Reproductive Health Bill (Co)Sponsorship: *The roles of intersectional legislator identity and community health conditions*

Emily Carriere, Laura Saddi, A'Mari Truby-McKay
University of California, Riverside
School of Public Policy
June 15, 2023

The authors conducted this study under the advisement of Dr. Richard Carpiano and Dr. Kevin Esterling as part of the program of professional education at the School of Public Policy at the University of California, Riverside. This paper is submitted in partial fulfillment of the requirements for the degree of Master of Public Policy.

Abstract

Without access to safe, legal abortion services, maternal mortality rates have increased by over a third, leading to concerns of continued and exorbitant rate escalation in coming years. With evidence that women and racial minorities govern in accordance with policies that directly affect them and their communities, rectifying the historical underrepresentation of women of color in politics may positively impact their constituencies. This article highlights health disparities resulting from varying levels of reproductive health accessibility between the states of California (traditionally liberal-leaning) and Texas (traditionally conservative-leaning). Concerning pro-reproductive health bill co-sponsorship specifically, we find women legislators within the lower-level house of California are more likely to show support for the women's community health conditions of their respective districts. All other combinations of variables returned null results. Building on these findings, we provide policy recommendations, including reducing barriers of entry to politics, for increasing positive community health outcome effects through equal political representation.

Keywords

health policy, women's health, maternal health, maternal mortality, pregnancy, reproductive health, abortion, women of color in politics, political representation, bill sponsorship

Dedication

We would like to dedicate this work to our loved ones, professors, cohort members, and mentors who helped guide us through this process and ignited our passion for the work. Each of us feels deeply connected to this work and the communities it will serve. Getting to research a topic that blended our interest areas and enlightened us to the large disparities, both political and healthcare in nature, was a privilege we do not take for granted. This work could not have been completed without the support of our communities to whom we are forever grateful.

I am especially grateful to my family and friends for their support in my pursuit of higher education and their feminist values. I am even more excited now about the field of public policy and its potential to change social conditions than I was when entering this program. The opportunities I sought out while attending the University of California, Riverside are some of my proudest achievements. The teams I engaged with are some of the most dedicated and inspiring individuals with whom I have ever had the pleasure of working. Above all, *this* team of researchers, A'Mari Truby-McKay and Laura Saddi, are my absolute favorite partners in the quest for justice and equity. Women will change the world, and these ladies will be at the forefront of this change.

-Emily Carriere

I dedicate this research to the women in my family, especially my mother. This research is also dedicated to immigrant and refugee women across the world, as well as women who face continued inequities. I would like to acknowledge the enthusiasm and commitment of researchers Emily Carriere and A'Mari Truby-McKay in pursuing research that aims to address reproductive health barriers encountered by women; this research could not have been done without these two bright women. Finally, thank you to the University of California, Riverside, and our mentors Dr. Carpiano and Dr. Esterling for encouraging us to continue such important research. Dr. Nawal Saadawi once said "Unity is power; without unity women cannot fight for their rights anywhere" and I hope this research highlights the importance of women rising up together to advance society as a whole.

-Laura Saddi

I dedicate this research to all Black women who have experienced any form of racial discrimination while seeking medical services. It is because of their resilience and strength that we are able to continue the fight for reproductive justice. I am grateful for my lineage of strong Black women who have paved the way for us to make progress in this field. I would like to express my extreme gratitude to my family, friends, and mentors for their unwavering support and expertise that has been crucial to the success of our research. Lastly, Emily Carriere and Laura Saddi–I am forever indebted to the University of California, Riverside (and Dr. Schwabe) for bringing such extraordinary women into my life. Together, we are an unstoppable force fighting for a brighter future for all people.

-A'Mari Truby-McKay

Table of Contents

Introduction

It is predicted to take an average of 145 years to reach gender parity in United States politics (Haynes, 2021). Racial and ethnic minorities have also been historically excluded from political power (Barnello & Bratton, 2011; Brown & Hudson Banks, 2013; Jackson & Kenney, 2020; Meloy, 2014; Regens & Lockerbie, 1993; Reingold et al., 2019). Exacerbated by the recent retraction of abortion access in some states resulting from the *Dobbs v. Jackson Women's Health Organization* Supreme Court decision, women of color are also the most likely population to suffer adverse pregnancy outcomes and decreased mental health conditions (Villavicencio et al., 2020). The connections between policy, identity, and community health cannot be overlooked for fear of misdiagnosing a national issue of underrepresentation leading to higher mortality rates of minority populations. Combined with the fact that the United States has the highest maternal mortality rate of any middle- or high-income nation (*U.S. maternal mortality rate 2000-2021*, n.d.), it is clear the current political conditions have not been conducive to healthcare equity of constituents.

Intersectionality describes the multiple life experiences and potential discrimination that occurs within the legal system when an individual inhabits overlapping categories (i.e., gender, race, socioeconomic status) that society deems as less than others (Crenshaw, 1991). We use this lens as a framework for our conceptualization and motivation behind why women of color's political representation might be more likely to matter in the case of pregnancy outcomes. Following popular sovereignty, citizens' decisions must be able to influence legislative output (Achen, 1978). However, as 61% of American citizens believe in access to abortion under most circumstances (Hartig, 2022), the Supreme Court and certain state legislatures are clearly not acting following constituent wishes, raising the question of whether our democracy is truly representative.

Guided by this background and the following literature, the current study aims to evaluate the potential role of women of color's political representation in state government and reproductive health-related policy sponsorship and co-sponsorship as well as district health conditions. To deepen our understanding of the effects of health-related policies, we will use California and Texas as case studies to analyze bills in the lower-house legislatures of each state. Case studies of a liberal-leaning state like California and a conservative-leaning state like Texas can be a helpful method in examining the intricacies and nuances of legislator action and

constituency conditions in a simpler way (Bishin, 2009). Further, this case selection follows Geddes's (2003s requirements of (1) being representative of what they are meant to test and (2) being different from the induced argument cases. Having these unambiguous criteria for choosing political book-end cases creates substantial categories to analyze. Moreover, focusing on the lower-house legislatures allows us to more easily align districts with county data than would be the case with upper-house legislatures (Olson & Snyder, 2021). Therefore our research question asks:

- **Research Question (RQ):** Are women of color legislators more likely to sponsor and/or co-sponsor reproductive health policies, holding constant district social and health characteristics?

This assumes that legislators, as human beings, act in their own self-interest, as well as the interest of the groups to whom they identify (Jones, 2023; Sears et al., 1980). More specifically, we expect:

- **Primary Hypothesis (H1):** Women of color legislators will be more likely to sponsor and/or co-sponsor pro-reproductive health bills.
- **Secondary Hypothesis (H2):** Women of color legislators will be less likely to sponsor and/or co-sponsor anti-reproductive health bills.

