



Americans
**United
for Life**

2024

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

Two years after *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade*, we had another “election year like no other” just as Americans United for Life (AUL) noted four years ago. Despite long-existing language promoting and supporting human life being watered down in one party's platform, and elected officials in the other party campaigning for votes by visiting abortion clinics, life continues to find a way. Pro-life values won on the state ballots, not just for the first time, but for the first three times. And the results in Florida, Nebraska, and South Dakota give the pro-life movement a template for regaining those states that have lost ballot initiatives.

There continues to remain an open door for protecting life at the federal level, despite the bitter partisanship in America. While there is now hope for change and relief going forward, during the 2024 session, state lawmakers were pulled in many directions as they tried to address all the needs of their constituents. For many pro-life legislators, the life issue slipped through the cracks or was purposefully ignored. Unfortunately, the anti-life movement has not let up and continues to push a unified, pro-abortion message, seeking unrestricted abortion-on-demand throughout all nine months of pregnancy.

But the battle for life isn't exclusive to the issue of abortion. In-vitro fertilization and pregnancy resource centers have also been the target of the anti-life smear campaign and attempts at building support for physician-assisted suicide are finding some limited traction.

Physician-Assisted Suicide Gains Momentum

Physician-assisted suicide is picking up steam at both the federal and state levels. United States Representatives Brittany Petterson and Scott Peters—both from districts where assisted suicide is legal—introduced the “Patient Access to End-of-Life Care Act.” This Act would amend the “Assisted Suicide Funding Restriction Act of 1997,” thereby ending a longstanding prohibition on federal funding of physician-assisted suicide. However, the bill did not receive other sponsors and never left committee.

Twenty states introduced bills to legalize physician-assisted suicide: Arizona, Delaware, Florida, Illinois, Indiana, Iowa, Kentucky, Massachusetts, Maryland, Michigan, Minnesota, Missouri, New Hampshire, New York, North Carolina, Pennsylvania, Rhode Island, Tennessee, Virginia, and Wisconsin. For the first time in Massachusetts, the “End of Life

Options Act” was pushed through the Joint Committee on Health Care Financing and the Joint Committee on Public Health, but it failed to advance further. The session in New Hampshire was also a shocking one as the Republican-majority House passed their physician-assisted suicide bill in a 179-176 vote. Thankfully, it failed in the Senate 17-7.

Delaware came uncomfortably close to becoming the 11th jurisdiction to legalize physician-assisted suicide through legislation. The bill passed the House for the first time ever with a 21-4 vote in favor. While the bill failed in the Senate the first time, the bill sponsor was able to bring the bill up for a second vote where it passed 11-10. AUL worked to stop this in the legislature and with the Governor. Ultimately, Governor Carney vetoed the bill, protecting Delaware’s citizens from the dangers of assisted suicide. Recognizing assisted suicide for what it really is, he wrote, “I am fundamentally and morally opposed to state law enabling someone, even under tragic and painful circumstances, to take their own life.”¹

As we have warned time and time again, the so-called “safeguards” assisted suicide supporters push are ultimately meaningless. The public is sold a story that assisted suicide is safe and won’t be abused because “safeguards” exist. But once assisted suicide is legal, legislators and assisted suicide advocates quickly turn around and claim the very same safeguards are actually barriers to assisted suicide access. The destruction of so-called “safeguards” we saw in 2023 continues to chip away at health and safety protections for patients.

Colorado enacted a bill to expand access to physician-assisted suicide: the bill reduces the waiting period from 15 days to 7 days and allows for the complete waiver of any waiting period for patients “unlikely” to live past the next 48 hours. The bill also expands access by giving advanced practice registered nurses the authority to evaluate a patient and prescribe him or her lethal drugs. Hawaii introduced a similar bill

that would have reduced the waiting period from 20 to 5 days and expanded prescribing authority to advanced practice registered nurses, but that bill failed. New Jersey has a bill which seeks to expand access to physician-assisted suicide by eliminating the 15-day waiting period for certain patients.

