged 15-19. We set 11 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that New Hampshire has achieved 88.3% of the objective.

**Unintended Pregnancy Rate** 8 / 10
39% of New Hampshire’s total pregnancies are unintended, compared to the objective of 30%. Thus, New Hampshire has achieved 79.5% of 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.

**Emergency Contraception in Emergency Room** 0 / 5
New Hampshire does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**Minors’ Access to Contraception** 0 / 5
New Hampshire does not explicitly allow all minors to consent to contraceptive services.

**AFFORDABILITY**

**Medicaid Expansion**
8 / 15
New Hampshire has expanded their Medicaid program under the Affordable Care Act, but they have enacted harmful waivers such as work requirements that limit the number of people who can use the expansion.

**Medicaid Family Planning Expansions**
5 / 5
New Hampshire offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 201% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

**Insurance Coverage of Abortion**
5 / 5
New Hampshire does not restrict coverage of abortion in private insurance plans.

**ACCESS**

**Abortion Restrictions**
9 / 10
New Hampshire requires parental notice before a minor may 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 Policy**

**With Loss of Roe**
5 / 5
New Hampshire does not have policies in place that could ban abortion if Roe is struck down.

**Abortion Access**
4 / 5
30% of women in New Hampshire live in a county without an abortion provider.

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**NEW JERSEY**

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 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**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F.” Several factors account for the failing grade, most notably:

- **Title X**
  - The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  - This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
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NEW JERSEY

LOOKING AHEAD

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BREAKDOWN OF SCORES

A- 87.9 / 100

EFFECTIVENESS

Teen Pregnancy Rate 7.8 / 10
New Jersey has a teen pregnancy rate of 31 pregnancies per 1,000 women aged 15-19. We set 18 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that New Jersey has achieved 78.3% of the objective.

Unintended Pregnancy Rate 6.1 / 10
47% of New Jersey’s total pregnancies are unintended, compared to the objective of 30%. Thus, New Jersey has achieved 61.4% 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.

Emergency Contraception in Emergency Room 5 / 5
New Jersey requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 Policy With Loss of Roe 5 / 5
New Jersey does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access 4 / 5
26% of women in New Jersey live in a county without an abortion provider.
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**NEW MEXICO**
is one of 18 states receiving a “B” or higher

**METHODOLOGY**
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**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 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.
- New Mexico currently does not have laws enacted 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**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
NEW MEXICO

LOOKING AHEAD

In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

BREAKDOWN OF SCORES

B+ 77.8 / 100

EFFECTIVENESS

Teen Pregnancy Rate 7.7 / 10
New Mexico has a teen pregnancy rate of 45 pregnancies per 1,000 women aged 15-19. We set 31 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that New Mexico has achieved 76.6% of the objective.

Unintended Pregnancy Rate 8.2 / 10
38% of New Mexico’s total pregnancies are unintended, compared to the objective of 30%. Thus, New Mexico has achieved 81.8% of 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.

Emergency Contraception in Emergency Room 5 / 5
New Mexico requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 currently does not have laws enacted 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 Policy With Loss of Roe 0 / 5
New Mexico has policies in place that could ban abortion if Roe is struck down.

Abortion Access 2 / 5
48% of women in New Mexico live in a county without an abortion provider.
WASHINGTON, D.C. — The Population Institute released its ninth annual 50 State Report Card on Reproductive Health and Rights today. It shows that there is still a large division between states that are prioritizing reproductive health and rights and those that are seeking to curtail access and rights. The U.S. again received a failing grade. While the election of Joe Biden and Kamala Harris portends good news for reproductive health and rights at the federal level, the reshaping of the federal judiciary by the Trump/Pence administration could prove disastrous for decades to come for reproductive health, rights and justice.

Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

METHODOLOGY
Using thirteen 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 received high marks for:

- New York has expanded their Medicaid program under the Affordable Care Act.
- New York requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.
- New York does not have any laws which make it unnecessarily difficult for someone to have an abortion.

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

THE NATIONAL GRADE
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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
This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
NEW YORK

LOOKING AHEAD

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BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate
8 / 10
New York has a teen pregnancy rate of 35 pregnancies per 1,000 women aged 15-19. We set 23 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that New York has achieved 80% of the objective.

Unintended Pregnancy Rate
6.1 / 10
47% of New York’s total pregnancies are unintended, compared to the objective of 30%. Thus, New York has achieved 61.4% of the target rate.

