Welcome!

Thank you for joining us at the 2018 Justice for Louisiana Women Advocacy Day, where you’ll learn about key issues affecting women across our state, the impacts of proposed legislation, and ways you can influence the legislative process.

Today, a variety of organizations and advocates are demanding better outcomes and justice for women in our state by uniting across social justice issues—including economic justice, reproductive justice, criminal justice, environmental justice, affordable healthcare, violence prevention, and more. Throughout the day you will hear from leaders and legislators about key issues and how they affect Louisiana's women, their children, and their communities. We will also discuss proposed legislation, its potential impacts on Louisiana's women, and ways you can influence state policies.

Our goal is for you to learn more about the legislative process and to have opportunities to speak with your legislators. To that end, we are providing you with this toolkit that you can use to make your voice heard on these issues today and in the future.

We hope you will enjoy this opportunity to network with other advocates, will gain deeper insights into how all of these social justice issues affect women across our state, and will take charge of your power to influence state policies. Most of all, we hope that you will leave here today with more knowledge, new skills, and a steadfast determination to stay engaged in the legislative process to demand justice for all of Louisiana’s women!

Together in Justice,

Feminist Majority Foundation
Lift Louisiana
National Council of Jewish Women
National Organization for Women (NOW) Louisiana
New Orleans Abortion Fund
Planned Parenthood Gulf Coast
Women With a Vision
Table of Contents

★ Schedule
★ Sharing Your Advocacy with Social Media
★ Advocacy and Policy Resources
★ Legislative Committee Contacts
★ 2018 Legislation
★ Issue Resources
  ✓ Economic Justice
  ✓ Childcare and Early Education
  ✓ Sexual Assault and Violence Prevention
  ✓ Justice Involved Women
  ✓ Reproductive Justice
  ✓ Affordable Healthcare and Medicaid
  ✓ Adolescent Sexual Health Education
  ✓ Environmental Justice
  ✓ Gun Violence Prevention
★ About Our Sponsors
**Schedule**

★ 9:30 am Show Up!
★ 9:30 am – 11:00 am – Visit the Committee Hearings at the Capitol Building
★ 11:15 am – Press Conference at the Welcome Center
★ 12:00 pm – Grab a Bite
★ 12:30 pm – 2:00 pm – Hearing from Leaders and Legislators
★ 2:00 pm – 3:00 pm - Making Your Voice Heard at the Capitol

---

**Social Media Guide**

#Justice4LAWomen  #lalege

- **Feminist Majority Foundation**  @FemMajority  @FeministMajorityFoundation  @feministmajority
- **Lift Louisiana**  @LiftingLA  @LiftLouisiana
- **Louisiana National Organization for Women (NOW)**  @NOWBatonRouge
- **National Council of Jewish Women**  @ncjwgn0
- **New Orleans Abortion Fund**  @nolaabortionfund  @NewOrleansAbortionFund
- **Planned Parenthood Gulf Coast**  @ppgulfcoast
- **Women With A Vision**  @WWAVinc  @wwav.org  @wwavnola

**Posts**

- We envision a Louisiana with racial equity, reproductive justice, and freedom. What does a just Louisiana look like to you? On April 11, share your voice. #Justice4LAWomen
- Two-thirds of minimum wage workers in Louisiana are women. Working a full-time job at $7.35/hr earns an annual salary of just over $15,000. Could you live on that? #lalege #Justice4LAWomen
- On April 11, we are demanding #Justice4LAWomen. Will you join us: https://www.facebook.com/events/159327951536404/
- Louisiana ranks 6th for teen births, 3rd for adolescent HIV diagnoses, and 2nd for adolescent chlamydia and gonorrhea diagnosis. #Justice4LAWomen
- #lalege must reform sentencing to take into account family ties and responsibilities. We need to look at diversion programs, restorative justice, and alternatives to incarceration in general, but especially for parents given the impact on families. Pass HB 264 #Justice4LAWomen
- Demand the #lalege to fight for the safety of their constituents by closing the possession loophole for domestic violence offenders. #Justice4LAWomen
How a Bill Becomes a Law

First Reading (Introduced in House) → Second Reading (Referred to Committee) → Committee Hearing → Committee Report → Third Reading (Bill debated on Floor)

Committee Hearing → Committee Report → Referred to Committee (Second Reading) → Introduced in Senate (First Reading)

Vote on Final Passage → Passed - Sent to Senate or Referred to Committee (Second Reading)

Failed - May Be Reconsidered or May Receive No Further Action

Passed - Sent to House → Vote on Final Passage

Passed - Sent to House or Failed - May Be Reconsidered or May Receive No Further Action

Governor signs* - Bill becomes an Act or If governor vetoes, but then two-thirds of both houses approve Bill - Bill becomes an Act or If governor does not sign or veto within the constitutionally prescribed time period - Bill becomes an Act

Conference Committee attempts to resolve differences - If agreement reached and both houses concur, Bill sent to governor or - If agreement reached and either house rejects, Bill fails or - If no agreement, Bill fails

An Act

Acts enacted during regular sessions become effective on August 1 or on effective date stated in the Act and Acts enacted during extraordinary sessions become effective on the 60th day after adjournment or on effective date stated in the Act

* Joint, concurrent, and other resolutions of the legislature do not require the signature of the governor to become effective.
How to Call Your Legislator

Here’s a step-by-step:

1. Block off time on your calendar.
   - 12:00-12:45 | Lunch
   - 12:45-1:30 | Make that call!
   - 1:30-2:00

Each call only takes a minute or so, but you might want to block off more time for your first call, so you can prepare your words & nerves.

Don’t rush yourselves!

Scheduling is super important, otherwise you will perpetually delay calling.

2. At the scheduled time, go sit somewhere quiet.

3. Find out who represents you. Some places to look:
   - House of Representatives: <house.gov/representatives/find/>
   - Senate: <senate.gov/senators/contact/>

4. Write out exactly what you plan to say. It only needs to be a few lines, and there are lots of templates online that you can use.

Hello! I am a constituent from City (zip code) and I am calling to urge [name] to publicly...

If they have already declared a statement, don’t use that as an excuse to avoid calling.

I know it’s hard, but call anyway. Think twice & ask them to keep fighting.

5. Take a deep breath.

You can do this.
To find your legislators, visit:
http://www.legis.la.gov/legis/FindMyLegislators.aspx
Meeting Your Legislator

A face-to-face meeting with your legislator can be a powerful opportunity to advance your agenda. The meeting can also position you as a reliable expert on your issue and an important ally for your legislator...if it’s done right. Follow these steps for a successful visit:

1. **Plan your meeting.** Decide whether you are going alone, or with a group of constituents. If you go as a group, decide who is going to lead the meeting, and what each person is going to contribute to the discussion. This will help eliminate awkward silences or repetitive messages, and will ensure that you hit all the key points you want to cover. You will likely have only 10 to 20 minutes for your meeting, so plan accordingly.

   Here are some helpful tools to use in preparing to meet with Legislators:

   I. Determine who you are meeting with and what they stand for. Do some research on the legislator?
   II. Determine what your goal is which is the purpose of the meeting. What do you want the legislator to do?
   III. Gather the facts.

2. **If there are multiple issues that are important to you, select one that you will discuss for that meeting.** Attempting to persuade a legislator on multiple issues not only weakens your position as a reliable, focused constituent, but it dilutes your impact on each issue.

3. **Define your message.** Focus your comments on one issue. Then, rather than trying to say everything you know or think about that issue, plan two or three observations or arguments that get at the heart of your position.

4. **Make an appointment** with their scheduler...but don’t be surprised if it changes. Legislators often have last-minute hearings or committee meetings. Be flexible.

5. **Meet in your home district.** Meetings in the home district are often less hurried than meetings at the capitol, and they provide the “home turf” advantage. Find out when your legislator is in his or her home district, and schedule your appointment then, or if your workplace illustrates your position, invite them to visit you. If this is not possible, travel to the capitol as an alternative.

6. **Once you’re in the door, begin by finding something personal that you have in common with the legislator.** Do they live on the street where your mother grew up? Are their kids in your child’s class at school? Does something in their office suggest an interest that you share, such as fishing, sports, or art? Engage in a little “small talk” to break the ice—but keep it brief.
7. **State the reason for your visit.** Be clear about why you are there, why they should be interested (remember to mention again that you’re a constituent, and use local examples), and what you want them to do.

8. **State your case.** Again, keep it concise, focused, and personalized.

9. **Invite comments and questions.** Engage your legislator in dialogue. Don’t worry if they ask you something you don’t know the answer to—simply tell them you don’t know, but that you’ll find out for them.

10. **State only what you know.** Don’t overstate your case, fudge the facts, or guess.

11. **Ask for a commitment.** If you don’t ask your legislator for action, you won’t see any. If they decline, encourage them to think about it, and let them know you’ll keep in touch.

   **Here are some helpful suggestions:**
   
   A. Determine the roles that the attendants of the meeting will fulfill if you are meeting with the legislator in a group. (Meeting leader, storyteller, pitcher or messenger, recorder, supporting actors)
   
   B. Develop a brief meeting agenda;
      
      I. Introduction and thank yous.
      
      II. Meeting overview
      
      III. Storyteller tell brief story to illustrate purpose of the meeting.
      
      IV. The request from the pitcher that requests a yes or no answer.
      
      V. Response to the legislator’s response. Do not accept a vague answer, get clarification.
      
      VI. Wrap up, thanks you again, next steps

12. **Have a leave-behind.** Provide your legislator with brief, written information for further reflection. Make sure it contains the local angle for your district.

13. **Report on your visit.** As soon as possible after your visit, jot down notes that record the tone, what was said, and what questions were asked in the meeting. Not only will this help in reporting on your visit, but it will help you build a record of your relationship with your legislator that can inform future dialogue. Let your group know that you made the visit, and report what you covered and what the legislator said. If possible, provide them with a copy of your leave-behind materials as well.

14. **Follow up.** Send a handwritten thank-you note to your legislator. Let them know that you appreciate their time. If you promised to get them additional information, provide it or let them know how and when they can expect to receive it.

15. Visit more than once. Over time, visit with your legislator to continue to discuss the issue and make requests as you have them. Be sure to be a reliable source of information for them on your issue by delivering what you promise, avoiding overstatement, and communicating clearly.
Advocacy vs. Lobbying, Coalition Building and Public Engagement

What is the difference between advocacy and lobbying?

- Adapted from Lobbying and Advocacy—Similarities and Differences, published by Charity Lobbying for the Public Interest

Although most people use the words interchangeably, there is a distinction between advocacy and lobbying that is helpful to understand. When nonprofit organizations advocate on their own behalf, they seek to affect some aspect of society, whether they appeal to individuals about their behavior, employers about their rules, or the government about its laws. Lobbying refers specifically to advocacy efforts that attempt to influence legislation. This distinction is helpful to keep in mind because it means that laws limiting the lobbying done by nonprofit organizations do not govern other advocacy activities.

What is the difference between grassroots lobbying and direct lobbying?

- Adapted from Public Policy Related Activities That Are Not Lobbying, published by Charity Lobbying for the Public Interest

Grassroots lobbying is appealing to the general public to contact the legislature about an issue. Direct lobbying is contacting government officials or employees directly to influence legislation. If an issue is to be decided through a ballot initiative or referendum, appeals to the public are considered direct lobbying, because the public in this instance acts as the legislature. This is helpful to nonprofits that elect to come under the 1976 law, as they may only devote 25 percent of their total lobbying expenditures to grassroots lobbying.

Coalition Building & Public Engagement: Two Key Concepts for Your Advocacy/Lobbying Efforts

A coalition is a group of interdependent people focused on advancing or opposing a particular issue. A coalition’s power lies in its ability to present a united front. It mobilizes allies through grassroots efforts to increase community understanding and support.

A coalition is effective only when its issue has merit and the coalition members are organized, informed, and dedicated to communicating the importance of the effort. Coalition building calls for establishing and developing contacts that work well together.

In order to form a coalition, the public must be informed and engaged on the issue(s). Public engagement is a different way of getting people involved in community decisions that gets beyond traditional forums, such as board meetings, public hearings or advertising campaigns.

Why Conduct a Public Engagement Campaign?

A well-planned public engagement campaign that is a series of strategic activities planned to support your community’s vision can produce many benefits, including:
• A greater base of support for your mobilization goals. By recruiting new allies, a campaign can generate financial support, volunteers, and other resources to help achieve goals;
• Access to a mass audience. By working with the media as part of a public engagement campaign, you can tell your story or provide useful information to greater numbers of people than can be reached through other channels; and
• Greater leverage with decision-makers. By creating popular buy-in for an initiative and by generating press coverage, policymakers and others are more likely to join, support, and protect your organization’s vision and goals.

Questions About Public Engagement

Q. Why is public engagement needed?

A. In many areas of American public life, participation has been eroding as cynicism and mistrust rise. Too often, public issues where common ground and collective effort are needed to find solutions have instead devolved into shouting, sloganeering and technical and jargon-laden debates among experts and special interests. The result: the public is left out, without a real voice, and consequently has a lesser stake in the system.

Q. How is public engagement different from public relations?

A. In many issues, community leaders decide on a course of action and then attempt to sell it to the public. Rather than entering into a dialogue and helping citizens understand the pros and cons of different policies, leaders attempt to manage the public and market ideas to them. This often makes people feel manipulated and suspicious, and often hinders them from thinking effectively about problems and challenges because it avoids exposing them to the full policy debate. By contrast, public engagement helps people weigh a variety of ideas and listen to each other in an attempt to build common understanding.

Q. How are employees and the public engaged?

A. Extensive outreach to make sure that activities include people who do not hold leadership positions and whose voices are not commonly heard; discussions geared to average citizens instead of just experts; a civil exchange of ideas among participants and tolerance for people with different points of view.

- Adapted from National School Public Relations Association; Community Mobilization: Strategies to Support Young Children and Their Families; and Public Agenda Online.
**ADMINISTRATION OF CRIMINAL JUSTICE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sherman Q. Mack (Chairman)</td>
<td><a href="mailto:macks@legis.la.gov">macks@legis.la.gov</a></td>
<td>(225) 567-3677</td>
<td></td>
</tr>
<tr>
<td>Steve E. Pylant (Vice Chairman)</td>
<td><a href="mailto:pylants@legis.la.gov">pylants@legis.la.gov</a></td>
<td>(318) 435-7313</td>
<td></td>
</tr>
<tr>
<td>Tony Bacala</td>
<td><a href="mailto:bacalat@legis.la.gov">bacalat@legis.la.gov</a></td>
<td>(225) 677-8020</td>
<td>@tonybacala59</td>
</tr>
<tr>
<td>John H. Bagneris</td>
<td><a href="mailto:bagnerisj@legis.la.gov">bagnerisj@legis.la.gov</a></td>
<td>(504) 243-7783</td>
<td></td>
</tr>
<tr>
<td>Barbara Carpenter</td>
<td><a href="mailto:carpenterb@legis.la.gov">carpenterb@legis.la.gov</a></td>
<td>(225) 771-5674</td>
<td></td>
</tr>
<tr>
<td>Raymond J. Crews</td>
<td><a href="mailto:crewsr@legis.la.gov">crewsr@legis.la.gov</a></td>
<td>(318) 716-7532</td>
<td></td>
</tr>
<tr>
<td>Stephen Dwight</td>
<td><a href="mailto:dwights@legis.la.gov">dwights@legis.la.gov</a></td>
<td>(337) 491-2315</td>
<td>@Sdwight35</td>
</tr>
<tr>
<td>Randal L. Gaines</td>
<td><a href="mailto:gainesr@legis.la.gov">gainesr@legis.la.gov</a></td>
<td>(985) 652-1228</td>
<td></td>
</tr>
<tr>
<td>Lowell C. &quot;Chris&quot; Hazel</td>
<td><a href="mailto:hazele@legis.la.gov">hazele@legis.la.gov</a></td>
<td>(318) 767-6082</td>
<td></td>
</tr>
<tr>
<td>Valarie Hodges</td>
<td><a href="mailto:hodgesv@legis.la.gov">hodgesv@legis.la.gov</a></td>
<td>(225) 791-2199</td>
<td>@ValarieHHodges</td>
</tr>
<tr>
<td>Frank A. Howard</td>
<td><a href="mailto:howardf@legis.la.gov">howardf@legis.la.gov</a></td>
<td>(318) 256-4135</td>
<td></td>
</tr>
<tr>
<td>Edward C. &quot;Ted&quot; James</td>
<td><a href="mailto:james.ted@legis.la.gov">james.ted@legis.la.gov</a></td>
<td>(225) 343-3633</td>
<td>@EdwardTedJames</td>
</tr>
<tr>
<td>Terry Landry</td>
<td><a href="mailto:landryt@legis.la.gov">landryt@legis.la.gov</a></td>
<td>(337) 373-9380</td>
<td></td>
</tr>
<tr>
<td>Denise Marcelle</td>
<td><a href="mailto:marcelled@legis.la.gov">marcelled@legis.la.gov</a></td>
<td>(225) 359-9362</td>
<td>@Marcelle4Dist61</td>
</tr>
<tr>
<td>Joseph Marino</td>
<td><a href="mailto:marinelled@legis.la.gov">marinelled@legis.la.gov</a></td>
<td>(504) 361-6013</td>
<td></td>
</tr>
<tr>
<td>Barbara M. Norton</td>
<td><a href="mailto:nortonb@legis.la.gov">nortonb@legis.la.gov</a></td>
<td>(318) 632-5887</td>
<td></td>
</tr>
<tr>
<td>John M. Stefanski</td>
<td><a href="mailto:stefanski@legis.la.gov">stefanski@legis.la.gov</a></td>
<td>(337) 384-8999</td>
<td></td>
</tr>
<tr>
<td>Taylor F. Barras (Ex Officio)</td>
<td><a href="mailto:barrast@legis.la.gov">barrast@legis.la.gov</a></td>
<td>(337) 373-4051</td>
<td></td>
</tr>
<tr>
<td>Walt Leger III (Ex Officio)</td>
<td><a href="mailto:legerw@legis.la.gov">legerw@legis.la.gov</a></td>
<td>(504) 556-9970</td>
<td>@WaltLeger</td>
</tr>
</tbody>
</table>

