



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

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October 2023

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## ENDORISING ORGANIZATIONS

Abortion Access Front  
ACCESS REPRODUCTIVE JUSTICE  
ACLU  
Advancing New Standards in Reproductive Health (ANSIRH)  
Advocates for Youth  
AIDS Alabama  
AIDS Alliance for Women, Infants, Children, Youth & Families  
AIDS United  
Alia Alamal Association  
All-Options  
All\* Above All  
American Atheists  
American Humanist Association  
American Jewish World Service  
Amplify Youth Health Collective  
AVAC  
Black Women for Wellness  
Black Women for Wellness Action Project  
California NOW  
Catholics for Choice  
Center for Biological Diversity  
Center for Reproductive Rights  
Church in the Cliff  
Coalition to Expand Contraceptive Access  
Collective Power for Reproductive Justice  
Community Catalyst  
Contraceptive Access Initiative  
Council for Global Equality  
EMAA Project  
EngenderHealth  
Essential Access Health  
Families USA  
Fös Feminista, International Alliance for Sexual and Reproductive Health, Rights and Justice  
FP2030  
Girls Health Ed  
Global Fund for Women  
Guttmacher Institute  
Healthy Teen Network  
Hollywood NOW  
Human Rights Campaign  
Ibis Reproductive Health  
If/When/How: Lawyering for Reproductive Justice  
In Our Own Voice: National Black Women's Reproductive Justice Agenda  
interACT: Advocates for Intersex Youth  
International Center for Research on Women  
Ipas  
Jacobs Institute of Women's Health  
Jane's Due Process  
Lawyering Project  
Michigan Organization on Adolescent Sexual Health  
MomsRising  
National Abortion Federation  
National Asian Pacific American Women's Forum  
National Black Women's HIV/AIDS Network  
National Center for Lesbian Rights  
National Council of Jewish Women  
National Family Planning and Reproductive Health Association  
National Health Law Program  
National Institute for Reproductive Health  
National Latina Institute for Reproductive Justice  
National Network to End Domestic Violence  
National Organization for Women  
National Organization for Women Foundation  
National Partnership for Women & Families  
National Women's Health Network  
National Women's Law Center  
New Voices for Reproductive Justice  
Nicole Clark Consulting, LLC  
North Carolina National Organization for Women  
Our Bodies Ourselves  
PAI  
Physicians for Reproductive Health  
Planned Parenthood Federation of America  
Population Connection Action Fund  
Population Institute  
Positive Women's Network-USA  
Power to Decide  
Religious Coalition for Reproductive Choice  
Reproductive Freedom For All  
Reproductive Health Impact:  
    The Collaborative for Equity & Justice  
Reproductive Justice Resilience Project  
Rhia Ventures  
RHITES (Reproductive Health Initiative for Telehealth Equity & Solutions)  
Secular Coalition for America  
SIECUS: Sex Ed for Social Change  
TEACH (Training in Early Abortion for Comprehensive Healthcare)  
Teen Health Mississippi  
The Feminist Wire  
The Hunger Project  
The Population Council  
The Southwest Women's Law Center  
The TRIAD Trust  
The Womxn Project  
Ubuntu Black Family Wellness Collective  
UCSF Bixby Center for Global Reproductive Health  
Ujima Inc., The National Center on Violence Against Women in the Black Community  
UltraViolet  
Universal Access Project  
Urgent Action Fund for Feminist Activism  
USA for UNFPA  
Washington State Federation of Democratic Women  
We Testify  
Whitman-Walker Institute  
Wisconsin Coalition Against Sexual Assault  
Women Deliver  
Women Lawyers On Guard Action Network, Inc.  
Women's Refugee Commission  
Woodhull Freedom Foundation



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# Our Vision

We declare our unity and rededicate our collective power to protecting and advancing sexual and reproductive health, rights, and justice (SRHRJ) in the United States and around the world.<sup>1</sup> We are committed to building a world where a person has the ability to make their own decisions about their lives and health regardless of who they are, how much money they have, or where they live. A world where every person has the basic human right to quality, affordable health care, free from discrimination and coercion. A world where no individual or community is left behind. There is no universal freedom without gender equality and bodily autonomy. There is no gender equality or bodily autonomy for all without meaningful progress in reproductive justice, freedom, and liberty.

The wrongly decided United States Supreme Court decision to end the constitutional right to abortion was an attack on bodily autonomy and is part of an ongoing global assault on human rights to undermine access to contraception, sex education, gender-affirming care, the rights of women, girls, and LGBTQIA+ people, and more. Simultaneously, we are facing growing crises in maternal health, STI rates, climate, and many more. Our nation and our world cannot continue on this trajectory.

This fight is particularly critical for those harmed most by anti-SRHRJ policies, including women, Black, Indigenous and other people of color communities, LGBTQIA+ people, people living with and affected by HIV, immigrants, religious minorities, young people, people with disabilities, survivors of domestic violence and sexual assault, those living in rural areas, and others. Sexual and reproductive health intersect with every aspect of who we are and what we do. They are inextricably tied to economic justice, anti-racism and racial equity, voting rights, immigrant rights, disability justice, LGBTQIA+ liberation, youth justice, decolonization, environmental and climate justice, democracy

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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

reform, gender equality, survivor justice, education, and the right to community safety, among others. Ensuring every person — no matter who they are and where they live — has access to sexual and reproductive health, rights, and justice is foundational to economic, mental, and physical well-being.

As advocates for gender equity who advance reproductive health, rights, and justice, we know that our reproductive and sexual autonomy are at the core of some of the most important decisions in 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:

- Health care systems that actively address historic and contemporary racism and effects on human health, including sexual and reproductive health;
- Respect for their bodily integrity, privacy, and personal autonomy;
- The ability to freely define their own sexuality;
- The ability to decide whether and when to be sexually active, choose their sexual partners, and have safe and pleasurable sexual experiences;
- The ability to decide whether, when, and whom to marry;
- The ability to decide whether, when, and by what means to have a child or children, and how many children to have;
- The option to easily and equitably access the highest quality health care;
- A healthy and safe environment that supports health, including sexual and reproductive health and a healthy pregnancy and newborn; and
- Access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.

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, immigrant rights, Indigenous people's rights, LGBTQIA+ liberation, young people's rights, survivor rights, and the rights of people with disabilities. Indeed, people most affected by sexual and reproductive health policies are the same people who have fewer resources and means to navigate systemic barriers. While the crises we face cannot be solved by executive action alone, it is critical that the current and future administrations prioritize sexual and reproductive health care and racial and gender justice in all actions and implement policies that will help ensure all people — no matter who they are, how much money they have, or where they are from — obtain and maintain sexual and reproductive autonomy.

## SECTION 1

### The President of the United States and All White House Offices

The president plays a critical role in advancing access to SRH care and education and must use the executive office to direct all agencies to take the actions within their authority to ensure that everyone can get the care and education that they need to lead full lives. That includes reflecting a commitment to advancing comprehensive sex education and increasing access to critical sexual and reproductive health care services. It also includes assuring that federal SRH funds go directly to programs and organizations that offer comprehensive care and accurate health information.



#### The President Must Frame the Narrative around SRHRJ and Combat Stigma and Inflammatory Rhetoric\*

- The president plays a critical role in framing the narrative and helping to shape the landscape around sexual and reproductive health care, rights, and justice and must take all actions available to fully deliver on that role.
- The president must use the platform to de-stigmatize health care, including abortion, gender-affirming care, and birth control. The president must also consistently name the importance of a federal guarantee to ensure every person has access to the care that they need, including abortion and gender-affirming care, no matter who they are or where they live.
- The president must also use the office of the White House to condemn anti-abortion violence and intimidation of health care providers and patients, pregnancy criminalization and violations of privacy, and to combat the inflammatory rhetoric that can lead others to engage in violent activity.

## Advance Racial Equity and Justice and Address the Social Determinants of Health

- The president must expand the scope and mandate of the [Reproductive Healthcare Access Task Force](#) and establish a permanent infrastructure dedicated to promoting SRHRJ policies and programs grounded in human rights and racial equity.
  - Develop a national SRHRJ Strategy, including a framework for integrating sexual and reproductive health equity (SRHE) into federal processes. The goal of this strategy is to remove all barriers to full sexual and reproductive autonomy and promote equitable policy and programmatic solutions across a range of SRHRJ topics. This strategy should put forth actionable principles for the equitable delivery of clinical care, whether in-person or via telehealth, and conduct of research, which all government-funded entities will be responsible for implementing.
  - Lead public engagement activities, including a White House conference on SRHRJ, public listening sessions, and a federal advisory committee. Inclusive processes can lead to broader and more effective dissemination and implementation of the national SRHRJ Strategy and will encourage more accountability on the part of the implementing programs and federal agencies.
    - The president should convene a national conference with federal and state policy experts, cabinet-level officials, nonprofit organizations, and other stakeholders, as well as state attorneys general, to discuss and review strategies to protect and expand SRHRJ.
    - The president must also continue to hold listening sessions—as the Biden-Harris administration has done regularly—with the public and expert stakeholders, including community-based organizations.
    - Lastly, the president must convene a federal advisory committee, or similar entity, to provide access to information and advice, and the public with an opportunity to provide input into a process that may form the basis for policy actions.
- In order to address the high rates of mortality and morbidity related to pregnancy in the U.S., which disproportionately affect Black and Indigenous communities, the president or his or her designee must develop a robust research and outreach initiative at the U.S. Department of Health & Human Services (HHS), in the form of an interagency task force comprised of representatives from the National Institutes of Health, Centers for Disease Control and

Prevention (CDC), Health Resources and Services Administration (HRSA), Office of Climate Change and Health Equity, Environmental Protection Agency, FEMA, and other relevant agencies.

- Recognizing that assisted reproduction is a key component of SRHRJ, the president should issue a directive urging HHS to investigate the undue financial burden of assisted reproduction treatment on individuals in the U.S. (particularly Black, Indigenous and other people of color, those with disabilities, and LGBTQIA+ people) and, subsequently, urge HHS to issue a rule requiring insurance carriers to increase coverage of and decrease cost-sharing for the full spectrum of assisted reproduction treatments.



## Select Federal Judges and Executive Personnel Representative of the Diversity of the United States\*

- The president must appoint federal judges and executive officials of the utmost character and integrity who are committed to equal justice for all and reflect and represent the rich diversity of our country.
  - The president must nominate people from backgrounds underrepresented on the federal judiciary, including but not limited to, race, national origin, sex, gender identity and expression, variations in sex characteristics, family status, sexual orientation, past or current immigration status, disability status, and religion and belief system.
  - The president must prioritize putting forth judicial and executive nominees with a demonstrated commitment to equal justice, civil rights, equal rights, individual liberties, and fundamental rights of equal protection, dignity, and privacy.
  - For all executive-branch positions, the president must nominate individuals 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.
  - The president should name a co-director for the White House Gender Policy Council to expand capacity, ensure robust leadership for the domestic and foreign policy mandate of the council, and to continue the incredible work that the council has done thus far at this critical moment for SRHRJ and gender equity at home and abroad.