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.

Emergency Contraception in Emergency Room
5 / 5
New York requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

Minors’ Access to Contraception
5 / 5
New York explicitly allows all minors to consent to contraceptive services.

AFFORDABILITY

Medicaid Expansion
15 / 15
New York has expanded their Medicaid program under the Affordable Care Act.

Medicaid Family Planning Expansions
5 / 5
New York offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of an amendment, is offered to people with income levels up to 223% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

Insurance Coverage of Abortion
5 / 5
New York does not restrict coverage of abortion in private insurance plans.

ACCESS

Abortion Restrictions
10 / 10
New York does not have any laws which make it unnecessarily difficult for 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 Policy With Loss of Roe
5 / 5
New York does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access
5 / 5
8% of women in New York live in a county without an abortion provider.

B 79.1 / 100

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Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

**METHODOLOGY**

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

- **North Carolina** has decided not to expand their Medicaid program under the Affordable Care Act.
- **North Carolina** does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.
- **North Carolina** has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety.

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

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

**Title X**

The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**

This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
### NORTH CAROLINA

**LOOKING AHEAD**

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### BREAKDOWN OF SCORES

**EFFECTIVENESS**

**Teen Pregnancy Rate**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.2 / 10</td>
<td>North Carolina has a teen pregnancy rate of 33 pregnancies per 1,000 women aged 15-19. We set 22 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that North Carolina has achieved 81.6% of the objective.</td>
</tr>
</tbody>
</table>

**Unintended Pregnancy Rate**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 / 10</td>
<td>43% of North Carolina’s total pregnancies are unintended, compared to the objective of 30%. Thus, North Carolina has achieved 70.5% of the target rate.</td>
</tr>
</tbody>
</table>

**PREVENTION**

**Sex Education**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 / 15</td>
<td>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.</td>
</tr>
</tbody>
</table>

**Nurses Authorized to Dispense Medications**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 5</td>
<td>Nurse Practitioners and Nurse Midwives are authorized to dispense medications including birth control and STI treatment which increases access to health care.</td>
</tr>
</tbody>
</table>

**Emergency Contraception in Emergency Room**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 5</td>
<td>North Carolina does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.</td>
</tr>
</tbody>
</table>

**Minors’ Access to Contraception**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 5</td>
<td>North Carolina explicitly allows all minors to consent to contraceptive services.</td>
</tr>
</tbody>
</table>

**AFFORDABILITY**

**Medicaid Expansion**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 15</td>
<td>North Carolina has decided not to expand their Medicaid program under the Affordable Care Act.</td>
</tr>
</tbody>
</table>

**Medicaid Family Planning Expansions**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 5</td>
<td>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.</td>
</tr>
</tbody>
</table>

**Insurance Coverage of Abortion**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 5</td>
<td>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.</td>
</tr>
</tbody>
</table>

**ACCESS**

**Abortion Restrictions**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 10</td>
<td>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.</td>
</tr>
</tbody>
</table>

**TRAP Laws**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 / 5</td>
<td>North Carolina 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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</table>

**Abortion Policy With Loss of Roe**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 5</td>
<td>North Carolina does not have policies in place that could ban abortion if Roe is struck down.</td>
</tr>
</tbody>
</table>

**Abortion Access**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 / 5</td>
<td>53% of women in North Carolina live in a county without an abortion provider.</td>
</tr>
</tbody>
</table>

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NORTH DAKOTA’S GRADE
North Dakota received an “F” this year. Most notably, North Dakota received poor marks for:

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

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
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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**BREAKDOWN OF SCORES**

**F- 40.3 / 100**

**EFFECTIVENESS**

**Teen Pregnancy Rate**

8 / 10

North Dakota has a teen pregnancy rate of 29 pregnancies per 1,000 women aged 15-19. We set 17 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that North Dakota has achieved 80% of the objective.

**Unintended Pregnancy Rate**

9.3 / 10

33% of North Dakota’s total pregnancies are unintended, compared to the objective of 30%. Thus, North Dakota has achieved 93.2% of 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.

