

**ALL\***  
ABOVE ALL

# Abortion Justice Playbook

A PRACTICAL TOOL FOR  
STAKEHOLDERS

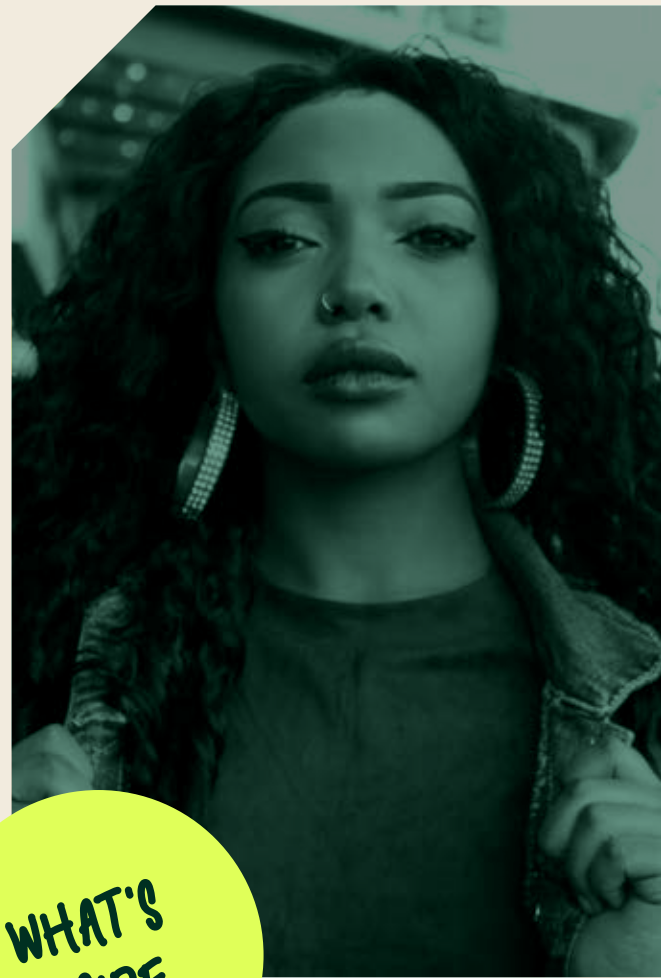


CATALYSTS FOR ABORTION JUSTICE



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# Introduction

**The Abortion Justice Policy Playbook is an essential resource designed to empower state legislators, local officials, and advocacy organizations to advance abortion justice in their communities.**

Incorporating an intersectional analysis of the harms caused by state-sanctioned barriers to abortion healthcare, this document promotes proactive policy actions that can bring us closer to a future of full abortion access. While not an exhaustive list of solutions across every intersecting issue, it serves as a roadmap of abortion-forward policies, connecting crucial cross-movement intersections.



**This playbook serves as a practical tool for stakeholders, offering:**

## ➤ POLICY FRAMEWORKS

Clear guidelines on legislative measures to enhance abortion access and affordability, providing a roadmap for policymakers.

## ➤ STRATEGIC RECOMMENDATIONS

Effective strategies for advocacy groups to engage with constituents and influence local and state policies.

## ➤ COLLABORATION OPPORTUNITIES

A resource to foster partnerships across social justice movements—including healthcare, economic equity, and racial justice—encouraging coalitions to amplify efforts and address systemic barriers to abortion care and intersecting injustices.

**Our hope is for this resource to foster collaboration with reproductive and cross-movement partners, helping us align strategies and build partnerships that advance collective human rights and bodily autonomy.**

**We anticipate that this work will reveal a need for additional resources to support communities, allies, partners, and legislative champions moving forward. Together, we can dismantle the barriers to abortion care and ensure our communities have the resources they need to thrive.**

# Understanding Reproductive Justice

**At the core of abortion justice is the Reproductive Justice (RJ) framework, a term coined by twelve Black women at a conference sponsored by the Illinois Pro-Choice Alliance and the Ms. Foundation for Women. These women recognized that the issues and needs of Black women and women of color were being overlooked in healthcare reform discussions.**

In response, they developed their own vision to address and dismantle the systemic barriers Black women face in achieving reproductive and sexual health and autonomy. This vision led to the formation of Women of African Descent for Reproductive Justice in 1995, which published a full-page statement with over 800 signatures of Black women in support.



