



Americans
United
for Life

2026

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

Building a culture of life requires far more than just opposing harmful policies. While much of the public debate surrounding life issues remains focused on abortion regulations, the 2026 legislative session demonstrated that advancing a culture of life means promoting policies that provide comprehensive care for women and families, in addition to protecting women and children from the harms of abortion. Across the nation, lawmakers advanced a wide range of measures designed to support mothers, children, families, healthcare providers, and vulnerable individuals including the elderly, disabled, and terminally ill. States enacted laws that protected women and children from the harms of abortion, strengthened maternal health programs, expanded support for pregnancy centers, protected the conscience rights of healthcare professionals, improved adoption and family-support systems, and enhanced safeguards surrounding abortion and assisted suicide.

One of the clearest trends this year was continued investment in women, children, and families by pro-life states. Pro-life states appropriated funding for pregnancy centers, maternal health initiatives, high-risk pregnancy programs, adoption assistance, breastfeeding support, doulas, and prenatal and postpartum care. Lawmakers

also enacted measures supporting midwives, expanding maternal-health services in underserved communities and promoting healthy birth outcomes. These efforts reflect a growing recognition that a truly life-affirming society not only protects preborn babies from being killed in the womb but also provides practical support for women and families facing difficult circumstances.

Pro-life states also continued to strengthen women's access to life-affirming organizations that provide compassionate assistance to pregnant women. Several pro-life states appropriated direct funding to pregnancy help organizations, expanded charitable tax credits for contributions to pregnancy centers, and enacted laws protecting these organizations from government compulsion and discrimination. These measures recognize the vital role pregnancy centers play in serving women, children, and families in communities across the country.

To prioritize women's health and safety amidst growing concerns over abortion-pill distribution, numerous states have implemented new legislative frameworks specifically designed to protect women from the risks of unmonitored chemical abortions. These protective

measures include strengthening informed-consent requirements, regulating abortion-inducing drugs, increasing reporting obligations to document women's injuries from chemical abortion, and providing new enforcement tools for violations of state law. Several legislatures also pursued measures aimed at preventing the unlawful trafficking or distribution of abortion drugs across state lines. These efforts demonstrate that policymakers are more aware of the dangers posed by chemical abortion and its unregulated expansion.

Protecting conscience rights remained another important legislative priority. Pro-life states enacted laws ensuring that healthcare professionals and institutions may decline to participate in procedures that violate their religious, moral, or ethical convictions. These protections provide medical professionals with the freedom to serve patients without being compelled to choose between their profession and their deeply held beliefs.

Additionally, legislators strengthened parental rights and increased public understanding of human development. Several pro-life states enacted laws requiring age-appropriate instruction on prenatal growth and fetal development, while others reinforced parental authority regarding decisions affecting their children. These measures ensure that families remain central participants in the formation, education, and well-being of children.

Pro-life states also addressed emerging bioethical challenges related to assisted reproductive technologies, stem-cell research, and assisted suicide. Lawmakers enacted standards governing fertility clinics and assisted reproductive technology providers, protected against misuse of reproductive materials, and ensured that the bodies of preborn children killed by abortion were respectfully buried or cremated. Meanwhile, other states strengthened protections for vulnerable individuals through

measures designed to prevent suicide coercion and preserve appropriate safeguards at the end of life.

Despite these wins, pro-life lawmakers still face a muddled legal battlefield when defending women and preborn children. Wyoming presents a microcosm of the legal and political battles the pro-life movement faces. In 2023, legislators in the state passed the *Wyoming Life Act*, which broadly prohibited abortions with some exceptions, and a chemical abortion prohibition. Both laws were challenged and ultimately struck down in *State v. Johnson*, where the Wyoming Supreme Court's holding declared them unconstitutional under a 2012 *Right to Healthcare* amendment originally intended to limit Obamacare. The Court held that abortion is healthcare and that the two life-protecting laws violated an individual's right "to make his or her own health care decisions."

In response, Wyoming lawmakers passed a heartbeat bill protecting children in the womb from the moment a heartbeat is detectable. The legislature also considered the Stop the Harm and Empower With Informed Notices ("SHE WINS") Act, a bill designed to protect a woman's right to be fully informed and to enable her to consent to or decline an abortion, which is especially important considering the abortion industry's tendency to prey on the vulnerability of pregnant women. The Heartbeat bill was quickly enjoined by a Wyoming judge and the SHE WINS Act died waiting for a vote on the Senate floor. As a result, Wyoming women have been left without protection in a strongly pro-life state.

Despite these legal battles, the legislative successes achieved this year demonstrate that the pro-life movement continues to advance a comprehensive vision of human dignity. From protecting preborn children and supporting mothers to defending conscience rights and caring for the elderly and vulnerable, pro-life states across the country enacted meaningful policies that

affirm the value of every human person. While significant challenges remain, the 2026 legislative session showed that pro-life lawmakers continue

to fight to strengthen protections for life and help individuals and families flourish.

ABORTION

Pregnancy Centers

Throughout the 2026 legislative session, pro-life states recognized the important role pregnancy centers play in supporting women, children, and families. Lawmakers advanced a variety of measures designed to strengthen these organizations through direct funding, tax incentives, and legal protections. These efforts reflect a growing commitment to ensuring that women facing unplanned or difficult pregnancies have access to practical assistance, material support, parenting resources, and community-based care.

For example, several pro-life states appropriated public funds to support pregnancy centers and related life-affirming services. Alabama appropriated \$850,000 for pregnancy centers through its Department of Public Health, while Arkansas expanded funding for Pregnancy Help Organization grants through multiple appropriations measures. Tennessee maintained previously appropriated grant funds for pregnancy centers, and Texas invested an additional \$20 million in pregnancy support services through the Thriving Texas Families program. These measures demonstrate that pro-life states are dedicated to investing in programs that provide alternatives to abortion and support women throughout pregnancy and parenthood.

Pro-life states also expanded financial incentives to encourage private support for pregnancy centers. South Carolina enacted a state income tax credit for donations to qualifying pregnancy centers, maternity homes, and residential programs serving victims of trafficking. Likewise, Mississippi expanded tax-credit programs

benefiting pregnancy centers and other charitable organizations that support childbirth, parenting, and adoption while excluding organizations that provide abortion services. These policies strengthen the organizations that serve women and families at the local level.

In addition to funding initiatives, some pro-life states enacted protections designed to preserve the independence and mission of pregnancy centers. Kansas and Wyoming adopted legislation protecting pregnancy centers from government mandates requiring them to provide, promote, or refer for abortion and protecting their right to hire staff who share their pro-life values. These measures allow pregnancy centers to operate in accordance with their core beliefs and purpose while they serve their communities.

Other states increased public awareness of available resources for pregnant women. Louisiana enacted a law requiring public high schools and postsecondary student health centers to display state-approved signs informing students that help is available for pregnant women and their babies. Measures such as these inform women that there are services, support, and resources available to them during pregnancy.

Conversely, lawmakers in other states continued to push back by enacting laws that disfavor pregnancy centers. California established a so-called *Reproductive Justice and Freedom Fund* to support abortion organizations, while other states enacted abortion-provider protections and funding for abortion services. Although these measures did not target pregnancy centers by

name, they created a legal and financial environment that prioritizes abortion providers over life-affirming pregnancy support ministries.

Despite this pushback, the broader legislative activity of 2026 demonstrated a continued momentum behind policies that strengthen pregnancy centers and related support networks for women and families. Through direct funding, tax incentives, legal protections, and public-awareness efforts, states advanced policies to expand assistance for women and families while reinforcing the role of community-based organizations that provide care and support during pregnancy and beyond.