**LABOR & INDUSTRIAL RELATIONS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick O. Jefferson (Chairman)</td>
<td><a href="mailto:jeffersonpo@legis.la.gov">jeffersonpo@legis.la.gov</a></td>
<td>(318) 927-2519</td>
<td>@POJefferson</td>
</tr>
<tr>
<td>Beryl Amedée</td>
<td><a href="mailto:amedebeb@legis.la.gov">amedebeb@legis.la.gov</a></td>
<td>(985) 858-2967</td>
<td>@BerylAmedee</td>
</tr>
<tr>
<td>Larry Bagley</td>
<td><a href="mailto:bagleyl@legis.la.gov">bagleyl@legis.la.gov</a></td>
<td>(318) 925-9588</td>
<td></td>
</tr>
<tr>
<td>Kenny R. Cox</td>
<td><a href="mailto:coxk@legis.la.gov">coxk@legis.la.gov</a></td>
<td>(855) 844-8583</td>
<td>@StateRepKCox</td>
</tr>
<tr>
<td>Raymond J. Crews</td>
<td><a href="mailto:crewsr@legis.la.gov">crewsr@legis.la.gov</a></td>
<td>(318) 716-7532</td>
<td></td>
</tr>
<tr>
<td>Reid Falconer</td>
<td><a href="mailto:falconerr@legis.la.gov">falconerr@legis.la.gov</a></td>
<td>(985) 792-5185</td>
<td></td>
</tr>
<tr>
<td>Dodie Horton</td>
<td><a href="mailto:hortond@legis.la.gov">hortond@legis.la.gov</a></td>
<td>(318) 949-2463</td>
<td></td>
</tr>
<tr>
<td>Marcus L. Hunter</td>
<td><a href="mailto:hunterm@legis.la.gov">hunterm@legis.la.gov</a></td>
<td>(318) 362-3440</td>
<td>@RepMarcusHunter</td>
</tr>
<tr>
<td>Edward C. &quot;Ted&quot; James</td>
<td><a href="mailto:james.ted@legis.la.gov">james.ted@legis.la.gov</a></td>
<td>(225) 343-3633</td>
<td>@EdwardTedJames</td>
</tr>
<tr>
<td>Jack McFarland</td>
<td><a href="mailto:mcfarlandj@legis.la.gov">mcfarlandj@legis.la.gov</a></td>
<td>(318) 259-4275</td>
<td></td>
</tr>
<tr>
<td>Blake Miguéz</td>
<td><a href="mailto:miguezb@legis.la.gov">miguezb@legis.la.gov</a></td>
<td>(337) 937-8827</td>
<td></td>
</tr>
<tr>
<td>Vincent J. Pierre</td>
<td><a href="mailto:pierrev@legis.la.gov">pierrev@legis.la.gov</a></td>
<td>(337) 262-2330</td>
<td></td>
</tr>
<tr>
<td>Alan Seabaugh</td>
<td><a href="mailto:seabaughia@legis.la.gov">seabaughia@legis.la.gov</a></td>
<td>(318) 676-7990</td>
<td>@RepAlanSeabaugh</td>
</tr>
<tr>
<td>Scott M. Simon</td>
<td><a href="mailto:simons@legis.la.gov">simons@legis.la.gov</a></td>
<td>(985) 893-6246</td>
<td>@RepScottSimon</td>
</tr>
<tr>
<td>Taylor F. Barras (Ex Officio)</td>
<td><a href="mailto:barrast@legis.la.gov">barrast@legis.la.gov</a></td>
<td>(337) 373-4051</td>
<td></td>
</tr>
<tr>
<td>Walt Leger III (Ex Officio)</td>
<td><a href="mailto:legerw@legis.la.gov">legerw@legis.la.gov</a></td>
<td>(504) 556-9970</td>
<td>@WaltLeger</td>
</tr>
</tbody>
</table>
## EDUCATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Landry (Chairman)</td>
<td><a href="mailto:landryn@legis.la.gov">landryn@legis.la.gov</a></td>
<td>(337) 262-2252</td>
<td>@Nancy_Landry</td>
</tr>
<tr>
<td>Jeffrey &quot;Jeff&quot; Hall (Vice Chairman)</td>
<td><a href="mailto:hallj@legis.la.gov">hallj@legis.la.gov</a></td>
<td>(318) 487-5661</td>
<td></td>
</tr>
<tr>
<td>Beryl Amedée</td>
<td><a href="mailto:amedeeeb@legis.la.gov">amedeeeb@legis.la.gov</a></td>
<td>(985) 858-2967</td>
<td>@BerylAmedee</td>
</tr>
<tr>
<td>Joseph Bouie</td>
<td><a href="mailto:bouiej@legis.la.gov">bouiej@legis.la.gov</a></td>
<td>(504) 286-1033</td>
<td>@DocJocBouie</td>
</tr>
<tr>
<td>Ken Brass</td>
<td><a href="mailto:brassk@legis.la.gov">brassk@legis.la.gov</a></td>
<td>(225) 265-9005</td>
<td></td>
</tr>
<tr>
<td>Stephen F. Carter</td>
<td><a href="mailto:carters@legis.la.gov">carters@legis.la.gov</a></td>
<td>(225) 362-5305</td>
<td></td>
</tr>
<tr>
<td>Rick Edmonds</td>
<td><a href="mailto:edmondsr@legis.la.gov">edmondsr@legis.la.gov</a></td>
<td>(225) 295-9240</td>
<td></td>
</tr>
<tr>
<td>Julie Emerson</td>
<td><a href="mailto:emersonj@legis.la.gov">emersonj@legis.la.gov</a></td>
<td>(337) 886-4687</td>
<td>@JulieEmerson</td>
</tr>
<tr>
<td>Reid Falconer</td>
<td><a href="mailto:falconerr@legis.la.gov">falconerr@legis.la.gov</a></td>
<td>(985) 792-5185</td>
<td></td>
</tr>
<tr>
<td>Stephanie Hilferty</td>
<td><a href="mailto:hilfertys@legis.la.gov">hilfertys@legis.la.gov</a></td>
<td>(504) 885-4154</td>
<td>@sahilferty</td>
</tr>
<tr>
<td>Walt Leger III</td>
<td><a href="mailto:legerw@legis.la.gov">legerw@legis.la.gov</a></td>
<td>(504) 556-9970</td>
<td>@WaltLeger</td>
</tr>
<tr>
<td>Scott M. Simon</td>
<td><a href="mailto:simons@legis.la.gov">simons@legis.la.gov</a></td>
<td>(985) 893-6246</td>
<td>@RepScottSimon</td>
</tr>
<tr>
<td>Patricia Haynes Smith</td>
<td><a href="mailto:smithp@legis.la.gov">smithp@legis.la.gov</a></td>
<td>(225) 342-7106</td>
<td>@RepPatSmith</td>
</tr>
<tr>
<td>Polly Thomas</td>
<td><a href="mailto:thomaspj@legis.la.gov">thomaspj@legis.la.gov</a></td>
<td>(504) 837-6559</td>
<td></td>
</tr>
<tr>
<td>Mark Wright</td>
<td><a href="mailto:wrightm@legis.la.gov">wrightm@legis.la.gov</a></td>
<td>(985) 893-6262</td>
<td></td>
</tr>
<tr>
<td>Taylor F. Barras (Ex Officio)</td>
<td><a href="mailto:barrast@legis.la.gov">barrast@legis.la.gov</a></td>
<td>(337) 373-4051</td>
<td></td>
</tr>
</tbody>
</table>

## HEALTH & WELFARE

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank A. Hoffmann (Chairman)</td>
<td><a href="mailto:hoffmannf@legis.la.gov">hoffmannf@legis.la.gov</a></td>
<td>(318) 362-4130</td>
<td></td>
</tr>
<tr>
<td>Bob Hensgens (Vice Chairman)</td>
<td><a href="mailto:hensgensb@legis.la.gov">hensgensb@legis.la.gov</a></td>
<td>(337) 893-5035</td>
<td>@bobhensgens</td>
</tr>
<tr>
<td>Larry Bagley</td>
<td><a href="mailto:bagleyl@legis.la.gov">bagleyl@legis.la.gov</a></td>
<td>(318) 925-9588</td>
<td></td>
</tr>
<tr>
<td>Charles R. Chaney</td>
<td><a href="mailto:chaneyb@legis.la.gov">chaneyb@legis.la.gov</a></td>
<td>(318) 728-5875</td>
<td></td>
</tr>
<tr>
<td>Kenny R. Cox</td>
<td><a href="mailto:coxk@legis.la.gov">coxk@legis.la.gov</a></td>
<td>(855) 844-8583</td>
<td>@StateRepKCox</td>
</tr>
<tr>
<td>Dodie Horton</td>
<td><a href="mailto:horton@legis.la.gov">horton@legis.la.gov</a></td>
<td>(318) 949-2463</td>
<td></td>
</tr>
<tr>
<td>Marcus L. Hunter</td>
<td><a href="mailto:hunterm@legis.la.gov">hunterm@legis.la.gov</a></td>
<td>(318) 362-3440</td>
<td>@RepMarcusHunter</td>
</tr>
<tr>
<td>Katrina R. Jackson</td>
<td><a href="mailto:jacksonk@legis.la.gov">jacksonk@legis.la.gov</a></td>
<td>(318) 283-0884</td>
<td>@RepKJackson</td>
</tr>
<tr>
<td>Robert A. Johnson</td>
<td><a href="mailto:johnsoro@legis.la.gov">johnsoro@legis.la.gov</a></td>
<td>(318) 253-8891</td>
<td></td>
</tr>
<tr>
<td>H. Bernard LeBas</td>
<td><a href="mailto:lebasb@legis.la.gov">lebasb@legis.la.gov</a></td>
<td>(337) 363-0152</td>
<td></td>
</tr>
<tr>
<td>Dustin Miller</td>
<td><a href="mailto:millerd@legis.la.gov">millerd@legis.la.gov</a></td>
<td>(337) 943-2900</td>
<td></td>
</tr>
<tr>
<td>Helena Moreno</td>
<td><a href="mailto:morenoh@legis.la.gov">morenoh@legis.la.gov</a></td>
<td>(504) 568-2740</td>
<td>@HelenaMorenoLA</td>
</tr>
<tr>
<td>J. Rogers Pope</td>
<td><a href="mailto:poper@legis.la.gov">poper@legis.la.gov</a></td>
<td>(225) 667-3588</td>
<td></td>
</tr>
<tr>
<td>Jerome Richard</td>
<td><a href="mailto:richardj@legis.la.gov">richardj@legis.la.gov</a></td>
<td>(985) 447-0999</td>
<td></td>
</tr>
<tr>
<td>Joseph A. Stagni</td>
<td><a href="mailto:stagnij@legis.la.gov">stagnij@legis.la.gov</a></td>
<td>(504) 465-3479</td>
<td></td>
</tr>
<tr>
<td>Julie Stokes</td>
<td><a href="mailto:stokesj@legis.la.gov">stokesj@legis.la.gov</a></td>
<td>(504) 468-8603</td>
<td>@JulieSStokes</td>
</tr>
<tr>
<td>Taylor F. Barras (Ex Officio)</td>
<td><a href="mailto:barrast@legis.la.gov">barrast@legis.la.gov</a></td>
<td>(337) 373-4051</td>
<td></td>
</tr>
<tr>
<td>Walt Leger III (Ex Officio)</td>
<td><a href="mailto:legerw@legis.la.gov">legerw@legis.la.gov</a></td>
<td>(504) 556-9970</td>
<td>@WaltLeger</td>
</tr>
</tbody>
</table>
## HOUSE COMMITTEES

### HOUSE & GOVERNMENTAL AFFAIRS

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael E. Danahay (Chairman)</td>
<td><a href="mailto:danahaym@legis.la.gov">danahaym@legis.la.gov</a></td>
<td>(337) 527-5581</td>
<td></td>
</tr>
<tr>
<td>Stephen E. Pugh (Vice Chairman)</td>
<td><a href="mailto:pughsr@legis.la.gov">pughsr@legis.la.gov</a></td>
<td>(985) 386-7844</td>
<td></td>
</tr>
<tr>
<td>Gary Carter</td>
<td><a href="mailto:carterg@legis.la.gov">carterg@legis.la.gov</a></td>
<td>(504) 361-6600</td>
<td>@gm_carter</td>
</tr>
<tr>
<td>Lance Harris</td>
<td><a href="mailto:harriss@legis.la.gov">harriss@legis.la.gov</a></td>
<td>(318) 767-6095</td>
<td></td>
</tr>
<tr>
<td>Jimmy Harris</td>
<td><a href="mailto:harrisj@legis.la.gov">harrisj@legis.la.gov</a></td>
<td>(504) 243-1960</td>
<td>@jimmyharris99</td>
</tr>
<tr>
<td>Dorothy Sue Hill</td>
<td><a href="mailto:hilld@legis.la.gov">hilld@legis.la.gov</a></td>
<td>(800) 259-2118</td>
<td>@DorothySueHill</td>
</tr>
<tr>
<td>Barry Ivey</td>
<td><a href="mailto:iveryb@legis.la.gov">iveryb@legis.la.gov</a></td>
<td>(225) 261-5739</td>
<td>@Barry_Ivey</td>
</tr>
<tr>
<td>Sam Jenkins</td>
<td><a href="mailto:jenkins@legis.la.gov">jenkins@legis.la.gov</a></td>
<td>(318) 632-5970</td>
<td></td>
</tr>
<tr>
<td>Gregory A. Miller</td>
<td><a href="mailto:millerg@legis.la.gov">millerg@legis.la.gov</a></td>
<td>(985) 764-9991</td>
<td></td>
</tr>
<tr>
<td>John C. &quot;Jay&quot; Morris (Vice Chairman)</td>
<td><a href="mailto:morrisje@legis.la.gov">morrisje@legis.la.gov</a></td>
<td>(318) 362-4270</td>
<td>@JayJaymorris3</td>
</tr>
<tr>
<td>Robert E. Shadoin</td>
<td><a href="mailto:shadoinr@legis.la.gov">shadoinr@legis.la.gov</a></td>
<td>(318) 251-5038</td>
<td></td>
</tr>
<tr>
<td>Taylor F. Barras (Ex Officio)</td>
<td><a href="mailto:barrast@legis.la.gov">barrast@legis.la.gov</a></td>
<td>(337) 373-4051</td>
<td></td>
</tr>
<tr>
<td>Walt Leger III (Ex Officio)</td>
<td><a href="mailto:legerw@legis.la.gov">legerw@legis.la.gov</a></td>
<td>(504) 556-9970</td>
<td>@WaltLeger</td>
</tr>
</tbody>
</table>

### JUDICIARY

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katrina R. Jackson (Chairman)</td>
<td><a href="mailto:jacksonk@legis.la.gov">jacksonk@legis.la.gov</a></td>
<td>(318) 283-0884</td>
<td>@RepKJackson</td>
</tr>
<tr>
<td>John C. &quot;Jay&quot; Morris (Vice Chairman)</td>
<td><a href="mailto:morrisjc@legis.la.gov">morrisjc@legis.la.gov</a></td>
<td>(318) 343-2877</td>
<td></td>
</tr>
<tr>
<td>Chad Brown</td>
<td><a href="mailto:brownc@legis.la.gov">brownc@legis.la.gov</a></td>
<td>(225) 687-2410</td>
<td></td>
</tr>
<tr>
<td>Robby Carter</td>
<td><a href="mailto:carterrr@legis.la.gov">carterrr@legis.la.gov</a></td>
<td>(985) 748-2245</td>
<td></td>
</tr>
<tr>
<td>Gary Carter</td>
<td><a href="mailto:carterr@legis.la.gov">carterr@legis.la.gov</a></td>
<td>(504) 361-6600</td>
<td>@gm_carter</td>
</tr>
<tr>
<td>Jean-Paul Coussan</td>
<td><a href="mailto:coussanip@legis.la.gov">coussanip@legis.la.gov</a></td>
<td>(337) 262-2400</td>
<td>@JeanPaulCoussan</td>
</tr>
<tr>
<td>Randal L. Gaines</td>
<td><a href="mailto:gainesr@legis.la.gov">gainesr@legis.la.gov</a></td>
<td>(985) 652-1228</td>
<td></td>
</tr>
<tr>
<td>Jimmy Harris</td>
<td><a href="mailto:harriss@legis.la.gov">harriss@legis.la.gov</a></td>
<td>(504) 243-1960</td>
<td>@jimmyharris99</td>
</tr>
<tr>
<td>Lowell C. &quot;Chris&quot; Hazel</td>
<td><a href="mailto:hazelc@legis.la.gov">hazelc@legis.la.gov</a></td>
<td>(318) 767-6082</td>
<td></td>
</tr>
<tr>
<td>Valarie Hodges</td>
<td><a href="mailto:hodgesv@legis.la.gov">hodgesv@legis.la.gov</a></td>
<td>(225) 791-2199</td>
<td>@ValarieHHodges</td>
</tr>
<tr>
<td>Robert A. Johnson</td>
<td><a href="mailto:johnsoro@legis.la.gov">johnsoro@legis.la.gov</a></td>
<td>(318) 253-8891</td>
<td></td>
</tr>
<tr>
<td>Christopher J. Leopold</td>
<td><a href="mailto:leopoldc@legis.la.gov">leopoldc@legis.la.gov</a></td>
<td>(504) 393-5649</td>
<td></td>
</tr>
<tr>
<td>Tanner Magec</td>
<td><a href="mailto:magect@legis.la.gov">magect@legis.la.gov</a></td>
<td>(985) 858-2970</td>
<td>@Mageefor53</td>
</tr>
<tr>
<td>Joseph Marino</td>
<td><a href="mailto:marinoj@legis.la.gov">marinoj@legis.la.gov</a></td>
<td>(504) 361-6013</td>
<td></td>
</tr>
<tr>
<td>Robert E. Shadoin</td>
<td><a href="mailto:shadoinr@legis.la.gov">shadoinr@legis.la.gov</a></td>
<td>(318) 251-5038</td>
<td></td>
</tr>
<tr>
<td>Jerome Zeringue</td>
<td><a href="mailto:zeringuej@legis.la.gov">zeringuej@legis.la.gov</a></td>
<td>(985) 876-8823</td>
<td></td>
</tr>
<tr>
<td>Taylor F. Barras (Ex Officio)</td>
<td><a href="mailto:barrast@legis.la.gov">barrast@legis.la.gov</a></td>
<td>(337) 373-4051</td>
<td></td>
</tr>
<tr>
<td>Walt Leger III (Ex Officio)</td>
<td><a href="mailto:legerw@legis.la.gov">legerw@legis.la.gov</a></td>
<td>(504) 556-9970</td>
<td>@WaltLeger</td>
</tr>
</tbody>
</table>
# HEALTH & WELFARE

