DOWNLOAD PDF SOURCEBOOK ON REPRODUCTIVE AND SEXUAL HEALTH LAW AND POLICY

Chapter 1 : The Oxford Handbook of Reproductive Ethics - Hardcover - Leslie Francis - Oxford University P

ANAC resource: Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities I cannot tell you how much I LOVE this resource! I would highly recommend using it in whatever ways you can, it is a comprehensive Sexual Health resource that talks about Sexual Health from an Aboriginal perspective.

Among other requirements, the policies must allow parents to object to and withdraw a child from an activity, class or program. The policies must also include a procedure for notifying parents at least two weeks before any activity, class or program with content involving human reproduction or sexual matters is provided to a child. Sex education, human reproduction education and human sexuality education curriculum and materials must be approved by the school board and available for parents to review. In addition, sets requirements for those who teach sex education, human reproduction education or human sexuality education. Arizona SB Amends existing law to allow school districts to provide sex education instruction unless a parent provides written permission for a student to opt out of instruction. Requires that school districts provide sex education that is medically accurate and age and developmentally appropriate in grades kindergarten through Education requirements also include information to support students in developing healthy relationships and skills such as communication, critical thinking, problem solving and decision making. Requires the Department of Education, among other things, to develop list of appropriate curricula and create rules for instructor qualifications. HB Amends existing law to allow school districts to provide sex education instruction unless a parent provides written permission for a student to opt out of instruction. Authorizes related alternative education. The bill includes that accurate, age-appropriate and culturally responsive STI prevention curricula shall be provided to schools. Georgia HB Requires age-appropriate sexual abuse and assault awareness and prevention education in kindergarten through grade Also provides that professional learning and in-service training may include programs on sexual abuse and assault awareness and prevention. Requires all public schools to implement sex education consistent with these requirements beginning in Allows written permission by parental or legal guardian to opt out of sexuality education. Allows the Department of Education to make modifications to ensure age-appropriate curricula in elementary school. Requires the Department to maintain a public list of curricula that meets requirements of law and to create standards for instructor qualifications. HB Amends existing sexuality health education law to specify additional requirements for information that helps students form healthy relationships and communication skills, as well as critical thinking, decision making and stress management skills, and encourages students to communicate with adults. Requires the Board of Education to collaborate with the Department to maintain a public list of curricula that meets requirements of law. Requires the Department to create standards for instructor qualifications. Kansas HB Requires parental consent for sexuality education and provides that sexuality education materials will be available for parental review. Also requires the boards of education of each school district to adopt policies and procedures related to sexuality education, including prohibiting the distribution of materials to any student whose parent has not consented. Provides that sexual health education should help students develop the relationship and communication skills to form healthy relationships free of violence, coercion, and intimidation. Requires the school to adopt a written policy ensuring parental or legal guardian notification of the comprehensive sexual health education and the right of the parent or legal guardian to withdraw his or her child from all or part of the instruction shall be adopted. SB Requires every city, town, regional school district, vocational school district or charter school with a curriculum on human sexuality to adopt a written policy ensuring parental or legal guardian notification of the comprehensive sexual health education provided by the school, the right of the parent to withdraw a student from instruction and the notification process to the school for withdrawal. Also stipulates that education should help students develop the relationship and communication skills to form healthy relationships free of violence, coercion, and intimidation. Provides that the department of elementary and secondary education shall establish