But a ray of hope exists as some legislators seek to protect vulnerable communities from suicide activists’ efforts to legalize and expand death-on-demand. For example, Republican legislators in New Jersey introduced two anti-assisted suicide bills—one that would have increased penalties for cases of fraud and coercion under the state’s physician-assisted suicide law, and one that would have repealed the physician-assisted suicide law entirely. Similarly, Kansas introduced two bills that would have criminalized encouraging or aiding in another’s suicide, a type of coercion, but both failed. Indiana introduced a resolution modeled after AUL’s Joint Resolution Opposing Suicide by Physician, which would have affirmed the state’s opposition to assisted suicide. West Virginia passed a ballot measure that amends the state constitution so that it protects the elderly and disabled by prohibiting physician-assisted suicide.

The Political Landscape Two Years After *Dobbs*

Two years after *Dobbs* and the overturn of *Roe*, 23 states protect preborn children from abortion at 12 weeks or earlier. This is all thanks to the hard work of pro-life legislators and grassroots supporters put in for many years leading up to this landmark victory. Every year, AUL has applauded the passage of important pro-life bills that increase legal protections for the most vulnerable. But things look a lot different this year. There’s no sugar coating it: it was a very challenging legislative session.

The overturn of *Roe* has angered and, more importantly, motivated the pro-abortion movement. They

1 Governor Carney Vetoes House Bill 140 (Sept. 20, 2024) <https://news.delaware.gov/2024/09/20/governor-carney-vetoes-house-bill-140/>.

have thrown their time and money into painting the pro-life movement as a group of extremists who don't care if women die (an accusation which couldn't be further from the truth). Pro-abortion think tank Guttmacher Institute dubbed 2021 "the worst year ever" when at least 85 pro-life bills and resolutions were passed.² This year, the passage of, even activity on, pro-life bills slowed dramatically, and we have Guttmacher and media reports claiming demand for abortion is once again on the rise.

Chemical abortion remains a paramount issue because it continues to be the most common form of abortion. Even states with second trimester protections can still have an incredibly high number of chemical abortions as a result of the pills being accessible online and shipped into the state. According to Guttmacher, chemical abortions accounted for 63% of all abortions in 2023, up from when it accounted for 53% in 2020.³ And as we covered in last year's legislative report, it is no secret abortion pills are illegally moving through the U.S. A European-based abortion pill supplier has a program to assist anti-life medical professionals in shipping abortifacients into states where abortion is illegal.⁴

The decisions made by the legislators we vote for have a direct impact on life. As of May 1, the hard work of pro-life legislators protected life in Florida from 6 weeks. Previously, it was only protected from 15 weeks which made it a "key access point" for abor-

tion access in the south, according to Guttmacher.⁵ Florida voters confirmed those protections by rejecting Amendment 4. On the flip side, life in Arizona was protected from conception but the state legislature repealed this law on May 2. The repeal went into effect September 24. Thus, life was only protected after 15 weeks, until Arizonans removed all protections by passing Proposition 139, opening the possibility of abortion tourism in Arizona.

On the Ballot

Now that *Roe v. Wade* has been overturned, there are many who think our work is done and the pro-life movement is no longer important or needed. This couldn't be further from the truth. Having lost in the courts and legislatures, pro-abortion activists have fought to enshrine an unfettered right to abortion into many state constitutions, and they have been successful so far. Grassroots supporters must step up and remind everyone how important it is to protect life from conception to natural death.

Roe's demise led to what *The Economist* crowned "America's most dynamic new political movement."⁶ After *Dobbs*, in 2022, there were ballot referenda related to abortion in six states, and abortion won all six times. Since then, abortion activists have been emboldened to attempt to enshrine unfettered access to elective abortion in over twice that many states across the country this fall. As we predicted last year, state

2 Americans United for Life, *AUL's 2021 State Legislative Sessions Report*, AMS. UNITED FOR LIFE (Oct. 27, 2021), <https://aul.org/2021/10/27/auls-2021-state-legislative-sessions-report/>.

3 News Release, Guttmacher Institute, Medication Abortions Accounted for 63% of All US Abortions in 2023, an Increase from 53% in 2020 (Mar. 19, 2024), <https://www.guttmacher.org/news-release/2024/medication-abortions-accounted-63-all-us-abortions-2023-increase-53-2020>.

