



Americans
United
for Life

2023

Annual State Policy Report

Annual Report on America's State Legislative Sessions
from Americans United for Life, the National Leader
in Life-Affirming Law and Policy



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Executive Summary

One Year in a Post-Roe World

It has been more than a year since *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade*, and in very important ways the world is now a better place. Hundreds of thousands of innocent preborn lives will be saved in the next several years because *Dobbs* made abortion an issue for the democratic process, giving the people the power to protect life. Lawmakers now pass life-defending laws with confidence, because federal courts and most state courts will review these laws with a presumption of constitutionality. Federal law no longer prevents pro-life states from enforcing laws to protect women and preborn children. As a result, even health and safety laws the Supreme Court had previously held unconstitutional in *Whole Woman's Health v. Hellerstedt* (Texas) and *June Medical Services v. Russo* (Louisiana) have been revived.¹

To date, at least thirty federal court cases challenging abortion regulations have been dismissed because abortion activists could not continue fighting them without *Roe's* purported abortion right. But the battle over life-defending laws continues in many states. You can read more about it in AUL's quarterly Life Litigation Reports² and in [One Year Later: The Landscape of America's Life-Protecting Laws After Dobbs](#).

State Legislation

If you were to only pay attention to what the media had to say on abortion, you would be forgiven for thinking the defense of human life has been fighting a losing battle. But

¹ Steven H. Aden et al., *One Year Later: The Landscape of America's Life-Protecting Laws After Dobbs*, AMS. UNITED FOR LIFE (June 2023), <https://aul.org/2023/06/22/one-year-later-the-landscape-of-americas-life-protecting-laws-after-dobbs/>.

² See Carolyn McDonnell, *AUL's 2023 Q2 Life Litigation Report*, AMS. UNITED FOR LIFE (June 1, 2023) <https://aul.org/2023/06/01/auls-2023-q2-life-litigation-report/>.

that portrayal is far from reality as our state houses push quiet but strong wins for life. So far this year, at least fifty-nine life-affirming laws have been passed and signed into law. And these pro-life laws reflect society's feelings on the matter, as new polling shows that 52% of likely U.S. voters approve of the decision in *Dobbs* overturning *Roe*, up from 50% last June.³

The number of states that are abortion free, or nearly so, continues to grow. This time last year, thirteen states were abortion free. Today, there are now twenty-three states that limit abortion at 12 weeks or earlier: Alabama, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wyoming.

As expected, anti-life states have moved to devise allowances for abortion. Minnesota became the first state to pass a radical abortion bill post-*Dobbs*. The bill enshrined a “fundamental right” to abortion and protected unrestricted abortion on demand throughout a woman’s pregnancy. As if this wasn’t enough, the legislature then passed another bill that stripped away all protections for women and preborn children it had previously passed. In January, Illinois passed an omnibus bill that protects the licenses of abortion providers, expands who is permitted to perform abortions, and requires the coverage of chemical abortion in healthcare plans.

While pro-life setbacks may claim media attention and color the public’s understanding of how the defense of life is going, by and large these challenges have come in places where they were already expected, and the pro-life movement’s extensive wins cannot be ignored. Four states refused to devise state constitutional abortion rights: Idaho, Indiana, North Dakota, and Oklahoma. Even the South Carolina Supreme Court, which initially contrived a state constitutional abortion right, acknowledged this “right” had to be balanced against the State’s interest in preborn life—and then upheld the State’s newly passed heartbeat law because the state legislature properly determined the abortion “right” did not outweigh “the interest of the unborn child to live” after the detection of a fetal heartbeat.

Montanans were particularly enthusiastic about protecting life this legislative session despite a state court-created “right to abortion,” passing an impressive total of 11 pro-life bills, including protection for infants born-alive, a prohibition on abortions after

³ *Majority Now Approve SCOTUS Abortion Ruling*, RASMUSSEN REPORTS (June 29, 2023) https://www.rasmussenreports.com/public_content/politics/biden_administration/majority_now_approve_scotus_abortion_ruling.

viability, and requirements for licensing and annual inspections of abortion clinics. Arkansas also worked hard this session and passed nine pro-life bills. The state legislatures in Kansas and North Carolina were also particularly dedicated to protecting life this year and overrode the governor vetoes of the pro-life laws they worked to pass.