age-appropriate guidelines for child exploitation awareness education. Provides that factual information includes medical, psychiatric, psychological, empirical, and statistical statements. Mississippi HB Requires sex-related education to consist of medically accurate comprehensive instruction or program. Requires certain teaching components including the appropriate approaches to accessing health care services related to the human reproductive system, and health complications resulting from consensual or nonconsensual sexual activity and available resources for victims of rape, sexual assault or other instances of nonconsensual sexual activity. SB Revises the curriculum on sex-related education and requires the local school board of each school district to implement a program on personal responsibility education into the middle and high school curriculum. Requires that curriculum selected must have been deemed evidence based and medically accurate by the Mississippi State Department of Health. Stipulates that the curriculum must include information that abstinence from sexual activity is the only way to prevent unintended pregnancy. HB Revises the requirement and standards of curriculum to be used in public school districts for the teaching of sex education and removes the requirement that such program be abstinence only. Provides that the required policy to be adopted to implement sex education shall be comprehensive in nature and provide medically accurate, complete, age and developmentally appropriate information. HB Revises the curriculum on sex-related education and requires the local school board of each school district to implement a program on personal responsibility education into the middle and high school curriculum. SB Requires Mississippi school districts to adopt a sex education curriculum that includes medically accurate, complete, age and developmentally appropriate information and to provide information about the prevention of unintended pregnancy, sexually transmitted infections including HIV , dating violence, sexual assault, bullying and harassment. Stipulates that the curriculum shall promote and uphold the rights of young people to information in order to make healthy and responsible decisions about their sexual health. Missouri HB Amends laws related to sex education in schools. In addition to existing criteria of medically and factually accurate, requires that curricula must also be age appropriate and based on peer review. Adds stipulations to cover certain topics, including helping students develop critical thinking, decision making, and stress management skills in order to support healthy relationships. Specifies that curricula promote communication with parents. SB Creates the Teen Dating Violence Prevention Education Act to provide students with the knowledge, skills, and information to prevent and respond to teen dating violence. Authorizes school districts and charter schools to provide teen dating violence education as part of the sexual health and health education program in grades seven through 12 and to establish a related curriculum or materials. Also allows age appropriate instruction on domestic violence. Nebraska LR Designates an interim study be conducted to look at the link between academic achievement and risky health behaviors and to identify specific strategies in schools proven to simultaneously address and improve both academic achievement and health outcomes. Specifically looks at comprehensive sex education and how it can promote healthy attitudes on adolescent growth and positively affect adolescent behavior. New York AB Amends existing education law to add prevention of sexual abuse and assault to health education in all public schools. Requires instruction to be based on current practice and standards and to include recognizing, avoiding, refusing and reporting sexual abuse and assault. Establishes teacher training and standards for type of teacher who can instruct in elementary and secondary school. Requires that applicants teach information that is medically accurate and age appropriate and does not teach religion. Makes provisions for other components, which are not required but may not be contradicted by applicants, including instruction that: Authorizes the commissioner to determine certain topics of instruction to be optional for age-appropriate reasons. SB Establishes an age-appropriate sex education grant program through the Department of Health. Includes the legislative intent of the bill. SB Mandates comprehensive, medically accurate and age-appropriate sex education be taught in grades one through 12 in all public schools. Provides that the Commissioner of Education will create and establish a curriculum to accomplish such goal within one year of the effective date of this legislation. Allows boards of education to adopt their own curricula with approval of Commissioner of Education. AB Mandates comprehensive, medically accurate and age appropriate sex education be taught in

all public schools, grades one through twelve; provides that the commissioner of education will create and establish a curriculum to accomplish such goal within a specified timeframe. North Carolina HB 29 Repeals existing health education statute. Requires the same comprehensive health education and reproductive health education as existing law. Makes organizational to language of law. HB Amends the expertise required for review and acceptance of materials used in reproductive health and safety education and prohibits teaching about certain drugs as part of reproductive health and safety education. Prescribes that instruction shall stress abstinence but shall not exclude other instruction and materials on contraceptive methods and infection reduction measures, and that instruction shall be medically accurate and age-appropriate. Pending- Carryover; House Version: Oklahoma HB Provides that school districts may provide programs to students in grades 7 through 12 addressing sexual violence, domestic violence, dating violence and stalking awareness and prevention. The programs may address the issue of consent to sexual activity and educate students about the affirmative consent standard. Programs may be offered as a separate program or as a part of a sex education class or program. The program outline shall be made available to the public online through the school district website. No student shall be required to participate in the program if a parent or guardian objects in writing. HB Requires sex education curriculum to be medically accurate, factual information that is age-appropriate and designed to reduce risk factors and behavior associated with unintended pregnancy. Pennsylvania SB Requires public school districts to provide sexual health education. Instruction and materials must be age appropriate and all information presented must be medically accurate. Also stipulates certain content that the sexual health education must include, such as information on sexting and affirmative consent. Also requires school districts to publish on its website the title and author of health education materials used. Failed-Adjourned; Senate Version: Utah HB Requires the state board of education to establish curriculum with instruction in comprehensive human sexuality education which includes evidence-based information about topics such as human reproduction, all methods to prevent unintended pregnancy and sexually transmitted diseases and infections including HIV and AIDS and sexual or physical violence. Stipulates that this curriculum shall include instruction to help students develop skills to make healthy decisions and not making unwanted verbal, physical, and sexual advances. Also provides that the curriculum shall include the information on sexual abstinence as well as increasing the use of condoms and other contraceptives. Requires that the state instructional materials commission shall consult with parents, teachers, school nurses, and community members in evaluating instructional materials for comprehensive human sexuality curriculum that comply with this section. Washington SB Adds information on sexual assault and violence prevention and understanding consent to existing health education requirement. It should be medically accurate and the Department of Health Services or the Department of Education can be consulted to review curriculum for medical accuracy and teacher training. The information must be medically accurate, factual, and objective. In grade seven, information must be provided on the value of abstinence while also providing medically accurate information on other methods of preventing pregnancy and STIs. A school district that elects to offer comprehensive sex education earlier than grade seven may provide age-appropriate and medically accurate information. Curriculum content standards shall also be age-appropriate, culturally sensitive, and medically accurate according to published authorities upon which medical professionals generally rely. Creates the comprehensive human sexuality education grant program in the department of public health and environment. The purpose of the program is to provide funding to public schools and school districts to create and implement evidence based, medically accurate, culturally sensitive and age appropriate comprehensive human sexuality education programs. Medically accurate is defined as verified or supported by research conducted in compliance with accepted scientific methods and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists. Requires comprehensive sex education offered in grades six through 12 to include instruction on both abstinence and contraception for the prevention of

