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What Does Project 2025 Say about Reproductive Rights?

Short answer? It doesn't believe in women having these rights or having a say.

Project 2025 makes it clear that their ultimate agenda is to control all aspects of sex and sexuality, including fertility and reproduction. The overturning of *Roe v. Wade* was just the first step. Project 2025 lays out plans for a *federal ban on all forms of abortion* (including medical, i.e. medication such as mifepristone), then, in the future, restricting the availability of birth control, and a possible federal ban on **In Vitro Fertilization (IVF)**.

The reasoning behind this is that sex is for reproduction only, not pleasure, and that anything that stands in the way of conception should be banned because, as Christian conservatives see it, “life begins at conception.” That’s why some argue that a fertilized egg should be considered a person, equal to a living child (*see discussion below on Alabama ruling*).

States Project 2025: “...the *Dobbs* decision is just the beginning. Conservatives in the states and in Washington, including in the next conservative Administration, should push as hard as possible to protect the unborn in every jurisdiction in America.” (*pg. 6*)

THE CONSERVATIVE VISION OF SEX IN GENERAL

The right wing promulgates an old-fashioned view of sex: that it is not -- or should not be -- for pleasure, but only for producing babies. Sex for pleasure creates problems, conservatives argue: “‘Recreational sex’ is a large part of the reason we have so many single-mother households, which drives poverty, crime, and dysfunction. The point of sex is to create children – this is natural, normal, and good.”¹

Here are some specific proposals to eliminate reproductive rights or policies supporting women’s agency to control their own bodies, or bodily autonomy.

¹The author of this view is Christopher Rufo, an extremist anti-gay Christian activist and fellow at the right-wing think tank, The Claremont Institute, which is also affiliated with Opus Dei (*see Who’s Behind Project 2025?* related story) Rufo has led campaign attacks against DEI (diversity, equity, and inclusion) policies), and LGBTQ identity. He and two other Claremont staffers (Michael O’Shea and Jeremy Carl) also received funding from Hungarian autocrat Victor Orban’s regime, via the government-funded Batthyani Lajos Foundation (BLA) in 2022 and 2023, for their anti-DEI and antigay campaign work. <https://globalextrémism.org/post/project-2025-march-11-update/>; see also Southern Poverty Law Center’s *Hatewatch* project.



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ABORTION

The fertilized egg should have personhood rights: One of the primary missions of Project 2025 is to enforce a complete federal ban on all abortions. It states: The duty of HHS [Dept. of Health and Human Services] is to further “the health and well-being of all Americans `from conception to natural death.” (pg. 488) This means that any fertilized egg (whether in the womb or in a petri dish) should have the same rights as a person.

Personhood begins at conception: “From the moment of conception, every human being possesses inherent dignity and worth, and our humanity does not depend on our age, stage of development, race, or abilities,” states Project 2025. (pg. 450)

If personhood begins at conception, then “**Abortion is not health care**, and states should be free to devise and implement programs that prioritize qualified providers that are not entangled with the abortion industry.” (pg. 472) Nor should insurance companies be required to cover abortion under any circumstance. (pg. 472)

Project 2025 pushes the “Life Agenda”: The dept. of Health and Human Services should be “known as the Department of Life.” The Secretary should eliminate the department’s “Reproductive Healthcare Access Task Force and install a pro-life task force to ensure that all of the department’s divisions seek to use their authority to promote the life and health of women and their unborn children.” (pg. 488)

Meanwhile, abortion is harmful to women, says Project 2025: “HHS should create and promote a research agenda that supports pro-life policies and explores the harms, both mental and physical, that abortion has wrought on women and girls.” (pg. 461)

Project 2025 claims that medical abortions (i.e., using medication such as mifepristone) in particular harm women, and states that the FDA failed in its obligations to “protect the health, safety, and welfare of girls and women. It never studied the safety of the drugs under the labeled conditions of use, ignored the potential impacts of the hormone-blocking regimen on the developing bodies of adolescent girls, disregarded the substantial evidence that chemical abortion drugs cause more complications than surgical abortions, and eliminated necessary safeguards for pregnant girls and women who undergo this dangerous drug regimen.” (pg. 458)

Fact Check: The above statements are patently *false*: the FDA carries out extensive safety and efficacy studies of drugs and procedures used in abortions, as well as drugs and products used in birth control, and those used to boost fertility, including IVF. The FDA provides complete drug and product safety, efficacy, and usage information to consumers as required by law.



