UCLA School of Law
Center on Reproductive Health, Law, and Policy

The Promise of Reproductive Freedom Amendments

An Analysis of State Constitutional Protections and Their Impact on Anti-Abortion Laws

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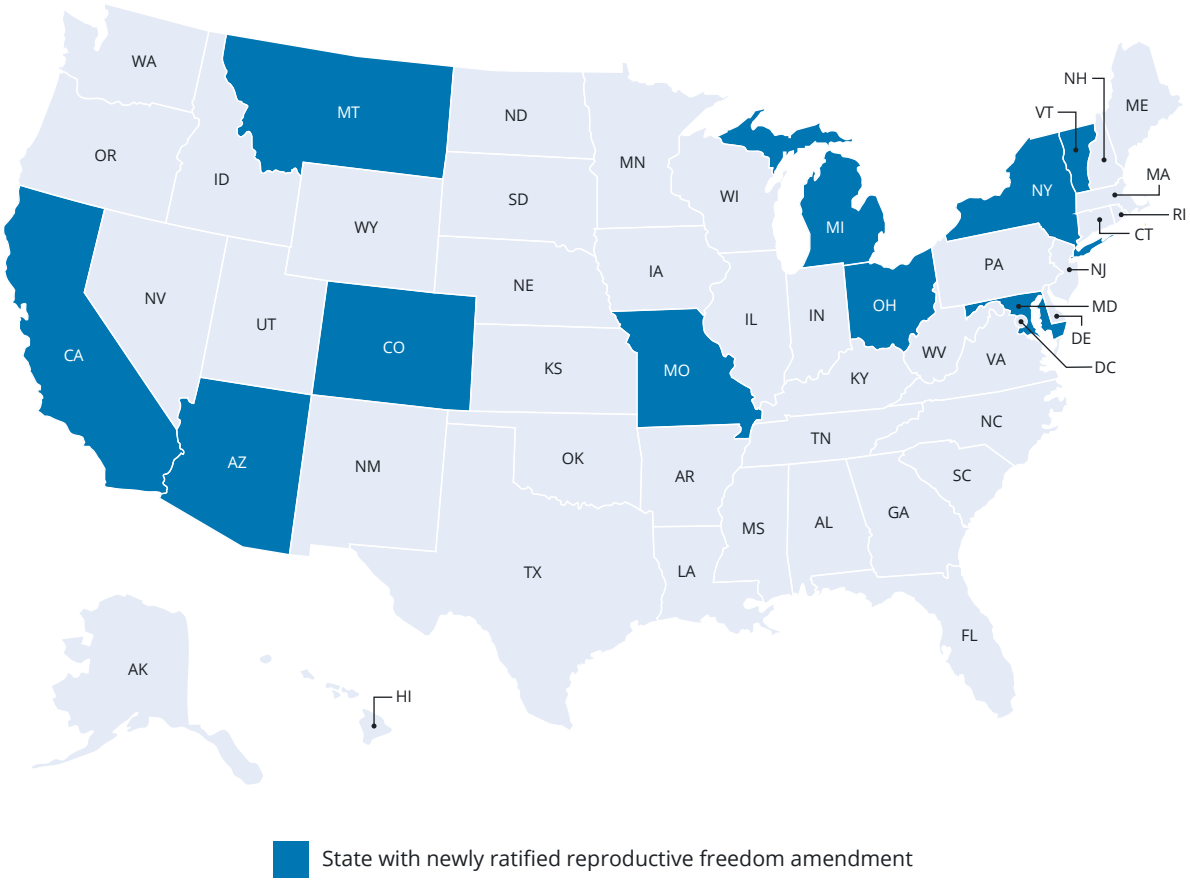
INTRODUCTION

In ten states, **Arizona, California, Colorado, Maryland, Michigan, Missouri, Montana, New York, Ohio, and Vermont**, newly ratified state constitutional amendments offer potential to redefine the legal landscape for reproductive rights.



After the U.S. Supreme Court overruled *Roe v. Wade* with *Dobbs v. Jackson Women's Health Organization*, eliminating the federal right to abortion, voters in these ten states enacted state constitutional amendments codifying the right to abortion and reproductive rights more broadly. But it will take a combination of enforcement actions, court interpretations, legislative enactments, and policy changes to fully secure the legal rights guaranteed by the new amendments.

In some states, this is already happening: Already, there are lower court decisions applying the amendments to block post-*Dobbs* abortion bans as well as longstanding abortion restrictions that were in place even when a federal right to abortion existed. For example, court decisions in Ohio and Arizona permanently enjoined those states' gestational bans, and a Michigan court held unconstitutional three types of abortion regulations that made it harder to access abortion care in the state.

And we can expect more decisions in the years to come. Most of the ten states have laws restricting access to abortion on the books, ranging from gestational limits to mandatory delay and counseling

requirements to targeted regulation of abortion providers ("TRAP") laws, such as admitting privilege and facility requirements, and more. Based on our research, over 50 laws[1] restricting abortion (including ones now challenged or enjoined) were on the books in these ten states at the time of passage of the reproductive freedom amendments.

This evolving litigation landscape and the differences between the amendments raise a host of questions: What is the scope or nature of rights protected under each amendment? What constitutional principles and standards of judicial review are involved? In what ways do different types of abortion regulations still on the books conflict with the newly ratified amendments?

This report helps to address those questions. First, it details what the amendments say, including rights-creating or rights-limiting language, animating constitutional principles, and judicial standards of review. Second, it summarizes the common types of abortion regulation in these ten states that pose conflicts with the new amendments and some of the first court decisions reviewing the constitutionality of those laws.

Importantly, while this analysis focuses on the legal impact of the new amendments for abortion rights and access, most protect a full range of reproductive decisions and health rights. Almost all guarantee generally—and with specific language—decisions and health care critical to maternal health rights, birth justice, family formation, and more. The outcome of the early cases challenging abortion restrictions may influence future court challenges and interpretations in these other contexts.[2]

Further, as this report shows, there are a variety of models for protecting a wide range of reproductive freedom rights, including and beyond abortion, and securing strong legal protection through constitutional amendments. While opportunities for robust enforcement of the reproductive freedom amendments, or adoption of new ones,[3] differ in each state, those efforts are vital to advancing reproductive justice. We hope this report is a useful reference for advocates, courts, and policymakers seeking to better understand the scope and potential impact of existing reproductive freedom amendments, and those considering introduction or development of ballot initiatives or amendments in other states.

REPRODUCTIVE FREEDOM AMENDMENTS: WHAT THEY SAY

In this report, we use the term **"reproductive freedom amendment"** to refer generally to state constitutional amendments ratified in the aftermath of *Dobbs* to expressly protect abortion and reproductive rights. While many, but not all, of the amendments contain the phrase "reproductive freedom" in their text, all protect the freedom of individuals in ways that protect decisions related to reproduction and access to reproductive health care.

