UCLA School of Law
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State Constitutional Reproductive Freedom Amendments

A Comparative Guide

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CONTENTS

Introduction 2
The Promise of Reproductive Freedom Amendments 3
Comparing Reproductive Freedom Amendment Language 5
- Rights-Creating Language and Principles 5
- Rights-Limiting Language: Viability 7
- Standards of Review 8

Conclusion 10
Appendix 11

Introduction

In twelve states—**Arizona, California, Colorado, Maryland, Michigan, Missouri, Montana, Nevada, New York, Ohio, Vermont, and Virginia**—state constitutional amendments ratified in the wake of *Dobbs v. Jackson Women's Health Organization* offer potential to redefine the legal landscape for reproductive rights.

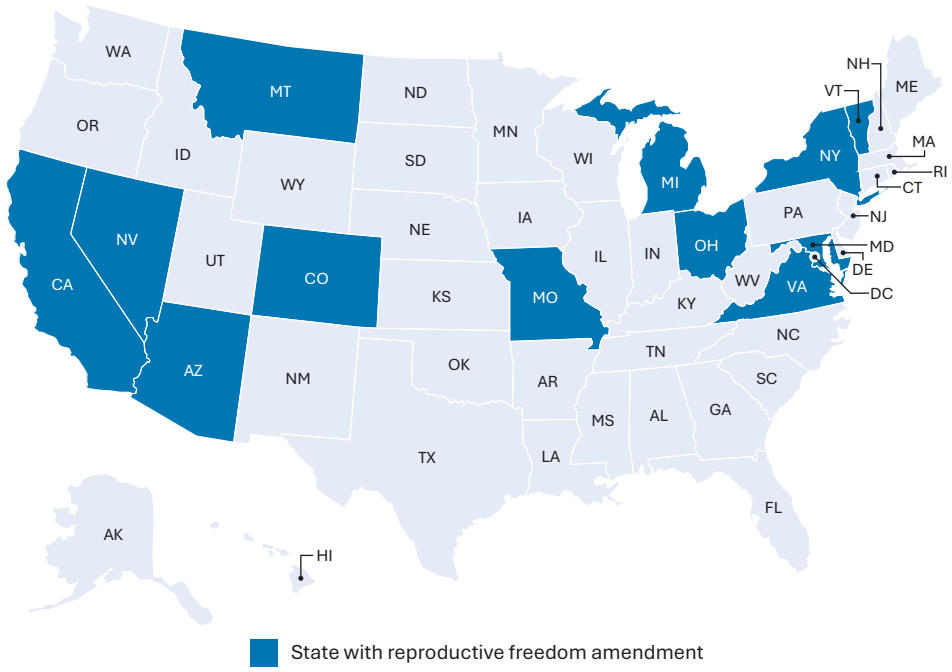
In this guide, we use the term "reproductive freedom amendment" or "RFA" to refer to these twelve state constitutional amendments ratified after the U.S. Supreme Court eliminated the federal constitutional right to abortion. While many, but not all, of the amendments contain the phrase reproductive freedom in their text, all guarantee people freedoms that protect decisions related to reproduction and access to reproductive health care.

This guide offers a starting point for exploring the promise of RFAs as new tools for securing and shoring up constitutional protection for reproductive freedom rights critical to abortion, bodily autonomy and equality, maternal health, birth justice, family formation, and more. We examine and compare the amendments—identifying and comparing their rights-creating or rights-limiting language, animating constitutional principles, and judicial standards of review.

We hope this guide can serve as a useful reference and resource for advocates, courts, and policymakers seeking to better understand the scope of RFAs, and when engaging in interpretation, enforcement, and implementation of their different guarantees.

The Promise of Reproductive Freedom Amendments

Following the U.S. Supreme Court's decision overruling *Roe v. Wade*, and with it a federal constitutional cornerstone of liberty and autonomy rights, voters in twelve states have ratified state constitutional amendments codifying the right to abortion or reproductive rights more broadly.[1] Three states, California, Michigan, and Vermont, swiftly enacted amendments following *Dobbs* in November 2022; Ohio followed in November 2023. Six more states—Arizona, Colorado, Maryland, Missouri, Montana, and New York—enacted amendments in November 2024. Most recently, in November 2026, voters in Nevada and Virginia ratified state constitutional amendments, and Missouri voters rejected an initiative that would have overturned the RFA they ratified in 2024.[2]



Beyond explicitly securing abortion rights, many RFAs contain language that protects a wide range of rights related to pregnancy, procreation, and reproductive autonomy generally. The differences among these amendments raise a host of questions: What is the scope or nature of rights protected under each amendment? What constitutional principles and standards of judicial review are involved? In what ways do laws regulating abortion, policing of pregnant people, and restrictions on reproductive health decisions and care conflict with the newly ratified amendments?