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred H. Mills, Jr. (Chairman)</td>
<td><a href="mailto:millsf@legis.la.gov">millsf@legis.la.gov</a></td>
<td>(337) 845-4240</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parks (337) 365-8484</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>New Iberia</td>
<td></td>
</tr>
<tr>
<td>Regina Barrow (Vice-Chairman)</td>
<td><a href="mailto:barrowr@legis.la.gov">barrowr@legis.la.gov</a></td>
<td>(225) 359-9400</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(225) 359-9332</td>
<td></td>
</tr>
<tr>
<td>Gerald Boudreaux</td>
<td><a href="mailto:boudreauxg@legis.la.gov">boudreauxg@legis.la.gov</a></td>
<td>(337) 267-7520</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(844) 885-6578</td>
<td></td>
</tr>
<tr>
<td>Norbert N. &quot;Norby&quot; Chabert</td>
<td><a href="mailto:chabertn@legis.la.gov">chabertn@legis.la.gov</a></td>
<td>(985) 858-2927</td>
<td>@NorbNoltv</td>
</tr>
<tr>
<td>Dan Claitor</td>
<td><a href="mailto:claitord@legis.la.gov">claitord@legis.la.gov</a></td>
<td>(225) 925-7630</td>
<td>@DanClaitor</td>
</tr>
<tr>
<td>Yvonne Colomb</td>
<td><a href="mailto:colomby@legis.la.gov">colomby@legis.la.gov</a></td>
<td>(225) 342-9700</td>
<td>@SenYvonne</td>
</tr>
<tr>
<td>Dale M. Erdey</td>
<td><a href="mailto:erdeyd@legis.la.gov">erdeyd@legis.la.gov</a></td>
<td>(225) 686-2881</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(800) 334-8557</td>
<td></td>
</tr>
<tr>
<td>Jay Luneau</td>
<td><a href="mailto:lunceau@legis.la.gov">lunceau@legis.la.gov</a></td>
<td>(318) 484-2288</td>
<td>@wjluneau</td>
</tr>
<tr>
<td>Edward J. Price</td>
<td><a href="mailto:pricce@legis.la.gov">pricce@legis.la.gov</a></td>
<td>(225) 644-6738</td>
<td>(855) 844-1430</td>
</tr>
</tbody>
</table>

# EDUCATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan &quot;Blade&quot; Morrish (Chairman)</td>
<td><a href="mailto:morrishd@legis.la.gov">morrishd@legis.la.gov</a></td>
<td>(337) 824-3979</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(888) 824-3979</td>
<td></td>
</tr>
<tr>
<td>John Milkovich (Vice Chairman)</td>
<td><a href="mailto:milkovichj@legis.la.gov">milkovichj@legis.la.gov</a></td>
<td>(318) 676-7877</td>
<td>@john_milkovich</td>
</tr>
<tr>
<td>Conrad Appel</td>
<td><a href="mailto:appelc@legis.la.gov">appelc@legis.la.gov</a></td>
<td>(504) 838-5550</td>
<td>@ConradAppel</td>
</tr>
<tr>
<td>Gerald Boudreaux</td>
<td><a href="mailto:boudreauxg@legis.la.gov">boudreauxg@legis.la.gov</a></td>
<td>(337) 267-7520</td>
<td>@GeraldBoudreaux</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(844) 885-6578</td>
<td></td>
</tr>
<tr>
<td>Beth Mizell</td>
<td><a href="mailto:mizellb@legis.la.gov">mizellb@legis.la.gov</a></td>
<td>(985) 839-3936</td>
<td></td>
</tr>
<tr>
<td>Mike Walsworth</td>
<td><a href="mailto:walsworthm@legis.la.gov">walsworthm@legis.la.gov</a></td>
<td>(318) 340-6453</td>
<td>@MikeWalsworth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(866) 518-8573</td>
<td></td>
</tr>
<tr>
<td>Mack &quot;Bodi&quot; White</td>
<td><a href="mailto:whitem@legis.la.gov">whitem@legis.la.gov</a></td>
<td>(225) 272-1324</td>
<td></td>
</tr>
</tbody>
</table>

# LABOR & INDUSTRIAL RELATIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neil Riser (Chairman)</td>
<td><a href="mailto:risern@legis.la.gov">risern@legis.la.gov</a></td>
<td>(318) 649-0977</td>
<td>@NeilRiser</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(866) 513-8699</td>
<td></td>
</tr>
<tr>
<td>Troy Carter (Vice-Chairman)</td>
<td><a href="mailto:cartert@legis.la.gov">cartert@legis.la.gov</a></td>
<td>(504) 302-3682</td>
<td>@TROYSEE</td>
</tr>
<tr>
<td>Regina Barrow</td>
<td><a href="mailto:barrowr@legis.la.gov">barrowr@legis.la.gov</a></td>
<td>(225) 359-9400</td>
<td>@RepReginaBarrow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(225) 359-9332</td>
<td></td>
</tr>
<tr>
<td>Wesley Bishop</td>
<td><a href="mailto:bishopw@legis.la.gov">bishopw@legis.la.gov</a></td>
<td>(504) 242-4198</td>
<td>@RepWesleyBishop</td>
</tr>
<tr>
<td>Ronnie Johns</td>
<td><a href="mailto:johnsr@legis.la.gov">johnsr@legis.la.gov</a></td>
<td>(337) 491-2016</td>
<td></td>
</tr>
<tr>
<td>Jean-Paul J. Morrell</td>
<td><a href="mailto:morrejlp@legis.la.gov">morrejlp@legis.la.gov</a></td>
<td>(504) 284-4794</td>
<td>@JPMorrell</td>
</tr>
<tr>
<td>Barrow Peacock</td>
<td><a href="mailto:peacockb@legis.la.gov">peacockb@legis.la.gov</a></td>
<td>(318) 741-7180</td>
<td>@SenatorPeacock</td>
</tr>
</tbody>
</table>
## JUDICIARY A

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Ward, III (Chairman)</td>
<td><a href="mailto:wardr@legis.la.gov">wardr@legis.la.gov</a></td>
<td>(225) 246-8838</td>
<td>@RickWardLA</td>
</tr>
<tr>
<td>Jay Luneau (Vice-Chairman)</td>
<td><a href="mailto:luneauj@legis.la.gov">luneauj@legis.la.gov</a></td>
<td>(318) 484-2288</td>
<td>@wjluneau</td>
</tr>
<tr>
<td>Wesley Bishop</td>
<td><a href="mailto:bishopw@legis.la.gov">bishopw@legis.la.gov</a></td>
<td>(504) 242-4198</td>
<td>@RepWesleyBishop</td>
</tr>
<tr>
<td>Jack Donahue</td>
<td><a href="mailto:donahuej@legis.la.gov">donahuej@legis.la.gov</a></td>
<td>(985) 727-7949</td>
<td>@ReElectJack</td>
</tr>
<tr>
<td>Ryan Gatti</td>
<td><a href="mailto:gattir@legis.la.gov">gattir@legis.la.gov</a></td>
<td>(318) 746-0861</td>
<td>@RyanGatti</td>
</tr>
<tr>
<td>Daniel &quot;Danny&quot; Martiny</td>
<td><a href="mailto:martinyd@legis.la.gov">martinyd@legis.la.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Milkovich</td>
<td><a href="mailto:milkovichj@legis.la.gov">milkovichj@legis.la.gov</a></td>
<td>(318) 676-7877</td>
<td>@john_milkovich</td>
</tr>
</tbody>
</table>

## JUDICIARY B

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Smith (Chairman)</td>
<td><a href="mailto:smithgl@legis.la.gov">smithgl@legis.la.gov</a></td>
<td>(985) 764-9122</td>
<td></td>
</tr>
<tr>
<td>Ronnie Johns (Vice-Chairman)</td>
<td><a href="mailto:johnsr@legis.la.gov">johnsr@legis.la.gov</a></td>
<td>(337) 491-2016</td>
<td></td>
</tr>
<tr>
<td>Norbèrt N. &quot;Norby&quot; Chabert</td>
<td><a href="mailto:chabertn@legis.la.gov">chabertn@legis.la.gov</a></td>
<td>(985) 858-2927</td>
<td>@NorbNolty</td>
</tr>
<tr>
<td>Eric LaFleur</td>
<td><a href="mailto:lafleure@legis.la.gov">lafleure@legis.la.gov</a></td>
<td>(337) 363-5019</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(877) 396-4600</td>
<td></td>
</tr>
<tr>
<td>Jean-Paul J. Morrell</td>
<td><a href="mailto:morrelljp@legis.la.gov">morrelljp@legis.la.gov</a></td>
<td>(504) 284-4794</td>
<td>@JPMorrell</td>
</tr>
<tr>
<td>Karen Carter Peterson</td>
<td><a href="mailto:petersonk@legis.la.gov">petersonk@legis.la.gov</a></td>
<td>(504) 568-8346</td>
<td>@TeamKCP</td>
</tr>
<tr>
<td>Gregory Tarver</td>
<td><a href="mailto:tarverg@legis.la.gov">tarverg@legis.la.gov</a></td>
<td>(318) 227-1499</td>
<td>@GregoryTarver</td>
</tr>
</tbody>
</table>

## JUDICIARY C

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Twitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan Claitor (Chairman)</td>
<td><a href="mailto:claitord@legis.la.gov">claitord@legis.la.gov</a></td>
<td>(225) 925-7630</td>
<td>@DanClaitor</td>
</tr>
<tr>
<td>Jonathan &quot;J.P.&quot; Perry (Vice-Chairman)</td>
<td><a href="mailto:perryj@legis.la.gov">perryj@legis.la.gov</a></td>
<td>(337) 643-6425</td>
<td>@CajunComedy</td>
</tr>
<tr>
<td>Regina Barrow</td>
<td><a href="mailto:barrowr@legis.la.gov">barrowr@legis.la.gov</a></td>
<td>(225) 359-9400</td>
<td>@RepReginaBarrow</td>
</tr>
<tr>
<td>Troy Carter</td>
<td><a href="mailto:cartert@legis.la.gov">cartert@legis.la.gov</a></td>
<td>(504) 302-3682</td>
<td>@TROYSee</td>
</tr>
<tr>
<td>Yvonne Colomb</td>
<td><a href="mailto:colomby@legis.la.gov">colomby@legis.la.gov</a></td>
<td>(225) 342-9700</td>
<td>@SenYvonne</td>
</tr>
<tr>
<td>Fred H. Mills, Jr.</td>
<td><a href="mailto:millsfi@legis.la.gov">millsfi@legis.la.gov</a></td>
<td>(337) 845-4240</td>
<td>Parks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(337) 365-8484</td>
<td>New Iberia</td>
</tr>
<tr>
<td>Mack &quot;Bodi&quot; White</td>
<td><a href="mailto:whitem@legis.la.gov">whitem@legis.la.gov</a></td>
<td>(225) 272-1324</td>
<td></td>
</tr>
</tbody>
</table>
# Justice for Louisiana Women

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Sponsor</th>
<th>Description</th>
<th>Impact on Women and Families</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 251</td>
<td>Rep. Joe Bouie (DEM-LA)</td>
<td>Requires that any contractor who enters into a contract with a public entity comply with the Louisiana Equal Pay for Women Act</td>
<td>+</td>
<td>Failed in Committee</td>
</tr>
<tr>
<td>SB 117</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>Requires that any contractor who enters into a contract with a state entity comply with the Louisiana Equal Pay for Women Act.</td>
<td>+</td>
<td>Failed in Senate</td>
</tr>
<tr>
<td>SB 118</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>Provides that the Louisiana Equal Pay Act be applicable to men and private employers and requires government contractors to verify equal pay practices.</td>
<td>+</td>
<td>Senate Committee on Labor and Industrial Relations</td>
</tr>
<tr>
<td>SB 149</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>Prohibits employers from requiring prospective employees to disclose wage information.</td>
<td>+</td>
<td>To be reconsidered</td>
</tr>
<tr>
<td>HB 126</td>
<td>Rep. Edmond Jordan (DEM-LA)</td>
<td>Provides for a minimum wage for certain tipped employees</td>
<td>+</td>
<td>House Committee on Labor and Industrial Relations</td>
</tr>
<tr>
<td>HB 192</td>
<td>Rep. Joe Bouie (DEM-LA)</td>
<td>Establishes a state minimum wage rate of $15/hour</td>
<td>+</td>
<td>Failed in Committee</td>
</tr>
<tr>
<td>SB 159</td>
<td>Troy Carter (DEM-LA)</td>
<td>Allow local governmental subdivisions to establish a minimum wage.</td>
<td>+</td>
<td>Senate Committee on Labor and Industrial Relations</td>
</tr>
<tr>
<td>SB 162</td>
<td>Troy Carter (DEM-LA)</td>
<td>Provides for an increase in the state minimum wage to $8.25/hour by 2020</td>
<td>+</td>
<td>To be reconsidered</td>
</tr>
<tr>
<td>HB 625</td>
<td>Rep. Rick Edmonds (REP-LA)</td>
<td>Paid Leave for Teachers</td>
<td>+</td>
<td>House Committee on Education</td>
</tr>
<tr>
<td>SB 77</td>
<td>Sen. Sharon Hewitt (REP-LA)</td>
<td>Work Requirement for Medicaid recipients</td>
<td>-</td>
<td>Senate Committee on Health and Welfare</td>
</tr>
<tr>
<td>HB 46</td>
<td>Rep. Lance Harris</td>
<td>Work Requirement for Medicaid recipients</td>
<td>-</td>
<td>House Committee on Health and Welfare</td>
</tr>
<tr>
<td>Bill #</td>
<td>Sponsor</td>
<td>Description</td>
<td>Impact on Women and Families</td>
<td>Status</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>Reproductive Rights</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 325</td>
<td>Sen. John Milkovich (DEM-LA)</td>
<td>The Bill would allow law enforcement to search clinics without a warrant, including giving law enforcement access to sensitive patient records, without providing safeguards for patient confidentiality.</td>
<td>-</td>
<td>Senate Committee on Judiciary C</td>
</tr>
<tr>
<td>SB 181</td>
<td>Sen. John Milkovich (DEM-LA)</td>
<td>Prohibits abortions later than fifteen weeks after conception.</td>
<td>-</td>
<td>Senate Committee on Judiciary C</td>
</tr>
<tr>
<td><strong>Reproductive Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HB 112</td>
<td>Rep. Sherman Mack (REP-LA)</td>
<td>Require blood and saliva testing of persons who expose law enforcement officers to infectious diseases</td>
<td>-</td>
<td>Ordered to the Senate</td>
</tr>
<tr>
<td>HB 275</td>
<td>Rep. Edmond Jordan (DEM-LA)</td>
<td>Prohibits the intentional exposure to HIV</td>
<td>-</td>
<td>House Committee on Administration of Criminal Justice</td>
</tr>
<tr>
<td><strong>Sex Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 297</td>
<td>Sen. Dan Claitor (REP-LA) / Rep. Patricia Smith (DEM-LA)</td>
<td>Authorizes the state Dept. of Education and the Dept. of Health to survey students regarding sexual risk behaviors (YRBS)</td>
<td>+</td>
<td>House Education Committee</td>
</tr>
<tr>
<td>HB 554</td>
<td>Rep. Patricia Smith (DEM-LA)</td>
<td>Provides sex education instruction in public schools</td>
<td>+</td>
<td>Senate Health and Welfare Committee</td>
</tr>
<tr>
<td><strong>LGBTQ Rights</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 98</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>Provides for the revision of certain terminology in marriage law.</td>
<td>+</td>
<td>Senate Committee Judiciary A</td>
</tr>
<tr>
<td>SB 219</td>
<td>Troy Carter (DEM-LA)</td>
<td>Enacts the Louisiana Employment Non-Discrimination Act.</td>
<td>+</td>
<td>Ordered to the Senate</td>
</tr>
</tbody>
</table>
# Justice for Louisiana Women

