



# Blueprint for Sexual and Reproductive Health, Rights, and Justice

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JULY 2019

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## ENDORISING ORGANIZATIONS

#VOTEPROCHOICE  
Abortion Care Network  
Advocates for Youth  
AIDS Alliance for Women, Infants, Children,  
Youth & Families  
All-Options  
All\* Above All  
American Atheists  
American Jewish World Service  
American Medical Student Association  
American Sexual Health Association  
AVAC  
Black Mamas Matter Alliance  
Black Women for Wellness  
Black Women's Health Imperative  
Catholics for Choice  
Center for Health and Gender Equity (CHANGE)  
Center for Reproductive Rights  
Civil Liberties & Public Policy Program  
Equity Forward  
Gender Justice  
Global Justice Center  
Guttmacher Institute  
Harambee Village Doulas  
Healthy Teen Network  
Ibis Reproductive Health  
If/When/How: Lawyering for Reproductive Justice  
In Our Own Voice: National Black Women's  
Reproductive Justice Agenda  
International Women's Health Coalition  
Ipas  
Jacobs Institute of Women's Health  
Jewish Women International  
Maroon Calabash  
NARAL Pro-Choice America  
National Abortion Federation  
National Asian Pacific American Women's Forum  
(NAPAWF)  
National Black Women's HIV/AIDS Network  
National Center for Lesbian Rights  
National Council of Jewish Women  
National Family Planning & Reproductive  
Health Association  
National Health Law Program  
National Institute for Reproductive Health  
National Latina Institute for Reproductive Health  
National LGBTQ Task Force  
National Network of Abortion Funds  
National Organization for Women  
National Partnership for Women & Families  
National Women's Health Network  
National Women's Law Center  
New Voices for Reproductive Justice  
Not Without Black Women  
PAI  
People For the American Way  
Physicians for Reproductive Health  
Planned Parenthood Federation of America  
Population Connection Action Fund  
Population Council  
Population Institute  
Positive Women's Network-USA  
Power to Decide  
Reproductive Health Access Project  
Secular Coalition for America  
Sexuality Information and Education Council  
of the United States (SIECUS)  
Sierra Club  
SisterLove, Inc.  
SisterReach  
Social Workers for Reproductive Justice  
SPARK Reproductive Justice Now!, Inc.  
Surge Reproductive Justice  
The Afiya Center  
The American Civil Liberties Union  
The Center for Sexual Pleasure and Health  
UltraViolet  
URGE: Unite for Reproductive & Gender Equity  
Wisconsin Alliance for Women's Health  
Woodhull Freedom Foundation

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# Executive Summary

**We hold true that in order for people to be free and equal they must be able to exercise complete autonomy over their bodies. That's why we, a coalition of nearly 80 organizations, have come together to set forth a policy agenda to advance sexual and reproductive health, rights, and justice for people in the U.S and around the world.<sup>1</sup>**

**As advocates for gender equity and advancing reproductive health, rights, and justice, we know that our reproductive and sexual autonomy are at the core of some of the most important decisions impacting our lives as individuals, families, and communities. Achieving the highest standard of sexual and reproductive health and rights is based on the fundamental human rights of all individuals to: have their bodily integrity, privacy, and personal autonomy respected; freely define their own sexuality; decide whether and when to be sexually active; choose their sexual partners; have safe and pleasurable sexual experiences; decide whether, when, and whom to marry; decide whether, when, and by what means to have a child or children, and how many children to have; and have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.<sup>2</sup>**

Because sexual and reproductive health, rights, and justice intersect with numerous other issues, policy solutions must also seek to further gender equity, racial equity, economic justice, environmental justice, the right to community safety, immigrants' rights, indigenous people's rights, LGBTQ+ liberation, young people's rights, and the rights of people with disabilities. Indeed, individuals most

impacted by public policy surrounding sexual and reproductive health are those of us who have fewer resources and means to navigate systemic barriers. It is critical that U.S. lawmakers implement policies that will help ensure all individuals – no matter who they are, how much money they have, or where they are from – obtain and maintain sexual and reproductive autonomy.

