

# IWPR Reproductive Rights Index

## A State-by-State Analysis and Ranking

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**The Status of Women in the States Initiative at the Institute for Women's Policy Research provides timely data and research on women's progress and well-being in the United States on a number of important indicators: employment and earnings, political participation, reproductive rights and health, economic security and opportunity, and work and family.**

IWPR intends that legislators, advocates, and stakeholders use this report to understand the disparities in women's reproductive rights and care in the United States, and that such understanding will enable them to take action at the local, state, and federal levels.

This report demonstrates the need to protect and expand access to reproductive health services, including abortion, at the federal and state levels. Reproductive rights and freedom for women often are determined, in part, by their state of residence, including its political culture, and their ability to access or pay for care. This should not be the case. Access to comprehensive, evidence-based reproductive health care is a fundamental human and civil right.<sup>1</sup>



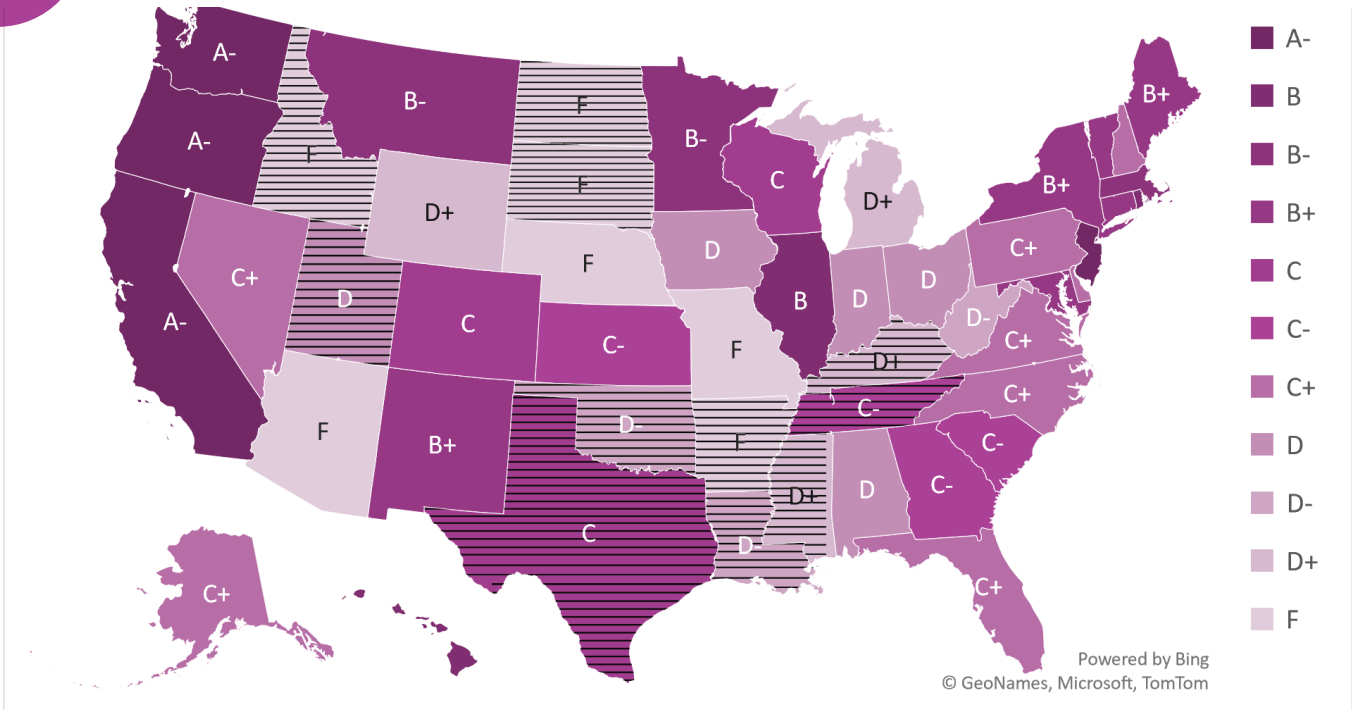
## REPRODUCTIVE RIGHTS INDEX HIGHLIGHTS

- The top-ranked state for women's reproductive rights is **New Jersey**. **California** ranks second followed by **Washington, Oregon,** and **Connecticut**. All five of the top-ranked states for women's reproductive rights have also codified the right to abortion in state law.
- The worst-ranked state for women's reproductive rights is **Missouri**, ranking 51st in the Index, followed by **Idaho, Nebraska, Arkansas,** and **South Dakota**.
- The number of states earning a failing grade has increased since 2015. Seven states earn a failing grade on the Index: Arizona, Arkansas, Idaho, Missouri, Nebraska, North Dakota, and South Dakota. In 2015, only four states earned a failing score on the Index.
- In the lowest-ranked states for women's reproductive rights, the average median income for women is \$24,335 compared to \$29,251 in the top five states. The median income for women in Missouri, the worst-ranked state in the Index, is \$25,139 compared to \$31,487 for women in New Jersey, the top-ranked state in the Index.<sup>2</sup>
- Women residing in the highest-ranked states for reproductive rights were also more likely to have higher levels of educational attainment than women in lower-ranked states. In the five top-ranked states, 33 percent of women have a bachelor's degree or higher. In the bottom five ranked states, 26 percent of women have a bachelor's degree or higher.<sup>3</sup>
- In the bottom five ranked states, the economic loss of abortion restrictions is approximately \$8.5 billion ranging from \$5.3 billion in Missouri to \$362.9 million in South Dakota. In the state of Texas, home to one of the most restrictive abortion bans in the country, the economic loss to women and the state economy is \$14.5 billion annually.<sup>4</sup>
- Change in State-Level Rankings: The state of Maine, ranked number 23 in 2015 jumped to number seven in 2022. The leap is due, in part, to the state's coverage of abortion services by public insurance and its expansion of access to Medicaid family-planning services. Arizona and West Virginia moved significantly down the Index, dropping from 24 to 45 and 18 to 44 respectively, due to the loss of public insurance coverage of abortion and the lack of expanded access to Medicaid family-planning services.