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Sponsor</th>
<th>Description</th>
<th>Impact on Women and Families</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental Justice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HB 727</td>
<td>Representative Major Thibaut</td>
<td>Allows criminal charges for unauthorized entry of critical infrastructure</td>
<td>-</td>
<td>House Administration of Criminal Justice</td>
</tr>
<tr>
<td><strong>Sexual Assault and Harassment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 105</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>Provides that a person cannot give consent to sexual conduct while in police custody.</td>
<td>+</td>
<td>Senate Committee on Judiciary C</td>
</tr>
<tr>
<td>HB 235</td>
<td>Rep. Stephanie Hilferty (REP-LA)</td>
<td>Requires the Responsible Vendor Program to amend the server curriculum to include training regarding methods of identifying and responding to rape, sexual assault, sexual harassment, and sex trafficking.</td>
<td>+</td>
<td>House Judiciary</td>
</tr>
<tr>
<td>SB 147</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>Proposes that a court shall stay (pause) proceedings in cases of defamation of character, libel, slander, or damage to reputation brought by an alleged perpetrator of sexual misconduct against the alleged victim.</td>
<td>+</td>
<td>House Civil Law and Procedure</td>
</tr>
<tr>
<td>HB 524</td>
<td>Rep. Barbara Carpenter (DEM-LA)</td>
<td>Requires policies prohibiting sexual harassment and annual training on preventing sexual harassment.</td>
<td>+</td>
<td>Senate and Governmental Affairs</td>
</tr>
<tr>
<td>Bill #</td>
<td>Sponsor</td>
<td>Description</td>
<td>Impact on Women and Families</td>
<td>Status</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>SB 404</td>
<td>Sen. Sharon Hewitt (REP-LA)</td>
<td>Establishes sexual harassment prevention policies and training for state officials and employees.</td>
<td>+</td>
<td>Senate and Governmental Affairs</td>
</tr>
<tr>
<td>SB 447</td>
<td>Sen. Regina Barrow (DEM-LA)</td>
<td>Requires annual sexual harassment training for all public servants.</td>
<td>+</td>
<td>Senate and Governmental Affairs</td>
</tr>
<tr>
<td>SB 233</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>This bill amends contracts against public policy to include nondisclosure agreements where the conduct in the clause was illegal.</td>
<td>+</td>
<td>Pending Senate final passage</td>
</tr>
<tr>
<td>HB 389</td>
<td>Gary Carter</td>
<td>This bill increases the penalties for conviction of sexual battery of persons with infirmities. This could interfere with survivors’ ability to agree to plea deals and it will force them to testify in trials when they do not want to go through a trial.</td>
<td>-</td>
<td>House Committee of Administration of Criminal Justice.</td>
</tr>
<tr>
<td>SB 79</td>
<td>Sen. Ryan Gatti (REP-LA)</td>
<td>This bill increases penalties for educators who engage in sexual conduct with students. This bill targets educators who engage in factually consensual sexual activity with current students ages 17-21.</td>
<td>-</td>
<td>House Members</td>
</tr>
<tr>
<td>Bill #</td>
<td>Sponsor</td>
<td>Description</td>
<td>Impact on Women and Families</td>
<td>Status</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>-------------</td>
<td>------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>HB 264</td>
<td>Rep. Patricia Smith (DEM-LA)</td>
<td>Provides relative to community-based sentencing alternatives for offenses committed by primary caretakers</td>
<td>+</td>
<td>House Committee on Judiciary</td>
</tr>
<tr>
<td>SB 374</td>
<td>Sen. Regina Barrow (DEM-LA)</td>
<td>Dignity for Incarcerated Women Act</td>
<td>+</td>
<td>Pending Senate final passage</td>
</tr>
<tr>
<td>HB 62</td>
<td>Rep. Stephen Dwight (REP-LA)</td>
<td>Provides relative to a defendant’s motion for a speedy trial and the period of time within which trial is required to commence.</td>
<td>-</td>
<td>House Committee on Criminal Justice</td>
</tr>
<tr>
<td>HB 89</td>
<td>Rep. Patricia Smith (DEM-LA)</td>
<td>Provides relative to the allocation of incarcerated persons for the purposes of all redistricting by the legislature.</td>
<td>+</td>
<td>Failed to pass.</td>
</tr>
<tr>
<td>HB 115</td>
<td>Rep. Patricia Smith (DEM-LA)</td>
<td>Provides relative to parole eligibility and rates for earning diminution of sentence for good behavior for persons convicted of a violent or sex offense.</td>
<td>+</td>
<td>House Committee on Criminal Justice</td>
</tr>
<tr>
<td>HB 259</td>
<td>Rep. Edmond Jordan (DEM-LA)</td>
<td>Provides for presumptive pretrial release of a defendant on an unsecured personal surety or bail without surety except under certain circumstances.</td>
<td>+</td>
<td>House Committee on Criminal Justice</td>
</tr>
<tr>
<td>HB 265</td>
<td>Rep. Patricia Smith (DEM-LA)</td>
<td>Provides relative to registration and voting by a person convicted of a felony.</td>
<td>+</td>
<td>Committee on House and Governmental Affairs</td>
</tr>
<tr>
<td>HB 365</td>
<td>Rep. Edmond Jordan (DEM-LA)</td>
<td>Provides relative to a unanimous jury in felony cases.</td>
<td>+</td>
<td>House Committee on Criminal Justice</td>
</tr>
<tr>
<td>HB 576</td>
<td>Rep. Joseph Marino (IND-LA)</td>
<td>Provides relative to the suspension of child support when a parent is incarcerated.</td>
<td>-</td>
<td>Senate</td>
</tr>
<tr>
<td>HB 668</td>
<td>Rep. Edmond Jordan (DEM-LA)</td>
<td>Prohibits the suspension of a driver’s license solely on the basis of delinquent debt without a hearing to determine a person’s ability to pay.</td>
<td>+</td>
<td>House Committee on Transportation, Highways and Public Works.</td>
</tr>
<tr>
<td>SB 49</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>Provides for family member visitation with offenders who have sustained serious injuries while in custody.</td>
<td>+</td>
<td>House members</td>
</tr>
</tbody>
</table>
# Justice for Louisiana Women

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Sponsor</th>
<th>Description</th>
<th>Impact on Women and Families</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 155</td>
<td>Sen. Troy Carter (DEM-LA)</td>
<td>Prohibits sale of weapons to any person under the age of twenty-one.</td>
<td>N</td>
<td>Senate Judiciary C</td>
</tr>
<tr>
<td>SB 274</td>
<td>Sen. Troy Carter (DEM-LA)</td>
<td>Prohibits sale of assault weapons to any person under the age of twenty-one.</td>
<td>N</td>
<td>Senate Judiciary C</td>
</tr>
<tr>
<td>HB 277</td>
<td>Rep. Denise Marcelle (DEM-LA)</td>
<td>Prohibits the sale of assault rifles to any person under the age of twenty-one years</td>
<td>N</td>
<td>House Administration of Criminal Justice</td>
</tr>
<tr>
<td>HB 473</td>
<td>Rep. Patricia Smith (DEM-LA)</td>
<td>Prohibits the importation, manufacture, sale, purchase, possession, or transfer of a rapid-fire device</td>
<td>N</td>
<td>House Administration of Criminal Justice</td>
</tr>
<tr>
<td>SB 383</td>
<td>Sen. Troy Carter (DEM-LA)</td>
<td>Provides for the sale and monitoring of ammunition for use in a firearm</td>
<td>+</td>
<td>Senate Judiciary B</td>
</tr>
<tr>
<td>HB 357</td>
<td>Rep. Denise Marcelle (DEM-LA)</td>
<td>Prohibits a person convicted of a hate crime from possessing a firearm or carrying a concealed weapon</td>
<td>N</td>
<td>House Administration of Criminal Justice</td>
</tr>
<tr>
<td>HB 271,</td>
<td>Rep. Ray Garofalo (REP-LA),</td>
<td>These bills provides for the carrying of a concealed handgun on school property and by certain teachers or administrators</td>
<td>-</td>
<td>House Administration of Criminal Justice</td>
</tr>
<tr>
<td>HB 332,</td>
<td>Rep. J. Rogers Pope (REP-LA),</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HB 602</td>
<td>Rep. Blake Miguez (REP-LA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SB 185</td>
<td>Sen. Wesley Bishop (DEM-LA)</td>
<td>Provides relative to firearm relinquishment for the violation of a protective order.</td>
<td>+</td>
<td>Senate Judiciary C</td>
</tr>
<tr>
<td>HB 282</td>
<td>Rep. Helena Moreno (DEM-LA)</td>
<td>Prohibits the possession of firearms in certain cases involving stalking</td>
<td>+</td>
<td>House Administration of Criminal Justice</td>
</tr>
<tr>
<td>HB 81</td>
<td>Rep. Patricia Smith (DEM-LA)</td>
<td>Provides relative to battery of a dating partner, domestic abuse, and uniform abuse prevention orders</td>
<td>+</td>
<td>House Administration of Criminal Justice</td>
</tr>
<tr>
<td>HB 603</td>
<td>Rep. Helena Moreno (DEM-LA)</td>
<td>Provides relative to the possession, transfer, registration, license to possess, and surrender of an assault weapon</td>
<td>N</td>
<td>House Administration of Criminal Justice</td>
</tr>
<tr>
<td>SB 231</td>
<td>Sen. Jean-Paul Morrell (DEM-LA)</td>
<td>Provides relative to the transfer of firearms for the violation of a protective order.</td>
<td>+</td>
<td>Senate Floor</td>
</tr>
</tbody>
</table>
Policy brief: Raising the minimum wage would boost wages for more than 1 in 10 Louisiana workers

The best anti-poverty program is a job that pays a living wage. But here in Louisiana, far too many workers are struggling to afford basic needs because their jobs don’t pay enough. Senate Bill 162 would address this by requiring that workers be paid at least $8.50 per hour starting in 2020. At a time when 42 percent of Louisiana households are financially struggling, this simple policy change can boost local economies by giving hundreds of thousands of hard-working Louisianans what they need most: a raise.

Although it only allows for a modest increase in earnings for workers in low-wage jobs, SB 162 would have a substantial impact on working families in Louisiana:

- More than 71,000 Louisiana workers would get an immediate raise once the $8.50 wage kicks in, as their current wages fall below that threshold.
- Another 122,000 workers earn slightly above $8.50 an hour, but would also see their paychecks increase as the higher minimum puts upward pressure on their wages.
- More than 54,000 of the workers who would get a raise are married or single parents. About 105,000 Louisiana children would benefit as their parents earn more.
- Nearly two-thirds (65.5 percent) of the workers who would receive a wage increase are women. Fourteen percent of all female workers in the state would see their wages rise as a result of the bill.
- 113,000 workers who would benefit are 25 years of age or older and 90 percent work more than 20 hours per week.
- More than 27,000 of the workers who would benefit have a college degree.
- The average annual pay raise for directly affected workers (currently earning below $8.50) would be nearly $1,700.

Research suggests that modest increases in the minimum wage will have no negative effect on jobs. In fact, a minimum wage increase would pump $159 million dollars in additional wages into the state’s economy each year by giving workers more money to spend at local businesses, which could in turn lead to job creation.
Louisiana Women and the Wage Gap

APRIL 2017

In Louisiana, median annual pay for a woman who holds a full-time, year-round job is $33,832 while median annual pay for a man who holds a full-time, year-round job is $49,730. This means that women in Louisiana are paid 68 cents for every dollar paid to men, amounting to an annual wage gap of $15,898.¹

The wage gap can be even larger for women of color. Among Louisiana women who hold full-time, year-round jobs, Black women are paid 48 cents, Latinas are paid 51 cents and Asian women are paid 58 cents for every dollar paid to white, non-Hispanic men.²

Louisiana’s gender wage gap spans the state. In all six of Louisiana’s congressional districts, the median yearly pay for women who work full time, year-round is less than the median yearly pay for men who do.³

What Does the Wage Gap Mean for Louisiana’s Women?

On average, Louisiana women who are employed full time lose a combined total of more than $15 billion every year due to the wage gap.⁴ These lost wages mean women and their families have less money to support themselves, save and invest for the future, and spend on goods and services. Families, businesses and the economy suffer as a result.

If the annual wage gap were eliminated, on average, a working woman in Louisiana would have enough money for:

- Nearly 39 more months of child care;⁵
- 1.8 additional years of tuition and fees for a four-year public university, or the full cost of tuition and fees at a two-year community college;⁶
- Approximately 125 more weeks of food for her family (more than two years’ worth);⁷
- Thirteen more months of mortgage and utilities payments;⁸ or
- Nearly 20 more months of rent.⁹

Louisiana Women and Families Cannot Afford Discrimination and Lower Wages

- In the United States, mothers are breadwinners in half of families with children under 18, including half of white mothers, 53 percent of Latina mothers, 81 percent of...
Black mothers and 44 percent of Asian/Pacific Islander mothers. Yet the wage gap for mothers is larger than for women overall. Mothers with full-time, year-round jobs are paid 71 cents for every dollar paid to fathers.

- In Louisiana, more than 276,000 family households are headed by women. About 38 percent of those families, or 105,754 family households, have incomes that fall below the poverty level. Eliminating the wage gap would provide much-needed income to women whose wages sustain their households.

Nationally, the Wage Gap Cannot Be Explained By Choices

- The wage gap persists regardless of industry. In the civilian industries that employ the most full-time employees – health care and social assistance, manufacturing, retail trade and educational services – women are paid less than men. In the health care and social assistance industry, women are paid just 72 cents for every dollar paid to men. In manufacturing, just 76 cents. In retail trade, 79 cents. And in educational services, 87 cents. Across all industries, women are paid lower salaries than men.

- The wage gap is present within occupations. Among the occupations with the most people working full time, year-round – sales, production, management, and office and administrative support – women are paid less than men. In sales, women are paid just 63 cents for every dollar paid to men. In production, just 72 cents. In management, 80 cents. And in office and administrative support occupations, 87 cents.

- The wage gap exists regardless of education level. Women with master’s degrees working full time, year-round are paid just 72 cents for every dollar paid to men with master’s degrees. Further, among full-time, year-round workers, women with doctoral degrees are paid less than men with master’s degrees, and women with master’s degrees are paid less than men with bachelor’s degrees.

- Discrimination and bias still contribute to the wage gap. Statistical analysis shows that 62 percent of the wage gap can be attributed to occupational and industry differences; differences in experience and education; and factors such as race, region and unionization. That leaves 38 percent of the gap unaccounted for, leading researchers to conclude that factors such as discrimination and unconscious bias continue to affect women’s wages.

America’s Women Are Concerned About Unfair Pay

- Women consider equal pay a top workplace issue. Nearly six in 10 women (58 percent) in the United States identify equal pay as one of the most important issues facing women in the workplace. When compared to women in most other leading, high-wealth countries, a substantially higher share of U.S. women list equal pay as one of the most important issues women face at work.

- Less than one-third of women believe they are paid fairly. Just 28 percent of U.S. working women say they are confident they are paid the same salaries as their male counterparts. Forty-three percent say they do not believe they are paid the same – a substantially higher share than in most other leading, high-wealth countries.
Women are more likely to support a candidate for office who supports pay equity. Seventy percent of Republican women, 83 percent of independent women and 88 percent of Democratic women say they would be more likely to vote for a candidate who supports equal pay for women.\(^2\)

A Path Toward Closing the Wage Gap

Despite the federal Equal Pay Act of 1963 and other federal and state workplace protections for women, experts warn that women and men will not reach pay parity until 2059\(^3\) – unless something changes. Fortunately, there are policies that would help, including: protections that help identify and challenge discriminatory pay and employment practices and address gender-based occupational segregation; minimum wage increases; family friendly workplace supports like paid family and medical leave and paid sick days; affordable child care; and access to comprehensive reproductive health care.

Several states and localities have taken steps to advance these policies, and federal proposals are before Congress. Together, these policies create a path toward closing the gap between the wages of women and men by helping to ensure that women have access to good and decent-paying jobs, the support they need to stay and advance in their careers, and fair and nondiscriminatory treatment wherever they work and in whatever jobs they hold.

Learn more about fair pay at NationalPartnership.org/Gap.

---


12 U.S. Census Bureau. (2016). American Community Survey 1-Year Estimates 2015, Table DP02: Selected Social Characteristics in the United States. Retrieved 21 March 2017, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_DP02&prodType=table (Calculation uses family households headed by females living in a household with family and no husband; a family household includes a householder, one or more people living in the same household who are related to the householder, and anyone else living in the same household)

13 U.S. Census Bureau. (2016). American Community Survey 1-Year Estimates 2015, Geographies: United States, Table DP02: Selected Economic Characteristics. Retrieved 21 March 2017, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_DP02&prodType=table (To determine whether a household falls below the poverty level, the U.S. Census Bureau considers the income of the householder, size of family, number of related children, and, for one- and two-person families, age of householder. The poverty threshold in 2015 was $19,096 for a single householder and two children under 18.)


18 Thomson Reuters Foundation. (2015). The 5 key issues facing women working in the G20. Retrieved 21 March 2017, from http://www.womenatworkpoll.com (Ipsos Global Advisor conducted an international survey among 9,501 women across 19 countries. Surveys were conducted from July 24 – August 7, 2015. The margin of error between two country sample sizes of 500 is roughly 6 percent at the 95 percent confidence interval. Data are weighted to match the population profile of each country by age, region and household income.)

19 Ibid.


What is “pay secrecy?”

“Pay secrecy is a workplace policy that prohibits employees from discussing how much money they make. These policies are sometimes written down in employee handbooks. In some cases, those policies are implied, and managers simply urge employees not to talk about their salaries.”

(NPR: Pay Secrecy Policies at Work: Often Illegal and Misunderstood)

How common are these policies?

“Nearly half of all workers nationally reported that they were either contractually forbidden or strongly discouraged from discussing their pay with their colleagues, according to results from a 2010 Institute for Women’s Policy Research/Rockefeller Survey of Economic Security. Prohibiting or discouraging any discussion of wages in the workplace is far more widespread in the private than in the public sector. In this survey, 23.1 percent of private sector workers reported that discussion of wages and salaries was formally prohibited and an additional 38.1 percent reported that such discussion was discouraged by managers.”