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<sup>1</sup> Endorsement is an indication of solidarity within our movement and a recognition of the urgency of these policies. Endorsement does not necessarily mean that organizations have expertise on or are actively working towards each priority or policy listed in the Blueprint for Sexual and Reproductive Health, Rights, and Justice

<sup>2</sup> Starrs, A.M., Ezeh, A.C., Barker, G., Basu, A., Bertrand, J.T., Blum, R.....Popinchalk A. (2018). Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. *The Lancet Commissions*, 391, 2642-2692.

The Blueprint for Sexual and Reproductive Health, Rights, and Justice sets forth five key principles:

PRINCIPLE 1

**Ensure Sexual and Reproductive Health Care is Accessible to All People.**

PRINCIPLE 2:

**Ensure Discriminatory Barriers in Health Care are Eliminated.**

PRINCIPLE 3:

**Ensure Research and Innovation Advance Sexual and Reproductive Health, Rights, and Justice Now and in the Future.**

PRINCIPLE 4:

**Ensure Health, Rights, Justice, and Wellness for All Communities.**

PRINCIPLE 5:

**Ensure Judges and Executive Officials Advance Sexual and Reproductive Health, Rights, and Justice.**

## PRINCIPLE 1:

# Ensure Sexual and Reproductive Health Care is Accessible to All People.

**Sexual and reproductive health, rights and justice are essential for sustainable economic development, are intrinsically linked to equity and well-being, and are critical to maternal, newborn, child, adolescent, family, and community health. Health care cannot truly be comprehensive if it does not include sexual and reproductive health.**

Unfortunately, restrictions and barriers to accessing sexual and reproductive health care are ever-present both globally and domestically. It is imperative that policymakers do everything they can to make it possible for each individual to be able to make healthy and informed decisions about sexuality and reproduction in pursuit of comprehensive physical, mental, emotional, and social health and wellbeing.

Our vision for how the U.S. should guarantee all people access to sexual and reproductive health care includes the following:

- **Comprehensive sexual and reproductive health care services – including abortion – must be covered at no or low cost.** Meaningful access to care requires affordability, provider access, and robust coverage of care. Whether someone has private or government-funded health insurance, each of us should have coverage for a full range of pregnancy-related care, including abortion. Individuals – not income level – should guide health care decisionmaking. To ensure that every individual has the means and tools necessary to make their own health care decisions in line with their own beliefs, the religious or personal beliefs of others must not be used to deny or restrict coverage of sexual and reproductive health care. Additionally, coverage is meaningless if it is not accessible, affordable, and easy to retain. Congress and the administration must implement policies to drive down consumers' cost of insurance and encourage states to expand their Medicaid programs, without work requirements or other harmful barriers to access, so that more people with low incomes can access the care they need.
- **Foreign policy must prioritize and integrate sexual and reproductive health and rights.** No plan to improve sexual and reproductive health and rights is complete if it does not include a vision for how U.S. foreign policy can advance the health and rights of people around the world. Congress and the administration can expand access and transform lives by fully funding international family planning programs, UNFPA, and other global health and gender equality programs. The U.S. must prioritize and integrate sexual and reproductive health and rights in all settings: from the halls of the UN to humanitarian emergencies. Providing training to U.S. government staff serving overseas, adopting a shared set of definitions of key terms across government, advancing free and informed choice across a full range of sexual and reproductive health and rights issues, and reporting on comprehensive sexual and reproductive rights violations in annual human rights reports is key to mainstream and elevate these issues across foreign policy. The U.S. government can re-establish its role as a global leader on sexual and reproductive health and rights by promoting and advancing policies, programs, and financing to address barriers to access such as contraceptive stock outs.
- **Access to Abortion Care Domestically and Globally must be protected and expanded.** The ability to decide if, when, and how to have children or grow a family is fundamental to personal

