Empowering Cities: A Toolkit for Reproductive Rights Advocacy



CENTER for REPRODUCTIVE RIGHTS Prepared for:

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Prepared by:

Center for Reproductive Rights





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The U.S. Conference of Mayors is the official nonpartisan organization of cities with populations of 30,000 or more. There are over 1,400 such cities in the country today. Each city is represented in the Conference by its chief elected official, the mayor. The Conference is a nonpartisan forum where mayors engage directly with the President and Congress on the most pressing issues of the day.

Context & Purpose

On June 24, 2022, the U.S. Supreme Court issued *Dobbs v. Jackson Women's Health Organization* ("*Dobbs*") and overturned *Roe v. Wade* ("Roe") and the federal Constitutional right to abortion care. Within several months of the decision, many states banned and criminalized abortion care. Other states protected reproductive rights and expanded access to abortion care. Within this legal patchwork, millions of Americans live without reproductive autonomy.

Reproductive rights are fundamental human rights and include access to abortion care, contraception, and assisted reproduction services. The overturn of *Roe* marks a disturbing retrogression in human rights in the United States. If the decision in *Dobbs* goes unchallenged, it may lead to a rollback of other rights, such as the right to contraception, the right to engage in private sexual conduct, and the right to marriage equality for inter-racial and same-sex couples.

This toolkit provides Mayors with information and resources to help them build consensus in their communities around the protection of reproductive rights as human rights. Local action is pivotal in advancing access to reproductive rights throughout the United States. While certain Mayors and city officials wield direct authority over tools and resources to bolster access to reproductive care, others may not have the same level of formal power or are legally prevented from engaging altogether. Nonetheless, local leaders can serve as strong advocates within their communities and play a significant role in shaping policies and initiatives that promote reproductive health and autonomy.

The U.S. Conference of Mayors has long supported women's reproductive rights at the federal and state levels. At its 2022 Annual Meeting, the Conference passed resolutions supporting reproductive rights and access to infertility treatment. At its 2023 Annual Meeting, the Conference voted to create its Bipartisan Task Force on Women's Health and Reproductive Rights, passed two policy resolutions in support of reproductive rights and access to abortion, and urged Congress and states to act.

Burnsville (MN) Mayor Elizabeth Kautz on the Taskforce: "Our Task Force is about women's rights to make decisions about their health and well-being regarding their bodies and reproduction. Reproductive health decisions should be made by a woman and her physician. We are experiencing an inflection point in our country for women's rights and reproductive health. We must fight for women's rights as human rights for the sake of our future. We cannot go backward. It is up to us."

Tucson (AZ) Mayor Regina Romero on the importance of reproductive autonomy: "Bodily autonomy is one of our fundamental freedoms. The attacks on the rights of some people in this country to make decisions about themselves and their own bodies, including access to abortion and reproductive healthcare, disproportionately affects women, people of color, and those with low incomes. Protecting access to women's reproductive health is now more important than ever."

Reno (NV) Mayor Hillary Schieve: "Access to safe and legal abortion isn't only about reproductive healthcare and bodily autonomy – it's also about women's economic freedom."



After Roe Fell: Abortion Laws by State

In June 2022, the U.S. Supreme Court overturned Roe v. Wade, opening the door for states to ban abortion outright. Since the decision, 14 states have made abortion illegal.

After Roe Fell: Abortion Laws by State examines laws, constitutions, and court decisions on abortion—and assigns each state, territory, and the District of Columbia to one of five categories: Expanded Access, Protected, Not Protected, Hostile, and Illegal. This tool is interactive and updated in real time online by the Center for Reproductive Rights at https://reproductiverights.org/maps/abortion-laws-by-state/ or using the QR code below.



Expanded Access (Teal): In states in the "Expanded Access" category, the right to abortion is protected by state statutes or state constitutions, and other laws and policies have created additional access to abortion care.

Protected Access (Yellow): In states in the "Protected" category, the right to abortion is protected by state law but there are limitations on access to care.

Not Protected (Orange): In states in the "Not Protected category" abortion may continue to be accessible but is unprotected by state law.

Hostile: In states in the "Hostile" category there are no legal protections for abortion. These states are vulnerable to the revival of old abortion bans or the enactment of new ones.

