

State Abortion Laws Enacted Post-Dobbs Decision

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Issue

This report provides information on (1) “trigger” laws banning abortion that took effect after the Supreme Court’s decision in *Dobbs* and (2) state laws and executive orders regulating abortion that were enacted since the U.S. Supreme Court’s draft decision in *Dobbs* was made public.

The Office of Legislative Research is not authorized to provide legal opinions and this report should not be construed as one.

Summary

Thirteen states have abortion ban “trigger” laws that took effect in the wake of the U.S. Supreme Court’s *Dobbs* decision. Generally, these laws prohibit abortion at any stage of pregnancy except in specified circumstances, such as when necessary to protect the pregnant woman’s life in a medical emergency. Several of these laws have been subject to court challenges, and a few are currently not in effect due to court orders pending litigation.

Additionally, 14 states, including Connecticut, enacted changes to abortion laws after the unauthorized release

Dobbs Opinion

In *Dobbs v. Jackson Women’s Health Organization*, 142 S. Ct. 2228 (2022), the U.S. Supreme Court held that the federal constitution does not provide the right to an abortion, thus expanding states’ authority to regulate or restrict abortion. In doing so, the Court overruled *Roe v. Wade*, 410 U.S. 113 (1973) and *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992).

The Court’s official decision was released on June 24, 2022, and the judgment was issued on July 26, 2022. As was widely reported in the media, an unknown source released an unofficial draft of the opinion without authorization on May 2, 2022.

of the draft *Dobbs* decision. These laws vary widely, with some restricting and others expanding access to abortion care services. For example, some states expanded the types of providers authorized to perform abortions and created a cause of action for individuals against out-of-state judgments related to legal abortion care services provided or received in their states. Other states limited access to medication abortions by restricting the types of providers who can perform them and prohibiting the use of telehealth to administer them.

Lastly, the governors of at least 11 states have issued executive orders (EOs) in response to the *Dobbs* decision. These orders generally, among other things, (1) specify that the governors will decline discretionary interstate extradition requests related to legal reproductive health services performed in their states and (2) prohibit state agencies from using state resources to assist in another state's investigation or proceeding based on reproductive health services that are legal in their states.

States With “Trigger” Abortion Bans After *Roe* Repeal

As listed in Table 1 below, 13 states have abortion bans with effective dates that were tied to the Supreme Court's overturning of *Roe*. These laws generally prohibit abortion (procedural or medication) throughout pregnancy. Each of these laws contains an exception or affirmative defense, under specified conditions, when abortion is necessary to protect the pregnant woman's life. Several of the states' laws also contain exceptions or affirmative defenses when abortion is needed to protect the woman from certain other serious health consequences (e.g., serious, permanent impairment of a life-sustaining organ). Some of these laws contain exceptions or affirmative defenses in cases where the pregnancy was due to sexual assault or incest. Utah includes an exception for serious fetal abnormalities, and Louisiana contains an exception for pregnancies that are “medically futile.” (Not listed in the table below, a few of these states (Alabama, Arkansas, Georgia, Louisiana, and Texas) specifically exclude the removal of an ectopic pregnancy from the statutory definition of abortion.)

These laws provide criminal penalties for physicians or other individuals who provide an illegal abortion. Most of the laws specify that they do not authorize criminal charges against a pregnant woman who receives or seeks an abortion.

Table 1 below lists the states with these laws and indicates whether they include the aforementioned exceptions or affirmative defenses. The table does not include the details as to the necessary conditions for the exceptions or defenses to apply. The table also summarizes when the laws took effect and indicates if they are not currently being enforced due to a court challenge. Please note that the table may not include an exhaustive listing of all relevant cases.

Not shown in the table, several of these states’ laws specifically provide an exception or affirmative defense if a physician, in the course of delivering medical treatment during a patient’s pregnancy, causes the accidental or unintentional death of the unborn child.

In addition to the “trigger” laws listed below, various states have enacted other laws generally restricting abortion after a specified period of pregnancy. For more information on these laws, see Congressional Research Service (CRS), [Legal Sidebar: State Laws Restricting or Prohibiting Abortion](#) (Updated August 11, 2022) and the Guttmacher Institute, [Abortion Policy in the Absence of Roe](#) (Updated September 1, 2022).

