



FACTSHEET:

# Abortion Justice Act

ALL  
ABOVE  
ALL

Since the *Dobbs v. Jackson Women's Health* decision overturned *Roe v. Wade* and ended the national legal right to abortion, anti-abortion politicians have enacted laws that ban all or most abortions in many [states](#). Bans on abortion [disproportionately impact](#) people who already face significant barriers to care due to systemic racism, economic injustice, and immigration status, including people working to make ends meet, immigrants, young people, and women of color.

But even when abortion was legal nationwide, insurmountable restrictions—including insurance coverage bans, bans on medication abortion, and inhumane policies that target immigrants—denied people abortion care.

We know that, while vital, restoring the legal right to abortion alone isn't enough to ensure people can get the abortion care they need.

The **Abortion Justice Act (AJA)** is bold legislation to shape the future of abortion access: a world in which care **is there for everyone who needs it, without barriers based on who you are, where you live, or how much you earn.**

The bill has been introduced by Representative Ayanna Pressley (D-MA), Representative Nikema Williams (D-GA), Representative Cori Bush (D-MO), and Representative Veronica Escobar (D-TX), and Representative Maxwell Frost (D-FL).

## LEGISLATIVE OVERVIEW

The Abortion Justice Act would protect people's right to make their own healthcare decisions about abortion, would improve availability and affordability of abortion care, and would prevent elected officials from creating barriers to abortion care. In addition to reinforcing the right to abortion, this bill would remove significant barriers to care; increase investments to people, providers, and organizations supporting abortion care; and create protections for individuals accessing and providing abortions. The bill would:

- › Reduce the threat of criminalization and improve **protections for patients** by clarifying current federal privacy protections to prohibit the distribution of personal health information to law enforcement.
- › Ensure **equitable coverage for abortion care** by requiring that any person who receives insurance or care through the government has coverage for abortion services and requiring abortion coverage in private insurance plans. The bill:
  - Removes onerous requirements for private insurers to offer abortion coverage on the healthcare exchanges;
  - Requires private insurance to cover abortion care;
  - Ensures everyone has abortion coverage regardless of documentation status;
  - Ensures adequate Medicaid reimbursement rates so that health providers can stay open and provide quality care in our communities;
  - These provisions would restore coverage for individuals enrolled in government health insurance by encompassing provisions in the EACH Act (H.R.561, S.1031).

- › Advance **major investments in abortion care** and related services for community organizations, providers, and others, to support care delivery and accessibility; fund improvements to physical and digital infrastructure; bolster training for abortion providers; and facilitate ancillary services, including travel and childcare, among other things.
  - Increase the number of medical professionals who can provide abortion care by bolstering residency programs in obstetrics and gynecology to provide abortion training.
- › Increase access by **requiring all federally funded facilities to provide or refer for abortion care** when it is consistent with their scope and abilities.
  - It would also require all public university health centers to offer medication abortion to all students.
- › Remove **barriers for immigrant families** by clarifying that immigration enforcement actions are prohibited within 2,000 feet of abortion facilities and other healthcare facilities.
- › Establish a federal right to make and effectuate decisions about abortion and miscarriage.
  - This right will apply to all individuals, race, color, national origin, sex (including sexual orientation and gender identity), age, disability, socioeconomic, or immigration status.

## ABORTION ACCESS TODAY

- › [Almost one-third \(29%\)](#) of the total U.S. population of women of reproductive age are currently living in states where abortion is either unavailable or severely restricted; a dozen other states are also certain or likely to ban abortion in the future.
- › Due to systemic racism, injustice, and lack of access to resources, Black women and Latinas are [more likely](#) to experience unintended pregnancies than white women.
- › Maternal deaths in 2020 were 62% higher in states where abortion is heavily restricted than states where [abortion was available](#).
- › Abortion bans negatively [impact](#) an individual's overall physical and economic health, with the most significant effects for Black and Latinx people.
- › People who are undocumented and immigrants face additional barriers to care, including arbitrary checkpoints which block travel for care and a [five-year ban](#) on enrolling in certain types of insurance.
- › The increasing criminalization of abortion care forces people to travel hundreds of miles out of their community to try to get care, and [studies show](#) that longer travel distances are associated with lower abortion rates.
- › The people targeted for pregnancy loss and self-managed abortion prosecution [are disproportionately](#) people of color, immigrants, and people experiencing economic insecurity.
- › Abortion providers [reported](#) an alarming rate of death threats and threats of harm, and documented 218 incidents in 2022, a [20% increase in death threats/threats](#) of harm over 2021.
- › [An estimated 28% of OB/GYN residency programs](#) are based in states or territories that are currently enforcing abortion bans.