Pro-life states focus on prohibiting elective induced abortions, while also ensuring women still receive treatment for miscarriages, ectopic pregnancies, and the threats to the mother's life.⁴ To address the misinformation and claims of confusion that have been spread about abortion prohibitions and what constitutes life-saving care, at least three states have passed laws that help clarify what it means to protect the life and health of the mother. In fact, abortion prohibitions have always viewed the woman as the "second victim" of abortion and historically excluded the pregnant woman from prosecution.⁵ Only a small number of bills were introduced that intended to criminalize women, and, rightly, not a single one passed. In fact, no bill managed to even pass through one chamber, reflecting the pro-life movement's feelings on the matter. And if further emphasis was needed, South Dakota, where abortion is illegal at all stages, passed a bill explicitly preventing women from criminal liability for illegal abortions.

Chemical Abortion

One of the biggest challenges to the defense of preborn life and women's health and safety is the continued push to deregulate and distribute abortion-inducing drugs. Chemical abortions now make up just over half of all abortions done in the United States on a yearly basis, but these drugs carry inherent serious risks to the health and safety of women and girls, risks which are exacerbated by the lack of medical oversight. Not only has the Biden Administration unwisely chosen to put women's lives at risk, but several states have also taken an even more dramatic step and chosen to shield those who value profit over women's health and safety. This year, at least eight states and the District of Columbia passed legislation commonly referred to as "shield laws," or laws designed to protect individuals who commit or aid illegal abortions in other states from criminal or civil consequences.

There has been ongoing litigation against the Food and Drug Administration (FDA) and its decisions around mifepristone. In *Alliance for Hippocratic Medicine v. U.S. Food and*

⁴ See e.g., Mary E. Harned and Ingrid Skop, *Pro-Life Laws Protect Mom and Baby: Pregnant Women's Lives are Protected in All States*, CHARLOTTE LOZIER INST. (March 7, 2023) <https://lozierinstitute.org/pro-life-laws-protect-mom-and-baby-pregnant-womens-lives-are-protected-in-all-states/>.

⁵ See e.g., Natalie M. Hejran & Sara E. Nolan, *Why Women Are Not, and Should Not Be, Prosecuted for Abortion*, AMS. UNITED FOR LIFE (Feb. 15, 2023), <https://aul.org/2023/02/15/why-women-are-not-and-should-not-be-prosecuted-for-abortion/15>.

Drug Administration, the lawsuit has highlighted the FDA's failure to adhere to the drug approval process, its subversion of the pediatric study requirement, and its decision to permit mail-order drugs, all of which exposed women and girls to grave health and safety risks.

This past summer, a *Washington Post* headline read, "Blue-state doctors launch abortion pill pipeline into states with abortion bans." In June, Aid Access—"one of the largest abortion pill suppliers"—commenced a program designed for medical professionals in anti-life states to prescribe and mail pills to people living in states that choose to protect life. Aid Access, based in Europe, began this program after anti-life states began passing "shield" laws because these laws are designed to protect this behavior. "The telemedicine shield laws, . . . explicitly protect abortion providers who mail pills to restricted states from inside their borders. The result is a new pipeline of legally prescribed abortion pills flowing into states with abortion bans."⁶ According to the *Washington Post*, a mere seven doctors mailed out a whopping 3,500 doses of abortion-inducing drugs to people in pro-life states in under a month.

These efforts are illegal under U.S. law, which prohibits the mailing of abortion-inducing drugs. And for good reason, since "abortion by mail" has grave consequences for women's health and safety. The mail-order chemical abortion process cannot ensure a pregnant woman or girl is within the 10-week FDA limit for these drugs, does not have contraindications, and can receive timely medical treatment for complications. The *Washington Post* estimates Aid Access' program could lead to 42,000 abortions, if not more, in pro-life states despite their laws prohibiting chemical abortion or abortion as a whole.

While these abortion activists continue to put women's lives at risk, several states have chosen to pass laws regulating or restricting chemical abortion instead. Florida passed a bill prohibiting the mailing of abortion-inducing drugs, Wyoming passed a bill prohibiting chemical abortion entirely, and Arkansas passed a bill that would revoke the license of healthcare professionals convicted of illegally mailing abortion-inducing drugs.

Pregnancy Resource Centers

⁶ Caroline Kitchener, *Blue-State Doctors Launch Abortion Pill Pipeline into States with Bans*, THE WASH. POST (July 19, 2023) <https://www.washingtonpost.com/politics/2023/07/19/doctors-northeast-launch-abortion-pill-pipeline-into-states-with-bans/>.

Pregnancy resource centers provide essential services and materials women and their families depend upon, usually at little to no cost. They far outnumber abortion centers, putting them in a position to provide much needed assistance to a greater number of women. Pregnancy resource centers offer pregnancy testing, STD testing, obstetric ultrasounds, material goods such as baby clothes and diapers, and referrals for assistance with housing and job placement. According to CareNet and the Charlotte Lozier Institute, there were at least 3,000 pregnancy resource centers as of 2021.⁷ But due to their life-affirming position, they have increasingly faced targeted attacks. Pro-abortion activists have vandalized pregnancy resource centers across the country, and several states have proposed unconstitutional legislation aimed at targeting pregnancy centers because of their pro-life views.

