



MCGSMUN 2025



Eye of The Hurricane

United States Senate

Deliberating upon the future of reproductive health and rights in
the United States

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Letter from the Executive Board

Esteemed Delegates,

It is with great enthusiasm that we welcome you to the **United States Senate** of **MCGSMUN 2025**. As members of this distinguished committee, you are tasked with deliberating upon one of the most crucial and contested issues of our time: **The future of reproductive health and rights in the United States.**

Reproductive rights have been at the center of political, social, and legal discussions in recent years, revealing significant ideological differences. Fundamental human rights, healthcare access, bodily autonomy, and socioeconomic equity are all impacted by the issue, which goes beyond legislation due to changing laws, court interventions, and public opinion. Not only should you discuss policies with this committee, but you should also critically evaluate their ramifications, offer all-encompassing remedies, and use effective diplomacy.

We want you to think about the human tales, moral quandaries, and legal complexities surrounding reproductive rights as you get ready for this conversation, rather than just focusing on statistics and rhetoric. How can legislators reconcile societal ideals, public health, and individual liberties? How are these rights shaped by the federal and state governments? How can the United States approach this problem while taking best practices and viewpoints from around the world into account? These are only a handful of the important questions you will have to answer.

True preparation is achieved by thorough research, critical analysis, and an open-minded attitude to discussion; this background information is essentially a place to begin. We encourage you to embrace a collaborative, diplomatic, and solution-focused discussion approach. Your input will not only shape the conversation at this MUN but also indicate the potential for future policymaking in this area.

We anticipate an engaging session with perceptive debates, well-informed viewpoints, and significant resolutions. Best of luck with your preparations!

Sincerely

Ananya Anandita Patnaik - Chairperson

Anushka Sethi - Vice Chairperson

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Position Paper Guidelines

A position paper provides a concise synopsis of a nation's viewpoint on the issues under discussion by a certain committee. It should outline how your nation feels about the issues on the agenda, what pertinent steps your nation has made, and what possible remedies your nation would support. **The deadline for submitting the position papers is April 10, 2025.** The position paper shall focus on the agenda item: **The future of reproductive health and rights in the United States and shall contain:**

1. The delegate's preliminary understanding of the topic and what it entails.
2. Allocation of the delegate and your stance on this agenda.
3. Your proposed plan of action and effective solutions.
4. Issues the delegate would like to discuss during the proceedings of the committee.
5. Past actions that have been taken on the agenda, and what is the delegate's stance upon it?

The following instructions should be carefully followed when writing and submitting your position papers.

1. All documents must be structured and typed in accordance with the guidelines listed below: The length cannot be more than two pages.
2. The entire paper's margins must be set to 1 inch, or 2.54 cm.
3. A Times New Roman font with a size of between 10 and 12 points is required.
4. The first page needs to have the name of the committee, the school, and the country clearly defined.
5. Topics on the agenda should be clearly designated in their own parts and it is considered unacceptable to use national symbols such as headers and flags.

***Note: Ensure that position papers need to be written totally from scratch. Plagiarism of any kind, including copying from Committee Background Guides, will not be allowed at the Conference.**

Abbreviations

1. **USC** – United States Congress
2. **DNC** – Democratic National Committee
3. **RNC** – Republican National Committee
4. **GOP** – Grand Old Party (Republican Party)
5. **SCOTUS** – Supreme Court of the United States
6. **DOJ** – Department of Justice
7. **HHS** – Department of Health and Human Services
8. **CDC** – Centers for Disease Control and Prevention
9. **FDA** – Food and Drug Administration
10. **CMS** – Centers for Medicare & Medicaid Services
11. **NIH** – National Institutes of Health
12. **OMB** – Office of Management and Budget
13. **ACLU** – American Civil Liberties Union
14. **PPFA** – Planned Parenthood Federation of America
15. **NRLC** – National Right to Life Committee
16. **RHA** – Reproductive Health Act
17. **Roe v. Wade** – Landmark Supreme Court case (1973) on abortion rights
18. **Dobbs v. Jackson** – Supreme Court case (2022) that overturned Roe v. Wade
19. **Hyde Amendment** – Federal provision restricting Medicaid funding for abortion
20. **Title X** – Federal program for family planning services
21. **ERA** – Equal Rights Amendment
22. **FPA** – Family Planning Association
23. **MTPA** – Medical Termination of Pregnancy Act (State-specific regulations)
24. **IVF** – In Vitro Fertilization
25. **IUD** – Intrauterine Device (contraceptive method)
26. **EC** – Emergency Contraception
27. **TRAP Laws** – Targeted Regulation of Abortion Providers

28. FMLA – Family and Medical Leave Act

29. OB-GYN – Obstetrician-Gynecologist

Reliable and Accepted Sources

Delegates are expected to make use of sources accredited by recognized official U.S. government institutions.

1. Reuters: Quotes might be used to draw attention to inconsistencies in a delegate's position. However, as they express individual viewpoints rather than the official position of a government, comments and statements made by individuals will not be allowed.

2. Government & U.S. Senate Reports: a. The **official website** of the U.S. Senate is the main source of information about legislative issues, including committees, bills, and voting records.

b. Legislation, resolutions, and congressional debates can be found on **Congress.gov**.

c. Reports on the economic effects of proposed legislation are provided by the **Congressional Budget Office (CBO)**.

d. The **Government Accountability Office (GAO)** conducts impartial evaluations of federal programs and regulations.

e. Senate records and official documents are available in the **Library of Congress (LOC)**.

3. Supreme Court & Legal Resources Supreme Court of the United States (SCOTUS) – Case law affecting reproductive rights and legislative decisions.

a. **Justia U.S. Law** – Database of federal laws and court rulings relevant to Senate discussions.
Oyez – Summaries and analysis of Supreme Court decisions.

4. CIA World Factbook: The World Factbook, prepared by the Central Intelligence Agency (CIA), is a credible resource providing-

- a. Government structure
- b. Economic data

- c. Healthcare policies
- d. Demographics

5. State-Operated News Agencies: Reports from U.S. government-backed media can be used to support or challenge credibility, but if they are viewed as biased or unsubstantial, they may be rejected.

Examples include C-SPAN (Cable-Satellite Public Affairs Network), which provides live coverage of Senate sessions and hearings, and PBS (Public Broadcasting Service), which is a publicly funded broadcaster in the United States.