Chemical Abortion

During the 2026 legislative session, chemical abortion remained a major focus. Policymakers grappled with concerns surrounding abortion-pill distribution, safety, enforcement, and oversight. Across the country, lawmakers introduced and enacted measures aimed at regulating abortion-inducing drugs, increasing accountability for providers who harm women with chemical abortion, and combating the safety risk of chemical abortions prescribed by out-of-state providers in direct violation of medical licensing frameworks. These efforts reflect pro-life lawmakers' interest in protecting women from the dangers of abortion drugs.

Notably, pro-life lawmakers strengthened regulations governing the use and distribution of abortion-inducing drugs. For example, Iowa expanded informed-consent requirements for chemical abortion, requiring additional risk disclosures, follow-up information, and direct dispensing in a healthcare setting. Indiana maintained restrictions on prescribing abortion drugs via telehealth while adding informed-consent and reporting requirements. North Dakota enacted new provider and facility requirements, including enhanced patient protections and documentation obligations.

Several pro-life states also focused on enforcement and trafficking concerns. Oklahoma created a felony offense for trafficking chemical abortion drugs for unlawful abortions. Tennessee authorized the Attorney General to bring civil enforcement actions against those who violate state laws regulating chemical abortion drugs. Texas enacted one of the nation's most comprehensive abortion-drug laws, prohibiting the manufacture, distribution, transportation, or provision of abortion-inducing drugs and creating private enforcement mechanisms. South Dakota similarly prohibited the sale, distribution, or advertisement of items intended for unlawful chemical abortions.

Despite these wins on the chemical abortion front, abortion shield laws continue to undermine pro-life states' efforts to protect women against the harms of mail-order abortions. This year alone, at least five states expanded their abortion shield laws, including Oregon, Hawaii, New Jersey, New York, and Washington. These bills furthered the protections of providers who unlawfully send chemical abortion to pro-life states. Virginia enacted its first abortion shield law, becoming the 23rd jurisdiction to enact legislation that shields providers who value profit over preborn children's lives and women's health and safety.

These laws explicitly protect out-of-state abortionists even when their actions cause severe medical harm to women and violate other states' consumer safety laws. To name a few recent examples, California enacted legislation strengthening protections for providers and pharmacists dispensing chemical abortion and limiting identification requirements associated with dispensing mifepristone. New York indemnified chemical abortion providers and allowed prescription labels for mifepristone and related drugs to conceal the identities of the individual prescribers to prevent women from seeking recourse when they are harmed by chemical abortion. These policies

shield providers from accountability and leave women who suffer complications without the proof needed to seek legal recourse against the provider.

As pro-abortion states pass shield laws that leave women unprotected from substandard care, pro-life states are increasingly using their legal systems to hold out-of-state abortionists accountable. We have seen this play out in both Louisiana and Texas. Both states took steps to protect women who had been harmed by out-of-state abortionists through their respective court systems. However, both the California and New York governors refused to comply with Louisiana's extradition requests, citing their abortion shield laws. Additionally, New York blocked the enforcement of Texas's judgment against the provider because of its shield law. As a result, numerous states have challenged these abortion shield laws, arguing that they are unconstitutional. These ongoing legal challenges underscore that state shield laws cannot override the federal constitution, especially when used to protect reckless providers from the legal consequences of harming women.

In addition to abortion shield laws, several states have sought to increase chemical abortion access through other means. Illinois forced certain public colleges and universities to provide access to chemical abortion services through student health centers, following in Maryland and

New York's footsteps from previous years. Washington authorized the state to acquire, distribute, and dispense chemical abortion drugs while appropriating funding for abortion-access programs.

Other states abolished reporting or oversight requirements associated with abortion drugs and abortion services, effectively preventing states from tracking how often chemical abortions cause medical complications or harm to women. For example, New Mexico repealed the state's induced-abortion reporting requirements. By dismantling these tracking systems and blocking interstate investigations, these states have effectively prioritized immunizing the abortion industry over protecting the health and safety of women. In other words, these states left women vulnerable to unmonitored medical complications from chemical abortions without an avenue for legal recourse.

The legislative activity of 2026 demonstrates the increasing danger of chemical abortion and the importance of policies that prioritize the health and safety of women. While many states enacted laws designed to strengthen oversight, enforcement, and patient protections, others pursued measures that expanded access to abortion drugs and immunized those involved in their wrongful distribution. As chemical abortion becomes a larger share of abortions nationwide, legislatures must prioritize women's lives over abortion industry profits.

ASSISTED SUICIDE

During the 2026 legislative session, states continued to grapple with end-of-life policy questions. Tragically, both New York and Illinois legalized assisted suicide. In Illinois, lawmakers used a deceptive gut-and-replace maneuver to completely strip a sanitary food preparation bill of its original language, replacing it with the

assisted suicide measure, and rushing it to a vote in the dead of night to evade public scrutiny and accountability.

Fortunately, many lawmakers advanced measures protecting vulnerable individuals from coercion, abuse, and exploitation. Although most legislation introduced to regulate assisted suicide

was not enacted, some states successfully protected individuals experiencing suffering, disability, terminal illness, or emotional distress by providing them with support rather than encouraging them to end their lives.

One notable development was Tennessee's *Grace Anne Sparks Coercive Suicide Prevention Law*. The law creates criminal penalties for intentionally encouraging or advising a suicidal person to commit or attempt suicide. By

targeting coercive conduct, the legislation affirms Tennessee's commitment to suicide prevention, recognizes the importance of safeguarding vulnerable persons during moments of crisis, and ensures that those experiencing despair receive assistance rather than pressure to end their lives.

Although few bills governing assisted suicide were enacted in 2026, the issue remained a significant area of concern for policymakers.

LIFE AT THE FEDERAL LEVEL

AUL and the pro-life movement celebrated the 50th anniversary of the Hyde Amendment, an appropriations rider that prohibits federal taxpayer dollars from being used to pay for elective abortions. Despite this milestone, 2026 presented a series of challenges for the pro-life movement directly connected to federal funding of abortion.

In January, as Congress negotiated pathways to address the expiration of Obamacare-enhanced subsidies, President Trump called on conservatives to "be a little flexible" on Hyde protections. Currently, Hyde does not apply to Obamacare, representing the largest expansion of taxpayer funding for elective abortion in our nation's history.

AUL led a response, uniting with 78 pro-life leaders from across the nation to demand that Congress stands firm on the most popular and effective pro-life provision in this country. More than 6 in 10 Americans support Hyde across ideological lines and Hyde has saved nearly 2.7 million lives.

This year, Congress also passed on a generational opportunity to disengage the federal government from abortion providers. As part of the One Big Beautiful Bill Act of 2025, abortion providers, including Planned Parenthood, were prohibited for one year from receiving Medicaid reimbursements if they continued to provide

abortions. For reference, Planned Parenthood received \$832 million from American taxpayers in the previous fiscal year. The moratorium expired on July 4, 2026. Congress failed to act to reinstate the funding restriction in 2026, returning the abortion industry's access to taxpayer funding on America's 250th birthday.

But AUL did not sit idly by.

Not only did AUL call out Congress's neglect of the life issue, AUL also launched its inaugural Pregnancy Center Advocacy and Hill Day in June 2026 to train, equip, and encourage pregnancy center directors and staff to make their voices heard on Capitol Hill. More than 50 individuals representing centers from coast to coast traveled to the heart of Washington, D.C. to hear from experienced policy and communications experts and then put their knowledge into practice by sharing their stories in meetings with members of Congress.