pregnancy and STDs. Requires course material and instruction replicate evidence-based programs or substantially incorporate elements of evidence-based programs. Requires the State Board of Education to make available sex education resource materials. Allows parents to opt out. Research-based includes information recognized as medically accurate and objective by leading professional organizations and agencies with relevant expertise in the field. Districts must have a program that has technically accurate information and curriculum. The department of health and senior services shall prepare public education and awareness plans and programs for the general public, and the department of elementary and secondary education shall prepare educational programs for public schools, regarding means of transmission and prevention and treatment of the HIV virus. Beginning with students in the sixth grade, materials and instructions shall also stress that STIs are serious, possible health hazards of sexual activity. The educational programs shall stress moral responsibility in and restraint from sexual activity and avoidance of controlled substance use whereby HIV can be transmitted. Students shall be presented with the latest medically factual and age-specific information regarding both the possible side effects and health benefits of all forms of contraception.

Chapter 2 : State Policies on Sex Education in Schools

Issues related to sexual and reproductive health and rights continued to be hot topics in capitals across the country during the legislative sessions, including an ongoing surge in proactive measures, primarily around contraceptive access.

Deaths from syphilis in per million persons Condoms offer effective protection from STIs Main article: Sexually transmitted infection A Sexually transmitted infection STI --previously known as a sexually transmitted disease STD or venereal disease VD -- is an infection that has a significant likelihood of transmission between humans by means of sexual activity. However, the study concluded that the United States has led to an excess in infections, treatment costs, and deaths, even when interventions do not improve over all survival rates. The policy also promotes screening activities related to sexual health such as HIV counseling and testing as well as testing for other STIs, tuberculosis, cervical cancer, and breast cancer. Articles from the World Health Organization call legal abortion a fundamental right of women regardless of where they live, and argue that unsafe abortion is a silent pandemic. In , it was estimated that million abortions had complications, some complications are permanent, while another estimated 68, women died from unsafe abortions. It is hard to get an abortion due to legal and policy barriers, social and cultural barriers gender discrimination, poverty, religious restrictions, lack of support etc. States Parties shall take all appropriate measures to: Thus, restrictions on the ability of women or girls to seek abortion must not, inter alia, jeopardize their lives, subject them to physical or mental pain or suffering which violates article 7, discriminate against them or arbitrarily interfere with their privacy. States parties must provide safe, legal and effective access to abortion where the life and health of the pregnant woman or girl is at risk, and where carrying a pregnancy to term would cause the pregnant woman or girl substantial pain or suffering, most notably where the pregnancy is the result of rape or incest or is not viable. States parties should not introduce new barriers and should remove existing barriers [11] that deny effective access by women and girls to safe and legal abortion [12], including barriers caused as a result of the exercise of conscientious objection by individual medical providers. The nonbinding resolution was passed on April 16 by a vote of to The de facto inability of women to access abortion even in countries where it is legal is highly controversial because it results in a situation where women have rights only on paper not in practice; the UN in its resolution on Intensification of efforts to prevent and eliminate all forms of violence against women and girls: Female genital mutilation[edit] Prevalence of FGM by country, according to a UNICEF report [40] Anti-FGM road sign, Bakau, Gambia, Female genital mutilation FGM or female genital circumcision or cutting is most commonly known as the complete or partial removal of the external female genitalia or other injury to female genital organs for a non-medical reason. This is mostly practiced in around 30 countries and affecting around million women and girls, globally, and between , and , in the United States. The seal is formed by cutting and re-positioning the inner, or outer, labia, with or without removal of the clitoris. Sexual problems are 1. In addition, the maternal and fetal death rate is significantly higher due to childbirth complications. These psychological problems include depression, anxiety, post-traumatic stress disorder, low self-esteem. Child marriage and Forced marriage Poster against child and forced marriage The practice of forcing young girls into early marriage, common in many parts of the world, is threatening their reproductive health. According to the World Health Organization: The female spouse often lacks the status and the knowledge to negotiate for safe sex and contraceptive practices, increasing the risk of acquiring HIV or other sexually transmitted infections, as well as the probability of pregnancy at an early age. Delegations from States took part in negotiations to finalize a Programme of Action on population and development for the next 20 years. Some 20, delegates from