Pennsylvania Governor Josh Shapiro ended a thirty-year contract that provided funding for a group of local pregnancy resource centers. This will negatively impact Pennsylvanians, as in 2019 these pregnancy resource centers provided extensive resources, totaling almost \$5 million, to almost 60,000 people.⁸ And the Massachusetts legislature passed a bill appropriating \$1 million for a public awareness campaign to advertise *against* pregnancy resource centers under the claim they don't provide medical services. Minnesota's radical legislature also eradicated a longstanding state grant program that provided funding to pregnancy resource centers. Pregnancy resource centers were also targeted by legislators in Colorado, Illinois, and Vermont, who passed laws to prohibit "deceptive advertising."

Thankfully, many states acknowledge the positive impact pregnancy resource centers have for the low-income women and children in their state. So far in 2023, at least six states passed bills to support the life-affirming efforts of pregnancy centers, including through direct funding and opportunities for individuals to contribute at their own prerogative by providing tax credits for donations. The work AUL has done to support these invaluable members of the community is highlighted below.

Physician-Assisted Suicide

Every year legislatures across the country continue to affirm that those who are sick deserve authentic medical or palliative care and should not be written off to die. While

⁷ Moira Gaul, *Fact Sheet: Pregnancy Centers – Serving Women and Saving Lives (2020 Study)*, CHARLOTTE LOZIER INST. (July 19, 2021) <https://lozierinstitute.org/fact-sheet-pregnancy-centers-serving-women-and-saving-lives-2020/>.

⁸ Kristin Hunt, *Pennsylvania Ends State Funding of Anti-Abortion Group Real Alternatives*, PHILLYVOICE (Aug. 4, 2023) <https://www.phillyvoice.com/pennsylvania-stops-funding-anti-abortion-real-alternatives-crisis-pregnancy-centers/>.

at least sixteen states introduced bills that would legalize physician-assisted suicide, not one law was enacted so far in 2023. Nevada nearly legalized physician-assisted suicide when the House and Senate passed their bill, but the governor thankfully chose to protect the ill and elderly and veto the bill because “expansions in palliative care services and continued improvements in advanced pain management make the end-of-life provisions in [the assisted suicide bill] unnecessary.”⁹ Late last year, the Massachusetts Supreme Court ruled there is no right to physician-assisted suicide in the state’s constitution and refused to contrive a legal loophole to allow the practice.

Unfortunately, in states that have already legalized physician-assisted suicide, matters have gone from bad to worse. In five states, expansion bills were introduced to eliminate what few so-called “safeguards” protected the elderly and ill., and four of these passed. Both Washington State and Hawaii opened the assisted suicide “procedure” from physicians only to a wider range of medical professionals, which raises grave informed consent concerns about the practitioner’s ability to diagnose and counsel individuals with depression that are seeking assisted suicide. Oregon and Vermont dropped their residency requirements, opening the states up to suicide tourism.

The push to remove purported “safeguards” from existing physician-assisted suicide laws has not been limited to legislation. Earlier this year, litigation in Vermont sadly came to an end when officials decided they would no longer enforce the residency requirements against a terminally ill Connecticut woman and would in fact support the legislative repeal of this “safeguard,” opening Vermont to suicide tourism. However, litigation in New Mexico ended with a win for conscience rights when New Mexico amended its law to expand who can refuse to participate in physician-assisted suicide. Likewise, California agreed to a court order that permanently blocked state officials from infringing on medical professionals’ conscientious objections to participating in the assisted suicide process.

During these ups and downs, AUL attorneys testified against bills aiming to legalize physician-assisted suicide in six states, helping to defeat them. We also testified against expansions of existing physician-assisted suicide laws in two states. In addition, AUL released a hard-hitting and informative policy paper, *A Time to Choose: Suicide*

⁹ <https://gov.nv.gov/uploadedFiles/gov2022nvgov/content/Newsroom/vetos/SB239.pdf>

*Assistance or Suicide Prevention?*¹⁰ to provide an overview of what physician-assisted suicide really is and how we can fight it to protect the inherent dignity of every person.

Conscience Protections

A longstanding legal tradition protects an individual's conscientious objection to taking human life. Federal protections for healthcare workers support their moral and religious rights but are limited in scope and lack adequate recourse for when a right is violated. Without federal private rights of action—the ability of a medical professional to bring a lawsuit to vindicate his or her conscience rights—complaints are also at the mercy of the whims of whether the current administration prioritizes conscience protections. Therefore, it is imperative that states step in and provide robust protections for the moral and religious rights of its citizens. So far this year, four states passed laws expanding on or clarifying their conscience protection laws in both the abortion and end-of-life contexts. Three states passed laws regarding conscience rights in cases of abortion—Florida, Maine, and Montana—while New Mexico, passed a law regarding conscience rights in cases of physician-assisted suicide.