## Center the Needs of Young People and Sex Education

- The president must pledge support for young people by prioritizing policies that ensure all young people are provided safe places to learn — respectful of all lived experiences and sex education as a normalized and integrated component of public education. The president must issue a public statement establishing:
  - The importance of sex education to the sexual and reproductive health of young people.
  - The critical role that sex education plays in creating more inclusive and supportive learning environments.
  - That all young people have a right to comprehensive and affirming sex education, as well as sexual and reproductive health services.



### Reverse Harmful Policies that Deny People Full Equality\*

- The president must rescind Executive Order 13535 Patient Protection and Affordable Care Act's (ACA)<sup>2</sup> Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion.<sup>3</sup>
- The president must rescind and undo actions taken pursuant to Executive Order 13798, Promoting Free Speech and Religious Liberty<sup>4</sup>, which set the stage for expanding the use of religion to discriminate against people seeking reproductive health care.

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<sup>2</sup> Patient Protection and Affordable Care Act (ACA) (March 23, 2010). Pub. L. 111-148, 124 Stat. 119-1024.

<sup>3</sup> President Barack Obama (March 24, 2010). Executive Order 13535. Executive Order on Patient Protection and Affordable Care Act's (ACA) Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion.  
<https://obamawhitehouse.archives.gov/the-press-office/executive-order-patient-protection-and-affordable-care-acts-consistency-with-longst>

<sup>4</sup> President Donald Trump (May 24, 2017). Executive Order 13798. Executive Order On Promoting Free Speech and Religious Liberty.  
<https://www.govinfo.gov/content/pkg/DCPD-201700309/pdf/DCPD-201700309.pdf>



## Continue to Affirm the U.S. Commitment to Global SRHRJ\*

- The White House must mark the 30th anniversary of the landmark [International Conference on Population and Development](#) (ICPD) with a high-level event in Washington, D.C. that recommits the U.S. government to the ICPD Program of Action and delivers sexual and reproductive health and rights for all through both rhetoric and action on programs, policy and funding. The event must include representatives of other governments committed to funding and championing comprehensive sexual and reproductive health and rights, as well as UNFPA and civil society representatives.
- The president must launch an initiative to integrate, elevate, and prioritize sexual and reproductive health, rights, and justice across foreign policy priorities and global health, development, and humanitarian programs. This effort must include oversight by the Gender Policy Council and National Security Council to ensure that implementing agencies are operating as expansively as possible within the current legal and policy framework.
- The U.S. must enshrine the below definition of sexual and reproductive health and rights, and negotiate from that position in international fora, as well as support and advance the following [proposed definitions](#) of key terms:
  - Sexual and Reproductive Health and Rights: Sexual and reproductive health is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals to: have their bodily integrity, privacy, and personal autonomy respected; freely define their own sexuality, including sexual orientation and gender identity and expression; 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; 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.

- Gender: the socially constructed set of roles, rights, responsibilities, entitlements, and behaviors associated with perceptions on the basis of sex in societies. The social definitions of what it means to be masculine or feminine, and negative consequences for not adhering to those expectations, vary among cultures, change over time, and often intersect with other factors such as age, socioeconomic class, disability, ethnicity, race, religion, and sexual orientation.
- Gender Expression: a person's behavior, mannerisms, interests, and appearance that are socially associated with gender identity, which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.
- Gender Identity: a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. For transgender people, their birth-assigned sex and their own internal sense of gender identity do not match.
- Comprehensive Sexuality Education: Sexuality education programs for young people in school and out of school which include age-, developmentally, and culturally appropriate, evidence-based, gender-affirming and medically accurate information on a broad set of topics related to sexuality, including human development, reproductive and menstrual health, relationships, personal skills, sexual behaviors, including abstinence, consent, sexual health, sexual pleasure, and relevant socio-cultural norms regarding SRH.
- The U.S. must support outcome documents, policies at international negotiations, and civil society participation for Commission on the Status of Women (CSW), Commission on Population and Development (CPD), World Health Assembly (WHA), Human Rights Council and within the UN and other multilateral bodies and executive boards, which strengthen access to full, evidence-based, sexual and reproductive health and rights
- The U.S. must promote inclusion of civil society experts in multilateral fora, specifically by including diverse, evidence-based participants within the official delegations to international negotiations, like CSW, CPD and WHA.
- The U.S. must ensure participants from around the world are granted visas to engage in convenings at the United Nations (UN) headquarters, the Organization of American States, World Bank and other multilateral institutions located in the U.S. to ensure that negotiators can hear from people from a diversity of backgrounds.
- The U.S. must work with the UN Security Council to protect the sexual and reproductive health and rights of those harmed by conflict, including improved access to comprehensive

sexual and reproductive health services, particularly for survivors of conflict-related sexual and gender-based violence.

- The U.S. must clearly and comprehensively define the parameters of coercion and what activities are prohibited. Reproductive coercion is any behavior that interferes with one's autonomous decision making about their reproductive health outcomes.
- The U.S. must strengthen global health systems and supply chains with the goal of ending contraceptive commodity stockouts and wastage resulting from mismanaged overstocks, and ensuring access to the full range of quality contraceptive methods, including by using diplomacy to encourage Ministries of Health and Finance to co-invest their own resources, alongside U.S. family planning assistance, to develop and implement clear policies and protocols that improve the supply chain and resolve stockouts.
- The U.S. must also encourage other nations to expand civil society engagement and increase budgetary support for sexual and reproductive health, in accordance with commitments to the Sustainable Development Goals and targets to achieve universal health coverage and ensure universal access to sexual and reproductive health care services.
- The U.S. must provide and require training for embassy and mission staff on the cross-cutting impact of SRHR on development, humanitarian, and national security priorities; guidelines and incentives to engage civil society at the Mission and headquarters level; and proactive guidance to diplomats and foreign service officers on priority policy and program areas related to SRHR.



## Advance Proposals To Fully Fund Domestic And Global Programs And Actively Work With Congress To Achieve Meaningful Funding Increases\*

- The president must include adequate funding to truly meet the need for SRHRJ coverage, care, and education domestically and globally. Given the many years of inadequate funding and the multiple public health crises facing the world — including the abortion crisis, sexually transmitted infection (STI) crisis, and maternal health crisis — advancing recommendations for flat funding is not an option. Furthermore, the president and agency heads must work to champion and support the budget request as it advances through the appropriations process and see it approved by Congress and work to end riders that further restrict access to coverage and care.
- End appropriations restrictions that limit access to SRHRJ coverage and care:

- End the Hyde Amendment<sup>5</sup> 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<sup>6</sup> and commit to veto legislation that would expand it or make it permanent;
- Remove the Helms Amendment<sup>7</sup> and commit to veto legislation that extends, reiterates or incorporates the Helms Amendment;
- Modify the Siljander Amendment<sup>8</sup> to only prohibit the use of U.S. funds to lobby against abortion;
- Remove the Kemp-Kasten Amendment<sup>9</sup> 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 Programme of Action;
- Eliminate unnecessary restrictions on the U.S. contribution to UNFPA, including the requirement to segregate the U.S. contribution, none of which may be used in China, and the dollar-for-dollar withholding for any funding UNFPA provides to China;
- Eliminate the Livingston Amendment<sup>10</sup>, which allows organizations that receive certain government grants to refuse to offer the full range of contraception based on their religious objections;
- The president’s budget must reflect a commitment to advancing comprehensive sex education and increasing access to critical sexual and reproductive health care services. That includes significantly increased funding for domestic SRH care and education programs and eliminate flat-funding, including for:
  - Fully funding the Teen Pregnancy Prevention Program and the Division of Adolescent and School Health.
  - Supporting increased funding and a multi-year authorization of the Personal Responsibility Education Program (PREP).
  - Funding to restore navigator funds and marketing funds to promote open enrollment;
  - Increased funding for the Title X Family Planning Program to fully meet the need;
  - Increased funding for the Title V Maternal & Child Health Services Block Grant;

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<sup>5</sup> Hyde Amendment (1976). Pub. L. 94-439, title II, Sec 209, Sept. 30, 1976, 90 Stat. 1434.

<sup>6</sup> Weldon Amendment (2009). Consolidated Appropriations Act, 2009, Pub. L. No. 111-117, 123 Stat 3034.

<sup>7</sup> Helms Amendment (1973). Foreign Assistance Act of 1973. Pub. L. 93-189, 87 Stat. 714.

<sup>8</sup> Siljander Amendment (1982). Section 525 of the Foreign Assistance and Related Programs Appropriations Act, 1982. Pub. L. 97-121, 95 Stat. 1657.

<sup>9</sup> Kemp-Kasten Amendment (1985). Chapter V of Pub. L. 99-88, 99 Stat. 323.

<sup>10</sup> Livingston Amendment (1986). Title II of Section 101(f) of H.J.Res. 738, Pub. L. 99-500, 100 Stat. 1783-217.

- Increased funding for the CDC Safe Motherhood and Infant Health Initiative; and
- Increased funding for the Surveillance for Emerging Threats to Mothers and Babies Initiative.
- Recent budget proposals have fallen far short of the funding levels needed to address the unmet need for family planning and reproductive health services around the world. Bilateral international family planning and reproductive health programs and UNFPA must be fully funded according to the need as [further detailed here](#). In addition, the president’s budget request must include:
  - 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, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and USAID HIV programs;
  - At least double the National Institutes of Health (NIH) and United States Agency for International Development (USAID) funding available for the research and development of contraceptives that are more effective, affordable, and easier to deliver — as well as for the research and development of multipurpose prevention technologies (MPTs), which are products that simultaneously protect against unintended pregnancy, HIV, or other STIs;
  - Significant increased investments in the State Department’s Global Equality Fund and USAID Inclusive Development Hub’s Protection of LGBTQI+ Persons.
- Across domestic and global programs, the administration must increase funding for key populations programming, serving those living with and most at-risk for HIV, including men who have sex with men (MSM), Black women, older people living with HIV, long-term survivors, people who inject drugs, sex workers, transgender, nonbinary, and gender nonconforming persons, and those who are incarcerated. Additionally, there is a need for the meaningful involvement of people with HIV/AIDS (MIPA) to ensure that the communities most affected by HIV are involved in decision-making, at every level of the response, and to develop more inclusive, effective federal HIV policy.

## Champion Meaningful Legislative Advancements

- The president, vice president, and administration officials must work with Congress to enact legislation advancing sexual and reproductive health, rights, and justice domestically and internationally.