4 Americans United for Life, *Annual State Policy Report on America's State Legislative Sessions*, AMS. UNITED FOR LIFE (Oct. 3, 2023), <https://aul.org/wp-content/uploads/2023/10/2023-AUL-Annual-State-Policy-Report.pdf>. The Economist states that "the federal drug regulator has allowed abortifacient pills to be prescribed by mail, giving millions of women (including some in anti-abortion states) easier access to early-term abortions than they had before." *The Pro-Choice Movement That Could Help Joe Biden Win*, The Economist, (May 30, 2024), <https://www.economist.com/leaders/2024/05/30/the-pro-choice-movement-that-could-help-joe-biden-win>.

5 Kelly Baden & Issac Maddow-Zimet, *Florida's Six-Week Ban Led to Substantial Drop in Clinician-Provided Abortions*, GUTTMACHER INST. (Sept. 2024), <https://www.guttmacher.org/2024/09/floridas-six-week-ban-led-substantial-drop-clinician-provided-abortions>.

6 *The Pro-Choice Movement That Could Help Joe Biden Win*, The Economist, (May 30, 2024), <https://www.economist.com/leaders/2024/05/30/the-pro-choice-movement-that-could-help-joe-biden-win>.

ballot initiatives have emerged as a crucial battleground for life. These initiatives pose a serious threat to pro-life laws and the protection of preborn human beings and pregnant women and adolescents.

After *Dobbs*, the pro-abortion lobby began using ballot initiatives to challenge existing legislative actions on abortion. With the media on their side, they were successful in convincing voters, often with deceptive messaging and language, to upend the status quo in pro-life states and turn them into abortion-on-demand havens. Understanding and defeating pro-abortion ballot initiatives are crucial in states where a simple majority of voters can change the state constitution.

In 2022, California, Michigan, and Vermont enshrined a constitutional right to abortion. In 2023, Ohio followed suit. Since voters passed these measures, abortion activists have challenged life-affirming policies in both the legislatures and the courts. Michigan is one harrowing example of the impact pro-abortion ballot measures have on life-affirming policies. After enshrining the right to abortion, the Michigan legislature has sought to repeal numerous protections for women and preborn children, including the state's ban on partial-birth abortions, informed consent safeguards, and provisions requiring abortion facilities to be licensed and operated under necessary health and safety standards. Ultimately, the legislature repealed numerous protections for women and preborn children.

The impact goes well beyond laws. Once a state that proudly protected life, Ohio is now one of the top 5 destinations for abortion travel according to Guttmacher.⁷ If Ohio is any warning, Missouri must be on high alert. While the state has strong protections for preborn children, residents recently voted to amend their state constitution to protect an unfettered “right” to abortion, which will likely lead to a flurry of legal challenges to the state's existing pro-life laws.

This year, 10 states had ballot initiatives: Arizona, Colorado, Florida, Maryland, Missouri, Montana, Nebraska, Nevada, New York, and South Dakota. A brief overview of the measures are as follows:

- Arizona's citizen-initiated ballot measure sought to enshrine a “fundamental right to abortion” until viability and prohibit the government from “interfer[ing]” with that right. Currently, life is protected from 15 weeks. The measure passed with 61.7% of the vote.
- Colorado's citizen-initiated ballot measure sought to enshrine a constitutional right to abortion and prohibit the government from “imped[ing]” that right. It will also repeal an amendment that prohibited state funding of abortion. Currently, there is no gestational limit on abortion. The measure passed with 61.5% of the vote.
- Florida's citizen-initiated ballot measure sought to establish access to abortion until viability in the state constitution and prohibit the government from “restrict[ing]” abortion. Currently, life is protected from six weeks. The measure failed to reach the necessary 60% of the votes to pass by 3%.
- Maryland's legislative ballot measure sought to enshrine a “fundamental right to reproductive freedom” and to prohibit the government from “burden[ing]” abortion except when “justified by a compelling state interest achieved by the least restrictive means.” Currently, abortion is legal up until viability. The measure passed with 71.4% of the vote.
- Missouri's citizen-initiated ballot measure sought to establish a “fundamental right to reproductive freedom” and prohibit the government from “interfer[ing]” with abortion unless “justified by a compelling governmental interest achieved by the least restrictive means.” Currently, life is pro-

7 Kimya Forouzan et al., *The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care*, GUTTMACHER INST. (Dec. 2023), <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>.

tected from conception. The measure passed with 51.8% of the vote.