This section provides an overview of key textual components of the reproductive freedom amendments that are important to their interpretation and implementation. First, it identifies language in all ten amendments that positively describes the scope of the rights protected, as well as language invoking broad constitutional principles animating those rights.[4] It also notes the rights-limiting language related to viability in five of the amendments. Second, it details how seven of the amendments explicitly delineate the state interests that are a valid basis for regulating the right and set forth the scrutiny level for reviewing any claimed infringement of the right. Appendix 1 contains the full text of all ten of the reproductive freedom amendments.[5]

Table 1. Comparison of Reproductive Freedom Amendment Language

	Autonomy, Freedom, Equality	Abortion	Pregnancy	Family Planning	Viability	Standard of Review
Arizona		x			x	x
California	x	x		x		
Colorado	x	x				
Maryland	x	x	x	x		x
Michigan	x	x	x	x	x	x
Missouri	x	x	x	x	x	x
Montana		x	x		x	x
New York	x	x	x	x		
Ohio	x	x	x	x	x	x
Vermont	x					x

RIGHTS-CREATING LANGUAGE AND PRINCIPLES

Nine of the ten reproductive freedom amendments describe the specific substantive guarantees in the amendment as a "right," with five using the term "fundamental right" (Arizona, California, Maryland, Michigan, and Missouri). The exception, New York, is an expansive equal rights amendment that does not explicitly define a new substantive "right," but explicitly protects against denial of any "civil rights" based on pregnancy, pregnancy outcomes, and reproductive healthcare and autonomy.

Autonomy, Freedom, and Equality: Virtually all of the reproductive freedom amendments explicitly tie the positive rights they create to broader constitutional values and rights. While many of the amendments invoke multiple animating principles, the majority sound in equality, freedom, and autonomy.

Seven amendments use the language of equality, equal protection, or non-discrimination to protect reproductive health decisions and outcomes (California, Colorado, Maryland, Michigan, Missouri, New York, and Ohio). Six identify the constitutional guarantee as one of "freedom" (California, Maryland, Michigan, and Missouri) or "autonomy" (Vermont and New York). Additionally, Maryland and Vermont both describe the right as a matter of "liberty," while Vermont and Missouri explicitly guarantee "dignity" and "respect," and California states it is intended to "further the constitutional right to privacy."

In addition to the specific rights-creating text of the amendments, state court jurisprudence interpreting and applying these principles expansively to a range of personal rights can be important guides for future interpretation of the reproductive freedom amendments. Many state high courts have recognized that broad constitutional guarantees of autonomy, equality, liberty, and privacy protect abortion and reproductive autonomy rights.[6]

Abortion: Seven of the amendments explicitly name "abortion" within the constitutional guarantee (Arizona, California, Colorado, Michigan, Missouri, Montana, and Ohio), while Maryland protects the right to "end one's own pregnancy" and New York protects against discrimination for any "pregnancy outcomes." Three states (Michigan, Missouri, and Ohio) additionally name miscarriage management among protected types of pregnancy care.

Pregnancy and Birth: Over half of the amendments explicitly name decisions or care related to continuing a pregnancy within the described right. Five of the amendments identify the right or protections as applying to pregnancy generally (Maryland, Michigan, Montana, New York, and Ohio). Michigan and Missouri explicitly mention prenatal and postpartum care, and childbirth; and Missouri's amendment is the only one to specify "respectful birthing conditions."

Family Planning: Five states specifically name contraception or the right to prevent pregnancy (California, Maryland, Michigan, Missouri, and Ohio), while Missouri and Ohio also explicitly include infertility or fertility care, and New York prohibits discrimination based on any type of "reproductive health care."

RIGHTS-LIMITING LANGUAGE: VIABILITY

Five of the reproductive freedom amendments (Arizona, Michigan, Missouri, Montana, and Ohio) include language allowing the state to regulate abortion in connection with "fetal viability." Each one similarly defines "fetal viability" to mean the point in pregnancy where in the good faith judgment of the treating health care professional, and based on the particular pregnancy, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures.[7] All of these reproductive freedom amendments explicitly include language guaranteeing the right to abortion after "fetal viability" when necessary to protect a pregnant patient's life or health, with Arizona, Michigan, and Missouri expressly specifying "physical or mental" health.

The other five reproductive freedom amendments (California, Colorado, Maryland, New York, and Vermont) do not contain limiting language regarding fetal viability.

STANDARDS OF REVIEW

About Scrutiny Standards: In originally recognizing the federal constitutional right to abortion, *Roe v. Wade* established strict scrutiny as the applicable standard and described the right to abortion as a "fundamental right." 410 U.S. 113, 155 (1973). But *Roe* also limited the abortion right from the outset by establishing a trimester framework that permitted states to ban abortion after fetal viability except when it was necessary to protect a pregnant person's health. *Id.* at 164–65. While *Planned Parenthood v. Casey* maintained the "essential holding" of *Roe,* it diminished the level of scrutiny by recognizing a legitimate state interest in potential fetal life at all stages of pregnancy. 505 U.S. 833, 846 (1992). *Casey* permitted states to regulate abortion before fetal viability so long as they did not impose an "undue burden" or have "the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus." *Id.* at 877–78.

None of the ten reproductive freedom amendments enacted to restore and protect abortion rights use language from, or track, *Casey's* "undue burden" standard. To the contrary, the ones that do specify the standard of review create a strict scrutiny standard and, in some cases, specify a narrow set of compelling state interests that can satisfy the standard. Thus, even in states where certain types of restrictions were previously upheld, or left unchallenged, this does not affirm their constitutionality under the new reproductive freedom amendments.

Seven of the ten reproductive freedom amendments (Arizona, Maryland, Michigan, Missouri, Montana, Ohio, and Vermont) define the right as fundamental and explicitly set forth a standard of review that is commonly referred to as "strict scrutiny." This is typically the most demanding standard of judicial review and the most protective of fundamental rights.

In these states, restrictions on abortion and other reproductive rights must achieve a compelling state interest by the least restrictive means; otherwise, they will be found unconstitutional. An eighth state, California, does not specify the standard of review, but explicitly defines reproductive freedom as a "fundamental right," and the California Supreme Court has previously applied strict scrutiny to protect abortion as a fundamental right under the state constitution.[8] Two states (Colorado and New York) do not specify the standard of review or use the term "fundamental right" in the text of the amendments.

Five of the amendments that require strict scrutiny (Arizona, Michigan, Missouri, Montana, and Ohio) further specify that the only acceptable government interests under that test are those related to health of the pregnant patient and which are based on evidence-based or clinical standards of care (Arizona, Michigan, Missouri, and Ohio) or "medically acknowledged, bona fide" health risks (Montana). Further, Arizona, Michigan, Missouri, and Montana's amendments define "compelling interest" to exclude laws that infringe on an individual's autonomous decision-making.

ABORTION BANS AND RESTRICTIONS IN CONFLICT WITH REPRODUCTIVE FREEDOM AMENDMENTS

Across the ten states that ratified new reproductive freedom amendments, dozens of abortion bans or restrictions were on the books and enforced at the time those amendments went into effect. With litigation now active in at least four of those states, some of these laws are now permanently or preliminarily blocked. To date, there are at least six court decisions addressing the constitutionality of different types of abortion bans and restrictions under the new amendments.[9] In this section, we catalogue the types of laws that were, or are still, on the books at the time amendments were ratified, along with some of the early judicial opinions reviewing them. While the status of these laws will continue to shift as litigation progresses, these early cases help show how courts can interpret and apply the new amendments.

Table 2. Types of Abortion Bans and Restrictions in States with Reproductive Freedom Amendments

	Gestational Bans	Reason Bans	Mandatory Counseling & Delays	Telemedicine Bans	Physician-Only Requirements	TRAP Laws	Insurance Coverage Bans
Arizona	15 weeks** Viability	x	x	x	x	x	x
California	Viability						
Colorado							
Maryland						x	
Michigan			x**		x**		x
Missouri	Total ban* 8 weeks* 14 weeks* 18 weeks* 20 weeks* Viability	x*	x*	x*	x	x*	x
Montana	Viability						
New York	24 weeks						
Ohio	6 weeks** 22 weeks (since LMP)	x	x*	x*	x*	x	x
Vermont							

Note: Bans and restrictions written in italics and followed by an asterisk have been wholly or in part temporarily (*) or permanently enjoined (**) by courts since the passage of the reproductive freedom amendments. The chart reflects state laws as of August 29, 2025.

