



# Family and Reproductive Health: Supporting Holistic Care Across All Stages of Life



## Legislative Overview Series: 2024 Public Health Spotlight

### Introduction

Public health agencies support health at all stages of life, a key aspect of which is reproductive and family health. Reproductive healthcare encompasses people’s physical, mental, and social wellbeing in relation to their reproductive systems. Providing [reproductive health services](#) promotes overall health—enabling people to plan whether, when, and how to build a family. Additionally, promising practices such as [family-centered health](#), which includes dyadic care between birthing parents and infants, can improve maternal and infant [health outcomes](#). Federal, state, and territorial policies can impact family and reproductive health by facilitating contraceptive access, addressing maternal morbidity and mortality, and supporting family-centered health policies like improving dyadic care.

### Legislative Trends

#### Contraception Access

Unplanned pregnancies and pregnancies occurring close together are associated with negative [maternal](#) and [infant health](#) outcomes like low birth rate and preterm births. Policies that promote increased contraceptive care—including education, patient-centered contraceptive counseling, and access to the full range of contraceptive methods with low financial and administrative barriers—can improve health outcomes for both infants and people who can become pregnant.

Allowing pharmacists to prescribe contraceptives can [reduce barriers](#) to care related to transportation, time off work, stigma, fear or distrust of healthcare providers, and cost. Individuals receiving contraception from a pharmacist were more likely to be younger, uninsured, and have less education than those seeing clinicians. At least ten states—Connecticut ([CT HB 6768](#)), Indiana ([IN HB 1568](#)), Maine ([ME SB 158](#)), Massachusetts ([MA HB 4040](#)), Montana ([MT SB 112](#)), New Jersey ([NJ SB 275](#)), New York ([NY AB 1060](#)), Rhode Island ([RI SB 103](#)), and Vermont ([VT HB 305](#))—enacted bills authorizing pharmacists to prescribe contraceptives.

Additionally, research shows that enabling a person to receive a 12-month supply of contraception at once decreases the

likelihood of an unintended pregnancy by [30%](#). In 2023, at least six states—Colorado ([CO SB 23-284](#)), Montana ([MT HB 302](#)), Nevada ([NV SB 161](#)), Oregon ([OR HB 2002](#)), Texas ([TX HB 916](#)) and West Virginia ([WV SB 268](#))—enacted laws expanding contraception access by requiring insurance to cover a 12-month supply and/or allowing individuals to receive a 12-month supply at one time.

In July 2023, [FDA approved](#) the first nonprescription daily oral contraceptive known as Opill.

#### Maternal Morbidity and Mortality

While maternal mortality rates have [improved globally](#) over the last several decades, rates [are rising](#) in the U.S., especially among [Black, American Indian, and Alaska Native women](#). The COVID-19 pandemic also [exacerbated](#) these disparities. To address the maternal mortality crisis, states are taking a number of actions to support maternal health. While a number of jurisdictions have extended postpartum [healthcare coverage](#) through Medicaid, many are also expanding access to maternity care providers and other supports for pregnant and birthing people and are improving data collection and reporting for pregnancy-related adverse events.

Many jurisdictions have [maternal morbidity and mortality committees](#) to review deaths or other adverse events that occur during pregnancy or shortly after birth and to assess the reasons for negative pregnancy outcomes. State laws can ensure that this





relevant hospital and patient data is available and accessible to these committees. For example, Pennsylvania ([PA SB 262](#)) recently added severe maternal morbidity data to its maternal mortality review committee reports, while Maryland ([MD SB 644](#)) clarified that relevant medical records must be made available to local mortality and morbidity committees.

Several states have also enacted legislation establishing or expanding programs to support populations at risk for poor pregnancy-related outcomes. For example, Georgia's pilot rural home visiting program ([GA SB 106](#)) will serve families in underserved rural communities, and Texas ([HB 1575](#)) will require select providers and entities to screen eligible pregnant people in certain healthcare programs for non-medical health related needs. Elsewhere, New Jersey ([NJ S 3864](#)) will establish a center focused on improving maternal and infant health outcomes in the state and reducing health disparities in these populations, while Kentucky ([KY SB 135](#)) will establish a panel to address preventing and treating perinatal mental health disorders and identify service gaps related to geographic, racial, or ethnic inequalities.

Several states have also taken action to [expand access](#) to [doula care](#). In Colorado, ([CO SB 23-288](#)) the state's Medicaid agency was directed to promote and expand Medicaid recipients' use of doulas, and in Delaware, ([DE HB 80](#)) Medicaid insurance carriers will be required to provide coverage for doula services by the beginning of 2024. Finally, in California ([AB 904](#)), health plans will be required to develop an equity program to address maternal and infant health racial disparities through doula use starting in 2025.

### Supporting Dyadic Care to Improve Maternal and Infant Health

Several states are exploring policies to support birthing parent-infant dyads (pairs) at greatest risk of experiencing adverse outcomes, such as those where the parent is involved with the criminal justice system. Bonding in an infant-mother dyad can be disrupted when that infant is born to an incarcerated mother,

which can [significantly impact](#) the psychological development of both the mother and infant. In 2021, Minnesota enacted the [Health Start Act](#) to allow pregnant or immediately postpartum people to be under supervised release for up to the first year of their child's life. Similarly, in 2023, Colorado enacted [HB 23-1187](#), which instructs courts to explore alternatives to incarceration for pregnant or immediately postpartum people accused of a crime.

## Looking Ahead

ASTHO expects states and territories to continue considering legislation related to reproductive health services and family health, including legislation that:

- Expands contraception access by lowering financial and administrative barriers to care through expanding insurance coverage and permitting pharmacists to dispense contraception.
- Expands access to perinatal care providers, including doulas and midwives.
- Supports birthing parent and infant bonding, including for justice-involved pregnant or postpartum people.
- Uses information from maternal mortality and morbidity review committees to develop policy interventions that support prenatal and postpartum care and overall family health.

In 2023, Virginia enacted a law ([VA HB 1567](#)) convening a workgroup to explore establishing perinatal health hubs in an effort to reduce infant and maternal mortality.

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