'Reproductive Justice' is an intersectional framework rooted in Black feminist theory and human rights. It centers the lived experiences of people of color and addresses the impact of interlocking systems of oppression and white supremacy.' This framework affirms the human right to decide if, when and how to have a child, to not have a child, to parent children in safe and supportive conditions, and to experience sexual pleasure and enjoyment without the obligation of procreation. It recognizes that full reproductive autonomy is deeply interconnected with economic justice, racial equity, healthcare access, democracy reform, and freedom from violence and oppression.

This playbook uses the Reproductive Justice framework to examine the ways abortion bans and restrictions disproportionately harm communities marginalized by systemic inequities. By grounding our work in this framework, we affirm that achieving abortion justice requires addressing the broader social, economic, and structural barriers that impact reproductive autonomy.

# State of Play

**From 1973-2022, the Supreme Court's decision in *Roe v. Wade* (*Roe*) was the law of the land and established—on paper—a constitutional right to abortion care.**

This holding, however, never stopped anti-abortion extremists from doing all they could to limit and stigmatize a person's access to an abortion. It also never guaranteed access for all, especially for communities impacted by economic barriers, structural racism, and disproportionate health disparities on multiple fronts. For fifty years we also saw clinics targeted with violence, providers under threat, patients harassed as they sought care, and politicians governing as if *Roe* didn't exist.

Anti-abortion groups have made a concerted effort to pack state and federal Courts with judges ready to dismantle the right to an abortion, and in 2022, the effort succeeded. In *Dobbs v. Jackson Women's Health Organization* (*Dobbs*), six anti-abortion conservatives on the Supreme Court ruled that there is no federal right to abortion care. In the two years since, 13 states have banned abortion across the United States (U.S.), and an additional six

states have enacted extreme gestational limits between six and 15 weeks. The *Dobbs* decision has already led to preventable deaths and exacerbated maternal and infant mortality rates; and the extremism it sanctions is a danger to us all.

In 1973, *Roe v. Wade* was decided, establishing a constitutional right to abortion. However, the holding was narrowed in 1992 by the Supreme Court in *Planned Parenthood v. Casey*, initiating a flood of state restrictions on abortion that shuttered clinics and severely limited access to care in many states. Despite these challenges, the American people remain committed to protecting abortion access with Pew Research [finding 63% support for abortion rights nationwide](#). Since 2022, voters in 13 states have enacted state constitutional protections for abortion care. State legislatures across the country have also sprung into action to protect abortion access in their states and mitigate the effects of restrictions in others.

There is still an incredible amount of work left to be done in order to achieve abortion justice in this country, and we hope this playbook serves as a guide to realizing that goal.

# Learning From Federal Policy Examples

## TOPIC

### Abortion Coverage

Coverage remains a critical barrier to full abortion access. Since the Hyde Amendment was passed in 1976, anti-abortion federal politicians have implemented abortion coverage and funding bans in programs affecting the most vulnerable communities including communities of color, and individuals and families living with low-incomes. Coverage bans continue to harm individuals enrolled in Medicaid, Medicare, and the Children's Health Insurance Program; federal employees and their dependents; Peace Corps volunteers; Indigenous people receiving care through Indian Health Services; incarcerated individuals, including those detained for immigration purposes; and military members, veterans, and their families.

Ensuring comprehensive abortion coverage has significant positive impacts on marginalized communities, including low-income individuals, undocumented community members, disabled persons, and people of color. When abortion care is covered, marginalized groups experience improved access to reproductive decision-making and necessary care, enabling earlier interventions and better health outcomes. Reducing financial barriers decreases delays in procedures, which lowers medical risks and costs. Moreover, equitable coverage helps mitigate systemic disparities, promoting reproductive autonomy and health equity across diverse populations.

#### The EACH Act

The Equal Access to Abortion Coverage in Health Insurance Act (EACH Act) is bold legislation

#### DISCLAIMER

States can use the EACH Act as a resource and inspiration for crafting their own legislation. All\*Above All is available to provide support and assistance in these efforts.

designed to end the Hyde Amendment and related abortion coverage restrictions. All\* Above All first introduced the EACH Act with Rep. Barbara Lee in the House of Representatives in 2015 and in the Senate with Sen. Tammy Duckworth in 2019 during the 116th Congress to combat coverage and affordability barriers. In 2021, President Biden issued a historic presidential budget without the Hyde Amendment and continued to do so throughout his administration. That same year, the House passed an appropriations bill with no abortion coverage bans, making history. Heading into a new Congress and administration, All\* Above All will continue to work towards a world without abortion coverage bans.

Seventeen states fund abortion coverage for Medicaid enrollees in all circumstances, with ten of these states also requiring private insurance plans to cover abortion care. The EACH Act will ensure that this basic right to abortion care is extended to every person who receives care or insurance through the federal government. Additionally, it will prohibit political interference with decisions by private insurance companies to offer coverage for abortion care.