6. Unaccepted Sources: A. Open-Source & Crowdsourced Platforms such as-

- a. **Wikipedia:** As an open-source platform, Wikipedia can be edited by anyone and lacks verification.
- b. **Advocacy & Non-Governmental Organizations (NGOs)**
- c. **Amnesty International**
- d. **Human Rights Watch (HRW):** Although well-regarded, HRW is not a government-affiliated source.
- e. **Center for Reproductive Rights:** Focuses on advocacy rather than official government policy.

B. Privately-Owned or Commercial News Outlets such as:

- a. **The Guardian**
- b. **Al Jazeera:** Although respected, it is a **foreign** state-funded outlet, not a U.S. source.
- c. **CNN, Fox News, MSNBC, The New York Times, The Washington Post:** While these major news networks provide valuable coverage, they are privately owned and may include political bias.
- d. **BuzzFeed, Vice, Huffington Post:** Media outlets with a focus on opinion-driven journalism rather than official policy documentation.

C. Opinion-Based & Non-Governmental Research Sources

- a. **Blogs, Op-Eds, and Social Media** (Reddit, Twitter, personal blogs) – Not fact-checked or representative of official U.S. government policy.
- b. **Think Tanks with Strong Political Leanings** (e.g., Heritage Foundation, Brookings Institution) – These can provide useful analysis but should not be considered official U.S. Senate sources.

Committee History

I. Introduction

The federal bicameral legislature of the United States is made up of the Senate and the US House of Representatives. According to Article One of the US Constitution, the Senate and the House can work together to approve or reject federal legislation.

The upper house of the US Congress is the US Senate. It has a significant influence on American governance, legislation, and policies. With two senators per state and a total of 100 senators, the Senate guarantees equal representation for all states, regardless of population. The Senate, which was created by the U.S. Constitution in 1789, ensures balance in government by acting as a check on the legislative and executive departments and has exclusive power to confirm U.S. presidential appointments to high offices, and (by two-thirds supermajority to pass main motions) approve or reject treaties, and try cases of impeachment brought by the house. From its inception until 1913, senators were appointed by the state legislature of their respective states. However, since 1913, following the ratification of the Seventeenth Amendment, senators have been elected through a statewide popular vote.

The Senate has a number of advisory and consenting functions as the upper house of Congress. The confirmation of Cabinet secretaries, federal judges, flag officers, regulatory officials, diplomats, other federal executive officials, and federal uniformed officers are among them, as are treaty approvals. The Senate is responsible for choosing one of the top two electors for vice president if no candidate obtains a majority of votes. Officials who have been impeached by the House are tried by the Senate. Because of its smaller size, longer terms, and statewide constituencies, which have historically resulted in a more collegial and less contentious culture, it has been seen as a more distinguished and deliberative body than the House of Representatives.

Serving as the upper house of Congress, the Senate's key purpose is to thoroughly consider and discuss new laws, national policies, and appointments to the government. Smaller states have a say in national politics because the Senate gives all states equal representation, unlike the House of Representatives, which is based on population size. About one-third of the Senate's seats are up for election every two years, and senators are elected to six-year terms. This arrangement permits periodic changes in representation while ensuring continuity in governance.

The Senate chamber is housed in the dome of the Capitol Building's north wing in the nation's capital, Washington, D.C. The Vice President of the United States is the presiding officer and president of the Senate by virtue of his office, even though he is not a senator; he can only cast a vote if the Senate is evenly divided. When the vice president is not present, the Senate is presided over by the president pro tempore, who is often the senior member of the majority party. Usually, a junior senator can occupy the chair under the direction of the parliamentarian.

II. Mandate

The U.S. Constitution outlines the legislative, judicial, and executive branches of government and the duties and powers of the U.S. Senate. Among the Senate's main responsibilities are:

1. **Legislation:** The Senate shares the responsibility with the House of Representatives for making federal laws. Senators can introduce bills, debate them, amend them, and vote on their passage. To become law, a bill must be approved by both the House and the Senate and signed by the President.
2. **Confirmation of Presidential Appointments:** The Senate plays a crucial role in the confirmation process for presidential appointments. This includes confirming federal judges, members of the President's cabinet (known as "cabinet secretaries"), ambassadors, and other high-ranking officials. Confirmation hearings are conducted in Senate committees, and the full Senate must vote to confirm these appointments.
3. **Ratification of Treaties:** The Senate has the power to ratify international treaties negotiated by the President. A two-thirds majority vote in the Senate is required for a treaty to be ratified. This process ensures that the United States can enter into international agreements with the consent of a supermajority of Senators.

4. **Impeachment Trials:** The Senate holds impeachment trials when the House of Representatives impeaches a federal official, such as the President, Vice President, or judges. The Senate acts as the jury, with the Chief Justice of the Supreme Court presiding over the trial. A two-thirds majority vote in the Senate is required to remove an impeached official from office.
5. **Advice and Consent:** In addition to confirmation of presidential appointments and treaty ratification, the Senate provides “advice and consent” on various matters, such as certain military appointments and the ratification of certain international agreements. This ensures that the President’s decisions align with congressional approval.
6. **War Powers:** While the President is the Commander-in-Chief of the U.S. military, Congress, and specifically the Senate, has the power to declare war. The Constitution grants Congress the authority to initiate armed conflict or military interventions.
7. **Oversight and Investigations:** The Senate, like the House, conducts oversight of the executive branch and federal agencies. Senators can request information, hold hearings, and investigate matters of public interest, including potential government misconduct and the need for legislative action.
8. **Filibuster:** The Senate has a unique procedural rule known as the filibuster, which allows Senators to delay or block legislation or nominations. A filibuster can be ended with a three-fifths majority vote (usually 60 votes) to invoke “cloture” and move to a final vote.
9. **Reconciliation:** The Senate has a special budget reconciliation process that allows certain fiscal legislation to pass with a simple majority vote, making it easier to enact changes in federal spending and revenue.

10. Constitutional Amendments: The Senate, along with the House of Representatives, has the power to propose and ratify amendments to the U.S. Constitution. To propose an amendment, a two-thirds majority vote in both chambers is required. Ratification requires approval by three-fourths of the state legislatures.

In addition to reflecting the interests of individual states, the Senate's mandate guarantees a robust system of checks and balances, upholding the integrity of the federal government.