GESTATIONAL BANS

Six of the states with reproductive freedom amendments (Arizona, California, Missouri, Montana, New York, and Ohio) had laws on their books at the time of the amendments' passage that ban the provision of most abortion care at a certain point in pregnancy before or after viability, or both

("gestational bans").[10] While Arizona, Missouri, Montana, and Ohio's constitutional amendments each have language that explicitly allows the possibility of restrictions after fetal viability, California and New York's amendments do not.

Already, lower state courts in Arizona, Missouri, and Ohio have issued decisions addressing the unconstitutionality of those states' pre-viability gestational bans.[11]

In 2024, an Ohio court was the first to apply a new reproductive rights amendment to block a gestational ban. In *Preterm-Cleveland v. Yost*, 2024 WL 4577118 (Ohio Com. Pl. Oct. 24, 2024), the court permanently enjoined Ohio's so-called "heartbeat" ban, which prohibits an abortion after fetal cardiac activity is detected (around 6 weeks), ruling that it was unconstitutional under the new amendment. In its analysis, the court emphasized that Ohio's reproductive freedom amendment "goes much further" than simply restoring the protections of *Roe* and renders any provision that directly or indirectly burdens, penalizes, prohibits, interferes with, or discriminates against the right to pre-viability abortion presumptively invalid under the new amendment. *Id.* at 8, 12. And most recently, in March 2025, a state court declared unconstitutional and permanently enjoined Arizona's 15-week ban under the state's new amendment. *Reuss v. Arizona*, No. CV 2024-034624 (Ariz. Super. Ct. Mar. 5, 2025). Additionally, a lower court has found that each of the pre-viability gestational bans on the books in Missouri is likely unconstitutional. *Comprehensive Health of Planned Parenthood Great Plains v. State of Missouri*, 2416-CV31931 (Mo. Cir. Ct., July 3, 2025).[12]

These decisions can help partially effectuate the new reproductive amendments and their purpose of restoring abortion rights.[13] But more is required. As these opinions recognize, the new amendments offer stronger protection than *Roe*. State laws that still impose viability limits and, as discussed below, other types of restrictions previously upheld under federal precedent require fresh constitutional scrutiny.

REASON BANS

Three of the states with reproductive freedom amendments (Arizona, Missouri, and Ohio) have laws on their books that aim to prohibit the provision of abortion care if believed to be for reasons related to race, sex, or fetal diagnosis.[14]

In a challenge to the Missouri law, a lower state court preliminarily ruled that the state failed to demonstrate, as the new amendment requires, a compelling government interest achieved by the least restrictive means that was advanced by this law. *Comprehensive Health,* No. 2416-CV31931, at 9–10 (Mo. Cir. Ct. 2025).

State courts have not yet reviewed the constitutionality of the Arizona and Ohio reason bans under the reproductive freedom amendments. While prior federal challenges to those same bans prior to *Dobbs* and subject to the undue burden standard of review reached differing results,[15] under the new reproductive freedom amendments, both laws are subject to an exacting strict scrutiny standard.[16]

MANDATORY COUNSELING AND DELAYS

Four of the reproductive freedom amendment states (Arizona, Michigan, Missouri, and Ohio) have statutes that, if enforceable,[17] delay access to abortion until after mandatory counseling and waiting period requirements are satisfied.[18] Specifically, these laws require ultrasounds, mandate abortion-specific counseling (which may require the provision of misleading or biased information), and impose waiting periods ranging from 24 to 72 hours.

Laws Requiring Practices Contrary to Standard of Care for Abortion: Mandatory counseling and delay laws require abortion providers to disclose irrelevant or inaccurate health risks and descriptions of fetal development, and engage in practices that are contrary to the standard of care.[19] For example, according to The American College of Obstetricians and Gynecologists (ACOG) and other leading medical organizations, "a human fetus does not have the capacity to experience pain until after at least 24-25 weeks."[20] But Missouri law requires providers to convey information to patients suggesting an embryo or fetus will feel pain as early as eight weeks. Arizona law requires providers to provide patients with inaccurate information suggesting that medication abortion can be reversed, a claim lacking any scientific evidence.[21] And other requirements that are not tied to individual patient circumstances or needs, like mandatory ultrasounds, are unnecessary and unethical according to major medical groups such as the American Medical Association (AMA) and ACOG.[22]

Limiting access to abortion until after providing or receiving medically irrelevant, false, or misleading statements related to abortion procedures or the embryo or fetus, poses a direct conflict with the guarantees of the reproductive freedom amendments in these four states, which allow only government regulations intended to protect patient health and that are based on evidence-based standards of care.

State courts in Michigan, Missouri, and Ohio have held that those states' mandatory counseling and delay requirements violate, or likely violate, their reproductive freedom amendments as unrelated to health outcomes and not based in medical evidence. In Michigan, a lower court permanently enjoined the state's abortion-specific counseling requirement and 24-hour waiting period as unconstitutional, finding that the laws "do not protect patient health and are contrary to clinical standards of practice and evidence-based medicine." *Northland Family Planning Ctr. v. Nessel*, No. 24-000011-MM, at 66 (Mich. Ct. Cl. May 13, 2025). Courts applied similar reasoning in reviewing Ohio's abortion-specific counseling requirement and 24-hour waiting period and Missouri's abortion-specific counseling requirement and 72-hour waiting period under those states' amendments. *Preterm-Cleveland v. Yost*, 2024 WL 3947516, at *13 (Ohio Com. Pl. Aug. 23, 2024); *Comprehensive Health,* 2416-CV31931, at 16–17 (Mo. Cir. Ct. 2025).

Two aspects of the Michigan decision are especially instructive. First, the court concluded that the state's reproductive freedom amendment "does not recognize the potential for life in a nonviable fetus as a compelling state interest. As a result, the compromised, undue-burden test developed in

Casey . . . has no place in jurisprudence interpreting" the new amendment. *Northland Family Planning Ctr.,* No. 24-000011-MM, at 21 (Mich. Ct. Cl. 2025). Second, based on a review of the extensive evidence presented, the court found that both the waiting period and mandatory informed-consent schemes aim "to persuade people to continue pregnancies despite their personal circumstances and wishes," which infringes upon "autonomous decision making," and do not protect the health of individuals seeking abortion care. *Id.* at 68.[23] In both respects, the decision reflects the impact of reproductive freedom amendment language that clearly specifies the standard of review and constitutionally valid state interests.

TELEMEDICINE BANS

Three of the states with reproductive freedom amendments (Arizona, Missouri, and Ohio) have laws prohibiting or restricting the provision of medication abortion through telemedicine ("telemedicine abortion").[24] Telemedicine abortion bans and restrictions can take several forms, including complete bans, explicit requirements for in-person distribution of abortion medications, or mandatory prerequisites to abortion care that require an in-person appointment first, such as in-person counseling or ultrasound requirements.[25]

A lower court in Missouri found that the telemedicine abortion ban likely violates the state's reproductive freedom amendment, applying strict scrutiny and ruling that the state failed to provide evidence that the telemedicine ban met the narrow criteria for a compelling government interest or was the least restrictive means of achieving the state's goal. *Comprehensive Health*, No. 2416-CV31931 at 18–19 (Mo. Cir. Ct. 2025). Notably, this analysis is consistent with decisions of other state courts invalidating telemedicine abortion under different state constitutional provisions guaranteeing a fundamental right to abortion.[26]

PHYSICIAN-ONLY REQUIREMENT

Four states with reproductive freedom amendments (Arizona, Michigan, Missouri, and Ohio) have long had laws that allow only physicians to provide abortions, or some forms of abortion, limiting the pool of health providers from whom people can receive care.[27]

While these types of restrictions were enforceable under the pre-*Dobbs* federal constitutional standard,[28] state courts are finding them unconstitutional under the reproductive freedom amendments.

