Americans United for Life

2025

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

Americans United for Life (AUL) applauds the tremendous efforts exerted by pro-life legislators and advocates this legislative session. Pro-life states continued to introduce and pass laws that protect life from conception to natural death. We hope this year's impressive wins inspire the pro-life movement to continue the momentum into 2026.

However, it is clear from the laws that were passed that there is an ever-growing divide in values between states that support life and those that don't. Earlier this year, Colorado made its mark as a prime example of how much the anti-life movement's world view differs from that of the pro-life movement.

In the 2024 election, Colorado's citizen-initiated ballot measure enshrined a constitutional right to abortion and prohibited the government from "imped[ing]" that right, winning 61.5% of the vote.[1] The ballot measure also repealed a longstanding amendment that had prohibited state funding of abortion in a state that does not have any gestational limit on abortion.

This year, as a follow up to the ballot measure, the Colorado legislature introduced Senate Bill 183, a bill to repeal the prohibition on government-funded insurance coverage of abortion and to require the state-run healthcare insurance programs to cover elective abortions.

One of the co-sponsors, House Speaker Julie McCluskie, speaking as a witness in favor of the bill, argued that "birth is more expensive than abortion."[2] Ignoring the inherent dignity of the preborn child, she made it clear she sponsored the bill based on Colorado's bottom line: that the "averted births that will not occur because abortions happened instead" would save the Colorado government money by prioritizing a one-time killing over care and support.

The state's pro-abortion legislators value money more than human life. In the initial fiscal note drafted for the bill, the projection for state expenditures in the first year showed an estimated $6.4 million reduction from "averted births," compared to the estimated $5.8 million cost for covering abortions.[3] "Covering the cost of abortion care through Medicaid/CHP+ is also expected to increase the number of averted births by 30

1 https://leg.colorado.gov/sites/default/files/initiative%2520referendum_89final.pdf.

2 https://aaplog.org/stories/a-birth-is-more-expensive-than-an-abortion-colorado-legislator-shamefully-advocates-for-killing-preborn-children-to-save-the-state-money/.

3 https://leg.colorado.gov/sites/default/files/documents/2025A/bills/fn/2025a_sb183_00.pdf.

percent. . . . This represents the number of pregnancies that would have gone to term without access to abortion care through public health insurance."[4] Only a morally bankrupt society would promote state-funded abortion as a solution to the potential "financial burden" of allowing a human person to be born and live.

S.B. 183, among other anti-life bills across the nation, illuminates the abhorrent world view behind anti-life policies. Accordingly, the 2025 legislative session highlights the continued need for the pro-life movement to take back the narrative when it comes to the human dignity of some of the most vulnerable persons in our communities. Despite the challenges we saw in this last legislative session, we also saw the pro-life movement rise to the occasion and successfully advocate for the right to life.

ABORTION

Pregnancy Centers

Pregnancy centers (PCs) are committed to providing compassionate and loving support for their communities throughout pregnancy and after birth. They are irreplaceable for building and fostering an enduring culture of life in society. Last year, Americans United for Life partnered with two national networks of PCs—Care Net and Heartbeat International—and LifeLine Children's Services, an agency focused on adoption and family restoration, to create the Pregnancy Center Advocacy Hub (PCAH). The primary goal is to equip pregnancy centers, supporters, and staff with the tools they need to inform their lawmakers what they can do to protect the life-affirming work provided by these life-giving centers.

AUL's PCAH campaigns have raised awareness on several critical issues, including deadly abortion amendments, tax credits for PCs, protection for PCs from politically motivated government intrusion, and First Amendment freedoms for foster care and adoptive families.

Since the PCAH launched in September 2024, AUL has sent 21 unique email campaigns on federal and state issues to lawmakers and elected officials, resulting in a total of 8,934 messages from pregnancy center supporters. Using our pre-written advocacy messages, email recipients can quickly and easily contact their legislators regarding a bill or hearing on a topic they deeply care about. The most effective federal campaign to date has been "STOP HARM TO WOMEN!", with over 8,000 messages sent to Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr., Food and Drug Administration (FDA) Commissioner Martin A. Makary, M.D., and Members of Congress, calling upon them to pull the dangerous chemical abortion drug mifepristone from the market. The most effective state campaign advocated for a tax credit increase for charitable contributions to PCs in Missouri, with 78 messages sent.

