



First Priorities: Executive and Agency Actions

Blueprint for Sexual and Reproductive Health, Rights, and Justice

ReproBlueprint.org

In July 2019, more than 90 organizations, united in collective power, released a bold and proactive policy agenda: the [Blueprint for Sexual and Reproductive Health, Rights, and Justice](#). The Blueprint is grounded in the fundamental belief that in order for people to be free and equal they must be able to exercise complete autonomy over their bodies. The past year has made it increasingly clear that reproductive health, rights, and justice must be a top priority for the next administration.

That is why we are releasing First Priorities for the Blueprint for Sexual and Reproductive Health, Rights, and Justice, a detailed punch list of executive and agency actions for the opening days of an incoming administration. While these requests reflect the actions we expect an incoming administration to take in its first days, this is not a comprehensive list of all actions we expect from agency officials and staff while in office.

We fully expect the next administration to meet the needs of millions of individuals domestically and globally. These are the actions an incoming administration must take in the first days and months in office to demonstrate its commitment to sexual and reproductive health, rights, and justice.

1. **On day one, the president must issue an executive order unequivocally stating his commitment to protect and expand access to comprehensive reproductive health care, uphold sexual and reproductive rights, including abortion care, in the U.S. and around the world, and rescind or revoke prior executive actions limiting access to care. This executive order must:**

- **Clearly and explicitly state** that the president is committed to comprehensive sexual and reproductive health care, including abortion; that everyone should be able to decide for themselves when, whether and how to start their families, the right to raise their families in a safe and healthy environment, free from government interference; that politicians have interfered with personal decision-making and bodily autonomy by passing harmful laws and regulations that restrict access to care both domestically and around the world; that these policies restricting access to care have fallen hardest on Black people, Indigenous people, and many more people of color; and that no one should be denied access to comprehensive reproductive health care, including abortion, because of how much money they make, where they live, the source of their insurance or health care, or the religious or personal beliefs of others;
- **Revoke the January 23, 2017 Presidential Memorandum** Regarding the Mexico City Policy and clarify what is permitted under current law to ensure access to comprehensive reproductive health care, including foreign assistance for abortion, to the maximum extent allowed;
- **Rescind Executive Order 13535** Patient Protection and Affordable Care Act's Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion;

- **Direct the Secretary of Health and Human Services** to issue guidance to lift the FDA's in-person dispensing requirement for mifepristone for the duration of the public health emergency, consistent with similar directives and waivers issued to reduce risk of COVID-19; and

- **Direct all executive departments and agencies to rescind** other harmful policies and regulations, and take proactive steps to protect care, including but not limited to those actions listed under Sections 5 and 6 below.

2. Upon assuming office, the president must make a public statement that the U.S. will re-engage on a global scale to advance the health and rights of individuals worldwide, and take action to re-engage fully with the United Nations, including re-joining and re-funding the World Health Organization, and re-funding the UN Population Fund (UNFPA), the UN's sexual and reproductive health agency.

3. As a budget is a reflection of priorities, the president's budget must demonstrate a commitment to sexual and reproductive health:

- **That includes investing in the following domestic and international programs at the designated amounts:**

- At least \$1.66 billion for global family planning and reproductive health programs, including \$111 million for UNFPA;
- Significant increased investments in the International Organizations and Programs account, and to vital global health programs, including for maternal, newborn and child health, the President's Emergency Plan for AIDS Relief (at least \$5.5 billion), the Global Fund to Fight AIDS, Tuberculosis and Malaria (at least \$1.56 billion), USAID HIV programs (at least \$350 million);
- At least double the National Institutes of Health and United States Agency for International Development funding available for the research and development of contraceptives and multipurpose prevention technologies;
- \$100 million to restore navigator funds and marketing funds to promote open enrollment, and remove anti-abortion language and policies from navigator program notices of funding opportunity;
- \$150 million for the Teen Pregnancy Prevention Program;
- \$150 million for the Personal Responsibility Education Program (PREP);
- \$954 million for the Title X Family Planning Program;

- \$850 million for the Title V Maternal & Child Health Services Block Grant;
- \$100 million for the CDC Safe Motherhood and Infant Health Initiative; and
- \$100 million for the Surveillance for Emerging Threats to Mothers and Babies Initiative.

- **End the Hyde Amendment** and related restrictions, and ensure that everyone has abortion coverage, regardless of their income or source of insurance, and commit to veto legislation that extends, reiterates or incorporates the Hyde Amendment and related restrictions, including annual appropriations bills;
- **Eliminate the Weldon Amendment** and commit to veto legislation that would expand it or make it permanent;
- **Remove the Helms Amendment** and commit to veto legislation that extends, reiterates or incorporates the Helms Amendment;
- **Modify the Siljander Amendment** to only prohibit the use of U.S. funds to lobby against abortion;
- **Remove the Kemp-Kasten Amendment** and replace it with a blanket prohibition on U.S. funding going to coercive activities in U.S. foreign assistance, in line with the ICPD;

- **Eliminate unnecessary restrictions** on the U.S. contribution to UNFPA, including the requirement to segregate the U.S. contribution, such that none of the U.S. contribution may be used for abortion, none of the U.S. contribution may be used in China and the dollar-for-dollar withholding for any funding UNFPA provides to China;
- **Eliminate the Livingston Amendment**, which allows organizations that receive certain government grants to refuse to offer the full range of contraception based on their religious objections;
- **Eliminate all funding for abstinence-only** until marriage programs, including the Title V “Sexual Risk Avoidance Education” program.

