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## The Indirect Approach: Restricting Abortion Access through US Federal Legislation after Dobbs

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### Abstract

The overturning of the landmark Supreme Court case *Roe v. Wade* (1973) in the United States during the summer of 2022 with *Dobbs v. Jackson Women's Health Organization* eliminated the nearly 50-year constitutional right to abortion, leading to the introduction of numerous new restrictions. This article examines how the language used in federally proposed anti-abortion legislation has evolved in the aftermath of the *Roe* decision. By exploring the gender and power dynamics that shape the contemporary abortion debate, alongside feminist legal theory, this study analyzes the language and effects of five bills that have been introduced since the ruling. After analyzing the proposed bills, there was a noticeable shift in anti-abortion strategies by Republican elected officials. Rather than directly criminalizing pregnant individuals, these bills target abortion providers, state funding, and the dissemination of information. This indirect approach sets to restrict abortion access by making it practically unattainable for many regardless of its legality.

**Keywords:** abortion policy; *Dobbs* decision; gender essentialism; federal legislation; reproductive rights

### Introduction

For nearly 50 years, *Roe v. Wade* (1973) stood as a landmark decision, enshrining the constitutional right to abortion and shielding it from legislative attacks through federal court interventions in the United States (US). However, this legal protection was abruptly dismantled in 2022 with the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe* and handed the regulation of abortion rights back to individual states. In the immediate aftermath, Congress witnessed a surge in abortion-related legislative activity, reflecting a seismic shift in the language and strategies employed in proposed restrictions. This heightened legislative activity in Congress also demonstrated the deep partisan polarization surrounding abortion access. This article

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investigates these proposed bills, asking, How has the language of abortion restrictions evolved in the post-Roe landscape? Employing feminist legal theory as a lens, this study examines the rhetorical construction of abortion-related legislation introduced at the federal level after the *Dobbs* decision, analyzing how these bills perpetuate or reshape narratives around gender, autonomy, and reproductive rights within an increasingly polarized political landscape.

This study examines five bills introduced in the US Congress in the immediate aftermath of the *Dobbs* decision, all of which happened to be sponsored by Republican lawmakers and appear designed to impose new restrictions on abortion access and prevent the reinstatement of federal abortion protections. Through this analysis, the article identifies recurring patterns in the language of these bills, including the reinforcement of gender binaries, the portrayal of women as naïve or vulnerable to coercion, and the framing of the state as a paternalistic authority that protects women from both their own decisions and the so-called abortion industry. An interesting finding is the pattern of anti-abortion lawmakers seeking control through providers, states, information dissemination, and pharmacies rather than direct regulation of women's bodies.<sup>1</sup> Traditionally, the tactic had been to criminalize the act of abortion itself with strict penalties for the person seeking abortions. However, amid ongoing partisan gridlock, many of these bills relied on indirect strategies to restrict abortion access—an approach that has proven particularly effective for Republican lawmakers but not used by their Democratic counterparts.

The article begins with a literature review, situating the contemporary abortion debate within its historical and theoretical context. It then outlines the methodology used to select and analyze federal bills introduced post-*Dobbs*. Following this, an in-depth analysis of the selected bills explores how their language reflects broader societal attitudes toward gender and reproductive autonomy. In the discussion chapter, the findings are interpreted to highlight their implications for the future of abortion legislation in the United States. Ultimately, this study sheds light on how the legislative rhetoric of the post-Roe era reflects and reinforces societal constructions of gender, power, and reproductive decision making—narratives that continue to shape political discourse and policy in 2025.

### **Literature Review: Historical Framing of *Roe v. Wade* and Transition to *Dobbs***

The ongoing debate surrounding abortion legislation is an example of how legal systems are not neutral but rather sites of power struggle and control. This article analyzes this debate using the framework of feminist legal theory, which recognizes law as a social construct that is influenced by patriarchal structures and societal biases that historically subordinate women. It seeks “to expose the social construction of beliefs concerning truth, knowledge, power, the self, and language that serve to legitimize existing structures of dominance in contemporary Western culture”.<sup>2</sup> Feminist legal theory shows the ways in which laws often serve to control women's bodies, reproductive capacities, and their roles in

society. By applying feminist legal theory, we seek to understand not only the legal implications but also the underlying dynamics that shape the abortion debate. The persistence of legislative challenges to *Roe v. Wade* highlights the ways legal systems reflect patriarchal power structures.

In 1973, the US Supreme Court issued its landmark decision in *Roe v. Wade*, declaring that the Fourteenth Amendment of the Constitution protects a pregnant woman's right to choose to terminate her pregnancy.<sup>3</sup> Writing for the majority, Justice Harry Blackmun framed the Court's role as resolving the deeply divisive "abortion controversy" that had long embroiled the nation.<sup>4</sup> However, rather than putting the issue to rest, the decision ignited decades of political and legal conflict. Opponents of *Roe* launched campaigns to overturn it through protests, legislative efforts, and litigation. In the years immediately following the decision, state legislatures introduced measures such as waiting periods, parental notification requirements, and "informed consent" laws, alongside restrictions on abortion providers.<sup>5</sup> By the 1980s anti-abortion efforts broadened further with President Ronald Reagan advocating for a constitutional amendment to ban abortion nationwide.<sup>6</sup> Despite these initiatives, federal courts reaffirmed *Roe*, limiting the effectiveness of legislative challenges and solidifying the judiciary's role in shaping abortion policy.

The abortion debate in the United States has been characterized by opposing narratives, with the fetus-centered approach forming a cornerstone of anti-abortion rhetoric. This perspective was dominant during the early years of the anti-abortion movement, immediately following *Roe v. Wade*. Proponents of this approach argued that abortion was equivalent to the killing of an unborn child, saying that a fetus, regardless of its stage of development, deserved full legal and moral recognition as a "person."<sup>7</sup> By framing abortion as the termination of a human life, this rhetoric often painted those seeking abortions as "selfish" or "immoral" for prioritizing their own needs over those of the fetus.<sup>8</sup> A characteristic of the fetus-centered approach was its insistence on mandatory sacrifice, asserting that carrying a pregnancy to term was a moral obligation. Scholars have pointed out the inherent inconsistency of demanding sacrifices from pregnant women that are not required in other contexts, such as mandatory organ or tissue donation.<sup>9</sup>

By the late 1980s, however, the anti-abortion movement began to pivot from its fetus-centered arguments to a woman-centered narrative. This shift reframed women as victims rather than perpetrators, arguing that those who sought abortions were often coerced by external pressures including partners, family members, or health care providers.<sup>10</sup> Accompanying this shift was the belief that abortion was not only harmful to the fetus but also inherently damaging to women. In 1989, Wanda Franz, then-president of the National Right to Life Committee, stated that women who had abortions experienced "terrible psychological pain" and felt as though they had "failed at the most natural of human activities, the role of being a mother."<sup>11</sup> This led to the concept of "post-abortion syndrome" (PAS), a supposed psychiatric disorder modeled on post-traumatic stress disorder.