- Montana’s citizen-initiated ballot measure sought to enshrine the right to abortion until viability and prohibit the government from “burdening” abortion until viability. Currently, abortion is protected until viability. The measure passed with 57.4% of the vote.
- Nebraska had two competing ballot measures. Nebraska’s first citizen-initiated ballot measure sought to establish a “fundamental right to abortion until fetal viability” and prohibit the government from “interfer[ing]” with that right. Nebraska’s second citizen-initiated ballot measure sought to enshrine protection for “unborn children . . . from abortion in the second and third trimesters” except when there is a medical emergency and in cases of rape or incest. Currently, life is protected from 12 weeks. The measure to protect life passed with 55.3% of the vote while the measure to allow abortion-on-demand failed with 48.6% of the vote.
- Nevada’s citizen-initiated ballot measure sought to enshrine a “fundamental right to abortion” until viability and prohibit the government from “burden[ing]” this right “unless justified by a compelling state interest that is achieved by the least restrictive means.” The “compelling state interest” is limited to the woman seeking abortion, explicitly excluding the preborn child. Currently, abortion is legal until the 24th week of pregnancy. The measure passed with 63.3% of the vote. While garnering enough votes in 2024, the ballot measure will have to be voted on again in 2026 before it can be added to the state constitution.
- New York’s legislative ballot measure sought to amend the state’s equal protection amendment to include “pregnancy, pregnancy outcomes, and reproductive healthcare and autonomy.” Currently,

abortion is legal until the 24th week of pregnancy. The measure passed with 61.5% of the vote.

- South Dakota’s citizen-initiated ballot measure sought to create a trimester framework to regulate abortion. In the first trimester, abortion could not be regulated in any way. In the second trimester, abortion could only be regulated “in ways that are reasonably related to the physical health of the pregnant woman.” In the third trimester, abortion could be regulated except when “abortion is necessary, in the medical judgment of the woman’s physician, to preserve the life and health of the pregnant woman.” Currently, life is protected from conception. The measure failed to pass decisively with only 40.3% of the vote.

In addition, Connecticut, Maine, New Hampshire, and Virginia also had bills that would have either enshrined a “right” to abortion in the state constitution immediately or put similar pro-abortion measures on future ballots, but all failed. In Arkansas, the Secretary of State rejected the citizen-initiated ballot measure due to failures in the signature gathering process. This was upheld by the Arkansas Supreme Court and the measure did not appear on the ballot.

In Vitro Fertilization

One of the great surprises of the year came in April when the in vitro fertilization (IVF) issue unexpectedly shot to the forefront of the American mind and political landscape. In one of this year’s pro-life wins, a years-long case out of Alabama, *LePage v. Center for Reproductive Medicine*, interpreted Alabama’s Wrongful Death of a Minor Act as applying to preborn children. A case that quietly began in relative obscurity catapulted IVF into the national spotlight.

Vice President Harris said the decision was “outrageous” and the Alabama court was “robbing women of the freedom to decide when and how to build a family,”⁸ a claim that is completely exaggerated, as all the

8 Kamala Harris, (@KamalaHarris), TWITTER (Feb. 21, 2024, 3:34 P.M.), <https://x.com/KamalaHarris/status/1760417615019757924>.

court did was allow parents to sue a clinic—a *business*—that ruined their very attempt to try to build a family.

Here’s what really happened. Several years ago, at the Center for Reproductive Medicine, an unauthorized individual gained access to a freezer where embryos were being kept. The freezer should have been locked. This individual accidentally dropped and destroyed several families’ embryos, including the LePages’ embryos, who chose to sue for the loss of their children. The Alabama Supreme Court held the state’s Wrongful Death of a Minor Act applied “to all children, without exception,” allowing the LePages to proceed with their negligence lawsuit against the company. The Court also held that the Alabama Constitution’s Sanctity of Unborn Life Amendment would apply to embryos as well.