- Congress must expand access to high quality, comprehensive health care, including abortion and gender-affirming care, and ensure the health and well-being of people — particularly women of color; women and gender-expansive people with disabilities; LGBTQIA+ and transgender women; immigrants; young women and gender-expansive people; and people with low incomes. Legislation deeply affects people’s lives, and as such, our policies must be comprehensive.
- The administration must ensure that every new health insurance delivery system reform proposal, at a minimum, must advance health equity and include coverage of comprehensive sexual and reproductive health care services, including abortion services, birth control—including condoms and vasectomies—and gender-affirming care with no out-of-pocket costs to beneficiaries.
  - Every new health insurance delivery system reform proposal should provide coverage to everyone, including individuals of all immigration statuses; a robust provider network, including both protections against discrimination and adequate reimbursement rates; access to expanded modalities of care, including in-person and telehealth (asynchronous and synchronous, including audio-only and audio-video) models of service delivery, and patient protections (including nondiscrimination protections, cultural competency standards, and all protections currently available under the Medicaid Act) that ensure coverage actually translates into access.
- The president, vice president, and administration officials must actively champion and push for legislation providing higher access to reproductive health care, as well as increasing funding levels as detailed above to adequately meet the need. The president should oppose and veto any efforts to limit access to reproductive health care or roll back existing protections, funding, or rights.
- The administration must ensure that any bills advancing LGBTQIA+ rights, civil rights, and access to health care are free of religious exemptions or other language enabling refusals of care.
- [A running list of legislation to advance sexual and reproductive health, rights and justice can be found here.](#)

## SECTION 2

### Agencies Across the Administration Should Work Together to Advance These Key SRHRJ Priorities

Federal agencies play a key role in advancing and expanding access to sexual and reproductive health care, rights, justice, and education domestically and around the globe and must work together to ensure that people’s needs are met and that they are able to lead full and complete lives.

#### Advance SRHRJ through Domestic and Global Health Programs

- All agencies that administer global health programs and U.S. Missions must provide clear, ongoing, and proactive communication to all past, current, and potential partners that the global gag rule is no longer in place and ensure that all relevant training, compliance, contracts, requests for proposals, and related materials are up to date and reflect U.S. support for sexual and reproductive health and rights.
  - There should be an interagency effort to proactively reach out to organizations previously affected by the global gag rule to make sure they know U.S. policy has changed, have the opportunity to provide feedback about the gaps and harm created by the global gag rule to inform future funding and programmatic decisions, and ensure that they are aware of future opportunities to collaborate with the U.S. government, including by applying for U.S. global health funding. Agencies should also ensure RFP requirements do not unintentionally disadvantage organizations previously blocked from partnering with the U.S. government because of the global gag rule.
- All departments and agencies must work with key stakeholders to release, report on, and update their implementation plans to deliver on the vision provided in the [National Strategy on Gender Equity and Equality](#) (National Strategy).
  - These implementation plans must reflect contributions towards all ten strategic priorities, including to “Protect, Improve, and Expand Access to Health Care, including Sexual and Reproductive Health Care” and reflect the commitment to an intersectional approach. They must include concrete plans to consult with and solicit feedback from civil society with expertise in each area and partner with civil society to



engage communities that are directly impacted, including youth. These plans must report the priority goals of each agency, the outcomes of these goals, and the budgetary, staffing, and activities to execute these goals as specified in the National Strategy.

- In addition, these updates should report on how agencies are mainstreaming an intersectional, gender equity approach into initiatives that do not primarily focus on closing gender equity gaps. These updates should also discuss agencies' efforts to train staff and managers on gender and racial equity and discuss long-term efforts to embed gender and racial equity within an agency's infrastructure and its operations.
- Senior officials from across the administration must prioritize visiting U.S.-funded family planning and reproductive health programs and meeting with sexual and reproductive health and rights providers, advocates, and multilateral agencies when they travel overseas.
- The White House and all agencies that administer global health programs or engage in global health diplomacy must affirm U.S. support for the decriminalization of abortion — including self-managed abortion — around the world and ensure that this stance is reflected in relevant policies, reports, and guidance.
- The administration must monitor, regulate and enforce laws that cause SRH harm due to environmental toxicity, climate change, pollution, fossil fuel extraction and other environmental damage.
  - All rules, regulations, and protections preceding the Trump administration related to regulating and monitoring toxins and creating a cleaner and safer environment must be reinstated.
  - The federal government must ensure clean and safe drinking water void of all toxic substances is available for all communities.
  - The administration must create an interagency task force that includes the Environmental Protection Agency, HHS Office of Climate Change, Health Equity, the White House Gender Policy Council, FEMA, etc. to work collaboratively on these issues, including to identify the gendered impacts of extreme weather events due to climate change and the difficulty in accessing SRH health care during these crises.
- The administration must take steps to foster a diverse and robust SRH workforce that is knowledgeable and empowered to provide person-centered care to all, supported by equitable policies, programs, and systems committed to both worker and patient well-being, including:
  - expanding HRSA-administered loan repayment programs to employees of any federally-funded health center (e.g., Title X, Title V);

- implementing and assessing the impact of financial incentive programs on workforce preparation outside of the traditional academic system (e.g., reimbursing training and certification costs for community health workers and doulas);
- addressing restrictions barring formerly incarcerated populations from applying for positions or holding particular licenses in the SRH workforce. These restrictions are among the collateral consequences of the disproportionate impact of mass incarceration on Black and Brown communities in the U.S. and ultimately create a less diverse SRH workforce;
- sharing best practices and replicate and amplify effective policy models for increasing scope, role, and reimbursement of allied health professionals (e.g., models for peer support specialists in substance use disorder services);
- continuing to improve the breadth and quality of contraceptive care available in Federally Qualified Health Centers, particularly for those outside of Title X
- Implement and test interventions to support healthcare worker well-being (e.g., interventions to improve compensation);
- updating federal SRH guidelines to expand knowledge and access to evidence-based care, including investing resources for dissemination and implementation of guidelines across broad groups of providers and care settings, studying the impact of the guidelines on patient outcomes, and developing strategies to support providers with implementation. The administration must foster systems change and accountability by linking funding to guidelines implementation and through incentive services that incorporate current, evidence-based recommendations; and
- supporting widespread use of SRH-related performance measures, in tandem, across federal systems. Federal agencies must continue their stewardship of SRH performance measures and ensure that they are implemented by all programs that support publicly funded SRH care. The administration should convene a multidisciplinary working group, including electronic health record (EHR) vendors and health care providers, to develop parameters for EHR systems to aid in the adoption and utilization of the measures.
- Federal agencies must take action to produce comprehensive data that is disaggregated by sex assigned at birth, gender identity, variations in sex characteristics, sexual orientation, race, ethnicity, disability status, national origin, age, income, and geographic location.
  - The administration should expand the current age of disaggregated data collection and tracking of financial and programmatic investments in programs and initiatives supporting young people across foreign assistance.

- The Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), in coordination with other federal agencies, must issue federal regulations permanently permitting telehealth-based prescribing for non-narcotic schedule III-V substances, including testosterone, without an in-person evaluation requirement.

- **Federal agencies should finalize all proposed rules that protect and expand access to health care and coverage, including abortion, birth control, and gender-affirming care, and those that regulate coverage for specific populations, including immigrants, Black, Indigenous, and people of color communities, young people, people with low incomes, and people with disabilities.\***

## Expand Access to Contraception

- The administration must increase access to contraception over-the-counter (OTC) by eliminating the unnecessary prescription barrier and requiring insurance plans to cover the cost with no out-of-pocket cost, consistent with the ACA.
  - Maximize availability of OTC contraceptive products coverage without a prescription and without out-of-pocket costs under Medicaid, Children’s Health Insurance Program (CHIP), Federal Employee Health Benefit (FEHB) Program, the Military Health Service (TRICARE), Veterans Administration (VA), Indian Health Service (IHS) and Medicare. Because health coverage in the United States falls under a wide array of regulatory regimes, multiple federal agencies will need to exercise their respective authorities to ensure that people under various plans and programs have coverage for and easy access to OTC contraceptives. Specifically, agencies may need to take one or more discrete steps to:
    - cover a newly approved OTC oral contraceptive (for example, adding it to a coverage requirement and/or a formulary);
    - eliminate any otherwise-required cost-sharing for OTC contraceptives, including OTC oral contraceptives;
    - eliminate any prescription requirement for OTC contraceptives, including OTC oral contraceptives;

- work with stakeholders such as providers, pharmacy chains, retail outlets and health systems and plans to make OTC coverage and access work as smoothly as possible at pharmacies, retail outlets, and via mail order;
  - provide notice and ongoing communications to beneficiaries, providers, and other stakeholders about any changes to coverage; and
  - explore innovative implementation strategies, working with stakeholders such as community organizations, providers, pharmacy chains, retail outlets and health systems and plans, including supporting education and training.
- All agencies that directly control or regulate access to contraception must ensure that all people who want contraception can access the contraceptive product, method, and/or service that works best for them — when, how, and where they want it, free of barriers and bias.

Contraception is a normal part of routine health care, and there is a need for a uniform minimum standard available to all regardless of location, source of care, or coverage status.

Actions should include the following:

- Improve existing systems to help ensure all people have access to the contraceptive care they need.
  - Eliminate gaps in the application of ACA contraceptive coverage to plans not currently impacted by the ACA (e.g., grandfathered plans, non-ABP Medicaid).
  - Improve enrollment in commercial and public insurance that covers contraceptive care.
  - Increase funding to federal programs that provide contraceptive care benefits or contraceptive services and supplies.
  - Address both coverage and access (e.g., Medicaid offers robust coverage of services, but reimbursement is inadequate, leading to troubles with the provider network, quality of care, etc. that can result in barriers to access).
  - Continue the process to evaluate and quickly finalize the federal sterilization consent policy and form based on evidence and stakeholder input, including identifying and creating monitoring and evaluation mechanisms to ensure informed consent for individuals seeking permanent contraception.
- Equalize coverage and benefits across payers, settings, and encounters.
  - Eliminate inconsistencies in the coverage and provision of no-cost contraceptive care.
  - Raise standard of coverage and benefits across federal programs.

- Amend federal policies/requirements to ensure patients can access no-cost contraceptive care through all delivery methods (provider of their choice, pharmacy, telehealth, mail, apps, etc.).
    - Improve/encourage on-site and/or same-day method availability.
  - Ensure all people can access all forms of contraception.
    - Require and facilitate coverage of and payment for over-the-counter contraceptive methods without the barrier of a prescription.
    - Include coverage of and payment for methods for all people.
    - End utilization control measures in all commercial and public coverage.
    - Provide access to/cover patient-centered counseling on all methods and from all qualified providers.
    - Provide access to/cover all services needed to ensure fully informed patient-centered decision making and ability to change or discontinue methods when desired (e.g., supported decision making for disabled communities).
    - End all medically unnecessary in-person requirements that serve as barriers to care delivery.
  - Reduce inequities, inconsistencies, and biases that act as barriers to people accessing the contraceptive care they want and need.
    - Measure and take actions to reduce disparities between states, and those based on social determinants of health.
    - Ensure people with and without insurance receive the same standard of care.
    - Eliminate religious and moral exemptions for contraceptive care in coverage and federal programs.
    - Ensure consistency for people shifting from one program/coverage source to another.
- The relevant agencies must finalize the proposed rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act to ensure that as many people as possible have access to affordable contraceptives under the ACA.
- The relevant agencies must also issue guidance and take immediate enforcement action to bring the insurance industry into compliance with the ACA contraceptive coverage requirement.
  - The departments should require coverage in plan formularies of each therapeutically unique contraceptive.
  - The required cost-sharing exceptions process will still be needed for patients where one formulation is medically necessary over the covered formulation (e.g., an adverse

reaction to an inactive ingredient), even with a requirement to cover each therapeutically unique contraceptive. The departments should ensure that all plans have a process in place that complies with existing guidance.