Because of this, we argue that policymakers must break down common barriers of entry to accessing political spaces as a woman of color to create inclusive policy and reduce the number of maternal deaths going forward. To show this, we begin with an overview of the literature on the topics of representation and community health conditions across states. We then describe our data and methodology in completing our analysis. We conclude with a discussion of our results, limitations, and suggestions for future research as well as policy implications.

Literature Review

In 2021, the United States maternal mortality rate increased by 40% in just one year (Rabin, 2023). This rise also represents a 60% jump since 2019 (Rabin, 2023). Thus, it is evident that the country has an adverse pregnancy outcome problem that disproportionately harms women. Without access to safe, legal abortion services, maternal mortality rates are 34% higher (Declercq et al., 2022), leading to a predicted continued escalation of these numbers in coming years due to the recent overturning of *Roe v. Wade* through the *Dobbs v. Jackson Women's Health Organization* Supreme Court decision. Moreover, other areas of women's health are at

risk, such as access to prenatal care and IVF treatments. This decision leaves American women's healthcare decisions in the hands of policymakers and legal professionals, who may have no medical knowledge in general, let alone of the individual case.

Further, state legislatures are overwhelmingly white and male. Thus, from the theoretical perspective of descriptive representation, this means that women of color's interests are generally underrepresented within these state legislatures (Pitkin, 1972). This descriptive representation can then become symbolic as representatives in power make their identity groups "legitimate" in powerful roles (Tate, 2004). Without more women of color in positions of political power, then, women of color's social legitimacy are lower in comparison to white men, as is the perception of their democratic participation within society, proving that representation holds great power for constituencies. Moreover, surrogate representation theory states that the traditional responsibility a legislator feels for representing those who share their identities and who are also out of their districts increases when there are fewer people like them in the legislature (Mansbridge, 2003). Thus, given the underrepresentation of women of color in state legislatures, these legislators are burdened with acting on behalf of those who did not even elect them, and these women of color outside of their districts may feel a stronger connection to them than to their own representatives. Additionally, the identity-to-politics link seems to be present even without political awareness, though this can increase the effects (Jones, 2023). This suggests there is reason to continue studying the relationship between constituent conditions and legislative responses as regulated by personal characteristics.

Gendered Political Representation

It has been well-documented that women govern in different ways than men, continually bringing up issues of concern to women in their policymaking and demonstrating their ability to view policy issues through a different lens (Barnello & Bratton, 2011; Brown & Hudson Banks, 2013; Jackson & Kenney, 2020; Meloy, 2014; Regens & Lockerbie, 1993; Reingold et al., 2019). Even though legislators often vote along party lines, gendered differences are significant and impactful (Swers, 2002). In fact, most actions on women's issues through the conservative lens are driven by Republican male legislators (Reingold et al., 2021). Moreover, as the social category of "women" does not abide by the typical geographical concentration which affects most marginalized groups, districts will often include relatively similar numbers of female and male voters. This shows the need for further research into disentangling the effects of

marginalization and geography concerning representation for effective electoral processing. However, women are more likely to be politically aware and/or knowledgeable on gendered political issues, so the issues they vote on, as well as the votes themselves, may follow gendered patterns (Barabas et al., 2014). Experts believe this is because of their gender identities and life experiences facing hardships as women (Barnello & Bratton, 2011; Brown & Hudson Banks, 2013; Jackson & Kenney, 2020; Meloy, 2014; Regens & Lockerbie, 1993; Reingold et al., 2019).

Akin to the feminist mantra that "the personal is political," research shows that identity informs and affects leadership styles. A case study on the Honduran Congress found that, even in low- and middle-income countries, women place greater emphasis on legislating for women's rights issues in comparison to their male colleagues (Taylor-Robinson & Heath, 2003). In exploring when and why male legislators pursue women- and children-centered policymaking, Barnello and Bratton (2011) find social demographics, as well as party and committee alignments, are associated with a higher likelihood of elected officials sponsoring bills related to women's policy areas. Specifically, for bill sponsorship in the upper and lower chambers of fifteen state legislatures, personal characteristics (i.e., race, age, and education level) correlate with male legislators' sponsorship of bills, but not women's (Barnello & Bratton, 2011). Thus, this source points to the potential for women legislators to associate so innately with women-centered policymaking, the individual characteristics of legislators must be considered in the political feasibility of passing women's health bills. In fact, the biggest differences in bill sponsorship are those of women's health issues, particularly reproductive-related (Barnello & Bratton, 2011).

In regards to political advocacy more generally, it seems that even when gendered differences are not apparent, the life experiences of women and their historical exclusion from political spaces still affect legislative functioning. For example, a nationwide survey of state legislators (with at least one respondent per state) found that the policy area of sex-offender lawmaking likely transcends gender and race differences (Meloy, 2014). However, further analysis revealed that women legislators defined sex crimes more broadly than their male counterparts, regardless of political affiliation (Meloy, 2014). Thus, while bill sponsorship rates by gender may be similar in certain women-centered policy areas, the reasoning behind this sponsorship varies drastically (Meloy, 2014). In this way, it may be argued that women

legislators consider the realistic conditions of the bills they sponsor more seriously than men because of their connection to the issue area and/or their life experiences.

Focusing specifically on women legislator's effect on health-related policies, we can better understand the political impact on health and reproductive disparities. Data from Canadian provinces shows that the percentage of women in government increased (from 4.2% in 1976 to 25.9% in 2009) simultaneously as mortality rates decreased 37.5% (8.85 to 5.53 deaths per 1,000) while government spending for programs supporting these efforts increased (Ng & Muntaner, 2018). Additionally, higher percentages of women in state legislatures are associated with reduced infant mortality rates, both between states and within states over time (Homan, 2017). According to model predictions, if women were at parity with men in state legislatures, the expected number of infant deaths in the U.S. in 2012 would have been lower by approximately 14.6% (3,478 infant deaths) (Homan, 2017). Swers (2016) also finds that female senators act following gendered policy preferences regarding women's health issues. These findings underscore the importance of women's political representation for population health.

Racial-Ethnic Political Representation

Subconstituency political theory and the identity-to-politics link describe the tendency for women of color to associate as a group due in some part to their sharing of a demographic label and common experiences, often leading to collective concerns and interests (Bishin, 2009; Lee, 2008, as cited in Jones, 2008). Therefore, race and ethnicity complicate this gendered dynamic further, as identity politics plays a role at every step in the policymaking process, from agenda setting to bill passage (Barnello & Bratton, 2011; Brown & Hudson Banks, 2013; Jackson & Kenney, 2020; Meloy, 2014; Regens & Lockerbie, 1993; Reingold et al., 2019). Because legislature demographics vary from state to state, constituents may be mis- or under-represented by their legislators simply due to geography. As women of color are often elected by majority-minority districts, legislature parties may be reluctant to introduce their bills for fear of them being too "extreme" (Lauterbach, 2020). However, research shows that women of color are no less likely to have their proposed bills passed when they are introduced (Bratton & Haynie, 1999). Studies show that women of color advocate for specific issues more than their white men, white women, or men of color legislative colleagues do (Reingold et al., 2019; Bratton & Haynie, 1999). Further, Reingold et al.'s 2019 study necessarily implicates partisanship, as the

authors examine only Democratic state policymakers. Thus, party alliance and/or polarization do not override the effects of gender and race on policymaking (Reingold et al., 2019).