A Michigan state court has permanently struck down a ban on advanced practice clinicians providing abortion care. *Northland Family Planning Ctr.*, No. 24-000011-MM (Mich. Ct. Cl. 2025). In Ohio, the physician-only requirement is preliminarily enjoined, as are two laws permitting licensure discipline for nurse practitioners, certified nurse midwives, or physician assistants who prescribe, perform, or induce an abortion. *Planned Parenthood Sw. Ohio Region v. Ohio Dep't of Health*, 2024 WL 4183292 (Ohio Com. Pl. Sept. 10, 2024), and No. 2101148 (Ohio Com. Pl. July 8, 2025).

As the Michigan court found: "Having access to a provider is necessarily linked to being able to make and effectuate decisions about whether to seek abortion care. The artificial limitation on the available pool of abortion providers imposes logistical barriers . . . [and] exacerbates existing provider shortages, leading to large swathes of Michigan without access to nearby abortion care." *Northland Family Planning Center*, No. 24-000011-MM, at 61 (Mich. Ct. Cl. 2025). Because these burdens were "without medical foundation and erect barriers to care," the court held the law banning advanced practice clinicians from providing abortion care could not withstand strict scrutiny review. *Id.* at 69. And in the Ohio case, the court similarly found that plaintiffs were likely to succeed because medical evidence and consensus contradict laws purporting to protect patient safety by limiting abortion care to physicians only. *Planned Parenthood Sw. Ohio Region*, 2024 WL 4183292, at *7 (Ohio Com. Pl. 2024), and No. 2101148 (Ohio Com. Pl. 2025).

TRAP LAWS: FACILITY, ADMITTING PRIVILEGE, AND TRANSFER AGREEMENT REQUIREMENTS

Four of the states with reproductive freedom amendments (Arizona, Maryland, Missouri, and Ohio) have laws that are commonly known as targeted regulation of abortion providers or "TRAP" laws. TRAP laws impose specific requirements on abortion facilities and providers that are not required for comparable health facilities and health care providers, and not otherwise necessary for patient safety. TRAP laws may require that abortion clinics satisfy standards required for outpatient surgery centers and that abortion providers maintain admitting privileges or transfer agreements with nearby hospitals or other providers.[29]

In Missouri, a state court held that plaintiffs were likely to succeed because the requirements "clearly" restrict the right to abortion established by the reproductive freedom amendment and that "there was no evidence demonstrating that these laws are 'for the limited purpose and have the limited effect of improving or maintaining the health of a person seeking care, consistent with widely accepted clinical standards of practice and evidence-based medicine.'" *Comprehensive Health*, No. 2416-CV31931, at 11–12 (Mo. Cir. Ct. 2025).[30]

INSURANCE COVERAGE BANS

Four of the states with reproductive freedom amendments have laws prohibiting public or private insurers from covering most abortions. Arizona, Missouri, and Ohio have laws restricting both public and private coverage of abortion in health insurance plans, and Michigan excludes coverage of abortion care using public funds.[31]

Even when there was federal constitutional protection for abortion rights, federal law never guaranteed abortion was financially accessible or supported on equal terms as other pregnancy care. Soon after *Roe* was decided, the U.S. Supreme Court ruled that a federal law prohibiting Medicaid funding of abortion care (the Hyde Amendment) did not violate the right to abortion or equal protection. *Harris v. McRae*, 448 U.S. 297 (1980). In more recent years, with passage of the Affordable Care Act and its creation of state-federal marketplaces for health plans, federal statutory law has explicitly permitted states to prohibit private insurance plans participating in the marketplace from offering health insurance that includes abortion.[32] Thus, for decades, through a combination of judicial precedent and policy choices, abortion coverage has been systematically excluded from otherwise comprehensive benefit programs that cover all other pregnancy care.[33]

There are not yet any court decisions addressing the constitutionality of coverage bans under the new reproductive freedom amendments, but these types of restrictions pose a significant conflict with their promise of abortion access as a fundamental right and for reproductive freedom and equality more broadly. Indeed, multiple other state high courts have held that the fundamental right to abortion, equal rights, or equal protection require public health insurance plans to include coverage for abortion care. *See State v. Planned Parenthood of the Great Nw.*, 436 P.3d 984 (Alaska 2019) (under state constitutional right of equal protection); *N.M. Right to Choose/NARAL v. Johnson*, 126 N.M. 788, 975 P.2d 841 (N.M. 1998) (under state Equal Rights Amendment). *Women of the State v. Gomez*, 542 N.W.2d 17 (Minn. 1995) (under state constitutional protection for fundamental right to abortion).[34]

CONCLUSION

State reproductive freedom amendments have the power to transform the reproductive rights landscape. Not only are they critical bulwarks against states criminalizing abortion, but they can unwind decades of restrictions that limit and undermine the accessibility, affordability, and dignity of abortion care. As this report shows, even state laws that have long been on the books, or have been held constitutional under prior federal precedent, cannot stand where they contravene new, and stronger, constitutional guarantees for reproductive freedom.

With many dozens of abortion restrictions still on the books across these ten states, and multiple lawsuits pending, state courts are already interpreting and applying these new constitutional amendments. However, to more fully effectuate their promise, additional legal challenges and legislative repeals of these laws are necessary. With expansive language invoking liberty, autonomy, and equality; and provisions explicitly protecting pregnancy decisions and care, birth, family planning, and reproductive freedom broadly, these voter initiatives extend far beyond abortion rights and must be enforced — by courts and legislature alike — to advance reproductive justice.

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For more information

https://law.ucla.edu/academics/centers/center-reproductive-health-law-and-policy
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REFERENCES

[1] To identify relevant restrictions in each state, we considered categories of restrictions tracked by the Center for Reproductive Rights and Guttmacher Institute and conducted independent research and review of the relevant state statutes. *See After Roe Fell: Abortion Laws by State*, CTR. FOR REPRO. RTS (last visited August 6, 2025), https://reproductiverights.org/maps/abortion-laws-by-state/; *Interactive Map: US Abortion Policies and Access After Roe*, GUTTMACHER INST., https://states.guttmacher.org/policies/. In this report, the laws we considered in each state fall within one of seven categories identified in Table 2, supra page 8. To examine the impact of the new reproductive freedom amendments, this report considers the implications for abortion restrictions that apply to all individuals, regardless of age. The impact of the reproductive freedom amendments on laws targeting certain populations, such as minors, or infringing on other types of reproductive health decisions and care beyond abortion are important areas for further analysis.

[2] Vermont's reproductive freedom amendment already has been invoked in a lawsuit alleging that the state Department for Children and Families violated a pregnant woman's reproductive rights when it conducted an unlawful assessment of her parental capacity, obtained a court order for custody of the fetus, tried to force her to undergo an involuntary cesarean surgery, and then retained custody of her newborn baby for seven months. Complaint, *A.V. v. Vt. Dep't for Child. and Fams.*, 25-CV-00222 (Vt. Super. Ct. filed Jan. 15, 2025).