We strongly urge Congress to pass the EACH Act to ensure that all individuals have equitable access to comprehensive reproductive healthcare, including abortion services. This legislative action is crucial to eliminating financial and logistical barriers that disproportionately affect individuals living with low-incomes, communities of color and those living in rural areas.

## Access

Since the *Dobbs v. Jackson Women’s Health Organization* decision overturned *Roe v. Wade* and ended the national legal right to abortion, anti-abortion politicians have enacted laws that ban most or all abortions in numerous states. These bans disproportionately harm individuals already facing significant barriers to care on multiple fronts due to systemic racism, economic injustice, and immigration discrimination. Black and Indigenous women and people of color, LGBTQ+ and gender expansive people, low-income workers, immigrant families, young people and rural communities remain most impacted by these targeted bans and barriers to care.

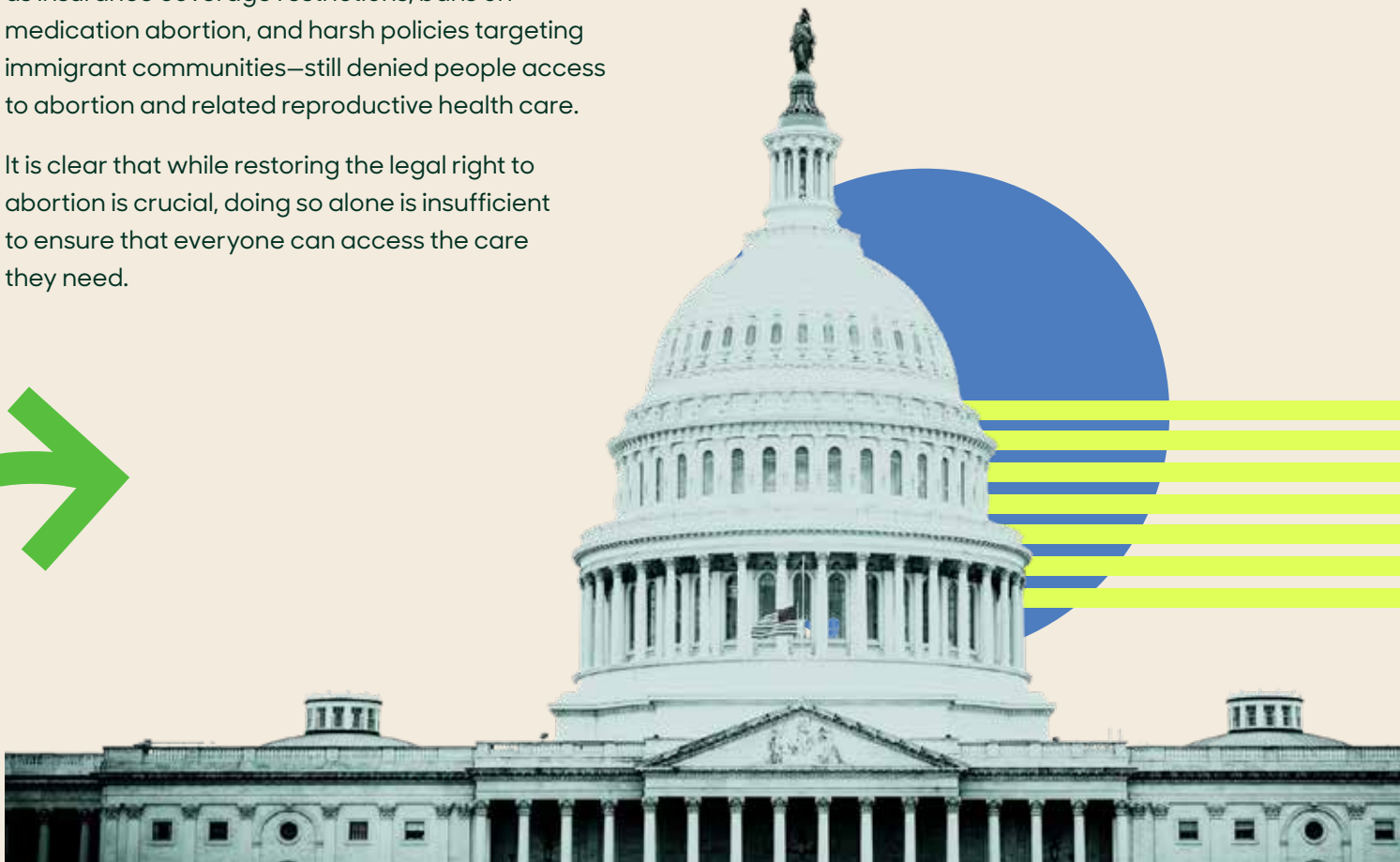
However, even when there was a constitutional right to abortion, severe restrictions—such as insurance coverage restrictions, bans on medication abortion, and harsh policies targeting immigrant communities—still denied people access to abortion and related reproductive health care.

