

<b>Forum</b>	House of Representatives
<b>Issue:</b>	Addressing the Regulation and Provision of Reproductive Rights in the United States
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## Introduction

Reproductive rights stand right at the intersection of personal liberty and public health. It shapes the lives of individuals and the next generations of society. In the United States, these rights encompass access to contraception, abortion, fertility treatments, and a full range of reproductive health services. In recent years, the issue has become one of the most debated topics in the United States, drawing in a multitude of ethical, religious, political, and healthcare perspectives. The moral weight of these discussions is undeniable, as are their profound societal implications.

The Supreme Court's landmark decision in *Roe v. Wade* (1973) was once regarded as a triumph for individual autonomy in reproductive rights, establishing federal protections for abortion under the constitutional right to privacy. However, the Court's reversal of stances in *Dobbs v. Jackson Women's Health Organisation* (2022) dismantled these protections, returning the authority to the states. The result of this change is a patchwork of policies that vary dramatically across the United States, creating a system where access to reproductive healthcare is often determined by factors of geography, income, and race. Marginalised communities; more specifically low-income individuals, people of color, and those in rural areas; bear the brunt of these disparities, facing

significant barriers to essential care that were once included in legal frameworks protecting their reproductive rights.

This report will explore the multifaceted nature of reproductive rights in the United States. By examining historical precedents, modern stakeholder perspectives, international comparisons in policies, and potential legislative solutions, the committee aims to foster a balanced understanding of how to ensure equitable access to reproductive healthcare and a fair protection of basic reproductive rights. Through this perspective, the committee will evaluate policy proposals, ethical considerations, and cultural contexts that shape the current debate. The committee's goal is to highlight pathways towards a more unified and inclusive framework: one that respects individual autonomy while addressing the collective wellbeing of society.

## **Definition of Key Terms**

### **Reproductive rights**

The legal and ethical entitlements related to reproductive health, including access to contraception, abortion, fertility treatments and counselling. These rights emphasise bodily autonomy, informed consent, and the principle that healthcare decisions should remain free from undue external pressure.

### **Bodily Autonomy**

The principle that individuals have sovereign control over their own bodies, including the right to make personal reproductive decisions without interference from the government, religious institutions, or other external authorities.

### **Pro-Choice Movement**

A collective advocating for the right of individuals to make autonomous decisions about their reproductive health, including the choice to terminate a pregnancy by abortion. Pro-choice supporters emphasize social equity, noting how restrictive policies disproportionately impact those with fewer resources.

### **Pro-Life Movement**

A movement that views fetal life as morally significant from the moment of conception and seeks to protect it through legal restrictions or bans on abortion. Pro-life advocates often promote alternatives such as adoption and increased social support for pregnant individuals.

### **Hyde Amendment (1976)**

A federal provision prohibiting the use of federal funds (e.g., Medicaid) to pay for abortion services, except in the cases of rape, incest, or life endangerment. This amendment significantly limits abortion access for low-income individuals reliant on government-funded healthcare.

### **Reproductive Healthcare Disparities**

The unequal distribution of reproductive healthcare services and outcomes across different groups, often along lines of income, race, geography, and insurance status. These disparities manifest in higher maternal mortality rates, limited clinic availability, and inadequate access to contraceptives.

### **Fetal Viability**

The stage in pregnancy when a fetus can potentially survive outside the womb, typically around 24 weeks gestation. This concept often influences legislation and court rulings on abortion restrictions.

### **Comprehensive Sexual Education**

Educational programs providing medically accurate, age-appropriate information about human sexuality, contraception, consent, and healthy relationships. Such programs are linked to lower rates of unintended pregnancy and sexually transmitted infections.

### **Gestational Limits**

Legal or medical cutoffs after which abortions may be restricted or prohibited, such as 20 week bans or third-trimester prohibitions. These limits vary widely by state and are often points of intense legal and ethical debate.

### **Intersectionality**

A framework understanding how overlapping identities, such as race, gender, class, and sexual orientation, shape an individual's experiences, including access to reproductive healthcare. Recognising intersectionality assists policymakers address layered forms of discrimination.