**Emergency Contraception in Emergency Room**

0 / 5

North Dakota does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**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 Policy With Loss of Roe**

0 / 5

North Dakota has policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

1 / 5

72% of women in North Dakota live in a county without an abortion provider.
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**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 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 received a “minus” because of a law that prevents abortion providers from receiving family planning funding.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
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**OKLAHOMA’S GRADE**
Oklahoma received an “F” this year. Most notably, Oklahoma received poor marks for: 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**
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### 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 no laws that make it unnecessarily difficult for someone to have an abortion.
- Oregon has expanded their Medicaid program under the Affordable Care Act.

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

### STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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**BREAKDOWN OF SCORES**

### EFFECTIVENESS

**Teen Pregnancy Rate**

8.3 / 10

Oregon has a teen pregnancy rate of 28 pregnancies per 1,000 women aged 15-19. We set 18 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Oregon has achieved 83.3% of the objective.

**Unintended Pregnancy Rate**

8.6 / 10

36% of Oregon’s total pregnancies are unintended, compared to the objective of 30%. Thus, Oregon has achieved 86.4% of 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.

**Emergency Contraception in Emergency Room**

5 / 5

Oregon requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**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 Policy With Loss of Roe**

5 / 5

Oregon does not have policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

4 / 5

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

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**Pennsylvania**

is one of 27 states receiving a “D” or below

**Pennsylvania** received an “D” this year.

*Most notably, Pennsylvania received poor marks for:*

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

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**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.

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### Breakdown of Scores

**B+ 74.2 / 100**

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<th>Score</th>
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<tbody>
<tr>
<td>8.5 / 10</td>
<td>Teen Pregnancy Rate</td>
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<tr>
<td>7.7 / 10</td>
<td>Unintended Pregnancy Rate</td>
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<tr>
<td>15 / 15</td>
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<tr>
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**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 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.

**STATE GRADES**

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**SOUTH DAKOTA**

is one of 23 states receiving a failing grade

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**SOUTH DAKOTA’S GRADE**

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- 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.

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

STATE GRADES
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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**TENNESSEE**

**LOOKING AHEAD**

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**BREAKDOWN OF SCORES**

**EFFECTIVENESS**

**Teen Pregnancy Rate**

7.7 / 10

Tennessee has a teen pregnancy rate of 39 pregnancies per 1,000 women aged 15-19. We set 25 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Tennessee has achieved 76.6% of the objective.

**Unintended Pregnancy Rate**

6.6 / 10

45% of Tennessee’s total pregnancies are unintended, compared to the objective of 30%. Thus, Tennessee has achieved 65.9% of the target rate.

---

**PREVENTION**

**Sex Education**

3 / 15

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.

**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.

**Emergency Contraception in Emergency Room**

0 / 5

Tennessee does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**Minors’ Access to Contraception**

5 / 5

Tennessee explicitly allows all minors to consent to contraceptive services.

---

**AFFORDABILITY**

**Medicaid Expansion**

0 / 15

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

**Medicaid Family Planning Expansions**

0 / 5

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

**Insurance Coverage of Abortion**

0 / 5

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

---

**ACCESS**

**Abortion Restrictions**

6 / 10

Tennessee has the following laws, which make it unnecessarily difficult for someone to have an abortion: a patient must get an ultrasound where the provider is required to show and describe the image; parental consent is required; and clinicians who perform medication abortion procedures are required to be licensed physicians in the presence of the patient which by extension bans telemedicine.

**TRAP Laws**

5 / 5

Tennessee has enacted a series of TRAP laws which are targeted regulation of abortion providers beyond what is necessary to ensure patient safety, but they have been permanently enjoined by the courts.

**Abortion Policy With Loss of Roe**

0 / 5

Tennessee has policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

1 / 5

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

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

**Title X**

The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**

This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower federal courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
TEXAS

BREAKDOWN OF SCORES

EFFECTIVENESS

Teen Pregnancy Rate
7.7 / 10
Texas has a teen pregnancy rate of 43 pregnancies per 1,000 women aged 15-19. We set 29 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Texas has achieved 76.6% of the objective.

Unintended Pregnancy Rate
7.3 / 10
42% of Texas’s total pregnancies are unintended, compared to the objective of 30%. Thus, Texas has achieved 72.7% of 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.

Emergency Contraception in Emergency Room
2.5 / 5
Texas requires emergency rooms to provide information about emergency contraception, but does not require they dispense it on request to sexual assault victims.

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

ACCESS

Abortion Restrictions
0 / 10
Texas has the following laws, which make it unnecessarily difficult for 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 Policy With Loss of Roe
5 / 5
Texas does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access
3 / 5
43% of women in Texas live in a county without an abortion provider.