# STATES' OVERALL RANKINGS ON THE INDEX

**MAP 1 STATES' OVERALL RANKING ON THE INDEX**



**Source:** IWPR analysis of 2017-2022 data from the Guttmacher Institute, NARAL Pro-Choice America, Sex Ed for Social Change (SIECUS), Kaiser Family Foundation (KFF), and the National Conference of State Legislators.

**TABLE 1 BEST AND WORST STATES ON REPRODUCTIVE RIGHTS, 2022**

Best	Rank	Grade	Worst	Rank	Grade
New Jersey	1	A-	Missouri	51	F
California	2	A-	Idaho	50	F
Washington	3	A-	Nebraska	49	F
Oregon	4	A-	Arkansas	48	F
Connecticut	5	B+	South Dakota	47	F
New York	6	B+	North Dakota	46	F
Maine	7	B+	Arizona	45	F
Maryland	8	B+	West Virginia	44	D-
Vermont	9	B+	Louisiana	43	D-
New Mexico	10	B+	Indiana	42	D

**Source:** IWPR analysis of 2017-2022 data from the Guttmacher Institute, NARAL Pro-Choice America, Sex Ed for Social Change (SIECUS), Kaiser Family Foundation (KFF), and the National Conference of State Legislators.

## BEST STATES FOR REPRODUCTIVE RIGHTS

The five highest-ranked states in the Reproductive Rights Index are **New Jersey, California, Washington, Oregon,** and **Connecticut**. Since 2015, when the Index was last published, the states of Connecticut, California, and Washington rose in the rankings. The state of California moved from number nine to two in the updated Index. No state received a perfect score. Only four states received the highest grade of A-.

## WORST STATES FOR REPRODUCTIVE RIGHTS

The five worst states in the Reproductive Rights Index are **Missouri, Idaho, Nebraska, Arkansas,** and **South Dakota**. These states are more likely to impose more restrictions or limitations on access to reproductive health care, including access to abortion, than other states. With the exception of Missouri, all of the lowest-ranked states also received a failing grade in 2015.<sup>5</sup>

Women who live in the worst-performing states confront significant legal barriers to the exercise of their reproductive rights. Six of the states in the bottom ten—Arkansas, Idaho, Louisiana, Missouri, North Dakota, and South Dakota—have trigger bans and other restrictive or cumbersome laws to limit access to reproductive health care.<sup>6</sup>

Elected officials in the lowest-ranked states are also less likely to support women's reproductive rights. Legislatures and governors in all 10 of the worst-performing states support laws and policies that restrict reproductive rights.

The state of West Virginia ranked 44 in the Index and is one of four states to include anti-abortion language in its state constitution.<sup>7</sup> Arizona, which is ranked 45 in the Index, currently has a pre-Roe abortion ban statute in place.<sup>8</sup>



**TABLE 2 REPRODUCTIVE RIGHTS INDEX**

State	Score	National Rank	Grade	Parental Consent and/or Notice, as of June 2022 <sup>a</sup>	Waiting Period, as of June 2022 <sup>a</sup>	Public Coverage, as of June 2022 <sup>a</sup>	Percent of Women Living in Counties with at least one Abortion Provider, 2017 <sup>b</sup>	State Government Opposed to Reproductive Rights, June 2022 <sup>c</sup>	Medicaid Family Planning, June 2022 <sup>d</sup>	Infertility Treatment Coverage, as of March 2021 <sup>e</sup>	Sex Education, as of June 2021 <sup>f</sup>	Legal Right to Abortion, June 2022 <sup>g</sup>
Alabama	1.41	40	D	0	0	0	41%	0.00	1	0	0	
Alaska	2.68	24	C+	1	1	1	68%	0.00	0	0	0	P
Arizona	0.82	45	F	0	0	0	82%	0.00	0	0	0	
Arkansas	0.73	48	F	0	0	0	23%	0.00	0	1	0	T
California	6.22	2	A-	1	1	1	97%	1.00	1	0.5	1	P
Colorado	2.23	28	C	0	1	0	73%	1.00	0	0	0	P
Connecticut	5.45	5	B+	1	1	1	95%	1.00	1	1	0	P
Delaware	3.32	19	C+	0	1	0	82%	1.00	0	1	0.5	P
District of Columbia	3.50	17	B-	1	1	0	100%	1.00	0	0	0.5	P
Florida	2.76	22	C+	0	1	0	76%	0.00	1	0	0.5	P
Georgia	1.95	29	C-	0	0	0	45%	0.00	1	0	0.5	
Hawaii	4.95	11	B	1	1	1	95%	1.00	0	1	0.5	P
Idaho	0.33	50	F	0	0	0	33%	0.00	0	0	0	T
Illinois	4.13	13	B	1	1	1	63%	1.00	0	1	0	P
Indiana	1.30	42	D	0	0	0	30%	0.00	1	0	0	
Iowa	1.42	39	D	0	0	0	42%	0.00	0 <sup>h</sup>	0	1	*
Kansas	1.89	30	C-	0	0	0	39%	1.00	0	0	0.5	P
Kentucky	1.68	33	D+	0	0	0	18%	1.00	0	0	0.5	T
Louisiana	1.28	43	D-	0	0	0	28%	0.00	1	0	0	T
Maine	5.26	7	B+	1	1	1	76%	1.00	1	0	0.5	P
Maryland	5.21	8	B+	0	1	1	71%	1.00	1	1	0.5	P
Massachusetts	3.87	16	B-	0	1	1	87%	1.00	0	1	0	P
Michigan	1.65	34	D+	0	0	0	65%	1.00	0	0	0	
Minnesota	3.89	15	B-	0	0	1	39%	1.00	1	0	0.5	P
Mississippi	1.59	35	D+	0	0	0	9%	0.00	1	0	0.5	T
Missouri	0.22	51	F	0	0	0	22%	0.00	0 <sup>h</sup>	0	0	T
Montana	3.94	14	B-	0	1	1	44%	0.00	1	1	0.5	P
Nebraska	0.60	49	F	0	0	0	60%	0.00	0	0	0	
Nevada	3.41	18	C+	1	1	0	91%	1.00	0	0	0.5	P
New Hampshire	3.20	20	C+	0	1	0	70%	0.00	1	1	0.5	
New Jersey	6.24	1	A-	1	1	1	74%	1.00	1	1	1	P
New Mexico	5.02	10	B+	1	1	1	52%	1.00	1	0	0.5	
New York	5.42	6	B+	1	1	1	92%	1.00	1	1	0	P
North Carolina	2.97	21	C+	0	0	0	47%	1.00	1	0	0.5	
North Dakota	0.78	46	F	0	0	0	28%	0.00	0	0	0.5	T
Ohio	1.45	38	D	0	0	0	45%	0.00	0	1	0.5	
Oklahoma	1.47	37	D	0	0	0	47%	0.00	1	0	0	T
Oregon	5.77	4	A-	1	1	1	77%	1.00	1	0	1	P
Pennsylvania	2.52	25	C+	0	0	0	52%	1.00	1	0	0	
Rhode Island	4.78	12	B	0	1	0	78%	1.00	1	1	1	P
South Carolina	1.79	32	C-	0	0	0	29%	0.00	1	0	0.5	
South Dakota	0.74	47	F	0	0	0	24%	0.00	0	0	0.5	T
Tennessee	1.87	31	C-	0	1	0	37%	0.00	0	0	1	T
Texas	2.32	26	C	0	0	0	57%	0.00	1	0.5	0.5	T
Utah	1.37	41	D	0	0	0	37%	0.00	0	1	0.5	T
Vermont	5.12	9	B+	1	1	1	62%	1.00	1	0	0.5	P
Virginia	2.70	23	C+	0	1	0	20%	1.00	1	0	0	
Washington	5.90	3	A-	1	1	1	90%	1.00	1	0	1	P
West Virginia	1.10	44	D-	0	0	0	10%	0.00	0	1	0.5	
Wisconsin	2.30	27	C	0	0	0	30%	1.00	1	0	0	
Wyoming	1.54	36	D+	0	1	0	4%	0.00	1	0	0	T