various governments, UN agencies, NGOs , and the media gathered for a discussion of a variety of population issues, including immigration , infant mortality , birth control , family planning , and the education of women. Reproductive health therefore implies that people are able to have a 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. Implicit in this last condition are the right of men and women to be informed [about] and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of birth control which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. The Program of Action endorses a new strategy which emphasizes the numerous linkages between population and development and focuses on meeting the needs of individual women and men rather than on achieving demographic targets. Reduction of maternal mortality: A reduction of maternal mortality rates and a narrowing of disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups. Access to reproductive and sexual health services including family planning: Family planning counseling, pre-natal care, safe delivery and post-natal care, prevention and appropriate treatment of infertility , prevention of abortion and the management of the consequences of abortion, treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions; and education, counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Active discouragement of female genital mutilation FGM. The keys to this new approach are empowering women, providing them with more choices through expanded access to education and health services, and promoting skill development and employment. The programme advocates making family planning universally available by or sooner, as part of a broadened approach to reproductive health and rights, provides estimates of the levels of national resources and international assistance that will be required, and calls on governments to make these resources available. Reproductive health was Goal 5 out of 8. To monitor the progress, the UN agreed to four indicators: All 17 goals are comprehensive in nature and build off one another, but goal 3 is "To ensure health lives and promote wellbeing for all at all ages".

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Chapter 3 : Reproductive and Sexual Health | Healthy People

Health services for the promotion and protection of sexual health 13 Introduction 13 Creating enabling legal and regulatory frameworks and eliminating barriers to services for sexual health

Tips for Planning Your Approach toSexual and Reproductive Health Here are some tips to remember in offering a service or program in sexual and reproductive health. To work in a way that heals: Be prepared to learn. Build on the knowledge of community members about their community. Keep an open mind. The best approach depends on the community and may include a combination of health services, workshops, classroom work in schools, individual counselling, celebrations, and so on. Be a resource to the community to help them decide what to do. Work with people so they gain knowledge and skills and are able to help themselves more and more empowerment. Give people lots of chances to talk, to teach, to learn and to say what they want and need. Involve community Elders to offer their teachings and to lead ceremonies. Be prepared to include sexual and reproductive health teaching in services and programs which have a broader focus. Often people do not want to be seen seeking advice about sex. Remember the central role and responsibilities of the family and community in the lives of Aboriginal people. Be aware of how residential school experiences of many years past may affect families and the community today â€" for both the people who went to the schools and their children and grandchildren. As in all community-based programs, it takes time to develop trusting relationships. Make sure that community members, not people from outside, identify the need for sexual and reproductive health services. They should also decide what the priorities are and what to do about them. Make sure you have a carefully planned and culturally appropriate approach approved by the community leadership before you begin to deliver sexual and reproductive health services. If working with children or young people, let their families know about your school program, workshop, youth group or health service plans. Give parents, children and youth the opportunity not to take part if they wish. What I really love about those tips is that learning becomes much more relevant. Honestly there is SO much I love from this resource. Major trends that I have been noticing are: One activity from the resource Part 2, Issues for Everyone: Homowork The Positive Adolescent Sexuality Support Project in Winnipeg, Manitoba, developed this activity to increase awareness of two-spirit issues among group members. The activity is based on work by the Rainbow Society of Winnipeg. Safety is the first consideration. Read a gay or lesbian book or pamphlet in public. If you are heterosexual, keep your heterosexuality in the closet for one week. Hold hands with someone of the same sex in public. Challenge heterosexist jokes and comments. Stand in front of the gay and lesbian section of a bookstore. Take note of how this makes you feel. Are you concerned about what other people think? How we can begin looking at our own biases and encourage an inclusive, accepting, tolerant and loving world. Another area where this resource does well is looking at Sexual Violence Part 2, Unit In curricula, looking at sexual violence is lacking. This could go well with discussions of colonialism, misogyny. This portion also includes how to protect yourself from Sexual Assault. How will you use this resource?