In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

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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 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.

**State Grades**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**The National Grade**
For the second year in a row, the U.S., as a whole, received an ‘F’. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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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
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

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### Vermont

#### Breakdown of Scores

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
<td>B 78.1/100</td>
</tr>
<tr>
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<td>9 / 10</td>
</tr>
<tr>
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</tr>
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</tr>
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**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**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

- **Title X**

  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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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**VIRGINIA**

**LOOKING AHEAD**

B- 78.4 / 100

**BREAKDOWN OF SCORES**

**EFFECTIVENESS**

**Teen Pregnancy Rate**

8.7 / 10

Virginia has a teen pregnancy rate of 26 pregnancies per 1,000 women aged 15-19. We set 18 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Virginia has achieved 86.6% of the objective.

**Unintended Pregnancy Rate**

8.2 / 10

38% of Virginia’s total pregnancies are unintended, compared to the objective of 30%. Thus, Virginia has achieved 81.8% of 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.

**Emergency Contraception in Emergency Room**

2.5 / 5

Virginia requires emergency rooms to provide information about emergency contraception, but it does not require they dispense it on request to sexual assault victims.

**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**

9 / 10

Virginia requires parental consent and notice to obtain before a minor may obtain an abortion.

**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 Policy With Loss of Roe**

5 / 5

Virginia does not have policies in place that could ban abortion if Roe is struck down.

**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 ninth annual 50 State Report Card on Reproductive Health and Rights today. It shows that there is still a large division between states that are prioritizing reproductive health and rights and those that are seeking to curtail access and rights. The U.S. again received a failing grade. While the election of Joe Biden and Kamala Harris portends good news for reproductive health and rights at the federal level, the reshaping of the federal judiciary by the Trump/Pence administration could prove disastrous for decades to come for reproductive health, rights and justice.

Jennie Wetter, the Institute’s director of public policy, said, “This year showed that nothing will stop “anti-choice” advocates from seeking to restrict access to reproductive health care. They sought in several states to use the pandemic as a pretext for denying access to abortion services by classifying it as nonessential health care. The Trump administration also sought to require, in the midst of a pandemic, that people seeking a medication abortion first see a doctor in person putting their health needlessly at risk. While courts blocked some of these and other attacks, opponents will keep trying. If they ultimately succeed, access to abortion, contraception, and other reproductive health services could be further curtailed.”

**WASHINGTON’S GRADE**

Washington received an “A” this year. Most notably, Washington received high marks for:

- Washington mandates comprehensive sex education in public schools, covering abstinence, HIV prevention, and different methods of contraception. They also require that it be medically accurate.
- Washington has expanded their Medicaid program under the Affordable Care Act.
- Washington has no laws that make it unnecessarily difficult for someone to have an abortion.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.

**METHODOLOGY**

Using thirteen 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.
In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

**BREAKDOWN OF SCORES**

**EFFECTIVENESS**

**Teen Pregnancy Rate**

8.3 / 10

Washington has a teen pregnancy rate of 29 pregnancies per 1,000 women aged 15-19. We set 19 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Washington has achieved 83.3% of the objective.

**Unintended Pregnancy Rate**

9.1 / 10

34% of Washington’s total pregnancies are unintended, compared to the objective of 30%. Thus, Washington has achieved 90.9% of the target rate.

**PREVENTION**

**Sex Education**

15 / 15

Washington 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.

**Emergency Contraception in Emergency Room**

5 / 5

Washington requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**Minors’ Access to Contraception**

5 / 5

Washington explicitly allows all minors to consent to contraceptive services.

**AFFORDABILITY**

**Medicaid Expansion**

15 / 15

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

**Medicaid Family Planning Expansions**

5 / 5

Washington offers Medicaid expansions to cover family planning services for people who otherwise do not qualify for Medicaid. The expansion, in the form of a waiver, is offered to people with income levels up to 260% of the federal poverty line. The family planning expansion is also extended to include men as well as individuals under the age of 19.

**Insurance Coverage of Abortion**

5 / 5

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

**ACCESS**

**Abortion Restrictions**

10 / 10

Washington has no laws that make it unnecessarily difficult for 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 Policy With Loss of Roe**

5 / 5

Washington does not have policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

5 / 5

10% of women in Washington live in a county without an abortion provider.
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**METHODOLOGY**
Using thirteen criteria, the Institute’s report card ranked each of the 50 states and the District of Columbia on four broad indicators relating to reproductive health and rights: effectiveness, prevention, affordability, and access. Based upon their composite scores (0-100), each state received a “core” grade (A, B, C, D or F), but some states received an additional “plus” or a “minus” for factors not reflected in the core grade.