AUL's Pregnancy Options Tax Credit Act extends state tax credits for individuals and businesses that choose to donate to pregnancy resource centers. Tax credit bills were introduced in seven states: Alabama, Arkansas, Missouri, New Jersey, Ohio, Oklahoma, and South Carolina. Additionally, eight states—Alabama, Florida, Iowa, Louisiana, South Carolina, Tennessee, Utah, and West Virginia—showed their support and passed bills appropriating state funds to pro-life centers.

On the other side, the anti-life crowd has targeted these life-affirming centers through attacks on so-called "deceptive advertising." For example, United States Senator Elizabeth Warren (D-MA) and Representative Suzanne Bonamici (D-OR) introduced a federal bill targeting pregnancy resource centers through this "deceptive advertising" language.

4 *Id.*

The Stop Anti-Abortion Disinformation (SAD) Act claims these pro-life centers "routinely rely on deceptive advertising practices to trick pregnant women into thinking they offer comprehensive reproductive health care, only to discourage them from getting abortions."[5]

Thankfully, not everyone is falling for this "deceptive advertising" ploy. This year, Vermont passed SB 28 which, in part, repeals part of the law targeting pregnancy resource centers and their advertising. The bill broadened the law to apply to *all* deceptive advertising regarding health care, when the law previously exclusively regulated "deceptive advertising" by PCs. This only came about as a result of a lawsuit brought by Vermont's pregnancy resource centers, demanding Vermont stop their open discrimination against them for their life-affirming work.

Chemical Abortion

This year, the Ethics and Public Policy Center (EPPC) released a groundbreaking study analyzing the data surrounding public and private insurance claims for use of one of the two chemical abortion pills, mifepristone. In this study, the EPPC concluded the "Food and Drug Administration (FDA) has severely underestimated the rate of adverse events of the abortion drug mifepristone."[6] In fact, "the incidence of serious adverse events is nearly 22 times the rate the FDA currently recognizes."[7] The Charlotte Lozier Institute also released a peer-reviewed article where it found the claim the abortion pill is safer than Tylenol to be baseless.[8]

In response, AUL issued a report titled *Stop Harming Women: Legal Restrictions on Prescribing or Dispensing Dangerous Abortion Pills*. This report is a policy guide that provides a comprehensive, state-by-state overview of the statutory restrictions on chemical abortion that can aid lawmakers and state enforcement agencies in their efforts to protect women from these dangerous drugs. In addition, AUL co-led a letter, joined by over 100 organizations, calling the FDA to, at a minimum, restore the Risk Evaluation and Mitigation Strategies protections that were put in place to promote the safety of mifepristone.

Knowing how dangerous the chemical abortion regimen is, 12 states introduced bills to criminalize the sale or distribution of the pills used for chemical abortions—Illinois, Iowa, Indiana, Kentucky, Maine, Missouri, Mississippi, Oklahoma, South Carolina, Tennessee, Texas, Washington, and West Virginia. These bills would either ban chemical abortion entirely or attempt to stop rogue organizations and websites that illegally provide these pills, often to individuals in states that have laws that are illegally distributing these dangerous pills. Six more states saw legislation to make mifepristone a scheduled drug.[9] In addition, 14 states introduced legislation to place regulations, such as reporting requirements and physician oversight, on chemical abortion.[10]

Protecting Access to Abortion

On the other side of the ledger, since *Dobbs* overturned *Roe*, anti-life states have made a point of bending over backwards to protect abortion access and the individuals that provide it. These anti-life states have done so by protecting providers who illegally provide abortions out of state through "shield laws." These anti-life legislators and governors decided it is more important to shield those who value profit over life and women's health and safety.