[1] Ariz. Const. art. II, § 8.1; Cal. Const. art. I, § 1.1; Colo. Const. art. II, § 32; Md. Const. Decl. of Rights art. 48; Mich. Const. art. I § 28; Mo. Const. art. I, § 36; Mont. Const. art. II, § 36; Nev. Const. art. I, § 25; N.Y. Const. art. I, § 11; Ohio Const. art. I § 22; Va. Const. art. 1, § 11-A; Vt. Const. ch. I art. 22.

[2] *See* Ballotpedia, *History of Abortion Ballot Measures*, https://ballotpedia.org/History_of_abortion_ballot_measures; *Results for Ballot Measures Related to Abortion Policy, 2026,* https://ballotpedia.org/Results_for_ballot_measures_related_to_abortion_policy,_2026.

The answers depend in significant part on future interpretation and application of the new provisions through enforcement actions, court decisions, legislative enactments, and policy changes. To date, abortion-related litigation has been at the forefront. A number of lower court decisions, including in Arizona, Michigan, Missouri, and Ohio have applied those states' amendments to block post-*Dobbs* abortion bans as well as longstanding abortion restrictions that were in place even when a federal right to abortion existed.[3]

Increasingly, advocates and courts also are considering how RFAs apply beyond abortion rights.[4] For example, the highest court in Maryland referenced the state's RFA in a decision overturning a murder conviction of a woman who experienced a stillbirth, holding that the prosecution impermissibly relied upon prejudicial evidence that the woman contemplated an abortion while still pregnant.[5] A California appellate court has recognized that the state's RFA prohibits prosecutions for birth outcomes based on conduct or decisions during pregnancy.[6] And a state trial court in Michigan ruled that a law denying pregnant people the right to effectuate their advanced directives for decisions about end-of-life care infringed on the fundamental right to reproductive freedom codified in Michigan's constitutional amendment.[7]

While the prospect of robust enforcement of RFAs, or adoption of new ones, will differ in each state,[8] such efforts may present unique opportunities for advancing reproductive autonomy, equality, and justice. In the next section, we explain how specific language and principles codified in each RFA can inform those efforts.

[3] *See* Cathren Cohen & Diana Kasdan, *The Promise of Reproductive Freedom Amendments: An Analysis of State Constitutional Protections and Their Impact on Anti-Abortion Laws,* UCLA L. Ctr. on Reprod. Health, L., & Pol'y 8-13 (Sept. 2026), https://law.ucla.edu/sites/default/files/PDFs/Center_on_Reproductive_Health/2509%20State%20Constitutions%20FINAL.pdf (discussing impact of RFAs on abortion bans and restrictions and surveying initial litigation challenging gestational limits, mandatory delay and counseling requirements, and targeted regulation of abortion providers).

[4] *See* Cathren Cohen, *How Are Advocates Using State Reproductive Freedom Amendments?*, State Court Rep. (July 23, 2026), https://statecourtreport.org/our-work/analysis-opinion/how-are-advocates-using-state-reproductive-freedom-amendments.

[5] *Akers v. State*, 490 Md. 1, 331 A.3d 853 (2025).

[6] *Carpenter v. Superior Ct.*, 93 Cal. App. 5th 1279, 1285 (2023). *Cf.* Diana Kasdan, Amanda Barrow & Melissa Goodman, *The California Reproductive Freedom Amendment: A New Constitutional Standard,* UCLA L. Ctr. on Reprod. Health, L., & Pol'y 50-51 (Aug. 2026), https://law.ucla.edu/sites/default/files/PDFs/Center_on_Reproductive_Health/California_Reproductive_Freedom_Amendment_Report_final.pdf (critiquing the court's failure to similarly apply the RFA to prohibit use of Carpenter's prenatal decisions as evidence in support of murder and child-endangerment charges for post-birth conduct).

[7] *Koskenoja v. Whitmer*, No. 25-000165-MM (Mich. Ct. Cl. Apr. 16, 2026).