4. As personnel is also a reflection of priorities, the president must nominate and appoint individuals for executive branch positions who are experts in their field, committed to the core mission of the agency, possess a positive record on reproductive health, rights, and justice, and who will contribute to the diversity of the executive branch.

5. Upon assuming office, the president must immediately halt all non-final regulations that will limit access to reproductive health care, including abortion. Further, within forty-five days of assuming office, the administration must initiate the process of rescinding regulations below (including designating them in the respective agency unified agendas as being in the pipeline for repeal):

- [Compliance with Statutory Program Integrity Requirements](#), otherwise known as the “Domestic Gag Rule,” decimating the evidence-based and historically bipartisan Title X family planning program, which previously served nearly 4 million people, the vast majority of whom (89%) have low or no incomes;
- [Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act](#) and [Moral Exemptions and Accommodations for Coverage of Certain Preventive Services under the Affordable Care Act](#), allowing virtually any employer or university to deny coverage for contraception in a drastic departure from previous regulations that ensured 61.4 million had coverage;
- [Nondiscrimination in Health and Health Education Programs and Activities, Delegation of Authority](#), revising the regulations for the Section 1557 Health Care Rights Law to undermine the statute’s protections, including by providing a narrow interpretation of “sex discrimination” that excludes people from protections and that is in direct conflict with the recent Supreme Court ruling in *Bostock v. Clayton County*;
- [Protecting Statutory Conscience Rights in Health Care, Delegation of Authority](#), otherwise known as the “Refusal of Care Rule,” unlawfully and dramatically expanding existing refusal laws to encourage health care workers to deny care and information; the rule was vacated by several federal district courts in late 2019 and is currently on appeal in the 2nd and 9th U.S. Circuit Courts of Appeals;
- [Inadmissibility Based on Public Charge Grounds](#), expanding and weaponizing the concept of “public charge” to discourage immigrants from accessing basic services and public programs;
- [Pre-Existing Condition Insurance Plan Program](#), excluding DACA recipients from benefits under the ACA, including tax credits, cost sharing, and the marketplaces; and
- [Patient Protection and Affordable Care Act; Exchange Program Integrity](#), imposing onerous and arbitrary requirements on insurance issuers that offer health plans that include abortion coverage on the ACA marketplace.

6. Within 90 days of assuming office, the president must institute the following changes in policy and practice including, where appropriate, issuing guidance:

- **The FDA must review** the REMS for mifepristone to determine whether a REMS remains necessary, or whether the goals and elements should be modified or removed from the approved strategy to best reflect scientific evidence and real-world use;
- **The Department of Health and Human Services must protect** patients' choice of reproductive health care provider, in part by reinstating 2016 guidance reaffirming Medicaid's free choice of provider provisions, and ensuring that states may not exclude qualified providers of reproductive health care from Medicaid for reasons unrelated to their qualifications, including their provision of abortion care;
- **The Department of Health and Human Services must issue guidance** on 1332 waivers aimed at improving access to health benefits and services. The guidance should be designed to encourage states to expand coverage for new populations (such as DACA recipients and undocumented immigrants) and to add benefits, and should affirm that waiver applications that do not comply with the four statutory guardrails of comparable services, affordability, number of people covered, and deficit neutrality will be denied;
- **The administration must use every mechanism** at its disposal to encourage states to extend Medicaid and CHIP coverage to at least 12 months postpartum, including by issuing guidance, while ensuring continued Maintenance of Effort (MOE);
- **As part of a broader overhaul of the immigration detention system**, including closure of all family detention centers and a significant reduction in detention overall, the Department of Homeland Security must issue a directive immediately prohibiting ICE and CBP from detaining any person during pregnancy or postpartum recovery, any medically vulnerable person, or a primary caregiver of a child, and requiring immediate release from detention of any person found to be pregnant or medically vulnerable;
- **The Office of Refugee Resettlement (ORR) must rescind** a 2008 policy that requires heightened ORR involvement in abortions and issue new guidance to ensure that all care facilities provide minors with timely, confidential access to family planning services, including pregnancy tests and comprehensive, non-directive information about and access to reproductive health services, such as abortion and contraception, including emergency contraception.
It must also protect minors' confidentiality and ensure their timely access to courts to seek judicial authorization for abortion, if needed;
- **The Centers for Medicare and Medicaid Services must issue guidance** to state Medicaid programs that federal law does not mandate the use of Explanation of Benefits and initiate a public and private stakeholder effort to develop additional recommendations and guidance to balance the need for consumer protections with the need for confidentiality, especially when it comes to sensitive health services;
- **The Office of the Global AIDS Coordinator must make it clear** that PEPFAR funds can be used to pay for contraceptive commodities to ensure individuals living with and at risk for HIV have access to a full range of voluntary contraception options and to make the promise of integrated HIV and family planning services a reality for countless more adolescent girls and young women;
- **The State Department must champion** sexual and reproductive health and rights (SRHR) in UN meetings and multilateral forums, including by adopting and advancing comprehensive definitions of SRHR and comprehensive sex education, promoting the inclusion of diverse civil society experts in multilateral forums and on official U.S. delegations, ensuring participants from around the world are granted visas to engage in convenings at UN headquarters, the Organization of American States, World Bank and other multilateral institutions located in the U.S., and prioritizing participating and serving on the Executive Board of UN Specialized Agencies related to sexual and reproductive health and rights, including WHO, and encouraging the expansion of their programs and policies globally;