5 https://aul.org/2025/03/20/members-of-congress-introduce-bill-targeting-underserved-women-and-families/.

6 https://aul.org/2025/04/28/abortion-drug-far-more-dangerous/.

7 *Id.*

8 https://lozierinstitute.org/peer-reviewed-study-debunks-abortion-drugs-are-safer-than-tylenol-claim/.

9 Idaho, Indiana, Iowa, Mississippi, Missouri, and Texas.

10 Arizona, Connecticut, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Oregon, Texas, Washington, West Virginia, and Wyoming.

This year, 17 jurisdictions introduced laws to shield abortionists from the legal consequences of their actions or to expand on pre-existing shield laws: California, Colorado, the District of Columbia, Delaware, Hawaii, Kentucky, Massachusetts, Maine, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, Virginia, Vermont, and Washington. Of those, 6 states enacted a shield law or expansion: Colorado, the District of Columbia, Delaware, Maine, Vermont, Washington. Additionally, North Carolina protected abortionists through Executive Order 8.

ASSISTED SUICIDE

Assisted suicide continues to be the fastest-growing challenge to a culture of life. This year, 18 states introduced legislation to legalize assisted suicide: Arizona, Connecticut, Delaware, Florida, Illinois, Indiana, Kentucky, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nevada, New Hampshire, New York, Pennsylvania, Rhode Island, and Tennessee. These were not idle threats, as many of these states held hearings to push forward with these bills. However, the pro-life legislators of Montana—where assisted suicide is not prosecuted as a result of a state supreme court decision—also introduced a bill to clarify that assisted suicide is not legal. The bill received a hearing and passed the senate but was ultimately unsuccessful this year.

Last year, Delaware's Governor John Carney vetoed an assisted suicide bill, stating he was "fundamentally and morally opposed to state law enabling someone . . . to take their own life." But this year, newly appointed Governor Matt Meyer signed the same bill, making Delaware the 12th jurisdiction to expose its citizens to the dangers of assisted suicide. In addition, New York's legislature passed an assisted suicide bill which will make it the 13th jurisdiction if Governor Kathy Hochul signs the measure.

Another common theme this year was legislators who were more interested in pushing their own agenda than protecting the public they're supposed to serve. One of AUL's attorneys explained in her testimony in Rhode Island that the assisted suicide bill had no true safeguards for individuals who might be suffering from depression—an issue often co-morbid with certain terminal and chronic illnesses. One legislator essentially claimed that because of her experience with *her* doctor, *all* doctors are able to tell whether someone is suffering from depression. However, the bill did not even require a doctor to evaluate for depression, despite it being common sense that anyone diagnosed with a terminal illness would face the possibility of depression.

AUL Policy Counsel Danielle Pimentel wasn't even given the opportunity to provide her expert testimony against Delaware's assisted suicide bill. She spent the last couple of years defending against assisted suicide bills in Delaware, and was previously successful in helping defeat it. At the hearing this year, many people were signed up to testify in opposition to the bill. However, the committee spent most of the hearing with the bill sponsor's expert witness—an out-of-state doctor. Ultimately, the committee chose to allow only a few people from the public to give their testimony, which was unusual. So, neither our attorney, nor most of the public, were able to provide in person testimony against a bill that passed and will ultimately impact the lives of Delaware residents.

AUL Government Affairs Director Brad Kehr had a similar experience in Nevada. The select committee, specifically established to promote assisted suicide, denied Brad and more than thirty other individuals the opportunity to give testimony in opposition to the bill. Despite the fact that over 75% of attendees and 94% of online responders were opposed to assisted suicide, the committee ignored the overwhelming majority and pushed forward with their opinion instead.

Using the Courts to Remove Protections

Residency requirements have been a ubiquitous "safeguard" in assisted suicide legislation. But they have become a meaningless illusion. When bills to legalize assisted suicide come up, citizens are promised that assisted suicide is harmless and merciful, and the safeguards then-present in the bill prevent abuse of the process. But now that assisted suicide is legal and rapidly on the rise, legislators are claiming these safeguards are really barriers to access for the elderly and terminally ill both in and out of their states.