Anti-abortion advocates argue that abortion was at odds with a woman's nature and it caused lasting psychological harm.<sup>12</sup> By claiming that abortion was

both coerced and psychologically damaging, this implied that no woman could make an autonomous decision to terminate a pregnancy. The woman-centered approach redefined anti-abortion rhetoric to appear more empathetic while reinforcing policies that transferred decision-making authority to others—whether family members, health care providers, or the state.<sup>13</sup> Furthermore, this rhetorical shift reinforced broader cultural narratives that equate womanhood with motherhood, influencing legislation and societal attitudes toward reproductive rights.

The anti-abortion movement has historically linked womanhood with motherhood by asserting that a woman's primary role is to bear and raise children. This perspective comes from old societal beliefs where women's reproduction was controlled as a source of labor and future resources.<sup>14</sup> By the nineteenth century, this ideal evolved into middle- and upper-class women in the United States whose responsibilities included childbearing, managing households, and "mothering" their husbands as the "natural order."<sup>15</sup> Women who deviated from these expectations—particularly those who were not mothers—were deemed incomplete or immoral.<sup>16</sup> Today, the media and social messaging frame motherhood as the ultimate fulfillment of a woman's identity.<sup>17</sup> The anti-abortion movement capitalizes on these narratives to portray pregnant women seeking abortions as acting against their "true nature," suggesting that motherhood is an innate aspect of womanhood.<sup>18</sup> This reduces women to their reproductive capacities and shapes cultural policies for restricting abortion access.

The expectation that women prioritize motherhood over their careers and personal aspirations influenced legislation. A study of 727 anti-abortion measures passed in US state legislatures between 2010 and 2015 found that 622 incorporate surveillance and control factors that operated together to suggest that women are in need of government protection.<sup>19</sup> These measures took the form of consent forms, mandatory ultrasounds, waiting periods, mandatory information about abortion reversal, and even the assertion of "a man's right to sue for the wrongful termination of a woman's pregnancy."<sup>20</sup> These legislative strategies expose how women are framed as incapable of making informed decisions about their bodies and needing state intervention to guide them. This is a recurring theme in anti-abortion rhetoric. With this theoretical framework and historical context in mind, the next section details the methods used to analyze the legislative responses and rhetorical strategies that followed the *Dobbs* decision.

## Methodology

The methodological approach involved examining the various frameworks and perspectives within feminist legal theory, such as consciousness raising and the presentation of social constructs as objective truths. The study then used feminist legal theory to develop several questions to guide the analysis of the bills selected for analysis. These questions were designed to explore how the bills addressed issues of gender, reproductive autonomy, and power dynamics and to

identify any underlying assumptions that might be present in the language of the bills. This analysis seeks to address the following question: How has the language of abortion restrictions evolved in the post-Roe landscape? The next section outlines each stage of the bill selection process.

### **Bill Selection Process**

The bill selection process started with a search for the term “abortion” on Congress.gov for the 117th Congress (2021–2022), which produced 1,273 results including 283 proposed pieces of legislation. Narrowing the search to bills introduced after the *Dobbs* decision (June 24, 2022) reduced the list to 59. To focus specifically on abortion restrictions, any bills with pro-abortion language, such as “protections” or “increasing access,” were excluded, leaving 27 bills—all sponsored by Republican members. Bills addressing international issues, symbolic gestures like declaring a “Month of Life Celebration,” or those that were not primarily about abortion policy were removed. Similarly, bills that merely sought to maintain pre-*Dobbs* policies or lacked substantive content for analysis were excluded.

Bills excluded tend to have narrower scopes, focus on adjacent issues like immigration or information access, or lack enforcement mechanisms. For instance, H.R. 9575 (No Taxpayer Funds for Illegal Alien Abortions Act) was excluded because it targets abortion access only in relation to immigration status rather than constituting a broader policy shift. Similarly, H.R. 9220 (INFO for Reproductive Care Act) was excluded for focusing on improving information access without introducing enforceable legal changes. Senate counterparts are noted but typically mirror their House versions in intent and scope. For example, S. 4840 mirrors H.R. 8814 in proposing a federal ban on abortion after 15 weeks and S. 4868 aligns with H.R. 8851 in its comprehensive anti-abortion policy package. Table 2 in Appendix D provides more detail. After consolidating duplicate House and Senate versions and refining the list to focus on significant post-Roe policy changes, five bills remained for detailed analysis:

1. Protecting Pain-Capable Unborn Children from Late-Term Abortions Act (H.R. 8814/S. 4840)
2. Preventing Abortion Sanctuaries Act (H.R. 8501)
3. Standing with Moms Act (H.R. 8384/S. 4541)
4. Providing for Life Act (S. 4868/H.R. 8851)
5. Pharmacist Conscience Protection Act (H.R. 8820)

To evaluate the selected bills, guiding questions were developed, grounded in central theoretical concepts. Table 1 outlines the themes and questions that shaped the analysis. The theme of paternalism and the subjugation of women draws from feminist analyses of power structures to show how policies often control women’s reproductive autonomy under the guise of offering protection.<sup>21</sup> This aligns with the theme of the conflation of womanhood and motherhood, which shows that societal expectations often reduce women’s identities to

**Table 1.** Underlying Themes and Guiding Questions and for Bill Analysis

Bill Analysis Question	Underlying Analytical Theme(s)	Explanation of Link
1. What is the bill attempting to control?	Paternalism/Subjugation of Women	Identifies the target of control, revealing if the bill aims to regulate women's bodies directly or indirectly through providers, states, or other entities.
2. How do the bills frame the pregnant person?	Conflation of Womanhood and Motherhood	Examines if the pregnant person portrayed as victims, naive, or as inherently maternal? This uncovers how the bill reinforces the idea that a pregnant person's main identity or purpose is as a mother or someone who needs to be protected.
3. What are the justifications for the bills?	Constructs as Universal Truths	Analyzes why the bill is presented as necessary, revealing if it stems from a need to "protect" women. This reveals if the bill's justification stems from an idea that the government must intervene to protect women and what type of evidence is used.
4. Do the bills present societal constructs regarding law, power, and gender as objective truths?		Explores whether the bill presents socially constructed ideas about societal gender roles, legal systems, and power structures as though they are neutral truths. This addresses if the bills are upholding existing male dominance as truths.
5. Do the bills include the gendered language of dichotomies?		Analyzes if the bill uses binary and gendered language. Does it frame issues as oppositions (e.g., fetus vs. pregnant person, choice vs. responsibility)? This addresses the idea that language is not neutral and often promotes gender-based power structures.
6. How and in what ways will the bill impact people?	Consciousness Raising	Looks at the consequences of the bill and if the proposed regulations will directly affect the lives of people who are pregnant regardless of their perspectives and the bill's potential outcomes.
7. How does the bill treat evidence?	Consideration of Evidence	Assesses the strength of evidence used to justify the bill. Does it cite

*(Continued)*

**Table 1.** *Continued*

Bill Analysis Question	Underlying Analytical Theme(s)	Explanation of Link
		scientific studies, legal precedent, or other reliable sources or does it make claims without any support? This analysis seeks to understand the legitimacy and transparency of the bills by considering how they utilize evidence.
8. Are there patterns between bills?	N/A	This question is more observational and less directly linked to a single theme. It aims to identify broader trends in how similar bills are written and proposed, and it can reveal connections between legislators or the ideological consistencies that connect them. It provides a bigger picture while not being rooted in one specific concept.

