The Trump administration has unleashed an unprecedented set of attacks against women and the programs and policies upon which they depend. Such attacks include policies that deny women access to abortion and contraception; weaken protections against sexual assault; and undo equal pay reforms. The administration—and the president in particular—has shown a lack of respect for women’s autonomy, dignity, and most basic rights. In response, Americans have witnessed an extraordinary level of civic engagement and political activism by women and those who care about women—from the rise of the #MeToo movement and the historic Women’s March, to mobilization to defend the Affordable Care Act and youth-led movements for communities free from gun violence. But in order to build the kind of future women need, it isn’t sufficient to simply resist and undo the harm from the Trump administration. It is equally important to offer women—particularly working women of all races and income brackets—an affirmative agenda that addresses the economic and social challenges they continue to face in building a more secure and stable life. For women and their families to get ahead, we must focus on what women say they most want and need—including economic security, good health care, fair treatment, and workplace structures that can help them better combine work and family life. These issues are interconnected, and for too long, efforts to promote progress on the issues affecting women’s lives have been fragmented and inadequate.

On January 20, 2021, a new president could take office and have the ability to not only undo the harm from the Trump administration’s anti-women agenda but also to reimagine what is possible to invest in and empower women. There are a number of concrete steps the next president should take beginning the first day she or he takes office.

This interactive presents, in no particular order, more than 100 bold ideas to move women and families forward. The goal is to highlight the depth and breadth of the ways the next president and other policymakers, including Congress, can advance a pro-women agenda through affirmative policies on women’s health, economic security, bodily autonomy, and other civil and human rights.
**Strip abortion restrictions from the president’s annual budget**

Restrictions on abortion harm pregnant people and make abortion inaccessible for historically disenfranchised groups, and particularly low-income women, women of color, young people, immigrant women, and LGBTQ people. Eliminating abortion restrictions in the president’s annual budget proposal is an important first step in signaling support for abortion rights and access for all people.

**Ensure women and girls are protected from attacks on the Affordable Care Act (ACA)**

More than 68 million women and girls in the United States have a preexisting condition. Before the ACA was enacted, women were regularly denied coverage or charged higher rates for preexisting conditions, including pregnancy, childbirth-related procedures such as cesarean sections, and reproductive cancers. Being transgender was also considered a preexisting condition, and transgender people were denied coverage for gender-affirming care. Further, the ACA requires insurers to cover basic health care services such as maternity care and birth control and prohibits gender rating—the practice of insurance companies charging women higher premiums simply for being a woman, which cost women $1.6 billion more than men annually before the ACA. Additionally, women would be less able to withstand the additional costs for coverage without the financial assistance to purchase private insurance or the expansion of Medicaid afforded under the ACA, given that women earn less than men on average.

**Protect Section 1557 of the Affordable Care Act (ACA)**

The Trump administration has proposed a rule to attack Section 1557 of the ACA, also known as the Health Care Rights Law, which would erase protections based on a person’s gender identity, sex stereotyping, or reproductive health decisions. This proposed rule is particularly dangerous for LGBTQ people seeking health care as well as people who have had abortions or experienced miscarriages.

**Protect access to abortion**

States must be prevented from enacting abortion bans and targeted regulation of abortion providers (TRAP) laws that undermine key constitutional protections and force clinics to close and push access to abortion out of reach for millions. As a result of these abortion bans and restrictions, more than 11 million women of reproductive age live more than an hourlong drive away from the nearest abortion clinic. Six states have just one abortion clinic remaining, and in 2017, 89 percent of counties across the country had zero clinics. Lawmakers should pass the Women’s Health Protection Act, which would prevent states from enacting these bans that disproportionately affect women of color and low-income women.
Require background checks for all gun sales
Under current federal law, licensed gun dealers are required to conduct a background check before transferring a gun. Private individuals, however, are free to sell guns without conducting a background check. As a consequence, a person who is prohibited from buying guns because of a history of domestic abuse and who is unable to pass a background check can evade the law by buying a gun from a private seller at a gun show, online, or in any other venue with no questions asked. To date, 21 states and the District of Columbia have acted to close this glaring loophole by requiring a background check for all handgun sales. Congress must act and pass federal legislation requiring universal background checks.

Eliminate the backlog of unanalyzed DNA casework
The federal government should provide state and local law enforcement with the funding they need to analyze the many backlogs of sexual assault kits—often called rape kits—to give survivors a shot at the justice they seek. For example, as of January 2018, the city of Detroit had tested about 10,000 of the 11,000 sexual assault kits discovered in 2009. This has resulted in 2,616 DNA matches; the identification of 821 potential serial rapists; and 144 convictions by the Wayne County Prosecutor’s Office.

Secure access to support to ensure basic living standards for survivors of gender-based violence
Emergency support services such as safe housing, financial assistance, work transition supports, and emergency child care services must be available to survivors to ensure their full and long-lasting economic independence. For example, women generally earn more than $800,000 in additional lifetime earnings following the completion of a four-year college degree. However, 66 percent of survivors in a recent study reported that an abusive partner had disrupted their ability to complete an education or training program—a finding clearly detrimental to these survivors’ economic security.

Increase the range of birth options
Expand birthing support options by integrating midwives and doulas into health care systems; providing coverage of doula and midwifery care under Medicaid and other public and private insurance; expanding Medicaid coverage for home births and birthing centers; and eliminating harmful restrictions and variations in regulations on the practice of midwifery. The presence of doulas and midwives leads to better birth outcomes for mothers and infants, including lower cesarean section rates and more positive experiences for mothers.
Close the so-called boyfriend loophole to keep guns out of the hands of domestic abusers

The presence of a gun in a household that has experienced domestic violence increases the risk that a woman will be killed by 500 percent—and the risk doesn’t stop there. An estimated 4.5 million women in the United States today have been threatened by an abuser with a gun, and in an average month, 52 women are shot to death by an intimate partner. Despite these risks, current federal law contains a significant gap that leaves victims of intimate partner abuse vulnerable to lethal violence. While the law prohibits anyone convicted of a misdemeanor crime of domestic violence or subject to a domestic violence restraining order from buying guns, this law does not cover abuse that occurs in the context of a dating relationship. Intimate partner violence increasingly occurs in the context of dating relationships: In 2015, 51 percent of intimate partner homicides of women were committed by a dating partner rather than a spouse. Congress must act to close the boyfriend loophole and prohibit all domestic abusers from gun possession.

Create a gender-balanced Cabinet with at least 50 percent women

After historic progress in the Obama administration, the Trump administration has taken a step backward, particularly for elevating women of color. The next president should appoint women to the departments of State, the Treasury, Defense, and Justice—positions in the direct line of succession to the presidency. No woman has ever been appointed to lead the Defense nor Treasury departments, and only 11 presidents have appointed women to a Cabinet or Cabinet-level position. The Cabinet, just like the broader federal government, should reflect the nation’s population. This entails appointing women of color, women with disabilities, queer women, transgender women, and nonbinary people.

Install a Cabinet-level adviser on gender equity into the next administration

The United States should follow the lead of dozens of countries such as France and Canada, which have a minister of state for gender equality and a minister for women and gender equality, respectively. A Cabinet-level adviser on women and gender equality should be present for all Cabinet meetings and provide an essential gender lens to include the diverse experiences of all women and gender minorities to the work of the president and executive branch.

Eliminate the structural barriers that impede the election and support of women candidates

In 2018, record-breaking numbers of women across the political spectrum ran for office and won. Yet, following the 2018 midterm elections, women held less than 24 percent of U.S. congressional seats—and women of color held just 8.8 percent. Once women are established candidates, they have the ability to fundraise as well as men, but sexism and the lack of personal wealth and connections to wealthy donors perpetuate the continued gender disparities in campaign finance and make it less likely that women can afford to run for office in the first place. The lack of women in U.S. politics
has damaging effects on how our democratic institutions function. Policymakers should prioritize reducing the role of big money in elections as well as adopt a system of small-donor public financing. They should also support efforts at all levels to recruit diverse women; increase access to funding for women candidates; and ensure essential work-family policies to clear the way for more women to hold political office.

**Invest in innovative caregiving models**

Today, 1 in 2 people turning 65 years old will need long-term services and supports (LTSS), but there is a shortage of paid caregivers available, and fewer families have a stay-at-home caregiver. The government is uniquely positioned to support caregivers to fill gaps left by Medicaid and reduce the cost of long-term care for both caregivers and the country. Existing and new innovations in caregiving support should be explored. In Hawaii, for example, the Kupuna Caregivers Program provides caregivers—around 75 percent of whom are women—working more than 30 hours a week with a $70-per-day benefit in services, including day care costs, home health care workers, and transportation. Washington state recently passed the nation’s first LTSS social insurance program, which will reimburse beneficiaries for the cost of LTSS services up to a lifetime cap of $36,500. This type of social insurance program is central to the Universal Family Care proposal heralded by Caring Across Generations to make care affordable and accessible to all. On the federal level, the National Family Caregiver Support Program funds education and respite services for family caregivers who, generally, are either caring for someone with dementia or are older adults caring for children.

**End cash bail**

Cash bail creates a system in which those with means can go free, while low-income people—who are disproportionately women, LGBTQ-identified, and people of color—are locked up while awaiting trial, separated from their communities and families. Women are the fastest-growing incarcerated group, and incarcerated women are disproportionately women of color and sexual minorities. For example, according to the Vera Institute of Justice, approximately two-thirds of women in jail are women of color, compared with 36 percent of women who identified as white.

**Increase investment in Child Care Access Means Parents in School (CCAMPIS) Grants**

CCAMPIS is a small federal program that funds child care for the children of low-income student parents. In 2018, the program was expanded from $15 million per year to $50 million per year in the omnibus budget deal. Still, the new funding will serve just a fraction of the parents who need it. There are nearly 2.1 million single mothers in college today—many of whom are women of color—and only 8 percent of single mothers who start college earn an associate or bachelor’s degree within six years, compared with about half of women who are not mothers. Student parents—particularly mothers—are likely to incur substantial student debt, in part due to the high cost of child care, without support they need from programs such as CCAMPIS.
Improve the child and dependent care tax credit (CDCTC)
The CDCTC must reach families living paycheck to paycheck, be provided to families in advance, and reflect the true cost of quality child care. This is currently the only tax credit that helps defray child care costs, but it largely goes to middle- and high-income families and is far below the average amount typically spent on child care costs.

Improve access to child care
States and communities should receive resources to eliminate child care deserts, areas where licensed supply is too low to effectively serve children and families. More than one-half of all Americans currently live in a child care desert, and this number is even higher for rural and low-income communities.

Invest in affordable child care
Child care should be accessible for all families with young children, and payments should not exceed 7 percent of household income. Women are disproportionately affected when child care is inaccessible and often risk jobs or career mobility to make do. In a 2018 survey conducted by CAP, mothers were 40 percent more likely than fathers to report that child care issues had a negative effect on their career success. Increasing funding for the Child Care and Development Block Grant and passing the Child Care for Working Families Act can make child care affordable for more families.