[3] There are nine states which have not yet put reproductive freedom amendments on their ballot and have the ability to do so by voter initiative: Arkansas, Illinois, Massachusetts, Mississippi, Nebraska, North Dakota, Oklahoma, Oregon, and South Dakota. *See* John Dinan, *Constitutional Amendment Processes in the 50 States*, STATE CT. REP. (July 24, 2023), https://statecourtreport.org/our-work/analysis-opinion/constitutional-amendment-processes-50-states; The Council of State Gov'ts, *Constitutional Amendment Procedure: By Initiative, Constitutional Provisions*, THE BOOK OF THE STATES (2023), https://bookofthestates.org/tables/2023-1-5/.

[4] The text of these amendments is only a starting point for understanding the new rights created. This report does not address other factors that may be important for interpretation of their full reach, for example their enactment history and the state constitutional structure, among other criteria. And the states where these amendments were ratified will have different approaches to state constitutional interpretation. For a helpful primer on some of the different state court interpretive methods, *see* Robert F. Williams & Katie R. Eyer, *State Constitutional Supplement* (2d Ed. 2024), https://ssrn.com/abstract=3418938 (describing interpretive methods including "Lockstep Method," "The 'Criteria' or 'Factor' Approach," and "Complete Autonomy," and ways state constitutions can be more protective of individual rights than the federal constitution).

[5] ARIZ. CONST. art. II, § 8.1; CAL. CONST. art. I, § 1.1; COLO. CONST. art. II, § 32; MD. CONST. Decl. of Rights art. 48; MICH. CONST. art. I § 28; MO. CONST. art. I, § 36; MONT. CONST. art. II, § 36; N.Y. CONST. art. I, § 11; OHIO CONST. art. I § 22; VT. CONST. ch. I art. 22.

[6] This includes eleven high state courts that have recognized abortion rights as protected under these state constitutional guarantees. *See State Constitutions and Abortion Rights*, CTR. FOR REPRO. RTS, https://reproductiverights.org/maps/state-constitutions-and-abortion-rights/ (last visited July 24, 2025); *see e.g., People v. Belous*, 458 P.2d 194 (Cal. 1969) (holding abortion rights are protected under the California constitution's protections for privacy and liberty).

[7] See Appendix 1 for the specific language in each amendment.

[8] *See People v. Belous*, 458 P.2d 194,199 (Cal. 1969) (recognizing right to abortion as a fundamental right under California Constitution); *see also Am. Acad. of Pediatrics v. Lungren*, 940 P.2d 797, 818 (Cal. 1997) (holding law restricting right to abortion for minors infringed on "an interest fundamental to personal autonomy" and "statutory provisions that intrude or impinge upon such a fundamental autonomy privacy interest properly must be evaluated under the 'compelling interest' standard, i.e., the defendant must demonstrate 'a compelling state interest which justifies the [intrusion] and which cannot be served by alternative means less intrusive to fundamental rights.'"); *Comm. to Def. Reprod. Rts. v. Myers*, 625 P.2d 779, 784, n. 22 (Cal. 1981) (applying an analysis that "closely parallels the strict judicial scrutiny used to determine whether an enactment which discriminates against the exercise of a fundamental right denies equal protection of the law" and holding state policy denying public funding for most abortion care unconstitutional, because "the statutory restrictions in question will severely impair or totally deny the actual exercise of this intimate and fundamental constitutional right").

[9] *Preterm-Cleveland v. Yost*, 2024 WL 3947516 (Ohio Ct. Com. Pl. Aug. 23, 2024), No. 2024 WL 4577118 (Ohio Com. Pl. Oct. 24, 2024); *Comprehensive Health of Planned Parenthood Great Plains v. State of Missouri*, No. 2416-CV31931 (Mo. Cir. Ct. Dec. 20, 2024), *vacated on procedural grounds*, No. 2416-CV31931 (Mo. Cir. Ct. July 3, 2025); *Reuss v. Arizona*, No. CV 2024-034624 (Ariz. Super. Ct. Mar. 5,

2025); *Northland Family Planning Ctr. v. Nessel*, No. 24-000011-MM (Mich. Ct. Cl. May 13, 2025); *Planned Parenthood Sw. Ohio Region v. Ohio Dep't of Health*, No. A 2101148 (Ohio Com. Pl. July 8, 2025).

[10] Arizona law had a 15-week ban, Ariz. Rev. Stat. § 36-2322 (permanently enjoined in *Reuss v. Arizona,* No. CV 2024-034624 (Ariz. Super. Ct. Mar. 5, 2025)) and a viability limit, Ariz. Rev. Stat. § 36-2301.01. California has a statutory viability limit. Cal. Health & Safety Code § 123468. Missouri law has a total ban, an 8-week ban, a 14-week ban, an 18-week ban, and a 20-week ban, Mo. Rev. Stat. §§ 188.017, 188.056, 188.057, 188.058, 188.375 (preliminary enjoined in *Comprehensive Health of Planned Parenthood Great Plains v. State of Missouri*, 2416-CV31931 (Mo. Cir. Ct. July 3, 2025)), and a viability limit, Mo. Rev. Stat. § 188.030. Montana has a viability limit. Mont. Code Ann. § 50-20-109. New York law states that a health care practitioner can provide abortion care to patients "within twenty-four weeks from the commencement of pregnancy" or when "there is an absence of fetal viability" N.Y. Pub. Health Law § 2599-bb. Ohio law includes a "heartbeat" ban (generally understood to prohibit abortion after 6 weeks gestation), Ohio Rev. Code Ann. § 2919.195 (permanently enjoined in *Preterm-Cleveland v. Yost*, No. 2024 WL 4577118 (Ohio Com. Pl., Oct. 24, 2024), and a ban on abortions at 20 weeks post-fertilization, or 22 weeks since last menstrual period (LMP). Ohio Rev. Code § 2919.201.

[11] Although not reviewed under Montana's new reproductive freedom amendment, the state's pre-viability ban had previously been enjoined in a case challenging it under existing precedent, and that decision was affirmed on final appeal after passage of the amendment. *Planned Parenthood of Mont. v. State*, 2024 WL 3886822 (Mont. Dist. Ct. Feb. 29, 2024) (citing *Armstrong v. State*, 989 P.2d 364 (Mont. 1999), *aff'd by Planned Parenthood of Mont. v. State*, 2025 WL 1618896 (Mont. Sup. Court June 9, 2025) (affirming permanent injunction below and reaffirming right to abortion under state constitutional right to privacy).

[12] The Missouri Circuit Court had previously issued a preliminary injunction finding that the state's gestational bans, reason ban, mandatory counseling and delay requirements, telemedicine ban, and admitting privileges requirement were likely unconstitutional under the state's reproductive freedom amendment. *Comprehensive Health*, No. 2416-CV31931 (Mo. Cir. Ct. Dec. 20, 2024). That decision was vacated by the Missouri Supreme Court, which held that the judge below incorrectly applied the legal test for a preliminary injunction. The high court did not address the merits of the case or the lower court's analysis and application of the reproductive freedom amendment in determining the "likelihood of success" of plaintiffs' claims. *State ex rel. Kehoe v. Zhang*, No. SC 101026, WL 1564397 (Mo. May 27, 2025). Subsequently, the Circuit Court issued another preliminary injunction against most of the same laws. *Comprehensive Health*, No. 2416-CV31931 (Mo. Cir. Ct. 2025).