Source: Catherine Stevens Pittelli, "The Impact of Language on US Abortion Legislation" (Undergraduate thesis, Worcester Polytechnic Institute, 2023), 45-48, adapted by Crystal Brown for this study.

their capacity for motherhood.<sup>22</sup> The exploration of constructs as universal truths builds on poststructuralist frameworks, including Michel Foucault's examination of power and discourse,<sup>23</sup> Judith Butler's analysis of the performativity of gender,<sup>24</sup> and D. Kelly Weisberg's discussion of feminist legal theory.<sup>25</sup> These perspectives reveal how language and societal norms reinforce hierarchies and naturalize gendered power dynamics. Additionally, consciousness raising, rooted in feminist theory, centralizes the lived experiences of marginalized individuals to make sure that the analysis reflects the true effects of these policies.<sup>26</sup> Last, the theme of consideration of evidence evaluates the validity of the claims made in the bills.

### **Development of Study Questions**

The study's guiding questions were developed based on the themes in Table 1. The paternalism and the subjugation of women theme is reflected in questions that examine the target of control, specifically whether the bill seeks to regulate women's bodies directly or indirectly through providers, states, or other entities. Similarly, the conflation of womanhood and motherhood theme informs questions about how the bills frame pregnant women regardless of whether they are depicted as victims in need of protection or as inherently maternal figures whose primary role is childbearing.

Questions tied to constructs as universal truths investigate the justifications for the bills, particularly whether they present socially constructed ideas about gender roles as neutral or natural truths. Questions addressing gendered language and dichotomies examine how the bills reinforce oppositional frameworks such as fetus versus pregnant woman or choice versus responsibility. The theme of consciousness raising is addressed in questions about the consequences of these bills to consider the experiences of those affected by abortion restrictions. Finally, the consideration of evidence theme evaluates the strength of each bill's justifications, assessing whether they rely on scientifically supported data or unverified claims. All these questions provide a framework for analyzing how legislative rhetoric perpetuates gendered power structures while also identifying broader patterns across the selected bills.

While developing these questions, several broader legislative patterns emerged. Most of the bills were introduced during two distinct periods: between the Fourth of July and the August recess of 2022 and again between the August recess and the House's October recess. The first wave coincided with the immediate aftermath of *Dobbs*, and the second occurred just before the Midterm elections. Given the Democratic presidency and Democratic majorities in both chambers of the 117th Congress, none of the proposed anti-abortion bills were likely to gain broad support or make it to a vote.

Rather than being introduced with the expectation of becoming law, these bills likely served other strategic purposes. One possibility is that they functioned as signals to voters, demonstrating legislators' commitment to anti-abortion policies and galvanizing support ahead of the midterm elections. Another possibility is that they acted as signals to the Republican Party, outlining potential legislative priorities should the party gain control of Congress. Although the precise motivations of the bill drafters remain uncertain, recognizing these goals is important for understanding the broader political context in which these bills were introduced.

## **Results: Legislative Strategies and Rhetorical Shifts in Post-*Dobbs* Abortion Bills**

The legislative response to the *Dobbs* decision reflected strategies to further restrict abortion access and reshape public discourse on reproductive rights. Whereas previous anti-abortion legislation often focused on direct bans or criminal penalties, the bills introduced in the immediate aftermath of *Dobbs* sought to limit abortion by controlling information, regulating health care providers, and redefining the role of the state in abortion access. The five bills examined reflect a unique but connected approach to limiting abortion access. The following section outlines the findings of this analysis, highlighting how each bill aligns with the study's guiding questions and themes detailed in [Table 1](#). This discussion reveals patterns in legislative rhetoric, providing insight into the anti-abortion policy making in the post-*Dobbs* era. [Table 2](#) displays this information about each bill that was analyzed. The details about the bills excluded from this analysis, including the reason for their exclusion, are provided in [Table 3](#) of the [Appendix](#).



**Table 2.** Summary of Findings: Comparison of Federal Anti-Abortion Bills

Bill Name	Bill Number	Focus/ Keyword	Control Target	Regulated Action	Moral Framing	Fetus vs. Pregnant Person	Justification Cited	Medical Evidence
Protecting Pain-Capable Unborn Children from Late-Term Abortions Act	H.R. 8814 / S. 4840	15 Weeks	Abortion Providers	Abortions after 15 weeks	Innocent/nurturing victim	Fetus prioritized	Medical claims, SCOTUS rulings, Partial-Birth Abortion Ban Act, Constitution (Commerce Clause, 14th Amendment)	Yes, no source
Preventing Abortion Sanctuaries Act	H.R. 8501	DHHS	State Governments	Funding, legal protections	Victim	Fetus prioritized	Constitution – Commerce Clause; abortion as “murder”	None
Standing with Moms Act	H.R. 8384 / S. 4541	Websites	Abortion Providers	Information dissemination	Nurturing, “survivors”	Equal emphasis	None provided	None
Providing for Life Act	S. 4868 / H.R. 8851	Students	Colleges/ Universities	Campus abortion information	Victim, naïve	Pregnant person prioritized	Stats on college-aged abortion; speculative claims	CDC statistic, speculation
Pharmacist Conscience Protection Act	H.R. 8820	Pharmacy	Pharmacists & Supervisors	Refusal to dispense	No moral framing of patient	No mention	No justification given	None

Source: Catherine Stevens Pittelli, “The Impact of Language on US Abortion Legislation” (Undergraduate thesis, Worcester Polytechnic Institute, 2023), 45–59, adapted by Crystal Brown for this study.

