

PRIORITIES FOR PROGRESS 2021

REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE

Durable solutions to the problems we face won't come from small fixes around the edges. We need solutions that build power for everyday people to emerge from this crisis as a more resilient, just nation. The work ahead of the next president and the next Congress to achieve these goals is formidable. And we can't afford for them to fail.

To help ensure that we are ready to meet this extraordinary moment, organizations from across the progressive movement gathered together to develop policy agendas on key progressive priorities, including both legislative and administrative proposals.



CONTRIBUTORS

This memorandum was heavily informed by the [Blueprint for Sexual and Reproductive Health, Rights, and Justice](#) – a proactive policy agenda to advance sexual and reproductive health in the United States and around the world signed by more than 90 organizations.

GOALS PRINCIPLES VALUES

Recent events have exposed for some—while serving as just another reminder for others—of the historical systemic inequities that have served to further marginalize individuals and communities based on race, ethnicity, gender, sexual orientation and gender identity/expression, disability, as well as immigration status. As reproductive health and rights must be considerate of and encompass the whole person and their lived experience with housing discrimination, income inequality, and access to quality, unbiased, stigma-free healthcare—to name a few intersections of our lives—we must ensure that these issues are also addressed alongside expanding access to reproductive healthcare.

Furthermore, we recognize that sexual and reproductive health, rights, and justice intersect with numerous other issues, from gender and racial equity to economic justice to the right to community safety to immigrants' rights to LGBTQ+ liberation. Indeed, individuals most impacted by public policy surrounding sexual and reproductive health and rights are those who have fewer resources and means to navigate systemic barriers. That's why we must be grounded in the belief that all individuals—no matter who they are, how much money they have, or where they are from—have the right to sexual and reproductive autonomy. It is with this in mind that the following reproductive health, rights, and justice priorities were developed. Together, we must:

- Ensure high-quality, evidence-based sexual and reproductive healthcare is accessible to all people.
- Eliminate discriminatory barriers and practices in healthcare.
- Ensure that research and innovation advance sexual and reproductive health, rights, and justice now and in the future.
- Ensure health, rights, justice, and wellness for all communities with a particular focus on communities historically pushed to the margins.
- Support and prioritize the Reproductive Justice framework which includes the human right to have a child; the right to not have a child; the right to parent the child(ren) we have in a safe environment; and the right to bodily autonomy.
- For further information, please turn to the [Blueprint for Sexual and Reproductive Health, Rights, and Justice](#).

LEGISLATIVE PRIORITIES

FIRST 100 DAYS

Sexual and reproductive healthcare, including abortion, is essential, time-sensitive healthcare. For far too long, access has depended on how much money you make, the color of your skin, your immigration status, the type of health insurance you have, or where you live. In addition, the COVID-19 pandemic has exacerbated these disparities especially for Black, Indigenous, and other People Of Color (BIPOC), where some state authorities have even used the pandemic as cover to ban abortion care.

In many parts of the United States and around the world, people have only a theoretical right to sexual and reproductive autonomy. Restrictive laws and policies have made it virtually impossible to access the information, services, and providers people need to care for their health and wellbeing. Congress must reverse decades worth of attacks on access to sexual and reproductive health in the U.S. and around the world by passing and championing legislation that not only unravels the erosion of these rights, but also propels us forward by effectively advancing sexual and reproductive health, rights, and justice.

1. PASS THE EQUAL ACCESS TO ABORTION COVERAGE IN HEALTH INSURANCE (E.A.C.H.) WOMAN ACT

This legislation would end the discriminatory Hyde Amendment and related abortion coverage bans, which disproportionately affect low-income women and women of color. It would ensure that all women, regardless of income, insurance or zip code, can make personal reproductive healthcare decisions without interference from politicians.

2. PASS THE WOMEN'S HEALTH PROTECTION ACT

This legislation would protect the right to access abortion by creating a safeguard against bans and medically unnecessary restrictions that apply to no similar medical care. These harmful restrictions threaten to eliminate access to abortion in large swaths of the country, and prevent people from making personal decisions about their health, lives, and futures.