Table 1: States With “Trigger” Laws Generally Banning Abortion After *Roe v. Wade* Repeal

State (Citation)	Exceptions to Abortion Ban				“Trigger” Provision and Current Status
	Life	Health (Other)	Rape	Incest	
Arkansas (Ark. Code § 5-61-304)	X				Took effect when the state attorney general certified that the U.S. Supreme court overturned <i>Roe</i> (certification issued on June 24, 2022)
Idaho* (Idaho Code § 18-622)	X		X	X	Set to take effect 30 days after the U.S. Supreme Court’s judgment restoring to the states their ability to prohibit abortion On August 24, a U.S. district court issued a preliminary injunction prohibiting the state from enforcing this law to the extent it conflicted with the federal Emergency Medical Treatment and Labor Act (EMTALA) (the law otherwise is in effect) (<i>U.S. v. Idaho</i> , -- F.Supp.3d ---, 2022 WL 3692618 (D. Idaho Aug. 24, 2022))
Kentucky (Ky. Rev. Stat. § 311.772)	X	X			Took effect after U.S. Supreme Court’s decision reversing <i>Roe</i> and restoring the state’s authority to prohibit abortion (but was temporarily blocked this summer)

Table 1 (continued)

State (Citation)	Exceptions to Abortion Ban				"Trigger" Provision and Current Status
	Life	Health (Other)	Rape	Incest	
Louisiana** (La. Rev. Stat. § 40:1061 , as amended by SB 342 and SB 388 (2022)	X	X Serious, permanent impairment of a life-sustaining organ of the pregnant woman			Took effect when the U.S. Supreme Court overruled Roe and thus restored the state's ability to prohibit or limit abortion (but was temporarily blocked this summer)
Mississippi (Miss. Code Ann. § 41-41-45)	X		X		Took effect 10 days after the attorney general's publication of determination that (1) the U.S. Supreme Court overturned Roe and (2) it is reasonably probable that the Court would hold the state's law to be constitutional (determination was published on June 27, 2022)
Missouri* (Mo. Rev. Stat. § 188.017)	X	X Medical emergencies (a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman)			Took effect following the attorney general's notification and governor's proclamation that the Supreme Court overruled Roe, authorizing the state to regulate abortion as under this law and making it reasonably probable that the Court would uphold the law's constitutionality (notification and proclamation were both issued on June 24, 2022)
North Dakota* (N.D. Cent. Code § 12.1-31-12)	X		X	X	Set to take effect 30 days after the attorney general certifies that U.S. Supreme Court has issued judgment restoring to the states their ability to prohibit abortion (certification issued on June 28, 2022) In July and again in August, a state court blocked enforcement of this law, pending a legal challenge (<i>Access Independent Health Services, Inc. v. Wrigley</i> , 2022 WL 3009722 (N.D. Dist. July 27, 2022) and AP News)

Table 1 (continued)

State (Citation)	Exceptions to Abortion Ban				"Trigger" Provision and Current Status
	Life	Health (Other)	Rape	Incest	
Oklahoma (Okla. Stat. tit. 63, § 1-731.4; conditional repeal of state's abortion laws in SB 918 (2021); SB 612 and SB 1555 (2022))	X				Took effect when the state attorney general certified that the U.S. Supreme Court overruled Roe, thus authorizing the state to enforce laws prohibiting abortion throughout pregnancy (certification issued on June 24, 2022)
South Dakota (S.D. Codified Laws § 22-17-5.1)	X				Took effect on the date states are recognized by the U.S. Supreme Court to have the authority to prohibit abortion at all stages of pregnancy
Tennessee* (Tenn. Code Ann. § 39-15-213)	X	X			Took effect 30 days after the U.S. Supreme Court's judgment overruling Roe and restoring to the states their authority to prohibit abortion
Texas (Tex. Health & Safety Code § 170A.002)	X	X			Took effect 30 days after the U.S. Supreme Court's judgment overruling Roe and thus allowing states to prohibit abortion

Table 1 (continued)

State (Citation)	Exceptions to Abortion Ban				"Trigger" Provision and Current Status
	Life	Health (Other)	Rape	Incest	
Utah*** (Utah Code § 76-7a-201)	X	X Serious risk of substantial and irreversible impairment of a major bodily function of the woman on whom the abortion is performed	X	X	Was set to take effect when the legislative general counsel certified that a court of binding authority held that a state could prohibit abortion as outlined in the bill (certification issued on June 24, 2022) This summer, state courts blocked enforcement of the law, pending a legal challenge (<i>Planned Parenthood Ass'n of Utah v. State</i> , 2022 WL 2314556 (Utah Dist. Ct. Jun. 27, 2022))
Wyoming (Wyo. Stat. § 35-6-102, as amended by 2022 Laws, Ch. 88 (HB 92))	X	X Substantial and irreversible physical impairment of a major bodily function of the pregnant woman	X	X	Set to take effect five days after the governor, on advice of the attorney general, certified that the U.S. Supreme Court overruled <i>Roe</i> in a manner authorizing the enforcement of this law (certification was issued on July 22, 2022) In August, a state court blocked enforcement of the law, pending a legal challenge (<i>Danielle Johnson et al v. State of Wyoming</i> , (Wyoming Dist. Ct. Aug. 10, 2022))

Sources: Congressional Research Service (CRS), Legal Sidebar: [State Laws Restricting or Prohibiting Abortion](#) (Updated August 11, 2022); state statutes and case law accessed through Westlaw and state legislative websites.

* Listed exceptions are affirmative defenses under the law.

** Louisiana's law also provides an exception for removal of an unborn child who is deemed to be "medically futile" as certified by two qualified physicians. The law defines this term as "a profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth." A state Department of Health [rule](#) lists conditions that meet this definition.