### **Crisis Pregnancy Centers (CPCs)**

Organisations that often present themselves as comprehensive reproductive health clinics but typically discourage abortion, sometimes providing misleading information about abortion risks and alternatives. Their role in shaping public opinion and patient decisions is highly controversial in discussions.

## **Telemedicine Abortion**

The provision of medication-based abortion through remote consultation, allowing patients to receive counseling and prescriptions without in-person appointments. This approach can broaden access in regions with limited clinic availability but is subject to varying legal restrictions.

## **Reproductive Coercion**

A form of abuse in which one partner manipulates another's reproductive health decisions, such as sabotaging contraception, pressuring to conceive or terminate a pregnancy, or controlling the outcome of a pregnancy. Addressing reproductive coercion is increasingly critical in discussions of reproductive rights.

## **Background Information**

### **Historical Context**

#### *Pre-19th Century*

In the colonial and early United States, reproductive practices were shaped by local customs, community networks, and midwifery traditions. Abortion before quickening, when fetal movement is detected, was widely accepted, and Indigenous societies often relied on herbal remedies and communal caregiving to aid the process. Spiritual and religious practices were diverse and inconsistently enforced, meaning reproductive healthcare varied significantly between regions and cultural groups. While not formally legislated, the autonomy of early American communities laid the groundwork for future debates on bodily rights.

#### *19th and Early 20th Century*

The 19th century marked a turning point in reproductive regulation, driven by the rise of professional medicine and stricter morals. The American Medical Association (AMA) sought to establish its authority by criminalising abortion and delegitimising midwifery practices. Public discourse increasingly framed abortion as both unsafe and morally reprehensible, bolstered by religious institutions advocating for the sanctity of life. These measures disproportionately affected women without the financial means to seek safer, clandestine procedures.

By the early 20th century, stringent abortion bans were widespread, with legal exemptions rarely granted. This period also saw racial and class disparities worsen, as healthcare infrastructure often excluded communities of color and rural areas. The foundations of modern inequality in reproductive health were laid during this era as punitive policies and social stigma pushed abortion to become an underground practice.

### *Mid-20th Century*

The mid-20th century brought rapid social and legal evolution. Spurred by the women's rights movement, activists argued that self-determination in reproductive matters was integral to gender equality. Court cases like *Griswold v. Connecticut* (1965) set critical precedents by recognising a constitutional right to privacy concerning contraception for married couples: a principle soon extended to unmarried individuals. This legal framework paved the way for *Roe v. Wade* (1973).

Despite these advancements, resistance was fierce. Religious congregations and conservative lawmakers worked to restrict reproductive healthcare at the state level, foreshadowing the intense battles that would follow *Roe*. Civil rights leaders also joined the conversation by emphasising that reproductive rights and freedom should be viewed alongside broader struggles for racial and economic justice.

### *Post-Roe Era*

Following *Roe v. Wade*, states implemented various legal barriers to limit practical access to abortion. These included waiting periods, counselling requirements, parental involvement laws,

and clinic regulations known as TRAP (Targeted Regulation of Abortion Providers) laws. Organisations like Planned Parenthood and the American Civil Liberties Union (ACLU) frequently challenged such regulations in court.

This period saw the rise of a powerful pro-life lobby, which increasingly influenced the Republican Party platforms and judicial nominations. The Supreme Court's *Planned Parenthood v. Casey* (1992) introduced the “undue burden” standard, allowing restrictions that did not place a “substantial obstacle” in the path of a person seeking an abortion. The vague nature of this standard led to continued legal contention.

### *Post-Dobbs Era*

The Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organisation* (2022) marked a seismic shift, eliminating *Roe*’s federal protections and returning authority to the states. The result is a deeply uneven map of reproductive rights. States like California and New York have fortified legal protections, while others like Texas and Alabama have enacted near-total bans. This fragmentation has sparked national conversations about whether reproductive rights should remain subject to local political climates or be enshrined as a federally guaranteed right.