Alabama interpreted the wrongful death law to allow parents to stop a business from avoiding liability for its mistakes and, instead, hold the business accountable for its negligent actions and failures—the destruction of wanted embryos. This case had nothing to do with the legality of the IVF process. It simply gave parents hoping for a child the opportunity to hold a business accountable for negligently allowing the destruction of the parents’ children regardless of whether the child is born.

While this was clearly a pro-life win, the response from both sides of the aisle was swift and negative. There was a frenzied rush to protect IVF businesses and prevent them from being held accountable for any future failures. Ten states—including Alabama, Georgia, California, Delaware, New Jersey, New York, North Carolina, Ohio, South Carolina, and Washington—introduced bills that would protect businesses from criminal or civil liability in similar situations or introduced bills that stated fertilized embryos that were not implanted were not human beings.

The bill passed in Alabama and IVF businesses can now operate without consequences for their mistakes or negligence. Under this new law, “no action, suit, or criminal prosecution for the damage to or death of an embryo shall be brought or maintained against any individual or entity” related to IVF services. In other words, Alabama IVF clinics have nearly absolute civil and criminal immunity for their actions.

AUL is concerned with the anti-life practices that occur during the in vitro process.⁹ Embryos are inhumanely treated as insignificant materials. “Unwanted” embryos are intentionally destroyed or used in experimentation, while unused embryos are perpetually frozen. In addition, the abortion of “excess” fertilized embryos (euphemistically known as “selective reduction”), either before implantation or after, is an abhorrent anti-life practice whereby the “less desirable” babies in utero are killed. This can be the result of the malicious practice of genetic- or sex-selection—a type of discrimination touted as one of the benefits of the IVF process. AUL is also concerned with the increased medical risks to women from IVF through lack of research and full disclosure. For example, one study from 2022 found women who conceived with assisted reproductive technology were more likely than other mothers to experience “adverse obstetric outcomes” which included issues like acute kidney injury and placental abruption.¹⁰

These practices are contrary to the pro-life movement. Embryonic children kept in an IVF facility deserve the same wrongful-death protection that preborn children in the womb enjoy under fetal homicide laws. No couple, regardless of their views on personhood, would be happy to learn their embryos were treated carelessly. The Alabama Supreme Court acknowledged these truths in its ruling in *LePage* and required clinics to exercise commonsense care over the

9 While AUL does not take a position on IVF as a practice, we do oppose embryo destruction as a life-ending activity, whether pre- or post-implantation. We do believe IVF can be a scientific good when used within the context of protecting life. AUL has had a Policy Guide and IVF model bill on file for almost three decades which lays out a more ethical way to practice IVF.

10 Pensée Wu et al., *In-Hospital Complications in Pregnancies Conceived by Assisted Reproductive Technology*, 11 J. OF THE AM. HEART ASSOC. 58 (2022) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9075081/pdf/JAH3-11-e022658.pdf>.

irreplaceable embryos in their charge. Yet in response to *LePage*, state legislators—even those who would consider themselves pro-life—made rash and swift legislative actions to protect IVF providers from any liability while completely disregarding the humanity

of embryonic children and leaving IVF patients and parents without legal protection. It is misguided and against our pro-life stance to blindly support something without remembering to protect the innocent human lives impacted by the process.

AUL IN THE COURTS

We had a busy year as we worked hard to make an impact on the judicial landscape by filing friend-of-the-court briefs in key abortion cases.

AUL filed three briefs at the Supreme Court. Two of these briefs were filed in *Food & Drug Administration v. Alliance for Hippocratic Medicine*. This case considered “whether pro-life doctors and medical associations are able to challenge the FDA’s 2016 and 2021 deregulation of abortion pills and whether the FDA’s deregulation of abortion pills was conducted unlawfully.” We filed one brief on behalf of AUL, discussing how the FDA’s deregulation of mifepristone has injured the medical profession of obstetrics and gynecology, especially by impairing doctors’ abilities to provide informed consent counseling to women considering abortion. We filed the second brief on behalf of 145 members of the U.S. Congress, led by Senator Cindy Hyde-Smith of Mississippi and Representative August Pfluger of Texas. This brief argued that the FDA’s regulation of abortion pills subverted patient safeguards in the Food, Drug, and Cosmetic Act and ignored the mail-order abortion restrictions within the Comstock Act. The Supreme Court ultimately held the pro-life doctors and medical organizations did not have standing to bring the lawsuit, but unanimously held that federal

law provides robust protection for conscientious objections to abortion.