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The role of the government is to prioritize traditional families: In particular, the CDC should promote “family formation,” states Project 2025: it “should eliminate programs and projects that do not respect human life and conscience rights and that undermine family formation. [...] It should fund studies into the risks and complications of abortion and ensure that it corrects and does not promote misinformation regarding the comparative health and psychological benefits of childbirth versus the health and psychological risks of intentionally taking a human life through abortion. (pp. 454-5)

Fact Check: Here, the authors of Project 2025 also misrepresent facts and truth: the CDC and other government agencies have funded many studies about the risks vs. benefits of reproductive technology and medications, and, as required by law, provide transparent information from subclinical, clinical, and post-marketing follow-up studies of products and procedures related to abortion, assisted reproduction, and childbirth. Studies actually *do* include the comparative health and psychological benefits of childbirth versus the health and psychological risks of choosing abortion. In fact, studies have shown legally induced abortion is markedly safer than childbirth. A comparative study of maternal mortality rates from 1998 to 2005, for example, found that, “The risk of death associated with childbirth is approximately 14 times higher than with abortion,” while “the overall morbidity associated with childbirth exceeds that with abortion.”²

Remove all references to abortion from federal documents: All references to “abortion, reproductive health, reproductive rights” should be deleted from “every federal rule, agency regulation, contract, grant, regulation, and piece of legislation that exists.” (pg. 5)

Abortions should not be performed even to save the mother’s life: Under EMTALA (the Emergency Medical Treatment and Active Labor Act), the Biden administration “declared that EMTALA would protect physicians and hospitals that perform abortions in violation of state law if they deem those abortions necessary to stabilize the women’s health. This novel interpretation of EMTALA is baseless. EMTALA requires no abortions, preempts no pro-life state laws, and explicitly requires stabilization of the unborn child,” states Project 2025. (pg. 473-4)

Fact Check: The EMTALA is an act passed by Congress in 1986 under the Reagan administration that requires hospitals that receive Medicare funding and have emergency departments to provide an appropriate medical screening examination (MSE) to anyone seeking treatment for a medical condition, regardless of citizenship, legal status, or ability to pay. The law requires such hospitals to provide medically necessary care to either stabilize patients with an “emergency medical condition” (EMC) or transfer them to a medical facility that can.³

² Raymond, EG, Grimes DA. “The comparative safety of legal induced abortion and childbirth in the United States,” *Obstet Gynecol.* 2012 Feb;119(2 Pt 1): 215-9.

³ EMTALA’s provisions apply to all patients, not just Medicare patients, and applies to most hospitals, since few don’t accept Medicare. EMTALA covers payment of emergency medical conditions, or EMCs. For details of the law, see, “Overview of the



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The 1986 EMTALA did not mention abortion or list specific treatments for pregnant women arriving with an emergency medical condition, but called for treatment including stabilizing the mother and “unborn child.” Post-*Dobbs*, a Biden administration memorandum clarified that the EMTALA applied to cases when abortion is necessary to stabilize the mother. Importantly, this ruling, designed to save a pregnant woman’s life, trumps partial or complete state anti-abortion laws or proposed legislation, a finding being challenged by anti-abortion activists.⁴ The latter include Project 2025 advisory groups leading the fight to completely ban abortion.

No elective abortions should be allowed for refugees: “Regardless of where ORR’s [Office of Refugee Resettlement] functions reside, ORR staff and care providers should never be allowed to facilitate abortions for unaccompanied children in its custody, including by transporting minors across state lines from pro-life states to abortion-friendly states. Pregnant, unaccompanied girls in ORR custody should be treated with dignity, not trafficked across state lines to be victimized by the abortion industry. ORR should withdraw its policy of allowing elective abortions for children in ORR care and issue a new policy of instructing care providers not to allow girls to be transported for elective abortions.” (pg. 478)

Fact Check: Under current law, the Secretary of the Department of Health and Human Services (HHS) is responsible for the care of unaccompanied children (UC) while in federal custody. ORR rules state that “...ORR staff and care providers must not prevent UC from accessing legal abortion-related services if requested by the UC.”⁵ This may involve transporting a minor to a state in which abortion is lawful and affordable.”⁶

Project 2025 wants to ban medical abortion (mifepristone): The “FDA should ... reverse its approval of chemical abortion drugs because the politicized approval process was illegal from the start.” (pg. 284) The authors also claim that medical abortions are a rising threat: “Abortion pills pose the single greatest threat to unborn children in a post-*Roe* world. The rate of chemical abortion in the U.S. has increased by more than 150 percent in the past decade; more than half of annual abortions in the U.S. are chemical rather than surgical.” (pg. 457)