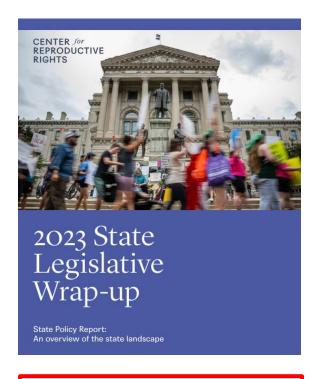
Illegal: States in the "Illegal" category ban abortion entirely and enforce those bans through criminal



To access interactive map, scan this QR code.



State Laws in the Wake of Dobbs



"Numerous states now force people to be pregnant and give birth in a country that normalizes preventable pregnancyrelated deaths and injuries, nonconsented care, and mistreatment in the healthcare system; obstructs meaningful options for where, how, and with whom individuals experience birth; and provides little or no legal recourse for these violations."

CENTER FOR REPRODUCTIVE RIGHTS, 2023 STATE LEGISLATIVE WRAP UP REPORT, P.3

The report can be viewed and downloaded at https://reproductiverights.org/2023-state-legislative-wrap-up-report/ or using the QR code here:



This policy report by the Center provides an overview of the U.S. state policy landscape after tracking almost 2,000 bills proposed in state legislatures relating to reproductive care. It highlights 2023 legislative trends impacting people's access to abortion care, maternal health care, and assisted reproduction.



Patients and the Medical Community

Case Study: Louisiana

Criminalized Care: How Louisiana's Abortion Bans Endanger Patients and Clinicians Read the full report from March 2024 here:



This report is a product of Lift Louisiana (Lift LA), Physicians for Human Rights (PHR), Reproductive Health Impact (RH Impact), and the Center for Reproductive Rights (CRR).

From the Report

"The findings contained in this report are alarming: the research shows how Louisiana's abortion bans violate federal law meant to protect patients, disregard evidence-based public health guidance, degrade long-standing medical ethical standards, and, worst of all, deny basic human rights to Louisianans seeking reproductive health care in their state."

Medical Exceptions to Abortion Bans Don't Work

"The bans' narrow and ill-defined exceptions create confusion, uncertainty, and fear for both pregnant patients and clinicians, who face significant professional, civil, and criminal penalties for providing the care they could legally offer before *Roe* was overturned."

The Center for Reproductive Rights has filed lawsuits in several states seeking to clarify the medical exceptions to the states' extreme abortion bans. Go here to learn more:

https://reproductiverights.org/case/ state-abortion-bans-medicalexceptions/

Pregnancy Care is Deteriorating

Louisiana already faced a maternal health crisis before *Dobbs* and among the lowest numbers of obstetricians and gynecologists in the country.

Clinicians in Louisiana can't use their medical judgment to provide appropriate medical care, "resulting in pregnant patients being delayed or denied abortion care, even in cases where they present with serious preexisting health conditions or receive severe fetal diagnosis."

"Initial prenatal care in Louisiana is being pushed deeper into pregnancy, often beyond the first trimester when miscarriage is more common—purposely delayed to avoid the risk of miscarriage care being misconstrued as an abortion in violation of the bans."



The Economic Effects of Reproductive Health Restrictions

Restrictions on reproductive rights impact workers, employers, and economies. Here's How:

- > 70% of women ages 18-44 would be discouraged from taking a job in a state that restricts access to abortion, as would 59% of men in the same age cohort.
- > <u>76% of respondents</u> in a survey of more than 2,000 current and future physicians say they would not even apply to work or train in states with abortion restrictions.
- > 34% of younger workers are considering switching jobs due their company's stance on abortion.
- > State-level abortion restrictions <u>cost state economies over \$100 billion</u> each year by reducing labor force participants and earning levels and increasing turnover and time off from work.

Access to abortion care impacts the economic lives of women and families. Here's How:

- Women who don't have access to abortion care are three times more likely to leave the workforce and four times more likely to live in poverty.
- Legalization and access to abortion care <u>reduce rates of teen motherhood and teen marriage</u>. It improves women's education and labor-market outcomes.
- Legalization and access to abortion care <u>reduce maternal mortality rates</u>.
- Legalization and access to abortion <u>care reduce the number of children living in single-parent</u> <u>households</u>, who live in poverty, who experience neglect and abuse, and who receive social services.

Companies and Executives understand the impact that limits on reproductive health access have on their business operations and their ability to recruit and retain talent.