The third Supreme Court brief was filed in *Moyle, Speaker of the Idaho House of Representatives v. United States* on behalf of 121 Members of Congress. The brief was led by a unanimous Idaho delegation: Senators Mike Crapo and James Risch and Representatives Russ Fulcher and Mike Simpson. This case challenged the abortion mandate that the U.S. Department of Health and Human Services (HHS) contrived within the Emergency Medical Treatment and Active Labor Act (EMTALA). EMTALA is an anti-patient dumping statute which says nothing about abortion. Rather, the statute protects the “unborn child” at four separate points within its text. The Supreme Court ended up dismissing the petition for a writ of certiorari as improvidently granted, but litigation continues in the lower court.

In addition, the fourth amicus brief AUL submitted was in a federal court of appeals case, *GenBioPro v. Raynes*. This is a chemical abortion case alleging that the Food and Drug Administration’s (FDA) regulation of mifepristone preempts state pro-life laws that restrict chemical abortions. The case has raised questions about federalism and states’ powers to protect human life following the *Dobbs* decision.

KEY LEGISLATIVE ACTIVITY

AUL Model Legislation in the States

This year, state legislators introduced a number of bills that were based in whole or in part on AUL model legislation. These bills included the Pregnancy Op-

tions Tax Credit Act, Parental Notification for Abortion Act, Women’s Health Protection Act, Coercive Abuse Against Mothers Prevention Act, Joint Resolution Honoring Opposing Suicide by Physician, Wom-

en’s Right to Know Act, Born-Alive Infant Protection Act, and Suicide By Physician Ban Act.

Last year, AUL introduced a new model bill, the “Pregnancy Options Tax Credit Act,” which provides a way for states and the pro-life community to support pro-life pregnancy resource centers in a post-*Dobbs* world. This bill extends state tax credits for individuals and businesses that choose to donate to pregnancy resource centers. Similar tax credit bills were introduced in Alabama, Kansas, Ohio, and West Virginia. Kansas’ legislature passed a bill authorizing a tax credit for pregnancy resource centers. Additionally, this year, 54 bills were introduced in 20 states to provide funding for these centers. So far, eleven states—Arkansas, Florida, Iowa, Kansas, Louisiana, Missouri, Oklahoma, South Carolina, Tennessee, Utah and West Virginia—passed bills allocating funding to pregnancy resource centers.

Another bill that remains as timely as ever is AUL’s “Abortion-Inducing Drugs Risk Protocol.” In 2021, AUL and other national pro-life organizations worked together to draft a model bill designed to protect women from the dangers of the prescription drugs used in the chemical abortion procedure. The use of the chemical abortion regimen continues to increase year after year, which makes the regulation of the two-drug protocol more and more pressing for state legislators. In addition, the Food and Drug Administration eliminated the in-person dispensing requirement, and litigation against such change is still ongoing, making this coalition bill even more significant.

AUL’s “Chemical Abortion Accountability Act” helps protect women from the serious risks to their health and safety which have been exacerbated by the lack of medical oversight of abortion-inducing drugs. The Biden Administration chose to put women’s lives

at risk through its radical abortion-on-demand policies, and a growing number of states have chosen to shield those who value profit over women’s health and safety.

To illustrate this point, on May 24, Louisiana Governor Jeff Landry signed a bill that added mifepristone and misoprostol—abortion-inducing drugs—to the controlled substances list (still allowing for non-abortion uses) and also added abortion drug coercion as a form of domestic violence. The bill’s sponsor had a personal motivation for introducing such a bill: his sister’s soon-to-be-ex-husband attempted to kill their preborn daughter by slipping abortion-inducing drugs—illegally obtained from Mexico—into his wife’s drinks. He received a sentence of a mere 180 days in county jail.

As mentioned earlier, this session saw an increase in activity related to physician-assisted suicide. This serves to remind us how important it is for states to cement their pro-life stance when it comes to end-of-life issues. AUL’s “Assisted Suicide Ban Act” does just this, so every state can solidly ground its anti-suicide stance.