It is clear that while restoring the legal right to abortion is crucial, doing so alone is insufficient to ensure that everyone can access the care they need.

### **The Abortion Justice Act (AJA)**

The Abortion Justice Act (AJA) is bold legislation aimed at shaping the future of abortion access, envisioning a world where everyone who needs care can receive it, free from structural and medically unnecessary barriers.

The AJA aims to protect the right to make personal healthcare decisions about abortion, enhance the availability and affordability of abortion care, and prevent elected officials from creating obstacles to accessing care. Besides reinforcing the right to abortion, the bill eliminates significant barriers by increasing investments to people, providers, and organizations supporting abortion care, and establishing protections for those seeking and providing abortions.



# The Abortion Justice Act would ↘

## Reduce Criminalization and Enhance Privacy Protections

Clarify federal privacy laws to prevent sharing personal health information with law enforcement, thereby protecting patients.

## Ensure Equitable Coverage

Ensure abortion coverage for anyone receiving government-provided insurance or care, and require private insurance plans to include abortion services. Specific provisions include:

- ↘ Eliminating burdensome requirements that stand in the way of private insurers offering abortion coverage on healthcare exchanges.
- ↘ Requiring private insurance to cover abortion care.
- ↘ Ensuring coverage for abortion regardless of documentation status.
- ↘ Securing adequate Medicaid reimbursement rates to keep healthcare providers operational and maintain quality care.

## Invest in Abortion Care

Provide significant funding for community organizations, providers, and others to support care delivery, improve infrastructure, enhance provider training, and facilitate ancillary services like travel and childcare.

## Expand Provider Training

Strengthen obstetrics and gynecology programs to increase the number of medical professionals trained to provide culturally competent abortion and related reproductive health care by expanding training opportunities for physicians of diverse specialties, licensed midwives, certified nurse-midwives, nurse practitioners, registered nurses, physician's assistants, doulas, pharmacists, licensed vocational nurses, medical assistants, paramedics, and community health workers.

## Enhance Access in Federally Funded Facilities

Require all federally funded facilities to provide or refer for abortion care within their capabilities and ensure all public university health centers offer medication abortion to students.

## Protect Immigrant Families

Prohibit immigration enforcement actions within 2,000 feet of abortion and other healthcare facilities.

## Establish Federal Rights

Create a federal right to make and effectuate decisions about abortion and miscarriage, applicable to all individuals regardless of race, color, national origin, sex (including sexual orientation and gender identity), age, disability, socioeconomic, or immigration status.

### DISCLAIMER

States can use the Abortion Justice Act as a resource and inspiration for crafting their own legislation. All\*Above All is available to provide support and assistance in these efforts.



# ↘ Power in the States: Driving Policy for Abortion Justice

## TOPIC

### Defensive Measures

While most of this playbook is focused on the proactive steps states should take to ensure abortion justice, many states will first have to work to undo abortion restrictions put in place before and after Dobbs. We have seen anti-abortion extremists attempt to exploit every possible avenue to ban abortion, and they show no signs of slowing down their efforts. States, and advocates for abortion justice, need to think creatively and stay one step ahead of these anti-abortion efforts.

Fighting back against the criminalization of abortion access encapsulates why it is so important

to view abortion justice through an intersectional lens. We know that the renewed enforcement of these criminal laws will disproportionately target and harm communities of color and low income communities across the country. It is a racial and economic justice issue to ensure that people are not dragged into the carceral system for seeking basic healthcare, and it is our collective responsibility to build safer communities, where everyone can access reproductive healthcare with dignity and without fear of punishment or state sanctioned violence.

### States should ↘

- ↘ Repeal any state level abortion bans or restrictions, fetal personhood language, explicit or implicit bans on telehealth, restrictions on youth access, and medically unnecessary requirements placed on patients and providers. This includes any Targeted Regulation of Abortion Providers (TRAP) laws such as physician only laws, biased counseling and reporting requirements, parental involvement laws, and burdensome waiting periods.
- ↘ Seek to clarify or repeal statutes on the books that can be exploited to ban or otherwise limit access to abortions, including clarifying that state level Comstock-type Laws are not applicable to abortion care.
- ↘ Codify the protections of the federal Emergency Medical Treatment and Active Labor Act (EMTALA) into state law to ensure pregnant people receive emergency abortion care when their lives are in danger.
- ↘ Proactively dispel misinformation from the anti-abortion movement, including through state and local education and public awareness campaigns.
- ↘ Enact strong patient and provider protections to prevent the criminalization of pregnancy status and outcomes.