Fact Check FDA approval of RU-486, or mifepristone, as a safe, effective “early option” pill for legal abortion in September 2000 was based on extensive medical and scientific evidence of

Emergency Medical Treatment and Active Labor Act (EMTALA) and Emergency Abortion Services,” Congressional Research Service’s *In Focus* report, March 21, 2023. <https://crsreports.congress.gov/product/pdf/IF/IF12355>

⁴ Belluck, Pam. “What To Know About the Federal Law at the Heart of the Latest Supreme Court Abortion Case,” *New York Times*, January 18, 2024.

⁵ *Medical Services Requiring Heightened ORR Involvement* Policy Memorandum, Administration of Children and Families, Office of Refugee Resettlement, September 20, 2020.

⁶ *Compliance with Garza Requirements and Procedures for Unaccompanied Children Needing Reproductive Healthcare*, Field Guidance 21(Revised) Policy Memorandum, Administration of Children and Families, Office of Refugee Resettlement, November 10, 2011. (First issued October 1, 2021)



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safety, efficacy, and tolerability studies in American women. The pill blocks action of the female hormone progesterone needed to sustain a pregnancy. US approval also followed two decades of data evidence of its safe use and efficacy after its approval in France and China in 1988. Some 840,000 US women have safely used mifepristone/misoprostol to terminate their pregnancies since approval; so have women in 37 countries.⁷

BIRTH CONTROL

Sex is only for reproduction, so birth control should be banned: As the Heritage Foundation puts it, “‘It seems to me that a good place to start would be a feminist movement against the pill, and for ... returning the consequentiality to sex.’ Conservatives have to lead the way in restoring sex to its true purpose & ending recreational sex & senseless use of birth control pills.”⁸ Implicit in this call to leadership is the call for men to lead, and women to serve as mothers and caretakers, and not work, but focus on raising children – also stated traditional gender roles and goals put forth by Project 2025. (See *‘What Does Project 2025 Say About Sex and Gender?’*)

To replace birth control, Project 2025 proposes a return to the “rhythm method” of pregnancy prevention, but here, that method is renamed one of the “Fertility Awareness-Based Methods” (FABM). The authors suggest expanding “inclusion of fertility awareness-based methods and supplies to family planning in the women’s preventive services mandate,” and requiring insurance companies to cover them. A new conservative administration “should more thoroughly ensure that fertility awareness-based methods of family planning are part of women’s preventive services under the ACA. [...]” Project 2025 proposes. “FABMs are highly effective and allow women to make family planning choices in a manner that meets their needs and reflects their values.” (pp. 484-5)

But birth control should only be for women. The authors propose to “eliminate men’s preventive services from the women’s preventive services mandate,” specifically male condoms. They propose that “HRSA should not incorporate exclusively male contraceptive methods into guidelines that specify they encompass only women’s services.” (p. 485)

Fact Check: Why eliminate male condoms? A big unstated reason is because they are used in anal sex both as an alternative form of birth control (and STD prevention) and for pleasure -- another no-no to conservatives who want to limit sex to procreation. Male condoms are also used by men who have sex with men (MSM), among non-heterosexual couplings. The call to eliminate male condoms masks an anti-LGBTQ move.

⁷“Frequently Asked Questions About Mifepristone,” *Early Options*, National Abortion Federation Medical Education Series fact sheet.

⁸The Heritage Foundation. See also: <https://globalextrémism.org/post/project-2025-march-11-update/>



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Eliminate the ‘week-after’ pill from the contraceptive mandate as a potential abortifacient, or drug causing abortion. Project 2025 claims that emergency contraceptives are a form of abortion, and should be banned: “One of the emergency contraceptives covered under the HRSA preventive services guidelines is Ella (ulipristal acetate). Like its close cousin, the abortion pill mifepristone, Ella is a progesterone blocker and can prevent a recently fertilized embryo from implanting in a woman’s uterus.” (p. 485)

Fact Check: Ella *does not* end an existing pregnancy; it is *not* an abortion pill.⁹ It delays or prevents *ovulation*, which stops pregnancy from occurring in the first place. Ella has been approved as a more effective form of “morning after” birth control pill than Plan B.¹⁰ It reduces the chance of getting pregnant by 85% when taken within five days after unprotected sex. Ella requires a prescription. It is safe to use; no serious side effects are reported to date.

