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Nevada Coalition to **END** Domestic and Sexual Violence

REPRODUCTIVE HEALTH & VIOLENCE PREVENTION

The landscape of reproductive policy and health care in Nevada and the intersections it plays with violence prevention.

Ensuring Nevadans have access to reproductive healthcare and education is a pivotal part of violence prevention, according to the National Institutes of Health[1]. Yet, access to these services is not uniform across the state, with some communities experiencing greater barriers to services than others.

Research shows that reproductive health access and violence are deeply interconnected public health issues.

20% of pregnant individuals experience some form of violence during pregnancy.[2]

Homicide is a leading cause of pregnancy-associated death.[2]

Research shows that reproductive health access and violence are deeply interconnected public health issues.[2]

Given this, it is important for Nevada to address gaps in reproductive health access as part of a coordinated violence prevention framework.

Current Nevada Laws and Policies

Nevada has enacted several constitutional protections and statutory policies related to reproductive healthcare access and reproductive rights. Some examples are:

The Nevada Constitution enshrined the right to access an abortion up to **24 weeks**.

Assembly Bill 235 from the 2025 legislative session authorizes reproductive health providers to enroll in the confidential address program.

Senate Bill 94 allocated $6 million in state grants to family planning organizations, suppfrom the 2019 legislative session allocated $6 million in state grants to family planning organizations, supporting contraception, emergency contraception, and other services with specific focus on low-income and rural Nevadans.orting contraception, emergency contraception for low-income and rural Nevadans.

2024 Ballot Measure (Question 6) approved a constitutional amendment enshrining the right to abortion up to fetal viability. (pending second voter approval in 2026).

Nevada Equal Rights Amendment (ERA) (2022) Nevada's ERA prohibits discrimination on the basis of sexual orientation, gender identity, race, disability, ancestry, age or gender expression. These protections may help support equitable access to services for individuals from diverse backgrounds.

REPRODUCTIVE HEALTH IN NEVADA:

Creating safer communities and reducing the risk of violence requires coordinated efforts across Nevada's systems to expand access to reproductive healthcare and supportive services. Access to services such as prenatal care, contraception, and family planning services, is closely connected to economic stability, health outcomes, and individual well-being and can help strengthen protective factors. Increased access to these resources can promote greater stability, enhance safety, and improve overall community well-being throughout the state.

- **Prenatal Care**
- **Contraception**
- **Family Planning**
- **Reproductive Healthcare**

[1]Grace, Karen and Anderson, Jocelyn. Reproductive Coercion: A Systematic Review. Trauma Violence Abuse. October 2018. PubMed. Retrieved from: https://pmc.ncbi.nlm.nih.gov/articles/PMC5577387/
[2]National Coalition Against Domestic Violence. Domestic Violence and Pregnancy Fact Sheet. Retrieved from: https://vawnet.org/sites/default/files/assets/files/2016-09/DVPregnancy.pdf

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Current Gaps and Concerns in Nevada Reproductive Policy:

While Nevada has many protective policies and laws, several state statutes continue to affect access to certain services and may have implications for violence prevention efforts. Those barriers being:

1. Parental notification law for minors:

- As of July 2025, a Nevada Supreme Court Case overturned a long-dormant 1985 statute (NRS 442.255) which requires physicians to notify a parent or guardian 24 hours before performing and abortion on a minor.
- The law has no exemptions for minors in foster care or those who have experienced abuse or sexual assault by a parent or guardian.[3] Advocates and service providers have concern around how the law may affect access to care and safety planning for this population.

2. Rural obstetric care crisis:

- Nevada is among the eight states where more than two-thirds of rural hospitals lack obstetric services.
- As documented by the University of Minnesota Rural Health Research Center, 67% of Nevada's rural counties and 40% of urban counties lack hospital-based obstetric care. Of the rural noncore counties (no town over 10,000), 83% lack these services entirely. [4]
- Research continues to identify access to adequate obstetric care is an important factor for violence prevention and safety, particularly for pregnant individuals in rural and underserves areas. [5]

3. Criminalization of pregnancy outcomes:

- Nevada has one of the longest standing statutes establishing criminal penalties in certain circumstances involving the termination of a pregnancy (NRS 200.220).
- Advocates and research note that the criminalization of pregnancy outcomes can have unintended consequences for victim-survivors, including the abusers and situations in which violence contributes to pregnancy loss or complications.
- Research also shows that laws that the criminalization of pregnancy outcomes may discourage some individuals from seeking medical care and may have disproportionate effects on populations that already experience barriers to healthcare access.[6]

4. Criminalizing the concealment of the birth of a child:

- Nevada statute (NRS 201.150) establishes criminal penalties related to the concealment of the birth of a child.
- Advocates and legal organizations have raised concerns that this statute has the potential to be applied in situations involving pregnancy loss or miscarriage outside of certain cultural norms and may have harmful consequences for individuals experiencing complex personal circumstances.
- This law also poses a threat to victim-survivors of domestic violence or sexual assault who may conceal a pregnancy loss due to safety concerns or fear of repercussions from an abusive partner.

These policies raise real concern and pose a valid threat to reproductive autonomy which can have implications for victim-survivors.

[3] If/when/how (2026) Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in Nevada retrieved from https://ifwhenhow.org/wp-content/uploads/2026/02/2026-Nevada-Mandatory-Reporting-Fact-Sheet.pdf
[4] Interrante JD, O'Hanlon K, Kozhimannil KB. Availability of Hospital-Based Obstetric Services in the United States by County, 2010 – 2023: A State-by-State Report. University of Minnesota Rural Health Research Center. January 2026. Retrieved from: https://rhrc.umn.edu/publication/availability-of-hospital-based-obstetric-services-in-the-united-states-by-county-2010-2023-a-state-by-state-report/
[5] Grace, Karen and Anderson, Jocelyn. Reproductive Coercion: A Systematic Review. Trauma Violence Abuse. October 2018. PubMed. Retrieved from: https://pmc.ncbi.nlm.nih.gov/articles/PMC5577387/
[6] Human Rights & Gender Justice Clinic, CUNY School of Law et al. 2023 Criminalization and Punishment for Abortion, Stillbirth, Miscarriage, and Adverse Pregnancy Outcomes. Retrieved from www.law.cuny.edu/wp-content/uploads/media-assets/2023_Clinic_HRJG_REPORT-U.S.-Criminalization-of-Abortion-and-Pregnancy-Outcomes.pdf

This publication was supported by the Nevada Department of Human Services through Grant # 5 NUF2CE002575-03-00 from Nevada Sexual Violence and Prevention Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Sexual Violence and Prevention Program.