Among the key policy priorities discussed was expanding charitable tax incentives at the federal level for donations to pregnancy centers, a measure that would encourage greater community support for expecting mothers in all 50 states. By incentivizing increased private giving from individuals and businesses, pregnancy centers would be better equipped to provide women

and families with invaluable care, resources, and practical assistance.

Attendees also advocated for the **Let Pregnancy Centers Serve Act**¹, a bill that would prohibit federal, state, and local governments from discriminating or retaliating against pregnancy centers because they do not participate in or promote abortion.

Attendees advocated against the **Stop Antiabortion Disinformation (SAD) Act**² and the **Abortion Care Awareness Act of 2025**³. Both bills **target pregnancy centers** by **falsely** accusing centers of engaging in deceptive advertising. The SAD Act would empower the Federal Trade Commission to punish centers based on subjective accusations of “misrepresenting” contraceptive or abortive related services and the employment of licensed medical professionals. Pregnancy centers could face fines of up to

\$100,000 or 50% of their revenue from the previous year. The Abortion Care Awareness Act emphasizes expanded access to abortion and would direct the Secretary of Health and Human Services to conduct a taxpayer-funded public education campaign designed to steer women away from pregnancy centers. It would also censor life-affirming data by prohibiting the Secretary from promoting information on abortion pill reversal and from promoting abstinence until marriage.

Throughout the meetings, the pregnancy center leaders urged lawmakers to protect their ability to operate and enact legislation that allows women, children, and families to receive compassionate and excellent care from pregnancy centers. Women are better served when their options and access to services are expanded—not reduced.

AUL AND THE ADMINISTRATION

Over the past year, AUL led critical efforts in the federal rulemaking process, filing comments to enforce pro-life protections and uphold federal law. AUL filed a **comment**⁴ in partial opposition to GenBioPro, Inc.’s citizen petition to the U.S. Food and Drug Administration (FDA), opposing GenBioPro’s attempt to stop the FDA from implementing vital patient safeguards for mifepristone. AUL’s comment made clear that the FDA’s removal of the in-person dispensing requirement for mifepristone violates federal law’s prohibition on mailing or shipping abortifacients, while detailing the reason the in-person dispensing requirements is indispensable to patient safety.

AUL also filed a **comment**⁵ in support of the Veteran Affairs’ (VA) proposed rule, titled *Reproductive Health Services*, to restore funding restrictions on abortions and abortion counseling in the VA’s medical benefits package and Civilian Health and Medical Program. AUL’s comment highlighted how the proposed rule is consistent with Congress’ abortion-funding restrictions within the Veterans Health Care Act of 1992. AUL also explained how the rule promulgated under the previous administration violates the major questions doctrine. Due to AUL’s advocacy, alongside the efforts of pro-life allies, the VA finalized its rule to restore abortion funding restrictions.

1 <https://www.congress.gov/bill/119th-congress/house-bill/2226/text>

2 <https://www.congress.gov/bill/119th-congress/senate-bill/589/all-info>

3 <https://www.congress.gov/bill/119th-congress/house-bill/2497/text>

4 <https://aul.org/wp-content/uploads/2025/08/AUL-Comment-on-GenBioPro-Citizen-Petition-FDA-2025-P-2162.pdf>

5 <https://aul.org/wp-content/uploads/2025/09/AUL-Comment-on-Reproductive-Health-Services-RIN-2900-AS31.pdf>

AUL **opposed**⁶ a citizen petition filed by Washington and other pro-abortion states that requested the FDA remove mifepristone’s Risk Evaluation and Mitigation Strategy (REMS) program or alternatively not enforce its requirements in the petitioner states. The REMS program is a strict drug safety framework mandated by the FDA for high-risk medications, serving as an indispensable shield for women’s health by ensuring critical medical oversight and screening to prevent severe, life-threatening complications from chemical abortions. The comment highlighted how the current REMS program protects patient safety and the FDA should strengthen, not remove, protections for patients seeking a chemical abortion.

AUL submitted a **comment**⁷ to the Centers for Medicare & Medicaid Services (CMS) in response to its request for information on assisted suicide for hospice patients. AUL’s comment advocated for the rights of marginalized groups, including the elderly, disabled, and terminally ill by discussing the informed consent issues, experimental drug use, and disability discrimination inherent in the practice of assisted suicide. AUL

also recommended that CMS establish federal reporting requirements on hospice programs to monitor discrimination within assisted suicide practices and to ensure compliance with the Assisted Suicide Funding Restriction Act.

AUL supported the Office of Management and Budget’s proposed rule to restrict the use of federal financial assistance for abortions. AUL’s **comment**⁸ agreed that the proposed rule is consistent with Congress’ robust federal policy of limiting abortion, including through abortion funding restrictions, and also recommended language changes to strengthen the proposed rule.

AUL supported the goals in the Equal Employment Opportunity Commission’s (EEOC) strategic plan to combat and prevent employment discrimination against pregnant workers under the Pregnant Workers Fairness Act (PWFA). Further, AUL wrote a **comment**⁹ recommending that EEOC update its rule and guidance implementing the PWFA to remove the unlawful abortion-accommodation mandate.

AUL IN THE COURTS

AUL actively defends the pro-life movement in federal and state courts by filing amicus briefs. Recent judicial interventions highlight AUL’s work protecting First Amendment rights, state sovereignty, and religious liberty from government overreach. For example, AUL filed a **friend-of-the-court amicus brief**¹⁰ in *First Choice Women’s Resource Centers, Inc. v. Davenport* after the New Jersey Attorney General weaponized a hostile subpoena against

First Choice, a group of pro-life, faith-based pregnancy centers. The subpoena demanded the names and contact information of their donors to supposedly determine whether First Choice deceived its donors about how it does not provide abortions. The lower courts determined the case was not “ripe” to be brought in federal court, preventing First Choice from vindicating its First Amendment rights. First Choice

6 <https://aul.org/wp-content/uploads/2025/09/AUL-Comment-on-Washington-Citizen-Petition-FDA-2025-P-3287.pdf>

7 <https://aul.org/wp-content/uploads/2026/06/AUL-Comment-on-Request-for-Information-Regarding-Medical-Aid-in-Dying-MAI-D-CMS-1851-P-1.pdf>

8 <https://aul.org/wp-content/uploads/2026/07/AUL-Comment-on-Regulation-for-Federal-Financial-Assistance-91-Fed.-Reg.-321-98-2-C.F.R.-pt.-200.477.pdf>

9 <https://aul.org/wp-content/uploads/2026/07/AUL-Comment-on-EEOC-Draft-Strategic-Plan-2026-2030.pdf>

10 <https://aul.org/wp-content/uploads/2025/08/24-781-Amicus-Brief-of-Americans-United-for-Life.pdf>

appealed to the Supreme Court from an unfavorable ruling by the Third Circuit.

AUL's amicus brief to the Supreme Court highlighted that the Third Circuit's decision to decline jurisdiction relied upon prudential ripeness grounds, not constitutional doctrine, and conflicted with Supreme Court precedent. As such, AUL urged the Supreme Court to recognize that First Choice had standing to bring this lawsuit in federal court.

In a unanimous 9-0 decision, the Supreme Court held that the subpoena inflicted a First Amendment injury on First Choice by requesting group affiliation, which chilled the pregnancy centers' First Amendment associational rights. AUL published an **analysis**¹¹ of the oral argument and a **report**¹² examining the decision in *First Choice*, providing critical legal insights for the pro-life movement.