*** Utah's law also provides an exception in cases where two physicians who practice maternal fetal medicine concur, in writing, that the fetus has a (1) defect that is uniformly diagnosable and uniformly lethal or (2) a severe brain abnormality that is uniformly diagnosable.

Changes to Other States' Abortion Laws After May 2, 2022

As listed in Table 2 below, we found at least 13 states, in addition to Connecticut, that enacted changes to abortion laws after the unauthorized release of the draft *Dobbs* opinion on May 2, 2022.

Some states enacted laws that protect or expand access to reproductive care services. For example, California and Delaware, like Connecticut, expanded the types of health care providers authorized to perform abortions, under certain conditions.

Additionally, some states (Delaware, Massachusetts, New York, and New Jersey) also enacted protections for providers and patients who perform, assist, or receive legal abortion care services in those states. In some cases, these laws establish a cause of action for these individuals against out-of-state judgments and allow them to recover certain costs they incurred defending them (e.g., costs, expenses, and reasonable attorney's fees). These laws also limit or prohibit interstate extraditions related to the provision of legal reproductive care services.

Conversely, other states enacted laws to restrict access to abortion care services. For example, Louisiana and Tennessee limited access to medication abortions, requiring that they be performed only by physicians (if the abortion is allowed) and only in-person, thereby prohibiting the use of telehealth.

As another example, South Carolina allows health practitioners, health care institutions, and insurers to refuse to participate in or pay for any health care services, including abortion, that violate the practitioner's or entity's religious, moral, or ethical beliefs. Pennsylvania passed legislation that amended the state constitution to specify that residents do not have a constitutional right to taxpayer funded abortions or any other abortion-related right (the legislation must be adopted again in 2023 and be voted on by the public during the 2023 election).

Please note that Table 2 does not include the effective dates for the listed legislation. In some cases, these laws may have not yet taken effect or may be the subject of pending litigation. It also does not include legislation that is primarily fiscal or budgetary in nature.

Connecticut Law

This session, the legislature enacted two abortion-related laws ([PA 22-19](#) and [PA 22-118](#) signed by the governor on May 5, 2022, and May 7, 2022, respectively).

The new laws allow APRNs, nurse-midwives, and physician assistants to perform aspiration abortions and explicitly authorize them to perform medication abortions.

Among other things, the new laws also create a cause of action for individuals against whom there is an out-of-state judgment based on reproductive health care services that are legal in Connecticut. And they limit interstate extraditions for individuals accused of performing acts, like abortion, that result in crimes in another state.

Table 2: Other States' Abortion Laws Passed Since May 2, 2022

State	Enacted Bill Numbers and Brief Summary
California	<p>SB 1131 (approved by governor September 26, 2022)</p> <ul style="list-style-type: none"> Expands the state's address confidentiality program for reproductive health care service providers, employees, volunteers, and patients to also include other people who face threats of violence or harassment because of their work for a public entity. It also (1) modifies the application requirements for the program and (2) extends to program participants eligibility for confidential voter status <p>SB 1375 (engrossed September 9, 2022)</p> <ul style="list-style-type: none"> Allows licensed independently practicing nurse practitioners who completed specified training to perform first trimester aspiration abortions without physician supervision, as was required under prior law. They must do so within the scope of their professional education and training Expands training options for nurse practitioners and certified nurse midwives required to perform first trimester aspiration abortions <p>SB 1142 (engrossed September 6, 2022)</p> <ul style="list-style-type: none"> Requires the state Health and Human Services Agency to establish a website where the public can access information on abortion care services in the state Requires the Department of Health Care Access and Information (HCAI) to annually evaluate the Abortion Practical Support Fund grant program and report to the legislature Declares the state's legislative intent is to support abortion access and to become a reproductive freedom state <p>AB 2134 (engrossed September 12, 2022)</p> <ul style="list-style-type: none"> Establishes the California Reproductive Health Equity Program within HCAI to ensure abortion and contraception services are affordable and accessible to all patients Requires the program to provide financial support for safety net providers of these services to enable them to provide them at reduced or no cost to certain low-income residents Requires health insurers and the Department of Industrial Relations to inform employees whose employer-sponsored health coverage does not cover abortion and contraception services that these services may be available at no cost through the above program <p>AB 2205 (engrossed September 6, 2022)</p> <ul style="list-style-type: none"> Requires, starting July 1, 2023, health insurers that offer qualified health plans that cover abortion care services under the state's health insurance exchange to annually report the premium amounts that equal the actuarial amount of coverage for these services

Table 2 (continued)