**Notes/Legend:**

**T:** Overturning Roe triggers an automatic ban on abortion.

**P:** The state constitution or state law protects the right to abortion.

\* The Iowa State Supreme Court ruled the state constitution does not protect the right to abortion, overruling a previous decision, on June 17, 2022. <sup>9</sup>

<sup>h</sup> Iowa and Missouri have state-funded programs expanding Medicaid for family planning but exclude abortion providers.

## MOVEMENT IN STATE-LEVEL RANKINGS

Overall, little has changed in state-level rankings since 2015. Of the current top 10 states for women's reproductive rights, eight were also in the top 10 in 2015: California, Connecticut, Maryland, New Jersey, New York, Oregon, Vermont, and Washington. The state of New Mexico moved from the number 12 spot in 2015 to number nine in 2022.

Maine, ranked number 23 in 2015 rose to number seven in 2022. The improvement in ranking is due in part to its coverage of abortion services by public insurance and expanded access to Medicaid family planning.

Of the bottom-ranked states in the Index, seven were also in the bottom ten in 2015: Arkansas, Idaho, Indiana, Louisiana, Missouri, Nebraska, and South Dakota. Arizona dropped from 24 in 2015 to 45 in 2022. This decline is due to the loss of public coverage of abortion and the lack of access to Medicaid family planning. West Virginia also fell in the rankings from 18 to 44 for similar reasons, including a decrease in state government support for reproductive rights.<sup>10</sup>

## IT'S ALL CONNECTED: REPRODUCTIVE RIGHTS IN THE US AND WOMEN'S ECONOMIC WELL-BEING

Access in states to the full range of reproductive health services, including abortion, is often linked to other indicators of well-being and progress for women.<sup>11</sup> States that limit women's reproductive rights and access to reproductive health services also rank low or last on other indicators of women's well-being, such as employment and earnings, political participation, and educational attainment and opportunity, among others.<sup>12</sup> These states are also more likely to lack strong family policies such as paid family or medical leave.<sup>13</sup>

In the lowest-ranking states for women's reproductive rights, the average median income for women is \$24,335 compared to \$29,251 in the top five states. The median income for women in Missouri, the worst-ranked state in the Index, is \$25,139 compared to \$31,487 for women in New Jersey, the top-ranked state in the Index.<sup>14</sup>