If the legislators don't tear down residency requirements themselves, then the states with assisted suicide have to defend these requirements against lawsuits that seek to expand access through the courts. In *Govatos v. Murphy*, New Jersey is defending its residency requirement against a lawsuit filed by a national activist group. In *McComas v. Polis*, Colorado is defending its residency requirement against a lawsuit filed by the same national activist group. Activists in both cases claim this safeguard violates various clauses of the U.S. Constitution.

LIFE AT THE FEDERAL LEVEL

In January, President Trump issued Executive Order 14182, titled Enforcing the Hyde Amendment. It reaffirmed the Hyde Amendment's rule that prohibits federal taxpayer money from going to elective abortions. It also rescinded two pro-abortion Executive Orders that were issued during the Biden Administration.

In June, the HHS Centers for Medicare and Medicaid Services rescinded the Emergency Medical Treatment and Labor Act (EMTALA) abortion mandate that was issued under the previous administration in 2022. This Biden-era mandate required hospitals to offer abortions to patients in emergent health situations. This previous rule was unnecessary and flawed, as EMTALA already protects women in active labor as well as their unborn children.

In July, the Office of Legal Counsel issued a memorandum for HHS on the Hyde-Amendment and abortion-related travel. The Office of Legal Counsel reconsidered and withdrew the Biden-era memorandum from 2022 that said the use of federal funds to cover abortion-related travel did not violate the Hyde Amendment. The Office determined it in fact *prohibits* federal funding from covering travel necessary to obtain an abortion.

Lastly, the Department of Veteran Affairs (VA) is in the process of finalizing a rule to restore abortion funding restrictions on the VA medical benefits package, insurance for military, and Civilian Health and Medical Program of the Department of VA insurance for spouses as well as surviving spouses and dependents. The Biden Administration had rescinded the abortion funding restrictions.

AUL IN THE COURTS

The attorneys at AUL filed friend-of-the-court briefs in four significant cases brought before the Supreme Court this past term.

The biggest of these cases is *Medina v. Planned Parenthood South Atlantic*. This case considered whether there is a private right of action such that Planned Parenthood or its clients may bring a lawsuit challenging the decertification of Medicaid providers. AUL filed a brief explaining why it does not. The Supreme Court handed the pro-life movement a huge win. South Carolina, and any other state, can now free up taxpayer dollars previously tied to abortion, and redirect state funding to authentic women's healthcare.

The second Supreme Court case is *Oklahoma v. U.S. Department of Health and Human Services*. This case concerned the scope of conscience protections, specifically the Weldon Amendment's protections for healthcare providers or institutions who decline to be involved in abortions. The Oklahoma Department of Health refused to provide referrals to a national abortion hotline, so the Biden Administration stripped its Title X funding. AUL filed a brief on behalf of 19 members of Congress and focused on the conscience protections offered by the Weldon Amendment. The Court granted the petition, vacated the judgment, and remanded for further proceedings.

The third Supreme Court brief involved two different cases that sought to challenge *Hill v. Colorado*, a case which held bubble zones around abortion clinics did not violate the First Amendment. Both *Coalition Life v. City of Carbondale, Illinois* and *Turco v. City of Englewood, New Jersey* sought to fight back on this case that contributed to the abortion distortion silencing pro-life counselors. AUL filed a brief in *Coalition Life* discussing *Roe v. Wade*'s distortion of the First Amendment and the free speech rights of sidewalk counselors. Unfortunately, the Supreme Court denied certiorari in both cases.

The last Supreme Court case is *Montana v. Planned Parenthood of Montana*. The case centered around whether a parent's fundamental right to direct the care of his or her child included the right to participate in his or her minor child's medical care, including decisions around abortion. Montana had extended its state constitutional right to abortion to include minors at the expense of the parents' rights, creating a conflict under the Supremacy Clause. AUL's brief focused on how the law giving minors a constitutional right to abortion negatively impacted parents' constitutional right to participate in their children's medical care. Unfortunately, the Supreme Court denied certiorari.