III. Structure of the Senate

1. There are 100 senators in the Senate, and two senators represent each state.
 2. The balanced impact of big and small states in legislative decision-making is guaranteed by this equal representation.
 3. With their six-year mandates, senators offer stability and a long-term perspective on governance.
 4. Every two years, a third of the Senate's members are up for election, guaranteeing institutional continuity while permitting democratic change.
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IV. Committees within the Senate

Senate committees allow for in-depth analysis of policies and issues because they specialize in various facets of governance.

1. The Judiciary body: This body reviews judicial appointments, monitors constitutional issues, and assesses cases. The U.S. legal system is significantly shaped by this committee.

2. The Foreign Relations Committee: It is responsible for overseeing international treaties, global policy issues, and U.S. diplomacy. America's position in international affairs is shaped by this committee.

3. The Appropriations Committee: It oversees federal spending and makes sure that public funds are distributed responsibly. This committee determines budget priorities for the nation.

4. The Armed Services Committee – It manages military affairs, defense policies, and national security issues. This committee is vital in determining the country's defense posture.

V. Recent Sessions

With the Senate having a significant influence on legislation, judicial nominations, and government oversight, each biannual session reflects the changing political landscape. The Senate has spent the last five years debating important topics like foreign relations, judicial nominations, economic policy, and pandemic response. The Senate remains a deliberative legislative body that tackles both domestic and international issues with every new Congress.

1. COVID-19 Pandemic Response: The Senate passed major relief packages, including the CARES Act (2020) and the American Rescue Plan (2021), to address the public health crisis and its economic fallout. Debate centered around funding for healthcare, vaccine distribution, and stimulus checks.

2. Government Shutdowns and Fiscal Disputes: The Senate dealt with the effects of government shutdowns, including the 2018–2019 shutdown over border wall funding. More recently, the debt ceiling and federal budget discussions have led to partisan gridlock, especially around pandemic-related funding.

3. Tax Reform and Fiscal Policy: The Senate passed the Tax Cuts and Jobs Act (2017), which reduced corporate taxes, but debates around making these cuts permanent (especially for individual tax brackets) have raised concerns about increasing the national debt and its long-term impact on the economy.

4. Healthcare and Insurance Coverage: The Senate debated the future of the Affordable Care Act (ACA), prescription drug pricing, Medicaid expansion, and efforts to reduce healthcare costs. The American Rescue Plan temporarily expanded ACA subsidies, while prescription drug pricing reform remained a contentious issue.

5. Climate Change and Environmental Policies: Senate discussions have focused on climate change, including support for international climate agreements, such as the Paris Agreement. Debates around environmental regulations, renewable energy investments, and actions to combat climate change have been central, with some senators pushing for more aggressive policies.

6. Filibuster and Electoral Reforms: The filibuster has been a key issue in the Senate, particularly in efforts to pass comprehensive voting rights reforms. While Democrats sought to overhaul the filibuster to pass laws like the Freedom to Vote Act, Republicans opposed changes, leading to a standoff on electoral reforms.

7. Supreme Court Nominations and Judicial Appointments: The Senate confirmed multiple Supreme Court justices, including Brett Kavanaugh (2018) and Amy Coney Barrett (2020), sparking partisan battles over the judiciary's future. These confirmations have significant long-term implications on U.S. law.

8. Immigration and Border Security: The Senate debated immigration reform, including the Deferred Action for Childhood Arrivals (DACA) program, border security funding, and the treatment of asylum seekers. These issues remain a point of contention between Democrats and Republicans.

9. Criminal Justice Reform: The Senate addressed various aspects of criminal justice reform, including police reform efforts and discussions around sentencing reform. While some bipartisan efforts have emerged, such as the First Step Act, comprehensive reform has been difficult to achieve.

10. Foreign Policy and National Security: The Senate debated U.S. foreign policy, particularly in relation to Russia's invasion of Ukraine in 2022, China's rising global influence, and tensions in the Middle East. The Senate has voted on sanctions, military support to Ukraine, and strategies to counter China's influence globally.

The future of reproductive health and rights in the United States

I. The United States of America

In 1776, the Declaration of Independence was signed, separating the United States from Great Britain and establishing the United States of America (USA). After being founded as 13 colonies on the east coast, the country quickly spread throughout North America, gaining new territory through treaties, conflicts, and land purchases. It developed into a global superpower that had an impact on international events in the fields of culture, economy, and military. The 50 states that make up the United States of America today, each with its own government, culture, and legal system, are bound together by the federal constitution. Each state has a governor, who is the executive leader of the state government, and a legislature responsible for passing laws.

The United States of America is the third most populous country in the world, with over 330 million people, representing a broad demographic mix from around the world. Innovation, technology, manufacturing, and services are the main drivers of its economy, which is the biggest in the world. With Wall Street influencing financial markets, Silicon Valley propelling technical breakthroughs, and the nation serving as a significant consumer market, the United States is a key worldwide economic power. The main reserve currency in the world is the US dollar. A high standard of living is another feature of the country's economy, despite the fact that wealth disparity is still a major problem.

II. Reproductive Health

The general well-being of people with regard to their reproductive systems is referred to as reproductive health. In order to ensure that people can live healthy lives free from illnesses, disorders, or impairments, it covers the physical, emotional, and social facets of reproductive health.

The World Health Organization (WHO) defines reproductive health as: "A state of complete physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. It implies that people have the ability to have a responsible, satisfying, and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so."

UNFPA defines reproductive health as: "A state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It includes the ability to have a safe and satisfying sex life, the ability to reproduce, and the freedom to decide if, when, and how often to do so."

The **ICPD Programme of Action (1994)** provides a comprehensive definition of reproductive health. It states that: "Reproductive health implies that people are able to have a responsible, satisfying, and safe sex life, and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so."

The UN, in the context of human rights, defines reproductive health as: "The state of complete physical, mental, and social well-being in all matters relating to the reproductive system. This includes access to healthcare services for women and men, the right to family planning, and the right to be free from discrimination, violence, and coercion related to reproduction."

International Planned Parenthood Federation (IPPF) defines reproductive health as: "A state of complete physical, mental, and social well-being in all matters relating to the reproductive system, including the ability to have a safe and satisfying sex life, and the freedom to decide whether, when, and how often to have children."

The World Bank defines reproductive health as: "A framework of policies and programs that allow individuals to have the ability to make informed and voluntary decisions about their reproductive lives, and to access the necessary services to achieve these goals."