In addition to defending pro-life pregnancy centers, AUL also worked to halt the proliferation of mail-order abortion drugs. AUL signed on to a **friend-of-the-court brief**¹³ in *Missouri v. FDA*, a case challenging the FDA's removal of the in-person dispensing requirement on mifepristone. AUL's brief argues that the FDA's decision to remove the in-person dispensing requirement impairs Missouri's authority to enforce its pro-life laws, creating a sovereign injury that establishes standing. The case is pending before the U.S. District Court for the Eastern District of Missouri.

AUL also participated in a **friend-of-the-court brief**¹⁴ in *Louisiana v. FDA*, supporting Louisiana's contention that the FDA's removal of mifepristone's in-person dispensing requirement was unlawful. AUL's brief argues that Louisiana retains the sovereign power to regulate abortion, and that the FDA's action undermines Louisiana's authority to enforce its laws and violates the Comstock Act's restrictions on mailing abortion drugs. AUL also **supported**¹⁵ Louisiana with these arguments during the emergency application litigation before the U.S. Supreme Court in the same case. This case is pending before the U.S. Court of Appeals for the Fifth Circuit.

Beyond defending state-level restrictions on abortion drugs, AUL actively intervened to protect faith-based employers from federal mandates that violate their religious liberty. In *United States Conference of Catholic Bishops v. Equal Employment Opportunity Commission*, the plaintiffs challenged the abortion-accommodation rule concocted by the Biden Administration's EEOC. AUL signed on to a **friend-of-the-court brief**¹⁶ demonstrating how the abortion-accommodation rule forces pro-life entities to facilitate employee conduct that undermines their core message—a blatant violation of the Free Speech Clause. This case is pending before the U.S. Court of Appeals for the Fifth Circuit.

11 <https://aul.org/wp-content/uploads/2025/12/First-Choice-Oral-Argument-Report.pdf>

12 <https://aul.org/wp-content/uploads/2026/05/First-Choice-Decision-Analysis.pdf>

13 <https://aul.org/wp-content/uploads/2026/03/Amicus-in-Missouri-v-FDA.pdf>

14 <https://aul.org/wp-content/uploads/2026/07/AUL-Amicus-Brief-in-La-v.-FDA.pdf>

15 <https://aul.org/wp-content/uploads/2026/09/AUL-Amicus-Brief-in-Danco-v.-Louisiana.pdf>

16 <https://aul.org/wp-content/uploads/2026/07/AUL-Amicus-Brief-in-USCCB-v.-EEOC.pdf>

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. Most notably, these bills included Wyoming H.B. 117 and Ohio H.B. 347, which were based in part on AUL's Stop the Hurt and Empower with Informed Notices (SHE WINS) Act. Additionally, South Dakota H.B. 1274 was inspired by AUL's Chemical Abortion Accountability Act.

New Trends

The pro-life movement saw recurring pro-life policy trends during the 2026 legislative session, as well as faced growing challenges to life. As the battle over chemical abortion rages on, several states took aggressive action against the abortion-inducing drug industry. South Dakota passed a bill that prohibits the dispensing, distribution, sale, or advertisement of chemical abortion pills while Oklahoma created a new criminal law that prohibits the trafficking of chemical abortion drugs. A number of states—New Hampshire, Ohio, and West Virginia—also introduced legislation that would strengthen informed consent requirements by either incorporating information about abortion-pill reversal into the informed consent process or by requiring medical schools to teach on abortion pill reversal. This year, the pro-life movement saw increased legislative support for pregnancy centers with many states enacting legislation that furthers their life-saving work. Kansas and Arkansas expanded their programs that provide grants to pregnancy centers and Kansas enacted a bill that protects pregnancy centers from being forced by the government to perform, refer, or promote abortions. Pro-life states continued to take proactive steps to protect end-of-life patients from the death-on-demand industry during the 2026

legislative session. For example, Tennessee passed a bill that prohibits a person from coercing another to commit suicide, creating a new path to protect end-of-life patients. The state also introduced legislation that would have enhanced the state's legal protections against assisted suicide. Legislation in Illinois and New Jersey sought to repeal the states' respective assisted suicide laws, and Kentucky sought to pass a bill that strengthened its existing protections against assisted suicide. Similar to last year, we continued to see states introduce legislation that requires public school curriculum to discuss human growth development, which includes showing the "Meet Baby Olivia" video created by LiveAction or a similar ultrasound video depicting early fetal development. South Dakota enacted a "Baby Olivia" bill this year while states like Utah and Ohio made significant strides with similar legislation, although the bills did not fully progress through the legislatures.

Unfortunately, several anti-life policy trends have gained traction this year as well. Primarily, states have continued to either enact or expand abortion shield laws. This year alone, several states expanded their shield laws to absolve additional abortion-related misconduct, including New Jersey, Oregon, New Mexico, Washington, and Hawaii. Virginia enacted its first shield law, becoming the 23rd jurisdiction to do so. Similarly, abortion activists in several states put forth legislation that sought to remove the names of abortionists from mifepristone prescription labels, including in New York and Illinois. These bills shield abortionists from accountability by stripping women who suffer complications of the documentation needed to prove who provided the pills when seeking legal recourse. Furthermore, the death-on-demand lobby continued to introduce assisted suicide

legislation across the nation. Earlier this year, New York became the 14th jurisdiction to enact an assisted suicide law.

State Legislative Movement in 2026

To date, the attorneys and staff at AUL have provided in-person, virtual, or written testimony for legislation in 16 states on 47 bills. Through this targeted legal counsel, strategic coalition-building, and expert testimony, AUL's efforts have been instrumental in successfully advancing

protective pro-life bills while aggressively neutralizing hostile, anti-life legislation across the country.

So far in 2026, at least 110 pro-life bills and resolutions have been enacted into law in 32 states, compared with 47 anti-life bills in 16 states. The enacted bills 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 in that state.

ENACTED MEASURES

Pro-Life Laws and Resolutions

Alabama

- HB 128, a bill creating a State Board of Midwifery to license and regulate midwives, set practice standards, ensure professional accountability, and require annual reporting on birth outcomes. This bill also excludes abortion from the scope of licensed midwifery practices.
- HB 235, a supplemental education appropriations bill that appropriates \$850,000 to pregnancy centers through the Department of Public Health.
- SB 209, a bill requiring Alabama public school sex education curricula to emphasize sexual risk avoidance and abstinence, while prohibiting promoting abortion or sexual activity to the students.

Alaska

- HB 53, an appropriations bill that maintains Alaska's restriction on state Medicaid funding for abortion, specifying that appropriated funds may only be used for abortions required by federal law.

Arkansas

- HB 1064, an appropriations bill that includes grant funding for pregnancy centers.
- HB 1089, a supplemental appropriations bill providing additional funding for pregnancy center grants by appropriating \$1.5 million for FY2025–2026 and authorizing a \$3.5 million transfer to the Pregnancy Help Organization Grant Sub-Fund.
- SB 67, a supplemental appropriations bill providing \$5 million to the University of Arkansas for Medical Sciences for the High-Risk Pregnancy Program and IDHI Stroke Program.

California

- ACR 117, a resolution designating January 23, 2026, as Maternal Health Awareness Day, promoting awareness of maternal mortality, maternal mental health, prenatal and postpartum care, and racial disparities in maternal health outcomes.
- ACR 171, a resolution proclaiming April 20–24, 2026, as California Home Visiting Week, recognizing voluntary, evidence-based home visiting programs for pregnant mothers and families with young children.