- The departments should also take this opportunity to clarify that over-the-counter (OTC) contraceptives are required to be covered by the ACA without the requirement of a prescription.
- The departments must vigilantly oversee and enforce every aspect of the contraceptive coverage requirement, including health plan compliance, the accommodation, and (if included in a final rule) the proposed Individual Contraceptive Arrangement (ICA).
- The Departments should take on a match-making role between issuers and entities that want to make use of the accommodation and between issuers and providers in the ICA.

## Protect People's Privacy and Combat Misinformation

- The administration must assure that the Department of Justice and the HHS Office for Civil Rights coordinate implementation of the new HIPAA privacy rule protections regarding reproductive health data.
- Agencies, including the Federal Trade Commission (FTC) and Federal Communications Commission (FCC), must take steps to increase the privacy and safety of consumers' health and health-related information, as well as taking actions to address the spread of misinformation. This includes regulating technology companies that collect, store, sell, and otherwise use such data in ways that make it vulnerable to being used in law enforcement proceedings against people for seeking or providing health care.
- The administration must address mis- and disinformation related to SRH among providers, patients, social media influencers, and the broader public.
  - Expand the content of [ReproductiveRights.gov](https://www.reproductive-rights.gov) to include additional information on key points of misinformation, including definitions of abortion, emergency contraception, sterilization/permanent contraception, fertility based awareness methods and contraception, and information about how people can access care. This should include:
    - additional facts surrounding the safety and efficacy of medication abortion, including medication abortion via telehealth;
    - links to resources that explain or demonstrate how medication abortion works;
    - up-to-date information or links on the legality of using medication abortion;

- resources on how and where to access medication abortion;
  - links to resources on legal protections and rights for patients, such as those under HIPAA, in instances of self-managed abortion care; and
  - an explanation of how people can obtain private resources to cover the cost of the abortion and the steps to obtaining the care, including links to the National Network of Abortion Funds and the National Abortion Federation Hotline.
- The federal government must combat the chilling effect that continues due to fears of public charge. In 2022, the Protecting Immigrant Families coalition found that only [22% of immigrant families](#) knew that the Biden administration reversed the public charge rule — and community partners continue to report fears around enrolling in support programs.
  - Immigration and benefits administering agencies should invest in a broad, government-wide outreach and engagement campaign to encourage families to utilize the benefits they are eligible for, including communications in multiple languages, and training for state and local agencies, immigration lawyers, and community based organizations.

## Strongly Enforce Nondiscrimination Laws and Restrict Refusals of Care

- All relevant agencies must use the power of the federal government to robustly enforce Section 1557 of the ACA<sup>11</sup> (Section 1557) to protect against sex discrimination based on pregnancy or related medical conditions, such as pregnancy outcomes and termination of pregnancy. That includes ensuring that patients and providers understand that Section 1557 protects against discrimination, such as refusals of care or sharing information about the patient that violates their privacy and risks their safety, as well as how they can enforce their rights.
  - The 20+ agencies administering Section 1557- and Title IX-covered programs, in coordination with the Department of Justice Civil Rights Division (DOJ/CRT), and ED and HHS, should issue rulemaking to adopt cross-government a Common Rule to implement Section 1557 of the ACA, and update the 2000 Title IX Common Rule. These rules must clarify the scope of programs covered by the statutes, their enforcement procedures, and codify interpretations that both statutes prohibit discrimination on the basis of sex (including sex stereotypes, sexual orientation,

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<sup>11</sup> Section 1557 of the Affordable Care Act (March 23, 2010). 42 U.S.C. §18116, Pub. L. 111–148, title I, § 1557, Mar. 23, 2010, 124 Stat. 260.

gender identity, sex characteristics, and pregnancy and related medical conditions, including abortion).

- Relevant agencies — including the Centers for Medicare and Medicare Services (CMS); Defense Health Agency (DHA); Office of Personnel Management (OPM); Health Resources & Services Administration (HRSA); and Indian Health Service (IHS) — must end federal funding for non-medically necessary early genital and sterilizing surgeries on intersex infants and children on the basis of proxy consent.
  - Federal health programs must issue guidance providing that they will only cover, provide, or refer for gonadectomies or other surgeries to change the sex characteristics of infants or young children born with intersex variations when there is documentation of (1) medical need based on an immediate physical health risk, or (2) informed assent or consent by the individual patient.
- The administration must develop a written policy outlining the right of incarcerated individuals to pregnancy testing, prenatal care, abortion care, resources for child care, kinship care, and adoption, labor and delivery, postpartum care and recovery, hygiene products, breastfeeding accommodations, and support for parenting.
- The administration must ensure that all new guidance and rules are free of religious exemptions or other language enabling refusals of care and must vigorously oppose any efforts to write religious or moral exemptions into law, regulations, or guidance related to taxpayer funded programs that provide health care and social services
- The administration must extend existing program-specific nondiscrimination protections for race, color, national origin, sex (including gender identity, sexual orientation, sex characteristics, and pregnancy and related conditions), age, disability, genetic information, marital and parental status, political affiliation, and veteran status to all federally-funded programs, to the greatest extent that legal authority supports.

## Restore Scientific Integrity and Advance Health Equity

- The administration must continue to restore scientific integrity and transparency to positively support activities that affect sexual and reproductive health.
  - The Biden administration has advanced work on scientific integrity policies that will provide options for recourse when abuses of scientific integrity occur. Such abuses occurred in the past and included ceasing Teen Pregnancy Prevention Program research, halting research involving fetal tissue, and ignoring evidence about the likely harmful impacts of the Title X gag rule.



- Policies must be finalized with strong enforcement mechanisms and the White House Office of Science and Technology Policy (OSTP) framework following President Biden’s Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking must be strengthened with additional elements, including transparent and explicit procedures for investigating allegations and enforceable rules with penalties that hold all scientific integrity violators accountable. Agencies must develop strong investigation and enforcement mechanisms as they revise their own policies.
- Collect Data to Advance Equity
  - National and state-level government surveys must collect data about the sexual and reproductive health of all communities while soliciting specific data on race, ethnicity, age, income level, geographic location, sexual orientation, sex assigned at birth, variations in sex characteristics, and gender identity, so that data may be disaggregated for Asian and Pacific Islander American (AAPI) communities, for young people, and for LGBTQIA+ people. In addition, data collection and methods that disaggregate populations by characteristics, such as country or region of origin, length of time or period of arrival, and other proxies, such as languages spoken at home may be able to reflect the complexity of factors that influence the lives of Black, Indigenous, Latina/x, and other people of color im/migrants.
  - Data on literacy and health literacy must also be collected and used to ensure future research and surveys can be understood by all populations.
  - Data must be used to identify disparities and evaluate the success of interventions to advance equity.
- Agencies must ensure that their data collection tools use multi-step identification questions. The federal government when seeking to develop data collection tools must engage trusted community partners in research design who understand that data collection can threaten the safety of patients, providers, and community members. Research methods should limit what data is collected and/or accessed to only absolutely necessary information and should ensure that any data collected is completely anonymized. Any research efforts must maintain confidentiality and privacy and ensure that data is not shared with law or immigration enforcement agencies.
- Agencies must conduct and share research into endocrine disrupting chemicals (EDCs) that interfere with the function and health of reproductive organs. In particular, phthalates are used in toys, flooring, detergents, food packaging, pharmaceuticals, blood bags and tubing, and personal-care products like nail polish, aftershave lotions and items with perfumes. PFAS is also

in a wide range of products that are stick-proof, waterproof and stain resistant, such as food packaging, Teflon pans, firefighting foam, textiles, medical equipment, and personal-care products like dental floss, mascara and foundation. EDCs are particularly harmful to pregnant people and their fetuses, as these toxic chemicals travel through the placenta and expose the fetuses in utero. Environmental harm, including EDC's, pollution and extreme weather events caused by climate change, can cause challenging birth and pregnancy outcomes, including the need for assisted reproduction, low sperm counts, interruptions in menstrual cycles, high-risk pregnancies, early pregnancy loss, birth defects, preterm birth, and low birth weight.

## SECTION 3

### The United States Department of Health & Human Services (HHS)

As the agency whose mission is to “enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services” the U.S. Department of Health and Human Services plays a critical role in advancing access to health care — including sexual and reproductive health care — and sexual and reproductive health equity for all people.

Given the multiple health crises facing people in this country, including crises related to abortion, maternal health, and STIs, the agency plays a critical role in creating a health care system that better serves people across the country, particularly those who have historically been discriminated against and underserved by our health care system, including Black, Indigenous, and other people of color, immigrants, people with disabilities, LGBTQIA+ people, and young people. Through President Biden’s Executive Orders 13985<sup>12</sup>, 14075<sup>13</sup>, 14076<sup>14</sup>, 14079<sup>15</sup> and 14101<sup>16</sup>, HHS has a mandate to

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<sup>12</sup> President Joseph Biden (January 20, 2021). Executive Order 13985. Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

<sup>13</sup> President Joseph Biden (June 15, 2022). Executive Order 14075. Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals. <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/06/15/executive-order-on-advancing-equality-for-lesbian-gay-bisexual-transgender-queer-and-intersex-individuals/>

<sup>14</sup> President Joseph Biden (July 8, 2022). Executive Order 14076. Executive Order On Protecting Access to Reproductive Healthcare Services. <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/07/08/executive-order-on-protecting-access-to-reproductive-healthcare-services/>

<sup>15</sup> President Joseph Biden (August 3, 2022). Executive Order 14079. Executive Order On Securing Access to Reproductive and Other Healthcare Services. <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/08/03/executive-order-on-securing-access-to-reproductive-and-other-healthcare-services/>

<sup>16</sup> President Joseph Biden (June 23, 2023). Executive Order 14101. Executive Order On Strengthening Access to Affordable, High-Quality Contraception and Family Planning Service. <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/06/23/executive-order-on-strengthening-access-to-affordable-high-quality-contraception-and-family-planning-services/>

advance health equity, gender equity, and access to sexual and reproductive health care. These are some of the ways that it can fulfill that mandate.