Chapter 4 : Rebecca J. Cook | Open Library

The Center for HIV Law and Policy challenges barriers to the rights and health of people affected by HIV through legal advocacy, high-impact policy initiatives, and creation of cross-issue partnerships, networks and resources.

Access to Reproductive Rights: Constructing the Abortion Argument, Rosamond Rhodes. The Role of Providers in Assisted Reproduction: Relational Autonomy in Parenting, Sara Goering. Sexual Asymmetries, Don Hubin. Reproductive Control for Men. Is Surrogacy Ethically Problematic? Parents with Disabilities, Adam Cureton. Sperm and Egg Donor Anonymity: Legal and Ethical Issues, I. Last but not Least: Contemplating the Start of Someone, Adam Kadlac. Opting for Twins in IVF: What Does Procreative Responsibility Require? Margaret Pabst Battin, M. She is currently working on the large-scale reproductive problems of the globe. He is the author of over 80 articles and book chapters and the author, editor, or co-editor of seven books. He specializes in ethics, Kant and disability. He is legally blind and is the founding president of the Society for Philosophy and Disability. She is the author of over publications that focus on assisted reproductive technologies, including the forthcoming book, The New Eugenics Yale University Press His seven books includes Creation Ethics: Oxford University Press, In she became the first woman to win the International Spinoza Lens Award for contribution to public debate on ethics. Her books on commodification of the body include Property in the Body: Converting Body Parts to Profit Oneworld, Emery Professor of Law at the University of Utah. Her interests include privacy and disability rights and she is currently completing Privacy: Francis, forthcoming from Oxford. Her research interests include reproductive medicine and the regulation of human biomaterials. Christopher Gyngell is a Marie Sk? His research interests lie primarily in bioethics, moral theory, and the philosophy of health and disease. He is currently working on a Marie Sk? Don received his B. He specializes in ethics, philosophy of law and political philosophy. Hilde Lindemann is Professor of Philosophy and Associate in the Center for Ethics and Humanities in the Life Sciences at Michigan State University, with ongoing research interests including feminist bioethics and the social construction of persons and identities. Her books include Holding and Letting Go: She received her doctorate in philosophy from Rice University in Malek serves as an ethics consultant for the Houston Methodist Hospital System and teaches ethics and professionalism for Baylor medical students and residents. Her research focuses on ethics in pediatrics and obstetrics, particularly on issues at the intersection of genetic and reproductive technologies. She clinical professor of obstetrics and gynecology at University of Washington School of Medicine and has served on the ethics committees of the American Society for Reproductive Medicine and American College of Obstetrics and Gynecology. She is interested in the fields of health law, law and reproduction, and law and gender. She has published across these areas in law, ethics, and health care journals. Her most recent edited collection is Poverty, Agency, and Human Rights. She currently works in three main areas of philosophy - philosophy of action, feminist ethics and aesthetics, and human rights. Kimberly Mutcherson is a professor of law at Rutgers Law School in Camden, New Jersey where she teaches courses in family law, bioethics, and health law policy. Her scholarly work focuses on law, families, and bioethics with a particular interest in assisted reproduction. David Orentlicher is a professor of law and medicine at Indiana University. Her research uses interpretive methods to analyze the construction of meaning in public policy discourse and practice. Substantively, her research focuses on various aspects of public policy, including reproductive and sexual health, health disparities, and environmental health. She writes on a broad array of issues in bioethics and has published more than papers and chapters. She is co-editor of The Human Microbiome: Expanding the Debate Routledge, His published work includes " in The Philosophy of Love, ed. Christopher Grau and Aaron Smutts Oxford, forthcoming. He received an honorary doctorate from the University of Bucharest in His main research focus is public health ethics-with emphasis on ethical issues associated with infectious disease and biotechnology. She has been writing bioethics that is inclusive of disability perspectives for a quarter century. Silvers has been awarded the American Philosophical Association

Quinn Prize for service to philosophy and philosophers and the Phi Beta Kappa Society Lebowitz Prize for excellence in philosophical thought. He works primarily on ethical issues in reproduction, disability, genetics, and neuroscience.