Acknowledge that climate change is a women’s issue
Climate change is known to have a disparate impact on low-income communities, which are disproportionately comprised of women and people of color. The consequences of climate change also uniquely affect women and girls, who may have trouble accessing medical care, face increased threats of sexual violence, and experience poorer reproductive and maternal health outcomes during and after natural disasters. Lawmakers must avoid insidious solutions such as population control that revoke women’s bodily autonomy and let oil corporations and other large polluters off the hook. The federal government must instead support climate change coalitions that center women of color and pass legislation that requires federal responses to climate change to include gender-specific solutions.

Make college—and student loan debt—more affordable
Women hold almost two-thirds of the outstanding student debt in the United States—nearly $929 billion. Despite having higher graduation rates, women earn less than men shortly after graduation, especially if they graduate from elite colleges. And across the higher education system, college is unaffordable and of unreliable quality. Student debt is particularly burdensome for women, who join the workforce with a pay gap. The federal government must take big steps to tackle these problems, including providing more comprehensive need-based aid through an affordability guarantee; ensuring colleges are focused on closing equity gaps; and streamlining the repayment system to be more generous and borrower-centered.
Reestablish the White House Council on Women and Girls
There is a federal responsibility to promote equality and uphold women's rights. The federal government should elevate and coordinate women's issues in the White House and across agencies by reestablishing the White House Council on Women and Girls or another similar entity and expand its reach to engage women and women's advocates across the country similar to the Clinton administration's Office for Women's Initiatives and Outreach. The federal government should also increase investment to offices around the government that have a women's bureau, office, or equivalent and ensure that the resources and funding are supported through additional coordination at the Office of Management and Budget.

Increase access to a range of contraceptives
Efforts to increase access to a range of contraceptives must involve expanding both coverage and delivery models. This includes covering the full range of contraceptives such as long-acting reversible contraceptives and over-the-counter contraceptives; prohibiting insurers from imposing unnecessary medical management techniques; and allowing pharmacists to dispense contraceptives without a prescription. Additionally, people should be able to access a 12-month supply of contraceptives with one prescription. Efforts to increase contraceptive access must be coupled with a commitment to respect women's autonomy, given the nation's history of reproductive coercion for women of color and low-income women, and recognize that people of all genders need access to affordable contraception.

Enhance and improve data collection across the federal government
Data are essential to not only assessing the realities of women and families but also to crafting the targeted policy solutions needed to make a difference in their lives. Unfortunately, some populations—such as women in different ethnic subgroups, women of color more broadly, people with disabilities, and the LGBTQ community—are not studied in as much detail nor as frequently as necessary in order to precisely and effectively address their needs. When the federal government collects data, it must do so regularly, and it must include a wide array of demographic components that can be analyzed in combination to reflect the intersectional nature of people's realities.

Improve maternal and infant mortality and morbidity data collection and oversight
The United States has not published an official maternal mortality rate since 2007. Data that capture the full picture of the maternal and infant health crisis are crucial to developing solutions. Legislation is needed to mandate and fund maternal mortality review committees and fetal and infant mortality review committees with diverse membership, including those affected by maternal and infant morbidity and mortality. Guidelines must also be established to standardize birth and death certificate data.
Treat all incarcerated women with dignity
Women are the fastest-growing segment of the incarcerated population; in 2017, the female incarcerated population was eight times higher than in 1980, and more than 60 percent of women in state prisons have a child under the age of 18. Incarcerated women, and particularly incarcerated transgender women, face unique challenges and are more likely to experience mental health issues and sexual abuse. Incarcerated women need no-cost menstrual products; trauma-informed mental health services; protections against sexual assault; and care for pregnant people, including proper nutrition and prenatal care, banning the use of shackling, and allowing for postpartum bonding time.

Treat all women in immigration detention with dignity
Women and girls made up more than 14 percent of the population detained by U.S. Immigration and Customs Enforcement in 2016—a 60 percent increase from 2009. Women in immigration detention, and particularly transgender women, face unique challenges and are more likely to experience mental health issues and sexual abuse. Women who are detained need no-cost menstrual products; trauma-informed mental health services; protections against sexual assault; and care for pregnant people, including proper nutrition and prenatal care, banning the use of shackling, and allowing for postpartum bonding time.

Strengthen protections for disabled women’s consent and bodily autonomy
Too many women with disabilities face sexual violence, unwanted health procedures, or other invasive actions affecting their physical health because their autonomy has been uniquely compromised and diminished. More than 80 percent of women with disabilities will be sexually assaulted in their lives, and people with disabilities continue to be victims of forced sterilization and are denied the ability to make their own reproductive health care decisions. Women with disabilities deserve the respect and legal protections to make their own decisions about their bodies, including freedom from sexual abuse, comprehensive sex education, and access to the full range of nondirective reproductive health care.

Pass a Domestic Workers Bill of Rights
Women make up 95 percent of domestic workers, most of whom are women of color, and many of whom are foreign-born and/or undocumented. Domestic workers—such as nannies, home health care workers, and house cleaners—are excluded from many workplace protection laws and lack good pay, benefits, and many of the common workplace protections provided in other sectors. They work in isolated environments where their employer has the power to control the scope and conditions of their work—a situation that breeds workplace harassment, assault, and abuse. Enacting the national Domestic Workers Bill of Rights, as nine states and one city already have, would give domestic workers, who are critical to building the nation’s infrastructure, access to necessary, basic protections such as paid sick days, meal and rest breaks, predictable schedules, and a voice at work.
Eliminate sexist and racist discriminatory school dress codes

School dress codes disproportionately target and punish girls, especially Black girls. Girls are told to change to avoid sexual harassment or to avoid “distracting” male peers. These practices are not only sexist, racist, and victim-blaming, but they also interrupt a girl’s education when she is asked to change outfits, removed from the classroom, or sent home. Gender-based dress codes also negatively affect LGBTQ and gender-nonconforming students, who may be targeted for not wearing clothing that conforms to gender stereotypes. The Department of Education should work with state and local educational agencies to eliminate sexist and discriminatory dress codes and ensure that any dress code policies do not discriminate or result in lost learning time for students.

Support early educators

Those who care for young children should not have to live in poverty. On average, child care providers earn less than $11 per hour and often lack essential benefits. In addition to supporting efforts to raise wages for teachers at all levels, the federal government should support early educators by providing scholarships and financial support for those who seek credentials or higher education.

Double funding for enforcement agencies charged with enforcing civil rights laws and gender-based protections

Without proper and adequate enforcement, legal protections and other policies designed to benefit women and families have no teeth. The federal government plays a pivotal role in upholding and implementing laws established to prohibit different forms of discrimination and gender-based violence both in terms of ensuring compliance with the law and assisting other entities with instituting proper practices. The next administration should double funding for enforcement agencies—particularly for the Department of Labor, Department of Justice, Department of Health and Human Services, and the Equal Employment Opportunity Commission—to enhance their ability to strengthen efforts to protect the public and, in particular, those who are underrepresented and underresourced. These efforts must include strengthening investigatory tools, collecting and reporting comprehensive and disaggregated data, and promoting greater transparency.

Pass the Equality Act

The Equality Act is an overdue piece of legislation that clarifies and expands U.S. civil rights laws to ensure explicit and comprehensive nondiscrimination protections for LGBTQ people, women, and other protected groups. This bill makes clear that discrimination based on sexual orientation and/or gender identity is sex discrimination—and that it’s illegal. Importantly, the bill goes beyond ensuring protections for LGBTQ people to improve our civil rights laws. For example, the legislation adds protections against sex discrimination where currently absent from federal law; expands the definition of public accommodations to ensure that places such as retail stores and transportation services are covered for everyone; and ensures that religion cannot be used as an excuse for discriminatory behavior. On May 17, 2019, the U.S. House of Representatives passed the Equality Act with a bipartisan vote, but as of November 2019, the U.S. Senate has taken no formal action.
Support efforts to pass the Equal Rights Amendment (ERA)
The ERA would amend the U.S. Constitution to guarantee equal rights under laws regardless of sex. The ERA, if ratified, would provide a clear federal standard in sex discrimination cases and would help defend against attacks on women’s rights, including efforts to overturn Roe v. Wade and the Lilly Ledbetter Fair Pay Act of 2009. Originally passed by Congress in 1972, the ERA has fallen just short of the 38-state ratification threshold, though greater public support for the ERA could influence its final ratification.

Protect and strengthen federal and state family planning funding
Lawmakers should strengthen the Title X family planning grant program, which serves more than 4 million low-income people, by increasing program funding to at least $400 million and require that all Title X providers offer comprehensive and nondirective, evidence-based reproductive health services. In addition, they must prevent state and federal funding, including Title X and Temporary Assistance for Needy Families funds, from being diverted to fake women’s health centers.

Depoliticize funding for family planning and family planning providers
In recent years, policies related to reproductive health care access and sex education have been promulgated without regard to—or in certain instances, a complete dismissal—of scientific or medical evidence, and, instead, politician’s personal beliefs have taken precedence over millions of women’s health. Health policies, including sexual and reproductive health policies, must be evidence-based. Additionally, state and federal lawmakers have prohibited family planning providers, including but not limited to Planned Parenthood, from receiving government funding such as Title X solely because these providers provide comprehensive reproductive health care.

End family separation
As of September 2019, there were around 5,500 potential cases of kids separated from their parents at the U.S.-Mexico border. Family separation has devastating effects on both children and parents. The traumatic experience creates toxic stress that has both short- and long-term effects on children’s physical and psychological development; one study of adult refugees found that the mental health consequence of family separation was comparable to that of torture.

Improve the federal aid system for student-parents
Eighty-nine percent of single student mothers have low incomes and struggle to afford college expenses. Even when student-parents borrow a federal loan to pay for their undergraduate education, they default at much higher rates than do students without children. The default rate is nearly 50 percent among student-parents; 70 percent for single student-parents; and worse for Black single student-parents. While colleges must do more to help student-parents, the existing federal financial aid and loan repayment systems do not adequately serve the needs of these individuals. Congress should explore ways to ameliorate the federal aid system for student-parents, for example, by amending the Pell Grant program to award greater funds for student-parents.
Establish a federal blue-ribbon commission to end gender-based violence (GBV)

A federal blue-ribbon commission would examine and report on GBV trends, data gaps, and best practices for reducing GBV at all levels, across sectors, and among different policy areas—including gun violence prevention, immigration, education, and more. The commission would include special focus on addressing the experiences and needs of survivors with higher rates of GBV. It would be led by ex officio representatives from federal agencies, congressional lawmakers, leading experts, advocates, and GBV survivors, all from diverse racial, ethnic, economic, and other backgrounds across disability and LGBTQ identities.