State	Enacted Bill Numbers and Brief Summary
<p>California (continued)</p>	<p>SCA 10 (approved by governor June 29, 2022)</p> <ul style="list-style-type: none"> Amends the state constitution to prohibit the state from denying or interfering with a person’s reproductive freedom, including their fundamental right to access abortion care and contraception Amendment will be placed on the statewide ballot in November 2022 for approval <p>AB 1666 (approved by governor June 24, 2022)</p> <ul style="list-style-type: none"> Protects individuals (e.g., providers and patients) from liability against out-of-state civil actions for providing, aiding, or receiving abortion care that is legal in the state Prevents California courts from enforcing judgments from other states where providing, aiding, or receiving abortion care is illegal
<p>Delaware</p>	<p>HB 455 (signed by governor on June 29, 2022)</p> <ul style="list-style-type: none"> Under certain conditions, allows physician assistants (PA), certified nurse-midwives, and certified nurse practitioners to perform abortions (in April, the governor signed legislation (HB 320) allowing PAs and advanced practice registered nurses to administer medication abortions) Prohibits physicians, PAs, and nurses from being disciplined for providing or recommending a reproductive health service that is legal in Delaware, even if it is illegal or deemed to be unprofessional conduct in the patient’s state of residence Limits when health care providers may disclose communications or records about reproductive health services without a patient’s consent Prohibits the state from taking various actions concerning civil actions in other states related to pregnancy termination (e.g., issuing or enforcing a subpoena) Under certain conditions, creates a cause of action for people against whom a judgment in entered in another state based upon allegedly providing, receiving, or helping someone provide or receive reproductive health care services that are legal in the state Limits non-fugitive extradition of someone for committing an act that results in a criminal charge to those cases that would be crimes in the state Prohibits an insurer from increasing the premium or taking adverse action against a health care professional or organization for providing reproductive health care services that are lawful in the state to out-of-state patients (including coverage for prescribing medication abortion via telehealth)

Table 2 (continued)

State	Enacted Bill Numbers and Brief Summary
Indiana	<p>SB 1, 2022 Special Session (signed by governor on August 5, 2022)</p> <ul style="list-style-type: none"> • Bans abortion except when needed to preserve the pregnant woman’s life, prevent severe health risks, or in cases of rape, incest, or lethal fetal anomalies (with the exceptions subject to certain time limitations) and makes several related changes to criminal law • Removes the requirement for a parent or guardian’s consent for a minor’s abortion if the minor is pregnant as a result of rape or incest by a parent, legal guardian, or custodian • Repeals laws on the licensure of abortion clinics • Specifies that the abortion statutes do not apply to in-vitro fertilization • Requires the state’s maternal mortality review committee to study how changes in the state’s abortion laws affect maternal mortality
Louisiana	<p>SB 342 (signed by governor on June 17, 2022)</p> <ul style="list-style-type: none"> • Amends the abortion trigger ban to include exceptions for fatal fetal anomalies and the removal of ectopic pregnancies in addition to preventing (1) mother’s death or substantial risk of death due to a physical condition or (2) serious, permanent impairment of a life-sustaining organ <p>SB 388 (signed by governor on June 17, 2022)</p> <ul style="list-style-type: none"> • Allows for medication abortions to be administered only in-person and by a physician, and only if the abortion is otherwise lawful
Massachusetts	<p>H.5090 (signed by governor on July 29, 2022)</p> <p>Among other things, this act:</p> <ul style="list-style-type: none"> • Expands access to reproductive health care to include third-trimester abortions in cases of grave fetal diagnosis • Prohibits the extradition of in-state providers who lawfully provide reproductive health care to residents of states where such care is illegal • Prohibits law enforcement agencies from providing information for or assisting in investigations into reproductive health services that are legal in the state • Allows providers to countersue if they are subject to civil or criminal actions filed by non-residents, enabling them to recover an amount equal to the damages assessed in these out-of-state lawsuits • Protects providers from disciplinary action based on providing reproductive care or being sued by a non-resident for providing legal reproductive care in the state • Requires health insurers to cover abortion care without cost-sharing (i.e. copays, coinsurance, and deductibles) and prohibits medical malpractice insurers from discriminating against reproductive health providers • Establishes a statewide standing order for pharmacies to dispense emergency contraception

Table 2 (continued)

