

REPRODUCTIVE EQUITY NOW

The Fall of *Roe*: What Comes Next?

SOME BACKGROUND...

- The United States Supreme Court has just released its decision in *Dobbs v. Jackson Women's Health Organization*, confirming our worst fears and overturning the constitutional protections for abortion and the right to privacy in *Roe v. Wade*.
- By dismantling the landmark protections enshrined in *Roe v. Wade*, the Court has returned the question of legal abortion care to the states, expressly putting the decision about whether or not to permit abortion care entirely in the hands of state legislatures.
- 26 states are now expected to overturn or severely restrict abortion rights, though not all bans will happen immediately. Thirteen of those states have “trigger bans” that will automatically take effect and ban abortion today.
- 64 million people of reproductive age across the United States are expected to be left without access to abortion care. This is more than just a number, though—we are talking about peoples' lives.
- 64 million people that will now have to travel far from home in order to access abortion care, if they can afford to travel at all. Even the base cost for travel, accommodations, child care, and the procedure itself will put care out of reach for far too many, especially low-income people, people of color, LGBTQ+ people, disabled people, and young people.
- This is not simply a health care crisis. It's an economic crisis, a racial and immigrant justice crisis, and a human rights crisis. Millions will be stripped of their bodily autonomy—a cornerstone of reproductive equity—and no longer have the ability to make the deeply personal decision of when or whether to start a family.

TALKING POINTS

1. Abortion is still legal in Massachusetts.

- If you have an abortion appointment in Massachusetts, it is still on. Abortion is still legal in the Commonwealth despite the Supreme Court's decision in *Dobbs v. Jackson*.
- That's because in 2020, Massachusetts passed the ROE Act, legislation to codify abortion protections into state law.
- Are you looking for an abortion provider? Visit Reproductive Equity Now's New England Abortion Care Guide at abortioncarenewengland.org today to find a clinic in your area.

Hospital & Clinic Providers								
Show Me: HOSPITALS & CLINICS HOSPITALS ONLY CLINICS ONLY SEARCH BY ZIPCODE								
Facility	City	State	Gestational Age Limit	Provides Medication Abortion	Cost	Public Insurance Accepted	NAF/PPFA Member	Notes
 Hartford GYN Center (860) 525-1900	Bloomfield	CT	*Due to COVID-19, they currently perform abortions up to 19 weeks and 6 days; previously performed them up to 21 weeks and 6 days	Yes	\$600-\$1,000	Yes	Yes	Part of The Women's Centers, which have 5 locations
 Planned Parenthood Bridgeport (203) 366-0664	Bridgeport	CT	9 weeks and 6 days	Yes	\$600-\$1,000	Yes	Yes	Only provides medication abortion.  Translation Services
 UConn Health (800) 535-6232	East Hartford	CT	Contact Provider	Yes		Yes	No	AB care offered, including high risk patients

- Need help financing your abortion care? There are four abortion funds in Massachusetts that can help: [Eastern Massachusetts Abortion Fund](#), [The Jane Fund](#), the [Abortion Rights Fund of Western Massachusetts](#), and [Tides for Reproductive Freedom](#). Abortion funds are grassroots organizations that help cover the costs of abortion care, from the procedure itself to travel and accommodations.
- Looking for abortion care, but don't want to go to a doctor's office? There are options for that! Medication abortion is a safe and effective way to end a pregnancy that can be prescribed via telehealth and taken at home. For more information on medication abortion, visit [Abortion on Demand](#) or [carefem](#).

TALKING POINTS

2. We must fight for equitable access to abortion care.

- When Massachusetts passed the ROE Act in 2020, we secured the legal right to abortion care. But there's more work to do to ensure that every person is able to access that care. *Roe v. Wade* was always the floor. True reproductive equity is the goal.
 - In Massachusetts, barriers to care—including exorbitant costs, complicated insurance coverage, and under-resourced providers—still exist, especially for low-income communities, communities of color, and immigrant communities. A Massachusetts study found that the cost of medication abortion can range from \$420 to \$920 and surgical or aspiration abortion could range from \$420 to \$3,450.
- Massachusetts is not immune from the cascading impact of state abortion bans. People will travel from out-of-state to access abortion here, and our state will remain a beacon for reproductive health care. This is not a distant crisis—even New Hampshire has implemented anti-choice laws in the past year.
- Massachusetts can and must break down barriers to abortion access and ensure that those seeking care are able to obtain it. The [Beyond Roe Agenda](#) is an excellent place to start. The 21-point plan—found at massbeyondroe.com—outlines a path for Massachusetts to take meaningful action to promote true reproductive freedom in the Commonwealth.
 - We can expand access to care for every person—regardless of income, insurance coverage, age, or location—by mandating insurance coverage for abortion services, ending exorbitant out-of-pocket cost-sharing for all reproductive health care, from prenatal care, childbirth, and post-partum care to miscarriage management and abortion care, and supporting—with state dollars—the abortion funds that are helping Bay Staters afford abortion care.
 - As states attempt to chill access to abortion beyond their borders, we also must do all we can to try to insulate Massachusetts providers from harmful consequences for providing care that is legal in Massachusetts.
 - And as complicated and deceiving information about abortion care becomes more rampant following the Court's decision, we must ensure that pregnant people in Massachusetts have clear, comprehensive, and up-to-date information on where to access legitimate reproductive health care. We can fund public education campaigns and collect more data to ensure we fully understand the scope and scale of the crisis we're facing.