3. PASS THE REAL EDUCATION FOR HEALTHY YOUTH ACT

This legislation would establish the first-ever federal funding streams for comprehensive sexuality education in schools and institutions of higher education, as well as support related teacher training.

4. PASS THE YOUTH ACCESS TO SEXUAL HEALTH SERVICES ACT

This legislation would provide grants to increase and improve linkages and access of marginalized young people to sexual and reproductive healthcare and related services.

5. PASS THE GLOBAL HER ACT

This legislation would permanently repeal the Global Gag Rule, ensuring that qualified foreign non-government organizations can continue to operate U.S.-supported health programs abroad.



6. APPROPRIATIONS

— Eliminate all harmful appropriations riders that undermine and deny access to reproductive healthcare, including the Hyde Amendment, Weldon Amendment, reiterations of the Helms Amendment, the Livingston Amendment and restrictions on the U.S. contribution to United Nations Population Fund (UNFPA), and eliminate funding for ineffective and harmful abstinence-only-until-marriage/sexual risk avoidance programs. Modify the Siljander Amendment and replace the Kemp-Kasten Amendment with a blanket prohibition on U.S. funding going to coercive activities in U.S. foreign assistance.

— Increase funding for critical domestic and global programs, including international family planning and reproductive health and UNFPA, Title X, the Teen Pregnancy Prevention Program, sexually transmitted infection (STI) prevention and treatment, domestic and global HIV and maternal and child health programs.

— Eliminate funding for abstinence-only-until-marriage and/or sexual risk avoidance programs.

— Restore and enhance network integrity for high quality family planning and sexual healthcare for Title X and other programs that support the safety net.

— Ensure that the safety net is equipped with resources and policies that allow providers to deliver high quality care in the midst of the pandemic.

BEYOND 100 DAYS

— Any bill that seeks to increase health coverage or achieve universal coverage must include explicit coverage for comprehensive reproductive healthcare, including abortion care.

— Pass federal legislation to repeal forced parental involvement laws.

— Pass the Abortion is Healthcare Everywhere Act.

— Pass the Access to Contraception for Servicemembers and Dependents Act.

— Pass the Do No Harm Act.

— Pass the Greater Leadership Overseas for the Benefit of Equality (GLOBE) Act.

— Pass the HEAL for Immigrant Women and Families Act.

— Pass the Reproductive Rights are Human Rights Act.

— Pass the Support UNFPA Funding Act.

ADMINISTRATIVE PRIORITIES

FIRST 100 DAYS

1. DAY ONE EXECUTIVE ORDER

On Day One, the president must issue an executive order unequivocally stating his commitment to protect and expand access to comprehensive reproductive healthcare, uphold sexual and reproductive rights, including abortion care, in the U.S. and around the world, and rescind or revoke prior executive actions limiting access to care. This executive order must:

— Clearly and explicitly state that the president is committed to comprehensive sexual and reproductive healthcare, including abortion; that everyone should be able to decide for themselves when, whether and how to start their families, the right to raise their families in a safe and healthy environment, free from government interference; that politicians have interfered with personal decision-making and bodily autonomy by passing harmful laws and regulations that restrict access to care both domestically and around the world; that these policies restricting access to care have fallen hardest on Black people, Indigenous people, and many more people of color; and that no one should be denied access to comprehensive reproductive healthcare, including abortion, based on race, age, sex (including sexual orientation and gender identity), immigration status, ability, and how much money a person makes, where they live, the source of their insurance or healthcare, and the religious or personal beliefs of others.

— Revoke the January 23, 2017 Presidential Memorandum Regarding the Mexico City Policy and clarify what is permitted under current law to ensure access to comprehensive reproductive healthcare, including foreign assistance for abortion, to the maximum extent allowed.

— Rescind Executive Order 13535 Patient Protection and Affordable Care Act's Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion.