Establish a federal commission to recognize the diverse contributions of women to the United States

Central Park has 23 statues of historical figures, but not a single one of those is a statue of a woman. A 2014 CAP analysis found that only 8 of the 460 national parks and monuments in the United States are dedicated to women in American history. Representation matters. There should be a federal commission tasked with exploring and rectifying gaps in representation of women in historical statues and beyond across a wide variety of public settings.

Ensure all federal health programs, including Medicaid, Medicare, and Tricare, provide comprehensive coverage of reproductive health services, including abortion, gender-affirming care, and infertility treatment and services

As a result of the Affordable Care Act, 62.8 million people have access to certain preventive health services, including birth control, well-woman visits, and HIV and sexually transmitted infections testing with no cost-sharing. However, gaps remain related to the services that must be covered and the coverage programs that must provide this coverage. For example, Medicare does not provide coverage for family planning services and supplies. Subsequently, many women living with disabilities are unable to access necessary and preventive care. Additionally, coverage for infertility treatment and services, including in vitro fertilization (IVF) and artificial insemination, is extremely limited at the federal level, and only 14 states require insurers to cover infertility treatment. Given IVF can range from $12,000 to $17,000, reproductive assistance is out of reach for many women, and particularly lesbian women, same-sex couples, and single women who rely upon these services. Access to gender-affirming reproductive health care is also critical for transgender and gender-nonconforming people; the 2015 U.S. Transgender Survey Report found that in the year before the survey, 1 in 4 respondents had a problem with their insurance because they are transgender—including being denied coverage for routine health care and transition-related care.
Hold federal contractors more accountable for claims of workplace sexual harassment

Federal contractors reap significant financial rewards by winning contracts to perform different types of work for the federal government. It is essential to ensure that they comply with federal anti-discrimination protections and more. The federal government should require all contractors to annually report findings of discrimination or other violations, along with the number of settlements by issue area. Findings of discrimination should be factored in when determining awards of federal contracts, specifically by limiting the awarding of these lucrative contracts to repeat violators until corrective measures are taken and the problems are resolved. The federal government should also explore ways to heighten review for repeat violators.

Establish a national database of all sexual harassment claims filed with state and federal enforcement agencies

The true scope of sexual harassment is often difficult to assess, in part because of the limitations of available data. The Equal Employment Opportunity Commission collects data on sexual harassment charges filed with the agency directly and those filed with state agencies that involve federal laws within the agency’s purview. However, much of the data are unpublished, and there are gaps that make it hard to assess trends by multiple factors such as race, gender, occupation, industry, wage levels, and more. These data also do not include all data on state law claims filed with state agencies, nor is there sufficient ability to track settlements and case resolutions. A national database could provide a home for compiling all available data in one location and establish a comprehensive protocol for collecting data that can be disaggregated by multiple factors. Such an effort would help the government better understand the scope of the problem and better target enforcement resources.

Curtail forced arbitration and predispute nondisclosure agreements as conditions of employment

More than 55 percent of workers are subject to mandatory arbitration, and more than one-third of workers are bound by predispute nondisclosure agreements. These practices may bar worker access to important legal protections and can discourage or silence employees—particularly women—from coming forward with claims of sexual harassment or other sex-discrimination claims such as pay discrimination. The federal government must pass legislation prohibiting forced arbitration and predispute nondisclosure agreements from use in employment contracts such as the Ending the Monopoly of Power Over Workplace Harassment through Education and Reporting (EMPOWER) Act, the Bringing an End to Harassment by Enhancing Accountability and Rejecting Discrimination in the Workplace (BE HEARD) Act, and the Forced Arbitration Injustice Repeal Act.
Expand the statute of limitations on claims of workplace harassment

Currently, survivors have 180 days under Title VII of the Civil Rights Act of 1964 to file a claim alleging sexual harassment. Fears of being disbelieved, ostracized, or retaliated against are among the reasons that survivors often stay silent and do not come forward right away—if at all. Survivors may need counseling and other supports to begin to heal and before they are able to safely pursue their claims. Federal [legislation to extend] the statute of limitations for workplace sexual harassment claims would acknowledge the extended time that survivors may need and help provide survivors with greater access to justice.

Utilize gender-budgeting

The government must demonstrate its commitment to women—who make up more than half of the national population—with a [budget] that accounts for their needs and interests. On average, Organization for Economic Cooperation and Development countries where gender-budgeting has largely been implemented saw a [decrease] in their overall gender wage gap from 2000 to 2013. This practice—which could be housed at the Office of Management and Budget—can help root out discriminatory practices and ensure that all federal dollars are effective toward meeting gender equality goals, especially if disaggregated by race, gender identity, and other factors.

Create a new federal glass ceiling commission

A new federal glass ceiling commission would be tasked with undertaking a comprehensive assessment of the effectiveness of strategies to improve women’s earnings and advancement. The commission should begin its work with comprehensive research on the state of the workforce by industry, race, and gender to gain a better understanding of unique workplace experiences for women and gender minorities. The work of the commission must include particular focuses on [women of color] and research the most effective targeted strategies. The 30th anniversary of the original [federal Glass Ceiling Commission] established by the Civil Rights Act of 1991 for a four-year period will occur in 2021.

End the Global Gag Rule

The [Global Gag Rule] is an anti-abortion policy that [risks] the health and lives of millions of women and girls around the world by preventing all U.S. global health funding from going to foreign nongovernmental organizations that offer abortion-related information, referrals, or services. Under the Trump administration, the policy has been vastly expanded to affect approximately $8.8 billion in U.S. foreign aid and harm the health and well-being of millions of people across the world. While the Global Gag Rule can be rescinded through executive action, legislation such as the [Global Health, Empowerment, and Rights Act] would permanently repeal the rule.
Renew commitment to global sexual and reproductive health and rights
The United States must be a leader in protecting and advancing women’s health and rights both at home and abroad. Reproductive rights are human rights. This includes restoring reproductive rights to international human rights reports; signing treaties and international agreements in support of women’s health and rights, including abortion, contraception, and breastfeeding; and providing funding to advance women’s health and rights without dangerous restrictions such as the Global Gag Rule and Helms Amendment.

Federal government should be a model employer
With more than 2 million employees around the country, the federal government is the nation’s largest employer. In order to attract and retain the best workforce, the federal government set a leading example by ensuring employees are treated fairly in the workplace and have modern workplace benefits such as paid family and medical leave. Federal employees only have access to 12 weeks of unpaid leave under the Family and Medical Leave Act (FMLA), and many cannot afford to take unpaid leave, forcing them to choose between caring for themselves and their family or maintaining a paycheck. Policymakers should pass the Federal Employees Paid Leave Act which would provide federal employees pay during their 12 weeks of FMLA leave, improving the economic security and health of federal workers and their families.

Reinstate Harriet Tubman onto the $20 bill in 2020
In May 2019, the Trump administration postponed any updates to the $20 bill until 2028, halting the unveiling of the Harriet Tubman $20 bill set by the former Obama administration to coincide with the 100th anniversary of women’s suffrage. Replacing the image of former President Andrew Jackson, a slave owner and perpetrator of violence, with the revolutionary Harriet Tubman, a former slave who helped thousands escape to freedom, is emblematic of the country’s atonement for some of its deplorable past actions and its commitment to finally honoring the memory of a legendary woman of color.

Serve all eligible infants and toddlers in Early Head Start
Early Head Start provides support, education, and services to pregnant women and children under the age of 3. Currently, Early Head Start reaches less than 6 percent of eligible children. Increasing access to this program, along with other early learning investments, would improve cognitive and socioemotional outcomes for young children.

Repeal the Helms Amendment
The Helms Amendment to the U.S. Foreign Assistance Act prohibits U.S. foreign assistance funds from going towards performing abortion “as a method of family planning.” The United States is a major funder of international family planning and reproductive health programs, and the Helms Amendment has blocked access to abortion for hundreds of thousands of people since it was enacted in 1973. International standards recognize abortion as a human right that is key to women’s health and security, and the Helms Amendment greatly undermines this right.
**Invest in home visiting**

Home visiting has been shown to increase families’ referrals and enrollment in community services and has **positive effects** on maternal mental and physical health. Mothers who participate in home visiting are more likely to breastfeed, and their infants are less likely to be born preterm or at low birth weight. Investments should target home visiting programs that offer one-stop comprehensive services to support families.

**Repeal the Hyde Amendment**

The **Hyde Amendment** is a legislative provision that restricts the use of federal funds for abortion coverage and affects people enrolled in Medicaid, the Children's Health Insurance Program, and other health programs. Similar restrictions also prevent abortion coverage for Native Americans, federal employees, people in federal detention, and more. The Hyde Amendment has a vastly **disproportionate** effect on women of color and low-income women, effectively stripping away their right to abortion.

**Enact a fair, humane, and workable immigration system**

An estimated **10.5 million undocumented immigrants**, many of whom are people of color, currently live in the United States. These men, women, and children contribute to America’s social, cultural, and economic well-being and deserve a clear pathway to legal status. To start, Congress should move forward with permanent protections for Dreamers and people with Temporary Protected Status, whose lives have been disrupted by the Trump administration. Congress should also enhance evidence-based avenues for legal immigration. Such policies would permit families to stay together, allow workers to fill much needed positions, and help those in need of humanitarian protection. Finally, at a time when enforcement overdrive is tearing apart families and communities, the United States must scale back enforcement and ensure that due process, proportionality, and accountability are present throughout the system. Our nation’s outdated laws and policies that govern the United States immigration system are in dire need of **reform** to fit the country’s values and changing needs.

**Protect access to reproductive health care for women and girls in immigration custody**

The Trump administration has ramped up **attacks** on immigrant women’s health and rights, from the U.S. Department of Health and Human Services **blocking** girls from accessing abortion care to the **mistratment** of pregnant women in detention. People in immigration detention and Office of Refugee Resettlement custody should have **access** to the full spectrum of quality, noncoercive reproductive health care and family planning in detention without **religious exemptions**, including abortion, contraception, and treatment for HIV and sexually transmitted infections.
Invest in infrastructure plans that help women, their families, and their communities

Political leaders and policymakers often tout plans to invest in America’s crumbling infrastructure yet frequently ignore gender differences in infrastructure needs and use. Women need more public lighting and access to safe, convenient, reliable, and efficient public transportation options given the constant threat of gender-based violence. Because women are more likely than men to work part time or be caregivers, women need access to public transportation that runs often and regularly during all hours of the day and all days of the week—not just during weekday commute times. Women and families need access to community centers, public pools, public parks and playgrounds—places where families and communities can thrive. Women should also have access high-quality health care that is both convenient and affordable through federally funded women’s community health centers and abortion clinics. Moreover, federal legislation such as the Build Local, Hire Local Act would require that any major investment in infrastructure would ensure that women, and particularly women of color, have access to high-quality jobs in their own communities.