- Companies across all 50 states are impacted by increased time off, financial burdens, medical interventions, and trauma for workers and their families.
- Many employers have expanded the benefits provided to their workers, but they may be subject to challenge or nullified state legislation. Only Congress can create a 50-state solution.
- Hundreds of companies, executives, and economists have joined <u>amicus ("friend-of-the-court") briefs</u> to share the impact that bans and restrictions have on their companies and employees.
- Employers across the country have <u>committed to providing travel benefits</u> to employees living in states with bans.
- Learn more here: https://reproductiverights.org/corporate-engagement/



Fighting Back: Interstate Shield Laws

After the Supreme Court overruling *Roe v. Wade*, states began enacting interstate shield laws to protect providers, helpers, patient medical records, clinic access, and telemedicine. States that have passed interstate shield laws include California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Vermont, Washington, and the District of Columbia.

What do Interstate Shield Laws do?

Extradition	Professional Penalties
Almost all interstate shield laws prohibit the	Many shield laws prohibit provider licensing
governor from extraditing someone who provided	boards from penalizing (suspending, revoking,
or assisted in the provision of care that is legal in	fining, or refusing to license) a provider who
that state if they did not flee another jurisdiction.	provides care that is legal in that state.
Medical Malpractice	Cooperation of State Employees
Many shield laws prohibit medical malpractice	Shield laws can prohibit state employees from
insurance carriers from penalizing a provider	participating in or cooperating with investigations
based on the provision of care that is legal in that	originating in other states regarding abortion or
state.	transgender health care. This prohibition typically
	includes sharing information, arresting people,
	expending any funds to cooperate with
	investigations or requests, or issuing summons or
	subpoenas.
Final Judgments	Privacy Protections
Some shield laws allow a person who has paid a	Prohibits covered entities or governmental
civil penalty to recuperate those penalties	agencies from releasing patient health information
("clawback").	and medical records to further out-of-state
	investigations related to specific health care legal
	in the state (e.g., abortion care and/or
	transgender health care). Protections can include
	prohibiting the geofencing of health care facilities,
	including abortion clinics, and expanding address
	confidentiality programs to include reproductive
	health care workers, helpers, and patients.
Telehealth	Transgender Health Care
Some shield laws protect providers who utilize	Most states with shield laws have protected
telemedicine to provide medication abortion and	transgender health care alongside reproductive
other reproductive health services across state	health care, acknowledging that attacks on both
lines to patients physically outside of the	are ideologically motivated and originate in the
protected state.	same spaces.



Fighting Back: Ballot Initiatives & State Constitutional Amendments

UPCOMING BALLOT INITIATIVES

In fall of 2024, as many as 11 states will vote on state constitutional amendments regarding abortion.

As of June 2024, four states have confirmed these measures will be on the ballot: Colorado, Florida, Maryland, and South Dakota.

Other states are gathering signatures needed to advance ballot initiatives or awaiting formal approval, including Arizona, Arkansas, Missouri, Montana, Nebraska, Nevada, and Pennsylvania.

Some states require more than a simple majority of votes to pass these measures – for example, Florida's initiative this fall must achieve 60% of the vote in order to take effect.

PAST BALLOT INITIATIVES

Since *Dobbs*, voters have consistently approved ballot initiatives that protect abortion and rejected those that restrict abortion. In six states, California, Kansas, Kentucky, Michigan, Vermont, and Ohio, ballot initiatives favoring access to abortion have prevailed.

Many states – including many of the states with the harshest restrictions – do not allow citizen-initiated constitutional amendments, including Alabama, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Utah, West Virginia, and Wyoming.