[13] Pre-viability gestational bans were uniformly struck down by courts as unconstitutional under both *Roe*'s strict scrutiny test and *Casey's* lesser undue burden standard. *See, e.g.*, *Bryant v. Woodall*, 363 F. Supp. 3d 611, 628 (M.D. N.C. 2019), *aff'd* 1 F.4th 290 (4th Cir. 2021)) (enjoining North Carolina's 20-week abortion ban under *Casey*,); *Jackson Women's Health Org. v. Dobbs,* 945 F.3d 265, 269 (5th Cir. 2019) (ruling that Mississippi's 15 week gestational ban was unconstitutional under *Casey*), *overruled by Dobbs v. Jackson Women's Health Org.,* 597 U.S. 215 (2022); *McCormack v. Herzog*, 788 F.3d 1017 (9th Cir. 2015) (striking down Idaho's 20-week ban as facially unconstitutional); *Isaacson v. Horne*, 716 F.3d 1213, 1226 (9th Cir. 2013) (striking down Arizona's 20-week abortion ban as invalid under *Roe* and *Casey*); *Jane L. v. Bangerter*, 102 F.3d 1112 (10th Cir. 1996) (striking down Utah's 20-week abortion ban under the undue burden standard).

[14] Arizona law makes it a felony to perform an abortion knowing that it is sought based on the sex or race of the child or the race of a parent of that child or sought "solely because of a genetic abnormality of the child." Ariz. Rev. Stat. § 13-3603.02. Missouri law prohibits the performance of an abortion knowing that it is sought because of a prenatal diagnosis, test, or screening indicating Down Syndrome or potential Down Syndrome, or because of the sex or race of the unborn child, and requires physicians to complete a report for each abortion performed or induced, including a certification that the physician does not have any knowledge that the woman sought the abortion solely for any of those reasons. Mo. Rev. Stat. §§ 188.038, 188.052 (preliminary enjoined in *Comprehensive Health*, 2416-CV31931 (Mo. Cir. Ct. 2025)). Ohio law prohibits performance of an abortion if the provider has knowledge that the pregnant person is seeking the abortion in whole or in part because of a test result indicating, prenatal diagnosis of, or any other reason to believe that the fetus has Down syndrome. Ohio Rev. Stat. § 2919.10.

[15] Prior to *Dobbs*, in 2021, an Arizona federal district court held that the reason ban was likely unconstitutionally vague and an unconstitutional undue burden on the right to abortion. *Isaacson v. Brnovich*, 563 F. Supp. 3d 1024 (D. Ariz. 2021). But that same year, the Sixth Circuit Court of Appeals held that Ohio's disability reason ban was likely constitutional under the undue burden standard. *Pre-Term Cleveland v. McCloud*, 994 F.3d 512 (6th Cir. 2021).

[16] In May 2025, a challenge was filed against the reason ban in Arizona, asserting that the law "trample[s] Arizonans' autonomous decision making" in violation of the state's RFA, and "fail[s] to further any compelling state interest, as defined by the Amendment. Complaint, *Isaacson v. Arizona*, CV2025-017995 (filed Ariz. Super. Ct. May 22, 2025).

[17] Prior to ratification of Montana's reproductive freedom amendment, a state court had already permanently enjoined these types of restrictions under existing state constitutional protections. *See Planned Parenthood of Mont.*, No. DV-21-999, 2024 WL 3886822, at 2–3, 10–16 (Mont. Dist. Ct. 2024), *aff'd by Planned Parenthood of Mont.*, 570 P.3d 51 (Mont. 2025) (invalidating requirements of mandatory counseling 24 hours prior to an abortion that included a form with information about possibility of abortion pill reversal, among other information, as well as the requirement that patients be given the opportunity to view two forms of ultrasound and listen to fetal heart tones).

[18] Arizona law requires abortion-specific mandatory counseling, a 24-hour waiting period, and performance of an ultrasound. Ariz. Rev. Stat. §§ 36-2156; 36-2153. Michigan law required abortion-specific mandatory counseling, a 24-hour waiting period, and performance of an ultrasound. Mich. Comp. Laws §§ 333.17015(1), 2(d)-(g), 2(i)-(g), (3)-(10), (11)(a)-(h), (13)–(14), and (18)–(19) (permanently enjoined in *Northland Family Planning Ctr. v. Nessel*, No. 24-000011-MM (Mich. Ct. Cl. May 13, 2025)). Missouri law requires abortion-specific mandatory counseling, a 72-hour waiting period, and performance of an ultrasound. Mo. Rev. Stat. § 188.027 (preliminary enjoined in *Comprehensive Health,* 2416-CV31931 (Mo. Cir. Ct. 2025)). Ohio law requires abortion-specific mandatory counseling, a 24-hour waiting period, and that the patient has the opportunity to listen if fetal heart tones are detectible. Ohio Rev. Code § 2317.56(B) (preliminarily enjoined in *Preterm-Cleveland v. Yost*, 2024 WL 3947516 (Ohio Ct. Com. Pl. Aug. 23, 2024); Ohio Rev. Code § 2919.194 (permanently enjoined in *Preterm-Cleveland*, 2024 WL 4577118 (Ohio Ct. Com. Pl. Oct. 24, 2024).

[19] *See, e.g. Facts Are Important: Identifying and Combatting Abortion Myths and Misinformation*, ACOG, https://www.acog.org/advocacy/facts-are-important/identifying-combating-abortion-myths-misinformation (last visited July 25, 2025).

[20] *Facts Are Important: Gestational Development and Capacity for Pain*, ACOG, https://www.acog.org/advocacy/facts-are-important/gestational-development-capacity-for-pain (last visited July 25, 2025).

[21] *Facts Are Important: Medication Abortion "Reversal" Is Not Supported by Science*, https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science, ACOG (last visited July 25, 2025).

[22] *Committee Statement No. 16: Increasing Access to Abortion*, ACOG (Feb. 2025), https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/02/increasing-access-to-abortion ("The American College of Obstetricians and Gynecologists calls for the cease and repeal of all legislation, policy, and executive actions that ban abortion, create barriers to abortion access, or interfere with the patient-health care professional relationship and the practice of medicine, including, for example: . . . Mandatory evaluation requirements, including, but not limited, to ultrasonography and waiting periods before obtaining abortion care"); Jen Russo, *Mandated Ultrasound Prior to Abortion*, 16 AMA J. Ethics 240 (2014), https://journalofethics.ama-assn.org/article/mandated-ultrasound-prior-abortion/2014-04.

[23] This holding, while thus not controlled by or limited to the analysis in *Roe*, is consistent with prior Supreme Court decisions invalidating similar restrictions under *Roe's* strict scrutiny standard. When applying that standard, the Court held mandatory counseling requirements were unconstitutional when their purpose was to influence a woman's decision whether to obtain an abortion or not. *See Thornburgh v. Am. Coll. of Obstetricians and Gynecologists*, 476 U.S. 747, 762 (1986) (citing *City of Akron v. Akron Ctr. for Reprod. Health*, 462 U.S. 416, 444 (1983)).

[24] Arizona both outright bans the use of telehealth to provide abortion and prohibits the mailing of abortion medications. Ariz. Rev. Stat. §§ 36-3604, 36-2160. Missouri law requires the initial dose of any drug administered for an abortion to be given in the same room and in the physical presence of the prescribing physician. Mo. Rev. Stat. § 188.021 (preliminary enjoined in *Comprehensive Health*, 2416-CV31931 (Mo. Cir. Ct. 2025)). Ohio law requires physicians to be physically present at the location and time where the initial dose of abortion medication is taken. Ohio Rev. Code Ann. § 2919.124(B) (preliminarily enjoined in *Planned Parenthood Sw. Ohio Region v. Ohio Dep't of Health*, No. A 2101148 (Ohio Com. Pl. Apr. 19, 2021). The Ohio telemedicine ban was preliminary enjoined in a case based on state constitutional rights *before* enactment of the state's reproductive freedom amendment. Subsequently, plaintiffs amended their complaint to challenge the same laws under the new reproductive freedom amendment and the court issued an order that keeps the 2021 preliminary injunction in effect until its final judgment is entered in the case. *Planned Parenthood Sw. Ohio Region v. Ohio Dep't of Health*, 2024 WL 4183292 (Ohio Com. Pl. Sept. 10, 2024).