The measure is symbolic but supports investment in home visiting services that promote maternal and child health, positive birth outcomes, and family well-being.

- SB 669, a bill establishing a 10-year pilot project for standby perinatal services at critical access hospitals, requiring participating hospitals to meet equipment, training, quality improvement, data collection, and emergency preparedness standards to improve maternal health and newborn care in underserved areas.

Delaware

- HCR 83, a resolution designating January 23, 2026, as Maternal Health Awareness Day to raise awareness about maternal mortality, safety, and disparities affecting minority women.

Florida

- HB 4059, a bill addressing inmate medical services and transportation, including provisions explicitly excluding facilities that primarily perform abortions from compensation eligibility.

Georgia

- HB 1275, a bill regulating certain stem cell therapies, including prohibiting the use of stem cells derived from aborted fetuses in covered therapies and encouraging ethically sourced stem cells, such as adult stem cells or umbilical cord tissue.
- HR 1562, a resolution congratulating Kelbie Milon for receiving the 2026 Yellow Rose Nikki T. Randall Servant Leadership Award. The measure recognizes her community service, including her work supporting women and families through The Refuge Center, a pregnancy center in Georgia.
- HR 1728, a resolution recognizing Haven House for supporting pregnant women and

young mothers through trauma-informed maternal health support, public benefits assistance, and housing. The symbolic measure emphasizes the significance of stable housing, nutritious food, and access to prenatal care in improving maternal and infant health outcomes.

- SR 771, a resolution creating a Senate Study Committee on Adoption and Permanency Affordability to examine adoption costs, regulatory barriers, financial incentives, and permanency challenges.

Idaho

- H 639, a bill expanding licensed midwives' authority to obtain and administer specified maternal and neonatal medications, while strengthening informed consent, physician-patient consultation, emergency-transfer protocols, quality assurance evaluations, and recordkeeping requirements. This bill also clarifies that licensed midwives may not perform abortions.
- H 703, an occupational licensing bill, including provisions that make failure to comply with Idaho's abortion complications reporting requirements grounds for professional discipline for nurses.
- H 860, a bill strengthening parental rights over children's upbringing and clarifying when minors may receive certain services without parental consent, including emergency care, crime-related treatment, crisis hotline services, and prenatal care. Abortion is excluded from the services minors may receive without parental involvement.

Illinois

- SB 2437, a bill requiring hospitals with obstetric beds and birthing centers to allow Medicaid patients to have a certified and

enrolled doula of their choice to accompany them during labor and childbirth. The bill also clarifies that doulas do not count against facility guest limits and clarifies facility and doula responsibilities.

Indiana

- HB 1004, a bill making broad changes to school policies, including provisions prohibiting Medicaid reimbursement for school-based services involving abortion, abortion counseling, abortion referrals, abortifacients, or contraceptives.
- HB 1088, an omnibus bill making broad changes across elections, public finance, infrastructure, health care, education, controlled substances, and business regulation. Relevant abortion provisions maintain Indiana's prohibition on telehealth for chemical abortion drugs and add informed-consent and reporting requirements, including language on abortion pill reversal.
- HB 1193, a civil rights bill expanding anti-discrimination procedures and enforcement, including provisions strengthening conscience protections for refusing to participate in abortion.
- SB 1, a bill revising Medicaid and SNAP eligibility and administration, including provisions regarding family planning services (excluding abortion) in Medicaid coverage.

Iowa

- HF 571, a conscience protection law allowing medical practitioners and health care institutions to refuse to participate in or pay for health care services that violate their conscience, including abortion-related services. This bill also protects conscience-based refusals, whistleblowing, and First Amendment activity from discrimination, liability, or licensing penalties.
- HF 1049, a bill appropriating funds for maternal and child health, adoption subsidies, and related health and family programs. This bill also restricts state Medicaid funding for elective abortions.
- HF 2788, a bill revising Iowa's abortion definitions, expanding informed-consent requirements, and regulating chemical abortion drugs by requiring prescribing physicians to provide risk disclosures, follow-up information, and to directly dispense chemical abortion in a health care setting rather than through telemedicine.
- SF 175, a bill requiring schools to include age-appropriate, research-based instruction on pregnancy and anatomically accurate fetal development in grades five through twelve, including ultrasound videos and computer-generated renderings. This bill also prohibits schools from using instructional materials from entities that perform or promote abortions.

Kansas

- HB 2374, a bill creating a specialty practice student loan program for University of Kansas medical graduates who practice in underserved areas. However, OBGYN loan recipients who perform or attempt to perform abortions, except in limited circumstances, are required to repay the loan with interest for failing their service obligation.
- HB 2413, a bill addressing various criminal law provisions, including enhancing penalties for certain crimes committed against pregnant women or with the intent to induce an abortion against a pregnant woman's will.
- HB 2444, a bill revising various criminal justice rules, including provisions increasing

penalties for felonies committed with the intent to force a pregnant woman to obtain an abortion against her will.

- HB 2501, a bill revising firearm and sentencing laws, including enhancing penalties for felonies committed with the intent to force a pregnant woman to obtain an abortion against her will.
- HB 2513, an appropriations bill including provisions providing \$3 million for the Pregnancy Compassion Awareness Program, which supports services promoting childbirth over abortion and prohibits funding abortion providers, affiliates, referrals, or related services.
- HB 2602, a bill regulating portable benefit plans for independent contractors, including provisions preserving tax restrictions that deny deductions for abortion-related expenses and supporting adoption-related savings through tax deductions.
- HB 2635, a bill protecting pregnancy centers from government mandates to perform, refer for, provide, or promote abortion, and from interference with mission-based staffing decisions.
- HB 2727, a bill amending Kansas's Woman's-Right-to-Know Act—which establishes informed consent requirements for abortion—to allow plaintiffs alleging informed-consent violations to elect limited statutory damages.
- HB 2729, a bill expanding Kansas's informed-consent requirements for abortion by requiring written disclosures, private physician consultations, ultrasound and fetal-heartbeat offers, clinic signage, and medication-abortion reversal notices.
- SB 67, a bill expanding Certified Registered Nurse Anesthetist's (CRNA) authority to prescribe, procure, or administer certain drugs, while expressly prohibiting CRNAs from performing or inducing abortions or

prescribing, procuring, or administering drugs for abortion.

Kentucky

- HB 2 / BR 1325, a Medicaid bill that, among other provisions, expands Medicaid coverage for lactation and breastfeeding services, including telehealth, without cost-sharing.
- HB 510 / BR 839, a bill requiring hospitals and healthcare entities to pause organ donation procedures if there are signs of life, changes in neurological status, or uncertainty about death declaration.
- SB 18 / BR 1127, a bill primarily revising podiatry regulations, while clarifying penalties for abortion-related offenses.
- SB 97 / BR 1263, a bill revising Kentucky's health benefit plan requirements, including by prohibiting health insurance coverage and state funding for abortion in specified plans.
- HB 164 / BR 1249, a bill revising health insurance coverage requirements, including provisions prohibiting state-sponsored health plans from covering abortion or using state funds to obtain or perform abortions for employees or dependents.
- SR 205 / BR 2536, a memorial resolution honoring the life and pro-life advocacy of Lorrie Anne Parker.

Louisiana

- SB 310, a bill requiring public high school and postsecondary student health centers to display state-approved pregnancy-resource signs stating that help is available for pregnant women and their babies.

Maine

- HP 1470 / LD 2189, a bill requiring hospitals to give at least 120 days' notice before ending or reducing maternity or newborn care services. The notice must go to

affected patients, nearby hospitals, emergency services, and local public safety entities.