## TOPIC

# Coverage & Affordability

In 2013 All\* Above All formed during the fight for the Affordable Care Act with a goal of ending the Hyde Amendment, the federal restriction on abortion funding. Today, we remain steadfast in our position that no person should be unable to afford reliable abortion care. While the effort to repeal the Hyde Amendment is ongoing, states can step up to serve as a crucial backstop in providing affordable abortion care.

Many states across the country have placed their own Hyde-style restrictions on using public funds for abortion care. While it is common practice for private, employer-sponsored insurance plans

to cover abortion care, yet in several states, legislatures have blocked insurers from including this coverage in private and public plans.

As we saw with the expansion of Medicaid through the Affordable Care Act, the ability for people to access the necessary healthcare services they need is a core economic justice issue. In addition to taking actions to improve the economic and material conditions for their constituents holistically, lawmakers should ensure people are able to access abortion care and coverage regardless of their economic status.

33

states/DC  
prohibit state  
medicaid funds

[SOURCE](#)

25

restrict coverage  
for plans on state  
marketplace

10

restrict in  
private  
plans

CONVERSELY, ONLY

18

cover abortion  
under their state  
medicaid program

10

require private  
coverage

## States should ↘

- ↘ Repeal all bans on insurance coverage of abortion.
- ↘ Require all health insurance plans in the state to include coverage for abortion care and miscarriage management without any cost sharing; this includes publicly funded insurance programs (including but not limited to state Medicaid), private insurance plans, and qualified health plans offered through health marketplace exchanges, and more.
- ↘ Mandate insurance providers to produce consumer-friendly information about covered services.
- ↘ Eliminate restrictions on telehealth abortion services to ensure accessible, timely, and equitable care.
- ↘ Work with providers to ensure sustainable and equitable reimbursement rates, including for smaller, independent providers.

### DISCLAIMER

All\* Above All offers an implementation toolkit that is readily available for use. Our team is also available to provide support and assistance to help guide these efforts.

# Medication Abortion Access

Medication abortion pills, mifepristone and misoprostol, have been a safe and effective resource available to people seeking abortions in the U.S. Since its approval by the FDA in 2000, over two million Americans have utilized medication abortion pills with no serious health complications in more than 99.9% of cases. Medication abortion accounts for 63% of all abortions across the U.S., and this percentage is growing.

Despite the fact that medication abortion pills are extremely safe and used for life-saving obstetric care, anti-abortion extremists continue to try to restrict access. This not only impacts individual decisions, but the criminalization of medication abortion will also disproportionately affect communities of color and patients living with low incomes, who may rely on it as a more accessible option. Ensuring access to medication abortion is

essential for ensuring patients can manage their care with dignity.

While the U.S. Supreme Court issued a ruling in a case regarding the FDA's approval of mifepristone (*Alliance for Hippocratic Medicine v. FDA*), the decision was procedurally based and silent on how the use of mifepristone interacts with the Court's decision in *Dobbs*. This leaves the door wide open for further attacks on medication abortion, like in Louisiana, which has now criminalized the possession of mifepristone and misoprostol, instituting penalties as high as a five year prison sentence.

All\* advocates for universal access to medication abortion pills nationwide and the complete protection of the healthcare providers who prescribe and supervise medication abortions.

## States should ↴

- ↴ Remove all regulatory and legislative barriers to mifepristone being available over the counter, including removing onerous state-level provider certification processes.
- ↴ Repeal any in-person dispensing requirements for patients seeking medication abortion.
- ↴ Remove physician-only restrictions on abortion provision, including allowing for medication abortion to be prescribed and supervised by advanced-practice clinicians (APCs)—nurse practitioners, certified nurse-midwives and physician assistants. (As per ACOG recs).
- ↴ Require public colleges and universities to provide medication abortion at their on-campus health centers at no cost.
- ↴ Pass shield laws to protect providers in the state from out-of-state criminalization of the prescription and dispensing of medication abortion pills. Ensure protections extend to telehealth practices.
- ↴ Repeal any laws targeting and restricting access to the medications used for medication abortion.