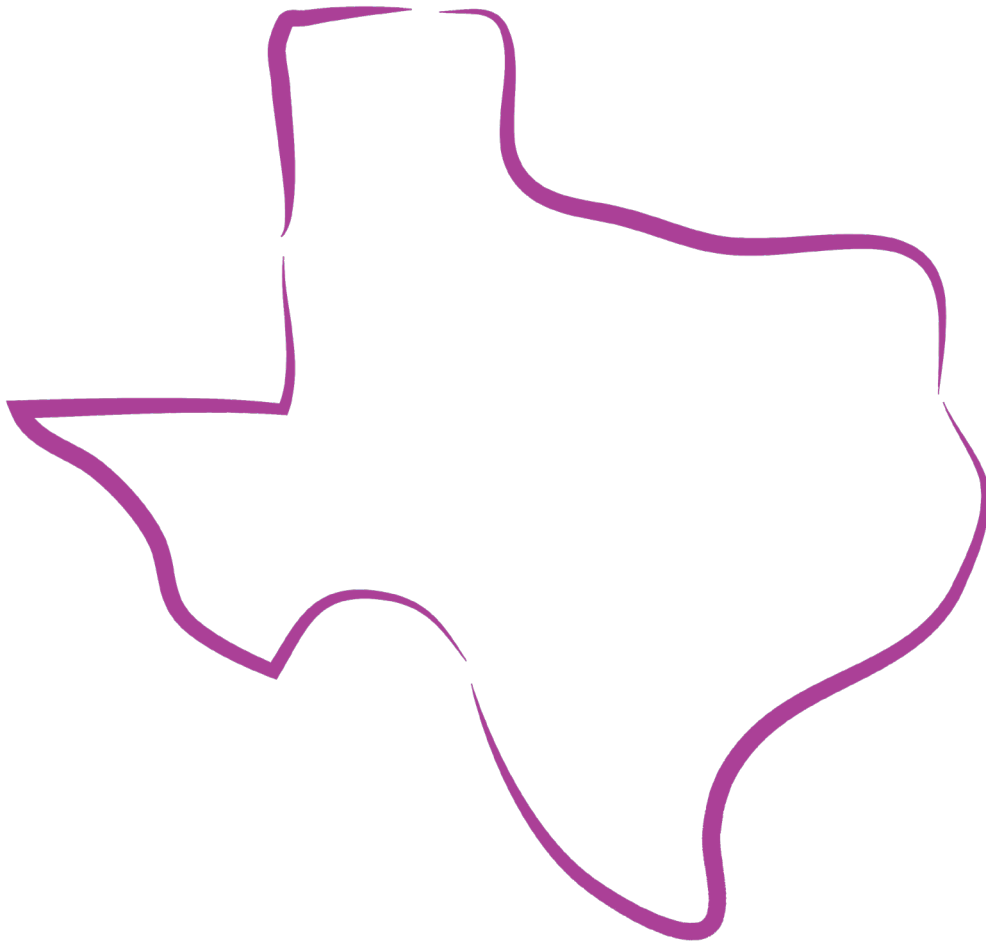
Women residing in states ranked highly for reproductive rights are also more likely to have higher levels of educational attainment than women in lower-ranked states. In top-ranked states, 33 percent of women have a bachelor's degree or higher. In the bottom five states, 26 percent of women have attained a bachelor's degree or higher.<sup>15</sup>



## ABORTION RESTRICTIONS IN THE STATES

For nearly fifty years, since the Supreme Court decided *Roe v. Wade* in 1973, there has been a concerted and persistent effort to restrict women's access to the full range of reproductive health services, including abortion, in the states.<sup>16</sup> In 2021, 108 abortion restrictions were enacted in 19 states, the greatest number of restrictions adopted in a single year since the *Roe v. Wade* decision.<sup>17</sup> These efforts culminated in the Supreme Court overruling *Roe* on June 24, 2022.

In the bottom five ranked states, the annual economic loss of abortion restrictions is approximately \$8.5 billion, ranging from \$5.3 billion in Missouri to \$362.9 million in South Dakota. In the state of Texas, home to one of the most restrictive abortion bans in the country, the economic loss to women and the state economy is \$14.5 billion annually.<sup>18</sup>



Because of systemic racism and other structural barriers, abortion bans have a disproportionate impact on women of color and lower-wage workers. Compared to their white and/or higher-wage counterparts, women of color and lower-wage workers are more likely to rely on public health care such as Medicaid, lack paid sick or medical leave, and have little or no job security or flexibility, making out-of-state travel for abortion care arduous.<sup>19</sup>

Eliminating all state-level abortion restrictions, which disproportionately burden women of color and lower-wage workers would result in an increase of labor force participation among Black and Hispanic women ages 15 to 44 years as well as significant earnings growth.

## INDICATOR SNAPSHOT

### Parental Consent and/or Notice

The number of states that do not require parental consent and/or notice for abortion care increased from five in 2015 to 13 in 2022. States that do not require consent and/or notice include: Alaska, California, Connecticut, Hawaii, Illinois, Maine, Nevada, New Jersey, New Mexico, New York, Oregon, Vermont, Washington, and the District of Columbia.<sup>20</sup>

Thirty-seven states require parental consent and/or notice for abortion for those under the age of 18.<sup>21</sup>

### Mandatory, Medically-Unnecessary Waiting Period

Waiting periods create an additional burden that disproportionately affects low-income and rural individuals seeking abortion care, reducing their access to abortion services.<sup>22</sup> While waiting periods make access to abortion more difficult, these restrictions will be irrelevant in those states whose trigger bans make abortion illegal upon the overruling of *Roe*.

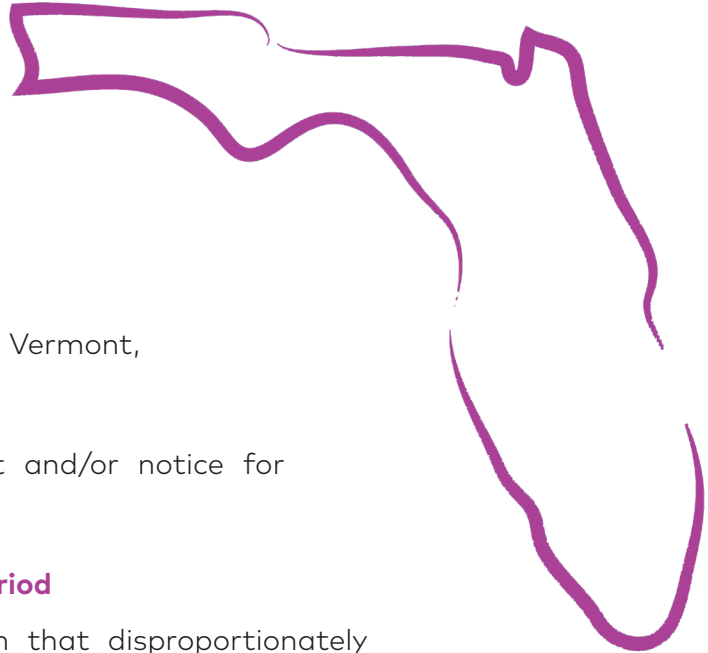
Twenty-four states and the District of Columbia do not require a waiting period after counseling and before getting an abortion. 26 states mandate medically unnecessary waiting periods.<sup>23</sup>

Since 2015, five states have eliminated waiting periods: Delaware, Massachusetts, Nebraska, Tennessee, and Virginia. During this same period, Iowa enacted a waiting period.<sup>24</sup>

### Public Insurance Coverage of Comprehensive Abortion Care

The Hyde Amendment prohibits the use of federal funds for abortion care except in cases of life endangerment, rape, and/or incest. States, however, can elect to use their Medicaid funds to cover abortion care outside of those limitations.