Michigan

- HR 235, a resolution designating January 18–24, 2026, as Sanctity of Human Life Week in Michigan and encouraging support for women, babies, families, and life-affirming resources.
- HB 4077, a public health bill updating vital records, including provisions requiring the reporting of deaths of infants born alive after attempted abortions under the Born Alive Infant Protection Act, with confidentiality protections for identifying information.
- HB 4078, a bill expanding when county medical examiners must investigate deaths, including deaths resulting from abortion.

Mississippi

- HB 377, a bill revising missing-persons requirements, including provisions that treat deaths caused by criminal abortion, self-induced abortion, or abortion related to sexual abuse as deaths affecting the public interest and subject to medical examiner review.
- HB 1944, a bill expanding and clarifying tax credits for contributions to eligible charitable organizations, including provisions stating eligible organizations may not provide, pay for, or support abortion services or coverage.
- SB 3124, a bill expanding tax credits for donations to qualifying pregnancy centers that support childbirth, parenting, marriage, or adoption, and do not refer for or facilitate abortions.

Montana

- HB 471 / LC 1273, a bill requiring schools to obtain written parental permission for

identity instruction, provide advance notice of related materials or events, and make human sexuality and identity curriculum materials available for public inspection. Crucially, the bill shields children from age-inappropriate materials by strictly prohibiting abortion providers and their affiliates from providing human sexuality or sexually transmitted disease instruction or materials in public schools.

Nebraska

- LB 958, a Medicaid and maternal health bill requiring doula reimbursement and expanding the Prenatal Plus Program to include nutrition counseling, psychosocial support, breastfeeding support, health education, case management, and annual reporting.
- LB 1071, an appropriations bill that includes provisions prohibiting certain General Funds from being used to perform, facilitate, counsel for, or refer for abortion.

New Hampshire

- SB 36 / LSR 2026-0325, a bill improving the accuracy of abortion reporting requirements by replacing “estimated gestational age” with “gestational age” at the time of the abortion.
- SB 182 / LSR 2026-1108, a bill adding a Department of Corrections representative to New Hampshire’s maternal mortality review panel.
- SB 189 / NH LSR 2026-1136, a bill updating fetal death reporting, paternity affidavit procedures, burial permit protocols, and fetal remains disposition procedures. This bill requires timely fetal death reports, documentation of final disposition of fetal remains, parental authorization before disposition of remains, and more standardized vital-record procedures for fetal deaths.

North Dakota

- HB 1511, a bill increasing health and safety requirements for abortion providers and facilities by requiring physician admitting privileges, CPR-trained staff, hospital-only abortions after 12 weeks, and an option to receive an ultrasound 24-hours before an abortion.
- SB 2297, a bill revising health care directives, to protect surrogates by prohibiting them from consenting to abortion, sterilization, psychosurgery, or long-term state mental health admission without a court order.

Ohio

- HB 27, a bill governing designated charitable funds, including provisions prohibiting certain breast cancer fund contributions from being used for abortion information, counseling, services, or related activities.

Oklahoma

- HR 1031, a resolution designating February 4, 2026, as Rose Day 2026 at the State Capitol to honor the sanctity of human life and the unborn.
- HB 1168, a bill creating a felony offense for trafficking chemical abortion drugs when the person knows or has reason to know they will be used for an unlawful abortion.
- SB 1204, a bill requiring school districts to provide three days of paid bereavement leave to teachers and support staff after the death of a spouse or child, expressly including miscarriage.
- HB 3147, a license plate bill continuing the “Choose Life” license plate, with funds supporting the Choose Life Assistance Program for adoption-related alternatives to abortion.
- HB 3467, a bill expanding paid maternity leave for eligible education employees to cover both birth and adoption. It provides

six weeks of paid leave, allows use of accrued sick leave to extend leave for recovery, bonding, or infant care, and clarifies how this benefit interacts with pregnancy-related sick leave and FMLA.

- HB 2104, a criminal justice bill updating felony classifications, including classifying “procuring an abortion” for a pregnant woman as a Class D1 felony, while maintaining that the woman herself may not be held criminally responsible for the abortion.
- SB 1290, a bill creating a 2-1-1 Hotline Revolving Fund. The fund may not be used for abortion-related referrals or assistance and must prioritize referrals to pregnancy centers, adoption agencies, and other life-affirming resources.
- SB 1503, a bill expanding eligibility for the Choosing Childbirth Grant to allow qualifying out-of-state organizations to receive funding, while retaining restrictions against funding abortion providers or abortion-related counseling, referrals, or services.
- SB 1565, a bill authorizing the state Medicaid agency to participate in the Centers for Medicare and Medicaid Services’ (CMS) Transforming Maternal Health Model and using federal funds for maternal health services for pregnant and postpartum Medicaid members, including providing nutritional support for eligible high-risk pregnant and postpartum women and establishing protocols for outcome reporting and program performance evaluations.
- SB 1936, a criminal justice bill expanding Class D1 offenses and other penalties/rules, including adding “procuring an abortion” for a pregnant woman to the Class D1 felony list, while maintaining that the woman herself may not be held criminally responsible for the abortion.

- SB 1984, a bill updating osteopathic medicine standards, including provisions reaffirming license discipline for osteopathic physicians who perform prohibited abortions and expanding the Board's enforcement tools.

South Carolina

- S 32, a bill creating a state income tax credit for donations to qualifying pregnancy centers, maternity homes, and trafficking-victim residential programs. Eligible organizations must provide pregnancy or child-welfare support services and may not provide, fund, or support abortions.

South Dakota

- HB 1164, a bill creating criminal and civil liability for fraudulent assisted reproduction and the misuse of reproductive material, including lack of proper written consent. This bill applies to healthcare providers, fertility clinics, and laboratories and allows affected patients, spouses, intended parents, children, and donors to sue for damages, including attorney's fees.
- HB 1257, a bill strengthening South Dakota's abortion definitions.
- HB 1274, a bill criminalizing the sale, distribution, or advertisement of items intended for unlawful abortion.
- HB 1313, a bill requiring school curricula to include age-appropriate instruction on prenatal human growth and development, while also prohibiting the use of materials produced or provided by entities that perform, promote, or refer for abortion.

Tennessee

- SB 1681 / HB 1943, a bill requiring hospitals to screen, stabilize, treat, or appropriately transfer pregnant women in active labor or

with emergency medical conditions.

- SB 1684 / HB 1457, a bill allowing temporary parking placards for women with physician-certified high-risk pregnancies.
- HB 1784 / SB 1940, a bill designating January 22 as Sanctity of Life Day to honor unborn children lost to abortion and reaffirm the state's commitment to protecting life.
- SB 1815 / HB 1951, a bill establishing the Grace Anne Sparks Coercive Suicide Prevention Law of 2026, creating a Class D felony for intentionally advising or encouraging a person to commit or attempt suicide when the person knows the individual has communicated suicidal intent.
- HB 2246 / SB 2586, a bill regulating stem cell therapies, including facility standards, informed consent, advertising disclosures, and physician compliance requirements. It also prohibits or disciplines certain stem cell therapies using fetal or embryonic tissues.
- SB 2690 / HB 2631, an appropriations bill including provisions maintaining previously appropriated grants for pregnancy centers still available for use, rather than letting unused funds lapse.
- HJR 182, a resolution designating June 2025 as Nuclear Family Month to recognize and promote traditional nuclear family structures. The resolution is symbolic and does not create legal or funding changes, but its findings call out abortion and population-control ideologies as contrary to family stability and flourishing.
- SR 263, a resolution urging TennCare to cover and reimburse doula services to improve maternal and infant health outcomes, especially in rural and underserved communities.