Nominate judges who reflect the demographic diversity of America

As of October 2019, 73 percent of sitting judges were male, 80 percent were white, and fewer than 1 percent self-identified as LGBTQ. President Donald Trump has worsened this problem by appointing the least racially and ethnically diverse group of federal judges of any president over the past three decades. The next president should ensure that their judicial nominees begin to correct this imbalance, while senators should call attention to this lack of diversity and prioritize the confirmation of judges who will better reflect the American people.

Nominate judges with a record that demonstrates respect for and knowledge of civil rights laws

Conservatives have changed the rules and broken norms to pack the courts, resulting in the Trump administration’s ability to outpace every modern president in terms of appellate appointments at the same points in their presidencies, many with far-right records on health care, the right to an abortion, sex discrimination, LGBTQ civil rights, and voting rights. The next president must nominate judges that are committed to upholding the rights of all Americans. In addition, broader structural reforms to bring legitimacy back to the federal bench must be considered.

Get the lead out of our water

Lead is a known toxin to humans, and there is no safe level of exposure, putting people at risk of developing physical and mental disabilities as well as at risk of seizures, coma, and even death. Prenatal lead exposure puts pregnant people and their infants at significant unique risk of gestational hypertension, premature birth, low birth weight, miscarriage, developmental disabilities, infant brain or nervous system damage, and more. In 2016,
Reuters found more than 3,000 communities—disproportionately communities of color—with lead poisoning levels at least double those in Flint, Michigan. The federal government should support the creation of a new fund to be managed by the National Science Foundation, which would collect and develop innovative approaches to lead detection and monitoring—two core challenges currently facing public health officials.

**Build a more diverse maternal health care workforce**

It is vital that the federal government continue investing in building a diverse pipeline of medical professionals who are better equipped to serve the communities most in need of quality maternal health care. This workforce must be trained to address racism and bias using a cultural humility model, including all staff who interact with a patient, and fund research on the effects of racism on patient care and maternal and infant health outcomes. Bias that leads providers to ignore Black women’s pain, for example, can have life-threatening consequences.

**Eliminate maternity care deserts**

More than 12 percent of births in the United States take place in locations with limited access to maternity care, and more than half of rural counties lack obstetric services. Women of color in particular are more likely to deliver in a lower-quality hospital and receive lower-quality obstetric care. Policymakers should identify and collect data on areas with a shortage of maternity care professionals through the Human Resources and Services Administration and fund the National Health Service Corps to recruit and train diverse, culturally competent health care personnel to serve communities of color.

**Incentivize states to expand Medicaid**

Expanding Medicaid coverage can improve women’s health throughout their lives and contributes to healthier families. It has also likely contributed to the reduction of the uninsured rate among LGBTQ people, who are more likely to report living in poverty than their non-LGBTQ peers.

**Expand Medicaid pregnancy coverage to at least one year postpartum**

The federal government should expand Medicaid pregnancy coverage to, at least, one year postpartum. Medicaid covers almost half of all births in the United States. For pregnant individuals who only qualify for Medicaid pregnancy coverage, states should be required to provide coverage for at least one year postpartum, and full Medicaid benefits should be covered during this period—a key policy intervention to help prevent maternal mortality and morbidity.
Invest in medical research on health conditions that disparately affect women and women of color

Many clinical trials do not include women as test subjects, a fact that—along with sexism and racism—can leave many women's health conditions undiagnosed or misdiagnosed. Health conditions such as multiple sclerosis, Alzheimer’s disease, chronic fatigue, and stroke are more common in women than in men, and other conditions, including certain heart diseases, lupus, diabetes, uterine fibroids, breast cancer, and cervical cancer, are more common in women of color. Contrary to common misperception, PTSD is more common in women, who experience more trauma and at a younger age than men. Certain diseases are more likely to kill women: For example, heart disease kills more women than men, making up around 1 in 5 female deaths. Finally, the presence of nearly any of the aforementioned health conditions pose particular high risks for pregnant people. The federal government must fund targeted research exploring the rates, causes, symptoms, and treatments for the litany of health conditions that affect and can kill women. In particular, research must account for the specific needs of women of color.

Implement Medicare Extra for All

Congress should enact Medicare Extra for All, also known as Medicare for America, to achieve universal health care coverage. It is crucial that universal health care plans include coverage for comprehensive reproductive health care, including abortion, contraceptives, and expanded pregnancy and postpartum coverage.

Protect and expand access to medication abortion

Medically unnecessary Food and Drug Administration regulations and requirements, including the requirement that only physicians prescribe the medication abortion regimen and that the regimen be prescribed in person, must be eliminated. Medication abortion is a safe, effective method of abortion care that can expand access and increase reproductive autonomy.

Explore ways to make menstrual hygiene products free and more accessible

Access to affordable and safe hygiene products is key to menstrual equity, and yet for many people, these products remain financially out of reach. Today, 34 states classify tampons and pads as luxury products and tax them accordingly. A study found that 1 in 5 girls leaves school early or misses a school day entirely because they cannot obtain a period product. In response, there is a growing menstrual equity movement that seeks to change the way people think, talk, and learn about periods. While a broader cultural shift is needed to destigmatize periods, the federal government can play an immediate role in enhancing accessibility for anyone of any gender who needs menstrual hygiene products—especially in all government-funded facilities, including schools, shelters, and correctional facilities.
Address maternal and infant mental health
Addressing maternal and infant mental health must involve improving enforcement of mental health parity requirements, promoting the use of telehealth to expand access to services, and growing a diverse and culturally competent mental health workforce. Black women are half as likely to receive mental health treatment as white women, and women of color are least likely to have access to mental health care during pregnancy and postpartum. Women of color face the compound stresses of racism and the mental health strains of pregnancy and parenthood.

Ensure access to culturally competent mental health services for women and girls
Women and girls, especially women and girls of color, are disproportionately burdened by trauma and toxic stress. The tolls of racism and misogyny intersect for women of color, especially Black women, who face a lack of support and treatment of mental health needs that have lasting effects on their lives from an early age. Girls of color with histories of trauma and toxic stress are disproportionately criminalized in what’s known as the school-to-prison pipeline and the sexual-abuse-to-prison pipeline rather than receiving compassionate, trauma-informed, culturally competent services. Women need insurance coverage of mental health services, expanded access to care through telehealth and other supports, and diverse providers who understand mental health needs exacerbated by the toll of racism, misogyny, and gender-based violence.

Raise the federal minimum wage
Raising the minimum wage to $15 by 2024 is key to closing the pay gap for women, particularly for women of color who experience the largest pay gaps. Nearly 58 percent of workers who are paid the federal minimum wage are women, and 64.3 percent of women are the sole or primary breadwinners in their households. Raising the federal minimum wage to $15 by 2024 would benefit 23 million women. On July 18, 2019, the U.S. House of Representatives passed the Raise the Wage Act, which would raise the federal minimum wage to $15 and eliminate disparities in the minimum wage for tipped workers and workers with disabilities. As of November 2019, the bill is pending Senate action.

Adopt new models of care that link payment to quality
Rewarding providers who provide high-quality, evidence-based, culturally competent care can be an important tool to improve maternal health outcomes. Standardized assessments for mothers and infants should also be developed to help eliminate bias in care.

Expand access to over-the-counter (OTC) contraceptives
Access to OTC contraceptives should be provided at no cost to patients and must be easily accessible. Specifically, the federal government should require health insurance plans to cover without a prescription OTC contraceptives, including emergency contraceptives, without any cost sharing. In addition, OTC contraceptives must be easily available for purchase. They are often kept in locked displays or behind the counter, forcing patients to explicitly request to purchase the product.
Raise the overtime threshold
In 2016, the Obama administration moved to more than double the overtime threshold from $23,360 per year to $47,476 per year, which would have been indexed to wage growth on a triennial basis. This mandate was blocked by a district court and scrapped by the Trump administration, which then proposed raising the threshold to just $35,308 in 2019, leaving behind 8.2 million workers from the previous proposal—including 4.2 million women and 3 million workers of color.

Create a comprehensive national paid family and medical leave program
Only 19 percent of workers in the United States have access to paid family leave through their employers, and just 40 percent have access to personal medical leave through employer-provided short-term disability insurance. Following the lead of eight states and the District of Columbia, a national paid family and medical leave program that covers all workers and is accessible, comprehensive, affordable, and inclusive—especially of chosen family—will ensure workers can take time away from work to recover from a serious illness, care for a family member with a serious illness, or care for a new child.

Expand access to paid safe days
On average, a woman survivor of intimate partner violence (IPV) loses anywhere from 7.2 days to 10.1 days of paid work per victimization; this translates to women survivors of IPV losing nearly 8 million days of paid work each year. About 96 percent of domestic violence survivors reported that their job performance was negatively affected, and 56 percent reported being late to work because of interference by their abusers. Paid safe days would allow these survivors, as well as survivors of other forms of gender-based violence, to recover, maintain financial stability, and seek help in the wake of an incident.

Expand access to paid sick days
An estimated 32 million workers, including 1 in 3 low-wage workers, do not have access to a single paid sick day. Low-wage and part-time workers, a majority of whom are women, are less likely to have access to pay sick days through their employers. Women, who are more likely than men to spend time caring for a sick loved one, are disproportionately affected by lack of access to paid sick days, which can cause increased vulnerability to negative health outcomes and financial strain. Policymakers should expand access to paid sick days by requiring employers provide workers with at least 56 hours of job-protected paid sick time each year to access preventive care and care for their own or a family member’s illness, which would go a long way to protect the health of all families and the public.

Ensure the right of people with disabilities to parent with dignity
The National Council on Disability reports that child removal rates are around 70 percent to 80 percent for parents with a psychiatric disability and 40 percent to 80 percent for parents with an intellectual disability. For parents with a physical disability,
13 percent report discriminatory treatment in custody cases. Parents with disabilities must be given the autonomy to raise their children in safe environments with access to social supports and free from stigma and interference.

**Ensure part-time parity**

Women with families often work part time so that they can care for their families and still bring in needed income. Mothers contribute to their families’ income, with more than 64 percent of mothers serving as the sole, primary, or co-breadwinner for their families while also performing significant unpaid care work at home. Almost two-thirds of part-time workers are women, and the primary reasons women work part time are because of child care and other family or personal obligations. In addition, a growing number of workers are forced to work part time, even though they would prefer to work full time, because full-time employment is not available to them. Yet, part-time workers are often found in low-wage occupations, paid less per hour than full-time workers, and denied basic workplace benefits and opportunities for advancement. Policymakers should prohibit discrimination on the basis of number of hours worked with respect to hourly wages, eligibility to accrue employer-provided paid and unpaid time off and other benefits, and promotion opportunities. They also should create portable benefits such as health insurance and paid family and medical leave unconnected to employers, to improve the quality of part-time work and contribute greatly to the economic security of women and their families.