(US DOL)

Here’s a chart from the survey mentioned above that breaks down between those surveyed in public sector compared to those in private sector:

![Figure 1. Pay Secrecy Policies by Type of Employer (All Workers)](chart)

<table>
<thead>
<tr>
<th>Type of Employer</th>
<th>All Workers</th>
<th>Private Sector</th>
<th>Public Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>51%</td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>18%</td>
<td>11%</td>
<td>60%</td>
</tr>
</tbody>
</table>

What are business benefits to eliminating pay secrecy?

- Reduces wage gossip, misperceptions, and suspicions of unfairness that can harm morale.
- Less likely to be sued
- Studies found that when pay is secret, employees commonly overestimate co-workers’ pay, which hurts job satisfaction.
- Studies also show that increased pay transparency creates work environments where employees are more likely to believe they are paid fairly, and thus are more engaged and productive.1
- Pay secrecy policies are bad for business not only because they give cover or imply to give cover to discrimination, but also because they lead to poorer performance,2 employee dissatisfaction and lower motivation,3 mistrust of management,4 and an inefficient market.5 Competitive -- and fair -- pay is critical for recruiting and retaining a diverse workforce and high performers, particularly for younger women workers.6

---

5 See Colella, supra note 18, at 60. Companies that fail to address gender wage disparities and discriminatory employment practices also could damage their reputation and brand among consumers, leading to a loss of profits and shareholder value. Proactive Approach, supra note 16.
6 A recent study found that “pay and financial benefits drive Millennials’ choice of organization more than anything else.” THE 2016 DELoitTE MIlLENNIAL SURVEY: WINNING OVer THE NEXT GENERATION
Did you know “pay secrecy” in most cases is already illegal?
Under the National Labor Relations Act, private sector employees have the right to talk about wages with fellow employees. According to the US Department of Labor here’s what the federal law says:
“Section 7 of the National Labor Relations Act (NLRA) protects non-supervisory employees who are covered by the Act from employer retaliation when they discuss their wages or working conditions with their colleagues as part of a concerted activity to improve them, even if there is no union or other formal organization involved in the effort. These employee rights are enforced by the National Labor Relations Board (NLRB). Nevertheless, the NLRA does not address all situations where employers prohibit or discourage employees from discussing their pay with their colleagues.”

So why are States passing legislation on pay secrecy?
● The federal law has limitations. For example, anyone who is considered a supervisor or manager isn’t covered.
● Some legal experts say the federal law is not well understood and many employers don’t even know this right exists.
● 15 states have now passed laws banning pay secrecy. Louisiana banned it for public sector, but not private.

Why does legislation prohibiting pay secrecy help narrow the wage gap?
● This type of legislation leads to businesses reevaluating and if needed, correcting their pay practices.
● Allows for employees to inquire about wages so that they can better negotiate their salaries. Studies show that women have more difficulty negotiating their salaries than men.
● Data also shows that the public sector which is more transparent regarding wages has a much smaller wage gap than the private sector. Louisiana data is below.

Class of Worker of Louisiana Women and Men by Median Annual Earnings for Full-Time, Year Round Workers and Women’s Earnings as a Percentage of Men’s Earnings: 2014

<table>
<thead>
<tr>
<th>Class of worker</th>
<th>Percent Male</th>
<th>Percent Female</th>
<th>Men’s Median Earnings</th>
<th>Women’s Median Earnings</th>
<th>Women’s earnings as % of men’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private for-profit wage and salary workers</td>
<td>59.7%</td>
<td>40.3%</td>
<td>$49,383</td>
<td>$30,076</td>
<td>60.9%</td>
</tr>
<tr>
<td>Private not-for-profit wage and salary workers</td>
<td>35.3%</td>
<td>64.7%</td>
<td>51,193</td>
<td>37,854</td>
<td>73.9</td>
</tr>
<tr>
<td>Local government workers</td>
<td>40.8%</td>
<td>59.2%</td>
<td>41,169</td>
<td>35,011</td>
<td>85.0</td>
</tr>
<tr>
<td>State government workers</td>
<td>37.9%</td>
<td>62.1%</td>
<td>47,331</td>
<td>41,116</td>
<td>86.9</td>
</tr>
<tr>
<td>Federal government workers</td>
<td>59.4%</td>
<td>40.6%</td>
<td>61,573</td>
<td>49,544</td>
<td>80.5</td>
</tr>
</tbody>
</table>

Compiled by Beth Willinger, PhD, based on U.S. Census, American Community Survey Table S2409 "Class of Worker by Sex and Median Earnings in the Past 12 Months (in 2014 Inflation--Adjusted Dollars) for the Full-Time, Year-Round Civilian Population 16 Years and Over": 2014 1-Year Estimates.
The Louisiana Policy Institute collaborated with LSU’s Public Policy Research Lab (PPRL) and other researchers to understand the impact of child care issues on Louisiana’s workforce, business, and economy.

LSU’s PPRL conducted a statewide survey of households with children age 4 and under, asking a series of questions investigating the intersection between workforce participation and child care issues. Then, an economist estimated the economic impact of child care instability using the survey results.

Child Care Issues Result in More Than $1.1 Billion Loss for Louisiana’s Economy

<table>
<thead>
<tr>
<th></th>
<th>Absences</th>
<th>Quits/Turnover</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Losses</td>
<td>-$292,287,280</td>
<td>-$875,289,218</td>
<td>-$1,167,576,498</td>
</tr>
</tbody>
</table>

Almost $84 Million Lost in Tax Revenue for Louisiana’s Economy Due to Child Care Issues

<table>
<thead>
<tr>
<th></th>
<th>Absences</th>
<th>Quits/Turnover</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Losses</td>
<td>-$13,135,416</td>
<td>-$70,794,431</td>
<td>-$83,929,847</td>
</tr>
</tbody>
</table>

Child Care Issues Have Greatly Impacted Parents’ Workforce Participation

- Over 16% of respondents have quit their jobs over child care issues.
- 7.6% of respondents reported being fired over child care issues.
- Nearly 14% of respondents turned down a promotion at work because of child care issues.

Almost Half of Parents, Both Men and Women, Missed Work Regularly Due to Child Care Issues in the Last 3 Months

<table>
<thead>
<tr>
<th></th>
<th>1-2 Days</th>
<th>3-4 Days</th>
<th>5-6 Days</th>
<th>7+ Days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed Work</td>
<td>21.0%</td>
<td>9.2%</td>
<td>4.9%</td>
<td>5.7%</td>
<td>40.8%</td>
</tr>
<tr>
<td>Tardy</td>
<td>10.7%</td>
<td>11.0%</td>
<td>4.4%</td>
<td>6.8%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Left early</td>
<td>21.6%</td>
<td>11.0%</td>
<td>5.7%</td>
<td>4.1%</td>
<td>42.4%</td>
</tr>
</tbody>
</table>
Key Points about ENDA

- Nationwide, the business community has found LGBT-inclusive employment policies to be a key component in their attempts to attract and retain the best and brightest employees. As of April 2014, 72% of Fortune 500 companies had adopted policies prohibiting discrimination against gay and transgender employees.

- According to a 2013 report by the U. S. Government Accountability Office, states that have prohibited employment discrimination on the basis of sexual orientation and gender identity see small but stable numbers of discrimination complaints filed. Generally complaints based on sexual orientation or gender identity represent less than 10% of total complaints filed in states that have adopted these laws.

- An analysis of state-level employment discrimination claims by the Williams Institute has shown that gay, lesbian, and bisexual workers file discrimination complaints at similar rates to other protected classes – approximately 4 complaints per 10,000 LGB workers are filed, which is slightly lower than the rate of 5 per 10,000 female employees who file sex discrimination complaints.

- In Louisiana, the Baton Rouge Advocate has endorsed both local and statewide protections for public- and private-sector employees, and numerous publications, business, and community organizations, including the Shreveport Chamber of Commerce, have endorsed the recently-passed Shreveport Fairness Ordinance, which provides these protections at the local level.

- According to a recent poll conducted by the Louisiana State University Public Policy Lab, 89.3% of Louisiana residents agree that nobody should be fired from their job just because of their sexual orientation or gender identity.

- Nationally, the U. S. Chamber of Commerce and the National Federation of Independent Business do not oppose similar legislation pending before Congress, and many individual corporations have endorsed the federal law.
The Case for ENDA: Fairness is Good for Business

1) Businesses deserve the best.
Businesses such as IBM, Cox Communications, Dow Chemical, Chevron, and the 57% of all Fortune 500 companies that have voluntarily adopted workplace protections for LGBT people have found that inclusive employment policies let them compete for the best talent on a level playing field. John Hassell of Hewlett-Packard summarized the business case for ENDA: “One word: competitiveness. It’s not just a nice-to-do thing. It’s a requirement to be successful in the private sector.” HB 887 will ensure businesses can keep their productivity as high as possible by recruiting from the widest possible talent pool.

2) ENDA protects employers from legal ambiguity.
Religious employers and businesses with fewer than 20 employees are totally exempt from the requirements of HB 887. In states that have adopted similar laws, the nonpartisan Government Accountability Office and the Williams Institute have found that LGBT employees only file discrimination claims at a rate similar to that of sex discrimination – about 4 claims filed per 10,000 LGBT employees. This results in a small but consistent number of discrimination claims filed, which explains the willingness of businesses to adopt these policies voluntarily. Giving a legal structure to claims based on sexual orientation, gender identity, or gender expression gives employers clear guidance about how they may update internal policy documents and employee training to avoid messy, ambiguous, or frivolous litigation that may arise when the legal landscape is unclear.

3) ENDA maintains Louisiana's business competitiveness.
These kinds of laws are not uncommon – 19 states have laws similar to HB 887, hundreds of cities and counties have adopted them at a local level, and businesses have recognized the benefits to their employee recruitment and productivity efforts. It is now the norm in the United States to have these policies in place. For Louisiana to maintain its competitive edge and give businesses confidence that they will be able to recruit the from the best talent pool available, it is vital that we enact policies that mirror ones that have already proved successful across the country.

4) Workplace fairness fights poverty.
According to the Census, Louisiana has the second-highest poverty rate in the country. LGBT people in particular are more likely than average to live in poverty due to the structural effects of bias in the workplace. Ensuring that the law gives LGBT individuals the chance to compete and succeed in the workplace is an important step to help ensure prosperity and economic freedom for an important segment of the population.
## PREVENTION MATRIX

<table>
<thead>
<tr>
<th>Individuals...</th>
<th>Relationships...</th>
<th>Communities...</th>
<th>Societally...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Are knowledgeable about the sexual violence continuum and aware of what constitutes sexual violence.</td>
<td>• Are characterized by norms of consent, respect, equality, open communication and mutual enjoyment.</td>
<td>• Take responsibility for drastically reducing rates of sexual violence.</td>
<td>• Public officials and legislators implement and fund policies that mandate effective sexual assault prevention initiatives.</td>
</tr>
<tr>
<td>• Are knowledgeable about the root causes, contributing factors, dynamics, and impacts of sexual violence.</td>
<td>• Are free from norms of aggression, humiliation, dominance, and sexual entitlement.</td>
<td>• Are trauma-informed and prioritize community members’ health and well-being.</td>
<td>• Public officials and legislators implement and fund policies that promote gender-based equality in employment and public representation.</td>
</tr>
<tr>
<td>• Are knowledgeable about trauma and its impacts.</td>
<td>• Are characterized by support for survivors of sexual violence, and are free from norms of slut-shaming, harassment, intimidation, and victim-blaming/shaming.</td>
<td>• Hold expectations that community members engage in relationships characterized by norms of consent, respect, equality, open communication and mutual enjoyment.</td>
<td>• Public figures are held accountable when engaging in behaviors along the sexual violence continuum.</td>
</tr>
<tr>
<td>• Recognize and work to recover from personal traumas.</td>
<td>• Consist of adults modeling, discussing, and providing resources on healthy relationships and healthy sexuality to the children in their care.</td>
<td>• Hold individuals pro-socially accountable when they engage in behaviors that re-traumatize survivors of sexual violence (e.g., through slut-shaming, harassment, intimidation, and victim-blaming).</td>
<td>• State and national governments prioritize sexual violence prevention in research, policy, practice, and funding.</td>
</tr>
<tr>
<td>• Prioritize their mental health and well-being.</td>
<td>• Consist of adults informing the children in their care about the sexual violence continuum and what constitutes sexual violence.</td>
<td>• Consist of organizations, corporations, and institutions that comprehensively implement policies and practices that align with sexual violence prevention best practices.</td>
<td>• State and national governments implement trauma-informed policies that promote environments of health and well-being.</td>
</tr>
<tr>
<td>• Understand that drastic reduction in rates of sexual violence is possible through collective action for positive social change.</td>
<td>• Are not traumatizing to the individuals engaging in them.</td>
<td>• Establish comprehensive and high-quality support and intervention services for those at high risk for offending.</td>
<td>• Media inform about the sexual violence continuum and what constitutes sexual violence.</td>
</tr>
<tr>
<td>• Understand the difference between primary prevention, risk reduction, and focus risk reduction efforts on potential offenders, rather than on potential victims.</td>
<td>• Are characterized by norms of consent, respect, equality, open communication and mutual enjoyment.</td>
<td>• Implement effective social messaging campaigns to promote prosocial norms of healthy relationships and healthy sexuality.</td>
<td>• Media inform about the root causes, contributing factors, dynamics, and impacts of sexual violence.</td>
</tr>
<tr>
<td>• Are knowledgeable about other forms of oppression and power-based violence.</td>
<td>• Take institutional action within their spheres of influence to promote healthy communities free from sexual violence and trauma.</td>
<td>• Media promote norms of healthy sexuality and healthy relationships.</td>
<td>• Media inform about the difference between primary prevention and risk reduction, and focus risk reduction discourse on potential offenders, rather than on potential victims.</td>
</tr>
<tr>
<td>• Refrain from engaging in behaviors along the sexual violence continuum.</td>
<td>• Challenge and change attitudes that perpetuate behaviors along the sexual violence continuum.</td>
<td>• Recognize sex offenders as people rather than monsters, and understand that someone they know and love could have committed sexual offenses.</td>
<td>• Media promote awareness of trauma and its impacts.</td>
</tr>
<tr>
<td>• Engage in consensual, respectful, and egalitarian relationships characterized by open communication and mutual enjoyment.</td>
<td>• Take institutional action within their spheres of influence to promote healthy communities free from sexual violence and trauma.</td>
<td>• Take advantage of available resources for sexual violence prevention, intervention, and response.</td>
<td>• Media inform about the sexual violence continuum and what constitutes sexual violence.</td>
</tr>
<tr>
<td>• Challenge and change attitudes that perpetuate behaviors along the sexual violence continuum.</td>
<td>• Take institutional action within their spheres of influence to promote healthy communities free from sexual violence and trauma.</td>
<td>• Recognize sex offenders as people rather than monsters, and understand that someone they know and love could have committed sexual offenses.</td>
<td>• Media inform about the sexual violence continuum and what constitutes sexual violence.</td>
</tr>
<tr>
<td>• Take institutional action within their spheres of influence to promote healthy communities free from sexual violence and trauma.</td>
<td>• Challenge and change attitudes that perpetuate behaviors along the sexual violence continuum.</td>
<td>• Take advantage of available resources for sexual violence prevention, intervention, and response.</td>
<td>• Media inform about the difference between primary prevention and risk reduction, and focus risk reduction discourse on potential offenders, rather than on potential victims.</td>
</tr>
</tbody>
</table>
# PREVENTION MATRIX

<table>
<thead>
<tr>
<th>Survivors of sexual violence...</th>
<th>Loved ones of survivors...</th>
<th>Communities...</th>
<th>Societally...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECONDARY PREVENTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Feel supported and respected in the immediate aftermath of their assault, including during forensic exams and law enforcement interviews.</td>
<td>• Receive crisis intervention services to better assist survivors in their recovery process.</td>
<td>• Establish and adhere to clear and consistent protocols to respond to and thoroughly investigate reports of sexual assault in ways that support survivors and hold offenders accountable in prosocial ways.</td>
<td>• Sexual violence survivors have access to free forensic medical exams and treatment in the aftermath of their assault.</td>
</tr>
<tr>
<td>• Feel supported and respected during investigative and criminal justice trial processes.</td>
<td>• Offer support, empathy, and comfort when responding to disclosures from loved ones.</td>
<td>• Inform their members of available sexual violence response and crisis intervention services.</td>
<td>• Funding streams exist to support research on sex offender assessment, treatment, management, prevention programming, and policy.</td>
</tr>
<tr>
<td>• Receive crisis intervention services.</td>
<td>• Make appropriate referrals for crisis intervention services.</td>
<td>• Expand community-based programs that employ transformative and restorative justice-based principles to address offender accountability and healing for everyone affected by sexual violence.</td>
<td>• Evidence-informed sex offender policy is implemented, including state-of-the-art specialized sex offender treatment and incentives to promote healthy and safe behaviors.</td>
</tr>
<tr>
<td>• Engage in help-seeking behaviors to receive support in the immediate aftermath of their assault.</td>
<td>• Receive crisis intervention services to better assist survivors in their recovery process.</td>
<td>• Encourage help-seeking behavior by normalizing requests for assistance and promoting stories of recovery and change.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TERTIARY PREVENTION</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Receive short- and long-term individual and/or group therapy.</td>
<td>• Receive support and psycho-education to better assist survivors in their recovery process.</td>
<td>• Feature survivors as speakers at community events to raise community awareness of the scope, nature, and impact of sexual violence.</td>
<td>• Media report on sex crimes using responsible language and in a way that supports survivors and holds offenders accountable.</td>
</tr>
<tr>
<td>• Feel supported and respected in their long-term recovery process.</td>
<td>• Have access to victim-offender dialogue processes.</td>
<td>• Provide psycho-education for populations likely to contain a high prevalence of sexual trauma survivors.</td>
<td>• Offender treatment services are established for perpetrators of sexual violence.</td>
</tr>
<tr>
<td>• Have access to victim-offender dialogue processes.</td>
<td>• Are engaged in providing input on the quality and content of survivor support services.</td>
<td>• Educate the community about traumatic mental health impacts of sexual violence and the process of recovery to reduce stigma and encourage help-seeking behaviors among survivors.</td>
<td></td>
</tr>
<tr>
<td>• Ensure prosecutors and judges are informed about sexual trauma and survivors’ perspectives and experiences.</td>
<td></td>
<td>• Foster support networks of survivors to foster recovery and taking action to prevent sexual violence.</td>
<td></td>
</tr>
</tbody>
</table>

© 2018 Sexual Trauma Awareness and Response. All rights reserved  
[www.star.ngo](http://www.star.ngo) | 1-855-435-STAR
The Dignity for Incarcerated Women Act would make a series of common-sense reforms to how the prison system treats incarcerated women in order to reduce the negative impact incarceration has on their health and well being. The proposed legislation would provide healthcare products, including feminine hygiene products, and prevent male guards from conducting pat down and strip searches, as well as entering areas of the prison that women are likely to be in partial or full undress.