Moreover, while Bratton and Haynie (1999) find that women are just as likely as white men to pass their legislation, they hold that the types of bills introduced vary as associated with the race and gender of the legislator, making the agenda-setting stage arguably the most impactful phase for advocates. However, in three of the states Bratton and Haynie (1999) studied, Black legislators were significantly less likely than their white counterparts to achieve bill passages, highlighting that the issue does not end simply when attention is brought to it in the legislature. In a case study of Maryland, Brown and Hudson Banks (2013) find that while bills impacting marginalized groups were sponsored by many legislators from various backgrounds, Black women legislators' particular contribution is unique, partly because of their intersectional positionality. Ultimately, the researchers find that women of color are the most likely race and gender policy leaders, as the specific oppression they face leads to policymaking that is more representative and holistic of the constituents they serve (Reingold et al., 2019; Bratton & Haynie, 1999; Brown & Hudson Banks, 2013).

Starting at the very beginning of the electoral process, regarding campaigning, women of color more often inhabit the role of "challenger," as the incumbent is statistically more likely to be a white male. Druckman et al. (2009) find that challengers and incumbents lead differently, beginning even on the campaign trail. For instance, challengers are more likely to take risks during this time, given the natural competition style of electoral politics and the need for challengers to make themselves memorable to voters (Druckman et al., 2009). The authors find that in opposition to the advantage of the incumbent's name recognition, the challenger will more often take radical or extremist policy positions, which divide party politics even more when legislators have been elected (Druckman et al., 2009). Therefore, in an attempt to diversify state legislatures, the political landscape may become more contentious as societal roles are challenged and changed.

Political Representation and Reproductive Health-Related Policies

Representation within political spaces is a considerable driver of gendered and racial health disparities related to pregnancy-related outcomes (i.e., abortion, maternal mortality and morbidity). Before the *Dobbs* decision, white female advocates actually aimed to codify *Roe v. Wade*, while the Hyde Amendment was the focus of women of color, indicating that access to

healthcare has always been a priority of populations of color because those populations are the same ones who are regularly discriminated against and barred from access except in extreme situations, significantly reducing their quality of life (Lauterbach, 2020). Moreover, as state legislatures are overwhelmingly white and male-dominated, women of color's voices go unheard in the continued debate around abortion access in their local communities. Thus, the demographic makeup of state legislatures is potentially detrimental to community health outcomes related to pregnancy.

State Case Studies: California and Texas

When taking the United States overall, women experience higher rates of mortality and morbidity where they have decreased levels of political participation, proving that the more progressive a state is in its leadership, the more equitable and autonomous the lives of its female constituents are (Kawachi et al., 1999). Furthermore, women in states with higher percentages of female political representatives introduce and pass more policies surrounding women's and family issues compared to their women counterparts in legislatures with lower female representation (Thomas, 1991). In fact, women in nine of the twelve states studied were more successful than men in passing women- and family-related legislation (Thomas, 1991). However, in Arizona and California (where women legislators were not any more liberal-leaning than their male colleagues), both genders succeeded in passing this type of legislation at the same rate (Thomas, 1991). Additionally, in twenty-one different state houses, conservative women seem to be anti-abortion policy leaders (Reingold et al., 2020), though this might change when factoring in racial differences, and whether the legislation is pro- or anti-reproductive rights determines in part which genders of legislators will support them (Rolfes-Haase & Swers, 2021).

Conversely, the Jackson and Kenney (2020) study illustrates to what extent the constituent makeup of a district impacts the voting behaviors of Texas legislators on abortion-related bills. After analyzing proposed bills within the Texas legislature between 1993 and 2015, the authors settle that marginalized legislators are more often the ones authoring these bills, in addition to facing the scrutiny of their constituents against their decision (Jackson & Kenney, 2020). Findings also suggest that Democrats and Republicans respond differently to their constituents' needs, potentially pointing to a difference in health outcomes among their populations (Broockman & Skovron, 2018; Jackson & Kenney, 2020). This research reveals how

critical diverse leadership is on community health conditions, and its focus on Texas only highlights the urgency with which this matter should be addressed.

Community Health Conditions and Pregnancy-Related Outcomes

Decades of research show that the impact will fall hardest on those who already struggle to access health care, as most women who have abortions in the United States are racial and ethnic minorities or of low socioeconomic status (Nguyen et al., 2022). For instance, the unintended pregnancy rate for Black women is twice that of non-Hispanic white women; their maternal mortality rate, to which unsafe abortion contributes, is about three times higher (Centers for Disease Control and Prevention, 2019). It is also important to remember that the most marginalized women are the most likely to have survived sexual violence (Nguyen et al., 2022). Thus, denying access to abortion can lead to lower life satisfaction, lower self-esteem, and increased anxiety, causing widespread trauma to community health conditions for generations to come (Nguyen et al., 2022). Black women are more susceptible to these mental health struggles due to their limited access to services, which is another contributing factor to their higher maternal mortality rate (Nguyen et al., 2022).

Potential governmental solutions begin with encouraging equal representation in our leadership for community health benefits. As a case study for this claim, Regens and Lockerbie (1993) evaluate the voting behaviors of legislators on H.R. 2990 (101st Congress), which would establish partial federal funding for abortion procedures. After analysis, the authors argue that the personal attributes of the legislator can predict and impact the likelihood of voting for or against a controversial issue–the legislator's gender, religion, and degree of conservatism determine voting behaviors on abortion issues (Regens & Lockerbie, 1993). H.R. 2990 was vetoed by former President George Bush, due in part to society's attitudes toward reproductive healthcare (*Vetoes by president George H.W. Bush*, 2019). However, in tracing the history of abortion issues and the barriers to access (both abortion services and legislative voting privileges), we can shift these attitudes from regarding abortion care as "controversial" to "essential."

Data

To conduct our analysis, we collected and cleaned data from three different sources. Our first set of data came from official state websites for each legislator. Having these websites be readily accessible and public, necessarily implicates the political issues legislators feel

comfortable sharing and speaking on, which may be influenced by their intersectional identities. Secondly, we used LegiScan (*Bringing People to the Process*, n.d.) to determine bills relevant to the study. We filtered these bills through key terms regularly used in reproductive health-related policies to ensure they accurately reflected those that would affect community health conditions. Finally, we accessed the Census and American Community Survey data for information on the demographics and conditions within state counties. These counties were generally comparable to the districts that legislators represent. Moreover, this data was reliable in showing the reality of district conditions of which legislators should be aware to properly represent their constituents.