State	Enacted Bill Numbers and Brief Summary
Massachusetts (continued)	<ul style="list-style-type: none"> Requires public universities and colleges to establish a medication abortion readiness plan for students that includes providing services directly or referring out (based on their capabilities) Allows providers who provide reproductive care to join the state’s Address Confidentiality Program
New Hampshire	<p>HB 1609 (signed by governor on May 27, 2022)</p> <ul style="list-style-type: none"> Provides an exception from the general prohibition on abortion after 24 weeks in cases of fetal abnormalities incompatible with life <p>HB 1673 (signed by governor on May 20, 2022)</p> <ul style="list-style-type: none"> Limits the existing requirement for ultrasounds prior to abortions to only those cases where the provider knows, or is aware of a substantial risk, that the fetus has a gestational age of at least 24 weeks
New Jersey	<p>A 3974 (signed by governor July 1, 2022)</p> <ul style="list-style-type: none"> Prohibits the governor from extraditing to other states individuals who perform or receive reproductive health services that are legal in the state <p>A 3975 (signed by governor July 1, 2022)</p> <ul style="list-style-type: none"> Prohibits health care institutions and providers subject to federal HIPAA laws from disclosing a patient’s reproductive health records as part of a legal, legislative, or administrative proceeding without the consent of the patient or the patient’s authorized legal representative Prohibits public entities, and their employees, officers, officials, and appointees, from providing information or using resources to assist in an interstate civil or criminal investigation or proceeding against a person for providing, receiving, or participating in reproductive services that are legal in the state Prohibits health professional boards from taking disciplinary action (e.g., license suspension or revocation) against a provider for providing reproductive health services that are legal in the state
New York	<p>SB 9384 (signed by governor on June 13, 2022)</p> <ul style="list-style-type: none"> Allows reproductive health care services providers or their employees, volunteers, patients, or immediate family members to enroll in the state’s address confidentiality program <p>SB 9077 (signed by governor on June 13, 2022)</p> <ul style="list-style-type: none"> Limits when providers may be extradited to other states for performing abortions Prohibits the police from arresting someone for an abortion that is legal in the state Prohibits law enforcement agencies from cooperating with out-of-state entities regarding abortions that are lawful in the state

Table 2 (continued)

State	Enacted Bill Numbers and Brief Summary
<p>New York (continued)</p>	<ul style="list-style-type: none"> • Prohibits courts from issuing subpoenas in connection with out-of-state abortion proceedings which were legally performed in the state <p>SB 9079 (signed by governor on June 13, 2022)</p> <ul style="list-style-type: none"> • Prohibits professional misconduct charges or licensure disciplinary actions against health care practitioners for providing legal reproductive health services to patients who reside in states where those services are illegal <p>SB 9080 (signed by governor on June 13, 2022)</p> <ul style="list-style-type: none"> • Prohibits medical malpractice insurance companies from taking adverse actions against a provider for performing an abortion or providing reproductive health care that is legal in the state to a patient from another state (including prescribing abortion medication via telehealth)
<p>Oklahoma</p>	<p>SB 1503 (signed by governor May 3, 2022)</p> <ul style="list-style-type: none"> • Establishes the Oklahoma Heartbeat act, which prohibits abortion after the detection of a fetal heartbeat (generally, starting around six weeks of pregnancy) except in the case of a medical emergency • Authorizes enforcement of the act only by private civil actions and not by the state or its political subdivisions • Allows civil action against a person that performs or induces an abortion and any person who helps someone do so • Establishes certain defenses and non-defenses for these civil actions and minimum statutory damages of \$10,000 for claimants who prevail <p>HB 4327 (signed by governor May 25, 2022)</p> <ul style="list-style-type: none"> • Prohibits abortion from the moment of fertilization, except to save the life of the mother in a medical emergency or in cases of reported rape, sexual assault, or incest • Authorizes enforcement of the act only by private civil actions and not by the state or its political subdivisions • Allows civil action against a person that performs or induces an abortion and any person who helps someone do so
<p>Pennsylvania</p>	<p>SB 106 (passed both the House and Senate on July 8, 2022)</p> <ul style="list-style-type: none"> • Amends the state constitution to specify that residents do not have a constitutional right to taxpayer-funded abortions or any other abortion-related right (to take effect, the bill must (1) pass the legislature again during the 2023 session and (2) be placed on the 2023 election ballot and approved by the majority of voters)

Table 2 (continued)

State	Enacted Bill Numbers and Brief Summary
<p>South Carolina</p>	<p>H 4776 (signed by governor on June 17, 2022)</p> <ul style="list-style-type: none"> • Allows medical practitioners, health care institutions, and insurers to refuse to participate in or pay for any health care service that violates the practitioner’s or entity’s conscience (i.e., religious, moral, or ethical beliefs) • Allows medical students, in addition to physicians, nurses, technicians, and other employees of a hospital, clinic, or physician to refuse to recommend, perform, or assist in an abortion if the person notifies his or her employer in writing of an objection to doing so • Grants practitioners and entities indemnity against civil, criminal, or administrative liability for exercising their right of conscience • Specifies the law does not override the requirement that providers and entities provide emergency medical treatment to patients under federal law (e.g., EMTALA)
<p>Tennessee</p>	<p>HB 2416 (signed by governor on May 5, 2022)</p> <ul style="list-style-type: none"> • Restricts access to medication abortion, allowing only licensed physicians to prescribe and dispense the medications, which must be done in-person • Prohibits manufacturers, suppliers, providers, and pharmacies to provide abortion medications via mail or delivery service • Requires providers to schedule follow-up appointments with patients within specified timeframes after providing the medication • Makes a violation of the law a class E felony punishable by a fine of up to \$50,000 (abortion recipients are excluded from the penalty)
<p>West Virginia</p>	<p>HB 302 (signed by governor on September 16, 2022)</p> <ul style="list-style-type: none"> • Prohibits all abortions except for (1) nonmedically viable fetuses, ectopic pregnancies, and medical emergencies; and (2) cases of reported rape and incest up to eight weeks for adults and up to 14 weeks for minors • Makes performing an abortion in violation of the law a felony punishable by between three and 10 years of prison time; providers can be convicted of murder if the woman getting the abortion dies as a result of the procedure • Exempts abortion recipients from penalties, but subjects physicians to disciplinary action, such as license revocation, if they violate the law • Continues to require parental notification for minors’ abortions, with limited exceptions

Source: Guttmacher Institute, [State Legislation Tracker](#); state statutes accessed through Westlaw as of September 20, 2022.