- Sixteen states cover abortion care in their publicly funded Medicaid programs in circumstances beyond the narrow exceptions of the Hyde Amendment.<sup>25</sup>
- Since 2015, despite a court order to cover medically necessary abortion care, Arizona has restricted state coverage of abortion care to only cases of rape or incest.<sup>26</sup>
- Thirty-four states and the District of Columbia prohibit public insurance coverage of abortion outside of these narrow exceptions.



## **Percent of Women Living in Counties with at Least One Abortion Provider**

In 2017, in six states and the District of Columbia, at least 90 percent of women lived in a county with at least one abortion provider. In another seven states, at least 75 percent of women lived in a county with one abortion provider. By contrast, no more than 10 percent of women in three states—Wyoming, West Virginia, and Mississippi—lived in a county with an abortion provider, and in another five—Arkansas, Kentucky, Missouri, South Dakota, and Virginia—the share was between 11 and 25 percent.

In 2017, 47 percent of women in Oklahoma and 57 percent of women in Texas had access to abortion providers. However, since then, multiple states, including Oklahoma and Texas, have enacted total or near-total abortion bans, making abortion services illegal for all or most women.<sup>27</sup>

## **Governor and State Legislature Fully Opposed to Reproductive Freedom**

High-level elected officials and state legislatures that are unsupportive of reproductive rights have worked over the years to decrease or eliminate abortion access in the states. 25 states in the Index have governors and state legislatures that oppose women's reproductive freedom. This is a marked increase from 2015, when 15 states had a governor and state legislature that were unsupportive of reproductive rights.

In 2022, 25 states either have a governor and state legislature that support women's reproductive rights or are mixed on the issue—meaning a governor who supports reproductive rights and one or both chambers of the state legislature that oppose them, or vice versa.

## **Medicaid Expansion for Family Planning**

Twenty-eight states have received a federal waiver or completed a state plan amendment to extend Medicaid eligibility for family-planning services to those whose income or age otherwise makes them ineligible.<sup>28</sup> Vermont runs a similar state-funded Medicaid family-planning expansion program.<sup>29</sup> Fewer than half of the states and the District of Columbia do not have Medicaid expansion programs for family planning or have state expansions that explicitly exclude family-planning services by abortion providers from their state programs.

## **State Coverage of Infertility Treatments**

Women's access to infertility treatments has slightly expanded since 2015 with 17 states now covering these services.<sup>30</sup> Since 2015, three states—Delaware, New Hampshire, and Utah—have added coverage for fertility treatment for women. Of the 17 states covering infertility services, 15 require insurance companies to automatically cover infertility treatment, and two states—California and Texas—require insurance companies to offer coverage of infertility treatment.

Thirty-three states and the District of Columbia do not require insurance companies to cover or offer coverage of infertility treatments.<sup>31</sup>

## **Mandatory, Quality Sex Education in Public Schools**

In 2015, 22 states and the District of Columbia mandated sex education in public schools. Currently, 30 states and the District of Columbia have policies that mandate sex education, an increase of nearly 40 percent.<sup>32</sup> Eight states—California, Iowa, New Jersey, Oregon, Rhode Island, Tennessee, and Washington—mandate sex education and require some measure of quality in the curriculum.<sup>33</sup>

## Legal Right to Abortion

- The right to abortion is codified in state law in 21 states and the District of Columbia.<sup>34</sup> Of these, eight states—Alaska, California, Florida, Kansas, Massachusetts, Minnesota, Montana, and New Jersey—protect the right to abortion in their state constitutions.<sup>35</sup>
- Thirteen states have enacted trigger ban laws that automatically make abortion illegal upon the Supreme Court's overruling of *Roe v. Wade*.<sup>36</sup>

## POLICY RECOMMENDATIONS

**Codify and protect the right to abortion.** States should expand and protect women's reproductive rights by enacting state laws to ensure that women have access to the full range of reproductive health services regardless of their geographic location, or the political culture of their state.

**Improve access to abortion.** States should improve access to abortion by removing restrictions and barriers to access, such as abortion bans and restrictions on insurance coverage for abortion services, mandatory waiting periods, parental consent/notice, and lack of proximity to an abortion provider.

**Require insurance coverage of comprehensive reproductive health services.** States should improve access to reproductive health services by requiring insurance coverage of the full spectrum of reproductive health care, including abortion, contraception, and infertility services. By ensuring that reproductive health care is affordable, states can significantly improve women's ability to access family-planning services.

**Require inclusive, comprehensive, evidence-based sex education.** States should require and support inclusive, comprehensive, and evidence-based sex education in schools. Investment in education and prevention decreases unplanned pregnancy, HIV/AIDS or STI transmission, and other conditions.<sup>37</sup>

## CONCLUSION

The Index and this accompanying brief provide insight into and a comparative analysis of the status of women's access to and progress on reproductive rights in and across the states. The data show that women's reproductive rights vary significantly depending on where they live, which should not be the case for numerous reasons. This divergence will increase with the Supreme Court's overruling of *Roe v. Wade*. Reproductive health and rights are integral to the economic security and mobility of women and their families, and thus should not be dependent on geographical residence. IWPR research shows that state restrictions on women's access to reproductive health services, specifically abortion, cost state economies billions of dollars annually. This Index update also reflects that those states whose rankings shifted significantly since 2015 had made substantial policy changes affecting women's reproductive rights. The economic cost to both women and the states demonstrates the need to protect and expand access to reproductive health services, and the movement within the rankings makes clear that policy change can improve or worsen the lives of women.