[8] In states without an RFA, only ten permit voter initiated constitutional amendments, and some of those have requirements or limitations that make them infeasible. *See* The Council of State Gov'ts, *Constitutional Amendment Procedure: By Initiative, Constitutional Provisions*, The Book of the States (2023), https://bookofthestates.org/tables/2023-1-5/ (describing requirements for Arkansas, Florida, Illinois, Massachusetts, Mississippi, Nebraska, North Dakota, Oklahoma, Oregon, and South Dakota). Notably, in three, Florida, Nebraska, and South Dakota, previously initiated amendments fell short of ratification requirements. *See* Sandhya Raman & Ariel Cohen, *Florida, South Dakota, Nebraska Reject Abortion Ballot Issues*, Roll Call (Nov. 6, 2024), https://rollcall.com/2024/11/06/florida-south-dakota-nebraska-reject-abortion-ballot-issues/. In the remaining states, the legislature must initiate a constitutional amendment. *See* The Council of State Gov'ts, *Constitutional Amendment Procedure: By the Legislature, Constitutional Provisions*, The Book of the States (2023), https://bookofthestates.org/tables/2023-1-4/.

Comparing Reproductive Freedom Amendment Language

This section provides an overview of key textual components of the RFAs that are important to their interpretation and implementation. First, it identifies language in all twelve amendments that positively describes the scope of the rights protected, including broader constitutional principles animating those rights.[9] Second, this section notes the rights-limiting language related to viability in seven of the amendments. Third, it details how nine of the amendments set forth the scrutiny level for reviewing any claimed infringement of the right and explicitly delineate the state interests that are a valid basis for regulating the right. Appendix 1 contains the full text of all twelve of the reproductive freedom amendments.

State-By-State Comparison of RFA Language

STATE	AUTONOMY, FREEDOM, EQUALITY	ABORTION	PREGNANCY	FAMILY PLANNING	PREGNANCY POLICING	VIABILITY	STANDARD OF REVIEW
Arizona		✓				✓	✓
California	✓	✓		✓			
Colorado	✓	✓					
Maryland	✓	✓	✓	✓			✓
Michigan	✓	✓	✓	✓	✓	✓	✓
Missouri	✓	✓	✓	✓	✓	✓	✓
Montana		✓	✓		✓	✓	✓
Nevada		✓				✓	✓
New York	✓	✓	✓	✓			
Ohio	✓	✓	✓	✓		✓	✓
Vermont	✓						✓
Virginia	✓	✓	✓	✓	✓	✓	✓

Rights-Creating Language and Principles

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

[9] The text of these amendments is only a starting point for understanding the new rights created. This report does not address other factors likely to be important for interpretation of their full reach, such as their enactment history and the state constitutional structure among other criteria. The states where these amendments were ratified will have different approaches to state constitutional interpretation. For a helpful primer on different state court interpretive methods, see Robert F. Williams & Katie R. Eyer, *State Constitutional Supplement* (2d Ed. 2024), https://ssrn.com/abstract=3418938.

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

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

In addition to the specific rights-creating text of the amendments, state court jurisprudence interpreting and applying these principles expansively to a range of personal rights can be important guides for future interpretation of the reproductive freedom amendments. Many state high courts have recognized that broad constitutional guarantees of autonomy, equality, liberty, and privacy protect abortion and reproductive autonomy rights. For example, decades before California voters ratified that state's RFA, a body of state precedent established the "fundamental right of procreative choice," grounded in constitutional guarantees of privacy and liberty, as an expansive constitutional right that encompasses decisions about abortion, contraception, sterilization, procreation, and assisted reproduction.[10]

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

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

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

[10] *See* Kasdan, Barrow & Goodman, *supra* note 6, at 19-22 & notes 62-67 (discussing robust body of California state court precedent from 1969 through 1997).

Pregnancy Policing Provisions: Four states (Michigan, Missouri, Montana, and Virginia) include distinct provisions and explicit language barring the practice of criminalizing and penalizing individuals for their pregnancy-related decisions, conduct, and outcomes.[11] In each of these states, there is a provision that expressly prohibits any attempt to "prosecute," "penalize," or take other "adverse action" against individuals for their actual or alleged pregnancy outcomes.[12] Michigan, Missouri, and Virginia explicitly include, but do not limit, pregnancy outcomes to "miscarriage, stillbirth, or abortion." And all four provisions also protect those who are "aiding and assisting" a pregnant person voluntarily exercising their state RFA right.

While the Ohio RFA does not have this distinct provision, its language does specify that the state shall not "penalize" a person, or an individual assisting them, for exercising their RFA right. Also, New York specifies "pregnancy outcomes" as an impermissible grounds for discriminatory treatment.