Chapter 5 : Holdings : Sourcebook on reproductive health law / | York University Libraries

NHeLP defends women's reproductive health rights though litigation, advocacy and policy analysis, expanding access to family planning and abortion, battling religious restrictions, defending Medicaid and working to ensure that every woman has access to the health care she needs.

Lizamarie Mohammed ,Guttmacher Institute First published online: April 12, The state legislative sessions are well underway, with nearly every state legislature already in session. In just the first three months of the year, legislators introduced 1, provisions related to reproductive health. Of these measures, would restrict access to abortion services and are proactive measures seeking to expand access to other sexual and reproductive health services. Although the number of abortion restrictions introduced is about on par with past years, the number of proactive measures grew from in and in , reflecting growing interest among both advocates and policymakers. Abortion So far this year, five states Arizona, Arkansas, Kentucky, Utah and Wyoming have adopted 10 major new abortion restrictions. The new laws will: Supreme Court that might make it more sympathetic to rolling back abortion rights. Legislators in 28 states have introduced 88 measures that would ban abortions completely or under certain circumstances. Most in the latter category target abortions that occur after a specific point in pregnancy or that are performed for specific reasons. By the end of the first quarter, legislation to ban procedures after the first trimester of pregnancy was moving in several states: Kentucky enacted a new law banning abortion at or after 20 weeks postfertilization; similar measures have passed one legislative chamber in Iowa, Montana and Pennsylvania. Including Kentucky, 17 states ban abortion at or after 20 weeks see State Policies on Later Abortions. Arkansas enacted a new law banning the use of a safe method of abortion, referred to as dilation and evacuation, which is often used in second-trimester procedures, and the law is expected to go into effect in August. Although measures to ban abortion for purposes of race selection have been introduced in three states, none has been approved by a legislative body. The Oklahoma House approved a measure to ban abortion in cases of genetic anomaly, and Arkansas enacted a law banning abortion for purposes of sex selection. Contraceptive Coverage In anticipation of the possible dismantling of the Affordable Care Act and loss of its contraceptive coverage guarantee, legislators in 21 states and the District of Columbia introduced measures to ensure that these protections continue for their residents even if the federal law is repealed. A total of 28 states ensure contraceptive coverage for their residents see Insurance Coverage of Contraceptives. Legislators have introduced bills this year to establish new state-level contraceptive coverage protections in seven states Alaska, Iowa, Minnesota, South Carolina, Tennessee, Texas and Virginia and the District of Columbia; none of these measures had passed a legislative chamber by the end of the first quarter. All these measures would guarantee coverage for reversible contraceptives, and many would go beyond to also bar cost sharing, guarantee coverage for male and female sterilization and over-the-counter methods, and allow enrollees to obtain an extended supply of their chosen method. In addition, legislators in 14 states that already had some state-level contraceptive coverage provision introduced measures to strengthen current laws by adding these types of guarantees. In addition to the new law in Virginia, legislation to strengthen existing contraceptive coverage guarantees passed one legislative chamber in four states Hawaii, New Mexico, New York and Washington. In New York, comprehensive legislation to strengthen an existing guarantee is moving through the legislature, while a regulation to bar cost sharing for contraceptives is also moving through the administrative process in the state.

Chapter 6 : Reproductive health - Wikipedia

improved collaboration among specialists in law, medicine, health service administration and public health, on development and application of laws and policies to protect and promote reproductive and sexual health.