***Analysis of the Protecting Pain-Capable Unborn Children from Late-Term Abortions Act (H.R. 8814/S. 4840)***

The Protecting Pain-Capable Unborn Children from Late-Term Abortions Act was introduced by Senator Lindsey Graham (R-SC) and Representative Christopher Smith (R-NJ) on September 13, 2022. The bill sought to establish a federal ban on abortions performed after 15 weeks of gestation with exceptions in cases of rape, incest, or where the life of the pregnant person was at risk. The bill targeted abortion providers rather than pregnant women, and the legislation relied on scientifically disputed claims regarding fetal pain and development as justification. The bill's language framed pregnant women as vulnerable victims who are incapable of making fully informed decisions and needing government intervention. By invoking terms such as "unborn child" to emphasize fetal personhood, the bill perpetuated a fetus-centered perspective that subordinated the autonomy and health of pregnant woman.

The Act was intended to prevent providers from performing abortions beyond 15 weeks, imposing severe penalties for violations. Under the bill, medical professionals who conducted abortions after this period could face criminal charges—a fine or up to five years of imprisonment, or both. Unlike restrictions that directly penalize pregnant women, this approach shifts the focus to providers, allowing legislators to claim they are not punishing those seeking abortions while still making access nearly impossible. The bill states, "the physician and all other medical personnel who are subject to criminal and civil penalties ... if these requirements are not followed."<sup>27</sup> By creating legal and financial risks for medical professionals, the bill discourages providers from offering abortion services.

The bill supports the idea that pregnant women are inherently vulnerable, incapable of making informed medical decisions, and in need of protection from both themselves and the abortion industry. This rhetoric reinforces societal expectations that assume maternal instincts are innate and that choosing abortion represents an unnatural deviation from a woman's "true" role. The bill states, "the purpose of Congress to assert a legitimate governmental interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain" and that "[a]bortion carries significant physical and psychological risks to the pregnant woman, and these physical and psychological risks increase with gestational age."<sup>28</sup> This language suggests that women lack the rational capacity to make decisions regarding their own bodies and frames abortion as inherently harmful to their well-being. Additionally, the exclusive reference to "women" erases the experiences of transgender and nonbinary individuals who may also experience pregnancy, further entrenching traditional gender norms by conflating womanhood with motherhood. By portraying pregnant women as victims rather than autonomous decision makers, the bill justifies its restrictions, suggesting that genuine maternal instincts would compel a person to carry their pregnancy to term.

The bill centers the fetus, portraying it as the primary subject in need of legal protection, whereas the pregnant person is secondary. This prioritization is

evident in both the structure of the bill and its language. For instance, the first 20 points in Section 2 describe fetal development and fetal pain before addressing any concerns related to the health and safety of the pregnant person; the bill states that numerous medical and other authorities have determined that, by 15 weeks of gestational age, the fetus is capable of experiencing pain.<sup>29</sup> By focusing on fetal pain and development while minimizing or outright ignoring the needs of the pregnant person, the bill constructs a narrative in which the fetus is an independent entity with legal standing and the pregnant person is framed as a vessel. This framing allows for legal and moral justification for restricting abortion, positioning it as a conflict between the rights of the fetus and the supposed irresponsibility of the pregnant person.

The bill attempts to provide justification for its abortion restrictions through references to Supreme Court decisions, medical claims, and constitutional interpretations. However, many of these justifications rely on selective or vague reasoning. For example, the bill cites the *Dobbs v. Jackson Women's Health Organization* (2022) decision. The Supreme Court in *Dobbs* stated that abortion is not a constitutional right and that states may regulate or prohibit abortion.<sup>30</sup> Additionally, it references fetal pain claims that numerous medical and other authorities have determined that by 15 weeks of gestational age, the fetus is capable of experiencing pain.<sup>31</sup> And it uses past legislative precedent that Congress has previously determined that the partial-birth abortion procedure is a cruel and inhumane procedure that must be banned.<sup>32</sup> These claims attempt to create an appearance of legal and medical legitimacy. However, the bill does not cite specific medical studies or experts, making it impossible to verify the scientific accuracy of its fetal pain claims. By using broad language like “medical and other authorities,” the bill avoids accountability while presenting its claims as objective truth.

The Protecting Pain-Capable Unborn Children from Late-Term Abortions Act was designed to limit abortion access by regulating providers, restricting procedures after 15 weeks, reinforcing traditional gender roles, and prioritizing the fetus over the pregnant person. By framing pregnant women as vulnerable and in need of protection, the bill justifies restrictive measures while undermining reproductive autonomy. Its justifications rely on vague medical claims and unverified legal arguments. Through these strategies, the bill seeks to reshape abortion law by regulating providers.

### **Analysis of the Preventing Abortion Sanctuaries Act (H.R. 8501)**

Representative Doug Lamborn (R-CO) introduced the Preventing Abortion Sanctuaries Act on July 26, 2022, and there was no corresponding Senate version. The bill targets states called “abortion sanctuaries,” defined as states funding abortion travel, lacking gestational limits, or refusing to enforce other states’ restrictive abortion laws.<sup>33</sup> Under the bill, states fitting this description would face the withdrawal of federal Department of Health and Human Services funds, effectively penalizing them for supporting abortion access. The bill states the following: “In General.—None of the funds made available to the Secretary of Health and Human Services may be used to provide funds to any abortion sanctuary

State.”<sup>34</sup> By withholding federal funds from states that support abortion access, the bill pressures them to align with anti-abortion policies or face financial consequences. The goal is not to regulate women directly but to control the institutions that make reproductive care accessible, making abortion legally available but practically unattainable.

The bill also restricts state sovereignty by prohibiting a state’s ability to refuse enforcement of other states’ restrictive abortion laws. For example, the bill states that a state is an abortion sanctuary if the state “establishes a fund or commission (or similar entity) for the purpose of providing direct financial and logistical support to individuals traveling to such State to receive an abortion” or “has in effect laws that prohibit the enforcement of a law of another State that authorizes a person to bring a civil action against a person or entity” that does any of the following: receives or seeks an abortion, performs an abortion, or knowingly engages in conduct that aids performance of an abortion.<sup>35</sup> This provision undermines state autonomy by requiring states to enforce abortion restrictions from other jurisdictions, even if those laws conflict with their own policies. By doing so, the bill not only limits abortion access but also attempts to erode federalism by dictating how states handle reproductive rights.

The bill’s language emphasizes the rights of the fetus while minimizing the existence and autonomy of the pregnant person. By defining abortion as “to intentionally kill the unborn child” or to “intentionally terminate the pregnancy of a woman,”<sup>36</sup> the bill equates abortion to the intentional killing of a child and justifying severe legal consequences. This framing reinforces the notion that the fetus is a separate legal entity with rights that supersede those of the woman carrying the pregnancy. The bill explicitly defines an “unborn child” as “a human being from fertilization until the point of being born alive,” showing its focus on granting the fetus independent legal recognition.<sup>37</sup> Notably, the pregnant woman is mentioned only within the definition of abortion itself, suggesting that their presence is incidental rather than central to the legislation. By framing pregnancy as an obligation rather than a choice, the bill prioritizes the rights and needs of the fetus over those of the individual carrying it. This rhetoric perpetuates the belief that the government has a duty to act on behalf of the fetus, thereby undermining the autonomy and decision making of pregnant women.