There are 2,067 women incarcerated in state and local facilities in Louisiana - 1,858 are of reproductive age and in need of hygiene products. Nearly three-quarters of incarcerated women are in local jails.

Though most incarcerated persons are men, the population of incarcerated women has been growing for decades.

For women incarcerated in Louisiana’s jails and prisons, practicing proper menstrual hygiene is almost impossible.

Incarcerated women in Louisiana report receiving as few as 10 pads per month.

The challenges women face in obtaining additional sanitary napkins on their own only add to the problem. Prices for pads and tampons in prison commissaries vary widely and are prohibitive for women with few financial resources and outside support. A small pack of pads can cost around $8 at the commissary in state prisons.

An incarcerated woman's family can put money into their account so that they can afford to buy these items, but many do not have a family to support them in this way. So incarcerated women often are left with asking the guards to provide them with extra pads which increases the guard's power over the women in prison. Failure to provide adequate menstrual products causes both health risks and humiliation for incarcerated women.

The Public Supports This Policy

Polling research out by the Justice Action Network, a criminal justice reform advocacy organization, shows that a whopping 90 percent of voters agree that providing menstrual products in prisons is a necessary reform, crossing partisan lines (85 percent of Republicans, 91 percent of independents, and 94 percent of Democrats).
Federal and State Policy

This is policy that has already been adopted by the Federal Bureau of Prisons. However, fewer than 10 percent of incarcerated females are housed in federal facilities nationwide. Most females are held in state and local facilities.

June 2016 New York City unanimously passed a law mandating free tampons and pads for schools, homeless shelters, and prisons. Virginia passed legislation last month. Alabama, Kentucky, Maryland, Georgia, Connecticut, and California are all considering similar legislation.

The Benefits Out-weigh the Costs

The cost of providing sufficient sanitary supplies is minimal while the benefit – protecting women's health and personal integrity - is great. Arizona estimated it would cost the state $80,000, Virginia $33,769 and in Colorado $40,000.

Incarceration Traumatizes Women

Spending time in jail and prison can be a deeply traumatizing experience for women. They are far more likely than men to experience sexual victimization in these facilities and a majority have experienced sexual violence in their lifetimes. For that reason, undergoing correctional procedures, such as bodily searches for contraband, or being supervised by male staff while showering, dressing, or using the bathroom, can trigger distress and retraumatize women.

According to Vera Institute of Justice

86% of women in prison are survivors of sexual abuse.
39% report experiencing at least one incident of sexual misconduct perpetrated by an officer while being incarcerated.

---


v Unanimous Vote Brings Free Tampons To NYC's Schools, Prisons, Shelters (Jun 21, 2016). Huffington Post. Available at: https://www.huffingtonpost.com/entry/free-tampons-law-new-york-schools-prisons-shelters_us_57697b43e4b0a75709b7ea1a

vi HOUSE BILL NO. 83, General Assembly of Virginia. January 10, 2018
Providing safe, stable, and nurturing environments for children and families is a value most of us can agree on. However, criminal justice practices that separate children from their mothers and fathers are harmful. The justice system's default approach tears apart families, hurts children and parent-child relationships, and harms health. Instead, expanding the use of sentencing alternatives to incarceration that include treatment instead of prison or jail where appropriate can keep families intact.

Primary Caretaker legislation will be introduced during the 2018 session. It would expand sentencing options for people identified as primary caretakers of dependent children to include community-based alternatives, where they can care for their families while healing and advancing their lives in addition to dealing with the consequences of their conviction. Legislators would drastically improve these families' lives by introducing and passing this bill. In Louisiana, the number is manageable: about 1,800 people currently incarcerated in Louisiana state prisons and county jails are parents who would have been eligible for community-based alternatives had they been sentenced under this law. Not having these caretakers incarcerated would save the state over $18M annually in incarceration costs alone.

Community-based sentencing is better for children and parents than incarceration.

The benefits of non-custodial sentencing options that would be part of the legislation include:

- **Avoiding Trauma:** Parental incarceration is classified as an Adverse Childhood Experience (ACE). Multiple peer-reviewed studies connect ACEs, a set of specific traumatic events that occur during childhood, to poor mental and physical health outcomes such as chronic diseases, certain cancers, sexually transmitted infections, depression, and other mental health conditions.

- **More secure parental attachment:** Allowing incarcerated mothers and their babies to cohabitate during the baby's first year of life leads to babies having more secure attachments to their mothers when compared to those who have not cohabitated for a full year. Incarcerated mothers experience emotional and physical distress as a result of being separated from their children.

- **Healthier child development:** Community-based residential parenting programs, where mothers can serve their sentences with their infants in a non-prison setting that offers housing and social services, increase mother-child bonding and foster healthy child development.

- **Improved parenting skills:** Family-based drug treatment programs, that offer parenting skills training and home-based case management services, are successful in reducing parental drug abuse and improving parenting skills. Parenting classes for fathers improve parent-child relationships and attachment, children's self-concept and behaviors, and feelings of competence among fathers.

- **Reduced substance abuse:** Among women who participate in residential drug treatment, those who have their children with them are far more likely to complete the program when compared to those who are separated from their children. Children of parents who participate in family-based drug treatment are less likely to develop a substance abuse disorders.
Children separated from their families due to a parent being incarcerated experience...

**Higher rates of physical health problems**
- Migraines
- Asthma
- High cholesterol
- HIV/AIDS

**Higher rates of mental health problems**
- Depression and anxiety
- Posttraumatic stress disorder (PTSD)
- Self-esteem issues
- Emotional withdrawal
- Feelings of guilt, embarrassment, and shame

**More behavioral issues**
- Aggression
- Substance use disorder
- Delinquency

**Poorer performance in school**
- Truancy
- Lower standardized test scores
- Dropping out
- Suspension and expulsion

**Higher likelihood of placement in foster care**
- Mental health problems
- Developmental problems

**Higher likelihood of other social challenges**
- Being sexually trafficked and sexually abused
- Incarceration
- Being uninsured
- Homelessness
- Having a lower income
- Feeling powerless

**Feelings putting them at risk for other mental health issues**
- Abandonment
- Insecure attachment to their parents

---

**References**

5 Things to Know About HIV Criminalization

Criminal laws are meant to protect people from harm. **Laws that make it a crime to live with what can be a chronic, treatable health condition do not protect anyone.**

HIV health and risk are public health concerns. **HIV CRIMINALIZATION** is the unreasonable use of the criminal law to address an HIV-related matter, which should be dealt with as a public health issue. HIV criminalization laws:

- Target people living with HIV for prosecution and excessive punishment
- Seek to make people with HIV solely responsible for the sexual conduct of others
- Under Louisiana law (LA 14:43.5), a person living with HIV engaged in consensual activities, who had no intent to harm anyone, and/or whose actions posed virtually no risk of HIV transmission, could be sent to prison as a felon and registered as a sex offender for 10 years.

Other things you should know about HIV criminalization:

**HIV criminalization laws DON’T work as intended**
Not a single study or peer-reviewed paper—nor any credentialed public health expert—asserts HIV criminalization has actually reduced HIV transmission in any jurisdiction where it exists.

**HIV criminalization laws DO work against public health**
- Punish those who are able to protect their health by being tested for HIV, and encourage others to remain unaware of their HIV status.
- Create mistrust of health professionals, making people who test HIV positive less likely to cooperate with partner notification or to engage in care, treatment adherence and other forms of prevention.

**HIV criminalization laws DON’T align with current science**
**Risk of HIV transmission has changed drastically** since the beginning of the epidemic.
- Today, being on effective HIV treatment (meaning a person's virus is suppressed) greatly reduces transmission to others. A person whose treatment has resulted in an undetectable level (or viral load) of HIV in their body is **incapable of transmitting HIV to another person.**
- An HIV-negative person can now take a medication to dramatically reduce their chances of acquiring HIV.

**Living with HIV has also changed dramatically:** **HIV is no longer a death sentence!**
- A person newly diagnosed and provided with treatment can expect to live a lifespan basically equal to a person who is not living with HIV.

**HIV criminalization laws DO increase stigma & discrimination**
Experts agree that HIV stigma is undoubtedly among the **biggest obstacles to ending the HIV epidemic.**
- Laws criminalizing HIV status exacerbate the already overwhelming social stigma that accompanies an HIV diagnosis.
- Forced disclosure of one’s HIV-positive status carries significant risks — including potential intimate partner violence, loss of housing or custody of one’s children, and other forms of discrimination.
- These laws most strongly affect communities that are already disenfranchised and discriminated against, who comprise a disproportionate portion of people living with HIV.

**HIV criminalization laws DON’T make sense for our justice system**
Incarcerating individuals whose conduct is best addressed via a public health approach comes at a significant cost to the state. **That’s why advocates in Louisiana join more than a dozen states, including Florida, Georgia, Tennessee, Texas, and others, in actively working to change these discriminatory laws.**

The American Medical Association, American Nursing Association, National Alliance of State and Territorial AIDS Directors, HIV Medicine Association, Association of Nurses in AIDS Care, U.S. National HIV/AIDS Strategy, Presidential Advisory Council on HIV/AIDS, U.S. Conference of Mayors, American Psychological Association, the U.S. Department of Justice, and many other public health, legal and public policy organizations have **called for an end to HIV criminalization.**

You care about HIV criminalization; you just don’t know it yet. **HIV is NOT a crime.**

Louisiana Coalition on Criminalization and Health
MATERNAL HEALTH OF BLACK WOMEN IN LOUISIANA

Demographics
- In Louisiana, 33% of women ages 18-64 are Black,¹ and 39% of women who give birth are Black.²
- For Black women in Louisiana ages 18 and older…
  - 23% do not have a personal doctor or health care provider,
  - 28% did not see a doctor in the prior 12 months due to cost, and
  - 40% report poor mental health status.³
- Louisiana recently expanded Medicaid under the Affordable Care Act (ACA). Coverage went into effect on July 1, 2016.⁴ Prior to Medicaid expansion, 37% of Louisiana women ages 19-64 fell into the Medicaid coverage gap,⁵ with 23% of non-elderly Black women in the state uninsured.⁶
- Thirty-six percent of Black women in the state live in poverty.⁷
- Studies have found Louisiana to be the worst state for women’s equality (for example, Black women in Louisiana make $0.48 to the dollar compared to White men), as well as one of the worst states for women’s health.⁸

Pregnancy and maternal health
- Only 31% of women in Louisiana receive preconception counseling.⁹ Sixteen percent of women receive delayed prenatal care or none at all, and this rate rises to 23% for women of color.¹⁰
- Sixty percent of all pregnancies in Louisiana are unintended—a rate on par with Georgia and surpassed only by Mississippi and the District of Columbia.¹¹
- Eight in 10 women in Louisiana experience at least one stressful event during pregnancy, and almost half of those women experience three or more stressful events.¹²
- Among low-risk women, Black women in Louisiana have similar rates to White women of primary cesarean delivery and slightly lower rates of repeat cesarean delivery.¹³
- Forty-six percent of Louisiana women are overweight or obese prior to their pregnancy.¹⁴
- Only 25% of working mothers in Louisiana are able to take exclusively paid parental leave, with 61% taking exclusively unpaid leave, and 7% taking no leave at all.
  - Of women employed during their pregnancies, 44% do not have jobs that offer paid leave, 35% cannot financially afford to take leave, and 16% are afraid of losing their jobs.¹⁵

Reproductive health care access and funding
- Louisiana has only one OB/GYN physician per 13,136 women, ranking 43rd (of 48) in the nation with respect to the ratio of women per every OB/GYN physician.¹⁶
- Only 3.2% of medical school graduates in Louisiana are Black (compared to 5.7% nationally).¹⁷
- Louisiana is one of 28 states to license certified professional midwives in addition to Advanced Practice Registered Nurses in the nurse-midwife role.¹⁸ As of late 2015, Louisiana Medicaid covers both nurse-midwives and professional midwives as recognized provider types for vaginal delivery services rendered at free standing birthing centers.¹⁹
  - However, advocates are concerned that low reimbursement rates and other regulations are making it difficult for professional midwives to successfully bill Medicaid for such services.²⁰
  - Louisiana does not license or provide Medicaid coverage for doulas.²¹
• In 2014, pregnant women represented less than 2% of the individuals in Louisiana that were served by the Title V funds for maternal and child health (MCH).22 Of the women the state did serve, it spent almost 2.4 times as much per pregnant woman as the national average.23

Literature review of maternal mortality in Louisiana

• Despite having had various forms of maternal death review processes since 1992,24 recent maternal mortality ratios (MMR) for Louisiana are difficult to obtain (for example, the state’s 2012 report on maternal mortality never specifies the state’s MMR). Moreover, depending on how a study defines maternal death, the ratios can vary drastically.
  ❖ One national report found 17.9 maternal deaths in Louisiana per 100,000 live births from the years 2001-2006, ranking the state 44th out of 50.25
  ❖ The Louisiana Pregnancy Mortality Surveillance System (LPMSS) reported the 2001-2005 pregnancy-associated mortality ratios to be between 86.3 and 89.4 maternal deaths per 100,000 live births.26
  ❖ Another study looked at discrepancies in data collection methods and re-conducted analyses of LPMSS data from 2000-2005. This study found that, depending on the mortality indicators used (e.g. pregnancy-related versus pregnancy-associated), the MMR for Louisiana ranged from 13.4 to 88.9 maternal deaths per 100,000 live births and that certain methods resulted in a statistical increase in the MMR, while others resulted in a decrease.27

• Other findings from these studies include:
  ❖ A statistically significant difference between the MMR for Black vs. White women,28 with Black women 1.8 times to 3.4 times more likely to die of a pregnancy-associated or pregnancy-related cause than White women, depending on the metrics of the specific review;29
  ❖ An increase in the MMR for White women (from 59.8 to 68.0) and a decrease in the MMR for Black women (from 126.9 to 119.1);30
  ❖ Homicide, obstetric causes, and disease of the circulatory system were the most common causes of pregnancy-associated and pregnancy-related deaths for Black women;31 and
  ❖ Rates of non-fatal maternal complications during labor and delivery increased for all races, but disparities remained constant, with Black women 1.1 to 1.2 times as likely to suffer maternal complications as White women.32

Louisiana Pregnancy-Associated Mortality Review (LA-PAMR)

• Louisiana’s MCH Program initiated the state’s most recent maternal mortality review process—the Louisiana Pregnancy Associated Mortality Review (LA-PAMR)—in 2010, under the authority of the Louisiana Perinatal Commission.33

• Their first (and, to date, only) report was published in 2012.34 This report identified pregnancy-associated deaths from 2008 and determined the following:
  ❖ 42% of those who died were “non-White” women and 70% lived in urban areas;
  ❖ 88% of deaths occurred during or after the post-partum period, and 80% of these individuals relied on Medicaid insurance coverage at the time of their delivery;
  ❖ 38% of deaths were due to “natural or medical causes” (cardiovascular disease being the most common cause within that category), while 30% were due to unintentional injury (including accidents and substance abuse), and 24% to homicide; and
  ❖ Of the 34% of deaths determined to be pregnancy-related, not just pregnancy-associated, the leading cause was cardiovascular disease (47%), with no other cause attributed to more than two deaths.35

LA-PAMR reviews pregnancy-associated deaths, defined as any death that occurs during pregnancy or within the following year, irrespective of cause. This definition comes from the Centers for Disease Control and Prevention (CDC) and the American Congress of Obstetricians and Gynecologists (ACOG).

The CDC/ACOG’s definition of a pregnancy-related death includes only those deaths that are directly related to or aggravated by pregnancy, not those due to accidental or incidental causes.

The World Health Organization (WHO) defines maternal deaths, late maternal deaths, and pregnancy-related deaths differently.1
LA-PAMR identified major risk factors for pregnancy-associated death, including: (1) clinical risk indicators, such as current problems with or a history of substance abuse and mental health illness; (2) chronic medical co-morbid conditions causing significant risk, such as hypertension, cardiac disease, and diabetes; and (3) principle modifiable clinical risk indicators such as smoking and obesity.\(^{(36)}\)

Recommendations made by LA-PAMR include prioritization of chronic disease management, particularly for women with “underlying cardiovascular risk profiles;” interventions targeting smoking cessation, obesity, and substance use; systemic mental health and violence risk screenings; and better incorporation of law enforcement and criminal justice system representatives in the LA-PAMR review process to help grapple with the large number of pregnancy-associated homicide deaths.\(^{(37)}\)

LA-PAMR determined that future reporting would be improved by basing the review on “analysis of aggregate case data over 2-3 years to allow for [a] more adequate number of cases.”\(^{(38)}\) They have yet to publish any further reports since their first in 2012.