Reproductive freedom and autonomy are integral to the economic security and well-being of women and families.<sup>38</sup> Limited or strained access to the full range of reproductive health services, including abortion, in the states, can have an adverse effect on women's short- and long-term earnings and income, job security, and career advancement, and increase the likelihood they will become impoverished.<sup>39</sup> At the state level, abortion restrictions cost state economies \$105 billion annually by reducing labor force participation and earnings levels and increasing turnover and time off from work among women.<sup>40</sup>

## METHODOLOGY AND APPROACH

The IWPR Reproductive Rights Index calculates a score for all 50 US states and the District of Columbia. Each state's grade reflects its total score across eight key indicators, with some indicators weighted more heavily than others. Abortion bans, including trigger bans that automatically make abortion illegal with *Roe v. Wade* overturned, are not included in the overall score.<sup>41</sup> However, states that have trigger bans are connoted in the composite map.<sup>42</sup>

The Index indicators are: (1) parental consent and/or notice for abortion care for minors, (2) waiting periods to access abortion care, (3) public insurance coverage of abortion care, (4) the share of women living in counties with at least one abortion provider, (5) state governments (governor and legislature) fully opposed to reproductive freedom, (6) expanded access to Medicaid family-planning services, (7) coverage of infertility treatments, and (8) mandatory, high-quality sex education in public schools.<sup>43</sup> Additionally, as shown in **Table Two**, the Index accounts for state laws that protect or prohibit the right to abortion ("Legal Right to Abortion" column). This column indicates which states have a trigger ban law that automatically bans abortion with the fall of *Roe*, which states have codified the right to abortion in their state law and/or constitution, and which states have done neither. This column

does not affect a state's letter grade or ranking. Collectively, these indicators provide a comprehensive snapshot of the status of women's reproductive rights in the states.

The Index is calculated based on the most recent data available which ranges by indicator from October 2017 to June 2022. Data are compilations of secondary source data from the Kaiser Family Foundation (KFF), Sex Ed for Social Change (SIECUS), NARAL Pro-Choice America, the Guttmacher Institute, and the National Conference of State Legislatures.<sup>44</sup> While comparisons over time are a goal of the Index, some of the indicators were changed in response to policy developments and source data.<sup>45</sup> The Index no longer includes same-sex marriage and adoption due to the Supreme Court decision in *Obergefell v. Hodges*.<sup>46</sup> See **Table Two Sources** for more information on sources.

## LIMITATIONS OF THE INDEX

While this Index provides significant information about the reproductive rights of women in the states, it does not paint an all-encompassing picture of the lived realities and struggles women experience in accessing reproductive health care. The authors recognize that there are data gaps and that data are not uniformly available across the states. Improvements in data availability could describe more accurately the status of women's reproductive health. However, the Index in its current form is a useful tool for policy change and a call to action.

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## TABLE 2 SOURCES:

- (a)** Guttmacher Institute, "An Overview of Abortion Laws," (Washington D.C and NY, NY: The Guttmacher Institute, June 2022), <<https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>>
- (b)** Guttmacher Institute, "Abortion Incidence and Service Availability in the United States, 2017," (Washington DC and NY, NY: Guttmacher Institute, September, 2017), <<https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>>.
- (c)** NARAL Pro-Choice America, "The State of Legal Abortion: States Poised to Ban Abortion if Roe Falls," (Washington DC: NARAL, 2022), <<https://www.prochoiceamerica.org/wp-content/uploads/2022/05/NARAL-State-of-Legal-Abortion-ENG-Final-5.4.2022.pdf>>
- (d)** Guttmacher Institute, "Medicaid Family Planning Eligibility Expansions", <https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions>; Usha Ranji, Ivette Gomez, and Alina Salganicoff, "States That Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid," (San Francisco, CA: Kaiser Family Foundation, 2021), <<https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>>.
- (e)** The National Conference of State Legislatures, "State Laws Related to Insurance Coverage for Infertility Treatment," (Washington D.C.: The National Conference of State Legislatures, 2021), <<https://www.ncsl.org/research/health/insurance-coverage-for-infertility-laws.aspx>>.
- (f)** Guttmacher Institute, "Sex and HIV Education", (Washington DC: Guttmacher Institute, 2022), <<https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>> ; Sex Ed for Social Change, "The SIECUS State Profiles 2019 / 2020," (Washington D.C.: SIECUS, 2021), <<https://siecus.org/state-profiles-2019-2020/>>.