**Ensure patient confidentiality in the delivery of care and insurance communications**

The Health Insurance Portability and Accountability Act (HIPAA), signed into law in 1996, allows individuals to request that their provider and health plan accommodate certain requests for confidentiality if the individual believes that they could be in danger. But the limited confidentiality protections that HIPAA affords have not been updated or expanded to accommodate the ever-changing health care landscape, such as the expansion of electronic health records and the expanded dependent coverage for young adults under the age of 26. A concern about confidentiality has been associated with avoiding or delaying care, and these concerns are most pronounced among adolescents and young adults, as well as people experiencing intimate partner violence.

**Promote equal pay for equal work by passing the Paycheck Fairness Act.**

Stubborn and pervasive pay disparities make clear that equal pay for equal work is far from a reality. On average, women working full time, year-round earned 82 cents for every $1 earned by men working full time, year-round in 2018—and this gap was wider for most women of color. For every $1 earned by non-Hispanic white men working full time, year round, Black women earned 62 cents, American Indian and Alaska Native women earned 57 cents, and Latinas earned 54 cents. The next president and Congress must take meaningful and comprehensive action on equal pay by passing the Paycheck Fairness Act, legislation that both strengthens existing equal pay protections and combats discriminatory pay practices. The comprehensive law would also promote pay transparency, protect workers from retaliation, close the “factor other than sex” loophole, and more to begin to close the gender wage gap.
Require regular pay data collection from employers

Access to pay data is essential to determining if and where discrimination exists. In 2016, the Obama administration adopted an annual pay data collection component to the existing EEO-1 form. However, the Trump administration has engaged in repeated efforts to thwart this progress. Data must be collected regularly and must be disaggregated by race, ethnicity, disability, LGBTQ identities, and more to allow for targeted solutions to the observed discriminatory trends and patterns. Other countries such as the Australia, Germany, Austria, the United Kingdom, and Iceland regularly collect wage gap data through mandatory reporting for employers of a certain size.

Require public and private employers to report their gender wage gap disaggregated by race, ethnicity, and other factors

Public reporting on wage gaps within a company or organization would bring greater transparency to employer pay practices and push employers to identify concrete steps taken to correct wage disparities. The United Kingdom requires employers with more than 250 employees to publish their gender wage gaps on their websites at the end of every fiscal year. It also requires companies to publish the gender bonus gap as well as the number of employees in each salary quartile by sex. Employers in the United States with 100 or more employees should—at minimum—be required to report their overall pay gap, disaggregated by gender, race and ethnicity, along with disability and LGBTQ identity, to pinpoint wage disparities across multiple factors, such as pay disparities experienced by women of color.

Hold employers accountable for discrimination through enhanced Securities and Exchange Commission (SEC) disclosure requirements

Transparency is vital to women’s progress. The SEC has a role to play in ensuring corporate transparency, but the existing reporting requirements fall short of what the public needs to know about an employer’s long-term-oriented environmental, social, and governance information—particularly information about an employer’s existing or history of discrimination. The SEC should establish explicit disclosure requirements for employers to report relevant data including gender wage gaps disaggregated by race and other factors, findings of discrimination, and settlements. Employers should also be required to demonstrate the steps taken to address discrimination by gender, race, and other factors, including but not limited to anti-bias training for all levels of staff such as leadership, managers, and supervisors.

Establish a right-to-request policy to provide all job applicants and workers with better information about pay practices

Enacting a right-to-request policy would empower workers from day one by enabling them to request information—such as the starting salary or salary range for a position, the employer’s pay gap by race and gender, the equal pay policy, and the frequency of an employer’s compensation analyses—and make more informed decisions.
Limit the use of salary history in the hiring process
The use of salary history in interviews and hiring decisions disproportionately disadvantages women, who earned, on average, 82 cents for every $1 earned by white, non-Hispanic men in 2018. Using a prior salary to determine current earnings could have the effect of carrying forward past discrimination, permanently relegating women to lower pay.

Require employers to post salary ranges or starting salaries in job announcements
When employers disclose salary ranges, it benefits applicants by leveling the playing field for salary negotiations as well as for current employees who can use the ranges to detect and remedy existing unjustified pay disparities.

Support efforts to close the racial wealth gap
Today, the typical white family has 10 times the wealth as the typical Black family and about seven times the wealth as a typical Latinx family. For both Black and Latinx families, women are more likely to be the breadwinner in their household. Therefore, if policymakers aren’t talking about economic issues central to women, especially women of color, they will not be successful in closing the racial wealth gap. Many factors contribute to the wealth gap for women, including a persistent gender wage gap, a lack of work-family benefits, and the systemic devaluing of Black women’s work rooted in the legacy of slavery. The federal government must support efforts to both close the racial wealth gap and to build wealth for women.

Eliminate the so-called pink tax
The pink tax is a form of gender-based price discrimination by which women face additional costs—$1,351 per year, according to one widely cited estimate—for consumer goods and services compared with men and are forced to pay taxes for feminine hygiene products. The pink tax can be eliminated by requiring that any good or service marketed to both men and women be priced equally, as California successfully accomplished in 1995 for services from businesses such as tailors, hairdressers, and dry cleaners.

Aggressively fight poverty and protect against economic insecurity
Women in America—in every state and region—are more likely than men to live in poverty. In fact, nearly 1 in 8 women lived in poverty in 2018. Queer and transgender women encounter additional intersectional discrimination and oppression leaving them particularly vulnerable to living in poverty. Transgender women are nearly four times more likely to live in poverty than the general population, and both transgender women of color, and female same-sex couples raising children experience particularly high poverty rates. Many factors contribute to the persistent inequality women—especially women of color, queer, and transgender women—face, including the challenges of unstable low-wage work and unpaid caregiving, discrimination in the workplace, inadequate social safety nets and more. Thus, policy solutions to address women’s poverty must be multifaceted and LGBTQ-inclusive. These solutions should include the following: access to high-quality jobs and social services
such as expanded access to Medicaid and the Supplemental Nutrition Assistance Program; health care; paid family and medical leave that is inclusive of chosen family; child care; the construction of more quality, affordable homes and greater access to anti-homelessness, renter, and homeownership supports; as well as other key income and work supports such as strengthened federal tax credits for low- and moderate-income workers; the elimination the gender and racial wage gaps; and more robust enforcement of anti-discrimination protections.

**Strengthen pregnancy accommodation protections and anti-retaliation measures for pregnant workers**

Pregnant workers still face discrimination and retaliation in the workplace, despite legal protections under the 1978 Pregnancy Discrimination Act. Reasonable accommodations, such as carrying water or sitting on a stool while at work, are sometimes still denied to pregnant workers. Almost 75,000 pregnancy discrimination charges were filed with the Equal Employment Opportunity Commission and state or local fair employment practices agencies from 1997 to 2011. However, claims of pregnancy discrimination are likely undercounted given a prevalent fear of retaliation among many pregnant workers. Low-wage workers and women of color are also more likely to face pregnancy discrimination because of intersecting racial, ethnic, and economic stereotypes. Twenty-seven states and Washington, D.C., have passed laws—many bipartisan—or issued executive orders to provide workplace protections or expand the right to reasonable accommodations to pregnant workers. A national law, such as the bipartisan Pregnant Workers Fairness Act, would expand accommodations and anti-retaliation protections to pregnant workers across the country.

**Create full-day, high-quality preschool programs**

Economic benefits of high-quality universal preschool cannot be overstated. Since Washington, D.C., implemented universal preschool, maternal labor force participation rose by more than 10 percent. On a broader scale, the benefit of high-quality, universal preschool to the United States is estimated to be around $83 billion per year.

**Eliminate preschool suspensions and expulsions**

According to a 2017 survey, around 250 preschoolers in the United States are suspended or expelled every day with little to no improvement in behavioral results, and Black children are particularly targeted. Early childhood programs and preschools should eliminate suspensions and expulsions and instead provide behavioral health specialists as an alternative resource.

**Lower prescription drug prices**

To lower the high prescription drug prices that put families’ health and economic security at risk, lawmakers should enact comprehensive legislation to lower drug prices. Twenty-four percent of respondents to a 2018 Kaiser Family Foundation poll reported that they or a family member skipped doses, cut pills in half, or did not fill a prescription because of cost. The burdens of unreasonably high drug prices fall particularly
hard on women of color, who face a persistent wage gap and are more likely to be breadwinners in their families; for example, 68 percent of Black mothers are the sole or primary breadwinner for their family. H.R.3, or the Lower Drug Costs Now Act, provides a good starting point to address the burden of prescription drug prices.

**Reinstate the presumption of release for pregnant people in the immigration court system**
Although not officially announced until March 2018, U.S. Immigration and Customs Enforcement (ICE) began detaining increased numbers of pregnant women, ending the Obama-era policy under which a pregnant woman would only be detained if mandated by law or under extraordinary circumstances. Between October 1, 2017, and August 31, 2018, ICE detained 1,655 pregnant women. Congress should reinstate the presumption of release and ban the detention of pregnant immigrants except in extraordinary circumstances.

**Limit religious exemptions**
The federal government must limit religious exemptions—such as those that allow employers and health care workers to deny care based on religious or conscience objections—to ensure patients are not discriminated against by their health care providers or denied care. Additionally, health care workers with objections must be required to provide patients with adequate notice of these objections, as well as the necessary transfer and referral to ensure that patients can access care.

**Invest in pilot studies or other efforts to explore effective survivor-centered resolution and restorative justice strategies**
While incarceration or employment termination can be apt responses to some instances of sexual misconduct, not every incident will or should be resolved in these ways. Each survivor is different and may want a different type of response or resolution. Centering survivors is essential to any response to instances of sexual misconduct, and strategies such as restorative justice and other community-based efforts warrant further investigation for their effectiveness in resolution, accountability, acknowledgement of wrongdoing, and healing.

**Better align school and work schedules**
The typical school day and year is misaligned with the work schedules of most parents. These shortened, rigid, and unpredictable school schedules not only affect parents’ day-to-day workloads, but they also reduce valuable learning time in the classroom, which negatively affects student achievement. Policymakers and institutions should consider extending the length of the school day, reducing the number of school closures, reforming the calendar year, and rethinking engagement strategies.
Require fair and predictable scheduling

**One in 6** workers have schedules that vary based on their employer’s needs, with no control over their own hours. Low-wage workers—who are disproportionately women—are more likely to encounter unstable and unpredictable work schedules. Nearly **40 percent** of young workers receive their schedules a week or less in advance, and many part-time workers experience fluctuating hours. The lack of predictable schedules can make it harder for working women to make ends meet due to income volatility; to maintain access to benefits such as health care and the Supplemental Nutrition Assistance Program (SNAP); to access affordable and stable child care; and to care for their families. Employers should—at minimum—give workers their schedules with at least two weeks advanced notice, provide reporting time and split shift pay when applicable, protect their workers’ right to submit scheduling requests without retaliation, and provide compensation when there are last-minute schedule changes or employees are placed on call with no guarantee of available work. The federal government should follow the lead of several cities (San Francisco, Philadelphia, and New York) and one state (Oregon), which have passed fair work scheduling laws.