Following this rationale, we held sponsorship and co-sponsorship as our dependent variables. While co-sponsorship is typically a weaker indication of legislative action, in combination with sponsorship, we can make inferences on how legislators govern on health-related policies. Additionally, as partisan control of state legislatures restricts what comes to a vote, examining votes on certain bills would only allow for a censored range of indicative bills. Other studies have also used co-sponsorship measures to determine links and disparities between descriptive and substantive representation based on gender, finding that policy preferences do depend, in some ways, on gender and are restricted by institutional contexts (Swers, 2005). Thus, to get a more comprehensive view of these bills in both state legislatures, co-sponsorship is needed, as this is not restricted by the agenda setting of the majority party.

We then used legislator demographics, district health conditions, and district social characteristics as our independent variables to test the relationship between legislator identity and legislative behavior. Additionally, by including district social conditions, we could better control for compounding variables that may also affect community health. To examine change over time, we limited our analysis to the years 2013 through 2021 for comparative analyses between the following categories of legislators, bills, and districts.

Legislator Characteristics

To categorize legislators by their intersectional identities, the official Texas and California state lower-house websites (*Texas House of Representatives*, n.d.; *Members*, n.d.) were used to gain relevant biographical data. Where the information on the legislator was lacking, Ballotpedia (Ballotpedia, n.d.) and official campaign websites were used as a substitute for deriving necessary information. Starting variables were downloaded from the Texas State Directory (*Texas House of Representatives Directory*, n.d.), the California Ballotpedia

(*California State Assembly*, n.d.), and both states' lower-house websites (*Texas House of Representatives*, n.d.; *Members*, n.d.) which included a unique identification number for each legislator, their name, political party, role in the house legislature, year, and the district they represented during the corresponding year.

To build on these, we coded for the additional variables of race/ethnicity, gender, education level, and birthdate from which we could derive legislator age during different years of study. Included categories for race/ethnicity are white, Latino/a/x, Black, Native Hawaiian or Pacific Islander, Asian, American Indian or Alaska Native, and others. Occasionally, this variable was coded for by inference based on photographs of the legislator on the website(s). Gender was a binary variable where 1 correlates with "woman" and 0 correlates with "man." Education level was an ordinal variable with 1 being "high school graduate/GED," 2 being "some college," 3 being "4-year college," and 4 being "higher education–Master's, Ph.D., or professional degree."

Legislative Bills

In order to evaluate policies that may affect community health conditions, LegiScan was used to gather relevant bills within the California and Texas lower-level legislatures between over five assembly terms. Starting variables downloaded included the corresponding state, bill introduction date, legislation type (AB for California and HB for Texas), and bill number. We manually tracked the bill title and the URL to each bill's text to make the data easily replicable. In addition, we included codes for bill selection and pro- or anti-reproductive rights. In this case, both codes were binary with 1 being include and 0 being exclude, and 1 being pro- and 0 being anti-reproductive health respectively.

District Conditions

Finally, district conditions were downloaded in IPUMS files from the Census and American Community Survey. The data from 2013 through 2021 district community health indicators included birth outcomes as measured by women 15 to 50 years of age who gave birth in the past year, delineated by age. Health insurance coverage status by sex and age was also collected for the relevant years. Race, education, income, and age were included for demographic context. "Hispanic or Latino origin by race," "education attainment for the population 25 years and over," "median household income in the past 12 months," and "median

age by sex" were used for these prior variables respectively. Importantly, the income variable was adjusted for inflation in 2021 dollars.

Methods

To continue studying women of color legislators' voting behaviors on reproductive health-related bills, we conduct a quantitative analysis utilizing a negative binomial regression "nbreg" and average marginal effect model "margins" in Stata SE to report on result accuracy inferences. All initial data collections were imported into Excel software to complete preliminary aggregation, coding, and cleaning. Each Excel dataset for our variables had a corresponding codebook with a rules file to ensure consistency in data coding. Further, datasets were exported as comma-separated values (CSV) files for Stata SE software compatibility. A Stata SE do-file was created to store commands for more efficient data execution. All negative binomial regression models were run separately for both California and Texas with respect to bill sponsorship and bill co-sponsorship following six measures described below.

Design and Study Population

A negative binomial regression was used to analyze the longitudinal count data from 2013-2021 for reproductive health bills, legislators' demographics, and district characteristics. The dependent variables are based on six measures relative to bill sponsorships and co-sponsorship including "Total Count," "Total Pro-Reproductive Health Count," and " Total Anti-Reproductive Health Count" for both Texas and California. The independent variables consisted of the legislator's characteristics (i.e., gender, race, ethnicity, education, birthdate, years in government) and district health characteristics (i.e., insurance coverage and women who gave birth in the past 12 months ages 15-54). Further, the legislator party, assembly year, and district socioeconomic characteristics (i.e., age, education level, median household income, race) were control variables held constant to avoid confounding results.

The materials used were LegiScan (*Bringing People to the Process*, n.d.) to collect data on bill sponsorship and co-sponsorship, IPUMS surveys for district characteristics and demographic data, and Texas and California lower-houses for legislators' characteristics. The inclusion criteria for reproductive health-related bills were selected based on search terms in LegiScan (e.g., Abortion OR Maternal health OR Maternal mortality rate OR Reproduction OR Fetus OR Pregnant OR Unborn). Furthermore, the bill selection criteria also followed a search for "All" bills by date, bills from the past five election cycles (2012-2022), AB bills for

California, HB bills for Texas, and bills with more than 20% match with the aforementioned identified terms. A list of all search results was downloaded for record-keeping even if the bill's match rate was below the selection criteria. The bills' coding criteria were dependent on whether or not the reproductive bill included language on mental health, informed consent, Medicaid reform, tracking (i.e., abortion, maternal health), and access (i.e., education, awareness, funding). Each bill was coded twice by two different researchers, an intercoder agreement was run, and non-matches were discussed amongst the research team to determine the final code for bill selection. Similarly, where there were researcher disagreements about whether a bill should be coded as pro-reproductive health, the researchers met to discuss until an agreement was reached. This data was then cleaned and combined in Stata SE software to produce complete datasets ready for analysis.

The IPUMS American Community Survey data was retrieved based on the criteria relevant to our study, which focused on Texas and California lower-house district demographics and conditions from 2012-2022. We were unable to collect 2023 data due to unavailability because the time period is close in proximity to the year the research was conducted. Further, the American Community Survey data covered certain characteristics of constituents, such as birth outcomes, insurance coverage status by age, race and ethnicity, education attainment level, median income, and median age by sex. The data was imported into Stata SE to create the following variables in preparation for analysis:

- Median Household Income in past 12 months 2012 inflation adjusted,
- % White Nonhispanic,
- % Black and Asian American Nonhispanic,
- % Hispanic or Latino,
- % Less than High School Diploma,
- % Women ages 15-50 birth past 12 months, and
- % Female ages 6-54 w/ no health insurance coverage.