KEY LEGISLATIVE ACTIVITY

AUL Model Legislation in the States

Every year, state legislators introduce a number of bills that are based in whole or in part on AUL model legislation. This year, these bills included Maine HP 759, which was based on AUL's Perinatal Hospice Information Act, and South Carolina S 32, which was similar to AUL's Pregnancy Options Tax Credit Act.

New Trends

This legislative session, we have seen the continuation of several pro-life policy trends from 2024. For example, after Louisiana enacted a law reclassifying chemical abortion drugs as Schedule IV controlled substances in 2024, several states followed suit this year and introduced similar legislation, including Kentucky, Missouri, and Texas. Additionally, much like the laws enacted in Idaho and Tennessee in prior years, a number of states introduced legislation prohibiting the trafficking of minors to obtain an abortion without parental consent, including Colorado, Missouri, New Hampshire, South Carolina, and Texas. We also saw a number of states follow Tennessee's lead in introducing legislation that requires public school curriculum to discuss human growth and development, which includes showing the "Meet Baby Olivia" video created by Live Action or a similar ultrasound video depicting early fetal development. These states include Arkansas, Iowa, Kentucky, Michigan, Missouri, New Hampshire, South Carolina, South Dakota, Texas, and West Virginia.

There have been a few anti-life policy trends as well. First, several states put forth legislation that sought to remove the names of abortion providers from chemical abortion drug prescriptions upon request, including Massachusetts, Pennsylvania, and New York. Four states—North Carolina, Pennsylvania, South Carolina, and New Jersey—put forth legislation that sought to enshrine a right to in vitro fertilization and other artificial reproductive technologies (ART), which would include prohibiting the enactment of future

commonsense protections for women seeking ART, some bills even explicitly denying the humanity of embryonic children.[11]

State Legislative Movement in 2025

To date, the attorneys and staff at Americans United for Life have provided in-person, virtual, or written testimony for legislation in 18 states on 36 bills.

So far in 2025, at least 40 pro-life bills and resolutions have been passed and enacted into law in 24 states, compared with 32 anti-life bills in 14 states. The enacted measures have been codified as state statutes 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

Alabama

- SB 113, appropriating funds to pregnancy resource centers

Arkansas

- SB 591, prohibiting abortion on the basis of race
- HB 1551, criminalizing the fraudulent provision of abortion-inducing drugs to an unsuspecting pregnant woman
- HB 1610, updating the definition of "medical emergency" to clarify it does not include the conditions for which there are reasonable treatments that do not require termination, does not include emotional conditions, and does not include the woman's threat to engage in harmful conduct
- SB 444, stating all employees in the medical field have the right to not participate in or facilitate abortions and assisted suicides
- SB 213 and HB 1427, updating state Medicaid to improve maternal health services and ensure access to prenatal healthcare, and extending the statute of limitations for injury during childbirth

Colorado

- SB 25-118, requiring health insurance policies that include maternity coverage to cover up to three prenatal visits without cost sharing

Florida

- SB 7018, stopping the repeal of a law that protected identifying information of minors seeking abortion
- SB 2500, appropriating funds to the state's alternatives to abortion program, a pregnancy resource center, and perinatal care centers

Idaho

- S 1171, creating a procedure for a civil lawsuit related to the state's heartbeat law
- H 59, protecting the right to not participate in a healthcare service that violates the healthcare professional's conscience, preventing discrimination against conscience rights of employees and institutions, and providing civil remedies for conscience violations

Indiana

- SCR 24, a resolution recognizing and supporting the work done by pregnancy resource centers

11 While AUL does not maintain a position on ART, including IVF, as a practice, AUL has consistently advocated for the implementation of safeguards that protect women and embryonic children from the number of abuses that may arise throughout the ART process. This includes the exploitation of women seeking to donate their eggs, the lack of informed consent for ART patients, and the industry's disregard for the humanity of human embryos. 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.