AUL in the Courts

In the battle over chemical abortion, AUL has not only worked on the legislative front, but we've also lent our expertise in key strategic court briefs as well. AUL submitted four *amicus* briefs—including one on behalf of 147 Members of Congress—in *Alliance for Hippocratic Medicine v. U.S. Food & Drug Administration*, a case challenging the FDA's approval and subsequent deregulation of the drugs used in chemical abortions. AUL also submitted an *amicus* brief in *State of Texas v. Becerra*, opposing the Department of Health and Human Services's attempt to reinterpret the Emergency Medical Treatment and Labor Act to force medical professionals to perform elective abortions. In *Vitagliano v. County of Westchester*, AUL filed an *amicus* brief asking the Supreme Court to review an ordinance that has stifled sidewalk counselors' rights to counsel women about abortion alternatives on public sidewalks outside abortion facilities.

Key Legislative Activity

AUL Made the Difference

¹⁰ Carolyn McDonnell, *A Time to Choose: Suicide Assistance or Suicide Prevention?*, AMS. UNITED FOR LIFE (May 2023), <https://aul.org/wp-content/uploads/2023/04/2023-05-A-Time-to-Choose-Suicide-Assistance-or-Suicide-Prevention-Web.pdf>.

After the overturn of *Roe*, AUL didn't rest on our laurels. Our attorneys have thrown themselves into the fray and advanced the fight for life, often stepping in to fight laws aimed at pushing an anti-life state from bad to worse. AUL attorneys provided written testimony, oral testimony—usually in person—written comments, and behind the scenes consulting for state and federal lawmakers.

Momentum in the Movement

The greatest strength in the pro-life movement is found in its people. Now that state lawmakers have the freedom to protect life, it is time to match that freedom with a determination to protect life. Lawmakers represent the will of the people they serve, and it's up to the pro-life community to bring attention to the issues that matter and change the culture. AUL's experience in the 2023 legislative session showed we were ready to do just that.

In New Hampshire, the pro-life community, including an AUL policy counsel, united together to oppose four pro-abortion bills, and successfully defeated each one. Two of the most concerning bills were HB 224, which would have removed the criminal penalties for physicians who violate the state's late term abortion ban, and CACR2, which sought to amend the state's constitution to allow abortion-on-demand.

In Massachusetts, only pro-lifers, including an AUL policy counsel, showed up to oppose a bill that targeted pregnancy resource centers for their pro-life views. No one testified in favor of the bill, and even the sponsor failed to show up to support the bill.

One of this year's most noteworthy examples was seen in Maine. The legislature introduced a bill, LD 1619, to allow abortion on demand up until birth and remove criminal penalties for anyone who violated Maine's abortion laws. 1,184 people provided testimony against the bill, while only 72 people provided testimony in support. The hearing lasted over 19 hours as everyone stayed up through the night to voice their opposition to the bill, including AUL Policy Counsel Danielle Pimentel.

In the following weeks, hundreds from the pro-life community rallied at the state capitol to show their opposition to the bill. Unfortunately, LD 1619 still passed despite this strong turnout. But the pro-life community's united opposition was unparalleled and sent a strong message to Maine's lawmakers that their constituents firmly believe life should be protected in the Pine Tree State.

AUL Model Legislation in the States

This year, state legislators introduced at least eleven bills that were based in whole or in part on AUL model legislation. These bills included our Born Alive Infant Protection Act, Abortion-Inducing Drug Risk Protocol, and Ready for Life Act.

As mentioned above, in response to the unwarranted difficulties pregnancy resource centers have faced, AUL released a new model bill under its American Life Initiative, the “Pregnancy Options Tax Credit Act,” which provides one way for states and the pro-life community to support these helpful organizations in a post-*Roe* world. This bill would extend state tax credits for individuals and businesses that choose to donate to pregnancy resource centers.

State Legislative Movement in 2023

To date, the attorneys at Americans United for Life have provided in person, virtual, or oral testimony in seventeen states on forty bills.

So far in 2023, at least one hundred and eleven bills and resolutions have been passed and signed into law in forty-one states and the District of Columbia. The enacted measures have been codified as state statute and carry the force of law. The resolutions are statements by the legislative body that simply express a policy preference.

Enacted Measures

Pro-Life Laws

Alabama

1. SB 261, prohibiting a governmental entity from entering into a public contract with vendors that boycott companies that don't commit to facilitate access to abortion.

