

ABORTION ACCESS, GENDER-AFFIRMING CARE, & GAG RULES FACTSHEET

Our Vision

Healthcare is a human right. Abortion care and gender-affirming care (GAC) are healthcare. Reproductive justice as defined by Sister Song (the largest national multi-ethnic reproductive justice collective) means **bodily autonomy**—the right to have children, not have children, and parent in safe communities. Gag rules strip those right away.

What Are Abortion Access Gag Rules?

Abortion access gag rules silence healthcare providers and block clinics from giving patients complete information about abortion at the risk of losing their funding. There are two major gag rules in U.S. policy:

The Global Gag Rule (GGR)

The Global Gag Rule (GGR) bars organizations receiving U.S. foreign aid from providing abortion services, counseling patients about abortion, or advocating to change abortion laws—even with their own money. *This has been supercharged to bar support for trans people and Diversity, Equity and Inclusion (DEI) - more on that below!*

The Domestic Gag Rule (DGR)

The Domestic Gag Rule (DGR) targets Title X, the only federal family planning program. It forces clinics to choose: stop offering abortion referrals and separate entirely from abortion providers, or lose funding for contraception, cancer screenings, STI testing, and HIV services.

Where Are We Now?

Global Gag Rule — Expanded beyond abortion access to further harm queer and trans communities!

- The Trump administration reinstated the GGR in 2025. In January 2026, the administration massively expanded the GGR. For the first time, the rule covers all non-military U.S. foreign aid, including humanitarian, education, food, and HIV services.
- It now applies to U.S.-based non-governmental organizations (NGOs), the United Nations, and international organizations—not just foreign groups.
- The expansion includes new 'gender ideology' rules which ban grantees from providing GAC, using correct names/pronouns, or including trans and nonbinary people in materials—even if the grantee is using non-U.S. money. It also prohibits grantees for support for DEI efforts.

Impact on People Living with HIV: The expanded GGR restricts funding to HIV programs and organizations that serve transgender communities. Without access to medication, people living with HIV abroad will die. You can learn about this impact by viewing HIV survivor activist [Bernard Mwololo's story](#) with this QR code.



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Title X Under Siege – rising threats to comprehensive sexual healthcare

- Although Trump's first-term DGR was rescinded in 2021, Trump is still devastating the Title X program in his second term.
- In March 2025, the administration froze Title X funding for 16 grantees (including all Planned Parenthood affiliates) across 23 states. Seven states now have zero Title X providers. 51 Planned Parenthood health centers closed in 2025; 75% were in rural or medically underserved areas.
- The House's FY2027 budget proposes zero Title X funding.

Impact on People Living with HIV:

Title X clinics are a critical access point for HIV testing and linkage to HIV and reproductive care. The 2019 DGR caused nearly 70,000 fewer HIV tests at Title X clinics and a decrease in new diagnoses, meaning fewer people learned their status in time for treatment. The communities Title X serves most—Black and Latine people, LGBTQ+ people, and those in rural areas—are the same communities hit hardest by HIV.

What Can Be Done?

At The Federal Level

1. Pass Congressional Review Act resolutions that overturn the 2026 GGR expansion, including the anti-LGBTQ+ and anti-DEI restrictions.

2. Pass the Global Health, Empowerment and Rights (HER) Act to permanently repeal the GGR by barring the U.S. from placing healthcare restrictions on foreign NGOs as a condition of receiving U.S. aid.

3. Fully fund the Title X program and reject any anti-abortion, anti-trans, and anti-DEI funding conditions that let ideologically driven programs replace qualified providers.

4. Pass the Expanding Access to Family Planning Act, which would guarantee annual funding for Title X for 10 years and ensure patients have factual information about their pregnancy-related options, including abortion care.

At The State Level

1. Fund state family planning programs to fill Title X gaps.

2. Pass shield laws protecting providers and patients, including telehealth medication abortion and GAC providers. These laws can, e.g., block cooperation with out-of-state investigations into legally protected healthcare, restrict out-of-state subpoenas for health data, and/or ban geofencing around health facilities for advertising or health-status inference.

3. Enact state right-to-contraception laws. Fifteen states, most recently Virginia, plus D.C. already have them.

4. Protect reproductive health data collected by tech companies and tracking apps from law enforcement inquiries. For example, **Washington's My Health, My Data Act** protects personal health data collected by non-HIPPA entities, like websites and mobile apps.

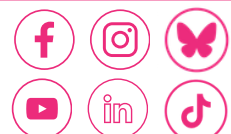
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And a huge shout out to our past intern **Treasure Welle** for writing our updated 2026 factsheets!