- Direct the Secretary of Health and Human Services (HHS) to:
 - Issue guidance to lift the Food and Drug Administration (FDA)’s in-person dispensing requirement for mifepristone for the duration of the public health emergency, consistent with similar directives and waivers issued to reduce risk of COVID-19.
 - Direct the FDA to fully review the Risk Evaluation and Mitigation Strategy (REMS) for mifepristone to determine whether a REMS remains necessary, or whether the goals and elements should be modified or removed from the approved strategy to best reflect scientific evidence and real-world use.
- Direct all executive departments and agencies to rescind other harmful policies and regulations, and take proactive steps to protect care, including but not limited to those actions listed in sections 5 and 6 below.

2. PRESIDENTIAL STATEMENT

Upon assuming office, the president must make a public statement that the U.S. will re-engage on a global scale to advance the health and rights of individuals worldwide, and take action to re-engage fully with the United Nations, including re-joining and re-funding the World Health Organization, and re-funding the UN Population Fund (UNFPA), the UN’s sexual and reproductive health agency.

3. PRESIDENT’S BUDGET

As a budget is a reflection of priorities, the president’s budget must demonstrate a commitment to sexual and reproductive health.

- Invest in the following domestic and international programs at the designated amounts:
 - At least \$1.66 billion for global family planning and reproductive health programs, including \$111 million for UNFPA.
 - Significant increased investments in the International Organizations and Programs account, and to vital global health programs, including for maternal, newborn and child health, the President’s Emergency Plan for AIDS Relief (at least \$5.5 billion), the Global Fund to Fight AIDS, Tuberculosis and Malaria (at least \$1.56 billion), USAID HIV programs (at least \$350 million).
 - At least double the National Institutes of Health (NIH) and United States Agency for International Development (USAID) funding available for the research and development of contraceptives and multipurpose prevention technologies.



- \$100 million to restore navigator funds and marketing funds to promote open enrollment, and remove anti-abortion language and policies from navigator program notices of funding opportunity.
- \$150 million for the Teen Pregnancy Prevention Program.
- \$150 million for the Personal Responsibility Education Program (PREP).
- \$954 million for the Title X Family Planning Program.
- \$850 million for the Title V Maternal & Child Health Services Block Grant.
- \$100 million for the Centers for the Study of Disease Control (CDC) Safe Motherhood and Infant Health Initiative.
- \$100 million for the Surveillance for Emerging Threats to Mothers and Babies Initiative.

— End the Hyde Amendment and related restrictions, and ensure that everyone has abortion coverage, regardless of their income or source of insurance, and commit to veto legislation that extends, reiterates, or incorporates the Hyde Amendment and related restrictions, including annual appropriations bills.

— Eliminate the Weldon Amendment and commit to veto legislation that would expand it or make it permanent.

— Remove the Helms Amendment and commit to veto legislation that extends, reiterates or incorporates the Helms Amendment.

— Modify the Siljander Amendment to only prohibit the use of U.S. funds to lobby against abortion.

— Remove the Kemp-Kasten Amendment and replace it with a blanket prohibition on U.S. funding going to coercive activities in U.S. foreign assistance, in line with the International Conference on Population and Development (ICPD).

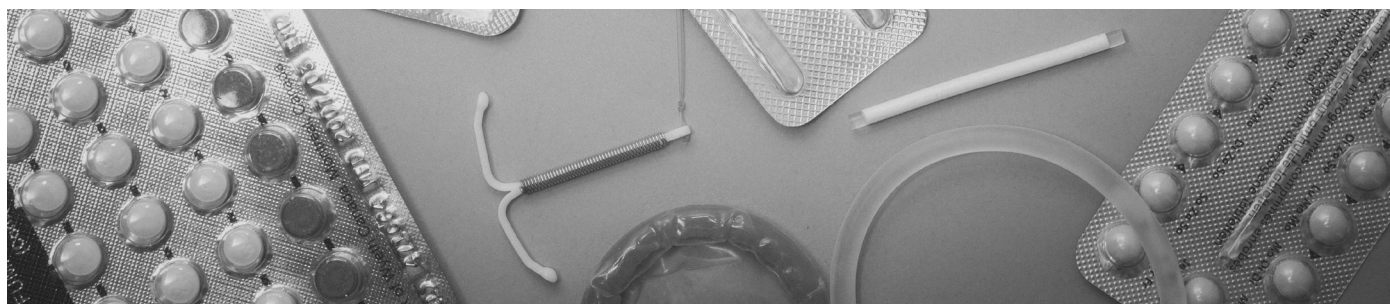
— Eliminate unnecessary restrictions on the U.S. contribution to UNFPA, including the requirement to segregate the U.S. contribution, such that none of the U.S. contribution may be used for abortion, none of the U.S. contribution may be used in China and the dollar-for-dollar withholding for any funding UNFPA provides to China.