- SB 1741 / HB 1476, a bill protecting free speech and speaker access at public colleges and universities—including barring discrimination or retaliation based on views on abortion—and prohibiting disruptive conduct that substantially interferes with invited speakers.
- SB 2412 / HB 2380, a bill authorizing the Tennessee Attorney General to bring civil actions and seek penalties for knowing violations of chemical abortion drug regulations.
- SB 2461 / HB 2290, a bill regulating assisted reproductive technology practitioners and clinics by requiring certification, inspections, consent forms, embryo-storage bonding, and success-rate reporting. This bill also restricts performing genetic testing on embryos to detect chromosomal abnormalities or fatal fetal anomalies, and requires disclosures related to genetic testing and embryo custodial care.

Texas

- HB 7, a bill prohibiting the manufacture, distribution, transportation, or provision of abortion-inducing drugs. This bill also creates private qui tam enforcement actions with statutory damages and injunctive relief, while separately providing attorney’s fees and protections against retaliatory actions by abortionists.
- HB 500, a bill appropriating \$20 million to pregnancy support services through the Thriving Texas Families program for alternatives to abortion.

Utah

- HB 8, a bill making broad fiscal adjustments across state agencies and regulated industries, including provisions establishing annual abortion clinic license fees and additional plan review or inspection fees for new or

remodeled abortion facilities. It also appropriates funding for maternal and child health, child abuse prevention, and early childhood programs.

- HB 97, a bill updating rules for facility-provided medications, including provisions clarifying that drugs intended to induce abortion are excluded from the definition of a “self-administered hormonal contraceptive.”
- HB 122, a bill expanding reporting and care requirements for pregnant and postpartum inmates, including enhancing healthcare, postpartum recovery, and access to social workers.
- HB 481, a transportation bill that includes provisions excluding organizations that provide, encourage, or fund abortions from eligibility for sponsored special group license plates and related state-administered funding.
- HB 539, a public safety bill including prohibitions on abortion and crimes subject to specified pretrial release and bail procedures.
- HB 559, a bill requiring healthcare facilities to adopt compassionate-care policies for pregnancy and infant loss, including memory-making opportunities, grief counseling access, and time and space with the infant. This bill also encourages optional bereavement training for healthcare providers and creates related awareness observances.
- SB 55, a bill requiring providers of certain unapproved stem cell therapies to give written patient notices, obtain informed consent, and include disclosures in facilities and advertisements. This bill excludes therapies using aborted fetal or embryonic tissue from the bill’s definition of stem cell therapy.

- SB 117, an occupational and professional licensing bill with provisions clarifying that performing or inducing an abortion in violation of Utah law may constitute unprofessional conduct for physicians, regardless of whether it results in a criminal conviction.
- SB 174, a bill protecting health care providers and institutions from discrimination or liability for refusing to participate in services that violate religious, moral, or conscience-based beliefs, including abortion.

Virginia

- HB 425, a Medicaid bill expanding coverage for maternal and reproductive health services, including telehealth, remote pregnancy and postpartum monitoring, dental care for pregnant women, and postpartum doula care. This bill also maintains the prohibition on Medicaid funding for abortion services and referrals.
- HB 838, a Medicaid bill expanding coverage for doula care, telehealth, remote monitoring, maternal and pediatric services, and provider appeals. This bill also maintains the prohibition on Medicaid funding for abortion services and referrals.
- HB 1284, a Medicaid bill expanding coverage for telehealth, remote monitoring, postpartum care, dental care for pregnant and postpartum women, pediatric services, and provider appeals. This bill also maintains the prohibition on Medicaid funding for abortion services and referrals.

West Virginia

- HB 5458, a medical licensing bill, which includes provisions creating a Genetic Counselors Practice Act that regulates genetic counselors' scope of practice and

prohibits them from recommending elective abortion.

- HB 5484, a bill protecting access to medical treatment and forensic care for victims of sexual offenses and criminalizing forcing or coercing a sexual-offense victim whose pregnancy resulted from the offense to obtain an illegal abortion.

Wisconsin

- SB 259, a bill requiring child welfare agencies to notify U.S. Department of Defense authorities within 24 hours of an investigation of child abuse or neglect, including investigations involving unborn children, when the child's parent is a service member.

Wyoming

- HB 3, a bill protecting pregnancy centers from government mandates to perform, refer for, provide, or promote abortion, and from interference with mission-based staffing decisions.
- HB 122, a bill creating a Rural Health Transformation Program to fund rural healthcare projects, including provisions prohibiting program funds from being used for abortions.
- HB 126, a bill prohibiting abortion once a fetal heartbeat is detectable, except in medical emergencies.
- SF 1, an appropriations bill including provisions prohibiting state funds from being used for elective abortions or related facilities, equipment, or training, including through certain Department of Health and University of Wyoming contracts and grants.
- SF 48, a bill allowing licensed physicians to recommend and perform certain stem cell therapies under specified requirements, while including provisions prohibiting the use of aborted fetuses in such therapies.

Anti-Life Laws and Resolutions

California

- AB 45, a bill prohibiting the collection, use, disclosure, sale, sharing, or retention of personal information from individuals at or near abortion clinics, aimed at stopping pro-life advocates from offering resources to pregnant women. The bill also establishes the California Reproductive Justice and Freedom Fund to support grants for pro-abortion organizations to expand abortion education and promotional outreach.
- AB 260, a bill expanding abortion access by abolishing parental consent requirements for abortion, repealing common-sense abortion regulations, expanding abortion access for incarcerated individuals and juveniles, and indemnifying abortionists from being held liable for harming a woman or breaking another state's abortion law. The bill also limits identification requirements for chemical abortion prescribers, preventing women injured by chemical abortion from having access to identifying information about the provider, which is evidence necessary to hold abortionists accountable when they cause harm. It also exempts certain prescribing and dispensing practices from discipline and requires insurance coverage under specified conditions.
- SB 106, a bill providing up to \$90 million in grants to "family planning providers," including Planned Parenthood.
- SB 403, a bill removing the critical accountability protections established by the January 1, 2031, sunset date for California's End of Life Option Act, permitting the distribution of life-ending poison to vulnerable adults without the mandatory future legislative review originally promised

to protect against medical coercion and abuse.

Connecticut

- HB 5514, a public health bill, which includes provisions undermining parental rights by sealing minor medical records from parents, allowing healthcare providers to keep parents in the dark regarding a minor's abortion, pregnancy, or use of birth control.
- SB 397, a bill that includes provisions creating a surveillance shield for the abortion industry by blocking law enforcement from utilizing automated license plate reader data to investigate or prosecute violations of out-of-state laws protecting unborn human life.

Hawaii

- H.B. 1875, a bill expanding the state's abortion shield law, allowing abortionists to bring a civil action against a person who sues them for abortion-related misconduct in another state and prohibiting medical malpractice insurers from taking action against abortionists due to abortion-related misconduct.
- HR 5-2026 / SR 7-2026, a nonbinding resolution affirming that hospitals should provide abortion services under EMTALA.
- SR 44-2026, a nonbinding measure supporting the Department of Health's efforts to establish a three-year stockpile of mifepristone for chemical abortion access.

Illinois

- HR 695, a resolution opposing legislation that would recognize fertilized eggs as legal persons.
- HB 3709, a bill mandating that public higher education health services provide and dispense emergency contraception and chemical abortion drugs on campus. The bill

requires public university pharmacies to maintain on-site availability of these abortion-inducing medications, utilizing university platforms to advertise the services and requiring public institutions to submit annual reports on compliance.