Arkansas

1. HB 1786, requiring all permitted abortions be performed in a hospital or emergency room.
2. SB 463, adding that a physician will have their medical license revoked if they fail to comply with the state's Abortion-Inducing Drugs Safety Act.

3. SB 542, requiring providers who refer for abortion comply with the right of the pregnant woman to view her ultrasound image.
4. SB 138, repealing the now-defunct licensing and regulatory structure for clinics and health centers that formerly provided abortions in the state.
5. SB 286, providing \$1 million in funding to pregnancy resource centers.
6. SB 307, creating a Monument to Unborn Children on the grounds of the State Capitol.
7. SB 466, preventing public schools or open-enrollment charter schools from working with an entity that refers minor girls for abortions.
8. SB 446, allowing Alabama counties and cities to pass resolutions affirming their pro-life stance.
9. SB 465, amending the existing Life Choices Lifeline Program to establish a program that encourages healthy childbirth, assists parents with parenting techniques, and increases economic self-sufficiency in families.

Florida

1. SB 300, prohibiting abortion at 6 weeks; prohibiting abortion at 15 weeks in cases of rape, incest, or human trafficking; requiring the reporting of suspected human trafficking; limiting the performance of abortions to physicians only; prohibiting abortion via telehealth; requiring abortion-inducing drugs be provided in person; prohibiting the use of state funds to travel for abortion; funding pregnancy and parenting support services; and prohibiting state funding for travel to obtain an abortion.
2. SB 1580, ensuring healthcare providers and payers have the right to not participate in or pay for abortion in violation of their conscience, and prohibiting discrimination against healthcare providers and payers that exercise this right.

Idaho

1. H 242, creating a criminal cause of action for the abortion trafficking of a minor and gives the attorney general authority to prosecute for violations.
2. H 374, clarifying the legal definition of abortion.

Iowa

1. HF 732, prohibiting abortion once a heartbeat is detected (with exceptions); requiring that once the physician tests for and determines there's a fetal

heartbeat, he or she must inform the pregnant woman in writing that an abortion is prohibited.

Kansas

1. HB 2184, appropriating \$2 million to the state's Alternatives to Abortion program (overriding a line-item veto).
2. HB 2313, requiring a physician provide professional care to preserve the life of the infant who survives an abortion attempt and ensure immediate transportation to a hospital (overrode governor's veto).
3. HB 2264, requiring women seeking a chemical abortion be informed about the possibility of reversal (overriding the governor's veto).

Louisiana

1. SB 41, providing a tax credit for donations made to pregnancy resource centers.

Maine

1. LD 2010/HP 1289, prohibiting a hospital, healthcare facility, or education institution from discriminating against physicians, nurses, and other individuals who refuse to perform or assist in an abortion; prohibiting this refusal from being the basis for denying employment, admissions, privileges, or immunities to which the individual is otherwise entitled.

Mississippi

1. SB 2781, expanding access to the state's maternal assistance program.

Montana

1. HB 862, prohibiting public funding of most abortions.
2. HB 721, prohibiting dismemberment abortions.
3. HB 937, requiring state licensing of abortion clinics and facilities that provide chemical abortions, and requiring annual inspections of abortion clinics.
4. SB 154, clarifying the right of individual privacy in the state constitution "does not create, and may not be construed as creating or recognizing, a right to abortion or to governmental funding of abortion."
5. HB 575, prohibiting abortion at viability unless necessary to preserve the life of the mother.

6. HB 625, requiring healthcare professionals to exercise the same amount of professional skill and care to preserve the life of an infant who survives an abortion attempt as they would any other infant, and to ensure immediate transportation to a medical facility.
7. SB 112, prohibiting pharmacists from prescribing abortion-inducing drugs.
8. HB 213, defining “nonviable birth” and establishing requirements for requesting and issuing a certificate of nonviable birth.
9. HB 303, providing that a health care institution or health care payer may not be required to participate in or pay for a health care service that violates their conscience, including by permitting the use of its facilities, and a medical practitioner has the right not to participate in a health care service that violates their conscience.
10. HB 376, establishing a patient bill of rights.
11. HB 786, requiring providers to keep a file of side effects experienced by patients who undergo chemical abortion.

Nebraska

1. LB 574, prohibiting abortion from 12 weeks (with exceptions).

New Mexico

1. SB 471, allowing healthcare providers to conscientiously refuse to participate in physician-assisted suicide, including by refusing to provide information on medical aid in dying to a patient and refusing to refer a patient to someone who is able to assist the patient in the physician-assisted suicide process.
2. HB 7, preventing discrimination based on a person’s abortion or refusal of abortion.