**Recent proactive work in Louisiana**

- The Kellogg Foundation recently funded Louisiana PRAMS to identify and monitor the needs of Black women in New Orleans and to develop alternative outreach strategies to reach them, in an effort to improve the health of women and children surrounding pregnancy. This project was completed in 2015.\(^{(39)}\)
- Louisiana is one of 12 states that participated in the *Every Mother Initiative*, an Association of Maternal & Child Health Programs (AMCHP) effort (with funding from *Merck for Mothers*) from May 2013 - April 2016. This initiative aimed to help states strengthen their maternal mortality surveillance and review processes.\(^{(40)}\)
- The Louisiana legislature passed a bill (effective August 1, 2016) requiring high schools to develop policies that support expectant and parenting students, with provisions for ensuring a safe and supportive learning environment, promoting academic success, implementing sensible attendance policies, and maintaining student confidentiality.\(^{(41)}\)
- Two additional bills were proposed in the 2015-2016 session but did not advance:
  - A bill authorizing extended maternity leave for school employees,\(^{(42)}\) and
  - A bill requiring mental health counseling referrals, upon request, for pregnant Medicaid recipients.\(^{(43)}\)

---

2. Id., at Pregnancy.
3. Id., at Demographics and Coverage & Access.
8. Id., at 5, 10 and 27.


Email from Birthmark Doulas to their supporter listserv, “NOLA Birth Center Update & Happy New Year!” (Dec. 22, 2015) (on file with the Center for Reproductive Rights).


id., calculated from the data at the source, at 3, and from the comparable reports for the other 49 states, available at https://mchb.tvisdata.hrsa.gov/Home/StateSnapshot (last accessed Oct. 18, 2016).


Tran et al., MCH DATA BOOK, supra note 26, at 28 (showing a Black to White ratio of 2.1 at the beginning of the 2001-2005 analysis and dropping to 1.8 by the end of that range); see also Tran et al., Evaluation of Pregnancy Mortality, supra note 27, at 958-961 (showing disparities between the MMR for Black and White women inLouisiana, regardless of method of data collection, though the difference ranged from almost twice as high to 3.4 times higher). Nationally, the risk of maternal mortality is 3-4 times higher for Black women than for White women (GoPakal. K. Singh, HHS, HRSA, MCH BUREAU, MATERNAL MORTALITY IN THE UNITED STATES, 1935-2007: SUBSTANTIAL RACIAL/ETHNIC, SOCIOECONOMIC, & GEOGRAPHIC DISPARITIES PERSIST 2 (2010), https://www.hrsa.gov/ourstories/mchb75th/mchb75maternalmortality.epi).

Tran et al., MCH DATA BOOK, supra note 26, at 28; see also Tran et al., Evaluation of Pregnancy Mortality, supra note 27, at 961 (showing that, in the two methods that could be broken out by race and by year for a trend analysis, the Louisiana MMR for all races and for White women either increased or fluctuated, while the MMR decreased for Black women).

Tran et al., MCH DATA BOOK, supra note 26, at 31 (showing homicide as the cause of pregnancy-associated death in 21.4% of cases, followed by maternal causes occurring within 42 days of delivery in 20.1% of cases, and disease of the circulatory system in 15.1% of cases); Tran et al., Evaluation of Pregnancy Mortality, supra note 27, at 959 and 961 (showing that—in the methods resulting in enough pregnancy-associated or pregnancy-related deaths to analyze by race—homicide, obstetric causes, and disease of the circulatory system were the three most common causes for death in Black women, with homicide the most common cause in one analysis and obstetric causes the most common in another).

Tran et al., MCH DATA BOOK, supra note 26, at 32.


Id., at 9.

Id., at 10-11.

Id., at 11.


S.B. 353, 42nd Leg. (La. 2016).


H.B. 762, 42nd Leg. (La. 2016).

LDH-OPH, LA-PAMR: 2008 REPORT, supra note 24, at 1, 3; see also Tran et al., Evaluation of Pregnancy Mortality, supra note 27, at 956, for a helpful diagram differentiating WHO and CDC/ACOG definitions of maternal deaths.
Access to Reproductive Health Care

GOAL: Ensure access to expert, comprehensive reproductive health care.

- OPPOSE efforts to remove Planned Parenthood from the Medicaid insurance program and legislation that undermines health care access for Louisianans.
- SUPPORT legislation, including a responsible revenue plan, that protects health care access no matter who you are, where you live or who you love.

ANALYSIS: In 2017, Planned Parenthood Gulf Coast provided more than 12,000 preventive care visits for Medicaid patients in Louisiana. This includes birth control; lifesaving breast and cervical screenings; testing and treatment for sexually transmitted infections; HIV tests; well-woman exams; and other preventive and essential care. In 2016, Louisiana lawmakers passed HB 606 (Act 304), which would prevent Medicaid patients from obtaining the medical care they need at Planned Parenthood. If enforced, this law would have devastating consequences; other providers simply cannot absorb all of these patients nor do they have the capacity to provide the same range of services.

As part of the Affordable Care Act (ACA), Louisiana expanded Medicaid in 2016; enrolling more than 434,000 Louisianans and dramatically reducing the number of uninsured from 21.7% to 10.3%. Medicaid services include access to lifesaving reproductive health care. Politicians are pushing legislation that would undermine the ACA and Medicaid; creating more barriers to health care for communities already struggling to get by. Additionally, the state’s fiscal crisis threatens health care access for Louisianans. As the Governor’s Executive Budget shows, without a revenue plan the Louisiana Department of Health will face drastic cuts and devastate access to health care for low-income communities. Louisiana lawmakers must act to preserve the integrity of the state’s Medicaid program and ensure coverage for all eligible individuals; not work to dismantle the entire safety-net system that helps families trying to make ends meet and will harm low-income women and families across the state.

Equitable Abortion Access

GOAL: Ensure equitable access to safe and legal abortion no matter where you live or how much money you earn.

- OPPOSE any legislation that creates barriers to abortion access for Louisianans.

ANALYSIS: For the last several years politicians in Louisiana have focused their efforts on blocking access to abortion. Since 2011 alone, the state has passed 20 restrictions including a 72-hour waiting period and banning insurance coverage of abortion. These actions deteriorate the already dire health care landscape where nearly a million women of reproductive age rely on just three remaining abortion providers in the entire state.

Meaningful Sex Education

GOAL: Achieve high-quality, comprehensive, inclusive sex education for all young people.

- SUPPORT legislation that advances evidence-based, comprehensive and inclusive sex education.

ANALYSIS: Louisiana laws restrict students’ access to accurate sexual health education. Current law requires that sex education in public schools “emphasize abstinence from sexual activity outside of marriage as the expected standard for all school-age children”. And, due to a 2014 law, Planned Parenthood health educators and employees are prohibited from offering evidence-based sexual health education – or any health instruction – in Louisiana public or charter schools.

2 http://www.legis.la.gov/Legis/law.aspx?d=80423
The CDC’s Youth Risk Behavior Surveillance System (YRBS) monitors six types of health-risk behaviors among young people, including: behavior and violence, drug and alcohol use, smoking, diet, physical activity and sexual behavior. In Louisiana, students aren’t asked about their sexual behavior as part of this survey due to a 1993 that prohibits “testing, quizzing, or surveying students about their personal or family beliefs or practices in sex, morality, or religion”. Results from the YRBS determine federal funding to the state’s health and education departments to ensure programs are addressing trends in health behaviors and achieving health objectives. For years, lawmakers and community leaders have been working to pass a comprehensive YRBS that would include questions about sexual behavior. In the 2017 session, Sen. Wesley Bishop passed SB 106 (Act 321) directing public universities and community colleges to provide medically accurate sex education to address unintended pregnancies. The law prohibits those entities from including information about abortion, abortion services or Planned Parenthood.

Building a Powerful Movement of Strong, Healthy Communities

GOAL: A world free from systems of oppression where access to quality, affordable health care does not depend on
the color of your skin, socioeconomic status, sexual orientation, gender, religion, ability or immigration status.
- SUPPORT bills that promote racial justice, voting rights, economic equality and immigrant rights.

ANALYSIS: With a declining minimum wage and continued discriminatory attacks on many of our communities, we understand that Planned Parenthood patients and supporters often face enormous hurdles in health care access. We understand that our fights and movements are connected – if you don’t feel safe and supported in your community; then you can’t access the health care you need. We stand with our movement partners, our communities and all Louisianans in their ability to live full, healthy lives – no matter what.

State Facts About Unintended Pregnancy:
Louisiana

National Background and Context
Unintended pregnancy can have significant, negative consequences for individual women, their families and society as a whole. An extensive body of research links births resulting from unintended or closely spaced pregnancies to adverse maternal and child health outcomes and myriad social and economic challenges.(1,2) In 2011, the most recent year for which national-level data are available, 45% of all pregnancies in the United States were unintended, including three out of four pregnancies to women younger than 20, and there were 45 unintended pregnancies per every 1,000 women aged 15–44, a rate significantly higher than that in many other developed countries.(3,4) If current trends continue, more than half of all women in the United States will experience an unintended pregnancy by the time they reach age 45. And economically disadvantaged women are disproportionately affected by unintended pregnancy and its consequences: In 2011, the unintended pregnancy rate among women with a family income lower than the federal poverty level, at 112 per 1,000, was more than five times the rate among women with an income greater than 200% of poverty (20 per 1,000).(3)

In any given year, two-thirds of women in the United States at risk of unintended pregnancy use contraceptives consistently throughout the year.(5) These women account for only 5% of all unintended pregnancies, while the remaining 95% of unintended pregnancies are attributable to the one-third of women who do not use contraceptives or who use them inconsistently. Public programs—notably Medicaid and the Title X national family planning program—are central to women's access to affordable contraceptive services and supplies and their ability to use contraceptives effectively. In 2014, 7.8 million women received publicly funded family planning services; these services helped women avoid 2 million unintended pregnancies, which would likely have resulted in 914,000 unplanned births and nearly 680,000 abortions (the remainder would have resulted in miscarriages).(6) In the absence of publicly funded family planning services, the numbers of unintended pregnancies, unplanned births and abortions in the United States would have been 68% higher—and the pregnancy rate for adolescents aged 15–19 would have been 73% higher—than they currently are.(6)

Unintended pregnancies are also costly to the federal and state governments, resulting in $21.0 billion in public expenditures in 2010.(7) Yet, these costs could have been considerably higher: By helping women avoid unintended pregnancies, publicly funded family planning services saved taxpayers $13.6 billion in 2010, or $7.09 for every $1 spent.(8)

Incidence and Outcomes of Unintended Pregnancy in Louisiana
- In 2010, 60% of all pregnancies (53,000) in Louisiana were unintended.(9)
- Louisiana’s unintended pregnancy rate in 2010 was 57 per 1,000 women aged 15–44. Nationally, rates among the states ranged from a low of 32 per 1,000 in New Hampshire to a high of 62 per 1,000 in Delaware.(9)
- The adolescent pregnancy rate in Louisiana was 54 per 1,000 women aged 15–19 in 2013. The national rate was 43 per 1,000, and state rates ranged from 22 per 1,000 in New Hampshire to 62 per 1,000 in New Mexico.(10) The majority (75%) of adolescent pregnancies in the United States are unintended, and adolescents account for about 15% of all unintended pregnancies annually.(3) Services are needed to support pregnant or parenting young people, regardless of the planned or unintended nature of
the pregnancy.

- In 2010, 64% of unintended pregnancies in Louisiana resulted in births and 21% in abortions; the remainder resulted in miscarriages.(9)

**Public Cost of Unintended Pregnancy in Louisiana**

- In 2010, 26,500 or 78.7% of unplanned births in Louisiana were publicly funded, compared with 68% nationally.(7)

- In Louisiana in 2010, the federal and state governments spent $651.0 million on unintended pregnancies; of this, $530.4 million was paid by the federal government and $120.6 million was paid by the state.(7)

- The total public costs for unintended pregnancies in 2010 was $27 per woman aged 15–44 in Louisiana, compared with $201 per woman nationally.(7)

**Preventing Unintended Pregnancy in Louisiana**

- In 2014, 321,480 Louisiana women aged 13–44 were in need of publicly funded family planning services.(6)

- Publicly supported family planning centers in Louisiana served 49,570 female contraceptive clients in 2014. They met 15% of Louisiana women’s need for contraceptive services and supplies. Across the United States, such centers met 26% of need.(6)

- In 2010, public expenditures for family planning client services in Louisiana totaled $39.3 million; this includes $34.5 million through Medicaid and $3.2 million through Title X.

(11)

- Publicly funded family planning centers in Louisiana helped avert 12,000 unintended pregnancies in 2014, which would have resulted in 5,800 unplanned births and 4,300 abortions.(6)

- By averting unintended pregnancies and other negative reproductive health outcomes, publicly funded family planning services provided by safety-net health centers in Louisiana helped save the federal and state governments $128.6 million in 2010.(8)

**References**


95% of Louisiana parishes have no clinics that provided abortions. More than 75% of Louisiana women now live in a parish with no clinic. 58.2% of pregnancies in 2014 were unplanned. Only 51% of FQHCs provide “typical” family planning services plus one other contraceptive method, in addition to IUDs and/or hormonal implants.

**SB 181 by Sen. John Milkovich**

This bill would ban abortions later than fifteen weeks after conception. The bill does not make exemptions for pregnancies that are the result of rape or incest.

The bill would leave many women without appropriate treatment options when problems emerge or worsen as pregnancy progresses.

**The Numbers**

- 95% of Louisiana parishes have no clinics that provided abortions.
- More than 75% of Louisiana women now live in a parish with no clinic.
- 58.2% of pregnancies in 2014 were unplanned.
- Only 51% of FQHCs provide “typical” family planning services plus one other contraceptive method, in addition to IUDs and/or hormonal implants.

**Why Women Seek Abortions Later in Pregnancy:**

Many women seek abortion later in pregnancy because restrictive state laws or the lack of abortion providers made it impossible for them to access abortion earlier in their pregnancies. Additionally, many women are delayed in their ability to access abortion care because they need time to raise or save enough money to pay for it.

**A Ban on Abortions After 15 Weeks** would leave many women without appropriate treatment options when problems emerge or worsen as pregnancy progresses.

**SB 181 threatens doctors with extremely harsh penalties of imprisonment or at hard labor for between one year and 10 years and fines between $10,000 and $100,000.**

**The bill would force providers to violate their medical ethics.**

The proposed ban would interfere with the physician-patient relationship at a time when women are in need of empathetic, respectful and evidence-based care. The ban would prevent providers from administering critical treatments and require them to deny crucial medical treatment from a woman until her health crisis becomes life-threatening. This extreme policy callously endangers women’s lives and forces providers to violate their professional principles by withholding vital care.

**After being denied a wanted abortion, women had 3x greater odds of being unemployed than women who obtained abortions.**

**After being denied a wanted abortion, women had almost 4x greater odds of being below the Federal Poverty Level.**

American Congress of Obstetricians and Gynecologists strongly opposes political efforts to limit a woman’s ability to get the care she needs, specifically, attempts to ban abortions through medically unnecessary cutoff points. As the nation’s leading group of physicians providing health care for women, ACOG is dedicated to evidence-based treatment and compassionate care.
In the Courts

**Arizona**


United States Court of Appeals for the Ninth Circuit ruled unconstitutional an Arizona’s law banning abortions after 20 weeks.

**Arkansas**


United States Supreme Court refuses to hear an appeal of lower court decision to throw out Arkansas’ law banning abortions after 12 weeks of pregnancy.

SB 181 is an unconstitutional statewide ban.

This ban runs counter to the longstanding Supreme Court precedent established in *Roe v. Wade*, and reaffirmed in *Whole Woman’s Health v. Hellerstedt*, which protects a woman’s right to a pre-viability abortion as settled law that the Court will not overturn.

Courts have struck down bans on abortion based on specific weeks of gestation.⁴

Most often courts have voided the limitations because:

- they do not contain a health exception;
- contain an unacceptably narrow health exception; or
- do not permit a physician to determine viability in each individual case.

The Supreme Court in 2016 refused to review North Dakota's ban on abortion as early as 6 weeks of pregnancy and Arkansas’ ban on abortion at 12 weeks of pregnancy had been struck down by lower courts. In 2014, the nation’s highest court refused to review Arizona’s ban on abortion at 20 weeks of pregnancy after it had been declared unconstitutional, and *every federal court that has reached a decision on a pre-viability ban has blocked the rule from taking effect*.

Sources:


The decision whether or when to have a child is one of the most important economic decisions most American women will make. It has implications for a woman’s financial well-being, job security, workforce participation, and educational attainment. Access to reproductive health care helps to ensure that women and families make that decision for themselves, when they are ready. Studies show clear links between reproductive health care services and a dramatic increase both in women’s participation in the workforce and families’ reliance on women’s earnings. Yet, accessing reproductive health care can be costly for women, if available at all, because of ever-increasing government-imposed barriers that threaten their health and economic well-being. It is imperative to strike down these barriers and ensure every woman has access to safe and affordable reproductive health care services - the economic security of women and families could depend on it.

**Access to Reproductive Health Care Services Leads to Greater Educational and Employment Opportunities for Women, and Greater Economic Security for Women and Families**

- The ability of women to plan and space their pregnancies through access to birth control is linked to their greater educational and professional opportunities and increased lifetime earnings.
- One study concludes that the advent of oral contraceptives contributed to an increase in the number of women employed in non-traditional female occupations and professional occupations, including as doctors and lawyers.
- Studies have also linked an increase in women’s wages to the availability of birth control.
- A recent study shows that children whose mothers had access to birth control have higher family incomes and college completion rates.
- In one study, women who were able to have an abortion had 6 times higher odds of having positive life plans - most commonly related to education and employment - and are more likely to achieve them than women denied an abortion.