- **The administration must establish** an Interagency Taskforce and issue regulations to encourage the development of a culture of equity, dignity, respect, and empowerment in health care systems, whereby accountability mechanisms are encouraged and implemented across systems to address discriminatory care, disrespect, mistreatment, and abuse of pregnant individuals based on race, age, sex (including gender identity and sexual orientation), ability, immigration status, insurance coverage, perceived socioeconomic status, and other factors;
- **The president must rescind and undo** actions taken pursuant to Executive Order 13798 Promoting Free Speech and Religious Liberty, which set the stage for expanding the use of religion to discriminate against people seeking reproductive health care, including the rules that allow employers to deny birth control coverage to their employees, and the creation of the HHS Conscience and Religious Freedom Division which emboldens discrimination and refusals of care; and
- **The Department of Justice must not investigate, arrest, or prosecute** individuals under the federal criminal code for any act or omission with respect to their own pregnancy, and must end its policies and practices that place people at risk of criminal charges for any act or omission with respect to their own pregnancy. Such acts or omissions include but are not limited to: self-managing or attempting to self-manage an abortion; failing to seek medical help when they miscarry, have a stillbirth, or experience any pregnancy loss, no matter its cause; using substances, whether prescribed, over-the-counter, or criminalized, during pregnancy.

Organizational Sign-Ons*

* 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.

#VOTEPROCHOICE	In Our Own Voice:	Not Without Black Women
Abortion Care Network	National Black Women's Reproductive Justice Agenda	Nurses for Sexual and Reproductive Health
Advocates for Youth	Interfaith Voices for Reproductive Justice	Oklahoma Call for Reproductive Justice
AIDS Alliance for Women, Infants, Children, Youth & Families	International Center for Research on Women (ICRW)	PAI
All-Options	International Women's Health Coalition	People For the American Way
All* Above All	Ipas	Physicians for Reproductive Health
American Atheists	Jacobs Institute of Women's Health	Planned Parenthood Federation of America
American Civil Liberties Union	Jewish Women International	Population Connection Action Fund
American Jewish World Service	JUMUIYA WOMEN FUND	Population Institute
American Medical Student Association	Legal Voice	Positive Women's Network-USA
American Sexual Health Association	March for Moms	Power to Decide
Black Mamas Matter Alliance	Minority Veterans of America	Religious Coalition for Reproductive Choice
Black Women for Wellness	MomsRising	Reproductive Health Access Project
Black Women's Health Imperative	NARAL Pro-Choice America	SIECUS: Sex Ed for Social Change
Catholics for Choice	National Abortion Federation	SisterLove, Inc.
Center for Disability Rights	National Asian Pacific American Women's Forum (NAPAWF)	SisterReach
Center for Reproductive Rights	National Center for Lesbian Rights	SisterSong: National Women of Color Reproductive Justice Collective
CHANGE (Center for Health & Gender Equity)	National Council of Jewish Women	SPARK Reproductive Justice NOW!, Inc.
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)	National Family Planning & Reproductive Health Association	Sustainable Development Solutions Network-KENYA
EMAA Project	National Health Law Program	TEACH
EngenderHealth	National Institute for Reproductive Health	The Womxn Project
Feminist Women's Health Center	National Latina Institute for Reproductive Justice	Union for Reform Judaism
Forward Together Action	National LGBTQ Task Force	URGE: Unite for Reproductive & Gender Equity
Friends of UNFPA	National Network of Abortion Funds	Whole Woman's Health
Gender Justice	National Organization for Women	Whole Woman's Health Alliance
Global Justice Center	National Partnership for Women & Families	Wisconsin Alliance for Women's Health
Guttmacher Institute	National Women's Health Network	Women of Reform Judaism
Healthy and Free Tennessee	National Women's Law Center	Women With A Vision, Inc.
Healthy Teen Network	New Voices for Reproductive Justice	
Human Rights Watch		
Ibis Reproductive Health		
If/When/How: Lawyering for Reproductive Justice		