The bill attempts to justify its legal basis using the Commerce Clause of the US Constitution, which allows the federal government to regulate interstate commerce. However, it also relies on emotionally charged language to frame abortion as murder and imply that states supporting abortion access are complicit in immoral acts. The bill states, “The Commerce Clause of Article 1, section 8 of the Constitution” provides the legal foundation for restricting abortion sanctuary states.<sup>38</sup> By combining constitutional justification with moral language, the bill seeks to appear legally sound while appealing to anti-abortion sentiment. However, the use of inflammatory definitions rather than medical or legal reasoning suggests that its primary goal is persuasion rather than policy integrity.

Unlike other anti-abortion bills that attempt to justify restrictions using arguments such as fetal pain, this bill omits any reference to medical evidence, instead relying entirely on legal arguments and emotionally charged definitions.

It makes no mention of scientific studies, fetal viability, or maternal health risks. The only relevant language provided is its definition of abortion, as mentioned previously, which is presented without any supporting medical studies. This lack of scientific grounding suggests that the bill is not driven by healthcare concerns grounded in scientific research but rather by political and ideological motivations.

The Preventing Abortion Sanctuaries Act seeks to reshape abortion access by creating a narrative where states with restrictive abortion laws are portrayed as morally superior, whereas those protecting abortion rights are vilified as “abortion sanctuaries.” Unlike other anti-abortion bills that emphasize traditional gender roles or personal decision-making dichotomies, this bill shifts its focus to state-level allegiance, framing compliance with restrictive abortion policies as alignment with federal values. By withholding federal funds, the bill uses financial coercion to pressure states into conformity, undermining state sovereignty in the process. Its framing puts the rights of the fetus above those of the pregnant person. Ultimately, the bill reinforces a fetus-centered perspective, presenting abortion as an act that must be eliminated while sidestepping individual autonomy and state governance.

### ***Analysis of the Standing with Moms Act (H.R. 8384/S. 4541)***

The Standing with Moms Act (H.R. 8384/S. 4541) is a bill to support pregnant women by providing online resources through the establishment of a government operated website called, Life.gov. The Standing with Moms Act was introduced in the 117th Congress on July 14, 2022. The House version was introduced by Representative Nancy Mace (R-SC-1) and the Senate version by Senator Marco Rubio (R-FL). The website would block any entity that provides, refers for, or financially supports abortion services from being included on Life.gov. It does this by defining these organizations as “prohibited entities.” The bill states that “the term ‘prohibited entity’ means an entity, including its affiliates, subsidiaries, successors, and clinics, that performs, induces, refers for, or counsels in favor of abortions, or provides financial support to any other organization that conducts such activities.”<sup>39</sup> At the same time, the bill mandates that Life.gov focus on abortion “alternatives” while framing abortion itself as inherently risky. The bill states that “the website established under this section shall include information concerning resources relating to—(A) the risks of abortion and alternatives to abortion.” Rather than providing comprehensive reproductive healthcare information, Life.gov would be designed to push pregnant women away from abortion as an option to make sure that the only available narratives reinforce anti-abortion rhetoric.

The bill’s primary mechanism for influencing public perception of abortion is through its regulation of available information. It requires the Life.gov website to include a list of pregnancy-related services, but it explicitly forbids referencing any organizations associated with abortion care. The bill states the website established under this section shall provide “comprehensive information on alternatives to abortion.”<sup>40</sup> However, it will not include information about abortions; asserting that, “the website ... shall not include a link to or information

concerning an entity that is a prohibited entity.”<sup>41</sup> Additionally, the bill prioritizes information on fetal development and the benefits of carrying a pregnancy to term. It says that “the website shall include information concerning ... fetal development; the moment of conception; and the benefits and value of carrying a baby to term.”<sup>42</sup> Although the bill does not explicitly ban abortion, it controls what information is made available, excluding medical providers and organizations that do not align with its agenda. By withholding certain medical resources, Life.gov would promote a pro-life perspective.

The bill reinforces traditional maternal roles by framing pregnant people as “moms” and implying that abortion is an inherently traumatic event. The title of the bill, *Standing with Moms*, suggests that all pregnant people are, by default, mothers—a subtle but effective way to conflate pregnancy with motherhood. Additionally, the bill uses language that implies those who obtain abortions are “survivors” who need support and healing. For example, it states, “[t]he website shall include ... healing and support services for abortion survivors and their families.”<sup>43</sup> By categorizing individuals who obtain abortions as “survivors,” the bill implies that abortion is a harmful or traumatic event for everyone that necessitates recovery. This language fits within the broader woman-centered anti-abortion rhetoric, which seeks to portray abortion as a regrettable decision rather than a valid medical choice.

Although the bill appears to balance the needs of the pregnant woman and the fetus, its focus on fetal development ultimately suggests a prioritization of the fetus. It presents information on both pregnant women and fetal health, but the language surrounding fetal development is more detailed and emphasized. The bill states, “[t]he website ... shall include information concerning ... fetal development; the moment of conception; and the benefits and value of carrying a baby to term.”<sup>44</sup> Although Life.gov is framed as a support system for “moms,” the heavy emphasis on fetal development and the supposed “value” of carrying a pregnancy to term implies that the bill’s true intention is to dissuade people from seeking abortions. The terminology suggests that carrying a pregnancy to term is not only a positive outcome but also the preferred outcome.

Unlike some anti-abortion legislation that attempts to justify restrictions through legal or medical claims, the *Standing with Moms Act* offers very little justification for the creation of Life.gov. The bill does not cite constitutional authority, legal precedent, or medical studies to support its claims. Instead, it simply outlines the structure of the website without explaining why it is necessary. Notably, it fails to provide any medical evidence for the risks it associates with abortion. It states, “[t]he website...shall include information concerning...the risks of abortion and alternatives to abortion.”<sup>45</sup> However, no further details are provided regarding what those risks are or where the information comes from. The absence of cited sources suggests that the bill is less concerned with medical accuracy and more focused on discouraging individuals from seeking abortion care.

A primary feature of the bill is its binary framing of abortion-related information. Instead of presenting abortion as a medical procedure with benefits and risks, the bill constructs a contrast between “abortion-supporting” and “abortion-opposing” organizations. Essentially, by categorizing abortion-related

organizations as “prohibited,” the bill supports the notion that abortion care and pregnancy support cannot coexist. This false dichotomy suggests that people must choose between anti-abortion or pro-abortion stances, when most comprehensive healthcare providers offer both pregnancy support and abortion services. The omission of neutral, factual abortion-related information limits people’s ability to access medically accurate resources.