Olivia Cappello ,Guttmacher Institute First published online: July 31, By July 1, legislators in all but six states and the District of Columbia had completed their work for the year. Issues related to sexual and reproductive health and rights continued to be hot topics in capitals across the country during the legislative sessions, including an ongoing surge in proactive measures, primarily around contraceptive access. Supreme Court looms large over the state policy landscape, in particular for its potential to reshape abortion access and ongoing abortion litigation. Hellerstedt decision to overturn abortion restrictions in Texas. Courts continue to play a pivotal role in shaping reproductive health and rights policy. So far this year, courts have blocked implementation of restrictions in seven states that would limit access to abortion services; some of these have been blocked on a temporary basis while litigation and appeals continue. In the first six months of the year, no court has issued a decision in favor of a challenged abortion restriction. Also, litigators unveiled a new strategy this year for challenging abortion restrictions. This new approach focuses on the collective impact of multiple restrictions, rather than on the unique impact of a single restriction. In Indiana, Texas and Virginia, litigators filed cases challenging a constellation of abortion restrictions; courts have yet to rule in any of these cases. This year, many state legislators continued their efforts to restrict reproductive rights or access to care. In the first six months of , 11 states enacted 22 new abortion restrictions and four states moved to impose new restrictions on providers that can receive public funds for family planning programs. Restricting Access to Abortion During the first half of the year, 11 states adopted 22 new abortion restrictions. In addition, the West Virginia legislature approved a resolution to place an initiative on the November ballot that would roll back abortion protections in the state. Voters in Alabama will vote this November on whether to grant personhood at conception; the measure is on the ballot because of a resolution adopted by the state legislature in Ban abortion under certain circumstances. Four states adopted measures aimed at banning abortion under some circumstances. Iowa enacted a new law that bans abortion as early as six weeks of pregnancy based on the detection of a fetal heartbeat. The law is not in effect because of ongoing litigation. North Dakota is the only other state that has enacted a ban at six weeks; enforcement of that law was struck down by a federal appeals court in see Abortion Policy in the Absence of Roe. Louisiana and Mississippi banned abortion at 15 weeks after the last menstrual period. Neither of these measures is in effect. A federal district court enjoined enforcement of the Mississippi law in April. A new law in Kentucky would ban the primary method of abortion used after 12 weeks of pregnancy. This ban on dilation and evacuation abortion is not in effect because of ongoing litigation. Three states expanded their existing abortion reporting requirements to include information on the reason for the abortion, complications resulting from an abortion, or both. A new law in Arizona requires information on the specific reason for the abortion, ranging from elective to coercion to domestic violence. It also requires additional information in case of abortion complications. Indiana added a requirement that providers report on whether the abortion is being sought because of domestic violence, coercion, harassment or human trafficking. It also requires information on whether a minor obtained parental consent or received a judicial waiver. The law requires reporting on abortion complications, including psychological or emotional complications, adverse reactions to anesthesia, and whether complications arise during a subsequent pregnancy. A new law in Idaho requires providers to report on complications following an abortion, including psychological or emotional complications, adverse reaction to anesthesia, complications in subsequent pregnancies or later diagnosis of breast cancer. When these laws go into effect, 17 states will require reporting on the reasons for an abortion and 28 states will require some reporting on abortion complications see. Restricting Family Planning Funds Even as states continued to restrict abortion rights and access in the first half of , four states also continued their assault on publicly funded family planning. Three

states moved to exclude agencies that provide abortion from eligibility to receive family planning funds. A new Tennessee law directs the state to seek permission from the Centers for Medicare and Medicaid Services CMS , the federal agency that administers Medicaid, to exclude providers that would use state funds directly or indirectly to promote or support abortion. In , Louisiana enacted a law that would have barred abortion providers, and those that contract with abortion providers, from receiving any public funds, including through Medicaid; enforcement of the measure was blocked as a result of litigation. John Bel Edwards signed legislation in May that narrows the law so the exclusion is now specific to abortions providers reimbursed by Medicaid. In April, Nebraska adopted legislation on the allocation of federal Title X family planning funds that flow through the state treasury to organizations that consider abortion a method of family planning or that perform, assist, counsel or refer for abortion. The fourth state, South Carolinaâ€"one of the first states to expand eligibility for family planning services under Medicaidâ€"asked CMS for permission to change the program in ways that would make it difficult for health centers that primarily offer reproductive health services to continue their participation. The state is seeking federal permission to allow it to place a bevy of new requirements on providers, mandating that they are able to provide a broad package of care, including treatment for diabetes, hypertension, heart disease, depression and substance use disorders. And then, in early July, Gov. Henry McMaster directed the state Medicaid agency to exclude abortion providers from the program. In contrast, restrictions on funding for agencies affiliated with abortion providers eased slightly in Iowa and Ohio during the first half of the year. In , Iowa disbanded a long-standing Medicaid family planning expansion in favor of a state-run program and, in the process, excluded abortion providers from participating. In , the legislature revisited the issue, allowing family planning providers that are part of a private, nonprofit hospital network that also provides abortion services to participate in the state-run family planning program. Other abortion providers, including those affiliated with Planned Parenthood, remain excluded. And in April, a federal appeals court struck down an Ohio law that banned Planned Parenthood affiliates from receiving federal funds that flow through the state government and support a wide range of care, including breast and cervical cancer screening, infertility prevention and abstinence education. Expanding Access to Reproductive Health and Rights Despite the ongoing onslaught of restrictions in many states, advocates and policymakers continue to make important strides to expand access in some places. Twenty-seven states and DC adopted new measures in the first half of the year to enhance reproductive health or protect reproductive rights. Three states adopted four measures designed to expand abortion access in the first half of Washington state enacted a measure that will require health insurance plans to cover abortion services if they cover prenatal care starting in January The Washington law is similar to measures adopted by New York and Oregon in Maryland adopted a pair of measures to ensure pregnant incarcerated individuals receive information about abortion providers and transportation to obtain the procedure. Louisiana amended a law requiring the burial or cremation of all fetal tissue from an abortion so that it now applies only to surgical abortions. The original law, which had not been enforced during ongoing litigation, would have effectively prohibited the use of medication abortion. With opponents of reproductive health and rights looking for opportunities to undermine the federal contraceptive coverage guarantee under the Affordable Care Act ACA , several states moved to shore up protections for their residents. Food and Drug Administration FDA , contraceptive counseling, follow-up services, and male and female sterilization, all without cost sharing. The law would allow cost sharing for male sterilization procedures if the plan is offered as a health savings account under tax regulations. A new law in Connecticut requires health insurance plans to cover a range of essential health benefits, including maternity and newborn care, screenings for STIs, breast-feeding support and supplies, and domestic and interpersonal violence screening and counseling. The law also expands contraceptive coverage under health insurance plans to includeâ€"without cost sharingâ€"all FDA-approved contraceptive methods available over the counter, all maintenance and follow-up services, female sterilization and a month supply of hormonal contraceptives at one time. DC also enacted a new law that requires health insurance plans to provide coverage for a month supply of a contraceptive method at one time. In , Maryland adopted a provision