[25] To the extent some of these mandates apply to abortion care generally, not only the telemedicine abortion context, *see supra* pages 10-11 addressing constitutionality of mandatory counseling and delay requirements.

[26] *See, e.g.*, *Hodes & Nauser v. Stanek,* 551 P.3d 62 (Kan. 2024) (holding that state law requiring abortion medication to be provided in same room and in physical presence of the providing physician violated state constitutional protection for inalienable rights, including life, liberty, and pursuit of happiness, as well as equal protection); *Planned Parenthood of Mont.*, No. DV-21-999 (Mont. Dist. Ct. 2024), *aff'd by Planned Parenthood of Mont.*, 2025 WL 1618896 (Mont. 2025) (holding state law requiring in-person visits and ultrasound, among other requirements, prior to medication abortion, violated fundamental state constitutional right to abortion).

[27] Arizona law limits provision of "surgical abortion" to physicians. Ariz. Rev. Stat. §§ 36-2155, 36-2153(E). "Surgical abortion" is defined as "use of a surgical instrument or instrument or a machine" to terminate a pregnancy. Ariz. Rev. Stat. § 36-2155(B)(2). Michigan law only permits licensed physicians to perform abortion care. Mich. Comp. Laws. § 333.17015(1) (permanently enjoined in *Northland Family Planning Ctr.*, No. 24-000011-MM (Mich. Ct. Cl. 2025)). Missouri law prohibits any person from performing or inducing an abortion except a physician. Mo. Rev. Stat. § 188.020. Ohio law declares that abortion is the practice of medicine or surgery, which may only be practiced by people with licenses or certificates from the state medical board. Ohio Rev. Stat. §§ 2919.11, 4731.41. Additionally, Ohio's law outlining the requirements that must take place prior to an abortion uses language limiting provision of abortion to physicians only. *Id.* at § 2317.56 (preliminarily enjoined in *Planned Parenthood Sw. Ohio Region*, 2024 WL 4183292 (Ohio Com. Pl. 2024). Another Ohio law specifically prohibits non-physicians from providing, selling, dispensing, or administering mifepristone for the purposes of inducing an abortion. Ohio Rev. State. § 2919.123 (preliminarily enjoined in *Planned Parenthood Sw. Ohio Region*, 2024 WL 4183292 (Ohio Com. Pl. 2024). Further, Ohio law provides that a nurse practitioner, certified nurse midwife, or physician assistants' license may be denied, revoked, suspended, or restricted for "prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion[.]" *Id.* at §§ 4723.28(B)(30), 4730.25(B)(24) (preliminarily enjoined in Planned Parenthood Sw. Ohio Region v. Ohio Dep't of Health, No. 2101148 (Ohio Com. Pl. July 8, 2025)).

[28] *See Mazurek v. Armstrong*, 520 U.S. 968 (1997) (upholding a Montana law restricting performance of abortions to licensed physicians). Soon after the U.S. Supreme Court upheld Montana's physician-only requirement, it was challenged under the state constitutional right to privacy and held unconstitutional and enjoined by the state supreme court. *Armstrong v. State*, 989 P.2d at 367. In later years, the Supreme Court of Montana likewise enjoined and held unconstitutional a state law which limited the types of non-physicians who could provide abortion care. *Weems v. State by and through Knudsen*, 529 P.3d 798 (Mont. 2023).

[29] For more information on how TRAP laws operate and go beyond what is necessary to ensure patient safety, including in each of the reproductive freedom states, see *Targeted Regulation of Abortion Providers,* Guttmacher Inst. (June 2, 2025), https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers. *See also* Ariz. Rev. Stat. §§ 36-449.02, 36-449.03; Ariz. Admin. Code § R9-10-1515 (facility and admitting privilege requirements); Md. Code Regs. §§ 10.12.01.01–20, 10-12-01.10 (transfer agreement requirements); Mo. Rev. Stat. §§ 197.200 et seq., 188.080 (facility and admitting privilege requirements) (preliminary enjoined in *Comprehensive Health,* 2416-CV31931 (Mo. Cir. Ct. 2025); Ohio Rev. Code Ann. §§ 3702.303, 3702.304; Ohio Admin. Code § 3701-83-19(E) (facility and transfer agreement requirements for facilities performing "surgical abortions").

[30] Notably, even under the less protective undue burden standard, the U.S. Supreme Court recognized that requiring abortion clinics to meet outpatient surgery center standards "does not benefit patients and is not necessary" and there is no evidence that an admitting privilege requirement would help "even one woman obtain better treatment." *Whole Woman's Health v. Hellerstedt*, 579 U.S. 582, 611, 617 (2016), *abrogated on other grounds by Dobbs v. Jackon Women's Health Org*., 597 U.S. 215 (2022).

[31] Ariz. Rev. Stat. §§ 35-196.02, 20-121. Mich. Comp. Laws § 400.109a. Mo. Rev. Stat. §§ 188.205, 376.805. Ohio Rev. Code Ann. §§ 5101.56, 3901.87.

[32] 42 U.S.C. § 18023(a)(1).

[33] *See, e.g.*, Megan K. Donovan, *In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact*, Guttmacher Pol'y Rev. (Jan. 5, 2017), https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact; Anusha Ravi, *How the U.S. Health Insurance System Excludes Abortion*, Ctr. for Am. Progress (June 27, 2018), https://www.americanprogress.org/wp-content/uploads/sites/2/2018/07/Abortion-Health-Insurance-System-brief.pdf.

[34] *See also Allegheny Reprod. Health Ctr v. Pa. Dep't of Hum. Servs.*, 309 A.3d 808 (Pa. 2024) (overruling *Fischer v. Dep't of Pub. Welfare*, 509 Pa. 293 (Pa. 1985), which had held that state restriction on public funding for abortions did not violate the equal rights amendment, and ruling that strict scrutiny will apply in current challenge to funding ban); Planned Parenthood of Mont. v. State, No ADV-2023-299 (Mont. Dist. Ct. Mar. 11, 2025) (granting summary judgement against Montana regulation prohibiting Medicaid coverage for abortions in most cases because the restriction violated the right to abortion as protected under the Montana Constitution's rights to privacy and equal protection).

APPENDIX

Table A1. Full Text of State Amendments

State	Amendment Text
Arizona	ARIZ. CONST. art. II, § 8.1 A. Every individual has a fundamental right to abortion, and the state shall not enact, adopt or enforce any law, regulation, policy or practice that does any of the following: 1. Denies, restricts or interferes with that right before fetal viability unless justified by a compelling state interest that is achieved by the least restrictive means. 2. Denies, restricts or interferes with an abortion after fetal viability that, in the good faith judgment of a treating health care professional, is necessary to protect the life or physical or mental health of the pregnant individual. 3. Penalizes any individual or entity for aiding or assisting a pregnant individual in exercising the individual's right to abortion as provided in this section. B. For the purposes of this section: 1. "Compelling state interest" means a law, regulation, policy or practice that meets both of the following: (a) Is enacted or adopted for the limited purpose of improving or maintaining the health of an individual seeking abortion care, consistent with accepted clinical standards of practice and evidence-based medicine. (b) Does not infringe on that individual's autonomous decision making. 2. "Fetal viability" means the point in pregnancy when, in the good faith judgment of a treating health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures. 3. "State" means this state, any agency of this state or any political subdivision of this state."
California	CAL. CONST. art. I, § 1.1 The state shall not deny or interfere with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives. This section is intended to further the constitutional right to privacy guaranteed by Section 1, and the constitutional right to not be denied equal protection guaranteed by Section 7. Nothing herein narrows or limits the right to privacy or equal protection.
Colorado	COLO. CONST. art. II, § 32 The right to abortion is hereby recognized. Government shall not deny, impede, or discriminate against the exercise of that right, including prohibiting health insurance coverage for abortion.
Maryland	MD. CONST. Decl. of Rights art. 48 That every person, as a central component of an individual's rights to liberty and equality, has the fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one's own pregnancy. The state may not, directly or indirectly, deny, burden, or abridge the right unless justified by a compelling state interest achieved by the least restrictive means.