III. Reproductive Rights

Individuals' rights to make decisions regarding their reproductive health free from prejudice or intervention are known as reproductive rights. These rights include the capacity to make knowledgeable decisions about family planning, contraception, pregnancy, childbirth, and other issues pertaining to reproductive health. They are essential for guaranteeing liberty and self-determination in individual reproductive choices.

The UN defines reproductive rights as: "The basic rights and freedoms related to reproduction that include the right to access information, education, and services that enable individuals to make voluntary and informed decisions about their reproductive health, free from coercion, discrimination, or violence."

The World Health Organisation defines reproductive rights as: "Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, and to have the information and means to do so. It

also includes the right to attain the highest standard of sexual and reproductive health, and the right to make decisions about reproduction free from discrimination, coercion, and violence."

The ICPD Programme of Action defines reproductive rights as: "Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents, and by international consensus. These rights include the right to have access to the information and services necessary to make informed choices about one's reproductive life, the right to decide freely and responsibly the number and spacing of children, and the right to be free from coercion and violence in reproductive decision-making."

UNFPA defines reproductive rights as: "Reproductive rights are based on the recognition of the basic right of all individuals to make decisions regarding their reproductive health free from discrimination, coercion, and violence. They also include the right to have access to reproductive health services and the information required to make informed and voluntary decisions about one's reproductive life."

IPPF defines reproductive rights as: "Reproductive rights are human rights that include the right to make free and informed decisions about one's reproductive life, including the right to decide freely and responsibly on the number, timing, and spacing of children. This includes access to a wide range of sexual and reproductive health services and education, free from discrimination and violence."

The World Bank defines reproductive rights as: "The right of individuals to make decisions regarding reproduction, including the right to have access to reproductive health services, family planning, and information that enables them to make informed decisions, free from coercion and discrimination."

The **ICPD** referred to the term "**reproductive rights**" as embracing "**certain human rights that are already recognized in ... international human rights documents and other consensus documents**". The most mentionable "consensus documents" are the Universal Declaration of Human Rights, and the Declaration and Programme of Action of the World Conference on Human Rights, Vienna, June 1993.

Reproductive rights, according to the **ICPD**, "**rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.**" The language is taken from **Article 16(1)(e) of the Women's Convention**, which states that States Parties shall ensure on a basis of equality of men and women: "**the same rights to decide freely and responsibly on the**

number and spacing of their children, and to have access to the information, education and means to enable them to exercise these rights."

Reproductive rights, according to the ICPD, also include the right **"to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."** This aspect of reproductive rights can also be derived from the Women's Convention.

IV. Reproductive Health and Rights in the United States of America

Since the founding of the nation, the United States has seen tremendous changes in reproductive health and rights, influenced by social movements, political views, legal disputes, and medical discoveries. Reproductive rights have been a subject of intense debate, from early prohibitions on abortion and contraception to historic court rulings and later reversals. The subject of liberty continues to dominate public conversation, mirroring larger discussions about religious freedom, gender equality, personal independence, and government control.

1. 18th–19th Century: Reproductive health was mostly a private affair in the early years of the United States, with little government involvement. Under common law, abortion was widely performed and mainly unregulated prior to quickening, which is usually the first noticeable fetal movement, which occurs **between weeks 16 and 20 of pregnancy**. However, in an effort to professionalize medicine and marginalize midwives, the medical establishment, headed by groups like the **American Medical Association (AMA)**, campaigned for stronger rules in the middle of the 19th century. Abortion was branded as hazardous and sinful at the same time by religious and moral groups. With the exception of preserving a woman's life, abortion was illegal in the majority of states by the late 1800s.

Women's capacity to avoid unintended pregnancies was further limited by the **Comstock Laws (1873)**, which made it unlawful to dispense contraceptives or even publish information about birth control. The idea behind these bans was that having access to contraception would encourage adultery and moral decline. As a result, women had few legal choices to manage their fertility, and their reproductive autonomy was severely restricted.

2. Early to Mid-20th Century: With the help of **Margaret Sanger**, who defied the Comstock Laws by disseminating information about contraception and establishing the first birth control clinic in the United States in 1916, reproductive rights movement began to take shape in the early 20th century. Planned Parenthood, a group that would be essential in improving reproductive healthcare, was founded as a result of her efforts.

A turning point was reached in **1960 when the birth control pill was approved**, giving women previously unheard-of control over their reproductive options. Subsequently, the Supreme Court recognized a constitutional right to privacy in **Griswold v. Connecticut (1965)**, overturning statutes that prohibited married couples from using contraception. The foundation for subsequent rulings extending reproductive rights was established by this case.

The biggest turning point came with **Roe v. Wade (1973)**, in which the Supreme Court ruled that abortion was a constitutional right under the **Due Process Clause of the 14th Amendment**, which guarantees privacy. This decision established a trimester framework, allowing states to regulate abortions after fetal viability but preventing outright bans in early pregnancy. It was a landmark ruling that drastically improved access to safe and legal abortion across the country.

3. 1980s–2000s: Even with *Roe v. Wade*'s protections, conservative and religious organizations continued to oppose reproductive rights. The federal government started limiting access to reproductive healthcare under **President Ronald Reagan**. One notable example of this was the **Hyde Amendment (1976)**, which prohibited the use of **federal monies (like Medicaid)** for abortion services unless there was rape, incest, or a threat to life. Low-income women and women of color who depended on public healthcare programs were disproportionately impacted.

Although the Supreme Court upheld the fundamental tenets of *Roe* in its 1992 decision in **Planned Parenthood v. Casey**, it permitted states to establish limitations so long as they did not create a **"undue burden"** on women seeking abortions. Numerous state-level limitations, including obligatory waiting periods, legislation requiring parental agreement, and **Targeted Regulation of Abortion Providers (TRAP) laws**, were made possible by this. These laws imposed stringent requirements on clinics, leading to the closure of many of them.

Reproductive rights became more divisive in the late 1990s and early 2000s, with some states enacting substantial restrictions while others increased access. **The Partial-Birth Abortion Ban Act (2003)**, which **President George W. Bush** signed into law, further stoked the controversy by outlawing a particular method of abortion performed later in pregnancy. With progressive states striving to defend abortion rights and conservative ones passing harsher legislation, the political rift widened even more.