State Legislative Movement in 2024

To date, the attorneys and staff at Americans United for Life have provided in-person, virtual, or written testimony for legislation in 13 states on 19 bills.

So far in 2024, at least 41 pro-life bills and resolutions have been passed and signed into law in 20 states compared with 31 anti-life bills in 13 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 express a policy preference.

ENACTED MEASURES

Pro-Life Laws and Resolutions

Arkansas

- SB 64, appropriating funds for pregnancy resource centers
- Executive Order 24-03, establishing the Arkansas Strategic Committee for Maternal Health, which will develop a plan to improve women's health around prenatal and postpartum services

California

- AB 1029, clarifying that the term "health care decision" in an advance health care directive does not include consenting to sterilization or abortion

Florida

- HB 415, creating a state website to provide pregnancy and parenting resources, educational programs, financial assistance, and adoption services
- HB 5001, appropriating funds for pregnancy resource centers

Georgia

- HB 1046, creating the Georgia Commission on Maternal and Infant Health to make policy recommendations about improving perinatal care and reducing maternal mortality

Illinois

- HB 5282, requiring insurance coverage for treatment for mental, emotional, nervous, or substance abuse for women who have had a miscarriage or stillbirth
- HB 5142, amending insurance coverage of abortion and pregnancy care

Iowa

- H 2698, appropriating funds for pregnancy resource centers
- SB 2252, creating a statewide pregnancy support program

Kansas

- HB 2436, criminalizing coerced abortion
- HB 2465, creating a tax credit for donations made to pregnancy resource centers; legislators overrode the governor's veto
- HB 2749, updating abortion reporting requirements; legislators overrode the governor's veto
- SB 27, exempting pregnancy resource centers from paying certain sales tax
- SB 28, appropriating funds for the state's alternatives to abortion program; legislators overrode the governor's veto

Louisiana

- HB 782, appropriating funds for pregnancy resource centers
- SB 276, criminalizing the fraudulent provision of abortion-inducing drugs to an unsuspecting pregnant woman
- SB 278, creating the Louisiana Pregnancy and Baby Care Initiative as a replacement for the state's Alternatives to Abortion program
- SB 325, requiring a physician or healthcare facility to provide a pregnant woman who has received a diagnosis of a fetal genetic abnormality with a document created by the Louisiana Department of Health detailing resources and services available

Maryland

- SB 873, expanding the state's Safe Haven Program by increasing the drop-off time period from 10 to 60 days, and expanding what qualifies as a designated facility

Michigan

- HB 5208, outlining naming requirements for the birth certificate when an infant is born alive following an attempted abortion

Missouri

- HB 2011, appropriating funds for the state's alternatives to abortion program, and appropriating funds for an abortion alternatives campaign
- HB 2634, prohibiting funding of abortion

North Carolina

- HB 259, prohibiting contracts with providers that perform abortions

Nebraska

- LB 932, updating the requirements for informed consent when seeking an abortion so that it includes counseling

New Hampshire

- HB 1607, expanding the state's Safe Haven Program by increasing the drop-off period from 7 days to 61 days, and by authorizing anonymous surrender of infants

Oklahoma

- HB 2152, requiring maternal mortality reports, including when death occurs up to one year after the termination of a pregnancy
- HB 3041, permitting ethical research using adult stem cells and stem cells obtained from umbilical cords; prohibiting research on human embryos and on embryonic stem cell lines created after 2001
- SB 538, allowing the government to reimburse organizations for providing ultrasounds

South Carolina

- HB 4159, requiring all practitioners providing telehealth care in the state to have a South Carolina license to practice, and reenacting the prohibition on prescribing abortion-inducing drugs virtually
- HB 5100, appropriating funds for pregnancy resource centers

South Dakota

- HB 1224, creating materials to explain the state's abortion laws for the purpose of clarifying to medical providers what is legally defined as an abortion and what factors should be considered when treating a pregnant woman experiencing potentially life-threatening complications
- HCR 6008, opposing the initiative to add an anti-life ballot measure

Tennessee

- SB 1971, creating the criminal offense of abortion trafficking of a minor
- HB 2973, appropriating funds for pregnancy resource centers