North Carolina

1. HB 190, requiring in-person informed consent prior to a chemical abortion; requiring a physician be available to ask and answer questions upon request; amending informed consent to include information on the physician’s admitting privileges; requiring an in-person examination and verification of probable gestational age prior to prescribing, administering, or dispensing abortion-inducing drugs; and expanding the timeframe for reporting the performance of an abortion on a minor to thirty days.

2. SB 20, prohibiting abortion from 12 weeks, prohibiting abortion in cases of rape and incest from 20 weeks, and prohibiting abortion for fatal fetal anomalies from 24 weeks; prohibiting chemical abortion after 10 weeks and requiring at least two in-person pre-abortion visits and one follow up visit; requiring annual inspection of abortion clinics; requiring informed consent and the performance of an ultrasound prior to the abortion procedure; requiring all infants who survive an abortion attempt be given professional care to preserve their life and immediate transportation and admittance to a hospital; prohibiting abortion based on a diagnosis of Down syndrome and race; and increasing the age at which an infant can be safely surrendered to 30 days. (overriding the governor's veto)

North Dakota

1. SB 2129, reenacting the alternatives-to-abortion program and appropriating funds to maintain the program.
2. SB 2150, clarifying it is not an abortion if the procedure is done (1) to save the life or preserve the health of the unborn child; (2) Remove a dead unborn child caused by spontaneous abortion; or (3) Treat a woman for an ectopic pregnancy. Provides that it is not a class C felony for a person receiving an abortion necessary due to a medical emergency. The law prohibits abortion with narrow exceptions for the life and health of the pregnant person and in cases of rape and incest during the first six weeks of pregnancy. The law also amends the state's abortion reporting requirements to include the reason for the abortion and the gestational age of the fetus.
3. HB 1171, prohibiting coerced and forced abortions.
4. HB 1176, creating a tax credit for donations to pregnancy resource centers, maternity homes, and child-placing agencies.

Rhode Island

1. HB 5200, providing financial assistance to pregnant minors.

South Carolina

1. S 474, prohibiting abortion after a fetal heartbeat is detected and after twelve weeks in cases of rape or incest; prohibiting state funding for abortion services; and creating an obligation of financial support from the biological father from conception.

South Dakota

1. HB 1220, clarifying that a woman who undergoes an abortion is not criminally liable.

Tennessee

1. HB 883, clarifying that a licensed physician will not be charged with performing a criminal abortion in specific circumstances and adding ectopic and molar pregnancies as exceptions; adding language to the section prohibiting all abortions to supersede other abortion regulations; and requiring the reporting of final disposition of aborted fetal remains and the number of abortions performed in the state.
2. SB 1545, providing funds for pregnancy resource centers.
3. HB 90, prohibiting Tennessee counties from providing funds for pregnant women to obtain an abortion, to travel to obtain an abortion, or funding a health plan.
4. SB 600, prohibiting local governments from allocating funds to assist women in obtaining an abortion.

Texas

1. SB 30, appropriating \$25 million for pregnancy support services.
2. HB 1, appropriating funds for maternal health programs and prohibiting funding for entities that financially support organizations that perform abortions.
3. SB 2376, changing the “Choose Life” license plate to “Support Adoption,” and prohibiting organizations that receive funds from such plates to refer to affiliated organizations that provide or refer for abortion.

Utah

1. HB 467, requiring abortions be performed in a hospital; prohibiting an individual from prescribing abortion-inducing drugs unless the individual is licensed to practice in Utah; and prohibiting the licensing of abortion clinics.
2. HB 297, restricting abortions in cases of rape or incest if the unborn child has not reached 18 weeks gestational age.
3. SB 133, extending Medicaid coverage for the postpartum period.
4. SB 97, preventing public entities from contracting with a vendor that boycotts companies that don't facilitate abortion.

Virginia

1. SB 163, preventing any surrogacy contract from requiring selective reduction or abortion.

West Virginia

1. HB 3302, recognizing a “fetus” as a victim of an accident that results from a DUI.

Wyoming

1. SF 109, prohibiting the prescribing and sale of abortion-inducing drugs.
2. HB 152, prohibiting abortion (with certain exceptions).

Anti-Life Laws

California

1. AB 100, providing state funding for Planned Parenthood.

Colorado

1. SB 23-190, targeting pregnancy resource centers for “deceptive practices” and prohibiting healthcare providers from assisting in or attempting the reversal of a chemical abortion.
2. SB 23-188, a “shield” law prohibiting assistance for out-of-state investigations into illegal abortions, as well as the subpoenas, search warrants, and arrests related to investigations into illegal abortions; allowing healthcare providers to prescribe abortion-inducing drugs with knowledge the pregnant woman will take the drugs in another state; and requiring that prisons provide abortion access.