Rights-Limiting Language: Viability

Six of the seven state RFAs that address fetal viability do so to recognize it as a potential basis for regulation, but not to define the constitutional right itself. Arizona, Michigan, Missouri, Montana, and Ohio all include language allowing the state to regulate abortion in connection with "fetal viability." Generally, these RFAs define "fetal viability" to mean the point in pregnancy where in the good faith judgment of the treating health care professional, and based on the particular pregnancy, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures.[13] Virginia alone references "the provision of abortion care in the third trimester," rather than fetal viability, as a permissible basis for state regulation, while also stating there are "no circumstances" in which the Commonwealth can prohibit abortion if "in the professional judgment of a physician the fetus is not viable."[14]

Notably, Nevada is the only one of the amendments with viability language to narrowly characterize the "fundamental right to abortion" itself as one "performed or administered by a qualified health care practitioner until fetal viability, or when needed to protect the life or health of the pregnant patient."[15]

[11] Pregnancy policing, through criminalization of conduct during pregnancy and pregnancy outcomes, has been documented extensively in the years before and since *Dobbs*. *See, e.g.,* Pregnancy Just., *The Rise of Pregnancy Criminalization: A Pregnancy Justice Report* (Sept. 2023), https://www.pregnancyjusticeus.org/wp-content/uploads/2023/09/9-2023-Criminalization-report.pdf.

[12] Additionally, even in states with RFAs that do not contain this type of provision, courts have recognized that RFAs protect against criminal prosecutions based on a person's pregnancy-related decisions, conduct, and outcomes. *See supra* notes 5-6 and accompanying text.

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

[14] *See* Va. Const. art. 1, § 11-A. Virginia's amendment, however, does not explicitly define "third trimester."

[15] *See* Nev. Const. art. I, § 25.

All seven of these states explicitly include language guaranteeing the right to abortion whenever it is necessary to protect a pregnant patient's life or health, with Arizona, Michigan, Missouri, and Virginia expressly specifying "physical or mental" health.

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

Standards of Review

Beyond Past Federal Abortion Standards

When the U.S. Supreme Court recognized a federal constitutional right to abortion in *Roe v. Wade*, it established strict scrutiny as the applicable standard and described the right to abortion as a "fundamental right." 410 U.S. 113, 155 (1973). But *Roe* also limited the abortion right from the outset by establishing a trimester framework that permitted states to ban abortion after fetal viability except when it was necessary to protect a pregnant person's health. *Id.* at 164–65. While *Planned Parenthood v. Casey* maintained the "essential holding" of *Roe*, it changed the judicial standard of review and recognized a legitimate state interest in potential fetal life at all stages of pregnancy. 505 U.S. 833, 846 (1992). *Casey* permitted states to regulate abortion before fetal viability so long as it did not impose an "undue burden" or have "the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus." *Id.* at 877–78. But neither of these approaches predetermine the standards of review for state RFAs.

None of the twelve reproductive freedom amendments replicate the trimester framework of *Roe* or use language from, or track, *Casey*'s "undue burden" standard. The ones that do specify the standard of review require exceptionally stringent judicial scrutiny and, in most cases, specify a narrow set of compelling state interests that can satisfy the standard. Thus, even in states where restrictions on abortion or other reproductive decisions and health care were previously upheld, or left unchallenged, this does not affirm their constitutionality under the new RFAs. Rather, state courts and policymakers must consider whether those restrictions satisfy the standard of review required by their state RFA.

Nine of the twelve RFAs (Arizona, Maryland, Michigan, Missouri, Montana, Nevada, Ohio, Vermont, and Virginia) define the right as fundamental, explicitly delineate the state interest that can justify any infringement on that right, and specify a highly searching form of judicial scrutiny. In each of these states, this standard of review explicitly places the burden on government to justify infringements with a compelling, or even more narrowly defined, interest advanced by the least restrictive means; otherwise, they will be found unconstitutional.

Seven of these states (Arizona, Michigan, Missouri, Montana, Nevada, Ohio, and Virginia) specify that the only acceptable interests are those related to the health of the pregnant patient and which are based on evidence-based or clinical standards of care (Arizona, Michigan, Missouri, Nevada, Ohio, and Virginia) or "medically acknowledged, bona fide" health risks (Montana). Additionally, Arizona, Michigan, Missouri, Montana, and Virginia's amendments define "compelling interest" to exclude laws that infringe on an individual's autonomous decision-making.