Overall, the Standing with Moms Act is presented as a supportive initiative for pregnant women, but its structure and language reveal that its purpose is to control abortion-related information while reinforcing traditional ideas of motherhood. By restricting resources, using emotionally charged language, and excluding abortion providers from a government-run website, the bill discourages abortion without outright banning it. The bill uses information control as a tool to limit pregnant people’s choices. Through its emphasis on fetal development, its misleading portrayal of abortion as inherently traumatic and its exclusion of medical evidence, the bill creates a biased framework that prioritizes discouraging abortion over providing genuine support. By shaping the way information is accessed, the bill ultimately seeks to influence reproductive decision making while maintaining the appearance of neutrality.

### ***Analysis of the Providing for Life Act (S. 4868/H.R. 8851)***

The Providing for Life Act (S. 4868/H.R. 8851) is a policy that is framed as providing support and assistance to unborn children, pregnant women, parents, and families. The Senate version was introduced by Senator Marco Rubio (R-FL) on September 15, 2022, and the House version by Representative Ashley Hinson (R-IA-1) on the same day. One of the intriguing areas of the bill was its focus on university students in Section 10. The bill ensures that pregnant college students receive information about carrying their pregnancies to term and limited access to abortion-related information. The bill states that “Each public institution of higher education ... shall—(i) in a manner consistent with title IX ... carry out the information dissemination activities ... on the rights and resources (including protections and accommodations) for pregnant students (or students who may become pregnant).”<sup>46</sup> It excludes any mention of abortion services, saying that “the requirements of this subsection shall not apply to any resource or service that performs, induces, refers for, or counsels in favor of abortions.”<sup>47</sup> By controlling the information that colleges and universities are required to provide, the bill is attempting for students only be given information about alternatives to abortion.

Beyond simply excluding abortion from educational resources, the bill frames pregnant students as vulnerable individuals who need protection from coercion and manipulation. The bill presents college-aged women as being pressured into abortions, implying that students are either ignorant of their rights or too easily influenced by external factors. Unlike many other anti-abortion bills that explicitly prioritize the fetus over the pregnant woman, the Providing for Life Act focuses almost exclusively on pregnant women. The bill spends little time discussing the fetus and does not emphasize fetal personhood.



The bill focuses on preventing students from choosing abortion. To justify its stances, the bill cites statistical information from the Centers for Disease Control and Prevention. The bill states that “a 2021 report from the Centers for Disease Control and Prevention indicates that, in the United States, 27.6 percent of abortions are performed on women between 20 and 24 years old.”<sup>48</sup> From these findings the bill suggests that “[m]any women in higher education institutions may face pressure to receive an abortion ... and “[m]any women in higher education institutions may be unaware of their rights.”<sup>49</sup> This reliance on vague language—“may face pressure,” “may fear possible negative impact,” “may be unaware”—creates a sense of urgency and allows the bill’s drafters to frame abortion as coerced. These statements reflect a paternalistic perspective, undermining the agency of pregnant students by suggesting they cannot make informed decisions without outside intervention. By implying that women college students lack the knowledge or capacity to make their own reproductive choices, the bill creates a justification for restricting abortion-related resources on campuses. The bill casts college students as victims who need guidance and protection.

The Providing for Life Act sought to support pregnant college students by providing them with resources and information for carrying a pregnancy to term. By targeting colleges and universities, the bill can control the information students receive to hinder access to that abortion care. Additionally, it frames pregnant students as victims without agency and decision-making abilities. The bill attempted to expose students’ solely to information that supports anti-abortion arguments.

### ***Analysis of the Pharmacist Conscience Protection Act (H.R. 8820)***

The Pharmacist Conscience Protection Act (H.R. 8820) is framed as a measure to protect pharmacists’ rights to act according to their conscience, particularly in cases involving abortion-related medications. However, a closer analysis reveals that the bill is about limiting access to reproductive health care. It achieves this by granting pharmacists and pharmacy-related entities broad authority to refuse to fill prescriptions based on personal beliefs while shielding them from any negative repercussions. The Act was introduced in the US House of Representatives on September 14, 2022, with Rep. Earl L. “Buddy” Carter (R-GA-1), Rep. Blake Moore (R-UT-1), and Rep. Diana Harshbarger (R-TN-1) as coleads on the bill. The bill was not introduced in the Senate.

The bill’s primary focus is on the entities that oversee pharmacists and pharmacies, such as pharmacy managers, business owners, and other governing bodies. By targeting these entities, the bill seeks to ensure that pharmacists are protected from any negative consequences for refusing to fill prescriptions. The bill states, “[n]o Federal agency, department, or other entity receiving assistance from the Federal Government, may take any adverse action against a specified health care provider.”<sup>50</sup> The term “specified health care provider” includes pharmacists and extends to their associated entities, from chain pharmacies to independently owned businesses.<sup>51</sup> This makes it illegal for employers or



managers to penalize pharmacists for refusing to provide services regardless of the ethical implications or the effect on patient care.

The bill explicitly prevents any entity receiving federal funding from punishing pharmacists who refuse to provide abortion-related care. This includes referrals, storage, or filling prescriptions for FDA-approved abortifacient drugs. The bill states, “[n]o Federal agency, department, or other entity receiving assistance from the Federal Government, may take any adverse action against a specified healthcare provider on the basis that such provider does not provide, provide a referral for, store, or fill a prescription for a drug approved or cleared by the Food and Drug Administration.”<sup>52</sup> By prohibiting any form of adverse action, the bill grants pharmacists unchecked authority to refuse essential medical care without facing consequences. This broad protection could harm patients by allowing pharmacists to prioritize their personal beliefs over the healthcare needs of those seeking treatment.

The Pharmacist Conscience Protection Act completely omits any mention of pregnant women, fetus, or the potential harm caused by a pharmacist’s refusal to fill a prescription. Instead, it focuses solely on protecting the rights and “conscience” of pharmacists. The bill fails to acknowledge the existence of pregnant women or their needs, as there is no discussion about the patient who could potentially be harmed because of the pharmacist’s actions. By excluding patients from the conversation, the bill reframes the issue as pharmacists’ rights rather than a matter of patient health. This approach also minimizes a doctor’s ability and expertise in providing medications for medical care. Furthermore, the bill also fails to mention the fetus. By excluding both the pregnant woman and the fetus, the bill reveals that its true purpose is to protect pharmacists with personal opposition to abortions. This deliberate avoidance of broader ethical discussions helps to position the bill as a simple defense of “conscience” rather than a more contentious limitation of healthcare access.