— Eliminate the Livingston Amendment, which allows organizations that receive certain government grants to refuse to offer the full range of contraception based on their religious objections.

— Eliminate all funding for abstinence-only until marriage programs, including the Title V “Sexual Risk Avoidance Education” program.

4. PRESIDENTIAL APPOINTMENTS

As personnel is also a reflection of priorities, the president must nominate and appoint individuals for executive branch positions who are experts in their field, committed to the core mission of the agency, possess a positive record on reproductive health, rights, and justice, and who will contribute to the diversity of the executive branch.



5. HALT ACCESS-LIMITING REGULATIONS

Upon assuming office, the president must immediately halt all non-final regulations that will limit access to reproductive healthcare, including abortion. Further, within forty-five days of assuming office, the administration must initiate the process of rescinding regulations below (including designating them in the respective agency unified agendas as being in the pipeline for repeal):

- [Compliance with Statutory Program Integrity Requirements](#), otherwise known as the “Domestic Gag Rule,” decimating the evidence-based and historically bipartisan Title X family planning program, which previously served nearly 4 million people, the vast majority of whom (89%) have low or no incomes.
- [Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act and Moral Exemptions and Accommodations for Coverage of Certain Preventive Services under the Affordable Care Act](#), allowing virtually any employer or university to deny coverage for contraception in a drastic departure from previous regulations that ensured 61.4 million had coverage.
- [Nondiscrimination in Health and Health Education Programs and Activities, Delegation of Authority](#), revising the regulations for the Section 1557 Health Care Rights Law to undermine the statute’s protections, including by providing a narrow interpretation of “sex discrimination” that excludes people from protections and that is in direct conflict with the recent Supreme Court ruling in *Bostock v. Clayton County*.

- [Protecting Statutory Conscience Rights in Health Care, Delegation of Authority](#), otherwise known as the “Refusal of Care Rule,” unlawfully and dramatically expanding existing refusal laws to encourage healthcare workers to deny care and information; the rule was vacated by several federal district courts in late 2019 and is currently on appeal in the 2nd and 9th U.S. Circuit Courts of Appeals.
- [Pre-Existing Condition Insurance Plan Program](#), excluding Deferred Action for Child Arrivals (DACA) recipients from benefits under the Patient Protection and Affordable Care Act (ACA), including tax credits, cost sharing, and the marketplaces.
- [Patient Protection and Affordable Care Act; Exchange Program Integrity](#), imposing onerous and arbitrary requirements on insurance issuers that offer health plans that include abortion coverage on the ACA.

6. CHANGE POLICY AND ISSUE GUIDANCE

Within 90 days of assuming office, the president must institute the following changes in policy and practice including, where appropriate, issuing guidance:

- The Department of Health and Human Services must protect patients’ choice of reproductive healthcare provider, in part by reinstating 2016 guidance reaffirming Medicaid’s free choice of provider provisions, and ensuring that states may not exclude qualified providers of reproductive healthcare from Medicaid for reasons unrelated to their qualifications, including their provision of abortion care.
- The Department of Health and Human Services must issue guidance on 1332 waivers aimed at improving access to health benefits and services. The guidance should be designed to encourage states to expand coverage for new populations (such as DACA recipients and undocumented immigrants) and to add benefits, and should affirm that waiver applications that do not comply with the four statutory guardrails of comparable services, affordability, number of people covered, and deficit neutrality will be denied.
- The administration must use every mechanism at its disposal to encourage states to extend Medicaid and Children’s Health Insurance Program (CHIP) coverage to at least 12 months postpartum, including by issuing guidance, while ensuring continued Maintenance of Effort (MOE).
- The Office of Refugee Resettlement (ORR) must rescind a 2008 policy that requires heightened ORR involvement in abortions and issue new guidance to ensure that all care facilities provide minors with timely, confidential access to family planning services, including pregnancy tests and comprehensive, non-directive information about and access to reproductive health services, such as



abortion and contraception, including emergency contraception. It must also protect minors' confidentiality and ensure their timely access to courts to seek judicial authorization for abortion, if needed.