Only two states, Colorado and New York, do not specify the standard of review or use the term "fundamental right" in the text of the amendment. While California does not specify the standard of review, it explicitly defines reproductive freedom as a "fundamental right" and the RFA as intended to further both privacy and equality rights. California precedent on fundamental procreative rights and the amendment's explicit interlocking approach to reproductive freedom, privacy, and equal protection thus inform the California RFA's exceptionally stringent standard of review.[16]

[16] *See* Kasdan, Barrow & Goodman, *supra* note 6, at 28-29 (discussing the California RFA standard of review as a form of strict judicial scrutiny tailored to the RFA's reproductive autonomy and equality purpose).

Conclusion

State reproductive freedom amendments have the power to transform the reproductive rights landscape. This means that even state laws and practices that have long been on the books, or have been held constitutional under prior federal precedent, cannot stand where they contravene new, and stronger, state constitutional guarantees.

State courts are already interpreting and applying these new constitutional amendments. However, to more fully effectuate their promise it will take additional legal challenges, policy reforms, and enforcement to address outdated and unnecessary legal restrictions on reproductive health care, to put an end to surveillance and policing of pregnant and birthing people, and to eradicate practices that deny individuals' full reproductive autonomy and equality. With expansive language invoking liberty, autonomy, and equality; and provisions explicitly protecting pregnancy decisions and care, birth, family planning, and reproductive freedom broadly, state constitutional guarantees extend far beyond abortion rights and should be enforced and implemented—by courts, legislatures, and government officials alike—to advance reproductive justice.

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For more information

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Appendix

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

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STATE	AMENDMENT TEXT
Michigan	**Mich. Const. art. I § 28** (1) Every individual has a fundamental right to reproductive freedom, which entails the right to make and effectuate decisions about all matters relating to pregnancy, including but not limited to prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care. An individual's right to reproductive freedom shall not be denied, burdened, nor infringed upon unless justified by a compelling state interest achieved by the least restrictive means. Notwithstanding the above, the state may regulate the provision of abortion care after fetal viability, provided that in no circumstance shall the state prohibit an abortion that, in the professional judgment of an attending health care professional, is medically indicated to protect the life or physical or mental health of the pregnant individual. (2) The state shall not discriminate in the protection or enforcement of this fundamental right. (3) The state shall not penalize, prosecute, or otherwise take adverse action against an individual based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion. Nor shall the state penalize, prosecute, or otherwise take adverse action against someone for aiding or assisting a pregnant individual in exercising their right to reproductive freedom with their voluntary consent. (4) For the purposes of this section: A state interest is "compelling" only if it is for the limited purpose of protecting the health of an individual seeking care, consistent with accepted clinical standards of practice and evidence-based medicine, and does not infringe on that individual's autonomous decision-making. "Fetal viability" means: the point in pregnancy when, in the professional judgment of an attending health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures. (5) This section shall be self-executing. Any provision of this section held invalid shall be severable from the remaining portions of this section.

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STATE	AMENDMENT TEXT
Missouri	**Mo. Const. art. I, § 36** 1. This Section shall be known as "The Right to Reproductive Freedom Initiative". 2. The Government shall not deny or infringe upon a person's fundamental right to reproductive freedom, which is the right to make and carry out decisions about all matters relating to reproductive health care, including but not limited to prenatal care, childbirth, postpartum care, birth control, abortion care, miscarriage care, and respectful birthing conditions. 3. The right to reproductive freedom shall not be denied, interfered with, delayed, or otherwise restricted unless the Government demonstrates that such action is justified by a compelling governmental interest achieved by the least restrictive means. Any denial, interference, delay, or restriction of the right to reproductive freedom shall be presumed invalid. For purposes of this Section, a governmental interest is compelling only if it is for the limited purpose and has the limited effect of improving or maintaining the health of a person seeking care, is consistent with widely accepted clinical standards of practice and evidence-based medicine, and does not infringe on that person's autonomous decision-making. 4. Notwithstanding subsection 3 of this Section, the general assembly may enact laws that regulate the provision of abortion after Fetal Viability provided that under no circumstance shall the Government deny, interfere with, delay, or otherwise restrict an abortion that in the good faith judgment of a treating health care professional is needed to protect the life or physical or mental health of the pregnant person. 5. No person shall be penalized, prosecuted, or otherwise subjected to adverse action based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion. Nor shall any person assisting a person in exercising their right to reproductive freedom with that person's consent be penalized, prosecuted, or otherwise subjected to adverse action for doing so. 6. The Government shall not discriminate against persons providing or obtaining reproductive health care or assisting another person in doing so. 7. If any provision of this Section or the application thereof to anyone or to any circumstance is held invalid, the remainder of those provisions and the application of such provisions to others or other circumstances shall not be affected thereby. 8. For purposes of this Section, the following terms mean: (1) "Fetal Viability", the point in pregnancy when, in the good faith judgment of a treating health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures. (2) "Government", a. the state of Missouri; or b. any municipality, city, town, village, township, district, authority, public subdivision or public corporation having the power to tax or regulate, or any portion of two or more such entities within the state of Missouri.