Iowa

- HF 1049, appropriating funds for grants that can go to pregnancy resource centers

Kansas

- HB 2062, enshrining fetal personhood and permitting child support and tax exemption from conception; the legislature overrode the governor's veto

Kentucky

- HB 90, creating a licensing framework for freestanding birth centers, clarifying what medical conditions are not abortions and therefore allowed under law, requiring pregnant women to be given a referral to perinatal palliative care upon the diagnosis of a potential lethal fetal anomaly; the legislature overrode the governor's veto

Louisiana

- HB 575, expanding on causes of action and increasing the period for filing a lawsuit for an unlawful termination of pregnancy
- HB 425, expanding the definition of a coerced abortion from "intentionally" to "knowingly" and expanding beyond physical force to include control and intimidation
- HB 460, appropriating funds to a pregnancy resource center

Missouri

- HB 11, appropriating funds to the state's alternatives to abortion program
- HB 14, appropriating funds for family planning and similar services while explicitly prohibiting funding for abortion-related services
- HJR 73, a resolution proposing an amendment to replace the pro-choice referendum from 2024 and instead limit abortion, ensure parental consent for minors seeking abortion, prohibit government funding of abortion, and prohibit abortion on the basis of fetal disability; this resolution could appear on the ballot in November 2026
- HB 121, creating a tax credit for donating to the "Zero-Cost Adoption Fund Act," a fund for assisting with adoption expenses, and creating a "Safe Place for Newborns Fund," which will be used for the installation of newborn safety incubators

Montana

- HB 723 (LC 1725), requiring annual reports on infants born-alive after attempted abortions, which includes their gestational age, medical action provided, and outcome
- HB 388 (LC 2052), prohibiting the State and local government from requiring pregnancy resource centers to provide, refer, advertise, or counsel for abortion, and prohibiting the State and local government from preventing a pregnancy resource center from providing their services because they do not provide abortions as well
- S 154, prohibiting the sale of aborted fetal tissue for research or education

New Jersey

- SB 912, mandating healthcare professionals help create individualized postpartum care plans for each pregnant woman

New York

- A 914, requiring the state Department of Health to evaluate maternal health care and make recommendations for best practices

North Dakota

- HB 1511, requiring physicians to complete a licensure course before performing an abortion

Oklahoma

- HB 2104, amending the state's felony classifications for crimes that involve preborn children

South Carolina

- HB 4025, appropriating funds for pregnancy resource centers, prohibiting state funding of Planned Parenthood and affiliates

South Dakota

- HB 1044, updating the procedure around the state's Safe Haven laws

Tennessee

- SB 1004, narrowing the exceptions to the state's abortion ban
- HB 1409, appropriating funds to pregnancy resource centers

Texas

- SB 1, appropriating funds for the state's Alternatives to Abortion program, appropriating funds to improve health outcomes for pregnant women, appropriating funds for maternal health and high-risk pregnancies
- SB 31, mandating treatment for pregnancy-related conditions to prioritize protecting the life of the unborn child, narrowing exceptions to the abortion ban, clarifying what it would mean to aid and abet an abortion
- SB 33, prohibiting state government entities from engaging in financial transactions with abortion providers or abortion assistance entities, and prohibiting taxpayer funding for abortion assistance, including travel and lodging
- S 1388, expanding the state's alternatives to abortion program

Utah

- S 2, appropriating funds for a grant meant for pregnancy resource centers
- S 3, appropriating funds to Pro-Life Utah

Virginia

- HB 1600, appropriating funds to improve outcomes for pregnant women and newborns

West Virginia

- S 537, expanding the funding flexibility of the state's pregnancy support program
- H 2026, appropriating funds to pregnancy resource centers

Wyoming

- HB 64, requiring an ultrasound 48 hours before abortion; the legislature overrode the governor's veto
- HB 42, requiring abortion facilities to be licensed as ambulatory surgical centers, requiring abortion providers to have admitting privileges at a nearby hospital

Anti-Life Laws and Resolutions

California

- SB 101, appropriating funds to defend municipal governments from litigation from the federal government regarding reproductive health, appropriating funds to promote reproductive health services
- AB 102, appropriating state funds for abortion