The Texas and California lower-houses official websites and campaign websites were used to retrieve information on legislators' characteristics from 2012-2022. All 80 California assembly members and 150 Texas representatives for each legislative session were coded based on their profile images and available characteristic information (e.g., gender, race, ethnicity, education level, birthdate, years in government). All legislators from the lower-houses of

California and Texas were coded twice by two different researchers and an intercoder agreement was run to determine the match rate. The files were then imported into Stata SE and appended to form the final datasets for further analysis.

Statistical Analysis

For the study's model specification, negative binomial regression was utilized because the variables consist of counts. It is important to note that the analysis is run separately for each state because of data differences. The unit of analysis is the legislator period with four column specification types: number of relevant bills sponsored, number of relevant bills co-sponsored, set of columns on legislator characteristics, and set of columns on district characteristics. All relevant datasets were transferred into Stata SE for analysis using the "nbreg" command to run a negative binomial regression. The calculations performed also included running the average marginal effect model to examine margin differences between the model-predicted average number of bills for each gender and racial group of legislators. The "nbreg" command was observed with respect to dependent variables and independent variables.

i.racethXgender democrat i.year median_age lt_hsdiploma_p med_hh_inc blk_aa_nh_per hispanic_or_latino_per wmn_nohins_per /// if state==0 & year>2011 & accuracy_flag!=1, irr robust // margins (racethXgender) // margins, dydx(racethXgender) // marginsplot

Further, to report on the statistically significant results, we use the Incidence-Rate-Ratio, *p*-value, and 95% Confidence Interval (CI) through a negative binomial regression model. Then followed a similar second-level calculation process for margins in the average marginal effect model. Additionally, the referent group for this analysis is "white Men" and the group of interest is "Women of Color." Although we plan to inspect the results of other legislator groups to identify unexpected outcomes, the main focus group to support our hypotheses remains "Women of Color."

Results

Based on this analysis, we find limited effects of racial differences in legislative action. The more predominant effect seems to come from the gender of legislators, as they relate to reproductive-health-related bill co-sponsorship in California. We can thus conclude that party, year, and district characteristics are not the reasons for this gendered effect, as these variables were controlled for in the analysis. For this study, when the *p*-value is <0.05 then the results are statistically significant, showing that the findings were not due to chance and were rather due to

a plausible relationship between variables of interest. The average marginal effect is essential to understand the "absolute difference" between our sample legislator groups.

Descriptive Statistics

Overall, the Texas lower-house legislature had more seats (150) than the California lower-house legislature (80) (Figure 1; Figure 2). The distribution of race and gender in each house seemed to follow the literature in that there were more white male legislators than any other race and gender combination (Figure 1; Figure 2). However, in the Texas lower-house, white women held a significant amount of seats; they held more seats in Texas than they did in California (Figure 1; Figure 2).

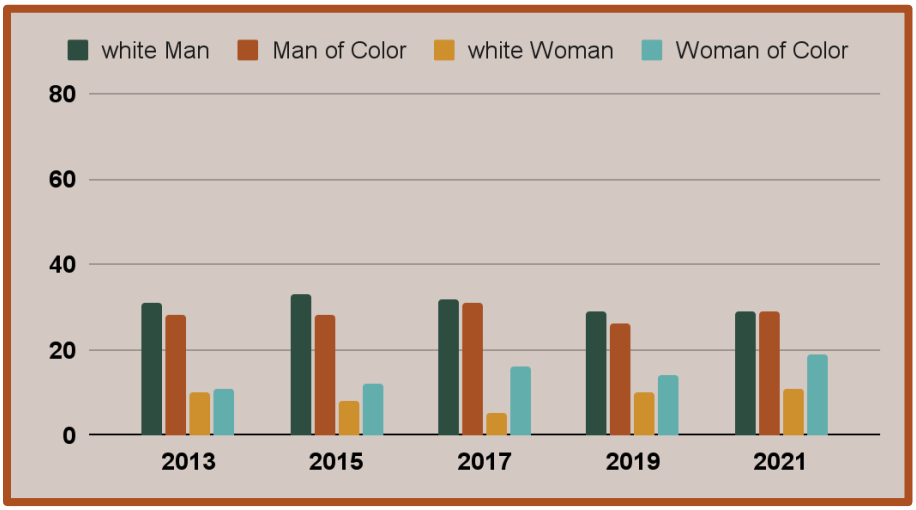

Figure 1. Descriptive Statistics, Representation Over Session Year for California (California Assembly 2013-2021 Session Years–80 Seats)

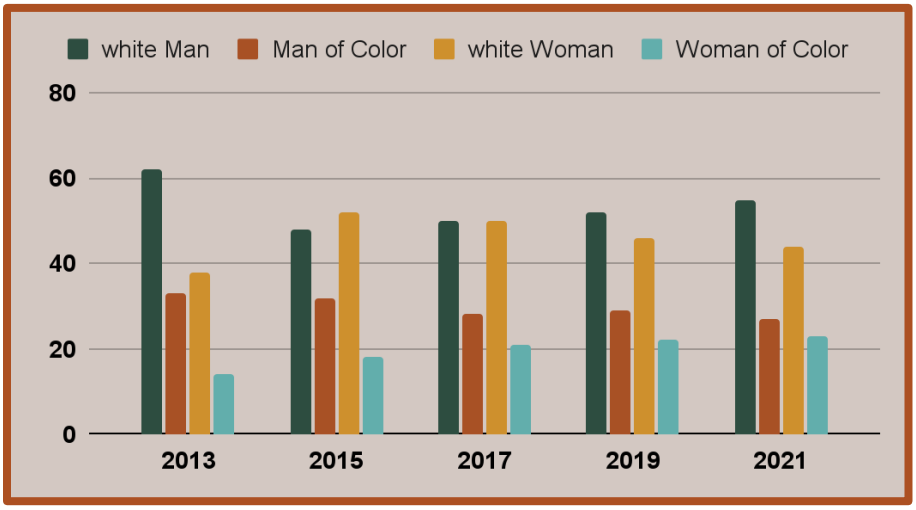

Figure 2. Descriptive Statistics, Representation Over Session Year for Texas (Texas House of Representatives 2013-2021 Session Years–150 Seats)

In looking at the sponsorship and co-sponsorship rates between legislatures, co-sponsorship rates in Texas were higher than the co-sponsorship rates in California (Figure 3; Figure 4). Many relevant bills were co-sponsored by over ten Texas legislators. Sponsorship rates remained generally the same between the two houses over time. Although, in 2021, California saw an increase in sponsorship rates for relevant bills (Figure 3). This same trend did not hold for Texas.