Utah

- HB 3, allocating grants to two pregnancy resource centers
- HB 560, updating state licensing laws to regulate abortion clinics
- SB 147, directing the state Department of Health and Human Services to provide or contract for pregnancy support services
- SB 229, permitting the revocation of a medical license if the department finds that an abortion has been performed in violation of state law

West Virginia

- HJR 28, proposing an amendment that would prohibit physician-assisted suicide, euthanasia, and "mercy killing"
- SB 200, appropriating funds for pregnancy resource centers, and appropriating funds for the maternal mortality review committee

Anti-Life Laws

Arizona

- HB 2677, repealing the state's pre-*Roe* law

California

- AB 352, prohibiting healthcare providers from cooperating with out of state investigations related to abortion
- SB 233, allowing physicians licensed in Arizona to perform abortions on women who travel to California from Arizona to obtain an abortion
- SB 345, stating California law governs when someone receives abortion services, including via telehealth, and a shield law prohibiting state or local government employees from assisting in investigations from out of state with regards to abortion
- SB 487, protecting physicians and other providers from abortion-related convictions or disciplinary actions from other states through a shield law

Colorado

- SB 24-068, expanding physician-assisted suicide to allow advanced practice registered nurses to evaluate patients and prescribe life-ending pills; reducing the waiting period from 15 days to 7 days; allowing the medical provider to waive the waiting period entirely if the patient may not live beyond 48 hours

Illinois

- SB 251, appropriating funds for government employees and their dependents to travel to access abortion

Iowa

- HF 2693, requiring the Attorney General to resume providing or reimbursing for abortion when requested in cases of sexual assault

Maryland

- HB 1091, appropriating funds for abortion clinics
- SB 360, appropriating funds to cover the cost of abortion in certain situations
- SB 975, appropriating funds for abortion clinics
- SJ 1/HJ 1, supporting the federal Equal Rights Amendment through a joint resolution

Maine

- LD 227 (HP 148), protecting abortionists through a shield law

Massachusetts

- HB 4040, appropriating funds for abortion centers

Michigan

- HB 4949, asserting the right to “reproductive freedom” and severely limiting the state’s ability to regulate abortion through a statutory Reproductive Health Act
- HB 4951, decriminalizing partial-birth abortion
- SB 474, changing “elective abortion” to “abortion” and defining it as medical treatment
- SB 476, defining abortion as medical treatment
- SB 477, removing the prohibition against university health centers providing referrals for abortions
- SB 747, appropriating funds for expanding abortion access

Minnesota

- HF 5247, requiring private health insurance coverage of abortion and abortion-related services, and requiring Medicaid coverage of the same

New York

- AB 8803, appropriating funds for abortion access
- AB 8804, appropriating funds to cover security for abortion clinics

- AB 8806, creating a grant program to fund abortion access
- SB 8303, appropriating funds for abortion access
- SB 8304, appropriating funds to cover security for abortion clinics
- SB 8306, creating a grant program to fund abortion access

Rhode Island

- HB 7577, protecting healthcare providers through a shield law

Vetoes

Delaware

- Governor John Carney vetoed a bill that would have legalized physician-assisted suicide.

Kansas

- Governor Laura Kelly vetoed a bill that would have allowed for tax credits for donations to pregnancy resource centers. Governor Kelly line-item vetoed an appropriations bill that would have funded an abortion alternatives program. Governor Kelly also vetoed a bill that would have updated abortion reporting requirements. However, the legislature successfully overrode all three vetoes.

Washington

- HB 2115, allowing chemical abortion pill labels to only list the name of the facility instead of the name of the prescribing provider
- HB 1954, protecting abortion providers from disciplinary action
- SB 5950, continuing state funding of abortion

Virginia

- Governor Glenn Youngkin vetoed a shield law that would have prohibited the extradition of individuals who perform abortions out of state. Governor Youngkin also vetoed two shield laws that would have prohibited disciplinary action from the board of medicine for performing an illegal abortion outside the Commonwealth.

Wyoming

- Governor Mark Gordon vetoed a bill that would have required any facility that performs surgical abortions to be licensed as an outpatient surgical center. It would have also required pregnant women seeking abortions to have an ultrasound no less than 48 hours before the abortion to determine gestational age and whether the baby is viable.