**Reproductive Health Care Services Can be Costly If Not Covered By Insurance**

- According to the Guttmacher Institute, the average cost of a full year’s worth of birth control pills is the equivalent of 51 hours of work for someone making the federal minimum wage of $7.25, and the up-front costs of the IUD, one of the most effective birth control methods, is nearly a month’s salary for a woman working full-time at minimum wage.
- One study found that only 25% of women who request an IUD have one placed after learning the associated costs.
• More than half of women who get abortions spend the equivalent of more than one-third of their monthly income on the procedure and its associated costs.11

• Treatment for infertility can be extremely expensive; one cycle of in-vitro fertilization can cost between $15,000 to $25,000.12 For a low-wage worker making $10.10 or less, with at most an annual salary of $20,200, the cost for these services is prohibitive.13

Government-Imposed Restrictions on and Barriers to Reproductive Health Care Significantly Increase the Costs of this Care

• Women still face barriers to affordable and accessible birth control.
  
  o Some employers want to take insurance coverage of birth control away from women because of their religious beliefs.14
  
  o Lower-income women in 19 states do not have comprehensive birth control coverage because their state refuses to expand Medicaid, and in seven of those states they have no birth control coverage whatsoever because their state does not have a family planning program.15
  
  o The Title X program – which provides birth control and other services to low-income, under-insured, and uninsured individuals – has been the target of recent cuts to funding that undermine its mission and make it impossible to meet the need for services.16
  
  o Women have reported other barriers to accessing birth control, such as running out of birth control and having problems resupplying, obtaining an appointment, or getting to a clinic.17

• Government-imposed insurance coverage restrictions on abortion make it more difficult for women to obtain an abortion.
  
  o Federal law bars low-income women in the Medicaid program from receiving abortion coverage except in the most extreme circumstances.18 This prohibition creates a significant financial barrier for low-income women. If a low-income woman does not have insurance coverage of abortion, she may need to raise money for the procedure, including forgoing basic necessities.19 Depending on how long it takes to raise the money, she may have to obtain the abortion at a later stage of pregnancy, when the procedure may be more expensive and more complicated.20
  
  o Half of the states have passed laws prohibiting women from purchasing a comprehensive private insurance plan in the health care marketplace that includes coverage of abortion.21

• Restrictive state abortion laws that result in clinic closures and unnecessary hurdles impose additional costs on women. Due to such laws, women may have to travel long distances to obtain abortions.22 Women may have to miss work and pay for child care, travel, or lodging. These barriers are difficult for any woman, but especially for poor and low-wage workers who have little control over their work schedules and little ability to absorb extra costs.23

Costs and Barriers to Reproductive Health Care Have Drastic Implications for Women’s Economic Security, Equality, and Opportunity

• Costs associated with birth control lead women to forego it completely, choose less effective methods, or use it inconsistently or incorrectly,24 increasing the risk of an unintended pregnancy.

• Women who have abortions are already disproportionately poor, with over forty-two percent from families with income below the federal poverty line and an additional twenty-six percent from families earning less than 200% of the federal poverty line.25 For these women, costs imposed on abortion or birth control due to government-imposed restrictions further entrench their economic instability.

• Women denied an abortion were worse off financially one year later than women who terminated a pregnancy.26 In addition, women who were unable to obtain an abortion were less likely to be employed in a full-time job and more likely to be living below the federal poverty line.27

• Teenagers who give birth are much less likely to obtain a high school diploma than those who are not mothers until after their teen years, and few teenage mothers attend college.28 One survey found that one third of female dropouts said becoming a parent was a major factor in leaving school.29

Access to Reproductive Health Care Services Allows Women to Take on The Costs of Having Children When They are Best Able

• It can cost anywhere from $9000 to over $25,000 per year to raise a child.10 For a low-wage woman worker – one-third of whom are already mothers – this expense could put both her and her entire family’s financial security at risk.21

• Studies have found that having a child creates both an immediate decrease in women’s earnings and a long-term drop in their lifetime earning trajectory.32
• Women who choose to delay having a child can mitigate the earnings loss that can accompany child bearing by investing in education and obtaining crucial early work experience. Women earn 3% more for each year of delayed childbearing.33

Americans Understand that Economic Security is Tied to a Woman’s Ability to Make Her Own Reproductive Decisions

A Gallup poll from 2013 showed that, when asked why couples are not having more children, 65% of Americans mention not having enough money or the cost of raising a child, and an additional 11% say the state of the economy or the paucity of jobs.34

In a study that specifically asked women why they use birth control, a majority of women reported that birth control use had allowed them to take better care of themselves or their families, support themselves financially, complete their education, or keep or get a job.35

In a study asking women their reasons for wanting an abortion, among the primary reasons were “feeling not financially prepared” (40%), “not the right time” (36%), and “having a baby now would interfere with future opportunities” (20%).36

Policies and laws in this country must reflect what the public understands to be true: a woman’s reproductive health is critical to her economic health and stability, and that of her family’s.

3 See, e.g., Jennifer J. Frost and Laura Duberstein Lindberg, Reasons for Using Contraception: Perspectives of US Women Seeking Care at Specialized Family Planning Clinics, 87 CONTRACEPTION 465, 467 (2013) (“Economic analyses have found clear associations between the availability and diffusion of oral contraceptives[,] particularly among young women, and increases in U.S. women’s education, labor force participation, and average earnings, coupled with a narrowing in the wage gap between women and men.”); SONFIELD, supra note 2.
14 See NATIONAL WOMEN’S LAW CENTER, ZUBIK V. BURWELL: NON-PROFIT OBJECTING EMPLOYERS WANT TO MAKE IT MORE DIFFICULT, IF NOT IMPOSSIBLE, FOR WOMEN TO ACCESS CRITICAL BIRTH CONTROL COVERAGE (Jan. 2016), available at http://nwlc.org/resources/zubik-v-burwell-non-profit-objecting-employers-should-not-be-allowed-to-make-it-harder-for-women-to-access-critical-birth-control-coverage/

22 Eighty-nine percent of all U.S. counties lacked an abortion clinic in 2011. Rachel K. Jones and Jenna Jerman, Abortion Incidence and Service Availability in the United States, 2011, 46 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 3, 7 (2014). Over the past three years alone, state legislatures have passed an unprecedented number of harsh new restrictions on abortion access. These restrictions include outright bans on abortion, laws that force women to wait a specified amount of time and make multiple trips to a provider before an abortion, and laws targeting abortion providers and clinics that have the goal and effect of shutting down providers. In 2013, more than half of women of reproductive age were living in states that were hostile to abortion. Heather D. Boonstra & Elizabeth Nash, A Surge of State Abortion Restrictions Puts Providers—And the Women They Serve—in the Crosshairs, 17 GUTTMACHER POL’Y REV., no. 1, Winter 2014, at 9, 13, available at http://www.guttmacher.org/pubs/gpr/17/1/gpr170109.pdf.


27 Forty-eight percent of women denied an abortion were employed in a full-time job compared to fifty-eight percent of women who received an abortion; sixty-seven percent of women denied an abortion were below the federal poverty line in comparison to fifty-six percent of women who received an abortion.


32 SONFIELD, supra note 2, at 14-15.


35 Frost and Lindberg, supra note 3, at 465-6.

January 12, 2018

Medicaid Work Requirements Don’t Work

President Donald Trump’s administration announced this week that states would be allowed to impose work requirements as a condition of receiving Medicaid health coverage. Gov. John Bel Edwards said his administration is “actively working” on a proposal to connect adult Medicaid recipients with work opportunities. While the idea of a work requirement may sound good to some, the reality is that it would take away health coverage, create more red tape and make it harder for people who want to work to find employment.

Here are some facts policymakers should consider:

1) The vast majority (76%) of Louisiana’s Medicaid expansion enrollees are already working, caring for family members, or in school.
   - 7 in 10 Medicaid expansion enrollees in Louisiana live in a household with at least one worker.
   - More than half (52 percent) of enrollees are themselves working.
   - 13 percent of Medicaid enrollees are not working but are caring for a family member.
   - 11 percent of enrollees are not working but are attending school.

2) A Medicaid work requirement could threaten coverage for some people with disabilities.
   - Of those not working, nearly 3 in 10 (29 percent) Louisiana Medicaid expansion enrollees report being in poor health or having a physical or mental disability.
   - Many enrollees have physical or mental health disabilities that interfere with their ability to work but do not rise to level of severity necessary to qualify for Supplemental Security Income (SSI).
Nearly 9 in 10 (88 percent) of Medicaid adults who report not working due to illness or disability has a functional limitation, including limitations caused by cancer, stroke, heart disease, arthritis, or asthma.

3) Taking away Medicaid won’t help anyone find or keep a job.
   ○ Losing coverage — and, with it, access to mental health treatment, medication to manage chronic conditions, or other important care — could make it harder for people to find work.
   ○ A Medicaid work requirement could prevent people with substance use disorders such as opioid addiction from getting care – care that could allow some people to improve their health and join the workforce.
   ○ Louisiana’s Medicaid expansion has given 48,000 Louisianans access to mental health services and allowed 15,000 working-age adults to newly access treatment for substance abuse disorders.

4) Medicaid already supports work.
   ○ In studies of adults who gained coverage in Ohio and Michigan under the Affordable Care Act’s Medicaid expansion, majorities said that gaining health coverage has helped them look for work or remain employed.
   ○ Three-quarters of beneficiaries in Ohio who received coverage through Medicaid expansion and who were looking for work reported that Medicaid made it easier to do so.

5) Work requirements could create a costly administrative burden for the state that could jeopardize coverage for those who are working or who may be exempt from work requirements.
   ○ Legislation that sought to impose work requirements in Louisiana Medicaid program in 2017 would have cost the state an estimated $4 million just for technological changes in the Medicaid eligibility system.
   ○ Additional full-time state employees would also be required to periodically verify and monitor enrollees’ work status.
   ○ If enrollees face administrative obstacles to verifying their work status or documenting an exemption, they would be at risk of unnecessarily losing coverage.

6) A work requirement in Medicaid would drive up costs of health care for the state, providers, and all health care consumers.
   ○ Those who lose Medicaid coverage because they don’t meet the work requirements will lose access to preventive care and when they get sick will require medical care.
   ○ They may end up being hospitalized for avoidable health problems, but won’t have insurance to pay for that care. Unpaid costs will fall on local hospitals, the state, and other health care providers.
   ○ Eventually the costs of uncompensated care are passed on to all health care consumers in the form of higher premiums.

-By Jeanie Donovan

Sources:
SEX EDUCATION IN LOUISIANA PUBLIC SCHOOLS

Modernizing the current sex education law to require age-appropriate and medically-accurate sex education for all public school students in Louisiana would provide students with the factual information, skills, and support they need to make healthy decisions throughout their lives.

Louisiana Parents Support Sex Education in Schools

A statewide survey of parents¹ found that:

- **84%** believe sex education is an important part of school curriculum
- **74%** believe schools should be required to offer sex education
- **80%** agree that a sex education program which emphasizes abstinence but also provides information on birth control should be taught in Louisiana schools

What is age-appropriate & medically-accurate sex education?

- A planned, sequential curriculum that is developmentally-appropriate, evidence-informed, and taught by qualified, trained teachers.
- The curriculum should include a variety of topics including
  - Abstinence
  - Human Development
  - Anatomy
  - Physiology
  - Families
  - Personal Safety
  - Pregnancy
  - Childbirth
  - Responsibilities of Parenthood
  - Contraception
  - Healthy Relationships
  - Communication Skills
  - Media Literacy
  - Responsible Decision Making
  - Prevention of HIV and Other Sexually Transmitted Infections

Why do we need sex education?

- Sex education encourages better sexual health outcomes and prepares young people to lead healthy and fulfilling lives.
- Students that receive age-appropriate and medically-accurate sex education report less bullying and harassment.
- Parents, the general public, and young people overwhelmingly support comprehensive sex education.
- Students in Louisiana deserve education that helps them build decision-making skills to develop healthy relationships and prevent unintended pregnancy, HIV and other sexually transmitted infections.

Adolescent reproductive health is a critical, yet often neglected issue in Louisiana. Louisiana youth rank among the highest in the nation for teen births and sexually transmitted infections.2

State Rankings for Sexual and Reproductive Health Outcomes (2015)

1st
- Louisiana ranked 1st in the nation for adolescent syphilis diagnoses

2nd
- 2nd in the nation for adolescent gonorrhea diagnoses

2nd
- 2nd in the nation for adolescent chlamydia diagnoses

6th
- 6th in the nation for births to teenage mothers

Cost to Louisiana
- In 2010, teen childbearing cost Louisiana taxpayers $152 million.3

National Consequences
- Young people ages 15–24 account for half of all new sexually transmitted infections every year.4
- Sexually transmitted infections can have serious health consequences beyond the immediate impact of the infection itself, including cancer, infertility, and mother-to-child transmission during pregnancy and childbirth.5,6
- Just 38% of teen girls who have a child before age 18 get a high school diploma.7
- Teen mothers are nearly twice as likely to forgo prenatal care in the first trimester compared to older mothers.7 Lack of prenatal care results in worse outcomes for mother and baby.
- Daughters of teen mothers are three times more likely to become teen mothers themselves compared to mothers who had a child at age 20 or 21.7

We Don’t Have a Full Picture of Louisiana Teen Health

- Adolescent reproductive health is a critical, yet often neglected issue in Louisiana. Louisiana youth rank among the highest in the nation for teen births and sexually transmitted infections.¹

- According to the Youth Risk Behavior Survey (YRBS), there was a 16% increase from 1991 to 2013 in the number of high school students nationwide choosing abstinence.² Louisiana students are not included in these data, so we don’t know if this trend holds true for young people in our state.

- From 1991 to 2013, the national teen birth rate dropped 57%, while the rate in Louisiana for the same time period dropped only 48%.³ Why?

By anonymously surveying Louisiana students about sexual risk behaviors, only then will we begin to fully understand the poor sexual and reproductive health outcomes faced by adolescents in our state.

With the full picture we will be able to develop programs that can improve health outcomes and decrease risky behaviors.

Anonymous surveying of youth is needed in order to:

- **Understand** risk behaviors that lead to adverse health and social outcomes.
- **Assess** whether risk behaviors change over time.
- **Provide data** to inform policy and programming.
- **Evaluate** prevention programs to make sure they are working.
- **Be eligible for funding** for prevention programming in schools, including abstinence-only programming.

---


What is the Youth Risk Behavior Survey?

- The Youth Risk Behavior Survey (YRBS) is an anonymous school-based survey developed by the CDC and conducted every two years.
- The survey is administered by the Louisiana Department of Education in randomly selected high schools throughout the state.
- The YRBS monitors health risk behaviors that can lead to death and disability among young people:
  - Alcohol & Drug use
  - Tobacco use
  - Injuries & Violence
  - Nutrition
  - Physical Activity
  - Sexual Risk Behavior
- The survey is voluntary at every level. Districts, schools, parents, and students can choose whether to participate.
- The survey is anonymous and data is compiled at the state level; data is never reported for an individual student.

Most states conduct the YRBS

- In 2013, 42 states participated in the YRBS, including Louisiana.
- Almost all states participating in the YRBS ask the sexual risk behavior questions, including nearby states Texas, Mississippi, Arkansas, and Alabama.
- **Louisiana is one of four states** that did not include questions about risk behaviors related to unintended pregnancy and sexually transmitted infections, including HIV.

Learn more about the YRBS at [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs)
★ Sponsors ★

**Feminist Majority Foundation**

The Feminist Majority Foundation (FMF), which was founded in 1987, is a cutting edge organization dedicated to women's equality, reproductive health, and non-violence. In all spheres, FMF utilizes research and action to empower women economically, socially, and politically. Our organization believes that feminists - both women and men, girls and boys - are the majority, but this majority must be empowered. feminist.org

**Lift Louisiana**

Lift Louisiana is a reproductive rights organization committed to advancing racial equity by educating, advocating and litigating for policy changes needed to improve the health and wellbeing of women in Louisiana, their families and communities. liftlouisiana.org

**National Council of Jewish Women, Greater New Orleans**

The National Council of Jewish Women (NCJW) is a grassroots organization of volunteers and advocates who turn progressive ideals into action. Inspired by Jewish values, NCJW strives for social justice by improving the quality of life for women, children, and families and by safeguarding individual rights and freedoms. ncjwneworleans.org

**National Organization for Women**

The National Organization for Women is the largest organization of feminist activists in the United States whose goal is to bring about equality for all women. NOW chapters focus on six priority issues including reproductive rights, ending sex discrimination, constitutional equality, promoting diversity and ending racism, economic justice, stopping violence against women, and LGBTQIA rights. now.org/chapter/louisiana-now/
★ Sponsors ★

New Orleans Abortion Fund

In partnership with the National Network of Abortion Funds, the New Orleans Abortion Fund was established in 2012 as a community-based 501(c)(3) organization rooted in social justice, with the purpose of challenging socioeconomic inequalities by providing financial help to women who cannot afford the full cost of an abortion. Working with local medical providers, we provide compassionate and empowering assistance to women seeking abortions who are unable to fully fund their abortion, and distribute pledges as available. neworleansabortionfund.org

Planned Parenthood Gulf Coast

Planned Parenthood seeks a world in which all children are wanted and cared for, all women and men have equal rights and dignity, sexuality is expressed with honesty, equality, and responsibility, and the decision to bear children is private and voluntary. The mission of Planned Parenthood Gulf Coast, Inc. is to ensure the right and ability of all individuals to manage their sexual and reproductive health by providing health services, education and advocacy. plannedparenthood.org/planned-parenthood-gulf-coast

Women With A Vision

Women With A Vision, Inc. (WWAV) is a community-based non-profit, founded in 1989 by a grassroots collective of African-American women in response to the spread of HIV/AIDS in communities of color. Created by and for women of color, WWAV is a social justice non-profit that addresses issues faced by women within our community and region. Major areas of focus include Sex Worker Rights, Drug Policy Reform, HIV Positive Women’s Advocacy, and Reproductive Justice outreach. wwav-no.org
Special thanks to National Women’s Law Center for their generous support in making this toolkit available