4. Last Decade: Reproductive rights were once again attacked during the **Trump administration**, when the Supreme Court's balance was shifted by conservative court appointments. Texas passed an almost complete abortion prohibition in 2021, which prompted private citizens to bring legal action against anyone who performed an abortion after six weeks of pregnancy. The foundation for more forceful anti-abortion policies was laid by this statute.

Dobbs v. Jackson Women's Health Organization (2022) marked a sea change when the Supreme Court reversed *Roe v. Wade*, removing federal protection for abortion rights and giving the matter back to the states. As a result of this landmark ruling, abortion became illegal in more than a dozen states, with several states outright criminalizing the practice. Others, like California and New York, expanded access and became "sanctuary states" for abortion care.

V. Reproductive Health and Rights Under Donald Trump (2017–2021)

Donald Trump's presidency (2017–2021) was marked by a significant rollback of reproductive rights and a sharp shift in U.S. policy towards more conservative, anti-abortion, and anti-contraceptive measures. His administration, strongly supported by evangelical Christians and conservative Republicans, pursued policies that systematically restricted access to abortion,

contraception, and reproductive healthcare. These actions laid the groundwork for the eventual overturning of *Roe v. Wade* in 2022.

1. Stacking the Courts with Conservative Judges: Trump's selection of conservative justices, especially for the Supreme Court, was one of his most enduring effects on reproductive rights. Trump was able to select three Supreme Court Justices—Amy Coney Barrett (2020), Brett Kavanaugh (2018), and Neil Gorsuch (2017)—all of whom were well-known for their conservative stances on abortion, while the Senate was controlled by Republicans.

Dobbs v. Jackson Women's Health Organization (2022) repealed *Roe v. Wade* after Gorsuch, Kavanaugh, and Barrett established a conservative 6-3 majority on the Supreme Court. In order to secure long-term control over decisions pertaining to reproductive rights, Trump also appointed more than 200 federal judges to lower courts, many of whom had strong anti-abortion views.

2. Mexico City Policy and Restrictions on International Reproductive Health: The "Global Gag Rule" was reinstated and expanded in January 2017 as one of Trump's first acts as president.

Even if they used non-U.S. monies for abortion services, this law forbade federal support to foreign groups that offered abortion services or even raised the possibility of doing so. Numerous international reproductive health initiatives, such as those that offered HIV prevention, maternal healthcare, and contraception, lost financing under the expanded version of this strategy.

Millions of dollars in financing were lost by organizations like Marie Stopes International and the International Planned Parenthood Federation, which resulted in fewer women in developing nations having access to healthcare. Wide-ranging effects of the Global Gag Rule included worsening maternal death rates in low-income countries, increasing unsafe abortions, and decreasing access to family planning services globally.

3. Attacks on Title X and Domestic Reproductive Healthcare: By dismantling Title X, the federal family planning program that benefits millions of individuals each year, the Trump administration made it more difficult for low-income women to obtain reproductive healthcare.

His government prohibited Title X funding for organizations that perform or simply refer individuals for abortions in 2019. This forced Planned Parenthood to withdraw from Title X, which meant that thousands of clinics lost critical funding for birth control, cancer screenings, STI testing, and pregnancy care.

This disproportionately affected low-income women, women of color, and rural communities, where Planned Parenthood and similar clinics were often the only source of reproductive healthcare. The restrictions effectively reduced access to contraception and reproductive services, leading to increased unintended pregnancies and poorer health outcomes for marginalized communities.

4. Defunding and Restricting Planned Parenthood: A number of attempts were made by Trump and the Republican-controlled Congress to cut off funding to Planned Parenthood, one of the largest providers of reproductive healthcare in the United States. Although they were unable to

enact a comprehensive federal defunding law, they did transfer monies to state-level anti-abortion and faith-based organizations.

Medicaid funding for Planned Parenthood was reduced in a number of Republican-led states, making it more difficult for low-income women to obtain affordable contraception, cancer screenings, and maternal healthcare. Trump's administration also encouraged the expansion of "**crisis pregnancy centers**" (CPCs)—organizations that mislead women about abortion and push anti-choice narratives while providing limited medical care. These efforts weakened the reproductive healthcare infrastructure, leaving many patients with fewer options for contraception, STI treatment, and pregnancy care.

5. Promoting Anti-Abortion Policies and State-Level Bans: Trump strongly aligned himself with the anti-abortion movement, openly supporting "heartbeat bills" and six-week abortion bans, which prohibit abortion before many women even know they are pregnant.

Under his leadership, Republican-controlled states like Alabama, Georgia, and Ohio passed some of the most restrictive abortion laws in U.S. history, though many were blocked by courts at the time. His administration supported the passage of "born-alive" abortion survivor bills, falsely implying that doctors perform infanticide after failed abortions.

The Department of Health and Human Services (HHS) under Trump worked to classify fetuses as "persons", a move that laid the foundation for legal challenges to abortion rights. Trump became the first sitting U.S. president to attend the annual "March for Life" rally in 2020, solidifying his legacy as one of the most aggressively anti-abortion presidents in modern history.

6. Restricting Access to Birth Control and Expanding Religious Exemptions: Trump's administration also sought to limit access to contraception, particularly under the Affordable Care Act (ACA).

In 2017, Trump rolled back the Obama-era birth control mandate, which required most employers to provide contraceptive coverage in their health insurance plans. His rule allowed employers and universities to deny birth control coverage based on religious or moral objections, leaving hundreds of thousands of women without affordable contraception.

The Supreme Court upheld this rule in *Little Sisters of the Poor v. Pennsylvania* (2020), allowing more organizations to opt out of covering birth control for employees. These policies disproportionately affected low-income women, young people, and marginalized communities, increasing barriers to contraceptive access.

7. COVID-19 and Reproductive Health Setbacks: During the COVID-19 pandemic, Trump's administration used the crisis as an opportunity to further restrict abortion access:

Several Republican-led states classified abortion as "non-essential" healthcare, temporarily shutting down clinics under pandemic lockdowns. The Food and Drug Administration (FDA) imposed

restrictions on medication abortion (abortion pills), requiring in-person doctor visits, despite widespread telemedicine use for other medical services.

Federal courts eventually struck down some of these restrictions, but they delayed care for thousands of women seeking abortions during the pandemic. The pandemic magnified existing disparities in reproductive healthcare, hitting marginalized communities the hardest.