SEX EDUCATION

Project 2025 takes an overt anti-sex position, and proposes banning sex education, tying it to abortion, and linking it to prostitution. One key to stopping abortion is to eliminate all gender policies and entities across the federal government that support gender equity or promote women’s equity or equality, including sexual education: “Abolishing the Gender Policy Council would eliminate central promotion of abortion (‘health services’); comprehensive sexuality education (‘education’). . . .” (pg. 62)

Project 2025 seeks to curb teen pregnancy prevention programs, seeing them as a route to abortion: “... certain provisions should be employed so that these programs do not serve as advocacy tools to promote sex, promote prostitution, or provide a funnel effect for abortion facilities and school field trips to clinics, or for similar purposes.” (pg. 477)

Replace sex education with “risk avoidance”: Project 2025 suggests that “promoting life and family” will help sexual risk avoidance: “In dealing with sexually transmitted diseases and unwanted pregnancies, the OASH should focus on root-cause analysis with a focus on strengthening marriage and sexual risk avoidance.” (pg. 490)

Fact Check: Many studies have demonstrated that comprehensive sexuality education programs decrease the rates and risk of sexual activities, including the number of partners and unprotected intercourse, sexually-transmitted infections, and unwanted teen pregnancies.¹¹ School-based sex education programs can serve as a primary prevention strategy against sexual violence.¹²

⁹ “Ella FAQs,” Ella product website. <https://www.ella-now.com/faqs/is-ella-an-abortion-pill/>

¹⁰ Planned Parenthood.

¹¹ *Comprehensive Sexuality Education*, Committee Opinion Number 678, The American College of Obstetricians and Gynecologists, November 2016.

¹² National Sexual Violence Resource Center.



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FERTILITY TREATMENTS

Project 2025 does not specifically address IVF and other treatments for infertility. But some conservatives linked to the Federalist Society and Project 2025 oppose IVF, too, though the issue is dividing conservatives. Those who would ban IVF include Alabama Supreme Court Justice Jay Mitchell, a staunch anti-abortion Republican and member of the Federalist Society. Mitchell recently issued a highly controversial – and widely criticized – ruling that frozen human embryos (a fertilized human egg) can be considered living beings, allowing IVF clinics to be held liable for accidental loss of frozen embryos under Alabama’s Wrongful Death of a Minor law.¹³

That wrongful death case was brought by three Alabama heterosexual couples (the plaintiffs) who sued the Center for Reproductive Medicine and the Mobile Infirmary Association after a laboratory accident caused some of the couples’ stored cryo-preserved embryos to be damaged and then destroyed. The couples have all had healthy children via IVF at the fertility clinic. One of the lawsuits was for negligence and wantonness, but the other was for the Wrongful Death of a Minor Act, an 1872 Alabama statute.¹⁴ The case was initially dismissed at the trial court level, then appealed to the Alabama Supreme Court, where Justice Mitchell declared, “Unborn children are ‘children’ – without exception based on development state, physical location, or any ancillary characteristics.”¹⁵

This marks the first time a lab-grown embryo has been defined as an “extrauterine child” and given legal rights as a living child – an explosively controversial victory for “fetal personhood” anti-abortion forces, and one with sweeping implications for fertility treatment in America.

Several IVF clinics in Alabama suspended their operations after the ruling, while the court’s decision was loudly denounced by speakers on both sides of the political spectrum. They include conservative Christian evangelical women and families who have conceived or seek to have children via reproductive assistance from IVF. One of them is Hannah Nelson, a Christian mother who had a son via IVF and has frozen four other embryos to maybe have more children in the future. After the ruling, she told the *Washington Post* she felt IVF “can be used for God’s glory” and that “it’s best for the government to keep its hands out of it.”

Looking ahead, many American families and women now fear more states will move to ban fertility treatments as the newest front of the anti-abortion movement.

¹³ *LePage et al. v. Center for Reproductive Medicine and Mobile Infirmary Association*.

¹⁴ Sharfstein, Joshua. “The Alabama Supreme Court’s Ruling on Frozen Embryos,” John Hopkins Bloomberg School of Law, February 27, 2024.

¹⁵ Chandler, Kim, “Warnings of the impact of fertility treatments in Alabama rush in after frozen embryo ruling,” *Associated Press*, February 21, 2024.



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Note: See *What Does Project 2025 Say About Sex and Gender?* for details of the conservative movement's proposals related to gender and sexual education, and our materials on the impact on LGBTQ identity.