Other States' Abortion-Related Executive Orders Since May 2, 2022

The governors of at least 11 states have issued executive orders (EOs) in response to, or in anticipation of, the *Dobbs* case. All 11 states' EOs include provisions that (1) state the governor will decline requests for interstate extraditions when the request is predicated on certain acts (generally those that are legal in the state) related to the provision of reproductive health care services and the extradition is discretionary (i.e., not based on criminal conduct performed in the demanding state, constituting a mandatory extradition under federal law or the U.S. Constitution) and (2) prohibit state agencies from using state resources to assist another state's criminal, civil, or professional sanction investigations or proceedings that are based on reproductive health care-related conduct that would be legal in the state.

Most of these states' EOs include exceptions to their prohibitions on state agency involvement, most commonly when the assistance or information is provided (1) pursuant to a court order, (2) about conduct that would also be subject to liability or sanctions in the state, or (3) in response to a written request by the person or entity who is the subject of the investigation or proceeding.

Five states (Colorado, Massachusetts, Nevada, New Mexico, and Rhode Island) require specified state agencies to work with professional licensing boards to ensure individuals are generally not sanctioned or denied licensure (1) for providing or assisting in the provision of reproductive health care services or (2) due to liability or discipline threatened or imposed by another state for doing so. Pennsylvania's order requires agencies to consider adopting similar policies. To meet anticipated increases in the demand for these services, Nevada's EO additionally encourages its licensing boards to consider offering licensing reciprocity for professionals who provide reproductive health care services in other states.

The following provisions are included in only one or a few states' EOs:

1. a general prohibition on requiring agency employees who are pregnant to travel to states that restrict access to reproductive health care services (North Carolina);
2. a requirement that the public safety department work with law enforcement agencies to protect access to and egress from health care facilities (North Carolina); and
3. a requirement that agencies cooperate to protect or expand access to reproductive health services (e.g., Colorado, Minnesota, New Mexico, and North Carolina)

You may also be interested to know that President Biden signed [EO 14076](#), "Protecting Access to Reproductive Healthcare Services" on July 8, 2022, and [EO 14079](#) "Securing Access to Reproductive and Other Healthcare Services" on August 3, 2022.

Table 3: Abortion-Related Executive Orders Since May 2, 2022

State	EO Number and Brief Summary
<p>California</p>	<p>EO N-12-22 (June 27, 2022)</p> <ul style="list-style-type: none"> • Prohibits, with one exception, state agencies from providing any information (e.g., patient medical records, patient-level data, or billing information) or using state resources to further criminal, civil, or professional liability investigations initiated in or by another state for (1) providing, securing, receiving, or in any way supporting reproductive health care services that are legally performed or provided in California or (2) any form of assistance or support given to a person or entity that relates to the same • Exempts from the prohibition on state agency involvement, information or assistance provided when the conduct in question would be subject to civil, criminal, or professional liability under California’s laws • States the governor will decline requests for discretionary interstate extradition if the alleged violation of the demanding state’s laws involves reproductive health care services, unless the alleged acts would also constitute a crime in California
<p>Colorado</p>	<p>EO D 2022 032 (July 6, 2022)</p> <ul style="list-style-type: none"> • Prohibits, with three exceptions, state agencies from providing information (e.g., patient medical records, patient-level data, or billing information) or using resources to assist criminal, civil, or professional sanction investigations initiated in or by another state for conduct that would be legal in Colorado and is related to providing, assisting, seeking, or obtaining reproductive health care • Exempts from the prohibition on state agency involvement, assistance or information provided (1) pursuant to a court order, (2) when the conduct being investigated would be subject to liability or professional sanction under Colorado’s laws, or (3) is in response to a written request by the person or entity who is the subject of the investigation • Requires state agencies to pursue opportunities and coordinate with each other to protect people and entities who are providing, assisting, seeking, or obtaining reproductive health care in the state • Requires regulatory oversight agency to work with professional licensure boards to issue rules to ensure individuals are generally not subject to disciplinary action (1) for providing, or assisting in the provision of, reproductive health care services or (2) due to liability or discipline threatened or imposed by another state for doing so • States the governor will decline discretionary interstate extradition requests if the alleged violation of the demanding state’s laws is based on reproductive health care, unless the alleged acts would also constitute criminal conduct under Colorado’s laws

Table 3 (continued)