VI. The Current Situation of Reproductive Rights in the U.S.

Reproductive rights in the United States have changed a lot over time. In 2025, the situation is very different from what it was just a few years ago. Some states allow people to make their own choices about pregnancy and birth control, but others have made it very difficult. The biggest change happened in 2022, when the Supreme Court overturned *Roe v. Wade* in the case of *Dobbs v. Jackson Women's Health Organization*. This decision took away the national right to abortion and gave each state the power to decide its own laws. Now, in 2025, the country is divided. Some states protect women's right to abortion and birth control, while others have strict bans, making it hard or impossible for people to get the care they need. There are also new laws and court cases happening that could change things again in the future.

1. States with Strong Abortion Protections: Following the Supreme Court's ruling in 2022, a number of states acted to defend the right to an abortion. These states enacted legislation that facilitates access to care and ensures access to abortion.

- Some of the states with the best protections for reproductive rights are California, New York, and Illinois.
- Laws in Oregon and Washington allow those in need of an abortion to get one for free or at a reduced cost.
- If necessary, abortion is permitted at any point during pregnancy in Colorado, New Jersey, and Vermont.
- Additionally, many states have developed into "safe havens" for individuals from other jurisdictions that forbid abortion. In order to receive care in these facilities, many women travel great distances. To help out-of-state patients pay for the journey and medical care, several states even provide financial aid.

2. States with Strict Abortion Bans: At the same time, abortion is severely restricted or even prohibited in many states. These states prohibit abortion, including in circumstances of rape or incest, on the grounds that life begins at conception.

- There are very few exceptions to the complete prohibitions on abortion in Texas, Alabama, and Oklahoma.
- Abortion is only permitted in Georgia and Florida before six weeks of pregnancy.

- It is against the law in Missouri and Arkansas to assist someone in getting an abortion by providing them with information or money.

- Doctors and clinics have shuttered as a result of these prohibitions, forcing those in need of abortions to travel hundreds of miles in search of assistance. It can be extremely risky for some people to attempt unsafe methods of ending pregnancies.

3. Medication Abortion: Nowadays, a lot of people choose to use abortion pills rather than surgery. Mifepristone and misoprostol are the two primary medications used in abortion. These pills are safe and effective, and they can be used at home. States are attempting to regulate or outlaw them, nevertheless.

- Texas and Wyoming have banned the mailing of abortion pills, making it harder for people to get them.

- Florida and South Carolina require people to see a doctor in person before getting the pills.

- The Supreme Court is currently hearing a case about whether the U.S. government can still allow abortion pills to be sold online. Despite these bans, many people are ordering pills from other states or even other countries.

4. Birth Control and Contraception Access: Birth control is still legal in most places, but some states are making it harder to get. In 2024, some lawmakers started questioning whether birth control pills and emergency contraception (like Plan B) should be legal.

- Some states, like Missouri and Louisiana, are trying to ban emergency contraception, claiming it is "like abortion."

- Texas has proposed a law that would allow pharmacies to refuse to sell birth control for religious reasons.

- On the other hand, California and New York have passed laws making birth control free and easy to get, even without a doctor's prescription.

- Many people worry that if anti-abortion laws continue to spread, access to birth control might also be restricted in some states.

VII. The Role of the Federal Government

Although state governments have the authority to enact their own abortion regulations since the Supreme Court reversed *Roe v. Wade* in 2022, the federal government still plays a significant role in reproductive rights. As a result, the nation is divided, with some states having strict restrictions on abortion while others uphold its rights. President Joe Biden and his administration have responded

by taking a number of actions to assist citizens in states with restrictions on abortion. However, the federal government is unable to completely restore abortion rights across the country due to political differences in Congress. Biden has instead taken additional steps to safeguard reproductive rights by signing executive orders.

Some states, like Texas, had attempted to criminalize traveling for an abortion, making it difficult for people in restrictive states to get care elsewhere. One of the most important orders guarantees that no one can be arrested simply for traveling for medical care. Additionally, Biden's administration has increased access to abortion pills via mail, allowing people to order medication to terminate early pregnancies in states where abortion is legal without having to travel to a clinic. This is especially beneficial for those who live far from clinics or cannot afford to travel.

The federal government is also making a significant effort to increase funding for pregnancy care and contraception. Birth control is costly or hard to obtain in many low-income areas. The government is assisting people in preventing unintended pregnancies by offering free or inexpensive contraception. Additionally, the administration has boosted funding for sex education initiatives that teach people safe methods of avoiding pregnancy. Despite these efforts, passing a national law to restore abortion rights is unlikely in 2025. Congress is deeply divided, with Republicans mostly opposing abortion rights and Democrats supporting them. Since abortion laws are now controlled by individual states, the federal government cannot force states to legalize abortion. The Supreme Court, which has a conservative majority, is also unlikely to reverse its decision soon. However, the Biden administration continues to look for ways to support reproductive rights, even if it cannot completely change the laws.

VIII. The Impact on Women and Families

The changes in abortion laws across the United States have had a huge impact on women, families, and society as a whole. With many states banning or restricting abortion, thousands of women are now facing unwanted pregnancies with no safe options. The situation is especially hard for poor women, teenagers, and victims of rape or abuse who may not have the resources to travel to another state for medical help. These strict laws have led to serious health risks, economic struggles, and emotional stress for many women and families.

One major consequence is that many women are now forced to continue pregnancies they did not plan for or cannot afford. Some women who already have children are struggling even more, as raising another child requires more money, time, and care. In states with abortion bans, even women who are in dangerous medical situations sometimes cannot get proper care. Doctors in these states fear losing their medical licenses or facing legal action, so they delay or refuse treatments that could save a woman's life. This has led to an increase in maternal deaths, especially in states with strict abortion bans.

Another big effect is the rise in child poverty. Many families that were already struggling financially now have to take care of more children, increasing the demand for government aid, housing, and food assistance. Women who were previously in school or working may have to drop out or quit

their jobs because of unplanned pregnancies. This makes it harder for them to earn money, improve their future, and provide for their families. In some cases, young girls who become pregnant due to rape or incest are being forced to give birth, leading to severe emotional and psychological distress.

The impact of these laws is even worse for women of color, immigrants, and low-income communities. Studies show that Black and Hispanic women already face more barriers to healthcare than white women. They are also more likely to die from pregnancy complications because of poor medical access. Since many of them cannot afford to travel to another state for an abortion, they are at a higher risk of unsafe abortions, which can lead to severe infections, injury, or even death. Additionally, these strict laws are making doctors and hospitals more cautious, even when treating women who have miscarriages or pregnancy complications. Some hospitals refuse to provide care until a woman's life is in immediate danger, which can cause serious health problems. This fear among medical professionals is making the overall quality of healthcare for pregnant women worse in many states.