## TOPIC

# Ballot Initiatives, ERA's, and additional Constitutional Protections

Since the Dobbs decision, 13 states have gone to the ballot box to enshrine abortion rights into their state constitution. These ballot initiatives take many shapes, but all add or expand abortion rights for people in the state, offering protections against unnecessary and discriminatory state limits on abortion access.

In some of those states, lawmakers have taken the extra step to pass comprehensive equal rights amendments that not only protect abortion access, but LGBTQ+ rights and access to gender-affirming care, as well. It has been over 100 years since the first Equal Rights Amendment was introduced

in Congress, and over 50 years since it passed resoundingly, yet the ERA has yet to be ratified. All\* advocates for states to pass these expansive Equal Rights Amendments as they are the most effective way to protect abortion access.

We have already seen that the same forces seeking to restrict abortion access are also targeting trans rights more broadly, including access to gender affirming care for trans, nonbinary, and gender expansive people. Ensuring equal treatment under the law safeguards against extremist forces in state government that threaten the lives and freedoms of our communities.

## States should ↴

- ↴ Use a reproductive justice framework to codify broad protections within their state constitutions that ensure no person is denied equality under the law due to their pregnancy, pregnancy outcomes, and reproductive healthcare and autonomy, without viability limits.
- ↴ Ensure that the state constitution also protects LGBTQIA+ people by explicitly prohibiting discrimination based on sexual orientation, gender identity, and gender expression.



## TOPIC

# Qualified Providers & Workforce Development & Expansion

Even before the Dobbs ruling, the abortion care workforce was in desperate need of support and expansion. While legislatures can codify abortion rights, access is only possible if the care workforce is robust, well-compensated, and sustainable. Abortion justice includes ensuring a sufficient network of providers who are paid a living wage and able to work with dignity.

Abortion funds play a vital role in supporting providers and patients alike, reducing financial barriers to care and enabling access—especially in restricted areas. By assisting with procedure costs, travel, and lodging, these funds help patients afford care and reduce missed appointments, freeing providers to focus on delivering services. Additionally, they facilitate access to supportive

regions for patients in restrictive states, expanding care options and easing providers' emotional burden.

To expand the workforce, All\* advocates for allowing nurse practitioners, certified nurse-midwives and physician assistants to perform abortions, as recommended by the American College of Obstetricians and Gynecologists. These providers are not only capable of providing comprehensive abortion care, but are already interacting with people of reproductive age and historically underserved communities. Expanding the scope of practice to include abortion care would significantly increase the number of individual qualified providers, enhancing access across states.



## States should ↘

- ↘ Establish pathways for providers from communities of color to ensure that communities have access to culturally competent, linguistically appropriate care delivered by providers who reflect their backgrounds and experiences.
- ↘ Invest in the provision of abortion care, through multilayered strategies, including, but not limited to, streamlining state licensure processes for abortion providers and incentivizing multistate licensure; establishing mandates for public and private insurance coverage of abortion; improving reimbursement rates in states with existing coverage requirements; and directly allocating local and state funds to abortion clinics, abortion funds, and to logistical support networks so that abortion access remains free from political interference.
- ↘ Invest in pharmaceutical and technological research and innovation to improve quality of care, reduce cost, and increase access.
- ↘ Improve rural access by incentivizing health care workers to relocate to rural areas and prioritize legislation that increases Medicaid reimbursement rates and incentives.
- ↘ Provide temporary and/or expedited licensure for abortion care providers from other states who have been forced to relocate out of a ban state.
- ↘ Expand training opportunities and require all public universities and medical schools, and vocational programs to provide abortion care training for a range of healthcare providers, including physicians, registered nurses, nurse practitioners, licensed midwives, certified nurse-midwives, physician assistants, pharmacists, community health workers, licensed vocational nurses, medical assistants, and paramedics. Additionally, ensure accessible training and support for abortion doulas and other grassroots care providers, without imposing certification requirements that could restrict their essential, community-driven work.



**One proactive way for a state to protect patients and providers from the harms of abortion and gender-affirming care bans across the country is by enacting what is known as a shield law.**

The specifics of these laws vary, but their motive is to protect abortion providers, patients, and those who assist them from legal attacks taken by anti-abortion states.

Strong and effective shield laws combine several abortion justice policies which we have segmented into:

- ↘ government cooperation
- ↘ provider protections, and
- ↘ patient protections.

Each one of these areas are crucial to a comprehensive shield law that adds protections against out-of-state anti-abortion threats.



## TOPIC

# Shield Laws: Government Cooperation

A government that stands for abortion justice has a duty to protect the people in their state from extremist threats. All\* calls on state governments to refuse cooperation with civil and criminal proceedings brought under anti-abortion statutes.