State	EO Number and Brief Summary
<p>Maine</p>	<p>EO 4 (July 5, 2022)</p> <ul style="list-style-type: none"> • Prohibits, with three exceptions, state agencies from providing any information or using state resources to further civil, criminal, or professional sanction investigations initiated in or by another state for (1) providing, securing, receiving, or inquiring about reproductive health care services that are legal in Maine or (2) assistance given to any person or entity that relates to the same • Exempts from the prohibition on agency involvement information or assistance provided (1) pursuant to a court order, (2) when the conduct being investigated would be subject to liability or sanction under Maine’s laws, or (3) is in response to a written request by the person who is the subject of the investigation • Requires agency heads to, among other things, review laws to identify barriers to reproductive health services, communicate with health care professions about how policies may affect their work, and consider legislation needed to remove barriers • States the governor intends to decline discretionary interstate extradition requests if the alleged violations of the demanding state’s laws involve reproductive health care services, unless the violation would also constitute a crime in Maine
<p>Massachusetts</p>	<p>EO 600 (June 24, 2022)</p> <ul style="list-style-type: none"> • Prohibits, with three exceptions, state agencies from providing any information or using state resources to further civil, criminal, or professional sanction investigations initiated in or by another state for (1) providing, securing, receiving, or inquiring about reproductive health care services that are legal in Massachusetts or (2) assistance given to any person or entity that relates to the same • Exempts from the prohibition information or assistance provided (1) as required by a court order, (2) about conduct that would be subject to liability or sanction under Massachusetts’s laws, or (3) in response to a written request by the person who is the subject of the investigation • Requires occupational licensing oversight agency to work with professional licensure boards to implement policies to ensure individuals are generally not subject to disciplinary action (1) for providing reproductive health care or (2) due to liability or discipline threatened or imposed by another state • States the governor will decline requests for discretionary interstate extraditions if the alleged violation of the demanding state’s law is based on reproductive health care, unless the alleged acts would also constitute criminal conduct under Massachusetts’s laws

Table 3 (continued)

State	EO Number and Brief Summary
Michigan	<p>EO No. 2022-4 (July 13, 2022)</p> <ul style="list-style-type: none"> States the governor will decline requests for discretionary interstate extraditions to or from Michigan if the charged criminal conduct is for providing, receiving, securing, or assisting with reproductive health-care services <p>Executive Directive No. 2022-5 (May 25, 2022)</p> <p>Requires state agencies to:</p> <ul style="list-style-type: none"> identify opportunities to increase protections for reproductive health care, including to ensure care for individuals undergoing miscarriages, protect health data privacy, and protect the safety of health care providers; take steps to protect reproductive rights (e.g., relevant agencies must provide information to the public on costs and availability of reproductive health care and contraception); and decline, if they have enforcement responsibilities, to assist with any state’s investigations against individuals for obtaining or providing, or assisting another with obtaining or providing, reproductive health care that is legal under the law of the jurisdiction where the care was provided
Minnesota	<p>Emergency EO 22-16 (June 25, 2022)</p> <ul style="list-style-type: none"> Prohibits, with three exceptions, state agencies from providing any information or using state resources to further civil, criminal, or professional sanction investigations for (1) providing, securing, receiving, or inquiring about reproductive health care services that are legal in Minnesota or (2) assistance given to any person or entity that relates to the same Exempts from the prohibition information or assistance provided (1) as required by a court order, (2) about conduct that would be subject to liability or sanction under Minnesota’s laws, or (3) in response to a written request by the person who is the subject of the investigation States the governor will, to extent allowed under the Minnesota Constitution and statutes, decline discretionary interstate extradition requests if the alleged violation of the other state’s law is based on health care services unless the violation would also constitute a criminal offense under Minnesota’s laws Requires state agencies to pursue opportunities and coordinate with each other to protect people or entities who are providing, assisting, seeking, or obtaining lawful reproductive health care services in the state
Nevada	<p>EO 2022-08 (June 28, 2022)</p> <ul style="list-style-type: none"> Prohibits, with three exceptions, state agencies from providing any information or using state resources to further civil, criminal, or professional sanction investigations initiated in or by another state for (1) providing, securing, receiving, or inquiring about reproductive health care services that are legal in Nevada or (2) assistance given to any person or entity that relates to the same

Table 3 (continued)