Maine

- HP 1458 / LD 2170, a bill making broad technical and substantive updates across state laws, including provisions clarifying judicial bypass procedures for minors seeking an abortion, such as a process for a court to substitute parental consent with state authorization based on broad guidelines determining when ending an unborn life is in the minor's "best interests."

Mississippi

- HB 565, a healthcare bill requiring health benefit plans, including Medicaid, to cover biomarker testing, expanding prenatal and genetic testing, which could lead to abortions due to fetal anomaly and Down syndrome diagnoses.

Nevada

- AB 176 / BDR 177, a bill prohibiting state and local governments from imposing substantial burdens on access to contraception, family planning services, counseling, referrals, or related providers. This bill creates a private right of action for individuals whose access is burdened, while exempting abortion laws and certain education-related regulations.

New Jersey

- S 2996, a bill expanding advanced practice nurses' authority, including allowing Advanced Practice Nurses to independently provide abortions.

New Mexico

- SB 30, a bill repealing the state's induced-abortion reporting requirement, reducing the availability of official state abortion data on abortion occurrences and complications.

New York

- R 1722, a budget measure, including provisions increasing funding for chemical abortion and abortion clinical training. Note: This bill also provides funding for Federally Qualified Health Centers.
- A 2145 / A 2145A, a shield law allowing prescription labels for mifepristone, misoprostol, and generics to list the health care practice instead of the individual prescriber or dispenser, preventing women harmed by chemical abortion from having access to the evidence necessary to hold the prescriber accountable.
- A 5285, a bill amending A 2145 / A 2145A to add practice addresses and a patient notice requirement.
- A 5480 / A 5480A / A 5480B / A 5480C, a shield law prohibiting the state from complying with out-of-state subpoenas, investigations, extradition, professional discipline, insurance retaliation, and information-sharing related to abortion, even if the abortion was unlawful in the requesting state.
- A 9515 / S 8835, a bill legalizing assisted suicide.
- S 4914 / S 4914A / S 4914B, a shield law prohibiting the state from complying with out-of-state investigations, subpoenas, professional discipline, insurance retaliation, and information-sharing related to abortion, even if the abortion was unlawful in the requesting state.

Oklahoma

- SB 176, a bill requiring health benefit plans to cover contraceptive drugs, while expressly excluding medications that could cause an abortion.

Oregon

- HB 4088, a bill prohibiting cooperation with out-of-state investigations, proceedings, or disclosure of related personally identifiable information and legal records for out-of-state investigations related to unlawful abortions.
- HB 4127, a bill creating state-funded fee-for-service payments and grants for abortion providers that serve Medicaid recipients but are ineligible for federal Medicaid funds.
- SB 1547, a bill creating a new licensing framework for behavioral health and wellness practitioners, including provisions exempting practitioners from standard professional accountability by prohibiting Oregon from honoring out-of-state license revocations when they stem from violations of another state's medical safety and life-protective statutes.
- SB 1557, a bill revising contempt proceeding procedures and creating confidentiality protections for parentage cases involving assisted reproduction or surrogacy agreements. This bill includes provisions limiting public access to assisted-reproduction and surrogacy parentage records, which may affect transparency and monitoring of reproductive technology-related litigation.

Rhode Island

- SR 3249, a symbolic resolution recognizing May 6, 2026, as a National Day of Reason in Rhode Island and encouraging access to abortion, among other things.

Tennessee

- SB 449 / HB 533, a bill establishing legal protections for access to fertility treatment and contraception, without requiring insurance coverage or public funding for those services.

Virginia

- HB 29, a budget bill including provisions that maintain and, in some areas, expand state funding for abortion-related services, including Medicaid abortion coverage.
- HB 128, a bill revising general district court and juvenile and domestic relations district court jurisdiction, including provisions preserving and clarifying the judicial bypass process for minors seeking abortion without parental consent.
- HB 245, a bill revising district court jurisdiction and procedures, while also establishing procedures for minors seeking court authorization for abortion without parental consent.
- HB 328, a health insurance bill expanding required coverage, including provisions directing future coverage for infertility treatment and reproductive services, which could include assisted reproductive technologies or abortion.
- HB 667, a bill revising Virginia juvenile, child welfare, and adult protective services provisions, including procedures for judicial authorization of abortions for minors without parental consent, such as confidentiality, timelines, and maturity criteria.
- HB 901, a bill establishing confidential and expedited procedures for minors seeking judicial authorization for abortion without parental consent or notice.
- HJ 1 / SJ 1 / HB 781 / SB 449, a proposed constitutional amendment establishing a

fundamental right to abortion, permitting infringement only under strict scrutiny and containing broad exceptions protecting third-trimester abortions.

- SB 137, a bill creating criminal penalties for obstructing reproductive “health care” facilities, such as abortion facilities.
- SB 206, a bill revising juvenile and domestic relations district court jurisdiction and procedures for child-related cases, while also establishing confidential court procedures and standards for minors seeking abortion without parental consent.
- SB 495, a bill revising juvenile and domestic relations court jurisdiction, while also establishing confidential, expedited procedures for unemancipated minors seeking abortion without parental consent.

Washington

- HB 1215, a bill removing pregnancy-related language from the state’s Natural Death Act model directive form, eliminating language that previously made a directive inoperative during pregnancy, potentially allowing advance directives to govern life-sustaining treatment decisions for pregnant patients.
- SB 5093, a bill addressing pregnancy loss by encouraging medical care without civil or criminal liability and revising death-investigation rules so pregnancy loss and abortion are not treated as grounds for criminal investigation.
- SB 5557, a bill requiring hospitals to provide pregnant patients with emergency medical treatment consistent with the standard of care, including abortion.
- SB 5632, a shield-law restricting state agencies, courts, providers, insurers, and electronic communications businesses from sharing information or cooperating with out-of-state investigations involving

violations of another state’s abortion regulations.

- SB 5917, a bill authorizing the state to acquire, possess, distribute, sell, and dispense chemical abortion drugs to abortion providers and establishing a distribution program, including bulk distribution to eligible providers and Indian health care providers.
- SB 5998, a supplemental operating budget bill funding abortion access, including grants for abortion services.
- SB 6025, a bill updating fetal death and vital records definitions, including provisions disregarding the humanity of preborn children by excluding abortion from the fetal death definition.
- SB 6182, a bill creating an abortion savings program and requiring health insurance carriers to pay assessments into a dedicated account starting in 2027, with funds allocated for grants funding abortions.

Veto

Kansas

- Governor Laura Kelly issued line-item vetoes on a signed budget bill, including pro-life budget provisions continuing funding for the Pregnancy Compassion Awareness Program and an abortion-provider funding restriction. However, the Legislature successfully overrode these vetoes.
- Governor Laura Kelly vetoed a bill that protects pregnancy centers from government mandates to perform, refer for, provide, or promote abortion, and from interference with mission-based staffing decisions. However, the legislature successfully overrode this veto.
- Governor Laura Kelly vetoed a bill that amends Kansas’s Woman’s-Right-to-Know

Act to allow plaintiffs who allege that they did not receive necessary informed consent before receiving an abortion to elect limited statutory damages. However, the legislature successfully overrode this veto.

- Governor Laura Kelly vetoed a bill that expands Kansas's informed-consent

requirements for abortion, including written disclosures, private physician consultation, ultrasound and fetal-heartbeat offers, clinic signage, and medication-abortion reversal notices. However, the legislature successfully overrode this veto.