autonomy, dignity, health and wellbeing, and economic security. Every individual must have unimpeded access to abortion care—regardless of where they live, how much money they have, their insurance, their age, or if they decide to self-manage their abortion. Indeed, a right is merely theoretical when care is inaccessible or unaffordable. Federal lawmakers must enact policies that guarantee abortion access across the country. This includes passing legislation to ensure coverage for abortion in private and government-funded insurance plans and programs and ending the Hyde Amendment, which withholds abortion coverage (except in the limited cases of rape, incest, and life endangerment) from those qualified and enrolled in Medicaid, as well as related restrictions on abortion coverage. Lawmakers must also reduce barriers to medication abortion and decriminalize self-managed abortions. Likewise, the U.S. should support the decriminalization of abortion worldwide and use multilateral spaces to promote normative guidance urging the decriminalization of abortion. Furthermore, Congress must end the Helms Amendment, which unjustly restricts federal global funding from covering abortion care.

- **Pregnancy care must be expanded and improved.** Access to respectful, high-quality, holistic pregnancy-related health services is not only a fundamental human right, it leads to better health outcomes for both pregnant individuals and children. Federal policymakers must require public and private insurance plans to have a robust network of reproductive health providers and provide comprehensive coverage of pregnancy-related health care (including postpartum care); ensure individuals can enroll in and retain their insurance coverage when they become pregnant; furnish states with the resources they need to

provide comprehensive medical treatment to pregnant and postpartum individuals with substance abuse disorders and/or mental health conditions; and encourage states not to criminalize pregnant individuals who suffer from substance abuse disorders. Federal policymakers must also ensure that all individuals have paid sick time and family and medical leave so that new parents can recover from childbirth and parents can care for their children and themselves.

- **Guaranteed access to qualified sexual and reproductive health care providers.** Health care providers are an important component to ensuring that individuals have the care, information, and services they need to care for their sexual and reproductive health. It is critical that policymakers bolster public programs that help deliver sexual and reproductive health care services such as the Title X Family Planning Program, Medicaid, and the international family planning program. In particular, the federal government must end harmful policies that restrict access to providers, including existing domestic and global “gag” restrictions that block providers from participating in programs or furnishing comprehensive care to patients. Policymakers must also create policies and programs that provide financial incentives to a larger and more diverse network of health care practitioners to enter into and remain in the field of providing sexual and reproductive health care. Furthermore, federal lawmakers must implement policies and practices to ensure there is a sufficient workforce to meet patient demand, including raising reimbursement rates and program funding for sexual and reproductive health care and taking action to end violence and harassment against sexual and reproductive health care providers, patients, and staff.

## PRINCIPLE 2:

# Ensure Discriminatory Barriers in Health Care are Eliminated

**Sexual and reproductive health care cuts across gender, race, age, sexual orientation, disability, economic status, geography, and citizenship. Health care systems in the U.S. and around the world must foster fairness and equity and be respectful and inclusive of every patient’s full identity. Health systems that do not recognize and respect the diversity of people will shortcut patient care and fail to address complex individual and community needs. While significant progress has been made to improve access to health care and promote human rights for all, disparities and inequities have grown both between and within countries, leaving too many communities behind. By centering the unique experiences and needs of those most harmed by inequity – no matter who they are or where they live in the world – U.S. policymakers can make a significant contribution to promoting health and wellness for all communities.**

Our vision for how the U.S. eliminates discriminatory barriers in sexual and reproductive health care includes the following:

- **Global and domestic health care entities and insurance plans must have robust non-discrimination protections for patients without exception.** Central to a patient’s autonomy, dignity, and safety is the ability to make their own health care decisions in line with their own personal needs. Health care systems should empower individuals to access care that is best for them unimpeded by policies that enable their insurance plan, hospital, or health care provider to deny them care, coverage, or referrals on the basis of religious or moral belief. This is a problem not only in the U.S. but in the global space as well: organizations that receive funding to combat HIV globally may refuse to provide even basic information, referrals, and services such as abortion, birth control, and gender affirming care without penalty. Federal policymakers must ensure that patients come first through non-discrimination protections to ensure that patients are not refused appropriate reproductive health care services, information, and referrals.
- **Health care entities must be required to ensure that all individuals can access quality and equitable health care no matter their identity or their circumstances.** Health equity and equal access must be central to our health care system. We must prioritize populations that face obstacles in obtaining quality health care from trusted providers, including: immigrants, young people in the U.S. and global south, Native Americans, people of color, and LGBTQ+ individuals. In particular, immigrants in detention settings should be treated with compassion, dignity, and respect: they should never face sexual violence while in detention, be shackled during birth, or be denied appropriate reproductive health care, including contraception, abortion, pregnancy care. Likewise, empowering adolescent girls and youth assigned female at birth globally is not possible if their sexual and reproductive health and rights are not fully addressed; young people cannot meaningfully determine their destiny when parental consent and notification is required for sexual and reproductive health care, including abortion. To rectify these barriers to health care, policymakers must reform our nation’s health care delivery system and global health and development approach writ large to ensure all people are able to obtain comprehensive, confidential,

and quality health care from trusted providers in a timely, culturally-competent, and dignified manner.

- **Policymakers must strengthen patient protections, including confidentiality and informed consent.**

A key component to ending discriminatory health care practices is centering the patient and their needs which must include being responsive to patient preferences, needs and values, that often vary across sex (including sexual orientation and gender identity), parental status, race, ethnicity, community, ability, and immigration status. Additionally, providing care, free from coercion and implicit or explicit bias is integral to a successful health care framework. Confidentiality and informed consent, among other patient protections must be strengthened to ensure patients are in full control of their medical treatment, planning and care.

- **Policymakers must increase the effectiveness of U.S. efforts to combat the HIV epidemic globally.**

In order to end the HIV epidemic globally, the

U.S. must scale up investments in global AIDS programs and abandon discriminatory policies that leave critical communities behind. This includes ending abstinence-only-until marriage funding and restrictions on how organizations can engage with sex workers or advocate or speak about their health and rights. An evidence-informed approach to combating the rise of HIV/AIDS necessitates comprehensive sexual health education and the engagement and empowerment of key populations and stakeholders, including young people – especially adolescent girls and young women, sex workers, men who have sex with men, people who inject drugs, transgender, nonbinary, and gender nonconforming persons, and those who are incarcerated. Federal policymakers should promote the delivery of integrated, rights-based, and non-discriminatory reproductive health and HIV care to ensure that taxpayer dollars are being used for effective programming to decrease the transmission of HIV, care for people who are living with or at risk of HIV, and uphold the rights of all.



## PRINCIPLE 3:

# Ensure Research and Innovation Advance Sexual and Reproductive Health, Rights, and Justice Now and in the Future.

**Technology and innovation are transforming the health care landscape. Patients, providers, and policymakers continue to express enthusiasm about the ways in which technology has the capability of making health care more accessible and affordable, which in turn could contribute to reduced health care disparities and improved health outcomes. New technologies and research to improve drugs and devices, increased efficiency and accuracy in data collection, and reforms to health care delivery that better coordinate patient care will also benefit the delivery of sexual and reproductive health care. However, given the intimate nature of sexual and reproductive health care, it is imperative that policymakers ensure that innovation and advancement in this area be modeled around the principles of bodily autonomy, health equity and be patient-centered.**

Our vision for how the U.S. utilizes research and innovation to advance sexual and reproductive health and rights includes the following:

- **Health care system reform and innovation must prioritize sexual and reproductive health care and health equity.** Significant efforts have been made to reform our nation’s health care system to meet the “triple aim” of health care: better care, lower costs, and improved health outcomes. As these delivery reform initiatives continue to develop, it is critical that they include sexual and reproductive health care to ensure that individuals are able to receive the comprehensive health care they need from trusted providers and that health equity be an explicit goal of health care transformation. Likewise, health delivery reforms must be based on evidence-based policy rather than politics to ensure that individuals are able to get the services they need and access the qualified providers they trust without obstacle or judgment. Indeed, a health care system cannot be patient-centered and improve health equity if it does not address all aspects of a patient’s health; reflect the unique ways people access the health care system; and receive input from a diverse group of stakeholders, including communities that have historically had limited access to health care, such as people of color, individuals with low incomes, immigrants, and LGBTQ+ individuals. Within the history and ongoing existence of reproductive coercion, particularly among women of color, individuals with low incomes, incarcerated individuals, and individuals with substance abuse disorders, as well as with the long-standing institutional racism in our health care system, it is vital that health care delivery reform policies that center on sexual and reproductive health care not coerce or steer individuals into using a particular method of contraception or restrict patient access to qualified reproductive health providers.
- Policymakers must prioritize development and broad adoption of delivery system and payment models that recognize how people of reproductive age define quality, value and choice and how they access comprehensive reproductive and sexual health care. Alternative payment and clinical care delivery models should view patients and their loved ones as valuable partners at all levels of care and focus on coordinated patient-centered care delivery that includes a commitment to care planning.

Care coordination and continuity should include appropriate interface with primary and specialty care. Financial incentives should reward delivery of high-quality care that is measured by high-value quality measures, including patient-reported outcomes measures and patient experience of care measures.

- **Federal policymakers must invest in research and development to improve sexual and reproductive health care.** Federal policymakers should work across sectors to develop and fund fellowships and grants for scientists and researchers to study reproductive health, increase investments in sexual and reproductive health research and development (including contraception, maternal health, and abortion), design new health care delivery platforms that make it easier for patients to access care, improve data collection on sexual and reproductive health care measures, and provide free and open access to sexual and reproductive health care-related databases, tools, and resources. Similarly, lawmakers should also ensure that the U.S. collaborates with other countries to fund, develop, and use global health innovations in an effort to meet global health goals related to sexual and reproductive health.
- **Policymakers must restore scientific integrity and transparency to support activities that affect sexual and reproductive health.** Sound policies must be informed by high-quality evidence, and likewise, policy proposals should accurately represent evidence. Unfortunately, in recent years, politicians have allowed their personal beliefs surrounding sexual and reproductive health to outweigh scientific evidence, resulting in the erosion of federal and state health programs and priorities that provide individuals with reproductive health care services. It is imperative that federal lawmakers reverse this trend and implement actions to ensure that our country is guided by science and not politics. The administration must appoint and Senate should confirm nominees who exhibit views and experience consistent with agency missions and who demonstrate respect for and sufficient understanding of relevant science, ensure that federal agencies and other policymaking entities rigorously investigate instances of abuses of scientific integrity, and that the general public, media outlets, and lawmakers receive scientific and accurate information about public health topics (including sexual and reproductive health care).

## PRINCIPLE 4:

# Ensure Health, Rights, Justice, and Wellness for All Communities.

**True health and wellness will only be achieved by transforming complex and interrelated systems and by addressing societal, environmental, and social factors that impact people’s health. Fair wages, affordable housing, safe and affordable water and sanitation, public transportation, paid leave, affordable childcare, and compassionate immigration policy are all interconnected to the vision to secure reproductive autonomy. Sexual and reproductive health, rights, and justice also require the promotion and integration of social determinants of health into the actual provision of health care. Simply put, federal policymakers must work across sectors, agencies, and stakeholders to address the intersectional issues that impact an individual’s ability to have control over their own body, health, and destiny.**

Our vision for how the U.S. ensures the health, rights, justice and wellness for all communities includes the following:

- **Policyholders must foster economic opportunity for all families.** All individuals deserve to achieve the life of their choosing and to adequately care for themselves and their families. This is impossible, however, without the structures in place to enable individuals to live with economic security and safety. Federal policymakers must create policies that guarantee individuals paid sick days and paid family and medical leave (which can be used for reproductive health care services), quality and affordable childcare, secure housing, access to nutritious food, high-quality education that is free from school violence, job training, and a livable wage.
- **Policyholders must ensure all communities are free from violence.** Sexual and reproductive autonomy and justice necessitates that individuals also be able to live their lives without fear of violence, intimidation, or retribution—regardless of who they are, where they live, where they come from, their age, or how much money they have. Policymakers must enact laws that shield individuals from gun violence, sexual violence and harassment, and race- and gender-based violence.
- **Policyholders must support and promote policies to develop a healthy and safe environment.** Every person has the right to a healthy environment that is free from toxic chemicals, and has accessible clean drinking water, wastewater services, safe food, and clean air. Policymakers must aggressively and quickly address the climate crisis and enact policies that provide strong regulation and oversight over environmental protections, including the regulation of emissions. These policies not only further critical public health goals and ensure that individuals can maintain their health and the health of their children and families, they are also moral imperatives as individuals can suffer grave health consequences and even death from unmonitored, unregulated, and unsafe toxins in their environment.
- **Policyholders must promote and ensure integration of the social determinants of health into the provision of health care.** Improving health outcomes requires addressing the social determinants of health: the conditions in which people are born,

grow, live, work, and age. As our nation continues its efforts to transform the health care system, it must also invest more resources and funding into meeting the demands of related issues that impact health outcomes such as housing, food access, crime, violence, and education. Federal lawmakers must commit to significant financial investment to develop an efficient infrastructure that allows individuals to access the care and services they need without penalty, discrimination, or barrier, so they can live whole, healthy, and dignified lives.

- **Policymakers must invest in programs that promote health and wellbeing and advance gender equity.** Our nation has the framework for an infrastructure to provide health care and

social services to individuals across the country. However, that framework lacks the funding, resources, and strength needed to serve as many people as it could in an efficient and timely manner. Federal lawmakers must fully fund the programs that already exist, including: Medicaid; Children's Health Insurance Program; Title X family planning program; Maternal and Child Health (MCH) Bureau; Title V MCH Services Block Grant; Supplemental Nutrition Assistance Program; Centers for Disease Control and Prevention; UNFPA; the President's Emergency Plan for AIDS Relief (PEPFAR); Maternal, Newborn and Child Health (MNCH); Global Fund to Fight AIDS, TB, and Malaria; and USAID HIV programs, among others.

## PRINCIPLE 5:

# Ensure Judges and Executive Officials Advance Sexual and Reproductive Health, Rights, and Wellbeing.

**The President and Congress hold significant influence over policy through the appointment and confirmation process of federal justices, agency heads and other appointees.<sup>3</sup> The President’s appointment power, in particular, has a significant impact on sexual and reproductive health, rights, and justice. Executive agencies and federal courts play a crucial role in interpreting and defining our fundamental legal protections and civil rights. Likewise, efforts to integrate, elevate, and prioritize sexual and reproductive health, rights, and justice across the globe cannot occur without leadership that champions these ideals into their foreign policy. Indeed, executive, judicial, and diplomatic personnel shape our legal rights and ability to access them far into the future. That is why it is critical that people confirmed to federal posts are fair-minded, understand the intent of the law, and recognize the real impact of policy on an individual’s liberty, equity, dignity, and integrity.**

Our vision for how the U.S. ensures that judges and executive officials advance sexual and reproductive health, rights, and wellbeing include the following:

- **The President must only consider and the Senate must only confirm judicial nominees who either have a positive record on reproductive health, rights and justice or in the context of the confirmation process, affirmatively declare that the Constitution protects individual liberty, equal protection of the law, and the right of all people to make personal decisions about their bodies and personal relationships, including the right to use contraception, have an abortion, and marry whom they choose.** Federal courts are charged with upholding our fundamental legal rights and rule on cases impacting reproductive freedom, racial justice, LGBTQ+ rights, immigrant rights, and myriad other intersectional issues that impact all individuals in the United States. Consequently, judicial
- nominees to the Supreme Court and the lower courts must demonstrate a commitment to justice, civil rights, equal rights, individual liberties, and the fundamental constitutional rights of equal protection, dignity, and privacy, including the right to have an abortion.
- **The President must only put forward and the Senate must only confirm executive nominees who have a demonstrated positive record on reproductive health, rights, and justice.** Federal agencies are charged with implementing and enforcing crucial legal protections, such as race and sex anti-discrimination laws; protections for access to comprehensive reproductive health care, including abortion access for all who need it, including for immigrants and those who are undocumented; prevention and prosecution of anti-abortion violence; insurance coverage of reproductive health services, including contraception with no copay; and the Health

<sup>3</sup> The ACLU, as a matter of policy, does not regularly endorse or oppose candidates for elective or appointive office.