State	EO Number and Brief Summary
<p>Nevada (continued)</p>	<ul style="list-style-type: none"> • Exempts from the prohibition information or assistance provided (1) as required by a court order, (2) about conduct that would be subject to liability or sanction under Nevada’s laws, or (3) in response to a written request by the person who is the subject of the investigation • Requires boards and commissions that oversee health care professionals to adopt policies to ensure individuals are generally not disqualified from licensure or subject to discipline in the state for (1) providing or assisting in the provision of reproductive health care services or (2) judgments, discipline, or sanctions either threatened or imposed by other states • Encourages boards and commissions to consider licensing reciprocity for professionals who provide reproductive health services in other states • States the governor will decline any requests for discretionary interstate extraditions if the alleged violation of the other state’s law involves acts related to reproductive health care services that are legal in Nevada
<p>New Mexico</p>	<p>EO 2022-123 (August 31, 2022)</p> <ul style="list-style-type: none"> • Requires relevant agencies to, among other things, develop a plan to expand access to reproductive healthcare in underserved areas, assess the feasibility of providing medication abortion in certain clinics, and develop policies to improve access to reproductive health services <p>EO 2022-107 (June 27, 2022)</p> <ul style="list-style-type: none"> • Prohibits, with three exceptions, state agencies from providing any information or using state resources to further civil, criminal, or professional sanction investigations initiated in or by another state for (1) providing, securing, receiving, or inquiring about reproductive health care services that are legal in New Mexico or (2) assistance given to any person or entity that relates to the same • Exempts from the prohibition information or assistance provided (1) as required by a court order, (2) about conduct that would be subject to liability or sanction under New Mexico’s laws, or (3) in response to a written request by the person who is the subject of the investigation • Requires its licensing agency to work with professional licensing boards to adopt policies to ensure individuals are generally not disqualified from licensure or subject to discipline in the state for (1) providing or assisting in the provision of reproductive health care services or (2) judgments, discipline, or sanctions either threatened or imposed by another state • States the governor will decline any requests for discretionary interstate extraditions if the alleged violation of the other state’s law involves acts related to reproductive health care services that are legal in New Mexico

Table 3 (continued)

State	EO Number and Brief Summary
<p>North Carolina</p>	<p>EO No. 263 (July 6, 2022)</p> <ul style="list-style-type: none"> • Requires state agencies to coordinate with each other and pursue opportunities to protect people or entities providing, assisting, seeking, or obtaining lawful reproductive health care services in the state • Prohibits, with three exceptions and only to the extent federal and state law permits, state agencies from providing any information or using state resources to further civil, criminal, or professional sanction investigations for (1) providing, securing, receiving, or inquiring about reproductive health care services that are legal in North Carolina or (2) assistance given to any person or entity that relates to the same • Exempts from the prohibition information or assistance provided (1) as required by a court order, (2) about conduct that would be subject to liability or sanction under North Carolina’s laws, or (3) in response to a written request by the person who is the subject of the investigation • States the governor will, to extent allowed under the state’s constitution and statutes, decline any requests for discretionary interstate extradition if the alleged violation of the other state’s law involves acts related to reproductive health care services that are legal in North Carolina • Generally prohibits agencies from requiring its pregnant employees to travel to a state that restricts access to reproductive health services • Requires the public safety department to work with law enforcement agencies to protect access to and egress from health care facilities
<p>Pennsylvania</p>	<p>EO 2022-01 (July 12, 2022)</p> <ul style="list-style-type: none"> • Prohibits, with four exceptions, state agencies from providing any information or using state resources to further civil, criminal, or professional sanction investigations for (1) providing, securing, receiving, or inquiring about reproductive health care services that are legal in Pennsylvania or (2) assistance given to any person or entity that relates to the same • Exempts from the prohibition information or assistance provided (1) as required by a court order, (2) about conduct that would be subject to liability or sanction under Pennsylvania’s laws, (3) when action is required by federal law, or (4) in response to a written request by the person who is the subject of the investigation • Requires its agencies to work with professional licensing boards to consider adopting policies to ensure individuals are generally not disqualified from licensure or subject to discipline in the state for (1) providing or assisting in the provision of reproductive health care services or (2) judgments, discipline, or sanctions either threatened or imposed by another state • Requires agencies to consider implementing steps that would help inform the public about reproductive health care • States the governor will decline any requests for discretionary interstate extraditions if the alleged violation of the other state’s law involves acts related to reproductive health care services that are legal in Pennsylvania

Table 3 (continued)

State	EO Number and Brief Summary
Rhode Island	<p>EO 22-28 (July 5, 2022)</p> <ul style="list-style-type: none"> • Prohibits, with three exceptions, state agencies from providing any information or using state resources to further civil, criminal, or professional sanction investigations for (1) providing, facilitating, or receiving or responding to an inquiry about reproductive health care services that are legal in Rhode Island or (2) assistance given to any person or entity that relates to the same • Exempts from the prohibition information or assistance provided (1) as required by a court order, (2) about conduct that would be subject to liability or sanction under Rhode Island’s laws, or (3) in response to a written request by the person who is the subject of the investigation • States the governor will decline any requests for discretionary interstate extraditions if the alleged violation of the other state’s law involves acts related to reproductive health care services that are legal in Rhode Island • Requires the public health department to work with professional licensing boards to adopt policies to ensure individuals are generally not disqualified from licensure or subject to discipline in the state for (1) providing or assisting in the provision of reproductive health care services or (2) judgments, disciplines or sanctions either threatened or imposed by another state

Source: Guttmacher Institute, [State Legislation Tracker](#); state websites.

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