

# State of Play: Reproductive Rights

## What Happened in the 89th Texas Legislature and What Comes Next

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**M**any of our member faith traditions hold that reproductive freedom is a human right—fundamentally and inextricably derived from the divine. As Texans have continued to operate within a system with limited access to reproductive healthcare, people of faith and other advocates have been working to improve the critical lack of access, even in emergencies, to abortion care.

Throughout the past year, reproductive rights advocates have made important strides in ensuring doctors have clear expectations about their ability to protect the lives and well being of Texas women. Although the abortion ban remains in place, the momentum created from this past year has made us hopeful that we can continue our work to create a Texas that allows women to receive the care they deserve.

### **The Legislature: What Was Passed**

Since the passing of SB 8 in 2021, and the overturning of *Roe v. Wade* in 2022, Texas has been a leader in creating some of the country's strictest and most innovative anti-abortion laws. As patients and doctors tried to navigate receiving and providing care under these new laws, physicians became rightfully hesitant to provide life-saving abortions due to fear of legal repercussions.

This caused extreme delays of care in critical cases, ultimately leading to many women's lives being put in extreme danger—sometimes resulting in death. Throughout the legislative sessions of 2025, abortion advocates, medical organizations, people of faith, and other reproductive rights advocates worked to create laws that would help protect physicians and patients.

## **SB 31 The Life of The Mother Act**

During the 2025 regular legislative session, Sen. Bryan Hughes sponsored SB 31, known as The Life of the Mother Act. This legislation clarifies that doctors can terminate a pregnancy that threatens the mother’s life before the woman is in imminent danger.

For purposes of Subsection (b)(2), if a pregnant woman has a life-threatening physical condition described by Subsection (b)(2), a physician may address a risk described by Subsection (b)(2) before the pregnant female suffers any effects of the risk. Subsection (b)(2) does not require that, before the physician may act:

- (1) a risk described by Subsection (b)(2) be imminent;
- (2) the pregnant female first suffer physical impairment; or
- (3) the physical condition has caused damage to the pregnant female.

SB 31

Before this bill, physicians struggled to determine when a woman’s life was close enough to imminent death to qualify to receive an abortion under Texas law. The vagueness of the language in Texas’ Trigger Law led to doctors being unsure of when they could provide care as they faced loss of license, \$100,000 fines, and life in prison if they performed an abortion that was not “life-threatening enough.”

The hesitation from doctors, and the legal teams many doctors and hospitals needed to consult, resulted in dangerous outcomes for pregnant women. SB 31 put patient care back in the hands of doctors, to protect women’s reproductive health and save lives. We are hopeful that this law will help prevent more cases of women dying as a result of delayed or denied medical care. Although the law does not address any other exceptions, the bipartisan support this bill received demonstrated the urgency and united effort to protect the lives of women in Texas.

## HB 713

During the 2025 regular legislative session, Rep. Donna Howard authored HB 713, which created a limited exception allowing healthcare providers—including nurses—serving on the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) to review unredacted case materials. The MMMRC uses the case materials to analyze maternal deaths and issue timely recommendations to the relevant state agencies or offices to reduce maternal mortality.

Sec.A34.0085.AA CASE INFORMATION EXCEPTED FROM PROFESSIONAL REPORTING REQUIREMENTS.

Notwithstanding any other law and for purposes of this chapter, a health care provider, including a nurse, who during the review of information relevant to a case selected for review under this chapter learns of conduct related to the provider's profession that is subject to a reporting requirement is exempt from that reporting requirement for the reviewed information.

HB 713

Prior to HB 713 legislation, nurses were prohibited from accessing unredacted medical records, requiring extensive manual redaction of physician and facility information. This cumbersome process significantly delayed data review, leaving MMMRC reports years behind and slowing the committee's ability to make time sensitive changes.

With the passing of HB 713, maternal health data can now be reviewed more efficiently, enabling a more accurate and timely assessment of maternal health outcomes in Texas—an especially critical development in evaluating the impact on Texas women following the near total abortion ban since 2022.

## SB 33

During the 2025 regular legislative session, Sen. Donna Campbell introduced SB 33, which bans local governments from allocating funds to organizations that help people get abortions by providing financial or logistical support for their out of state travel. This law is intended to prevent cities from using taxpayer funds to subsidize abortion-based care.

Sec. 2273.0031. LOGISTICAL SUPPORT PROHIBITED.

(a) Except as provided by Subsection (b), a governmental entity may not enter into a taxpayer resource transaction or appropriate or spend money to provide to any person logistical support for the express purpose of assisting a woman with procuring an abortion or the services of an abortion provider. Logistical support includes providing money for:

- (1) child care;
- (2) travel or any form of transportation to or from an abortion provider;
- (3) lodging;
- (4) food or food preparation;
- (5) counseling that encourages a woman to have an abortion; and
- (6) any other service that facilitates the provision of an abortion.

SB 33

Furthermore, the law allows for lawsuits against anyone who is known or thought to have used taxpayer money to provide support for an abortion. The law states that the Texas Religious Freedom Restoration Act (RFRA) and frivolous lawsuit protection (anti-SLAPP) laws do not apply to lawsuits brought under SB 33. As providers of a host of potentially tax-supported ministries such as food pantries, domestic violence shelters, and childcare facilities, faith communities could be targets of such lawsuits, even if they do not provide financial or logistical support for abortion care.