The Pharmacist Conscience Protection Act lacks any section outlining constitutional support, scientific evidence, or other forms of rationale. Furthermore, there is no separate section explaining the justification for the bill’s action. The primary section provides an outline of the bill’s action, without any reasoning or evidence for that action. Similarly, the bill includes no medical evidence to support its claims. It provides no discussion of the safety, efficacy, or necessity of abortifacients, nor does it justify why pharmacists should have the authority to override a doctor’s prescription. This absence of evidence highlights the bill’s reliance on emotional arguments rather than factual or scientific reasoning. Unlike other anti-abortion legislation, this bill avoids explicit gendered or moral dichotomies such as “pro-life” versus “pro-choice” or “motherhood” versus “career.” Instead, it focuses narrowly on pharmacists and does not mention broader ideological conflicts, stating only that pharmacists’ “conscience” should be protected. Its omission of pregnant women and fetuses reveals that the bill’s focus is on empowering individuals to act on personal beliefs. The bill makes it impossible to enforce accountability for actions that could harm patients.

### **Beyond the Ban: Exploring Indirect Control in Abortion Legislation**

The *Dobbs* decision unleashed a wave of partisan legislative activity. Republican-controlled states moved quickly to ban or severely restrict abortion. The analysis of the five post-*Dobbs* anti-abortion bills reveals a consistent focus on achieving control through indirect means rather than directly targeting pregnant women. This shift in tactics is perhaps the most significant finding of this study, showing a deliberate strategy by Republicans to limit access to abortion care while strategically avoiding explicit pronouncements against the procedure. Historically, anti-abortion legislation often centered on directly penalizing pregnant women seeking abortions, attempting to criminalize the act itself.<sup>53</sup> However, the bills examined in this analysis largely eschew that approach. Instead, they focus on controlling a variety of elements surrounding the procedure, with the Protecting Pain-Capable Unborn Children from Late-Term Abortions Act and the Pharmacist Conscience Protection Act targeting healthcare providers through legal threats, the Preventing Abortion Sanctuaries Act defunding states with liberal abortion policies, and the Standing with Moms Act and the Providing for Life Act manipulating access to information. This shift suggests a strategic recognition that directly attacking pregnant women may no longer be as politically or socially viable.

The strategic use of this indirect approach also enables a careful curation of public perception. By not explicitly stating that the goal is to end abortions completely, the drafters of these bills can present themselves as not anti-abortion, making their goals more accessible to a broader audience.<sup>54</sup> Instead of being overtly against abortion, they claim to be about more socially acceptable goals, like protecting fetal pain through a 15-week gestational limit (Late-Term Abortions Act), upholding state sovereignty (Preventing Abortion Sanctuaries Act), supporting pregnant women and new parents (Standing with Moms Act), providing educational resources for students (Providing for Life Act), and protecting healthcare providers' consciences (Pharmacist Conscience Protection Act). The language of "good faith" and "conscience" in the Pharmacist Conscience Protection Act functions to obscure the goal of limiting access to abortion behind an idea of ethical responsibility. This carefully curated language makes the bills seem more reasonable while also hiding their underlying intentions. This approach allows such legislative efforts to advance while simultaneously obscuring their true, controlling intentions. This echoes the concerns that the law has frequently been used to maintain existing power structures through a guise of neutrality.<sup>55</sup>

Furthermore, by targeting states, healthcare providers, and information sources, these bills deliberately place the burden of restricting access on third parties. This approach allows the government to control abortion indirectly without having to bear the brunt of the social outcry that could accompany a direct ban. This approach enables a form of control with limited accountability, as the severe consequences of such bills are not a direct result of the government's action. For example, by removing information sources or making it difficult to obtain an abortion, they are not directly preventing anyone from having the procedure, but the effect is the same. It also leaves room for future legislators to build and shape existing laws to suit their individual and political

needs. Therefore, these bills become an underlying structure for a system that will continue to shift based on the opinions of those in power.

This indirect approach also reveals a paternalistic attitude toward pregnant women, implying that they are incapable of making sound choices for themselves. The bills create barriers to access, limit autonomy, and imply a lack of agency for all who get abortions. By limiting resources, imposing requirements, and establishing threats for those who do not adhere to their agenda, they are making decisions for those they claim to protect. Underlying this approach is a belief that those with authority should determine women's medical decisions for them, which aligns with an underlying goal of exerting and maintaining control. This mirrors Barbara Welter's discussion of the "Cult of True Womanhood," where women were deemed incapable of making informed decisions that did not align with societal expectations.<sup>56</sup>

The bills' consistent reliance on carefully chosen and strategically used language further illustrates this deliberate approach. By using terms and descriptions designed to evoke emotions, and focusing on the language of "choice," "protection," "support," and "conscience," the drafters distract from the actual, controlling intentions of the legislation. By making the goal of their bills seem reasonable, they can present restrictions and limitations that are much more severe than what they claim, thereby controlling access to abortion while avoiding public scrutiny. Additionally, they use emotionally charged language while lacking specifics in their descriptions of the consequences of the legislation, making it more difficult for the public to fully understand the true consequences of the proposed laws. The lack of clarity helps to further ensure that the public will not realize the degree of control that these bills would enforce.

## Conclusion

In conclusion, the legislation surrounding abortion access in the aftermath of *Dobbs v. Jackson Women's Health Organization* by Republican elected officials shows a shift in anti-abortion rhetoric and policy. By analyzing five federal bills proposed after the Supreme Court overturned *Roe v. Wade*, this study shows how Republican lawmakers want to restrict abortion, not through direct criminalization of pregnant individuals but by targeting providers, states, and the dissemination of information. These bills rely on morally charged and paternalistic language while sidestepping medical evidence and individual autonomy. This indirect approach appears to make abortion legally available but practically unattainable for pregnant individuals.

The 2024 US elections marked a critical moment for the future of abortion regulations. With the Republican Party securing a majority in both the House and Senate during the 119th Congress, alongside President Donald Trump's second term, the federal government now operates under a Republican trifecta. This political shift increases the likelihood of previously proposed legislative strategies resurfacing and gaining traction. However, abortion policy remains contested at the state level. In states like Arizona, voters rejected efforts to remove abortion services, whereas states like Texas have moved to criminalize the procedure, deepening the divide between those that protect abortion rights

and those that seek to restrict them. This has created a patchwork of access across the country and may increase legal challenges. Additionally, with Republican control at the federal level, conservative state governments may feel emboldened to impose even stricter measures on reproductive health care.

Future research on abortion legislation in the United States should examine how the interaction between restrictive and protective states influences federal legislative action. Additionally, studies could explore the long-term socioeconomic effects of limited abortion access on women and families, particularly on marginalized communities. As political and legal battles continue to shape abortion access, academic inquiry can play a crucial role in informing evidence-based policy responses. It can provide information about the effects of restricted access on other related areas of health care and bodily autonomy.