## ENDNOTES

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- Prata Ndola, Paula Tavrow, and Ushma Upadhyay, "Women's Empowerment Related to Pregnancy and Childbirth: Introduction to Special Issue," *BMC Pregnancy and Childbirth* 17, no. 2 (2017): 352, <<https://doi.org/10.1186/s12884-017-1490-6>>.
- <sup>2</sup> IWPR calculation based on U.S. Bureau of Labor Statistics, U.S. Department of Labor, "Median Earnings for Women in 2021," (Washington D.C.: US Department of Labor, 2022), <<https://www.bls.gov/opub/ted/2022/median-earnings-for-women-in-2021-were-83-1-percent-of-the-median-for-men.htm>>.
- <sup>3</sup> IWPR calculation based on U.S. Census Bureau, "Educational Attainment of the Population 18 Years and Over, by Age, Sex, Race, and Hispanic Origin: 2021," (2022), <<https://www.census.gov/data/tables/2021/demo/educational-attainment/cps-detailed-tables.html>>.
- <sup>4</sup> Estimates are in 2020 dollars. Please see Jeff Hayes et al, "The Costs of Reproductive Health Restrictions," (Institute for Women's Policy Research, Washington D.C., 2021), <<https://iwpr.org/costs-of-reproductive-health-restrictions/>>.
- <sup>5</sup> These scores were calculated without accounting for the 13 states that have a trigger ban law that will go into effect if Roe is overturned. It is also important to note that the Index does not account for the total abortion ban currently in effect in Oklahoma and the near-total abortion ban in effect in Texas.
- <sup>6</sup> NARAL Pro-Choice America, "The State of Legal Abortion: States Poised to Ban Abortion If Roe Falls," (Washington D.C.: NARAL, 2022), <<https://www.prochoiceamerica.org/wp-content/uploads/2022/01/WHODecides2022-LEGAL-STATE-OF-ABORTION-REPORT-011722-1.pdf>>.
- <sup>7</sup> The Center for Reproductive Rights, "West Virginia," (2022), <<https://reproductiverights.org/maps/state/west-virginia/>>.
- <sup>8</sup> NARAL Pro-Choice America, "State Laws: Arizona," Factsheet, (Washington D.C.: NARAL, 2021), <https://www.prochoiceamerica.org/state-law/arizona/>.
- <sup>9</sup> *PLANNED PARENTHOOD OF THE HEARTLAND, INC. vs KIM REYNOLDS ex rel The STATE OF IOWA*, No. 21–0856, (SC IA. 2022), <<https://www.iowacourts.gov/courtcases/14891/embed/SupremeCourtOpinion>>.
- <sup>10</sup> NARAL Pro-Choice America, "West Virginia," Factsheet, (Washington D.C.: NARAL, 2021), <<http://www.prochoiceamerica.org/wp-content/uploads/2021/03/Who-Decides-2021-West-Virginia.pdf>>.
- <sup>11</sup> The Center for Reproductive Rights, "Economists Amicus Brief in *Dobbs v. Jackson Women's Health*," Brief, (Washington D.C.: Center for Reproductive Rights, 2021), <<https://reproductiverights.org/economists-amicus-brief-in-dobbs-v-jackson-womens-health/>>; Kristine Husøy Onarheim, Johanne Helene Iversen, and David E. Bloom, "Economic Benefits of Investing in Women's Health: A Systematic Review," (2016), <<https://doi.org/10.1371/journal.pone.0150120>>;
- <sup>12</sup> Cynthia Hess et al, *The Status of Women in the States*, (Washington D.C.: Institute for Women's Policy Research, 2015), <<http://statusofwomendata.org/wp-content/uploads/2015/09/PDF-of-final-Reproductive-Rights-chapter-9-4-2015.pdf>>.
- <sup>13</sup> Lindsay Reichlin and Justine Augeri, *Reproductive Health and Women's Educational Attainment: Women's Funds' Strategies to Improve Outcomes for Women*, (Washington D.C.: Institute for Women's Policy Research, 2015), <<https://iwpr.org/wp-content/uploads/2020/12/R465-WFN-Womens-Reproductive-Health-Status-10.23.2015.pdf>>.
- <sup>14</sup> IWPR calculation based on U.S. Bureau of Labor Statistics, U.S. Department of Labor, "Median Earnings for Women in 2021," (Washington D.C.: U.S. Department of Labor, 2022), <<https://www.bls.gov/opub/ted/2022/median-earnings-for-women-in-2021-were-83-1-percent-of-the-median-for-men.htm>>.
- <sup>15</sup> Original IWPR analysis of US Census Bureau Data. Please see U.S. Census Bureau, "Table: Educational Attainment of the Population 18 Years and Over, by Age, Sex, Race, and Hispanic Origin: 2021," (Washington D.C.: US Census Bureau, 2022), <<https://www.census.gov/data/tables/2021/demo/educational-attainment/cps-detailed-tables.html>>.

<sup>16</sup> The Guttmacher Institute, "Roe v. Wade in Peril: Our Latest Resources," (Washington D.C., The Guttmacher Institute, 2022), <<https://www.guttmacher.org/abortion-rights-supreme-court>>; Mary Ziegler, Dollars for Life: The Anti-Abortion Movement and the Fall of the Republican Establishment, (New Haven, CT: Yale University Press, 2022), 344.

<sup>17</sup> Elizabeth Nash, "State Policy Trends 2021: The Worst Year for Abortion Rights in Almost Half a Century," (Washington D.C., The Guttmacher Institute, 2021), <<https://www.guttmacher.org/article/2021/12/state-policy-trends-2021-worst-year-abortion-rights-almost-half-century>>.

<sup>18</sup> In 2020 dollars. See Jeff Hayes et al, "The Costs of Reproductive Health Restrictions," (Institute for Women's Policy Research, Washington D.C., 2021), <<https://iwpr.org/costs-of-reproductive-health-restrictions/>>.

<sup>19</sup> Megan K. Donovan, "In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact," (Guttmacher Policy Review Volume 20, Washington D.C.: 2017), <<https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact>>.

<sup>20</sup> Parental consent/notice is permanently enjoined in New Mexico, New Jersey, Nevada, California, and Alaska. Health professionals can waive parental consent/notice in certain circumstances in the following states: Delaware, Massachusetts, Montana, and South Carolina. This applies in Maryland as well, but that standard is a notification only. Please see; The Guttmacher Institute, "Parental Involvement in Minors' Abortions," (Washington D.C.: The Guttmacher Institute, 2022), <<https://www.guttmacher.org/state-policy/explore/parental-involvement-minors-abortions>>.

<sup>21</sup> See above.

<sup>22</sup> Megan K. Donovan, "In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact," Guttmacher Policy Review, Volume 20, (Washington D.C., 2017), <<https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact>>.

<sup>23</sup> The mandatory waiting period is permanently enjoined in three states (Florida, Montana, and Tennessee). It is temporarily enjoined in Iowa. In South Dakota, the waiting period excludes weekends and annual holidays. In Utah, the waiting period is waived in the following circumstances: rape, incest, fetal defect, and if the patient is younger than 15. Please see The Guttmacher Institute, "Counseling and Waiting Periods for Abortion," (Washington D.C, 2022), <<https://www.guttmacher.org/state-policy/explore/counseling-and-waiting-periods-abortion>>.

<sup>24</sup> Cynthia Hess et al, "The Status of Women in the States," (Washington DC: Institute for Women's Policy Research, 2015), <<http://statusofwomendata.org/wp-content/uploads/2015/09/PDF-of-final-Reproductive-Rights-chapter-9-4-2015.pdf>>.

<sup>25</sup> The Guttmacher Institute. "State Funding of Abortion Under Medicaid," Legislative Tracker, (Washington, D.C.: Guttmacher Institute, 2021), <<https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid>>

<sup>26</sup> NARAL Pro-Choice America, "State Laws: Arizona," Factsheet, (Washington D.C.: NARAL, 2021), <<https://www.prochoiceamerica.org/state-law/arizona/>>.