Connecticut

1. HB 6820, a “shield law” protecting abortionists from professional penalties.
2. SB 1108, requiring state colleges to provide abortion access.

Delaware

1. HB 197, appropriating funds to Planned Parenthood.

District of Colombia

1. B 24-0726, prohibiting penalties for persons who assist in abortions, or who provide, dispense, or transfer chemical abortion pills.
2. B 24-0808, preventing the District from cooperating in investigations for civil or criminal liability for performing abortions.
3. B 24-0830, a “shield law” prohibiting disciplinary action for health care professionals that provide abortions to women coming from out-of-state whose home state protects unborn life.

Hawaii

1. SB 1, allowing physician assistants to perform abortions and creating a right to abortion; a “shield law” declaring a law of another state that authorizes a person to bring a civil action against a person who performs or assists an abortion as contrary to state policy, and shall not be enforceable in a Hawaii court nor afford any basis for the granting if legal or equitable relief.
2. HB 650, allowing advanced practice registered nurses to perform physician-assisted suicide; expanding who can provide counseling to a patient seeking physician-assisted suicide; cutting down the waiting period to five days; and waiving it for certain terminally ill patients.

Illinois

1. SB 1344, requiring health insurance coverage for all abortifacients and making performance reports from the Abortion Care Clinical Training Program Act exempt from the state’s Freedom of Information Act.
2. SB 1909, targeting pregnancy care centers as “limited services pregnancy centers” and prohibiting them from using “deception, fraud, false pretense, false promise, or misrepresentation;” and allowing the Illinois Attorney General to enforce the Act if they “believe it to be in the public interest,” including if the center is “about to engage in” such prohibited practice.
3. HB 4664, expanding the law to allow advanced practice registered nurses and physician assistants to perform abortions; requiring coverage for abortion-inducing drugs in healthcare plans whether or not the woman is pregnant; a “shield law” prohibiting the government from assisting another state in prosecuting abortionists; and protecting the licenses of healthcare providers who provide abortionists.

Maine

1. LD 1619/HP 1044, amending the form used for abortion reporting by broadening the limitation for post-viability abortions from when necessary to preserve the life or health of the mother to when a physician determines it is necessary; removing criminal penalties for performing an abortion without being licensed as a physician, physician assistant, or advanced practice registered nurse; removing criminal penalties for performing an abortion after viability when not done to preserve the life or health of the mother.
2. LD 935/HP 582, prohibiting cost-sharing for abortion.
3. LD 995/HP 630, requiring health insurance coverage for a second opinion for an abortion.
4. LD 1343/HP 857, state preemption on abortion.
5. LD 616/HP 393, prohibiting medical malpractice insurers from refusing to cover abortionists, even if they provide illegal abortions in another state.

Maryland

1. SB 859, prohibiting state courts from requiring a person to give a statement, testimony, or evidence in another state for a case involving the violation of the other state's abortion prohibition.
2. HB 705/SB 798, proposing a constitutional amendment stating there is a right to reproductive freedom, including abortion, and prohibiting the State from directly or indirectly denying or burdening that right unless justified by a compelling interest achieved by least restrictive means.

Massachusetts

1. H 58, appropriating \$1 million for a “public awareness campaign to educate providers and the public about so-called crisis pregnancy centers and pregnancy resource centers and their lack of medical services.”

Michigan

1. HB 4006, repealing a statute that prohibited the administering or sale of abortion-inducing drugs.
2. HB 4032, repealing a statute that assigns felony penalties for chemical abortion drugs.

Minnesota

1. HF 1, creating a state constitutional right to abortion.
2. HF 366, a “shield law,” prohibiting the state board from refusing a license or imposing disciplinary action because the applicant provided or assisted in an abortion, was convicted of a felony for providing or assisting in an abortion, or was disciplined or refused a license for providing or assisting in an abortion; and allowing healthcare professionals to perform abortion related services for out of state citizens via telehealth.
3. SF 2995, repealing the laws prohibiting abortion after viability, requiring informed consent, and limiting who can perform an abortion; allowing abortions to be performed at birth centers; expanding Medicaid coverage for abortion; funding family planning and abortion services; and repealing some reporting requirements.

New Jersey

1. A 5669, appropriating \$5 million to fund grants for reproductive healthcare facilities.

New Mexico

1. SB 13, a “shield law,” stipulating that, except as required by a court order, a public body or an individual may not release information or use resources available to it in furtherance of an interstate investigation or proceeding that seeks to impose civil or criminal liability or professional disciplinary action upon an individual or entity for engaging in a protected health care activity, including “reproductive healthcare.” A party may not submit to a clerk of the court of New Mexico a foreign subpoena or summons for discovery or a witness to provide testimony related to an interstate investigation or proceeding that seeks to impose civil or criminal liability or professional disciplinary action related to a protected health care activity, except under certain circumstances.