## States should ↘

- ↘ Prohibit extradition of those accused of receiving, providing, or assisting someone in receiving legal abortion care or gender-affirming care within the state, regardless of the patient location.
- ↘ Prohibit the expenditure of state resources, including the use of state and local law enforcement, in support of another state's investigation, or a federal investigation, into legal abortion care or gender-affirming care in the state.
- ↘ Prohibit courts from issuing a subpoena, an out-of-state witness summons, or a request for discovery in connection with an out-of-state proceeding challenging legal abortion care or gender-affirming care in the state.

## TOPIC

# Shield Laws: Provider Protections

Supporting abortion care networks in practicing with dignity means freeing them from judicial and professional threats that seek to limit their work. Shield laws should serve as safeguards to providers, limiting the threat of in-state discrimination and harassment in court by hostile out-of-state litigators.

## States should ↘

- ↘ Prohibit in-state medical malpractice insurance carriers from taking adverse action against a provider based on legal abortion care or gender-affirming care in the state.
- ↘ Protect providers from professional discipline or other adverse licensing consequences for providing legal abortion care or gender-affirming care in the state.
- ↘ Limit state courts from carrying out out-of-state judgments when the conduct was lawful in the shielding state.
- ↘ Ensure these protections for in-state providers regardless of the location of their patients.

## TOPIC

# Shield Laws: Patient Protections & Privacy

Central to our mission is the protection of people seeking abortion care from criminal and civil liability for their actions and the ability to seek care without judgment or stigma. Shield laws can play a vital role in reaching that end by increasing access to care and limiting the threat of hostile actions from those seeking to interfere with the provision of care.

## States should ↘

- ↘ Enact strong data privacy protections and prohibit the disclosure of confidential information, including medical information and consumer health information, of those receiving or seeking abortion care or gender-affirming care to both in state and out of state parties.
- ↘ Create the ability for patients to file lawsuits against the out-of-state actors who seek to interfere with their access to legal abortion care or gender-affirming care.
- ↘ Seek to produce Know Your Rights and other culturally competent materials describing newly created protections under a shield law and legal services offered in the state.



# The Role of State Governors

In the wake of Dobbs, state Governors have had the particular burden of reacting in real time to safeguard access. In the weeks that followed the leak of the decision, 14 governors issued a total of 18 executive orders to ensure access within their state and mitigate the harm caused by total

abortion bans in other states. These executive orders not only had the effect of helping people in the immediate term, they also served as the blueprint for the codification of laws meant to expand access and shield patients and providers.

## Governors should ↘

- ↘ Use state budgetary powers to ensure that providers receive the necessary funding to meet the needs of their communities, including by supporting state and local abortion funds.
- ↘ Use executive authority to protect the availability of medication abortion in the state, especially at public universities.
- ↘ Issue executive orders that seek to protect patients and providers of abortion and gender-affirming care, and expand abortion access within their state; oftentimes these executive orders are the foundation of shield laws later passed by the legislature.
- ↘ Direct relevant executive agencies to create sustainable reimbursement rates for providers, especially smaller, independent providers.
- ↘ Direct state health departments to affirm state and federal requirements to provide emergency abortion care, produce 'Know Your Rights' guidance for patients to access abortion care, and pass state-level protections to ensure pregnant people can access life-saving emergency abortion care when their lives are at risk.
- ↘ Direct state health departments to develop public information campaigns that are culturally and linguistically inclusive and accessible.



## TOPIC

# The Role of State Attorneys General and Local District Attorneys

Just like we see anti-abortion lawyers and judges seeking to restrict our rights, abortion justice advocates in the legal field play a critical role in protecting access, this is particularly true of state Attorneys General and local District Attorneys.

## DID YOU KNOW?

**Through the use of prosecutorial discretion, District Attorneys, even in ban states, can refuse to prosecute cases that seek to criminalize abortion care.**

**Government lawyers have a unique role to play in shaping the abortion policy both inside and outside the courtroom, AG's and DA's should** ↘

- ↘ Establish a task force to coordinate protections for abortion care within the state.
- ↘ Issue legal guidance, Know Your Rights guides, and additional culturally competent materials to inform providers, patients, and the public of the state of abortion rights and access.
- ↘ Create a legal hotline or streamline legal resources that assist patients and providers in getting crucial information about accessing care and legal resources and protections.
- ↘ Support access to abortion and gender-affirming care, and challenge restrictions through lawsuits and amicus briefs.
- ↘ Ensure there are no state funding streams directly funding crisis pregnancy centers and redirect any funding streams that do to entities that offer comprehensive care.
- ↘ Highlight the dangers of crisis pregnancy centers through consumer advisories and additional public information campaigns.
- ↘ Issue public statements and establish internal policies affirming their refusal to prosecute cases related to pregnancy outcomes, self-managed abortion, gender-affirming care, and other related healthcare decisions.