**WEST VIRGINIA’S GRADE**
West Virginia received an “D” this year. Most notably, West Virginia received poor marks for:

- West Virginia does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.
- 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**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**
For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

- **Title X**
The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
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**METHODOLOGY**
Using thirteen 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 mandates HIV education, but it does not require that condoms be part of the curriculum.

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**
Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**
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Title X
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Federal Courts
This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, these challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

**BREAKDOWN OF SCORES**

**EFFECTIVENESS**

**Teen Pregnancy Rate**

8.5 / 10

Wisconsin has a teen pregnancy rate of 23 pregnancies per 1,000 women aged 15-19. We set 14 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Wisconsin has achieved 85% of the objective.

**Unintended Pregnancy Rate**

10 / 10

30% of Wisconsin’s total pregnancies are unintended, compared to the objective of 30%. Thus, Wisconsin has achieved the target rate.

**PREVENTION**

**Sex Education**

0 / 15

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

**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.

**Emergency Contraception in Emergency Room**

5 / 5

Wisconsin requires emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

**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 Policy With Loss of Roe**

0 / 5

Wisconsin has policies in place that could ban abortion if Roe is struck down.

**Abortion Access**

1 / 5

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

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**METHODOLOGY**

Using thirteen 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.

**WYOMING’S GRADE**

Wyoming received an “F” 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.

**STATE GRADES**

Five states (California, Hawaii, New Jersey, Oregon, and Washington) received an “A” in this year’s report. Twenty-three states received a failing grade: Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming.

**THE NATIONAL GRADE**

For the second year in a row, the U.S., as a whole, received an “F”. Several factors account for the failing grade, most notably:

- **Title X**
  The Trump/Pence administration’s imposition of a “domestic gag rule,” which bars Title X clinics from counseling patients about abortion or referring them to abortion services, has had a devastating impact on a program providing family planning services to 4 million households a year. 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 has been 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**
  This year, after the death of Justice Ruth Bader Ginsburg, President Trump was able to appoint his third justice to the U.S. Supreme Court. With Amy Coney Barrett joining fellow Trump appointees Brett Kavanaugh and Neil Gorsuch on the bench it created a solid 6-3 conservative majority. Trump has also succeeded in stacking the lower federal courts. The U.S. Senate has confirmed over 200 Trump-nominated judges to the lower courts. In addition to restricting abortion rights, a more conservative federal judiciary could render rulings adversely affecting Title X, the coverage of contraception under the Affordable Care Act, and LGBTQ+ protections.
WYOMING

LOOKING AHEAD

In releasing this year’s report card, Wetter warned that, “While the Biden/Harris administration will be able to change a number of policies put into place by the previous administration, not everything will be easily or quickly fixed. Taking advantage of the changes in the U.S. Supreme Court and the lower federal courts, opponents of reproductive health and rights will unleash a flurry of legal challenges to any legislative and regulatory changes. If successful, those challenges could set back progress on reproductive health, rights, and justice issues for decades to come. Unfortunately, the people most impacted will be underserved populations, including low income people, the Black community, other communities of color, young people, and the LGBTQ+ community.”

BREAKDOWN OF SCORES

F 49.2 / 100

EFFECTIVENESS

Teen Pregnancy Rate 7.3 / 10
Wyoming has a teen pregnancy rate of 37 pregnancies per 1,000 women aged 15-19. We set 21 pregnancies per 1,000 teen women by 2025 as the goal, which indicates that Wyoming has achieved 73.3% of the objective.

Unintended Pregnancy Rate 8.9 / 10
35% of Wyoming’s total pregnancies are unintended, compared to the objective of 30%. Thus, Wyoming has achieved 88.6% of 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.

Emergency Contraception in Emergency Room 0 / 5
Wyoming does not require emergency rooms to provide information about emergency contraception and dispense it on request to sexual assault victims.

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 Policy With Loss of Roe 5 / 5
Wyoming does not have policies in place that could ban abortion if Roe is struck down.

Abortion Access 0 / 5
96% of women in Wyoming live in a county without an abortion provider.

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