— The Centers for Medicare and Medicaid Services must issue guidance to state Medicaid programs that federal law does not mandate the use of Explanation of Benefits and initiate a public and private stakeholder effort to develop additional recommendations and guidance to balance the need for consumer protections with the need for confidentiality, especially when it comes to sensitive health services.

— The Office of the Global AIDS Coordinator must make it clear that President's Emergency Plan For AIDS Relief (PEPFAR) funds can be used to pay for contraceptive commodities to ensure individuals living with and at risk for HIV have access to a full range of voluntary contraception options and to make the promise of integrated HIV and family planning services a reality for countless more adolescent girls and young women.

— The State Department must champion sexual and reproductive health and rights (SRHR) in UN meetings and multilateral forums, including by adopting and advancing comprehensive definitions of SRHR and comprehensive sex education, promoting the inclusion of diverse civil society experts in multilateral forums and on official U.S. delegations, ensuring participants from around the world are granted visas to engage in convenings at UN headquarters, the Organization of American States, World Bank and other multilateral institutions located in the U.S., and prioritizing participating and serving on the Executive Board of UN Specialized Agencies related to sexual and reproductive health and rights,

including the World Health Organization (WHO), and encouraging the expansion of their programs and policies globally.

— The administration must establish an Interagency Taskforce and issue regulations to encourage the development of a culture of equity, dignity, respect, and empowerment in healthcare systems, whereby accountability mechanisms are encouraged and implemented across systems to address discriminatory care, disrespect, mistreatment, and abuse of pregnant individuals based on race, age, sex (including gender identity and sexual orientation), ability, immigration status, insurance coverage, perceived socioeconomic status, and other factors.

— The president must rescind and undo actions taken pursuant to Executive Order 13798 Promoting Free Speech and Religious Liberty, which set the stage for expanding the use of religion to discriminate against people seeking reproductive healthcare, including the rules that allow employers to deny birth control coverage to their employees, and the creation of the HHS Conscience and Religious Freedom Division which emboldens discrimination and refusals of care.

— The Department of Justice must not investigate, arrest, or prosecute individuals under the federal criminal code for any act or omission with respect to their own pregnancy, and must end its policies and practices that place people at risk of criminal charges for any act or omission with respect to their own pregnancy. Such acts or omissions include but are not limited to: self-managing or attempting to self-manage an abortion; failing to seek medical help when they miscarry, have a stillbirth, or experience any pregnancy loss, no matter its cause; using substances, whether prescribed, over-the-counter, or criminalized, during pregnancy.

BEYOND 100 DAYS

The [Blueprint for Sexual and Reproductive Health, Rights, and Justice](#) is a proactive policy agenda for the first hundred days of the administration and well beyond to advance sexual and reproductive health in the United States and around the world. Indeed, individuals most impacted by public policy surrounding sexual and reproductive health and rights are those who have fewer resources and means to navigate systemic barriers. That's why the Blueprint is grounded in the belief that all individuals – no matter who they are, how much money they have, or where they are from – have the right to sexual and reproductive autonomy.

Equally, for a youth centric agenda [A Young People's Reproductive Justice Policy Agenda](#) highlights a more inclusive world for young people. Young people see the world as interconnected and intersectional. They are able to clearly name how race, gender, class, sexuality, ability, and many other identities shape the way they experience the world. To achieve Reproductive Justice, six policies must be prioritized: real abortion access (including repealing all restrictions and decriminalizing self-managed abortion), comprehensive sexuality education, democracy reform, economic justice, creating safe communities, and immigrant justice.

We are committed to a future where those in power will support, not restrict, our individual sexual and reproductive health and rights. These agendas are our future.

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