TALKING POINTS

3. The battle for abortion access will be fought and won in the states.

- This decision makes it very clear that protecting and expanding abortion access will be a state-by-state, voter-by-voter grassroots battle.
- New England can and should be at the forefront of the fight to assert the right of all people to make private, personal decisions about their reproductive destiny. We envision a regional block of states paving the way forward on reproductive equity and demonstrating to the nation what true reproductive equity looks like.

- What you can do?

- Sign up to volunteer with groups like Reproductive Equity Now! We are doing electoral and policy work on the ground in Massachusetts to expand access to care and keep our state as a beacon for reproductive freedom.



- Donate to abortion funds! Abortion funds are grassroots organizations that are working on-the-ground to help pregnant people finance their abortion care. They help with everything from travel, accommodations, and child care, to the procedure itself so that people can afford to travel for abortion care.
- Massachusetts can show what is possible when we have leaders and advocates that are committed to smart, forward-thinking policy to support reproductive equity. Support pro-reproductive freedom candidates up and down the ballot!

"Talk like an advocate!"

Here are a few of our pointers on how to have meaningful conversations about abortion care

TRY SAYING THIS	INSTEAD OF THIS	HERE'S WHY
Abortion	Reproductive health care rights; a woman's right to choose	When you mean abortion, say it! Using euphemisms like "reproductive health care rights" or "a woman's right to choose" can add to the stigma around abortion, which only adds fire to the anti-abortion movement. We want to destigmatize abortion care and make sure people know that abortion is health care—when you say the word abortion, you help to normalize it.
Anti-abortion	"Pro-life"	The term "pro-life" is language straight from the anti-abortion movement, and we know it's false! Access to abortion is, in fact, life-affirming. When we use language from the anti-abortion movement, we inadvertently confirm its bias.
Pregnant people, people, patients	"Women," or other gendered language	Women are not the only people who access abortion care. Trans, nonbinary, and other individuals, regardless of whether they identify as women, need access to care—and often face even greater barriers to obtaining that care. Our language, advocacy, and policy decisions on abortion care must include every one who accesses abortion.

TRY SAYING THIS	INSTEAD OF THIS	HERE'S WHY
<p>Every person—no matter where they live—must be able to access abortion care.</p>	<p>“There is no banning abortion. There’s only banning safe abortion.”</p>	<p>There are safe and effective ways to self-manage abortion care through medication abortion. Abortion bans are dangerous, but abortion care has advanced greatly over the last 50 years. The implication that all safe abortion options will be eliminated can contribute to the perception that all abortions are risky. And <i>Roe</i> was always the floor, not the ceiling. Legality has never been enough to guarantee Black, immigrant, low-income, and young people access to care.</p>
<p>Abortion should be accessible and affordable for every person.</p>	<p>Safe, legal, and rare</p>	<p>Abortion is normal! And we want to place abortion care in the context of health care. We are working toward not only the legal right to abortion, but ensuring that every person is able to access the health care they want. No one should ever have to justify a “need” for abortion care.</p>
<p>Self-managed abortions</p>	<p>“Coat hanger abortions,” “back alley abortions,” “pre-<i>Roe</i> dangerous abortions”</p>	<p>Abortion care is extremely safe—safer than removing your wisdom teeth. There are safe and effective ways to self-manage abortion care through medication abortion. Self-managed abortion care has advanced significantly since 1973.</p>
<p>Abortion after 24 weeks</p>	<p>Late-term abortions</p>	<p>It’s easy to miss state-mandated abortion care windows. Any restriction on when abortion is available is unreasonable and unfair, and inconsistent with 50 years of settled law. People should be able to have abortion when and where they want them.</p>