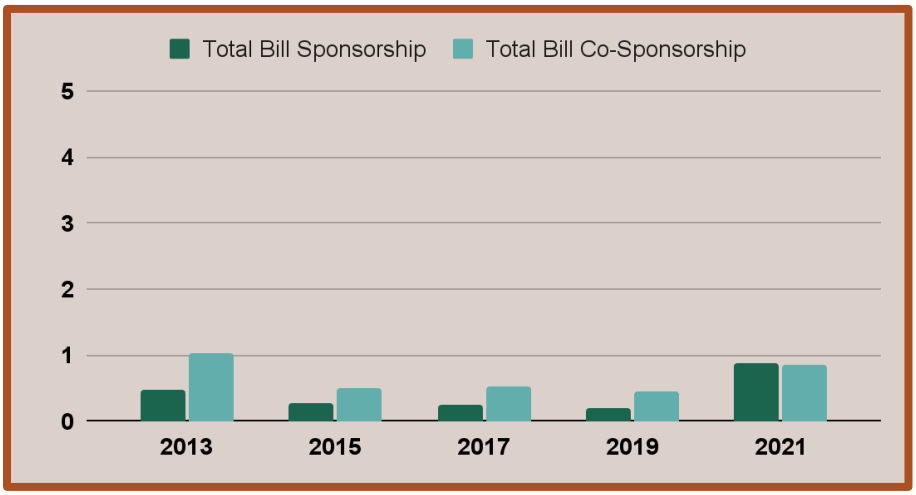

Figure 3. Means of Sponsorship and Co-sponsorship Across Session Year for California (2013-2021)

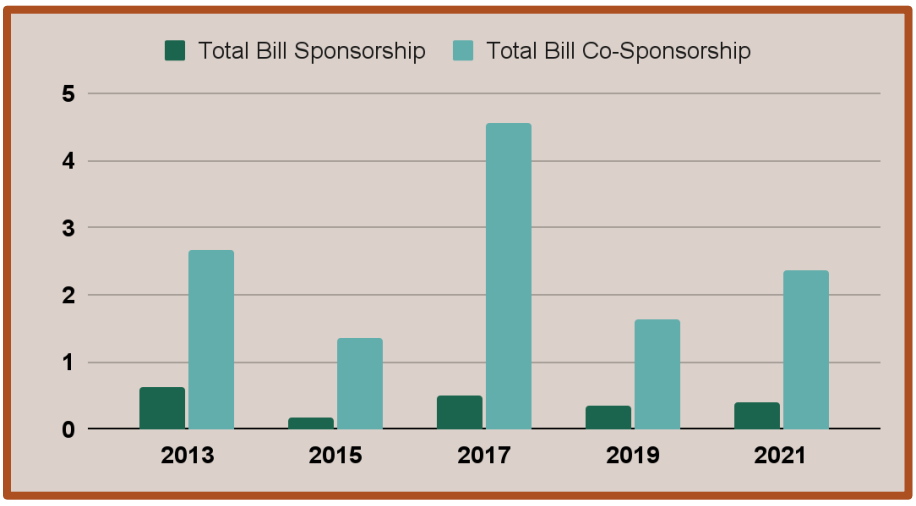

Figure 4. Means of Sponsorship and Co-sponsorship Across Session Year for Texas (2013-2021)

Findings

When looking beyond the descriptive statistics into our findings, our reference group of white men highlighted certain racial and gendered differences among sample groups of legislators. Particularly, Figure 5 highlights that "white Women" were more likely to sponsor both pro-reproductive health bills and anti-reproductive health bills. Besides this difference, other non-effects remain. For instance, "Total Bill Sponsorship" in California did not reflect any noticeable difference between the independent variables (race and gender of the legislator) and the reference group of "white Men" (Figure 6). Further, "Total Bill Sponsorship" in Texas revealed that "Women of Color" did not differ from the referent group of "white Men" because there is no statistically significant *p*-value of the derivative of "y" with respect to "x" (dy/dx) in the average marginal effect model (Figure 5).

In examining the findings for bill co-sponsorship in Texas, it is evident that "white Women" were more likely to co-sponsor anti-reproductive health bills than the referent group "white Men" (Figure 7). Another finding relates to "Men of Color" in Texas, where this group was less likely to co-sponsor anti-reproductive health bills (Figure 7). Through our analysis of California bill co-sponsorship, the findings indicate that all women, regardless of race, were more likely to co-sponsor pro-reproductive health bills than our referent group (Figure 8).

We continue to use the average marginal effect model at a 95% confidence interval (CI) within our specific Texas analysis to ensure our results are reliable. In contrast to the former result for "Total Bills" sponsorship in Texas, "white Women" in comparison to the referent group reflect statistically significant results with the dy/dx 0.27 and its *p*-value (**$p<0.01$) (Figure 5). Although this does not directly relate to our hypotheses, it is important to report on these results. Additionally, for "Total 'Pro' Bills" sponsorship there was no difference between "Women of Color" and the reference group "white Men," the *p*-value came close to being statistically significant (†$p<0.10$) (Figure 5). This is still considered weak evidence for our H1. Moreover, for the "Total 'Anti' Bills" sponsorship, there was no difference between "Women of Color" and "white Men" (Figure 5).

	Total Bills	Total "Pro" Bills	Total "Anti" Bills
Women of Color	0.24	0.10 †	0.13
	(-0.07, 0.56)	(-0.02, 0.21)	(-0.16, 0.42)
white Women	**0.27****	**0.11***	**0.16****
	(0.11, 0.42)	(0.02, 0.20)	(0.04, 0.27)
Men of Color	0.13	0.06	0.02
	(-0.09, 0.34)	(-0.03, 0.14)	(-0.15, 0.19)
white Men	Referent	Referent	Referent

† p<.10; *p<.05; **p<.01; Models adjust for party affiliation, assembly year, and district characteristics (median age, % with high school diploma/GED, median household income, % Black/African American Non-Hispanic/Latino, % Hispanic/Latino, % women ages 16-50 without health insurance)

Figure 5. Bill Sponsorship for Texas, Average Marginal Effect

Still using the average marginal effect model with a 95% confidence interval, regarding sponsorship in California, there appear to be few statistically significant results which is exacerbated by the fact that there were no relevant bills categorized as anti-reproductive health for the period. For "Total Bills" sponsorship, there was no difference between "Women of Color" and the reference group based on the dy/dx of 0.31 (Figure 6). However, the results were nearly statistically significant as reflected by the *p*-value (†$p<0.10$) (Figure 6). This shows a trend towards significance but it is still only weak evidence to support our hypotheses. Furthermore, there were no reported differences between "Women of Color" and the reference group of "white Men" for "Total 'Pro' Bills" sponsorship (Figure 6). Similarly to "Total Bills" sponsorship, the results were almost significant but not enough to be used as evidence in support of our H1. For "Total 'Anti' Bills" sponsorship in California, there were no results because there were no anti-reproductive health policy bills within the time period based on inclusion criteria (Figure 6).