## **Global Comparisons**

### *Developed Nations*

In Many high-income countries, reproductive rights are treated as fundamental aspects of healthcare and social welfare. Canada, for instance, removed abortion from its criminal code in 1988, leaving regulations to medical professionals. Similarly, the United Kingdom's Abortion Act of 1967 allows legal abortions under certain conditions, provided at no cost through the National Health Service (NHS). Nations like Sweden and the Netherlands emphasise comprehensive sexual education, accessible contraception, and robust social support systems, contributing to low

unintended pregnancy rates. These cohesive approaches contrast sharply with the fragmented United States landscape regarding the issue and often lean more towards a Pro-Choice framework.

### *Developing Nations*

In many developing countries, restrictive abortion laws persist, leading to high rates of unsafe procedures. Regions in Sub-Saharan African and parts of Latin America often face stark disparities in maternal mortality, compounded by limited infrastructure and cultural stigma. U.S. foreign policy, such as the Mexico City Policy or “Global Gag Rule”, further exacerbates these challenges by restricting funding to international organisations that provide or advocate for abortion services.

### *Socioeconomic Disparities*

#### *Impact of Income and Geography*

Low-income Americans face significant obstacles in accessing reproductive healthcare. Clinic closures and travel costs can be prohibitive, particularly for those living in rural areas. Mandatory waiting periods and additional consultation requirements further increase expenses, effectively denying care to those already struggling financially.

#### *Intersectionality and Reproductive Justice*

The reproductive justice framework, championed by many African American, Indigenous, and People of Color (BIPOC) activists, broadens the conversation to include the right to parent in safe environments, access to contraception and prenatal care, and freedom from reproductive coercion. This perspective highlights how historical injustices, such as eugenics policies targeting communities of color, remain relevant to the process of understanding current disparities.



## **Ethical and Religious Considerations**

### *Ethical Debates*

The ethics of abortion often center on fetal personhood and bodily autonomy. Pro-life advocates argue that life begins at conception, while pro-choice supporters emphasize the pregnant individual's right to bodily integrity. Late-term abortions, often sought in cases of severe fetal abnormalities or health risks, adds further to the complexity of the debate.

### *Religious Perspectives*

Religious beliefs on abortion vary widely. In terms of the United States, Catholic and Evangelical Christian communities often oppose abortion, while certain Jewish traditions prioritise the health of the pregnant individuals. Unitarian Universalist congregations frequently support reproductive rights as part of broader social justice initiatives.

## **Societal Implications**

Restricted reproductive rights have far-reaching societal consequences. Unintended pregnancies can derail education and economic mobility, while access to contraception and abortion service is linked to gender equality and economic stability.

## **Major Countries and Organisations Involved**

## Advocacy Organisations

### *Pro-choice: Planned Parenthood*

**Planned Parenthood** is one of the nation's largest providers of reproductive healthcare, offering services such as contraception, STI/STD testing, cancer screenings, and abortion care where it is legally permitted. Beyond its clinical role, Planned Parenthood is a leading advocate for reproductive rights, frequently challenging restrictive laws in court and promoting comprehensive sexual education. The organisation emphasises the importance of equitable access to healthcare, particularly for low-income individuals and marginalised communities.

### *Pro-choice: NARAL Pro-Choice America*

**NARAL** is a prominent advocacy group that works to protect and expand reproductive freedom focusing on lobbying for pro-choice legislation, mobilising voters, and raising awareness about the importance of abortion access. NARAL also works to counter misinformation regarding the topic.

### *Pro-choice: Center for Reproductive Rights*

**Center for Reproductive Rights** is a global legal advocacy organisation focusing on using the law to advance reproductive rights. It has been instrumental in the process of challenging restrictive abortion laws, often arguing that such laws violate universal human rights principles. The center also works on documenting the impact of such laws to marginalised communities.

### *Pro-life: National Right to Life Committee (NRLC)*

**NRLC** is one of the oldest and most influential pro-life organisations in the U.S. advocating for fetal rights through legislation, litigation, and public education. The NRLC supports measures

such as “heartbeat bills”, gestational limits, and bans on specific abortion procedures. It also backs political candidates with aligning agendas.