Modernize sex education

Sex education must include education on consent, healthy relationships, and sexual assault; respectfully incorporate discussion of LGBTQ identities and interventions targeting this community; and ensure cultural competency across a range of factors. Currently, only **24 states** mandate sex education, and many of those states use out-of-date curricula. Only **21 states** and Washington, D.C., include references to healthy relationships or consent in their sex education standards, and only nine states have standards for LGBTQ-inclusive curricula. The federal government should encourage state and local institutions to replace existing outdated and inadequate sex education with programs that are evidence based, comprehensive, and inclusive.

Remove sexual assault prosecution from the military chain of command

According to a U.S. Department of Defense survey, in fiscal year 2018, nearly 6 percent of active duty women experienced sexual assault and nearly 24 percent experienced sexual harassment. The same survey found that 1 in 5 women in the military who experienced sexual harassment also experienced sexual assault. These experiences of sexual harassment and sexual assault can have long-lasting negative effects on survivors, including those who were discharged from the military after reporting their harassment or assault. There is a widespread fear and distrust in the system that precludes sexual assault reporting by military survivors, many of whom are weary of the bias and conflicts of interest posed by the military chain of command’s singular role in deciding if a case goes to trial. Congress should pass legislation that would remove the prosecution of violent sexual crimes from the chain of command and instead require the use of independent, trained military lawyers in these cases.
**Ban shackling of pregnant people**
The federal government must ban the shackling of pregnant people in jails and prisons as well as in immigration detention. Shackling pregnant people can lead to dangerous health effects and is considered an unconstitutional human rights violation by a number of social justice organizations. For example, pregnant women in U.S. Immigration and Customs Enforcement (ICE) detention have reported stress, miscarriage, and stillbirth as a result of shackling, and in fiscal year 2017-2018, 28 women had miscarriages in ICE custody.

**Ban convicted stalkers from gun possession**
Stalking is a frequent element of domestic abuse and is a risk factor for future violence. Nearly 62 percent of female stalking victims were stalked by a current or former intimate partner, while 26 percent were stalked by an acquaintance and 15 percent by a stranger. One study of female murder victims in 10 U.S. cities found that 76 percent of women who were murdered by a current or former intimate partner experienced stalking in the year preceding the murder. While current federal law prohibits individuals convicted of felony-level stalking from gun possession, individuals convicted of misdemeanor stalking remain free to buy guns. Federal law needs to be strengthened to ensure that no convicted stalkers have easy access to guns.

**Eliminate the subminimum wage for tipped workers**
Women make up more than two-thirds of the tipped workforce, which consists of workers who can earn a federal subminimum wage as low as $2.13 per hour because they typically receive tips as part of their compensation. This concentration of women in very low-paying jobs that rely on tips is a significant driver of the persistent gender wage gap, further evidenced by the fact that the poverty rate for women tipped workers is 2.5 times the overall rate. According to a CAP analysis, Latina tipped workers earn 65 percent less than white, non-Hispanic nontipped male workers. Moreover, Latinas are nearly twice as likely to work for tips as white, non-Hispanic men. Tipped workers face steep power imbalances at work in relation to customers and employers, both of whom determine their compensation. These dynamics leave workers in tipped occupations vulnerable to sexual harassment, misconduct, or other discrimination for fear of being denied earnings or losing their job altogether if they resist.

**Eliminate the subminimum wage for workers with disabilities**
The estimated 400,000 workers with disabilities in the United States are paid on average just $2.15 per hour. The subminimum wage for workers with disabilities segregates them from the broader workforce and treats their employment as charity, rather than the equal work that it is.
Support survivors by appointing survivors to key enforcement roles
About 52.2 million women in the United States report experiencing sexual violence over the course of their lifetime, and an estimated 1 in 3 women reports experiencing workplace sexual harassment. Despite numbers of this magnitude and the resilience of the #MeToo movement, survivors’ stories are still too often dismissed as faulty recollections or outright lies, and perpetrators in power are rarely held accountable. It is essential that the federal government focus on survivors’ needs and prioritize specific actions to remedy the problems they face, which requires that the perspectives of survivors are involved at all stages of policy development and enforcement. To this end, the federal government should appoint survivors to key government roles in agencies and offices such as the Office on Violence Against Women at the U.S. Department of Justice, the Equal Employment Opportunity Commission, and the U.S. Department of Education.

Ensure that survivors have access to comprehensive health care that is compassionate, judgement free, and private
With 1 in 4 women reporting that they have experienced physical violence, sexual violence, or stalking by an intimate partner, access to primary and preventative care as well as emergency services and the full range of reproductive health care services is vital to prevention as well as their recovery and overall well-being. This must include abortion care: Women who are denied abortion services are more likely to remain tethered to an abusive partner.

Ensure that survivors have access to a full range of services to report misconduct and promote healing
Healing is often not immediate nor determined by a specific timetable. Lawmakers should fund a range of interventions aimed at getting survivors access to much-needed hands-on support and unbiased advice from trusted sources. This includes but is not limited to sexual harassment and assault hotlines or pilot programs, long-term counseling services, access to legal counseling as needed, and know-your-rights education programs. Supports and services must be available to survivors of all identities and backgrounds as well as accessible for survivors with disabilities—congenital or acquired as a result of their abuse.

Include survivors with disabilities in efforts to combat gender-based violence (GBV)
Federal initiatives must intentionally include survivors with disabilities, including those who acquired their disabilities as a result of their abuse. Disability must be included as a demographic category in all GBV-related research, data collection, and production of targeted materials for survivors.
Ensure that survivors who are immigrants have a structured pathway to citizenship

There must be a structured pathway to citizenship for undocumented immigrants, particularly for survivors so that they feel safe coming forward with cases of gender-based violence (GBV). To provide immigrant survivors with tools to secure their own safety and freedom, the federal government can increase the number of U visas and T visas available each year to victims of crimes and trafficking who offer to cooperate with law enforcement, particularly for victims of crimes involving GBV. Additionally, given past Trump administration attempts to limit the scope of asylum protections, lawmakers must clarify that asylum laws include protection for immigrant survivors of GBV.

Improve the child and earned income tax credits

More than 11.9 million children live in poverty and about 43 percent of households, or 50.8 million, cannot afford basic items such as food, housing, and health care. Families experience a surge in costs when they welcome new children, at a time when may be on leave from work to care for their new child and are early in their careers and may have lower wages. Current policies, including the child tax credit (CTC) and the earned income tax credit (EITC), do not go far enough to help workers and families, particularly women and low-income families, manage these costs. Proposals to expand the CTC and EITC, such as the American Family Act and the Working Families Tax Relief Act, include ideas that would make the CTC fully refundable to help the lowest-income families, increase the maximum benefit per young child by creating a new monthly young child tax credit, and disburse benefits monthly rather than once a year through tax refunds. Improving the EITC and CTC would provide critical support to families raising children and would dramatically reduce child poverty.

Increase teacher compensation

In 2018, the average starting salary for a regular full-time teacher was only $38,617, though the rate varied by state. Around 77 percent of teachers are women, and teachers make less than similarly educated professionals in every state. Moreover, the gender and racial wage gaps among teachers mirror those of the broader workforce. The federal government should explore methods of raising teacher pay—particularly for teachers in high-poverty schools—for educators at all levels, including, for example, implementing a $10,000 refundable federal teacher tax credit.

Expand access to reproductive health services through telemedicine

Telemedicine has been shown to be just as safe as in-person abortion care and can also be used to expand access to reproductive health services, including contraceptives and maternal health care, yet is unnecessarily restricted by state laws. Telemedicine is particularly important in post-disaster settings. Thus, it is important to promote telemedicine by, for example, expanding Medicaid reimbursement for reproductive health services given via live video, store-and-forward, or remote patient monitoring, while eliminating restrictions based on location, provider, or specialty of services, including telemedicine abortion care.
Protect women with a temporary restraining order from lethal violence

When a victim of domestic violence first decides to seek help from the court system, a frequent first step is to obtain a temporary order of protection that is issued ex parte and covers the brief period of time between when a case commences and when the abuser has a chance to appear in court. The period immediately following the issuance of such a temporary restraining order is often one of the most dangerous times for women in abusive relationships. Yet the ban on gun possession by individuals subject to a domestic violence restraining order does not apply to temporary orders. Federal law should be updated to include these orders of protection in the current ban and protect women from lethal violence during this particularly dangerous period.

Protect and strengthen Title IX’s protections against sexual assault

One in 5 women report experiencing sexual assault in college, and students who have experienced sexual assault are more likely to drop out of college—a rate of around 34 percent. In November 2018, Secretary of Education Betsy DeVos announced proposed changes to Title IX that would create dangerous imbalances between the rights of accused students and survivors. The proposed changes would, among other things, reduce school liability by narrowing the definition of sexual harassment and introduce burdensome reporting requirements that would likely dissuade survivors from reporting sexual assault. To address the threat that this rule poses to survivors’ civil rights, the federal government must pass legislation strengthening Title IX protections for survivors of sexual harassment and assault as well as improve upon data collection systems that capture campus crime statistics.

Increase funding to Title X and other safety net providers

Providers participating in the Title X family planning program, community health centers, and federally qualified health centers are trusted—and frequently, the only—sources of care for people with low incomes, people of color, people living in rural communities, and undocumented people. Yet, these providers are frequently under resourced. Relatedly, these providers typically are financially unable to participate in delivery system reform models, such as accountable care organizations and patient-centered medical homes, aimed at improving care coordination.

Protect the Title X family planning grant program

The federal government must safeguard the patient-provider relationship by undoing policies, such as the domestic gag rule, that restrict Title X grantees from providing the full range of pregnancy-related options and interfere with patients’ ability to obtain confidential and comprehensive family planning services.

Design programs to strengthen unions and improve government services

The United States could design policies akin to the Ghent system—an arrangement whereby unions help deliver government-supported benefits, that exists in Sweden, Belgium, and Denmark. The United States has a number of Ghent-like policies where unions deliver or help people access governmental benefits including workforce training,
retirement benefits, and enforcement of workplace laws. Expanding upon these models—for example, by exploring the role of Ghent-like paid leave programs or unemployment insurance—would increase union membership and improve the quality of public programs in the United States.

**Improve worker rights to unionization and collective bargaining**
All workers must have the right to join a union and collectively bargain for better work conditions, protections, and pay. Unionized women earned 9 percent more than comparable, nonunionized women in 2018. Through collective mobilization, workers across specific industries and states have led efforts to combat workplace discrimination by responding to harassment and violence as well as to create or expand workplace protections. Federal legislation—such as the Public Service Freedom to Negotiate Act, the Protecting the Right to Organize Act, and the Workplace Democracy Act—can also build worker power and protect workers’ right to collective action. Other reforms include strengthening support for industrywide bargaining, creating wage boards and works councils, raising standards for private sector workers whose jobs are funded by the federal government, and ensuring that unions have a key role in providing public benefits—including workforce training—and the enforcement of workplace laws.