Care Rights Law (section 1557 of the ACA), which ensures non-discrimination in health care. Federal agencies also lead in the advancement of sexual and reproductive health and rights access globally. Consequently, executive nominees must have a demonstrated positive record on and express a commitment to promoting the sexual and reproductive health and rights of all individuals in the United States and around the world.

- Senators must thoroughly question executive and judicial nominees regarding their

qualifications and commitment to reproductive health, rights, and justice. Robust interrogation is particularly important for nominees who do not have a record on reproductive health, rights, and justice, or have a record hostile to these fundamental rights. Senators must exercise their right to question nominees about their independence, fair-mindedness, lack of bias, commitment to following scientific evidence, and ability to uphold our constitutional rights, including the right to have an abortion.

***“When we talk about ‘reproductive rights’ this is what we mean. It’s the difference between people as objects, and people as agents: between regarding people as pawns on the policy chessboard and recognizing them as the players, the decision-makers, the drivers of policy; autonomous individuals intimately concerned with the direction of their own lives. Under these conditions women, especially, enjoy better health and live fuller lives.”***

*Nafis Sadik, Special Adviser to the UN Secretary General*

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# The Imperative

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**We are living in extraordinary times. There is both urgency for swift and transformative action and simultaneously more attacks on our freedoms than we've seen in recent history. This requires extraordinary collaboration and vision. It requires us to move forward a comprehensive agenda to defend our rights and ensure a safe and healthy world for future generations. We believe that in order for that broader vision to be realized that we need sweeping protections sexual and reproductive health, rights, and justice for all people.**

**We are at a time when our country faces an unprecedented attack on sexual and reproductive health, rights, and justice. In recent years, federal lawmakers have taken away health coverage from people with lower incomes; appointed judges who oppose abortion access, birth control, and antidiscrimination policies; and encouraged violence and discrimination against people of color, immigrants, LGBTQ+ individuals, people of Muslim faith and other religious minorities. Abortion access, in particular, has been under relentless attack in recent years. In the past five years, federal lawmakers have instituted an expansive global gag rule that withholds global health funds from international organizations that provide abortion care and information, and attempted to withhold federal public health dollars from providers who perform abortions in the U.S. At the same time, state policymakers have enacted an increasing number of laws to ban abortion in their states, cut abortion providers out of public programs, and withheld insurance coverage of abortion. In seventeen states, abortion is simply a theoretical right for many individuals, as laws and policies have made it virtually impossible for people to access safe and legal abortion.<sup>4</sup> When a state has only a few practitioners who perform abortion (or, as is the case in six states, only one provider) and criminalizes people who self-manage their own abortions, people are not able to control their bodies, their lives, and their futures freely.**

**Our nation and our world cannot afford this dangerous trajectory. That's why a coalition of nearly 80 organizations have come together to set forth this policy agenda to advance sexual and reproductive health, rights, and justice for people in the U.S and around the world. We call on policymakers across the country to reach toward progress for all people – rooted in the reality that sexual and reproductive health and rights are inextricably linked to economic justice, voting rights, immigrants' rights, LGBTQ liberation, disability justice, and the right to community safety and racial equity.**

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<sup>4</sup> The following states have only one abortion provider: Kentucky, Mississippi, Missouri, North Dakota, South Dakota, and West Virginia. The following states have three or fewer providers: Alaska, Arkansas, Delaware, Idaho, Louisiana, Nebraska, Oklahoma, Rhode Island, South Carolina, Utah, and Wyoming.