State	Amendment Text
Michigan	MICH. CONST. art. I § 28 (1) Every individual has a fundamental right to reproductive freedom, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including but not limited to prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care. An individual's right to reproductive freedom shall not be denied, burdened, nor infringed upon unless justified by a compelling state interest achieved by the least restrictive means. Notwithstanding the above, the state may regulate the provision of abortion care after fetal viability, provided that in no circumstance shall the state prohibit an abortion that, in the professional judgment of an attending health care professional, is medically indicated to protect the life or physical or mental health of the pregnant individual. (2) The state shall not discriminate in the protection or enforcement of this fundamental right. (3) The state shall not penalize, prosecute, or otherwise take adverse action against an individual based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion. Nor shall the state penalize, prosecute, or otherwise take adverse action against someone for aiding or assisting a pregnant individual in exercising their right to reproductive freedom with their voluntary consent. (4) For the purposes of this section: A state interest is "compelling" only if it is for the limited purpose of protecting the health of an individual seeking care, consistent with accepted clinical standards of practice and evidence-based medicine, and does not infringe on that individual's autonomous decision-making. "Fetal viability" means: the point in pregnancy when, in the professional judgment of an attending health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures. (5) This section shall be self-executing. Any provision of this section held invalid shall be severable from the remaining portions of this section.
Missouri	MO. CONST. art. I, § 36 1. This Section shall be known as "The Right to Reproductive Freedom Initiative". 2. The Government shall not deny or infringe upon a person's fundamental right to reproductive freedom, which is the right to make and carry out decisions about all matters relating to reproductive health care, including but not limited to prenatal care, childbirth, postpartum care, birth control, abortion care, miscarriage care, and respectful birthing conditions. 3. The right to reproductive freedom shall not be denied, interfered with, delayed, or otherwise restricted unless the Government demonstrates that such action is justified by a compelling governmental interest achieved by the least restrictive means. Any denial, interference, delay, or restriction of the right to reproductive freedom shall be presumed invalid. For purposes of this Section, a governmental interest is compelling only if it is for the limited purpose and has the limited effect of improving or maintaining the health of a person seeking care, is consistent with widely accepted clinical standards of practice and evidence-based medicine, and does not infringe on that person's autonomous decision-making. 4. Notwithstanding subsection 3 of this Section, the general assembly may enact laws that regulate the provision of abortion after Fetal Viability provided that under no circumstance shall the Government deny, interfere with, delay, or otherwise restrict an abortion that in the good faith judgment of a treating health care professional is needed to protect the life or physical or mental health of the pregnant person.

State	Amendment Text
Missouri	5. No person shall be penalized, prosecuted, or otherwise subjected to adverse action based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion. Nor shall any person assisting a person in exercising their right to reproductive freedom with that person's consent be penalized, prosecuted, or otherwise subjected to adverse action for doing so. 6. The Government shall not discriminate against persons providing or obtaining reproductive health care or assisting another person in doing so. 7. If any provision of this Section or the application thereof to anyone or to any circumstance is held invalid, the remainder of those provisions and the application of such provisions to others or other circumstances shall not be affected thereby. 8. For purposes of this Section, the following terms mean: (1) "Fetal Viability", the point in pregnancy when, in the good faith judgment of a treating health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures. (2) "Government", a. the state of Missouri; or b. any municipality, city, town, village, township, district, authority, public subdivision or public corporation having the power to tax or regulate, or any portion of two or more such entities within the state of Missouri.
Montana	MONT. CONST. art. II, § 36 (1) There is a right to make and carry out decisions about one's own pregnancy, including the right to abortion. This right shall not be denied or burdened unless justified by a compelling government interest achieved by the least restrictive means. (2) The government may regulate the provision of abortion care after fetal viability provided that in no circumstance shall the government deny or burden access to an abortion that, in the good faith judgment of a treating health care professional, is medically indicated to protect the life or health of the pregnant patient. (3) The government shall not penalize, prosecute, or otherwise take adverse action against a person based on the person's actual, potential, perceived, or alleged pregnancy outcomes. The government shall not penalize, prosecute, or otherwise take adverse action against a person for aiding or assisting another person in exercising their right to make and carry out decisions about their pregnancy with their voluntary consent. (4) For purposes of this section: (a) A government interest is "compelling" only if it clearly and convincingly addresses a medically acknowledged, bona fide health risk to a pregnant patient and does not infringe on the patient's autonomous decision making. (b) "Fetal viability" means the point in pregnancy when, in the good faith judgment of a treating health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures.

State	Amendment Text
New York	N.Y. CONST. art. I, § 11 a. No person shall be denied the equal protection of the laws of this state or any subdivision thereof. No person shall, because of race, color, ethnicity, national origin, age, disability, creed, religion, or sex, including sexual orientation, gender identity, gender expression, pregnancy, pregnancy outcomes, and reproductive healthcare and autonomy, be subjected to any discrimination in their civil rights by any other person or by any firm, corporation, or institution, or by the state or any agency or subdivision of the state, pursuant to law. b. Nothing in this section shall invalidate or prevent the adoption of any law, regulation, program, or practice that is designed to prevent or dismantle discrimination on the basis of a characteristic listed in this section, nor shall any characteristic listed in this section be interpreted to interfere with, limit, or deny the civil rights of any person based upon any other characteristic identified in this section.
Ohio	OHIO CONST. art. I § 22 A. Every individual has a right to make and carry out one's own reproductive decisions, including but not limited to decisions on: 1. contraception; 2. fertility treatment; 3. continuing one's own pregnancy; 5. miscarriage care; and 6. abortion. B. The State shall not, directly or indirectly, burden, penalize, prohibit, interfere with, or discriminate against either: 1. An individual's voluntary exercise of this right or 2. A person or entity that assists an individual exercising this right, unless the State demonstrates that it is using the least restrictive means to advance the individual's health in accordance with widely accepted and evidence-based standards of care. However, abortion may be prohibited after fetal viability. But in no case may such an abortion be prohibited if in the professional judgment of the pregnant patient's treating physician it is necessary to protect the pregnant patient's life or health. C. As used in this Section: 1. "Fetal viability" means "the point in a pregnancy when, in the professional judgment of the pregnant patient's treating physician, the fetus has a significant likelihood of survival outside the uterus with reasonable measures. This is determined on a case-by-case basis." 2. "State" includes any governmental entity and any political subdivision. D. This Section is self-executing.
Vermont	VT. CONST. ch. I art. 22 That an individual's right to personal reproductive autonomy is central to the liberty and dignity to determine one's own life course and shall not be denied or infringed unless justified by a compelling State interest achieved by the least restrictive means.