## HHS Must Advance Health Equity and Integrate the Social Determinants of Health Across Initiatives

- While implementing the directives of President Biden’s Executive Order on [Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), HHS must set the way forward through an [Equity Action Plan](#) that integrates the social determinants of health.
  - The administration must improve the integration of social determinants of health within efforts to transform the health care system and invest more resources in the public health and social services sectors.
    - The administration must take action to make achieving health equity an explicit goal for new models of care delivery and payment, including increased access to telehealth care and a focus on values-based payment.
    - The administration must support transformation efforts that are grounded in the needs of communities of color and must seek to provide care that is equitable, trauma-informed, reflects the health care needs of all women of color, and fully integrates reproductive health care.
    - The administration must fully implement and build upon existing multi-sectoral policies and programs to advance the health and rights of adolescents and youth.
- In accordance with stipulations set forth in President Biden’s Executive Order on [Strengthening Access to Affordable, High-Quality Contraception and Family Planning Service](#), HHS must expand and advance access to affordable contraception and other preventive care, including through the Title X Family Planning program, as well as public health insurance programs and private health plans.
  - If the 6th Circuit Court ruling strikes down part or all of the 2021 Title X rule, HHS must respond immediately with new rulemaking that works within the confines of the circuit court ruling while minimizing burdens on providers and patients.

## HHS Must Expand Access to Accurate Information and Combat Misinformation

- In carrying out a key provision of President Biden’s [Executive Order on Protecting Access to Reproductive Health Services](#), HHS must build on its public education and outreach efforts to combat widespread misinformation regarding medication abortion. The administration must create or support the public availability of materials that includes medically accurate information about how self-managed abortion with pills works, what the common side effects are, and under what conditions a person may need to seek medical help following a medication abortion or miscarriage.
- HHS must create or support materials geared toward health care providers, first responders, and social workers that make clear that mandatory reporting laws do not apply to people who self-manage their abortions and emphasize a harm reduction approach to treating patients in a supportive, non-stigmatizing manner.

## HHS Must Robustly Enforce and Expand Obligations to Provide SRH Care and Protect Patients & Providers

- As directed by President Biden in his [Executive Order on Securing Access to Reproductive and Other Healthcare Services](#), HHS must continue to protect reproductive health access and affordability and ensure providers are not withholding care for any reason.
  - CMS and the Office of Population Affairs (OPA) should clarify that federal funding restrictions on sterilization of minors apply generally to elective sterilizing procedures. Longstanding CMS and Public Health Service regulations prohibit federal funding of sterilizations of minors, and require specific informed consent procedures for sterilizations in adults. A lack of federal guidance has led to inconsistent interpretation and compliance, including with respect to early gonadectomies in infants and children born with intersex variations.
    - OPA and CMS must immediately issue guidance to family planning clinics and other PHS-funded providers and state Medicaid programs and should consult with stakeholders on reviewing and potentially updating the underlying regulations (42 CFR §§ 50.201 et seq., 441.250 et seq.)
  - The administration must ensure that program participants’ access to the full range of information, services and referrals never depends on the religious or moral objections of the organization contracting with the government.

- As part of President Biden’s [National HIV/AIDS Strategy for the United States \(2022–2025\)](#), the HHS must require ending the HIV Epidemic (EHE) jurisdiction plans to include clear commitments to support state efforts to reform or repeal HIV criminalization laws; and to engage with people living with HIV who have experienced incarceration to address the residual impacts of criminalization, including access to adequate treatment and care.
- As directed by President Biden in two Executive Orders, on [Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#) and on [Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), HHS must ensure that all federal grantees follow the latest science and evidence and do not discriminate based on sex (including sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy and related conditions), race, immigration status, age, or other factors.
- While implementing the directives outlined in President Biden’s Executive Order [on Protecting Access to Reproductive Health Services](#) to strengthen health information privacy on reproductive health data, HHS must protect patients and providers from undue harassment and criminalization by:
  - HHS/ONC must issue a rule protecting certain reproductive health care data from being automatically shared via interoperability of medical records.
  - HHS must continue to act to advance nondiscriminatory health care for all, and minimize the potential for criminal or immigration consequences stemming from people’s decisions to access abortion or other health care, including by strengthening privacy protections.
  - The administration must protect confidential access to health care, particularly to sensitive health services for vulnerable populations, such as young people and survivors of intimate partner violence.
  - The administration must develop policies to ensure that hospitals and other health facilities do not refuse appropriate reproductive health care services, information, and referrals, regardless of their religious affiliation, including strong guidance, oversight, and enforcement from CMS to ensure that facilities comply.
  - The administration must assure that federal SRH funds go directly to fund programs and organizations that provide the full range of sexual and reproductive health services including contraceptive methods, pregnancy testing, nondirective options counseling and referral to whichever option is chosen by the patient, STI testing and treatment, cancer screenings, and other preventive health care

- HHS must encourage and pursue policies that support evidence-based protocols and implement programs that will improve access to medication abortion, including ensuring continuity of care, removal of medically unnecessary in-person requirements, education on digital literacy, and taking steps to ensure continued access to medication abortion.
- HHS must proactively work with the World Health Organization’s (WHO) Expert Committee on the Selection and Use of Essential Medicines to remove the disclaimer notes attached to the combination use of mifepristone and misoprostol on the WHO’s List of Essential Medicines.

## HHS Must Advance Technological Innovation While Centering Equity

- As directed by President Biden in three Executive Orders, on [Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#), on [Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#) and on [Protecting Access to Reproductive Health Services](#), HHS must make every effort to ensure that individuals are able to access health care via advancements in technology, with telehealth models of care, education on digital and health literacy, and supports for providers to provide services in a culturally and linguistically appropriate manner.
- HHS must develop a digital communication resource tool, which should be regularly updated, for providers and health care professionals, providing guidance on mitigation and adaptation best practices for environmental and climate change factors such as pollution, chemicals, and extreme heat related to SRH to all patients.
- HHS must lead the way in innovation and technology while centering equity to ensure that the latest innovations and technologies are available to all communities, including via telehealth.
- HHS must lead the way in working across sectors to develop and implement an actionable health technologies innovation plan, to include recommendations for:
  - novel health care delivery platforms;
  - expansion of broadband access;
  - clinical record-keeping systems, including novel pathways to improve patient access control, and use of their own clinical records and other health information, which would be available in multiple languages;
  - connecting bench, clinical, and behavioral research to policy and practice;
  - expanding quality improvement efforts that focus on patient-centered decision-making — especially for those who have limited or no access to care; and

- increasing access to high-quality sexual and reproductive health care by reducing technological and information barriers.
- HHS must create cross-sector incentives to foster innovation in health database and clinical records systems; SRH service delivery methods to relieve workforce fatigue, including novel virtual and telehealth platforms and evidence-based selfcare technologies.
- New technologies in contraception and HIV/STI prevention, such as the emerging field of multipurpose prevention methods currently in early development, particularly those under the control of the receptive partner. A topic currently being discussed with the administration is Molecular HIV Surveillance (MHS) which surrounds data-informed HIV disease surveillance technologies as a method of prevention, it is a structural need for the health and safety of people living with HIV, vulnerable to HIV, and people receiving HIV care to address how people's data is handled and create transparency. Recommended forms under this matter include:
  - strengthening community oversight and accountability;
  - reducing the variation in data protections and security standards across state jurisdictions;
  - shielding public health data from criminal, civil, and immigration legal matters;
  - addressing issues of informed consent for participation in MHS;
  - reporting responsibly on cluster investigations; and
  - addressing specific risks of MHS and injection drug use issues.
- HHS must encourage development of innovative technologies and web-based platforms that work toward free and open access to scientifically based and medically accurate sexual and reproductive health-related databases, tools, and resources.

## HHS Must Advance High Scientific Research & Data Standards

HHS must advance the highest scientific standards, including through research and data collection and combat mis- and disinformation in medical science. The administration must conduct comprehensive, non-partisan research into the barriers to access that individuals and communities face.

- HHS must conduct research on the experiences of LGBTQIA+ people seeking and/or receiving sexual and reproductive health care.
- HHS must conduct research on gynecological care generally and the racial disparities in access and care, specifically as it relates to the experiences of Black women. For instance, Black women experience more barriers to accessing fibroid treatment, and when they do access care, they end



up with more invasive treatment options than white women (even when controlling for other relevant factors).

- HHS must develop a robust research and outreach initiative on U.S. maternal mortality, which disproportionately impacts Black and Indigenous women, in the form of an interagency task force and prioritize funding research to improve maternal health and pregnancy outcomes, ensuring healthy lives for all.
  - HHS must support the development and evaluation of a range of methods for eliminating racial disparities in maternal health outcomes, from efforts to eliminate bias in provider care and systems of care delivery to initiatives addressing social determinants of health and maternity care deserts.
  - HHS must support greater investment in maternal health outcome data and more research about the effects of most medications and therapeutics on pregnancy.
- The National Institutes of Health, the National Science Foundation, and Centers for Disease Control and Prevention must support development of — and research using — new measures of abortion access and use
  - Traditional definitions of abortion access and use have failed to account for all relevant barriers and avenues of access (e.g., self-managed abortion and telehealth), and collecting data has become far more challenging as states enact post-*Dobbs* abortion bans. As [Weitz and O’Donnell recommend](#), federal research funders should support consensus meetings and conceptual model development work that brings together abortion researchers and methodologists, as well as large-scale clinical trials, national survey modifications, and implementation of newly developed measures at the national level.
  - Federal agencies must fund research into abortion use and access, with an emphasis on identifying populations in need of abortion access and developing and evaluating interventions to assist them.

## ➔ HHS Centers for Medicare & Medicaid Services (CMS)

Within HHS, the Centers for Medicare and Medicaid Services (CMS) plays a critical role in ensuring health coverage for as many people as possible, particularly people with low incomes who get health coverage through Medicaid and CHIP. CMS must improve and expand Medicaid and other health plan coverage to ensure greater access to sexual and reproductive health care, including abortion and gender affirming care.

## CMS Must Expand and Protect SRH Service Coverage

- CMS must ensure that people with Hyde-eligible abortions have access to abortion covered by Medicaid in their own communities in person and in the telehealth modality of their choice. CMS must strictly monitor and enforce federal abortion coverage requirements in Medicaid.
  - CMS must write these requirements into the terms and conditions of awards (e.g. cooperative agreements, grants) to states, pursue corrective action for states that continue to violate these requirements, and terminate the awards if violations are not corrected.
- CMS must enforce the Medicaid Act's additional coverage requirements for sexual and reproductive health services, such as family planning services and supplies, even in states that do not cover abortions for Medicaid beneficiaries.
- CMS must work to expand coverage of pregnancy-related services.
  - There is no current Essential Health Benefit (EHB) definition or minimum standard for maternity care. There should be. Deficiencies in this EHB category have a tremendous impact on women and gender-expansive people, as well as future generations. This should include care consistent with the joint Guidelines for Perinatal Care from the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, including oral health services; midwife services; full spectrum doula care; and freestanding birth centers.
  - Medicaid, Marketplace, and private insurance plans must be required to pay certified nurse midwives licensed in the jurisdiction at 100% of the physician payment for providing the same service.
  - CMS must issue a rule requiring all public and private plans cover all of the three main types of breast pumps that fully meet individual's needs, including manual, battery-powered, and electric, as well as single and double pumps, for all individuals if requested.
  - CMS must promote Medicaid coverage of doula support and provide guidance to the states on how best to set up an efficient and effective Medicaid coverage program for doula care. Doulas must explicitly be included in managed care plans.
- CMS must issue guidance on Medicaid coverage of assisted reproduction with specific consideration of the reproductive experiences of LGBTQIA+ people, people with disabilities (e.g., sickle cell disease), and other underserved populations.
- CMS must require all insurance plans to cover the full spectrum of gender-affirming care, including puberty blockers and fertility preservation treatments.