### *Pro-life: Americans United for Life (AUL)*

**AUL** is a legal advocacy group that drafts model legislation for states seeking to restrict abortion access. It has been a driving force behind many TRAP laws, which impose stringent requirements on clinics and providers. **AUL** also promotes alternatives to abortion, such as adoption and parenting support programs.

### *Pro-life: Susan B. Anthony List*

**Susan B. Anthony List** focuses on electing pro-life candidates to public office, providing endorsements, fundraising support, and grassroots mobilisation efforts to advance pro-life policies at state and federal levels.

## **Government Entities**

### *State governments*

**States governments** have become the primary architects of abortion policy. **Conservative-led states** like **Texas**, **Alabama**, and **Oklahoma** have enacted near-total bans or severe restrictions, often with limited exceptions for rape, incest, or life endangerment. These states argue that such measures protect fetal life and align with the moral convictions of their constituents.

**Progressive-led states** like **California**, **New York**, and **Washington** have fortified legal protections for abortion access, expanded public funding, and even established support programs for out-of-state patients. These states emphasise the importance of bodily autonomy and equitable access to healthcare.

## *Federal governments*

**Federal government** branches such as the **Congress** and the **Executive Branch** still hold significant influence despite *Dobbs*. For instance, the Hyde Amendment restricts federal funding for abortion services, disproportionately affecting low-income individuals reliant on Medicaid.

Proposed federal legislation, such as the Women's Health Protection Act, aims to reinstate nationwide abortion rights, but it faces significant political hurdles in a deeply divided **Congress**. Federal agencies such as the **Department of Health and Human Services (HHS)**, can also shape policies through regulatory decisions, enforcement of anti-discrimination laws, and guidance on issues like telemedicine abortion.

## *Healthcare Providers and Medical Associations*

**Healthcare Providers and Medical Associations** bring expertise to the reproductive rights debate, advocating for evidence-based policies and patient-centered care. Organisations such as **American College of Obstetricians and Gynecologists (ACOG)** strongly support reproductive rights, emphasising that abortion is a safe and essential component of general healthcare.

**Individual Providers** such as **Physicians, nurses**, and other **healthcare professionals** have varying responses to the topic. Some refuse to perform abortions while some encourage the practice.

## *Religious Groups*

**Religious organisations** hold diverse views on the topic. Pro-life groups such as the **Catholic Church** or **Evangelical Christian Groups** argue that protecting fetal life is a moral imperative rooted in their gospels and their interpretations of scriptures. At the same time, Pro-choice groups like the **Unitarian Universalist Association** and **Religious Coalition for Reproductive Choice** emphasises the moral importance of bodily autonomy and compassionate care. The **Crisis Pregnancy Centers (CPCs)** are also faith-based organisations that often present themselves as comprehensive clinical experts but typically discourage abortion. Critics argue that they provide misleading information and delay access to care while supporters claim they offer essential services and emotional support to pregnant individuals.

## Timeline of Events

Date	Description of event
1965	<i>Griswold v. Connecticut</i> establishes a constitutional right to privacy concerning contraceptives for married couples
1973	<i>Roe v. Wade</i> legalised abortion nationwide, grounding the decision in the constitutional right to privacy.
1976	The Hyde Amendment is passed, prohibiting federal funding for abortion services except in cases of rape, incest, or life endangerment.
1992	<i>Planned Parenthood v. Casey</i> introduces the “undue burden” standard, allowing states to impose restrictions on abortion as long as they do not place a “substantial obstacle” in the path of a person seeking an abortion.
2010s	States enact Targeted Regulation of Abortion Providers (TRAP) laws, leading to widespread clinic closures. At the same time the Pro-Life movement gains momentum, with states passing “heartbeat bills” and other restrictive measures.
2022	<i>Dobbs v. Jackson Women’s Health Organisation</i> overturns <i>Roe v. Wade</i> , returning authority over abortion policy to the states. At the same time a patchwork of laws emerges, with some states enacting near-total bans and others fortifying protections for abortion access.

## Relevant UN Treaties and Events

The United Nations has long recognised reproductive rights as fundamental human rights, highlighting their importance for gender equality, public health, and sustainable development.

