Sexual & Reproductive Health, Rights, and Justice

Our Vision

PWN-USA works towards a world where full reproductive justice and bodily autonomy, including the right to pleasurable sex, are upheld for any person of any gender and any HIV status. Bodily autonomy is the idea that individuals have the right to control what does and does not happen to their bodies.

SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS AND JUSTICE
WE HAVE THE RIGHT TO DECIDE WHAT DO DO WITH OUR BODIES, OUR SEXUALITY, OUR FAMILIES, AND OUR REPRODUCTIVE FUTURES

Current State of Play:

Reproductive rights for women and sexual and reproductive health care for LGBTQ people have come under repeated and worsening attack in the ideological war on our bodies. But these rights and services are neither optional nor incidental to our survival. They are essential aspects of health care that can dramatically affect our lives. Ideologically driven policies and funding shifts designed to control or restrict sexual and reproductive agency especially impact low-income women, women of color, immigrants and those who are undocumented by minimizing decision-making power, creating opportunities for discrimination and limiting access to necessary health care services and skilled providers. Further, women living with HIV and women of trans experience of any HIV status continue to face persistent HIV-related and gender-based stigma and discrimination from providers. Thus, compounding oppressions exacerbated by the administration's economic, environmental, immigration and criminal justice policies have intensified the fight for reproductive justice and the need for truly intersectional advocacy.

The ability to exercise our reproductive rights, including creating families of our choice, should never be limited by ability to pay, gender expression, gender identity, HIV status, immigration status or race. Low-income women's reproductive autonomy should not be restricted by the State because they rely on Medicaid or another public payer. Everyone, including undocumented minors, should have access to safe, legal and affordable abortion and contraception, and all people of all ages and genders should receive medically accurate information to make informed choices about their health.

Thus, in this moment and beyond, PWN-USA's agenda seeks to advance policies that would uphold the full spectrum of sexual and reproductive health and rights (SRHR) for people living with HIV of all ages and gender experiences. This includes access to non-stigmatizing care that affirms the right to enjoy sexual intimacy, and to choose if, when and how to have a family, free from coercion, violence, poverty and other forms of reproductive oppression.

At the Federal Level, We Support:

1. Repealing the Federal Ban on Abortion Funding by Passing the Each Woman Act

Low-income women should have the right to the full spectrum of reproductive health services regardless of where they receive care. Congress should pass the Each Woman Act to reverse the Hyde amendment and other related federal abortion restrictions.

2. Maintaining the Title X Family Planning Program

The Title X Family Planning Program is the only federal funding program dedicated to family planning. Title X providers serve a large number of low-income Black and Latinx women and provide high-quality, comprehensive family planning services, including contraception, counseling services and STI and HIV screenings, at reduced or no cost. Maintaining a comprehensive Title X program is imperative to the sexual and reproductive health of low-income women of color. We support maintaining robust funding for Title X and oppose changes in the Title X funding priorities that prioritize abstinence-based education or "natural" family planning methods, which in any way limit access to contraceptive methods or abortion, or which inhibit access to skilled providers offering evidence-based care and comprehensive, non-judgmental and non-stigmatizing health education.

3. Fully Integrating Comprehensive Sexual and Reproductive Health Care Throughout the Ryan White Program

Ryan White Part D has historically provided high-quality, non-stigmatizing sexual and reproductive health (SRH) care to women with HIV of reproductive age and youth and adolescents living with HIV. Given the disparities in access to quality SRH care, we should build on Part D's successes by leveraging best practices and implementing standards for culturally relevant, non-stigmatizing, sex-positive sexual and reproductive health care services for all people with HIV, independent of gender, gender identity, age, clinic type or payer source.

4. Eliminating the Prescription Requirement for Oral Contraceptives

Despite significant scientific and medical advances, including consensus on the efficacy of treatment as prevention (TasP) or U=U, data which shows that PLHIV who are virally suppressed cannot transmit HIV, WLHIV continue to face barriers to accessing non-stigmatizing sexual and reproductive health care. A 2015 study of WLHIV in the U.S. (n=180) reported that fewer than half of respondents of reproductive age had been asked if they needed birth control by their providers in the past year. The same study also reported that transportation and childcare presented barriers to keeping medical appointments and filling prescriptions. Requiring a prescription for pill for birth control pills is just another barrier that should be eliminated to make it easier to exercise our reproductive rights. The sale of oral contraceptives over the counter without a prescription is safe and should be approved by the FDA. Oral contraceptives should also be covered by insurance companies at no cost.