Colorado

- SB 25-130, including abortion in the definition of "emergency medical services," making it required when "necessary"
- SB 25-183, requiring abortion coverage in state healthcare, repealing the ban on public funding of abortion
- SB 25-129, allowing chemical abortion pill labels to only list the name of the facility instead of the name of the prescribing provider, expanding on the existing shield law, rolling back on abortion reporting requirements
- SB 25-93, appropriating funds to cover abortion costs for individuals who do not qualify for Medicaid

Connecticut

- HB 7213, permitting minor children to consent to pregnancy-related services without parental notification or consent, and prohibiting the physician from sharing this information with the minor's parent or guardian without the minor's consent
- HB 7287, requiring emergency room healthcare providers to perform abortions when "necessary," establishing an account to fund abortion organizations to help cover costs associated with receiving an abortion

Delaware

- HB 140, legalizing assisted suicide
- HB 205, protecting healthcare providers for their out-of-state conduct through a shield law

District of Columbia

- B 696, requiring healthcare coverage of abortion without cost sharing, expanding the existing shield law

Illinois

- HB 3709, requiring state universities with pharmacies on campus to dispense chemical abortion pills
- SB 2510, appropriating funds to cover abortion costs for state employees
- HB 3637, protecting healthcare providers' out-of-state conduct through a shield law

Maine

- LD 538 (HP 357), allowing chemical abortion pill labels to only list the name of the facility instead of the name of the prescribing provider
- LD 94 (HP 59), repealing the law requiring healthcare practitioners to report each miscarriage of an unborn child less than 20 weeks' gestation

Maryland

- SB 848, creating a state grant program to provide funding for access to abortion
- HB 930, requiring health insurance and health service plans to use funds collected for abortion coverage to provide abortion services and transfer surplus to the state abortion grant program

Massachusetts

- HB 4240, appropriating funds to support abortion access
- SB 2543, allowing chemical abortion pill labels to only list the name of the facility instead of the name of the prescribing provider, protecting healthcare providers' out-of-state conduct through a shield law, requiring emergency room healthcare providers to perform abortions when "necessary"

New Jersey

- S 2026, appropriating state funds for reproductive healthcare, including abortion

New York

- S 4587/A 5285 and S 36/A 2145, allowing chemical abortion pill labels to only list the name of the facility instead of the name of the prescribing provider
- S 3007 repealing abortion reporting requirements, listing abortion as emergency treatment required by hospitals
- S 3003, appropriating state funds to abortion access

Vermont

- S 28, amending the law that targeted pregnancy resource centers for "deceptive advertising," allowing chemical abortion pill labels to only list the name of the facility instead of the name of the prescribing provider, allowing chemical abortion to be prescribed through telehealth by physicians or other health care professionals, protecting healthcare providers from disciplinary action for out-of-state conduct through a shield law

Virginia

- SJR 247, a resolution proposing an amendment to the state constitution to include a fundamental right to abortion

Washington

- SB 5167, appropriating funds for programs that maintain access to abortion, and authorizing the Department to create and operate a program that delivers and distributes abortion medication
- SB 5632, expanding the state's shield law
- SB 5557, requiring hospitals providing emergency services to provide treatment, including abortion, that prioritizes the pregnant woman over her unborn child

Vetoes

Kentucky

- Governor Andy Beshear vetoed a bill that created a licensing framework for freestanding birth centers, clarified what medical conditions are not abortions and therefore allowed under law, and required pregnant women to be given a referral to perinatal palliative care upon the diagnosis of a potential lethal fetal anomaly. However, the legislature successfully overrode this veto.

Nevada

- Governor Joe Lombardo vetoed a bill that would have allowed chemical abortion pill labels to only list the name of the facility instead of the name of the prescribing provider.

Wyoming

- Governor Mark Gordon vetoed a bill that required an ultrasound 48 hours before a chemical abortion procedure. However, the legislature successfully overrode this veto.