<sup>27</sup> OK HB4327, 2<sup>nd</sup> Session, 58<sup>th</sup> Legislature (2022). TX SB8, 87<sup>th</sup> Legislature (2021).

<sup>28</sup> Expanding these programs typically involves raising the income ceiling for Medicaid coverage, thereby allowing a greater share of low-income individuals to access reproductive care. Please see Rachel Garfield, Kendal Orguera, and Anthony Domico, "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid," (2021), <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

<sup>29</sup> Guttmacher Institute, "Medicaid Family Planning Eligibility Expansions", <https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions>. Iowa and Missouri exclude abortion providers from their programs.

<sup>30</sup> Three states (California, Louisiana, and New York) exclude in-vitro fertilization (IVF) from coverage. See Usha Ranji, Ivette Gomez, and Alina Salganicoff, "States That Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid," (Kaiser Family Foundation, 2021), <<https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>>.

<sup>31</sup> See above.

<sup>32</sup> In some of these states the sex education curriculum is not medically accurate, evidence-based, and/or inclusive. For this reason, the value of this indicator has been amended, with only those states earning a full mark which also includes at least one quality mandate.

<sup>33</sup> Guttmacher Institute, "Sex and HIV Education", (Washington DC: Guttmacher Institute, 2022), <<https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>>; Sex Ed for Social Change, "The SIECUS State Profiles 2019 / 2020," (Washington D.C.: SIECUS, 2021), <<https://siecus.org/state-profiles-2019-2020/>>.

- <sup>34</sup> *PLANNED PARENTHOOD OF THE HEARTLAND, INC. vs KIM REYNOLDS ex rel The STATE OF IOWA*, No. 21-0856, (SC IA. 2022), <<https://www.iowacourts.gov/courtcases/14891/embed/SupremeCourtOpinion>>.
- <sup>35</sup> NARAL Pro-Choice America, *"The State of Legal Abortion: States Poised to Ban Abortion If Roe Falls,"* (Washington D.C.: NARAL, 2022), <<https://www.prochoiceamerica.org/wp-content/uploads/2022/01/WHODecides2022-LEGAL-STATE-OF-ABORTION-REPORT-011722-1.pdf>>.
- <sup>36</sup> Since the last Index update, a case challenging the constitutional right to abortion is being considered by the Supreme Court. Given the significant effect this legal change would have on women's health and economic security, Table Two was updated to account for the impact of the ruling on state laws by including information on state trigger bans, as well as state protections of the right to abortion. However, this data does not affect state ranking or grades on the Index.
- <sup>37</sup> Carolyn Tucker Halpern, "Reframing Research on Adolescent Sexuality: Healthy Sexual Development as Part of the Life Course," *Perspectives on Sexual and Reproductive Health* 42, no. 1 (2010): 6-7, <<https://doi.org/10.1363/4200610>>; Chelsea L., Ricker and Rebekah Ashmore, "The Importance of Power and Agency in a Universal Health Coverage Agenda for Adolescent Girls." *Sexual and Reproductive Health Matters* 28, no. 2 (2020), <<https://doi.org/10.1080/26410397.2020.1787312>>.
- <sup>38</sup> ANSIRH, *"The Harms of Denying a Woman a Wanted Abortion Findings from the Turnaway Study,"* (San Francisco, CA: University of San Francisco, 2020), <[https://www.ansirh.org/sites/default/files/publications/files/the\\_harms\\_of\\_denying\\_a\\_woman\\_a\\_wanted\\_abortion\\_4-16-2020.pdf](https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf)>
- <sup>39</sup> Sarah Miller, Laura Wherry, and Diana Greene Foster, *"The Economic Consequences of Being Denied an Abortion,"* (Cambridge, MA: National Bureau of Economic Research, 2022), < doi:[10.3386/w26662](https://doi.org/10.3386/w26662)>.
- <sup>40</sup> Jeff Hayes et al, *"The Costs of Reproductive Health Restrictions,"* Fact Sheet. (Washington D.C.: Institute for Women's Policy Research, 2021), <<https://iwpr.org/costs-of-reproductive-health-restrictions/>>.
- <sup>41</sup> NARAL Pro-Choice America, *"The State of Legal Abortion: States Poised to Ban Abortion if Roe Falls,"* (Washington D.C.: NARAL, 2022), <<https://www.prochoiceamerica.org/wp-content/uploads/2022/05/NARAL-State-of-Legal-Abortion-ENG-Final-5.4.2022.pdf>>.
- <sup>42</sup> The maximum score a state can receive in the index is 6.5.
- <sup>43</sup> For further information on weighting methodology, please see Appendix A5 in Cynthia Hess et al, *The Status of Women in the States*, (Washington DC: Institute for Women's Policy Research, 2015), <<http://statusofwomendata.org/wp-content/uploads/2015/09/PDF-of-final-Reproductive-Rights-chapter-9-4-2015.pdf>>.
- <sup>44</sup> Each component indicator was rated on a scale from 0 to 1 and given a weighting. Indicators (1), (2), and (4) are given a lower weight of 50 percent, while the other five indicators are fully weighted at 100 percent, leading to a maximum ideal value of 6.5 points for the Index.
- <sup>45</sup> The pro-choice state government indicator has been amended; originally the indicator accounted for the stance on reproductive freedom of all three governmental bodies (executive, house, senate) .33 points each, from zero to one. States with an anti-choice trifecta received a score of zero while all other states receive a score of one. Third, the indicator on mandatory sex education was adjusted to reflect several measures of the quality of the curriculum. States were given 1.0 points if sex education was mandated and included at least one consistent measure of quality (such as medically accurate; inclusive; and/or culturally unbiased); states received 0.5 points if sex education was mandated but without at least one measure of quality and received a zero if there was no mandatory sex education. In this update, the Medicaid Expansion indicator only reflects expanded access to Medicaid family planning specifically.
- <sup>46</sup> *Obergefell v. Hodges*, No. 14-556 (S. Ct. 2015), < [https://www.supremecourt.gov/opinions/14pdf/14-556\\_3204.pdf](https://www.supremecourt.gov/opinions/14pdf/14-556_3204.pdf) >.

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