- CMS must issue guidance clarifying that state Medicaid programs must cover gender-affirming care including puberty suppressing treatment, hormone therapy, and the full range of procedures to treat gender dysphoria when medically necessary.
- CMS must also clarify that Medicaid programs and providers may not limit the availability of certain services based on someone’s gender marker (*e.g.*, pregnancy-related services must be available to beneficiaries with male gender markers when medically necessary).
- CMS must require in rulemaking or guidance that Medicaid agencies or plans designate providers that can provide gender-affirming surgeries in their provider network. It must require in rulemaking or guidance that Medicaid programs and plans provide LGBTQIA+ cultural competency training to their own customer service staff, and require plan providers (and frontline workers) to receive LGBTQIA+ cultural competency training. CMS must also work to eliminate systemic barriers to accessing gender-affirming care for dual eligibles.
- CMS must seek to equalize contraceptive coverage for all enrollees across Medicaid by affirming that all enrollees should have access to all FDA-approved, -granted, or -cleared contraceptives, without cost-sharing, without utilization controls that limit free choice of contraceptive method, and without limiting modality of care delivery (i.e. - in person, via telehealth, or hybrid models of care).
  - CMS “recommends that states cover all FDA-identified contraceptive methods for beneficiaries, including both prescription and non-prescription methods” for individuals not enrolled in an ABP, which includes the “traditional” Medicaid population and those enrolled in Medicaid managed care plans, family planning expansion programs, and Children’s Health Insurance Program Medicaid expansions. CMS must issue further guidance to ensure Medicaid beneficiaries can access all methods of contraception.
- CMS must issue guidance clarifying that FDA-approved, FDA-granted, or FDA-cleared contraceptives (including EC and IUDs) do not end pregnancies, despite misinformation that mischaracterizes them as doing so.
  - Medicaid regulations already make it clear that the Hyde Amendment does not apply to “drugs or devices to prevent implantation of the fertilized ovum.” CMS must build on this rule and more clearly explain (drawing as needed from the expertise of the FDA, CDC, NIH and other expert bodies) that no FDA-approved, -granted, or -cleared contraceptive works after implantation and that therefore none of them end a pregnancy or could be legally or scientifically categorized as an abortifacient.

- CMS must make clear that OTC contraceptive products are covered without a prescription and without out-of-pocket costs under the ACA contraception benefit. Tens of millions of U.S. residents must pay for OTC contraception because health insurance plans typically require a prescription even for products that are sold OTC. New guidance is necessary to explicitly state health plans’ obligation to cover OTC contraceptive products without cost-sharing and without a prescription.
- CMS must issue guidance to improve confidentiality protections under Medicaid and to clarify long-standing Medicaid protections:
  - Clarify that all enrollees (including both fee-for-service and managed care enrollees) — regardless of the enrollee’s age and without limitation based on circumstance (e.g., requiring that the enrollee has experienced intimate partner violence) — must have the ability to redirect communications to an alternate physical or electronic address; “reasonable requests” do not require proof of harm or any other documentation on the part of the enrollee; and states must ensure that enrollees are properly informed of this option.
  - Clarify that states are required to fully implement Medicaid’s good-cause exception, including by having eligibility and enrollment systems that allow applicants to withhold information about third-party payer sources, and require states to ensure that managed care plans and all Medicaid enrollees are informed of the good-cause exception.
  - Reiterate that communications from states and managed care plans about sensitive services and visits to providers of family planning services must not violate enrollees’ privacy or put them at risk of harm.
- CMS must require State Medicaid programs to: cover all OTC contraceptives, including approved OTC oral contraceptives, for all Medicaid beneficiaries; to provide this coverage without an individual prescription; and to ensure that this coverage is seamless for beneficiaries and providers.
  - Multiple contraceptive methods, including external condoms, are currently sold over-the-counter, without the need for a prescription or a visit to a health care provider. The importance of OTC contraceptives is expected to grow substantially in the near future: the FDA approved an application for an OTC oral contraceptive in July 2023 that is expected to be available on shelves in early 2024. Access to oral contraceptives without a prescription has the potential to be revolutionary for U.S. contraceptive access, and CMS must ensure that individuals enrolled in Medicaid are able to benefit from this important advancement.

- Specifically, CMS must clarify that covering OTC contraceptives without a prescription is necessary for states to meet their legal obligations to provide family planning coverage that is “sufficient in amount, duration, and scope to reasonably achieve its purpose” and to ensure that beneficiaries are “free from coercion or mental pressure and free to choose the method of family planning to be used.” This coverage must be seamless for the patient with no requirement to obtain a prescription from a provider (because requiring each patient to obtain a prescription would negate the purpose and benefits of OTC status and thereby be both insufficient and coercive) and without cost-sharing (as is required for all covered family planning services and supplies). This coverage must apply to all Medicaid beneficiaries, including those in fee-for-service, those in Medicaid managed care plans, and those in ABPs. States must ensure that coverage of OTC contraceptives is meaningful for all Medicaid beneficiaries. CMS must make clear that states cannot require enrollees to pay for OTC contraceptives upfront and seek reimbursement after the fact. States must be eligible to receive the enhanced 90% federal matching rate for family planning services and supplies when seeking federal reimbursement for OTC contraceptive claims.
- The administration must issue regulations that require Medicaid and CHIP reimbursement rates, whether fee-for-service or managed care, for care delivered in-person or via telehealth, be at least equal to Medicare reimbursement.

- **CMS must issue guidance to state Medicaid programs that federal law does not mandate the use of Explanation of Benefits (EOBs) 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.\***

## CMS Must Expand and Enforce Network Adequacy Requirements and Strengthen Coverage Options

- CMS must strengthen Medicaid’s network adequacy standards for reproductive health care and reinforce states’ obligations to ensure that enrollees are able to receive all care and information to which they are legally entitled, even when providers or plans have religious or moral objections.

- Medicaid managed care regulations clearly outline states’ and plans’ obligations to ensure that all covered services are available and accessible in a timely manner, and if a provider network is unable to provide necessary services covered under the contract, require plans to timely and adequately provide them out-of-network. Unfortunately, the standards to measure provider network adequacy are not sufficient to ensure timely access. Geographic and timely access standards must work together in tandem to ensure that people have access to the services they need. CMS must require that states set time and distance standards for sexual and reproductive health services and make more explicit plans’ obligations when no provider is available within the states’ network adequacy standard. States and/or plans should be required to either arrange for care to be provided by a geographically proximate provider who is out-of-network, provide transportation for the enrollee to travel to see an in-network provider located beyond the maximum travel time or distance, arrange for a provider to travel to the enrollee or a designated location that is geographically proximate to the enrollee’s home or workplace, or provide telehealth.
- CMS must clarify that the states’ obligation to develop network adequacy standards must take into account hospitals, clinics, and providers who refuse to provide covered services, and ensure that there are in-network providers that offer those services.
- CMS must clarify that when an individual enrollee is not able to obtain a covered service in a timely manner in-network because a health care provider or institution refuses to provide the service due to a religious or moral objection, that service is deemed “unavailable” and the enrollee has the right to seek that service from an out-of-network provider. CMS should also direct state Medicaid agencies to identify, or require Medicaid managed care organizations to identify, a qualified provider when another refuses to cover care on the basis of religious or other personal beliefs.
- CMS must clarify that this protection includes access to related services such as a tubal ligation at the time of delivery, as required in §438.52(b)(2)(ii)(D)<sup>17</sup>.
- CMS must also require states to ensure that a process is in place to provide access to a covered service when a primary care provider refuses to provide a referral to that service, and require states and plans to inform enrollees of that right.

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<sup>17</sup> Centers for Medicare and Medicaid (CMS), HHS. 42 CFR Ch. IV (10–1–17 Edition) § 438.52. Choice of MCOs, PIHPs, PAHPs, PCCMs, and PCCM entities. <https://www.govinfo.gov/content/pkg/CFR-2017-title42-vol4/pdf/CFR-2017-title42-vol4-sec438-52.pdf>; “The beneficiary’s primary care provider or other provider determines that the beneficiary needs related services that would subject the beneficiary to unnecessary risk if received separately (for example, a cesarean section and a tubal ligation) and not all of the related services are available within the network.” §438.52(b)(2)(ii)(D).

- Once the regulation to restore DACA recipients' eligibility for health programs is finalized, CMS must provide robust funding, staffing, and enrollment resources to implement a robust community outreach program. To ensure that DACA recipients are aware of their rights to enroll in marketplace plans, receive subsidies, and participate in Medicaid and CHIP, CMS should prioritize funding community organizations and investing in earned and paid media, including through social media partnerships geared towards young adults.

## CMS Must Expand and Protect Access to Comprehensive SRH Providers

- **CMS must fully enforce Medicaid's free choice of provider requirement and stop states from wrongfully excluding qualified providers from participating in their Medicaid programs.\***
  - For decades, the Medicaid program has recognized that ensuring access to family planning services — including birth control, pre-pregnancy, and postpartum care — is a basic part of offering meaningful coverage to Medicaid enrollees. The “free choice of provider” requirement is a critical statutory protection that ensures Medicaid beneficiaries can directly access, without a referral, care at the qualified provider of their choice. After the *Dobbs* decision, it is even more important to ensure Medicaid patients can access critical reproductive health services from the provider of their choice.
  - Meaningfully enforcing this long-standing Medicaid requirement will ensure that all qualified and available providers are able to provide services to Medicaid patients, and advance health equity for people with low incomes and people of color, including women of color.

- The CMS administrator must issue a “Dear State Medicaid Director” letter or other guidance, to make provider-based sexuality education efforts in Medicaid more robust.
- Midwives that meet U.S. accredited education standards as well as licensed and accredited freestanding birth centers must explicitly be included in managed care plans.
- Managed care enrollees must be affirmatively informed in the language of their choice about and offered the services of midwives and freestanding birth centers

## CMS Must Expand Eligibility for SRH and Broader Health Care Coverage

- The administration must continue to encourage all states to implement Medicaid expansion as intended under the ACA.
  - The administration must encourage states, especially states that have not expanded Medicaid, to implement state family planning expansions and pregnancy-related coverage extensions through State Plan Amendments.
- CMS must establish a special enrollment period for pregnant individuals to allow them to enroll in Marketplace coverage for at least 60 days after presentation of pregnancy or as established by the Secretary of HHS.
- CMS must deny unlawful Medicaid Section 1115 demonstration projects that do not meet statutory requirements, including promoting Medicaid's core objectives, such as those that (a) impose work requirements, and (b) restrict pregnancy-related Medicaid and CHIP coverage extensions to certain pregnancy outcomes (*i.e.*, not for pregnancies that end in abortion and/or miscarriage) or the duration of extensions (*e.g.*, extending coverage for a month instead of for a full year after pregnancy ends).