While states that protect abortion rights are trying to help women from restrictive states, the demand is overwhelming. Clinics in states like California and Illinois are seeing longer waiting times for appointments, making it harder for everyone to get timely care. In the end, these abortion bans are not just affecting women, but also their families, doctors, and society as a whole. The fight for reproductive rights continues, but for now, many women are suffering due to these harsh laws.

IX. Important Protests

Some of the largest demonstrations and acts of activity in modern American history have been sparked by the struggle for abortion rights. Abortion rights are one of the most contentious topics in American politics, with millions of people united in support or opposition across the nation. This argument is divided into two main groups:

- 1. Pro-choice activists:** They are those who think women ought to have complete authority over their bodies. They back access to birth control, abortion rights, and reproductive health care.
- 2. Pro-Life Activists:** These individuals consider the unborn to be a human life and hence think abortion is wrong. They believe that life begins at conception and that abortion should be banned or strictly limited.

Nationwide protests have erupted since the Supreme Court's 2022 ruling overturning *Roe v. Wade*. Thousands of pro-choice campaigners have marched in cities like New York, Los Angeles, and Washington, D.C., to call for the restoration of abortion rights. In states with strong abortion restrictions, such as Texas, Florida, and Ohio, a large number of people have also assembled outside state capitol buildings. On the other side, pro-life groups have also organized rallies and marches to celebrate the end of *Roe v. Wade*. Groups like March for Life and Students for Life of America have held demonstrations to push for even stricter laws and a possible national abortion ban. Some activists protest outside abortion clinics, hoping to convince women not to go through with their

abortions. In some cases, these protests have turned violent, with some abortion clinics facing attacks, vandalism, or bomb threats.

Activism is not limited to the streets; it is also very prevalent online. Social media sites like Instagram, TikTok, and Twitter are frequently used by young people to share materials, raise awareness, and motivate others to take action. Some groups assist individuals in raising funds to support women's trips to states where abortion is still permitted. Others concentrate on court efforts to overturn abortion prohibitions. Many politicians are also leveraging this topic to garner support at the same time. While Republican leaders have advocated for even stricter restrictions, Democratic leaders have pledged to defend abortion rights and enact legislation to restore them. Voters now base their decisions on their position on the abortion rights debate, making it a significant election factor.

X. Important Court Cases on Reproductive Rights

1. Griswold v. Connecticut (1965) – The Right to Birth Control

What happened: A law in Connecticut made it illegal for married couples to use birth control (like condoms or pills). A doctor named Estelle Griswold thought this was unfair, so she gave birth control advice to a couple and got arrested.

What did the Supreme Court decide: The court said that married couples have the right to make private decisions about birth control. This was important because it recognized a "right to privacy", meaning the government shouldn't control personal decisions like family planning.

Why is it important: This case helped make birth control legal for married people and later for everyone. It was the first big step toward reproductive rights in the U.S.

2. Roe v. Wade (1973) – The Right to Abortion

What happened: A woman named Jane Roe (a fake name to protect her privacy) wanted to have an abortion, but in Texas, abortion was illegal unless the mother's life was in danger. She sued the state, arguing that women should have the right to choose.

What did the Supreme Court decide: The court ruled that women have a constitutional right to abortion, especially in the first three months of pregnancy. This meant that states couldn't completely ban abortion.

Why is it important: It made abortion legal across the U.S. and gave women more control over their bodies. But this decision was later overturned in 2022.

3. Planned Parenthood v. Casey (1992) – The "Undue Burden" Rule

What happened: Pennsylvania passed laws making it harder for women to get abortions, like requiring waiting periods and spousal notification (where a married woman had to tell her husband before getting an abortion). Planned Parenthood (a healthcare group) challenged these laws.

What did the Supreme Court decide: The court kept the right to abortion but said states could add restrictions as long as they didn't create an "undue burden" (too much difficulty) for women.

Why is it important: It allowed some abortion restrictions, leading to many states passing strict rules that made it harder for women to get abortions.

4. Whole Woman's Health v. Hellerstedt (2016) – Protecting Abortion Clinics

What happened: Texas made a law that forced abortion clinics to have hospital-like standards, which made many clinics close down. Whole Woman's Health, an abortion provider, argued that these rules were unnecessary and unfair.

What did the Supreme Court decide: The court ruled that the law was too strict and placed an undue burden on women. This decision protected abortion clinics from unnecessary restrictions.

Why is it important: It helped keep abortion clinics open and made it harder for states to pass extreme rules that would shut them down.

5. Dobbs v. Jackson Women's Health Organization (2022) – Overturning Roe v. Wade

What happened: Mississippi made a law banning abortions after 15 weeks, which directly challenged Roe v. Wade. The case reached the Supreme Court, which now had more conservative judges.

What did the Supreme Court decide: The court overturned Roe v. Wade, meaning there was no longer a national right to abortion. Now, each state could decide its own abortion laws. Some states kept abortion legal, while others banned it completely.

Why is it important: It changed everything. Now, women's rights to abortion depend on where they live. In some places, abortion is still legal, but in others, it is almost impossible to get.

Conclusion

The debate on reproductive rights in the U.S. Senate remains one of the most contentious and complex issues in American politics. Over the years, the balance of power between the federal government, state legislatures, and the judiciary has shaped the accessibility of abortion, contraception, and maternal healthcare. With the landmark *Dobbs v. Jackson Women's Health Organization* (2022) ruling overturning *Roe v. Wade* (1973), the legal landscape has changed significantly, giving states full authority to regulate abortion. As a result, some states have enacted total bans, others have protected reproductive rights, and Congress remains deeply divided on the issue. The Senate continues to be a battleground for reproductive health policies, with each party pushing for its legislative priorities, leading to a nationwide patchwork of laws and ongoing legal challenges.

One of the most pressing challenges the Senate faces is the lack of a federal standard on abortion rights. While Democratic lawmakers have attempted to pass bills to codify abortion rights at the national level, these efforts have failed due to filibuster rules and a divided Senate. On the other hand, Republican-led efforts to pass a national abortion ban have also struggled due to opposition from pro-choice senators and public resistance. This deadlock has left millions of Americans in uncertainty, with reproductive healthcare varying drastically depending on where they live. Women in restrictive states are forced to travel long distances for abortion care, rely on medication abortion through underground networks, or carry unwanted pregnancies to term. This situation has led to a rise in maternal health risks, economic hardships, and legal conflicts as both state and federal governments clash over reproductive rights.