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## Notes

<sup>1</sup> The authors acknowledge that pregnancy is not an experience that is exclusive to cisgender women and can occur in transgender and nonbinary individuals. However, to accurately reflect the gender-essentialist context and language of the analyzed legislation, the term “women” will be predominantly used, with “pregnant individuals” appearing only when that terminology is directly present in the legislative text. This choice is not intended to exclude or erase the experiences of transgender or nonbinary individuals but rather to critically examine how the legislation itself frames the issue of reproductive rights.

<sup>2</sup> *Feminist Legal Theory: Foundations*, ed. D. Kelly Weisberg (Philadelphia: Temple University Press, 1993), 532.

<sup>3</sup> *Roe v. Wade*, 410 U.S. 113 (1973).

<sup>4</sup> *Roe v. Wade*, 113.

<sup>5</sup> Elizabeth Arndorfer, “The Legal and Moral Fallout of *Roe v. Wade*,” *Harvard Law Review* 98, no. 5 (1985): 879–81.

<sup>6</sup> Sarah Witcher, *Roe at Risk: Abortion Rights in Peril* (New York: Oxford University Press, 2019), 48.

<sup>7</sup> John Coggon and José Miola, “Autonomy, Liberty, and Medical Decision-Making,” *Cambridge Quarterly of Healthcare Ethics* 20, no. 4 (2011): 482–89.

<sup>8</sup> Leslie Cannold, *The Abortion Myth: Feminism, Morality, and the Hard Choices Women Make* (Hanover, NH: Wesleyan University Press, 2002), 172.

<sup>9</sup> Coggon and Miola, “Autonomy, Liberty, and Medical Decision-Making,” 485.

<sup>10</sup> Rachel Moran, “Abortion Politics and Maternal Mental Health,” *Journal of American History* 108, no. 1 (2021): 45–47.

<sup>11</sup> Moran, 46.

<sup>12</sup> American Psychological Association Task Force on Mental Health and Abortion, *Report of the APA Task Force on Mental Health and Abortion* (Washington, DC: APA, 2008).

<sup>13</sup> Cannold, *The Abortion Myth*, 172.

<sup>14</sup> Sherry B. Ortner, “Is Female to Male as Nature Is to Culture?” *Feminist Studies* 1, no. 2 (1974): 5–31.

<sup>15</sup> Barbara Welter, “The Cult of True Womanhood: 1820–1860,” *American Quarterly* 18, no. 2 (1966): 152.

<sup>16</sup> Welter, “The Cult of True Womanhood,” 152.

<sup>17</sup> Erin Duffin, “Percentage of College Graduates in the United States, by Gender 1940–2021,” *Statista*, 2022.

- <sup>18</sup> Cannold, *The Abortion Myth*, 173.
- <sup>19</sup> Alesha Doan, "Regulating Abortion: Surveillance and Social Control Mechanisms," *Politics & Gender* 16, no. 2 (2020): 175–90.
- <sup>20</sup> Danielle M. Doan, "Controlling Women: Anti-Abortion Legislation as Social Control," *Gender & Society* 34, no. 5 (2020): 712.
- <sup>21</sup> Simone de Beauvoir, *The Second Sex*, trans. H. M. Parshley (New York: Vintage Books, 1974).
- <sup>22</sup> Betty Friedan, *The Feminine Mystique* (New York: W.W. Norton, 2013); Welter, "The Cult of True Womanhood: 1820–1860, 151–74.
- <sup>23</sup> Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Pantheon, 1977).
- <sup>24</sup> Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 2006); Judith Butler, *Bodies That Matter: On the Discursive Limits of "Sex"* (New York: Routledge, 2011).
- <sup>25</sup> *Feminist Legal Theory: Foundations*, ed. Weisberg.
- <sup>26</sup> Crystal Brown, Stephen McCauley, and Raffaello Adler-Abramo, "Inclusivity Overlooked: A Case Study of People with Disabilities' Inclusion in Climate Resilience Planning in Massachusetts," *Environmental Justice* 18, no. 2 (June 2024), <https://doi.org/10.1089/env.2023.0084>.
- <sup>27</sup> Late-Term Abortions Act, Section 3(b)(2)(F).
- <sup>28</sup> Late-Term Abortions Act, Section 2(21) and Section 2(14).
- <sup>29</sup> Late-Term Abortions Act, Section 2(13).
- <sup>30</sup> *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022).
- <sup>31</sup> Late-Term Abortions Act, Section 2(13).
- <sup>32</sup> Late-Term Abortions Act., Section 2(10).
- <sup>33</sup> Preventing Abortion Sanctuaries Act, H.R. 8501, Section 2(b).
- <sup>34</sup> Preventing Abortion Sanctuaries Act, Section 2(d)(1)(A).
- <sup>35</sup> Preventing Abortion Sanctuaries Act, Section 2(d)(2)(A–C).
- <sup>36</sup> Preventing Abortion Sanctuaries Act, Section 2(d)(4).
- <sup>37</sup> Preventing Abortion Sanctuaries Act
- <sup>38</sup> Preventing Abortion Sanctuaries Act, Section 2(A)
- <sup>39</sup> Standing with Moms Act, H.R. 8384, Section 2(k)(3).
- <sup>40</sup> Standing with Moms Act, Section 2(a).
- <sup>41</sup> Standing with Moms Act, Section 2(f–h).
- <sup>42</sup> Standing with Moms Act, Section 3(a)(4).
- <sup>43</sup> Standing with Moms Act, Section 3(c)(7).
- <sup>44</sup> Standing with Moms Act, Section 3(a)(4).
- <sup>45</sup> Standing with Moms Act, Section 3(a)(3).
- <sup>46</sup> Providing for Life Act, S. 4868/H.R. 8851, 117th Cong. (2022), § 10(n)(1)(A)(i).
- <sup>47</sup> Providing for Life Act, § 10(n)(1)(A)(iii).
- <sup>48</sup> Providing for Life Act.
- <sup>49</sup> Providing for Life Act.
- <sup>50</sup> Pharmacist Conscience Protection Act, H.R. 8820, 117th Cong. (2022), § 2(a).
- <sup>51</sup> Pharmacist Conscience Protection Act, § 2(c).
- <sup>52</sup> Pharmacist Conscience Protection Act.
- <sup>53</sup> J. Cherie Strachan, Lori M. Poloni-Staudinger, Shannon Jenkins, and Candice D. Ortballs. *Why Don't Women Rule the World? Understanding Women's Civic and Political Choices*, 1st ed. (Thousand Oaks, CA: CQ Press, 2020).
- <sup>54</sup> Cannold, *The Abortion Myth*, 172.
- <sup>55</sup> *Feminist legal theory: Foundations*, ed. Weisberg.
- <sup>56</sup> Welter, "The Cult of True Womanhood," 151.

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