	Total Bills	Total "Pro" Bills	Total "Anti" Bills
Women of Color	0.31 †	0.31 †	N/A
	(-0.05, 0.67)	(-0.05, 0.67)	
white Women	0.01	-0.02	N/A
	(-0.27, 0.29)	(-0.28, 0.23)	
Men of Color	-0.10	-0.10	N/A
	(-0.31, 0.11)	(-0.31, 0.11)	
white Men	Referent	Referent	Referent

† p<.10; *p<.05; **p<.01; Models adjust for party affiliation, assembly year, and district characteristics (median age, % with high school diploma/GED, median household income, % Black/African American Non-Hispanic/Latino, % Hispanic/Latino, % women ages 16-50 without health insurance)

Figure 6. Bill Sponsorship for California, Average Marginal Effect

In "Total Bills" co-sponsorships, the differences between the states are more clear. As mentioned, California's observations were more reflective of a gendered effect than a racial one. In California, all women ("white Women" and "Women of Color") were more likely to co-sponsor pro-reproductive health bills than the referent group of "white Men" (Figure 7). This is in contrast to the "Total Bills" co-sponsorship in Texas, which indicated that "white Women" voting behaviors were more skewed toward anti-reproductive health bills (Figure 8). This may indicate both a gendered and racial effect. Therefore, between more liberal and conservative regions, legislators may behave differently based on their identities.

In Texas specifically, Figure 7 reflects the results for "Total Bill" co-sponsorships in Texas. Through analysis, we found that "Women of Color" did not differ in comparison to the reference group (Figure 7). Further, "white Women" were more likely to co-sponsor total reproductive-health-related bills, as is evidenced by a statistically significant *p*-value (**$p<0.01$). Within the "Total 'Pro' Bills" co-sponsorship, there were no findings to support our H1. However, we do see that "Women of Color" had nearly significant results for pro-reproductive health bill co-sponsorship in Texas reflected by the *p*-value (†$p<0.10$). This does not support H1 but shows a trend toward statistical significance. Additionally, in for "Total 'Anti' Bills" co-sponsorships in Texas, "Women of Color" had no difference in co-sponsorships from "white Men." Interestingly, "white Women" were more likely to co-sponsor anti-reproductive health policies, reflected in the *p*-value (**$p<0.01$) reported on the dy/dx 0.74. We also found that "Men of Color" was significantly less likely to co-sponsor bills labeled as anti-reproductive

health in Texas. The results were reflected by a dy/ dx of -0.62 and a statistically significant *p*-value (*p<0.05). This finding was unexpected and is not directly related to our hypotheses, but it is important to report, given the potential implications of this statistic.

	Total Bills	Total "Pro" Bills	Total "Anti" Bills
Women of Color	0.78	0.15 †	0.17
	(-0.20, 1.75)	(-0.03, 0.32)	(-1.33, 1.16)
white Women	**0.97****	-0.004	**0.74****
	(0.47, 1.47)	(-0.09, 0.09)	(0.33, 1.16)
Men of Color	-0.36	-0.01	**-0.62***
	(-0.93, 0.22)	(-0.17, 0.15)	(-1.11, -0.13)
white Men	Referent	Referent	Referent

† p<.10; *p<.05; **p<.01; Models adjust for party affiliation, assembly year, and district characteristics (median age, % with high school diploma/GED, median household income, % Black/African American Non-Hispanic/Latino, % Hispanic/Latino, % women ages 16-50 without health insurance)

Figure 7. Bill Co-Sponsorship for Texas, Average Marginal Effect

Finally, Figure 8 shows the results for co-sponsorships in California. In "Total Bills" co-sponsorships, "Women of Color" were more likely to co-sponsor reproductive health bills (Figure 8). This is reflected in a dy/dx 0.52 and a statistically significant *p*-value (*p<0.5) based on the average marginal effect (Figure 8). With this, evidence supports the hypotheses as it is statistically significant. Moreover, for "Total 'Pro' Bills" co-sponsorships, Figure 8 reports similar results as "Women of Color" have a statistically significant *p*-value (*p<0.05) reported on the dy/dx 0.50 average marginal effect. Therefore, the results are not null and women of color are more likely to co-sponsor pro-reproductive health bills in agreement with our H1. However, there were no findings for the "Total 'Anti' Bills" co-sponsorship model in California due to their not having any relevant bills for study in this category (Figure 8).

	Total Bills	Total "Pro" Bills	Total "Anti" Bills
Women of Color	**0.52***	**0.50***	N/A
	(0.09, 0.93)	(0.08, 0.92)	
white Women	**0.79***	**0.79***	N/A
	(0.16, 1.42)	(0.16, 1.42)	
Men of Color	-0.07	-0.06	N/A
	(-0.31, 0.17)	(-0.30, 0.18)	
white Men	Referent	Referent	Referent

† p<.10; *p<.05; **p<.01; Models adjust for party affiliation, assembly year, and district characteristics (median age, % with high school diploma/GED, median household income, % Black/African American Non-Hispanic/Latino, % Hispanic/Latino, % women ages 16-50 without health insurance)

Figure 8. Bill Co-Sponsorship for California, Average Marginal Effect

These results were interesting and mostly unexpected. As we discuss them further in the following sections, understanding the significance levels and interactions is important for interpretation.

Discussion

When looking at these results, the gendered differences in legislative behavior and actions become clear. Building on the established literature which states that reproductive health bills are ones that host the largest differences in sponsorship rates based on the personal characteristics of the legislator (Barnello & Bratton, 2011), examining the sponsorship and co-sponsorship rates of reproductive health-related bills from the perspective of either supporting or hindering reproductive rights, allows us the opportunity to draw deep connections between legislator demographics and community health conditions. We find both unexpected and key results which provide ample groundwork for future studies that support the notions of previous authors.

Beginning with our descriptive statistics of the California and Texas legislatures, the diversity in each house remains largely leaning white and male. For instance, within the California lower-house, there were close counts of white men and men of color (Figure 1). This represents the tendency towards racial parity but excludes gendered parity, highlighting the necessity of practicing intersectionality in government. This is in contrast to Texas' lower-house, where there are more similar amounts of white people, despite gendered differences (Figure 2). Therefore, white women and white men are close to equal in the legislature, while people of

color continue to be under-represented (Figure 2). In fact, the amount of women of color in the Texas legislature is continually lower than other representatives (Figure 2). Interestingly, this is in contrast to the California state legislature. In this body, women of color outrank white women (Figure 1). This may be because of a potential party effect based on who is more likely to lean conservative in values within a safely liberal state. By this, we can assume that the women of color in California's legislature are more likely to identify as Democrats, while the white women are Republican. More research would need to be conducted to claim a correlation, though.

In speaking to the average numbers of sponsorship and co-sponsorship between state legislatures, there are typically more co-sponsorships linked to legislators than sponsorships. The reason for this is likely because co-sponsoring a bill is an easier political action to take than sponsorship or authorship, given the shorter timeline and the lesser need for legislative power (Wilson & Young, 1997). We find this trend holds for both California and Texas lower-house legislatures (Figure 3; Figure 4). Furthermore, in 2021, California saw a significant increase in the number of sponsorships on relevant bills (Figure 3). This indicates the potential for the influence of the *Dobbs* decision on legislative action and legislators feeling a renewed need to bring bills to the floor that address reproductive health in some way. However, seeing as Texas did not have any noticeable increase in its sponsorship or co-sponsorship rates for that year (Figure 4), further research would need to be conducted into the pre- and post-*Dobbs* periods.