allowing insured individuals to obtain a six-month contraceptive supply at one time; in , the provision was expanded to allow insurance coverage for a month supply. Including these new laws, 17 states and DC have expanded contraceptive coverage provided under the ACA since the federal requirement became effective in see Insurance Coverage of Contraceptives. In related moves, New Hampshire and Utah both enacted laws that allow a pharmacist to dispense contraceptive pills, patches and rings without a patient first obtaining a prescription. The New Hampshire law applies to anyone seeking those methods, while the Utah law applies only to adults. Publicly funded family planning services. Three states enacted legislation to direct the state to seek federal permission to expand eligibility for family planning services under Medicaid. Twenty-two states have already received federal approval to expand Medicaid eligibility for family planning services to individuals based on their income see Medicaid Family Planning Eligibility Expansions.

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Reproductive and sexual health is a key component to the overall health and quality of life for both men and women. Reproductive and sexual health services can: Prevent unintended pregnancies.

An estimated 19 million new cases of sexually transmitted diseases STDs are diagnosed each year in the United Statesâ€"almost half of them among young people age 15 to Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women, including reproductive health problems and infertility, fetal and perinatal health problems, cancer, and further sexual transmission of HIV. For many, reproductive and sexual health services are the entry point into the medical care system. These services improve health and reduce costs by not only covering pregnancy prevention, HIV and STD testing and treatment, and prenatal care, but also by screening for intimate partner violence and reproductive cancers, providing substance abuse treatment referrals, and counseling on nutrition and physical activity. Each year, publicly funded family planning services help prevent 1. Knowledge of serostatus among HIV-positive persons HIV Health Impact of Reproductive and Sexual Health Reproductive and sexual health is a key component to the overall health and quality of life for both men and women. Reproductive and sexual health services can: Nearly half of all pregnancies are unintended. Risks associated with unintended pregnancy include low birth weight, postpartum depression, delays in receiving prenatal care, and family stress. More than , teen girls age 15 to 19 give birth each year in the United States. Prenatal care can detect gestational diabetes or preeclampsia before it causes problems, and taking prenatal vitamins can prevent birth defects of the brain and spinal cord. Increase the detection and treatment of STDs. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Decrease rates of infertility. Slow the transmission of HIV through testing and treatment. The impact of publicly funded family planning clinic services on unintended pregnancies and government cost savings. J Health Care Poor Underserved. Preventing teen pregnancy in the U. HIV testing in the U. Department of Health and Human Services.

Chapter 8 : OHCHR | Sexual and reproductive health and rights

The Sourcebook was developed in response to state HIV law reform organizing developments and is the first resource for lawyers and other advocates to catalogue both state criminal law and public health law that punishes sexually transmitted disease exposure.