Key resolutions include:

- Resolution 65/234 (2010): Titled “Global Strategy for Women’s and Children’s Health”, this resolution underscores the importance of access to reproductive healthcare, including family planning and safe abortion services, as part of efforts to reduce maternal mortality.
- Resolution 70/1 (2015): Known as the “2030 Agenda for Sustainable Development”, this resolution includes Sustainable Development Goal (SDG) 3.7, which calls for universal access to sexual and reproductive healthcare services by 2030.
- Resolution 73/149 (2018): Titled “Intensifying Efforts to Prevent and Eliminate All Forms of Violence Against Women and Girls”, this resolution highlights the link between reproductive rights and gender-based violence, advocating for policies that protect women’s autonomy over their bodies.

The UN has also addressed reproductive rights through its specialised agencies, such as the World Health Organisation (WHO) and the United Nations Population Fund (UNFPA). These organisations provide technical assistance, funding, and advocacy to promote access to reproductive healthcare worldwide, often in the face of political and cultural resistance.

## Previous Attempts to solve the Issue

Efforts to address reproductive rights in the United States have taken various forms, including legislative, judicial, and grassroots initiatives.

Key attempts include:

- The Women’s Health Protection Act (WHPA): First introduced in 2013 and reintroduced multiple times since, aiming to codify abortion rights into federal law, preventing states from imposing restrictive measures. The bill has been repeatedly stalled in the Congress due to partisan divisions.
- State-Level Initiatives: In response to *Dobbs*, several states have enacted state laws to protect abortion access such as California’s Reproductive Freedom Act (2022).

- **Judicial Challenges:** Organisations like the Center for Reproductive Rights and the ACLU have filed numerous lawsuits to challenge restrictive state laws, often arguing that such measures violate constitutional rights or place undue burdens on individuals seeking care.
- **Grassroots Mobilisation:** Pro-choice and Pro-Life organisations have mobilised voters, organised protests, and launched public awareness campaigns for policy shifts and political influence.

## **Possible Solutions**

### **Uniform Federal Legislation**

A federal statute, while requiring bipartisan support, could potentially eliminate the current patchwork of laws and ensure consistency, safety, and respect of reproductive rights across the entire nation.

### **Repealment of the Hyde Amendment**

Repealing the Hyde Amendment would be capable of removing a significant financial barrier to abortion access, ensuring that all individuals, regardless of income, can exercise reproductive rights effectively and safely.

### **Expansion of Medicaid and Insurance Coverage**

Encouraging more states to expand Medicaid under the Affordable Care Act (ACA) would broaden access to reproductive healthcare for marginalised populations. Ensuring that contraceptives, prenatal care, and postpartum support are fully covered would likely reduce unintended pregnancies and improve overall maternal health.

### **Comprehensive Sexual Education**

Implementing nationwide standards for scientifically accurate, age-appropriate sexual education could reduce rates of unintended pregnancy and sexually transmitted infections. It helps avoid unwanted pregnancies and the decision of abortion completely.

### **Judicial and Legal Safeguarding**

Continuous litigation allows readjustments and changes to ensure that regulations do not go beyond “undue burdens” or infringe on other protected rights such as religious freedom or equal protection. On the other hand it could also assist with terminating access of abortions under usual circumstances with the exception of rape, incest, or life endangerment.

### **Expanded Family Support Services**

Increasing state investment in paid family leave, child care subsidies, and parenting support programs can align with arguments highlighting the importance of supporting pregnant individuals. This service is also nonetheless useful for individuals wishing to abort their children but lack the suitable economic resources to do so.

### **Community Outreach and Public Awareness Campaigns**

Encouraging open discussions in schools, religious institutions, and neighborhood forums can help dismantle stigmas and raise much needed awareness regarding reproductive rights and contraceptives. This may aid both arguments and can foster more informed pedestrians, bridging divides, and reducing polarisation.

### **Protection Against Reproductive Coercion**



Legislators can introduce laws that address reproductive coercion, ensuring that individuals experiencing undue pressure receive legal and emotional support.

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## Appendix or Appendices

Further research is encouraged. Representatives are encouraged to research the issue using the topics and links provided in the bibliography section.