Fighting Back: Cities Take Action

Examples of actions taken and ongoing efforts by cities since Dobbs

Arizona	California
Phoenix Mayor Kate Gallego: working with the City	Irvine Mayor Farrah Khan: Passed a resolution
attorneys to decriminalize abortion.	confirming the City Council opposes the Supreme
	Court's decision, supports California's efforts to add a
Tucson Mayor Regina Romero: passed resolution to	Constitutional Amendment protecting reproductive
ensure residents are not criminalized for seeking	healthcare, and calls on Congress to codify the right to
abortion	abortion.
Georgia	Idaho
Atlanta Mayor Andre Dickens: Supports effort by the	Boise Mayor Lauren McLean: Passed resolution to
City Council to make the enforcement of anti-abortion	deprioritize investigation and the use of police
laws a low priority.	resources related to abortion.
Illinois	Louisiana
Chicago Former Mayor Lori Lightfoot: Signed an	New Orleans Mayor LaToya Cantrell: Joined the
Executive Order prohibiting City from participating in	Orleans Parish District Attorney, NOPD, and the New
investigations or proceedings from states trying to	Orleans City Council in stating that abortion laws won't
prosecute abortion providers and those seeking care;	be enforced.
City pledged \$500,000 to fund local providers.	
Maryland	Massachusetts
Baltimore Mayor Brandon Scott: City dedicated	Boston Mayor Michelle Wu: City Council passed a
\$300,000 to support organizations that offer abortion	resolution affirming the right to make medical
and family planning services in Baltimore.	decisions and to obtain access to the full spectrum of
	reproductive healthcare, including contraception and
	related services without obstacles.
Missouri	New York
Kansas City Mayor Quinton Lucas: introduced an	New York City Mayor Eric Adams: announced plans to
ordinance to create a \$300 travel stipend for city	expand access to medication and increase the number
employees who choose to travel to another state to	of medical professionals who perform abortions within
get an abortion.	the public hospital system. The city pledged
	transportation, food and housing options for out-of-
St. Louis Mayor Tishaura Jones: Signed a bill creating a	staters traveling from ban states.
Reproductive Equity Fund, allocating \$1 million toward	
helping women get abortions in Illinois.	



Fighting Back: Cities Take Action continued...

Examples of actions taken and ongoing efforts by cities since Dobbs

Ohio

Cincinnati Mayor Aftab Pureval: Announced new city policies to protect women seeking abortions.

Cleveland Mayor Justin Bibb: Announced six major actions to protect reproductive rights: non-prosecution, de-prioritizing enforcement, introducing legislation to create a \$100,000 "Reproductive Freedom Fund", exploring whether all city health insurance plans offered would cover elective abortions if an employee seeks care out-of-state, committing to refrain from keeping or disclosing pregnancy information, and the City is in the process of submitting an amicus brief on its residents' behalf in support of overturning Ohio's six-week ban.

Tennessee

Nashville Mayor John Cooper: Announced an initiative to extend health coverage for Nashville's 15,000+ city employees to include reimbursement for obtaining medical procedures unavailable in Tennessee.

Texas

Austin Former Mayor Steve Adler: Passed 3 resolutions to ensure residents are not criminalized for seeking abortions, launched an awareness campaign regarding birth control options, and directed the city manager to explore options to assist city employees in traveling for an abortion.

San Antonio Mayor Ron Nirenberg: Convened a Special City Council Meeting to review a proposed resolution that would bar use of city funds to collect and share information on abortions, miscarriages or reproductive healthcare that other government agencies plan to use in criminal investigations.

Washington

Seattle Mayor Bruce Harrell — Seeking to invest \$250,000 in efforts to expand access to reproductive health care through the Northwest Abortion Access Fund.

Virginia

Richmond Mayor Levar Stoney: Approved resolution with City Council to protect abortion rights within the city.

Wisconsin

Madison Mayor Satya Rhodes Conway: Passed Resolution to ensure residents are not criminalized for seeking abortions.

This list of city actions does not represent a comprehensive list of all actions taken by Mayors and City Councils to protect access to reproductive rights.



Building Coalitions and Partnerships to Achieve Consensus

Mayors are uniquely situated to identify and convene stakeholders, partners, and unlikely allies to build a broad consensus that reproductive rights must be protected and expanded. Mayors are skilled coalition-builders who know the value of a broad table and engaging cross-sections of society.

Mayors can use their convening power and their position as well-known leaders of their cities to bring everyone impacted to the discussion, including:

- Individuals directly impacted by bans and restrictions who want to share their stories.
- Advocates and organizations working to increase reproductive rights and healthcare, including abortion funds, activists, reproductive justice organizations, and local providers.
- Medical Community, including doctors, healthcare workers, medical associations, medical schools, clinics, and medical students.
- Schools and educational institutions community colleges, universities, trade schools, student organizations, and students.
- ➤ Business and Labor community including executives, local businesses, national brands, unions, professional associations, and workers.
- Faith-based and community leaders houses of worship, faith-based organizations, faith leaders, and persons of faith.
- ➤ Disability Community, including local and national disability rights and justice organizations, and activists in the disability community.





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