# ↘ **On the Frontlines: Local Action for Abortion Justice**

## **There are over 90,000 local governments in the U.S.**

Oftentimes these counties, cities, towns, and villages are the ones tasked with implementing federal and state policy in their communities and have a unique and deep knowledge of their local needs. While the size and scale of local governments vary widely across the country, each has a particular role in providing crucial services to their community members.

Local governments also have a critical role to play in normalizing abortion access as an integral part of a comprehensive maternal health agenda. This requires affirming policies that ensure the full range of reproductive and pregnancy-related care—including abortion—is accessible, equitable, and centered on the needs of the community. By integrating abortion access into broader maternal and reproductive health initiatives, local leaders can address systemic inequities, promote

reproductive autonomy, and foster healthier, more equitable communities.

While localities can be preempted by state government from enacting certain abortion protections on their own, local governments still have particular powers at their disposal to support and expand access for their constituents. Unfortunately, we have seen numerous localities over the years use their local authority to severely restrict access to abortion care. Through arbitrary permit denials, zoning restrictions, reductions in funding, and more, localities have a particular power to influence the state of abortion care in a given community.

As state governments take action on abortion access in the wake of Dobbs, local governments, even in ban states, should be doing everything in their power to fight back against restrictions and ensure that access to care is affordable, available, and not stigmatized or criminalized.

## **Local governments in ban states should ↘**

- ↘ Adopt de-prioritization and funding restriction measures to prevent local officials from using local funds to support abortion investigations.
- ↘ Work to ensure any criminal enforcement, arrest, or investigation of abortion care is law enforcement's lowest priority.
- ↘ Raise awareness of the importance of, and threats to, abortion access in their community and create public information for residents to understand the state of abortion care and the protections offered in response by their local government.

# All local governments should ↴

- ↴ Repeal any travel bans, funding restrictions, or local level abortion ban ordinances that exist in local law.
- ↴ Enact patient-centered budgets that reserve funding for those unable to afford the full range of reproductive care and fully fund the local needs of clinics, providers, and organizations that help connect people to abortion services, such as [local abortion funds](#).
- ↴ Utilize local zoning powers to remove arbitrary clinic restrictions and ensure clinics are easily accessible and can operate free of harassment or threat of violence.
- ↴ Ensure that local public employee health insurance plans include coverage for abortion care and avoid contracting with businesses that refuse coverage in their plans.
- ↴ Fully support and integrate abortion clinics as a part of the local healthcare system and highlight their importance and value to the health of the community.
- ↴ Prohibit local law enforcement from participating in federal investigations, or investigations from other states, into legal abortion care or gender-affirming care provided in the state, and train law enforcement on their new duties under a state shield law.
- ↴ Speak out against anti-abortion laws and enact local resolutions proclaiming abortion justice values and support for model state and federal abortion justice policies like the Abortion Justice Act and EACH Act.
- ↴ Develop culturally and linguistically inclusive public awareness campaigns to inform the community about available care, their rights under new ordinances and existing state law, and the deceptive practices of anti-abortion crisis pregnancy centers (also known as fake clinics).
- ↴ Work with local school boards to equip young people with culturally competent reproductive and sexual health information and services.
- ↴ Adopt policies that expand access to affordable healthcare, protect workers' rights, advance racial and gender equity, and create pathways for economic mobility to ensure the local community upholds its values of inclusivity, economic security, and justice.





## Get in touch

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## Endorsers

The following organizations have endorsed our inaugural Abortion Justice Playbook, and we extend our gratitude for their participation and valuable feedback.

Birth in Color

Black Women for Wellness

Black Women for Wellness Action Project

Black Women's Health Imperative

California Latinas for Reproductive Justice

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)

Gutsy Media

Guttmacher Institute

Ibis Reproductive Health

National Health Law Program

New Jersey Black Women Physicians Association

New Voices for Reproductive Justice

Reproaction

SIECUS: Sex Ed for Social Change

SisterLove

State Innovation Exchange (SiX)

TEACH (Training in Early Abortion for Comprehensive Healthcare)

The Afiya Center

The Women's Centers

Women's Law Project

Women's March

Women with a Vision, Inc