- **The administration must approve 1332 waivers that seek to allow undocumented immigrants to purchase insurance coverage through the health insurance marketplaces and encourage states to use 1332 waivers to expand access.\***

## CMS Must Enforce and Enhance Use of Quality Measures

- CMS must continue to ensure that the quality measures used to focus and evaluate programs' progress include basic sexual, reproductive and preventive health care measures, address the health needs of different populations, and are not used inappropriately.
- CMS must require quality measure reporting be stratified by variables including race, ethnicity, sex (including sex assigned at birth, gender identity, variations in sex characteristics, sexual orientation, pregnancy and related medical conditions), age, disability status, primary language, and other demographic characteristics, as this facilitates identifying disparities and quality gaps, as well as intervention points and strategies.



- CMS must work to incentivize the widespread adoption and use of the contraceptive measures in the quality programs administered by Medicaid, Medicaid managed care entities, and Marketplace plans.
  - CMS must incentivize the use of measurement to hold the system accountable for equity gains and population health outcome improvements.
  - CMS must develop more SRH-focused measures, including a patient-reported outcome measure and measures that reflect the health needs of LGBTQIA+ people.
  - CMS must develop safeguards against unfriendly use of measurement and reporting requirements to undermine providers' capacity to offer comprehensive sexual and reproductive health care.

## ➔ HHS Centers for Disease Control & Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) has played a crucial role in researching complex diseases, developing evidence-based recommendations for disease prevention and working with domestic and global health communities for responding to emerging public health crises — such as the HIV epidemic and the more recent COVID-19 global pandemic. The CDC has been pivotal for reducing disease spread and researching underlying causes of severe morbidity and mortality across populations, including from maternal and reproductive health causes.

- CDC must remove crisis pregnancy centers from the CDC's Get Tested STI testing finder tool. "Crisis pregnancy centers" (CPCs, also known as anti-abortion centers) — which pose as real health care clinics and work to advance anti-abortion and anti-LGBTQIA+ propaganda — currently appear in the CDC's Get Tested HIV/STI testing site finder. Including them in this tool legitimizes these fake clinics' services. When the CDC directs people to CPCs for testing, it sabotages its mission as the country's public health protection agency by endangering the public's reproductive and sexual health.
- CDC must use every mechanism at its disposal, including funding opportunities, to halt molecular HIV surveillance (MHS) and partner with people living with HIV networks to develop standards for obtaining informed consent; privacy protections; and security, sharing, and storage protocols. Currently, the CDC mandates all states to collect and store data that police and immigration enforcement can use against people living with HIV without requiring informed consent or safeguarding the data. Sharing this data without people's consent deepens medical mistrust and HIV stigma, alienates people from care, and increases exposure to criminal liability for people living with HIV.

## ➔ HHS Office for Civil Rights (OCR)

The Office for Civil Rights (OCR) is critically important for protecting civil rights and enforcing nondiscrimination provisions, including of SRH patients and providers in an increasingly volatile and restrictive landscape for health care access. OCR also enforces laws related to health information privacy and security.

- The Secretary of Health and Human Services must recommit the Office for Civil Rights to improving health and addressing health inequities. OCR must also enforce all legal protections that help ensure that patients have equal access to care, including medications for reproductive health care, including birth control and abortion, as well as medications for chronic conditions that can end, prevent, or cause complications to pregnancies.
  - OCR must finalize its proposed rule on Section 1557 and recommit to robustly enforce statutes prohibiting discrimination in health care.
  - Any administration regulations, guidance, or communications related to Section 1557 (as it relates to pregnancy-related care) must explicitly mention that 1557 protections reach "pregnancy or related conditions, including termination of pregnancy." Any provisions on sex discrimination must explicitly address sex discrimination related to pregnancy or related conditions.
- OCR must finalize and enforce the HIPAA privacy proposed rule to support reproductive health care privacy, as well as provide and enforce privacy protections for individuals seeking gender affirming care in states where care is under attack. In particular, HHS must:
  - ensure that the final HIPAA rule makes clear that its protections apply to individuals who self-manage their abortions;
  - strengthen the attestation provision of the HIPAA rule to include a signed declaration made under penalty of perjury that the requester of protected health information is not making the request for a prohibited purpose; and
  - strongly enforce the HIPAA rule through
    - offering grants for provider education and training;
    - creating a helpline for covered entities to ask questions about what is and is not prohibited under HIPAA and how to determine whether an attestation is objectively reasonable; and
    - providing legal and technical support to covered entities that are reviewing attestations.

- OCR must conduct civil rights compliance reviews of key surgical centers for early genital and sterilizing surgeries on intersex infants and children. These practices, increasingly called into question by national and international human rights bodies and experts, medical organizations, and a 2020 National Academies consensus study, are highly concentrated in a handful of U.S. hospitals. Information from numerous publicly available reports and articles raises inferences that intersex children and their families are receiving unequal treatment on the basis of sex and disability with respect to informed consent procedures and medical services.

## SECTION 4

### State Department and USAID

As the lead agency on U.S. foreign policy, the State Department leverages the United States' diplomatic power to advance human rights, including sexual and reproductive health and rights, around the world and to urge all countries and leaders to respect, protect, and fulfill the sexual and reproductive health and rights of all people.

The United States Agency for International Development (USAID) works in over 100 countries to promote human rights, global health, and gender equality and women's empowerment. USAID's global health programs are vital for promoting the health and rights of women and girls, from ending child marriage and gender-based violence, to increasing access to family planning and reproductive health services.

The State Department and USAID must continue to affirm the United States' commitment to sexual and reproductive rights as human rights and work to ensure access to sexual and reproductive health care in foreign assistance programs.

- **USAID and the State Department must issue clear, ongoing and proactive guidance to clarify what is permitted under current abortion funding restrictions to ensure access to allowable services in countries where abortion is legal. This includes the provision of abortion counseling, sharing information on abortion, and referral for abortion services consistent with the local law, as well abortion services in cases of rape, incest, or life endangerment.\***
  - Because of the chilling effect of the *Dobbs* decision globally and the resulting confusion and avoidance of providing allowable abortion services, USAID and the State Department must engage in a proactive education campaign to ensure that all implementing partners are not only aware of what is permissible, but have the confidence to act on it, including, but not limited to, amplifying the [statement and FAQ](#) issued by HHS on the one-year anniversary of the *Dobbs* decision.

- Additionally, the Standard Provisions and all ongoing contracts, grants, cooperative agreements and other funding mechanisms should be modified to include a section on permissible abortion-related activities, as well as training materials.

- The State Department must continue and expand reporting on sexual and reproductive rights violations in their annual Country Reports on Human Rights Practices and provide SRHR training and resources to those tasked with drafting the annual Country Reports on Human Rights Practices, including with regard to consulting with civil society and external experts.
- The State Department should honor a reproductive health provider or advocate during their annual International Women of Courage Awards.
- The State Department must support collection and analysis of census and population data to assess the need for SRH services and better inform the response to global mega-trends.
- The administration must recognize the lifesaving nature of sexual and reproductive health care in humanitarian emergencies and prioritize the provision of sexual and reproductive health services, as well as gender-based violence (GBV) programming, in U.S. humanitarian and disaster relief assistance.
  - The State Department must ensure that the Minimum Initial Service Package (MISP) is prioritized and operational at the onset of any humanitarian crisis
  - The State Department must design and implement resilient quality comprehensive sexual and reproductive health programs that provide continuity of care before, during, and after, the duration of a humanitarian crisis.
  - The State Department must support programming in humanitarian crises that prevents the incidence of child marriage.
  - The State Department must build local capacity and improve national systems whenever possible to promote risk reduction and better respond during crises, displacement, and recovery, recognizing the increasing need due to climate change as a driver of crises.
  - The State Department must work to enhance the number and capacity of trained midwives.
- The State Department must enhance the health sector capacity to detect, prevent, and respond to gender-based violence through training for providers on how to identify GBV and provide quality, confidential care (including clinical management of rape). GBV care and treatment must be integrated into health services to ensure that survivors are able to access lifesaving and

time-sensitive treatments, including both emergency contraception and Post-Exposure Prophylaxis (PEP) for HIV and other STIs, at the same location.

- The State Department must provide or refer survivors of gender-based violence for psychosocial services, emergency contraception and post-exposure prophylaxis and, when needed, abortion services.
- The State Department must ensure meaningful stakeholder participation from impacted communities in designing SRHR and other gender programming throughout the period of relief and recovery, as well as in peace building efforts, to ensure that the human rights concerns of women, girls and other marginalized communities are considered and addressed.
- The administration must prioritize evidence-informed, comprehensive HIV prevention, care and treatment programs grounded in a human rights approach.
- The administration must increase integration of family planning, reproductive health, maternal and child health, and HIV programs.
- The administration must continue to expand and increase investments in the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) Initiative to prevent HIV among adolescent girls and young women, including those who are intersex, transgender, living with disabilities, or out of school.
- The administration must advance non-discrimination protections to ensure that federally funded foreign assistance programs, including PEPFAR-funded programs, do not discriminate on the basis of age, disability, race, sex (including sexual orientation, gender identity, sex characteristics, and pregnancy and related conditions), marital status, or immigration status.
- The administration must streamline an indicator to monitor contraceptive stockouts and method mix in USAID contracts.
- The administration must improve family planning graduation strategies to better monitor and address contraceptive stockouts and method mix with contingency plans for meeting serious pipeline and budget gaps that may result when transitioning from donor to domestic financing.
- The administration must champion the development of multipurpose prevention technologies that increase the available options to prevent both unintended pregnancy and the acquisition of HIV and other STIs to better meet people's needs.
- The administration must advance the sexual and reproductive health and rights of adolescent girls ages 10–19 and young people ages 20–29 across the globe by implementing and documenting a comprehensive and multi-sectoral approach through foreign assistance programs and ensuring the USAID Youth in Development Policy that was updated in 2022 is fully implemented.

## SECTION 5

### Other Agencies

Other agencies across the administration also play a critical role in advancing sexual and reproductive health, rights, and justice globally and domestically. Some of the people with the greatest SRH care needs are most directly impacted by the actions of agencies that do not directly focus on health care, including immigrants and asylum seekers, young people, and people who rely directly on the federal government for their health care and coverage.

#### United States Department of Homeland Security (DHS)

DHS manages national security concerns and responds to threats to the American public. DHS also oversees the Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP) agencies. Immigrants detained in the custody of these agencies have experienced inhumane treatment, the denial of basic services — including sexual and reproductive health services — and have been subject to gynecological procedures without their informed consent.