At the Federal Level, We Oppose:

1. Any Laws Restricting or Limiting Access to Safe, Legal Abortion

Comprehensive sexual and reproductive health care includes access to safe and legal abortion.

- Anti-abortion policy riders that are introduced as a part of the federal appropriations process, including efforts to specifically defund comprehensive reproductive health providers like Planned Parenthood, should be actively opposed.
- Legislation that creates barriers to abortion care, including proposals to truncate the window of time during which individuals can legally access abortion care, as well federal agency practices that hinder access to abortion for people in custody by U.S. Immigration, should be actively opposed.

4. Religious Refusal and "Religious Freedom" Policies Designed to Legalize Discrimination

Women, people of color and LGBT people disproportionately face discrimination in health care settings. We oppose any policies that grant providers with a license to discriminate by placing personal beliefs and "religious freedom" over their patients' need for comprehensive sexual and reproductive health care, including abortion and contraception.

At the State Level, We Support:

1. Public and Private Insurance Coverage for all Sexual and Reproductive Health Care Services, Regardless of Gender Identity

State public and private insurance plans should cover the full range of sexual and reproductive and family planning services for people living with HIV, regardless of gender identity, including access to PrEP, gamete washing and storage, gender transition-related care, contraception and pre- and postnatal care, inclusive of doula and midwife birthing support.

2. Repealing Laws Criminalizing Negative Pregnancy Outcomes

Some states have adopted laws or misused existing law to apply criminal punishment or other penalties to women for actions that are interpreted as harmful to their own pregnancies. They have been used to criminalize women who had stillbirths or miscarriages and are often broad enough to encompass any behavior that can be perceived as harmful, such as not wearing a seatbelt while pregnant. Examples include Utah, which has allowed prosecution of some miscarriages as murder; Georgia, which attempted to and failed to pass a law that would have investigated all miscarriages as potential homicides; Indiana, South Carolina and Mississippi, which have all brought murder charges against women who had stillbirths; and Indiana, which has prosecuted a woman for attempting suicide while she was pregnant. They are most commonly used to criminalize pregnant women who use drugs, like in Tennessee, where it is a crime to birth a child with symptoms of drug exposure.

This makes women afraid to seek medical care both during and after a pregnancy. Women of color are disproportionately prosecuted under these laws. These laws overlap with abortion restrictions to deny women control of their bodies, privacy and medical decisions; they also exacerbate trauma related to these pregnancy outcomes and should be repealed.

3. Coverage for an Extended Supply of Contraception by Public and Private Insurers

Though the CDC recommends providing a year supply of contraceptives as a best practice in avoiding unintended pregnancy, many insurers only provide a one-month supply at time. Many barriers may prevent WLHIV from getting to a pharmacy to refill prescriptions, including transportation, childcare or other caretaking responsibilities. To facilitate consistent access to contraception, we support legislation that requires both public and private insurers provide a year's supply of contraception at a time.

At the State Level, We Oppose:

State Legislation Increasing Barriers to Accessing Abortion Care

"20-week abortion bans" are laws that ban abortion after or around 20 weeks gestation and seek to undermine access to safe and legal abortion established by Roe v. Wade, which allows abortions up until fetal viability, generally medically recognized around 24 weeks gestation. Though 99 percent of abortions occur before 21 weeks gestation, the need for later abortions is often accompanied by complex medical circumstances.

The anti-abortion movement towards implementing 20-week bans is being used as a long-view strategy to persuade the Supreme Court to overturn Wade. To date, 20-week bans have been enacted in 21 states and blocked in two states. As at the federal level, laws truncating the time period making abortions legally accessible, especially in places where abortion care has become increasingly inaccessible, should be actively opposed.