**Restore the U.S. contribution to the United Nations Population Fund (UNFPA)**
In 2017, the Trump administration cut off funding for the UNFPA, a U.N. agency that works in more than 150 countries to support maternal and child health care, HIV/AIDS treatment, services for survivors of violence in emergency settings, family planning, and other reproductive health care for women and young people. The UNFPA prioritizes care for poor communities where women are at increased risk for a host of health and societal ills, including gender inequality, pregnancy complications, and sexual violence.

**Reauthorize and expand the Violence Against Women Act (VAWA)**
First passed in 1994 and reauthorized in 2000, 2005, and 2013, VAWA created and supports comprehensive responses to gender-based violence (GBV). Since its original passage, the law has led to a significant drop in GBV and has significantly expanded resources and supports for survivors. Even with this progress, there remain gaps in protections that are important to fix. For example, loopholes in gun laws, which permit gun purchases by abusive partners, and limited protections and services for LGBTQ survivors are among that gaps that, if addressed, could help strengthen current law. In addition, the reauthorization must include enhanced supports for Native women, including expanding the jurisdiction of tribal courts to more effectively prosecute GBV committed on tribal lands and addressing the crisis of missing, and murdered indigenous women.
Make it easier for women to vote
Policymakers must proactively make voting easier for women voters. A guaranteed five-hour flexible paid time off period available during early voting periods and Election Day would particularly benefit women, who disproportionately juggle primary caregiving for children and parents along with work commitments. Similarly, implementing at least a two-week-long early vote period in every state along with no-excuse absentee voting will increase the likelihood that women will be able to vote in greater numbers. Furthermore, automatic voter registration and same-day registration during both early voting periods and on Election Day are commonsense policies that would benefit all voters while also ensuring that women who change their names after getting married can easily update any voting information. Finally, confidentiality protections for voters’ personal information will help survivors of domestic abuse whose abusers access such information to stalk and further threaten women.

Combat voter suppression
Women—particularly women of color—represent a potential electoral powerhouse. However, women are less likely to be able to afford to take the necessary time off to get to the polls, whether due to caregiving responsibilities or to low-wage or inflexible work. And survivors of domestic violence, disproportionately women, may also face additional barriers to voting. Furthermore, around 80 percent of women change their names after marriage, which could pose an issue with identification if subject to voter ID laws. Voter ID laws also disenfranchise transgender people, many of whom do not have IDs that match their gender identity, making them vulnerable to harassment and violence. Jurisdictions should remove harmful and discriminatory voter suppression practices that disproportionately target women of color such as voter ID laws, unlawful gerrymandering, voter roll purges, and limiting polling hours.

Strengthen wage theft protections
Millions of workers experience wage theft every year, losing out on wages they are legally entitled to, because employers refuse to pay workers what they’re owed from the legally mandated minimums or from the hours of overtime they work. Employers who violate laws and steal wages from workers face few repercussions due to limited government oversight and enforcement. While wage theft can happen to workers in all industries, minimum wage workers are particularly vulnerable. Women make up more than half of workers who experience minimum wage violations, despite being less than half of the minimum wage-eligible workforce. Compounded with the gender wage gap where women are paid less than their male counterparts, wage theft can cause greater negative economic outcomes for women. Solutions to combat wage theft include strengthening wage theft protections, improving government enforcement, increasing penalties for violators, protecting workers from retaliation when reporting wage theft, and partnering with worker and community organizations to ensure that vulnerable workers know their rights and are empowered to come forward to report violations.
Establish national worker boards to raise basic standards for all workers

National worker boards would bring together representatives of workers, employers, and the government to collectively negotiate wages and benefits and workplace standards across entire occupations and industries. They can raise compensation for all workers and close racial and gender pay gaps by setting minimum wages and pay scales based on measurable, job-related indicators—two outcomes that would benefit all workers but particularly women and workers of color. For example, a New York state wage board successfully raised wages for both fast-food workers. Moreover, the city of Seattle enacted a Domestic Workers Bill of Rights in 2018 that establishes a Domestic Workers Standards Board. Sen. Kamala Harris (D-CA) and Rep. Pramila Jayapal (D-WA) have introduced similar legislation.

Fully integrate the Women, Peace, and Security Agenda into U.S. foreign policy

Effectively promoting the participation of women in conflict prevention, management, and resolution will help ensure women’s voices and the issues they care about are prioritized during and after conflict and will create more democratic and inclusive societies around the world.
Policies in direct response to the coronavirus pandemic

This section was added on June 8, 2020, to include additional policies that women need in response to the ongoing coronavirus pandemic.

Establish a system for automatic and long-term economic relief

While women made up about half of employed workers in February 2020, they represented 56 percent of the jobs lost from February to May, with Black women and Latinas experiencing some of the highest rates of unemployment reported by the U.S. Bureau of Labor Statistics. Congress must take steps to respond to the ongoing unemployment needs related to the coronavirus pandemic and to anticipate women’s longer-term employment challenges. Thus, Congress must permanently expand unemployment insurance (UI) benefits to all workers, including those traditionally excluded such as gig workers, and must ensure that all those who are eligible receive benefits despite capacity issues in state programs. Because of the devastating economic effects of the disease and the potential long-term consequences if there are multiple waves, it is critical to adopt economic triggers that would ensure the availability of benefits quickly in times of distress and that could quickly be reactivated if that distress comes in waves. Such benefits should include access to UI, the Supplemental Nutrition Assistance Program (SNAP), and other vital benefits. Formalizing the mechanisms of relief is essential to ensuring that the relief is designed around economic indicators and not political whims for both the current crisis as well as in the event of future crises.

Increase access to a range of birthing options

Birth does not stop during a pandemic, and it remains unclear how the coronavirus pandemic affects maternal health. As many pregnant people—especially Black and Native women, who are already at increased risk for maternal mortality—seek to avoid unnecessary hospital stays that risk exposure, those who are good candidates for out-of-hospital birth should have access to affordable, quality care. Policymakers should expand the availability of out-of-hospital birth by removing barriers to midwifery, home birth, and birthing centers. In addition, lawmakers must ensure birthing people have the support they need by addressing provider shortages and supporting the expansion of the perinatal health workforce to include a diverse range of maternity care providers including doulas and midwives.

Stabilize the child care industry

Half of child care providers will close if Congress does not intervene with resources to replace lost revenue and help them pay employees, rent, and utilities and other bills. Child care provider closures will disproportionately affect employment among child care workers, 40 percent of whom are women of color and are acutely vulnerable to financial insecurity. Moreover, a substantial decline in child care capacity is likely to result in lower maternal labor force participation, which would have a particularly harsh effect on Black and Hispanic mothers, who are more likely to be single heads of households than white mothers. The child care industry needs an estimated $9.6 billion each month in public funding to provide emergency relief and to maintain operations. Congress must
issue $50 billion in federal resources to provide child care to essential workers; provide personal protective equipment and other safety supplies to child care workers; and to stabilize providers so that they can open their doors when the economy restarts.

**Enforce civil rights and anti-discrimination protections**

Protections against discrimination are not expendable during a crisis. Lack of oversight and accountability of how legislative relief efforts are implemented opens the door to misuse and corruption, resulting in the harmful exclusion of women, people of color, and other key constituencies in the discussion about how different relief efforts can be designed for the strongest impact. There must be comprehensive anti-discrimination protections in place to prohibit discriminatory conduct in any responses to the pandemic, including ensuring that COVID-19 response funds are not used or distributed in a discriminatory manner. Furthermore, much of the progress that women have made can be attributed to important legal protections to combat sex discrimination and bias in the workplace. Yet the insecurity and uncertainty caused by emergencies can also lead to increased vulnerability for workers, who may decide to endure discriminatory practices rather than risk the loss of a job. Congress should closely monitor implementation of anti-discrimination protections and use its oversight authority to assess compliance with these provisions in the environment of the current public health emergency. In addition, for any anti-discrimination protection to be effective, it must also have strong enforcement mechanisms coupled with robust enforcement staffing and investigative resources to pursue claims vigorously and maximize the effectiveness of enforcement efforts. Finally, agencies, groups, and programs receiving COVID-19 funds should track and report on how they are using the funds as well as underlying workplace disparities to determine existing and emerging inequities within the workplace during this crisis.

**Ensure that women are included in clinical trials for coronavirus vaccines and treatments**

Women, especially women of color, are often excluded and underrepresented in clinical trials, leading to a lack of understanding of how diseases affect women differently and whether treatments and vaccines are effective or have harmful side effects. From 1997 to 2000, 8 out of the 10 prescription drugs withdrawn from the U.S. market had greater health risks for women than men, and a study examining four decades of clinical research found that women were underrepresented in research in 7 out of the 11 disease categories—even when women were more likely to have the disease. In order to create safe, effective, and equitable treatments and vaccines for the coronavirus, women, especially women of color, must be included in trials, and results of those trials must be disaggregated to understand differences based on sex and gender. Furthermore, pregnant people’s health needs must be considered in drug development and research.
**Expand access to contraceptives**

Lawmakers must expand access to reproductive health services including contraception, especially during this time when people may feel uncomfortable being pregnant, given the unknowns about how pregnancy intersects with the coronavirus. Nearly two-thirds of women ages 15 to 49, or more than 45 million women, were using contraception from 2015 to 2017. To ensure their access to this essential reproductive health care is not interrupted by the coronavirus pandemic, insurance plans should be required to cover a 12-month supply of contraceptives and to expand access to over-the-counter contraceptives. In addition, pharmacists should be able to prescribe contraceptives, and barriers including prior authorization requirements should be removed.

**Collect robust, disaggregated data on the impacts of the coronavirus pandemic**

Existing health disparities—a product of structural racism—have led to disproportionate rates of COVID-19 infections and deaths among people of color, particularly Black, Latinx, and Native American populations. However, there are insufficient comprehensive data available broken down by multiple demographic factors, such as sex, race, and ethnicity. In some instances, data about different subpopulations, including Native Americans, may be lumped into an “other” category. The United States must collect comprehensive data on infections and deaths that are disaggregated by sex, gender, race, ethnicity, pregnancy status, disability status, and age in order to fully understand the health impacts of the coronavirus. Federal, state, and local public health officials should assemble the appropriate health experts, regional leaders, and representatives from affected communities to create a task force assigned to coordinate data collection and use demographic data to develop the policies needed to inform a targeted response to the pandemic. This process must involve taking steps to ensure strong privacy protections to prohibit the potential misuse of data and sharing of data beyond designated health officials.