- The administration must strengthen standards of care for people in immigration detention, including guaranteed access to comprehensive sexual and reproductive health care.
- DHS must explicitly recognize providers of sexual and reproductive health services among health care providers recognized as sensitive locations.
- DHS must be held accountable for adhering to the restrictions on detaining or deporting immigrant individuals obtaining care, services, or social supports at sexual and reproductive health service providers and all other sensitive locations.
- Consistent with DHS's protected areas guidance, DHS must ensure that people are able to safely *reach* those protected facilities without CBP checkpoints impeding their travel or exposing people to potential detention and deportation. Instructing the Department of Homeland Security to close all internal Customs and Border Patrol checkpoints is essential in ensuring this access.
  - U.S. Customs and Border Protection (CBP) checkpoints in border communities make it all but impossible to safely reach health care facilities located hundreds of miles away. For example, for undocumented immigrants living in the Rio Grande Valley in Texas,

it is functionally impossible to travel safely to a legal abortion provider outside of Texas without encountering a CBP checkpoint. These enforcement checkpoints directly contribute to a chilling effect for people who must travel from the border region to other states for abortion care, and restrict movement for both documented and undocumented immigrants; forcing some people to avoid traveling altogether and forgo the time-sensitive care they need.

- DHS must expand CBP's November 2021 policy regarding the detention of pregnant, postpartum, and nursing people in CBP facilities to:
  - expedite processing to minimize the time that people who are pregnant, postpartum, and/or nursing, and their families, are in CBP custody to only the time period necessary to process them for release from CBP custody — In absolutely no case should custody exceed 12 hours from the time of initial apprehension; and
  - ensure that, together with their families, people who are pregnant, postpartum, and/or nursing are released from CBP custody as soon as possible after any discharge from an offsite hospital, and are not transferred back to CBP detention for any purposes, including processing.

- **No one should be in detention, particularly if they are pregnant. If pregnant persons are detained, there should be no barrier to abortion.\*** DHS must therefore issue guidance to ensure:

- any pregnant person in ICE/CBP custody who requests access to abortion and is in a state that bans or significantly restricts abortion shall be afforded an immediate transfer (with the option to be transferred back), unless the individual affirmatively asserts a preference to stay in the current placement or state after receiving appropriate advisals;
- any pregnant person in ICE/CBP custody shall be promptly notified of the right to access abortion, regardless of state restrictions, in language that the individual can understand, in a comfortable and private venue in which they feel free to ask questions (such as non-directive medical counseling), and the delivery point of which information is standardized (e.g., always by an experienced medical professional);
- where possible, pregnant people in ICE/CBP custody shall not be placed in a U.S. state that bans or significantly restricts abortion access (e.g., bans abortion at fifteen weeks or earlier); and



- for people who are under Orders of Supervision that require ICE’s permission to travel out of state, DHS must require ICE to permit interstate travel for people who need abortion care.

- DHS must clarify that the department will not take any enforcement action against people who may be arrested for or convicted of abortion care-related crimes related to their pregnancy outcomes. DHS must also clarify that it will not consider these arrests or convictions, or the disclosure of having obtained abortion care, to bar any form of immigration relief, including in discretionary determinations.
- DHS must abide by its non-discrimination policies, including compliance with [2023 DOJ Guidelines](#).

## United States Department of Justice

The mission of the Department of Justice (DOJ) is to uphold the rule of law and to protect the safety and civil rights of the U.S. population. The DOJ plays a critical role in bringing and defending lawsuits to protect sexual and reproductive health, rights and justice, as well as protecting abortion providers and patients.

- The administration must robustly enforce the protections afforded by Section 1557 of the Affordable Care Act.<sup>18</sup>
- The administration must defend The Patient Protection and Affordable Care Act provisions in Court.<sup>19</sup>
- The DOJ must vigorously defend *Griswold*<sup>20</sup>. DOJ must defend the constitutional right to contraception anywhere state laws or private parties interfere with it.

- **The administration must ensure that the federal criminal code cannot be used to prosecute people for self-managed abortion and ensure that law enforcement agencies cannot take action against those individuals.\***

<sup>18</sup> Section 1557 is also known by some as the “Health Care Rights Law”; Section 1557 of the Affordable Care Act (March 23, 2010). 42 U.S.C. §18116, Pub. L. 111–148, title I, § 1557, Mar. 23, 2010, 124 Stat. 260.

<sup>19</sup> Patient Protection and Affordable Care Act (March 23, 2010). Pub. L. 111-148, 124 Stat. 119-1024.

<sup>20</sup> *Griswold v. Connecticut*. 381 U.S. 479 (1965).

- DOJ must end policies and practices that place people at risk of criminal charges for failing to seek medical help when they miscarry, have a stillbirth, or use illicit substances during pregnancy.

- **The DOJ must abide by its non-discrimination regulations and policies<sup>21</sup> by not engaging in discriminatory investigations, arrests, or prosecutions of any pregnant person, health professional, and/or anyone who assists someone to access reproductive health care (including abortion) because of their pregnancy outcomes or because they seek, recommend, and/or obtain abortion care.\***

- To guarantee its compliance with its non-discrimination regulations and policies, DOJ must develop guidance that clarifies that sex discrimination federal regulations and policies extends to protections based on pregnancy and related conditions, including termination of pregnancy.
- The guidelines should give explicit and clear mandates to law enforcement that even if a state or locality bans abortion, they are impeded, due to federal law preemption, from investigating, arresting or prosecuting any pregnant person, any person who assists someone to access reproductive health care including abortion, because of seeking, recommending and/or obtaining care regarding its pregnancy status.

- DOJ must cease providing technical assistance and support to state and local law enforcement in their efforts to surveil, investigate, and prosecute individuals for their reproductive health decisions or for their provision of reproductive health services.
- DOJ must also furnish states with the resources they need to provide comprehensive medical treatment to pregnant and postpartum individuals with substance use disorders and/or mental health conditions and ensure that treatment for substance use disorders is available and accessible to pregnant and parenting people.
- DOJ must reverse the [Trump administration's wrongful guidance interpreting RFR A](#), issued under Attorney General Sessions in October 2017.

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<sup>21</sup> Omnibus Crime Control and Safe Streets Act of 1968, Pub. L. No. 90-351, 82 Stat. 197 (codified as amended in scattered sections of 34 U.S.C.), 34 U.S.C. §§ 10101-10203; The DOJ has clarified that the meaning of the word "sex" in Title VII of the Civil Rights Act of 1964 extends to the use of "sex" in nondiscrimination provisions of the Safe Streets Act in Department of Justice Assistant Attorney General Kristen Clarke (March 10, 2022). Memorandum: Interpretation of Bostock v. Clayton County regarding the nondiscrimination provisions of the Safe Streets Act, the Juvenile Justice and Delinquency Prevention Act, the Victims of Crime Act, and the Violence Against Women Act. Department of Justice. DOJ.

- The administration must prioritize investigation and prosecution of those who target and commit acts of violence and harassment against reproductive health care providers, patients, staff, and others who support the right to access abortion care, and fully fund efforts to prevent violence against abortion providers.
  - The administration must direct DOJ to monitor and combat violence against reproductive health providers to develop policies, protocols, and guidelines concerning the prevention, investigation, and prosecution of violence against abortion providers, patients, staff, and others who support access to abortion care.
  - The federal government must, through grants and other technical assistance, support state efforts, like California’s Safe at Home program, to protect the home addresses of providers and others who fear harassment and violence from public disclosure through state records.
  - The administration must find ways to leverage federal and state resources to collaborate between authorities, including training for state and local law enforcement, and support for state efforts to protect providers.
- DOJ must work with the HHS to ensure that those incarcerated and held in detention centers have access to comprehensive sexual and reproductive health care including abortion services, and screening and treatment for HIV, hepatitis C, and other sexually transmitted infections.
- DOJ must ensure that juvenile justice institutions work with specialists to integrate trauma-informed mental health treatment and comprehensive sexuality education into reproductive health services for incarcerated youth and should also assure that all survivors of violence in the juvenile justice system have access to those services.
- DOJ and the Substance Abuse and Mental Health Services Administration (SAMHSA) must prioritize treatment over detention or incarceration by increasing the number of programs for pregnant individuals that are designed to serve as alternatives to incarceration.

## United States Department of Veterans Affairs

The Department of Veterans Affairs (VA) manages the affairs and federally furnished benefits for U.S. military veterans and their families.

- VA must build on its Interim Final Rule on Reproductive Health Services to ensure that all of its beneficiaries can seamlessly access abortion care.
- VA must issue a final rule on CHAMPVA Coverage of Audio-Only Telehealth, Mental Health Services, and Cost Sharing for Certain Contraceptive Services and Contraceptive Products Approved, Cleared, or Granted by FDA, to ensure that CHAMPVA beneficiaries receive, at

minimum, the same coverage of contraceptive care as they would under the ACA's contraceptive coverage requirement.

- VA must issue a rule to allow for barrier-free gender-affirming care through the department.

## United States Department of Education (ED)

The Department of Education (ED) supports quality educational access and attainment for young people, a critical social determinant of health linked to healthier outcomes across an individual's lifespan. ED also administers programs that promote access to quality, age-appropriate sex education in schools and other community facilities.

- ED must issue guidance and recommendations that are supportive of young people's access to inclusive evidence-based, medically accurate, age- and developmentally appropriate, culturally and linguistically responsive, trauma informed, affirming of LGBTQIA+ individuals sex education.
- ED must issue guidance for State and Local Education Agencies that recommends that sex education curricula be in alignment with the National Sex Education Standards, as developed by the Future of Sex Education Initiative.
- ED must also issue guidance in alignment with the president's budget request, recommending that states move away from abstinence-only or sexual risk avoidance sex education and, instead, provide educational content on reproductive rights, health, and decision-making, including information for students to learn about the anatomy of all genders, not just their own.
- ED must issue a statement in support of the Youth Risk Behavior Survey, encouraging states to opt-in to the survey process and further establishing its importance as a critical source of data on youth well-being.



## Conclusion

The commitment to advancing sexual and reproductive health, rights, and justice remains steadfast and urgent. Our shared vision of equal access to quality health care for all, regardless of identity or location, underscores that commitment. As recent challenges to abortion rights and ongoing threats to human rights persist, the need for action is clear. Our work holds particular significance for marginalized communities, intersecting with various roles, experiences and identities in their lives. In advocating for holistic approaches that encompass gender equity, racial justice, economic equality, and environmental sustainability, we aim to create a comprehensive and intersectional framework. Upholding bodily autonomy, gender and race equality, and comprehensive care is vital, with the president's leadership being crucial to achieving these goals. Through dedicated action, cross-agencies collaboration, and comprehensive policy measures, we strive for a world where individuals can experience autonomy, dignity, and equality in matters of sexual and reproductive health. Our commitment to this vision is unwavering, and together, we will continue to drive positive change for generations to come.