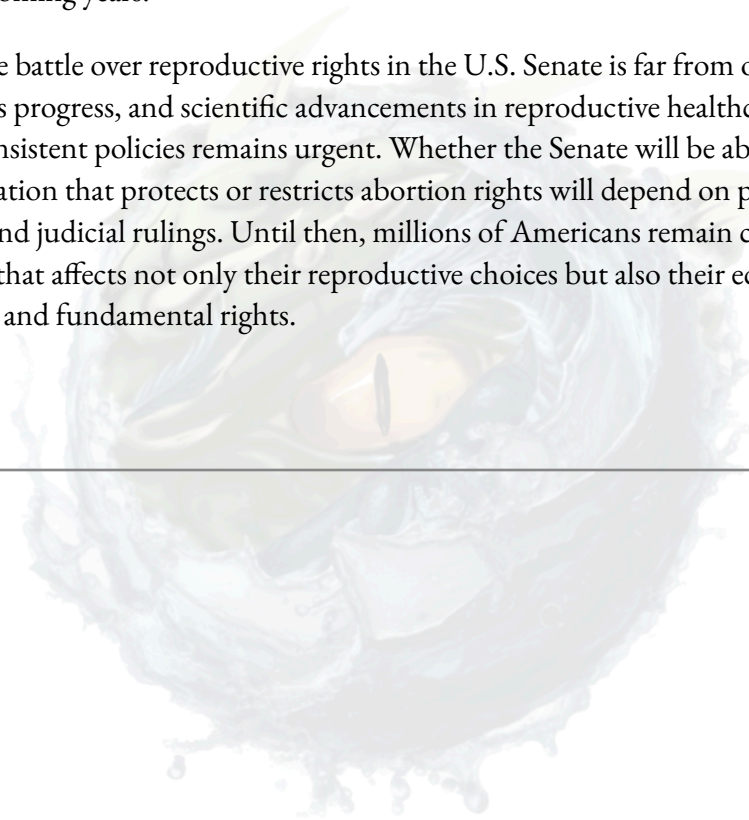
Beyond abortion access, the Senate also plays a crucial role in shaping policies related to contraception, maternal healthcare, and reproductive education. Many conservative lawmakers have targeted access to emergency contraception and birth control, arguing for tighter restrictions based on religious and moral grounds. In contrast, pro-choice advocates have pushed for expanded funding for reproductive health clinics, wider access to contraception, and better sex education programs in schools. These discussions have significant implications for public health, especially for low-income and minority communities who already face barriers to healthcare. Federal agencies, such as the Food and Drug Administration (FDA) and the Department of Health and Human Services (HHS), are also under pressure to protect access to reproductive healthcare, particularly in states with extreme restrictions.

A major concern is the legal and medical uncertainty surrounding abortion bans, which has left many doctors and hospitals unsure about the care they can legally provide. Reports have surfaced of women being denied life-saving medical procedures due to strict state laws, forcing the federal government to intervene in some cases. The Biden administration has taken steps to protect access to abortion pills, support interstate travel for reproductive care, and challenge restrictive laws in court. However, these actions are limited in scope, as the Senate remains divided on passing broader protections. The rise of legal battles over interstate abortion travel, access to telemedicine, and

protections for healthcare providers suggests that the reproductive rights debate will remain at the forefront of national policy discussions for years to come.

Moving forward, the Senate faces several critical decisions. The 2028 presidential election will heavily influence the future of reproductive rights, with a potential shift in federal policies depending on which party takes control. If a Republican president is elected, there may be attempts to pass a nationwide abortion ban, while a Democratic administration would likely push for stronger reproductive rights protections. Meanwhile, activists on both sides continue to protest, lobby lawmakers, and challenge policies in court, ensuring that the issue remains a central topic in American politics. The balance of power between Congress, the Supreme Court, and state governments will determine whether reproductive healthcare becomes more accessible or further restricted in the coming years.

In conclusion, the battle over reproductive rights in the U.S. Senate is far from over. As state laws evolve, court cases progress, and scientific advancements in reproductive healthcare emerge, the need for clear, consistent policies remains urgent. Whether the Senate will be able to pass meaningful legislation that protects or restricts abortion rights will depend on political shifts, public opinion, and judicial rulings. Until then, millions of Americans remain caught in a legal and political struggle that affects not only their reproductive choices but also their economic stability, healthcare access, and fundamental rights.



Questions or topics to ponder upon

1. How can the Senate guarantee that pregnant people receive life-saving medical care in states with strict abortion bans?
2. Should there be national protections for physicians and healthcare providers who provide abortion services in states where it is legal?
3. How should the federal government handle cross-state travel for abortion care—should laws protect or restrict people traveling for procedures?
4. What steps can the federal government take to improve access to contraception and reproductive healthcare, particularly in rural and low-income areas?
5. How has the U.S. Supreme Court shaped reproductive rights through landmark cases such as *Roe v. Wade* (1973), *Planned Parenthood v. Casey* (1992), and *Dobbs v. Jackson Women's Health Organization* (2022)?
6. Can Congress pass a federal law protecting or banning abortion, or does the Constitution leave this decision to individual states?
7. What role does the 14th Amendment's due process and equal protection clauses play in debates over reproductive rights?
8. How can the Senate address state-level restrictions on abortion while respecting states' rights?
9. Should federal funding be allocated to organizations that provide abortion services, such as Planned Parenthood?
10. How do abortion restrictions impact maternal mortality rates and overall public health in the U.S.?
11. What are the economic effects of abortion bans on individuals, families, and the healthcare system?
12. How can policymakers ensure that individuals, especially teenagers and marginalized communities, receive comprehensive reproductive education?
13. Should the federal government invest in alternatives to abortion, such as expanded maternity leave, child tax credits, and adoption support?
14. How should the Senate balance religious freedom and reproductive rights in crafting legislation?
15. How should the Senate address the impact of abortion bans on military personnel and federal employees, especially those stationed in states with strict restrictions?
16. What role should the federal government play in regulating crisis pregnancy centers, which often provide misleading information about abortion and reproductive health?

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