**Safeguard U.S. elections**

Women should not be forced to choose between their health and their right to vote this year. Women, particularly women of color, represent a powerhouse electorate and have outnumbered men among registered voters in every election year since 1980. Lawmakers must ensure that elections are safe, secure, and accessible for all people eligible to vote. This requires allocating significant funding to states and localities to expand voter registration, eliminate onerous voting requirements, implement robust vote-by-mail systems, and ensure access to safe in-person voting options for people who prefer or need them. Early voting periods and polling hours should be expanded to better avoid congested polling places where the virus can easily spread. Furthermore, as conservative activists and lawmakers continue to try to make it harder for people to vote by challenging such measures in court, judges should rule without ideological bias to support individuals’ right to vote safely and securely.
Extend duration and uses of emergency paid leave

The Families First Coronavirus Response Act that was enacted in March only grants workers up to two weeks of emergency paid sick days and 12 weeks of emergency child care leave, with only 10 weeks paid. This may not be enough time for workers who may need paid leave to recover from their own illness and also provide care to a family member. The limited emergency paid sick leave for workers’ own health—two weeks—is likely not even a sufficient duration for those who get severely sick and hospitalized with COVID-19, where the length of the illness can last 23 days to 33 days according to the Centers for Disease Control and Prevention. Moreover, the current emergency paid child care leave provision is too narrow and does not include leave for medical or other family care purposes related to the coronavirus. Congress must expand on these emergency paid leave provisions to provide a longer amount of leave, beyond 10 days of emergency paid sick leave, for workers to have enough time to fully recover from COVID-19 and manage any caregiving responsibilities.

Enforce compliance with strong safety standards and provide premium pay for essential workers

Women have constituted the majority of essential workers during the COVID-19 pandemic, with women of color in particular disproportionately represented on the front lines. The contagious nature of the disease and the lack of a proven treatment to combat it effectively have created unsafe working conditions for many of these essential workers. Essential workers must have access to necessary personal protective equipment—at no cost to the employee—in order to perform their jobs safely. The Occupational Safety and Health Administration must set and strictly enforce workplace safety guidelines, and Congress should exercise its full powers of oversight to ensure the safety of America’s workers. Workers also must have access to crucial workplace benefits, including paid sick leave and emergency child care. In addition, policymakers must raise normal earnings for essential workers, and essential workers must have access to meaningful additional compensation, also known as premium pay, for essential work until there is no longer a widespread threat of infection—for example, once there is an available and effective vaccine.

Fund evidence-based family planning providers

Family planning needs do not stop during a pandemic, and these providers are often people’s main health care providers and continue to deliver critical care. Safety-net providers, including community health centers and family planning providers, are often women’s entry points into the health care system and are crucial connectors to essential health care services, especially for women of color and low-income women. During the economic downturn caused by the coronavirus, women will increasingly rely upon these providers’ no- and low-cost service for information, diagnostic screenings, and referrals for testing. Family planning providers must not be excluded from emergency funding bills, including providers who were forced out of the Title X program by the domestic gag rule.
Expand health care coverage for coronavirus testing and care

Women need affordable health care that ensures access to coronavirus testing and care, regardless of their income, race, or immigration status. Women are more likely to forgo care due to costs, and women of color are especially at risk due to health disparities caused by systemic racism. The Families First Coronavirus Response Act requires most insurance plans, including Medicaid and the Children’s Health Insurance Program (CHIP), to cover testing with no cost-sharing, and states have been granted flexibility and funding to cover testing for the uninsured. However, ambiguity remains around access to testing for people without insurance, and junk health plans encouraged by the Trump administration have no such testing coverage requirement. Lawmakers must also ensure that once available, a vaccine and treatments for the coronavirus are priced fairly and covered with no cost-sharing. Women have been hit hardest by job losses due to the coronavirus pandemic and may lose their health care if they are among the nearly 50 percent of people in the United States who receive health coverage through an employer. The federal government must create a special enrollment period (SEP) for the pandemic—as well as an SEP for pregnancy—so that people buying insurance on their own can enroll in health care coverage during the immediate crisis and pregnant people can continue to enroll in coverage beyond the pandemic. In addition, states that have not yet done so must implement Medicaid expansion, a critical women’s health program, without harmful work requirements that disproportionately harm women.

Protect the health of incarcerated women

Prisons, jails, and immigration detention centers are the sites of some of the worst outbreaks of COVID-19 in the country, in part due to their close quarters, lack of personal protective equipment, and lack of quality health care. Incarceration is already dangerous for women’s health, and the coronavirus pandemic exacerbates those risks. Nearly every woman in one Louisiana prison dormitory tested positive for COVID-19. Women of color are particularly at risk, as they make up a disproportionate share of women who are incarcerated and are more likely to have underlying health conditions. Incarceration and detention are especially dangerous for the health of pregnant women, who experience a lack of quality prenatal care, inadequate nutrition, and increased mental health risks while incarcerated; too little is known about the particular risks of the coronavirus to pregnant people. These dangers are apparent in the tragic death of Andrea Circle Bear, a Native American woman in federal prison who died from the coronavirus after giving birth via cesarean section while on a ventilator. Policymakers must take steps to drastically reduce the number of women who are incarcerated, ensure adequate safety measures for those who must stay incarcerated, and provide them with access to quality health care.

Expand coverage for maternal health care

Policymakers must address the ongoing crisis of racial disparities in maternal health and ensure that pregnant people have the coverage they need. First, lawmakers must extend pregnancy Medicaid coverage beyond 60 days to at least one year postpartum. No one should lose health coverage two months after giving birth, especially under the
threat of COVID-19. Congress should also change pregnancy to a qualifying life event to trigger a special enrollment period (SEP) and allow pregnant people to either enroll in a new plan or change their existing plan. Currently, birth is considered a qualifying life event, but both uninsured and underinsured pregnant people should also have access to comprehensive quality coverage even outside the SEP. Finally, it is crucial to address the mental health strain of the coronavirus pandemic on pregnant people—especially women of color, who are more likely to experience perinatal mood disorders—by ensuring coverage of maternal mental health services and access to culturally competent providers.

Secure access to small business grants or forgivable loans for minority- and women-owned businesses

Flaws in the design of the Small Business Administration’s (SBA) Paycheck Protection Program (PPP), particularly the guidelines implementing it, may have shut out a large number of minority- and women-owned businesses (MWOBs) from critical relief. This is in large part due to the fact that large commercial banks participating in the program chose to primarily issue the loans to existing customers, and MWOBs are far less likely than other businesses to have commercial banking relationships. Furthermore, subsequent SBA guidelines failed to implement the law’s clear mandate to ensure prioritization of MWOBs. To ensure access to crucial, business-saving resources for MWOBs, future proposals should target additional PPP appropriations specifically to MWOBs and must include more funding dedicated to community-development financial institutions and minority depository institutions, which are best positioned to serve these borrowers. Moreover, due to the inflexibility of SBA categories, women of color who are small-business owners are particularly likely to face barriers to loan access; thus, the SBA must report detailed demographic data for pandemic-related assistance so that inequities in loan distribution can be identified and rectified.

Close paid leave loopholes and exemptions

In response to the COVID-19 pandemic, Congress passed paid leave provisions in the Families First Coronavirus Response Act and further amendments in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The laws included important protections to provide up to two weeks of emergency paid sick leave and up to 12 weeks of emergency child care leave, with only 10 weeks paid. But an estimated 68 million to 106 million private sector workers are excluded from guaranteed coverage due to the laws’ exemptions and overly broad regulations issued by the Trump administration. Congress must close these loopholes and exemptions by mandating coverage of health care providers and emergency responders as well as by mandating compliance by large businesses with 500 or more employees. This is especially critical for entities that employ essential workers, including health care workers and workers in grocery stores and pharmacies.
Guarantee access to essential reproductive health care
- including abortion care

Abortion care and access are essential and time sensitive. Policymakers must ensure that no new abortion restrictions are included in federal COVID-19 relief funding packages or state actions. Adding abortion restrictions, such as the Hyde Amendment language, puts people’s health at risk and disproportionately affects low-income women and women of color, preventing them from accessing essential health care services. Policymakers should act to remove medically unnecessary barriers to abortion care that undermine public health and must stop using the pandemic as a cover for attacking abortion rights.

Strengthen and expand SNAP

Record unemployment that disproportionately affects women and low-income individuals is creating a hunger crisis. Rates of food insecurity are expected to skyrocket in the coming months; by some estimates, 54 million Americans, including 1 in 4 children, will be food insecure at some point in the year. Already, 40 percent of mothers with children under age 12 reported household food insecurity since the beginning of the COVID-19 pandemic. To ensure that everyone can afford to eat, Congress must act to strengthen the country’s largest anti-hunger program, the Supplemental Nutrition Assistance Program (SNAP). It must increase benefits for all SNAP households by at least 15 percent, double the minimum benefit, and suspend the implementation of harmful regulatory actions. Any improvements made to SNAP cannot be limited to the duration of the public health emergency; they must be tied to indicators of economic recovery and ultimately include long-term changes so the program can better ensure all families can put food on the table.

Ensure survivors of domestic violence have access to the federal and community resources they need

Since the outbreak of COVID-19, there has been a shadow pandemic of increased rates and severity of domestic violence around the world. Policymakers must work to improve the existing survivor support infrastructure, which includes expanding the operating capacity and accessibility of hotlines; increasing access to paid safe days and unemployment insurance for survivors seeking help or who have had to leave their job due to domestic violence; ensuring resources for Native American women and other communities at higher risk; and ensuring that domestic violence shelters and programs that provide direct support to survivors are deemed essential businesses and receive significant funding. Lawmakers must increase funding for domestic violence and sexual assault organizations, especially for Native American tribes and culturally specific victims services. In addition, the federal government should create a national database to consolidate piecemeal state and local data to understand trends in domestic violence and to target resources effectively.
**Expand the availability of telehealth**

Telehealth is critical to ensuring [women's continued access to health care](https://www.americanprogress.org) during the coronavirus pandemic, including reproductive and maternal health care such as prenatal and postnatal care and prescriptions for contraceptives and abortion care. Telehealth also reduces the need for travel and in-person interaction and is particularly crucial for rural and other medically underserved populations—especially given [ever-growing](https://www.americanprogress.org) family planning and reproductive health care deserts. Lawmakers should ease coverage restrictions around scope-of-practice and location and modality requirements for providers and patients that continue to create barriers to accessing telehealth, and Medicaid and private insurers should expand coverage of reproductive telehealth services. In addition, the Food and Drug Administration should remove [restrictions on access](https://www.americanprogress.org) to medication abortion that require patients to receive the pills in person and restrict providers from prescribing the medication abortion regimen. These restrictions prohibit pharmacies from stocking the pill and limit the ability of providers to offer abortion care via telehealth, despite an abundance of evidence that medication abortion is [safe and effective](https://www.americanprogress.org).

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