Nevada

1. SJR 7, a ballot measure that would amend the state constitution to protect “reproductive freedom” and guarantee the right to have an abortion

New York

1. A 3003/S 4003, providing state funding for Planned Parenthood.
2. A 1395/S 1213, requiring the SUNY and CUNY school systems to offer chemical abortion or provide referrals to providers who offer chemical abortion.
3. S 1351/A1005, prohibiting the State from cooperating with out-of-state investigations of a citizen accused of performing or aiding in an abortion performed in New York.
4. S 1066, a “shield law” to prevent government entities from cooperating with out-of-state agencies for illegal abortions and prohibiting medical malpractice insurance from refusing to cover abortionists.

Oregon

1. HB 2279, repealing the residency requirement from the State’s physician-assisted suicide law.
2. HB 2002, stating there is a right to make “reproductive healthcare decisions”; establishing malpractice insurance and licensing protections for healthcare providers who perform abortions; allowing minors to consent to reproductive healthcare; and making obstructing or disturbing the peace with noise at a healthcare facility a misdemeanor.

Rhode Island

1. HB 5006/SB 32, requiring abortion coverage under Medicaid and repealing the exclusion of abortion coverage in state employee insurance plans.

Utah

1. HB 26, repealing the “Choose Life” license plate that provides funding for pregnancy resource centers.

Vermont

1. H 190, eliminating the residency requirement from the State’s physician-assisted suicide law.
2. S 37, targeting pregnancy resource centers and prohibiting “deceptive advertising;” requiring health insurance plans to cover abortion-related services; prohibiting healthcare providers from disciplinary action for providing abortion-

related services; requiring the Vermont Department of Health to submit reports on abortion access; and requiring state universities to provide abortion-inducing drugs.

3. H 89, a “shield law” protecting abortionists and anyone else who assists in providing or obtaining an abortion from out-of-state litigation and prohibiting government cooperation with out-of-state investigations; protecting access to abortion clinics by banning individuals from interfering with people who obtain or provide abortions.

Washington

1. SB 5242, prohibiting cost-sharing for abortion.
2. SB 5768, authorizing the Department of Corrections to acquire, sell, and distribute chemical abortion pills.
3. SB 5179, expanding who can perform physician-assisted suicide to include physician assistants and advanced practice registered nurses; allows life-ending drugs to be mailed.
4. HB 1469, a “shield law” prohibiting cooperation with investigations into illegal abortions.

Resolutions

Pro-Life

Idaho

1. HJM 2, asking Congress to restrict the jurisdiction of the federal courts from hearing cases regarding state authority to legislate on abortion.

Louisiana

1. HR 14, recognizing June as “Sanctity of Preborn Life Month”.

Oklahoma

1. HR 1002, declaring February 8 as “Rose Day”.

Tennessee

1. HJR 133, recognizing the valuable services pregnancy resource centers provide to mothers, fathers, and babies across the state.

Anti-Life

California

1. SR 9/HR 6, urging the President and Congress to pass a federal law guaranteeing the right to abortion.

Hawaii

1. HR 57, urging the University of Hawaii Medical School to promote abortion in the medical workforce.

Michigan

1. HR 72, condemning the order in *AHM v. FDA* and denouncing any effort to limit chemical abortions in the state and across the country.

Vetoed

Arizona Governor Katie Hobbs vetoed a bill that would have improved the state's born-alive protection by treating an infant that survives an abortion as a legal person with rights to medical treatment, and requiring physicians to care for the life and health of an infant that survives an abortion.

Kansas Governor Laura Kelly line item vetoed a bill that provided funding for the state's alternatives to abortion program. She also vetoed a bill that created legal protections for infants who are born alive. The state legislature successfully overrode both vetoes. Governor Kelly also vetoed a bill that would have prohibited abortion providers from purchasing insurance from the state, and an informed consent bill on the possibility of reversing a chemical abortion.

Montana Governor Greg Gianforte vetoed a bill that would have narrowed the parental consent requirement by lowering the age from 18 to 16 and by changing the requirement parents give consent to notification.

Nevada Governor Joe Lombardo vetoed a bill that would have legalized physician-assisted suicide.

North Carolina Governor Roy Cooper vetoed a bill that would have prohibited abortion from 12 weeks, prohibited chemical abortion after 10 weeks, improved on informed consent, prohibited abortion on the basis of race or a diagnosis of Down syndrome, and protected born-alive infants. However, a legislative override was still ultimately successful.