### **HB 7: Abortion Pill Ban**

As procedural abortion access in Texas has become increasingly restricted, many women have turned to medication abortions. In response, Rep. Jeff Leach sponsored legislation banning the mailing, distribution, transportation, prescription or manufacture of abortion pills within Texas, and prohibiting them from entering through other states. The law also authorizes any private citizen to bring a civil lawsuit against individuals or organizations that aid in providing abortion pills.

SUBCHAPTER B. PROTECTION FROM ABORTION-INDUCING DRUGS

Sec. 171A.051. PROHIBITIONS RELATED TO ABORTION-INDUCING DRUGS. (a) Except as provided by Subsection (b) or Section 171A.002, a person may not:

- (1) manufacture or distribute an abortion-inducing drug in this state; or
- (2) mail, transport, deliver, prescribe, or provide an abortion-inducing drug in any manner to or from any person or location in this state.

HB 7

Although pregnant women are explicitly exempt from liability—and the statute includes exceptions for miscarriages, ectopic pregnancies, and medical emergencies—successful plaintiffs are entitled to a minimum of \$100,000 in damages per violation. This language opens the door to frivolous lawsuits, allowing private citizens to sue based on mere suspicion that information or assistance related to abortion pills was provided—even in the absence of actual aid. As a result, faith-based communities and organizations that offer reproductive health information may become particularly vulnerable targets under this law.

In the original version of HB 7 filed during the regular session—then known as SB 2880—the bill attempted to amend the Texas Religious Freedom Restoration Act (RFRA) to say that it could not be used as a valid defense for violating the Texas abortion laws. Amending RFRA to exclude a specific issue undermines the protections that all people of faith receive. This language remained in the filed bill until after the committee hearing during the second special session. It was removed from the final version of the bill after months of dedicated, loud, and consistent opposition from faith leaders and advocates.

## **Where We Are Now/2026 in Action**

### **Continuing Education**

The Life of the Mother Act requires that medical personnel and attorneys receive training on the state's abortion laws and exceptions. This continuing education course will be created by the Texas Medical Board and the Texas Bar Association. As people slowly become more aware of the changes to the law, it is necessary to track how this new information will be disseminated and how it will affect maternal care provided by physicians. Although the education course has not been created yet, we are hopeful it will continue to bring important changes to the ways attorneys and physicians approach these cases.

### **Maternal Mortality Data**

The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) studies and analyzes pregnancy-related deaths as well as maternal mortality in order to determine who is most at risk and how it can be prevented. Black women, as well as those who live in rural/low-income communities, are most at risk of maternal mortality, and the MMMRC has found that the majority of these deaths are preventable. The data received and analyzed by the MMMRC is vital in helping protect these women's lives. The MMMRC is up for renewal as part of the Health and Human Services Commission (HHSC) Sunset Review, which determines if this committee is necessary and is fulfilling its mission.

Sec. 34.005. DUTIES OF REVIEW COMMITTEE.

The review committee shall:

- (1) study and review:
  - (A) cases of pregnancy-related deaths;
  - (B) trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity;
  - (C) health conditions and factors that disproportionately affect the most at-risk population as determined in the joint biennial report required under Section 34.015; and
  - (D) best practices and programs operating in other states that have reduced rates of pregnancy-related deaths;
- (2) compare rates of pregnancy-related deaths based on the socioeconomic status of the mother;
- (3) determine the feasibility of the review committee studying cases of severe maternal morbidity; and
- (4) in consultation with the Perinatal Advisory Council, make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state.

Texas Health and Safety Code, Chapter 34

With the push to further restrict access to reproductive healthcare, it is not out of the realm of possibility for lawmakers to remove this committee, as its data has continually shown the harmful impact of anti-abortion laws. However, the work that the MMMRC does is vital in determining how maternal mortality can be mitigated, protecting thousands of Texas women's lives. With the passage of HB 713, it will be important to track how the new process will lead to a better analysis of recent maternal mortality health data.

## **How We Are Moving Forward**

### **Lethal Fetal Anomalies**

Under Texas abortion laws, Texas women cannot receive an abortion, even if a pregnancy is highly unlikely to go to term; if a baby is suffering in utero; or if there are possible/certain negative, but not life-threatening, health outcomes for the mother. Many pregnancies result in a baby having a condition in which treatment is unavailable or unlikely to succeed, and fetal or neonatal death is the most likely outcome. These are known as lethal fetal anomalies. Unfortunately, for pregnancies diagnosed with a lethal fetal anomaly, there remains no legal avenue in Texas to avoid prolonging the baby's suffering. As the fight for reproductive freedom continues, the need to address and create exceptions for circumstances such as these are necessary in protecting the overall wellbeing of Texas women and their children.

### **Maternal Health**

Pregnancy is a medical condition with real risks. Whether before, during, or after pregnancy, maternal health affects all forms of healthcare. In order to best protect the lives of women and babies, maternal care cannot be viewed as something that only some can access but as a fundamental human right. As we work towards effective reproductive policy, we have to understand the experiences that pregnant women are having in order to create laws to protect them. As we continue to find avenues that support women's health, it is necessary to begin the conversation with the overall state of maternal health.

As we look ahead, our work remains grounded in the belief that public policy should reflect both compassion and medical integrity. By collaborating with legislators, physicians, and faith communities, we can continue to advance targeted reforms that protect women's health, uphold the professional judgment of medical providers, and affirm the shared value of caring for one another. Our goal is to ensure that compassion and clarity continue to guide Texas law.