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STATE	AMENDMENT TEXT
Montana	**Mont. Const. art. II, § 36** (1) There is a right to make and carry out decisions about one's own pregnancy, including the right to abortion. This right shall not be denied or burdened unless justified by a compelling government interest achieved by the least restrictive means. (2) The government may regulate the provision of abortion care after fetal viability provided that in no circumstance shall the government deny or burden access to an abortion that, in the good faith judgment of a treating health care professional, is medically indicated to protect the life or health of the pregnant patient. (3) The government shall not penalize, prosecute, or otherwise take adverse action against a person based on the person's actual, potential, perceived, or alleged pregnancy outcomes. The government shall not penalize, prosecute, or otherwise take adverse action against a person for aiding or assisting another person in exercising their right to make and carry out decisions about their pregnancy with their voluntary consent. (4) For purposes of this section: (a) A government interest is "compelling" only if it clearly and convincingly addresses a medically acknowledged, bona fide health risk to a pregnant patient and does not infringe on the patient's autonomous decision making. (b) "Fetal viability" means the point in pregnancy when, in the good faith judgment of a treating health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures.
Nevada	**Nev. Const. art. I, § 25** 1. All individuals shall have a fundamental right to abortion performed or administered by a qualified health care practitioner until fetal viability, or when needed to protect the life or health of the pregnant patient, without interference from the state or its political subdivisions. The right established by this section shall not be denied, burdened, or infringed upon unless justified by a compelling state interest that is achieved by the least restrictive means. 2. As used in this section: (a) A "compelling state interest" means an interest which is limited exclusively to the state's interest in protecting, maintaining, or improving the health of an individual who is seeking abortion care that is consistent with accepted clinical standards of practice; and (b)"Fetal viability" means the point in pregnancy when, in the professional judgment of the patient's treating health care practitioner, there is a significant likelihood of the fetus' sustained survival outside the uterus without the application of extraordinary medical measures. 3. If any part of this section be declared invalid, or the application thereof to any person, thing or circumstance is held invalid, such invalidity shall not affect the remaining provisions or application of this section which can be given effect without the invalid provision or application, and to this end the provisions of this section are declared to be severable. This subsection shall be construed broadly to preserve and effectuate the declared purpose of this section.

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

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STATE	AMENDMENT TEXT
Virginia	**VA. CONST. art. 1, § 11-A** That every individual has the fundamental right to reproductive freedom, including the ability to make and carry out decisions relating to one's own prenatal care, childbirth, postpartum care, contraception, abortion care, miscarriage management, and fertility care. An individual's right to reproductive freedom shall not be, directly or indirectly, denied, burdened, or infringed upon unless justified by a compelling state interest achieved by the least restrictive means. Notwithstanding the above, the Commonwealth may regulate the provision of abortion care in the third trimester, provided that in no circumstance shall the Commonwealth prohibit an abortion (i) that in the professional judgment of a physician is medically indicated to protect the life or physical or mental health of the pregnant individual or (ii) when in the professional judgment of a physician the fetus is not viable. The Commonwealth shall not discriminate in the protection or enforcement of this fundamental right. The Commonwealth shall not penalize, prosecute, or otherwise take adverse action against an individual based on such individual's own exercise of this fundamental right or such individual's own actual, potential, perceived, or alleged pregnancy outcomes, including miscarriage, stillbirth, or abortion. The Commonwealth shall not penalize, prosecute, or otherwise take adverse action against any individual for aiding or assisting another individual in exercising such other individual's right to reproductive freedom with such other individual's voluntary consent. For the purposes of this section, a state interest is compelling only if it is for the limited purpose of maintaining or improving the health of an individual seeking care, consistent with accepted clinical standards of care and evidence-based medicine, and does not infringe on that individual's autonomous decision making. This section shall be self-executing. Any provision of this section held invalid shall be severable from the remaining portions of the section.