With respect to our key findings, multiple interactions must be considered to fully understand the null effects. Firstly, Jackson and Kenney (2020) establish that marginalized legislators often face increased scrutiny by voters for their introduction of bills and their overall legislative actions. This follows the concept of surrogate representation where a marginalized legislator may represent more than only those in their district based solely on their racial and gender identity (Mansbridge, 2003). In this way, although Jackson and Kenney (2020) find that marginalized legislators are more likely to put forth abortion-related bills, according to our findings, it is arguable that women of color hold an even more marginalized place within the legislature and society than those marginalized based on their race *or* gender (Figure 5; Figure 6). Thus, women of color legislators may be individually discouraged from introducing this kind of legislation by the notion that it might fail or that they may not win reelection. Moreover, Laughterbach (2020) proves that women of color are more often elected by districts with larger amounts of minority populations. Once reaching the legislature, though, their parties may be

hesitant to allow these individuals to put forth bills due to their fear of these bills being too extremist for the general public (Laughterbach, 2020). Therefore, women of color legislators are regularly deterring from introducing legislation based on their individual fears and their party's fears. Based on their racial and gender intersectionality, women of color legislators are institutionally and regularly held back from asserting their political power in state government, justifying the need for policy intervention to balance political power.

We did find a result that partially supports our H1 in California. This was a gendered effect for co-sponsorship of pro-reproductive health bills (Figure 8). Given that reproductive health issues inherently affect women overall more than they do men, this part of the result is not necessarily surprising. Moreover, combining the power of white women and women of color allows women of color to have more political power simply by association with that gendered group. Especially since there were no anti-reproductive health bills to analyze in California, the pro-reproductive bills' gendered effect we see might be stronger due to the legislation sample we analyzed. Thus rejecting our H2, and concluding that women overall, regardless of race, are more likely to sign on to bills that promote reproductive health. In comparison to Texas, we might not see this same result due to the oversaturation of white legislators and the demographics of the state at large. Seeing that there are more white men and women in the legislature compared to women of color, this racial trend may be overpowering the gendered effect as we saw in California. Further, given the different characteristics and demographics of the state of Texas, differences among populations will also lead to differences in legislators and legislative action. These include strong religious ties and a conservative bias, which is not the case in California. Again, further analysis should be done to determine the actual effects of these extraneous factors.

Following these results connected to our hypotheses, we also found certain unexpected results that are tangential to our research questions. For instance, in Texas, white women are more likely to sponsor all reproductive health-related bills (Figure 5). This result still follows our interpretation that white women hold more political power than women of color and can thus afford to author and sponsor legislation without the same fears applying to them that apply to women of color. Moreover, as these bills relate to women's issues more than men's, white women will still be inclined to introduce this type of legislation. Additionally, in Texas, men of color are much less likely to co-sponsor anti-reproductive health bills (Figure 7). This pattern is

indicative of a show of solidarity among people of color for the communities they know will be most harmed through this legislation. Moreover, because there are slightly more men of color in the legislature than women of color, and due to their larger political power as a racial minority and not and racial *and* gendered minority, these legislators are in a better position to co-sponsor this legislation. Finally, as mentioned above, in the California legislature we did not find any relevant anti-reproductive health bills to analyze (Figure 6; Figure 8). Based on our evaluation criteria, California did not introduce any bills that limited these rights within the period of study. This is likely due to California being a safely liberal state and not wavering on its commitment to protecting bodily autonomy. These findings should be explored further in other analyses.

Limitations

The authors acknowledge that the research study had some limitations relative to data collection errors for the legislative session cycle 2012. During data processing, the researchers found that the 2012 data was inconsistent with the rest of the appended datasets for legislator characteristics. Thus, the year 2012 data for legislator demographics, district characteristics, and legislative bills were excluded to ensure accurate inferences for the hypotheses. Furthermore, the original research design consisted of a negative binomial regression model for count variables of "Total Bill (Co)-Sponsorship" and a logistic model for variables "Any Bill (Co)-Sponsorship" to examine pre- and post-*Dobbs'* period effect on reproductive health bill sponsorship. Since the legislative period was a unit of analysis, the researchers excluded the logistic model for "Any Bill (Co)-Sponsorship" given the lack of data for the pre- and post-*Dobbs* periods.

Another limitation relates to possible errors when coding for legislator characteristics due to unconscious bias and assumptions. Given that researchers coded legislator characteristics based on the legislator's image available online, racial and ethnic assumptions could have been made. To mitigate the effect of this limitation, each legislator was coded twice by two researchers for intercoder agreement on legislators' characteristics.

Future Research

Given these limitations, future studies should explore the specific policies and initiatives that work best to support the LGBTQ+ community's access to reproductive health care. Further, more research should be done to comprehend how gender, race, and sexual orientation interact to influence support for legislation pertaining to reproductive health. This could potentially make it

easier for supporters and lawmakers to implement more effective policies that support reproductive justice and fair health outcomes for all.

In addition, this research should investigate how the *Dobbs* decision affected access to reproductive health services, particularly for marginalized communities. The study should examine the changes in the services people use for reproductive health, as well as changes in the providers' locations and service types. Thus, this research could help explain how the decision will affect access to care, including how many clinics will close and the geographical distribution of healthcare facilities in underserved communities. An analysis of state and federal policies that affect access to care, such as funding for clinics and insurance coverage for reproductive health services, should also be examined. Ultimately, the analysis should review the effectiveness of policies that seek to promote equitable access to care, such as those that address the social determinants of health.

Interracial marriage is another area that intersects with reproductive health policies. Historically, laws prohibiting interracial marriage were used to regulate reproductive choices and limit the rights of marginalized communities. Understanding the history of these laws can provide an important context for current reproductive health policies at stake due to the *Dobbs* decision.

Further, the *Dobbs* decision overturned the privacy protections granted under *Roe v. Wade* which laid the groundwork for the Health Insurance Portability and Accountability Act. This may lead to increased surveillance of individuals seeking reproductive health services. The decision could lead to censorship of information related to reproductive health education, leading to potentially serious consequences for individuals seeking accurate and unbiased information.

Finally, future research should consider the effect of districts on legislative behavior since the *Dobbs* decision. Specifically, examining if there is a change in district health conditions pre- and post-*Dobbs* decision. This study should also take a qualitative approach when it comes to understanding legislator voting patterns. This could include conducting interviews with legislators or evaluating public speeches and campaigns. The qualitative approach may offer beneficial insight regarding the driving forces that influence legislators to support or reject reproductive health policies, given that previous literature establishes that the reasons behind bill sponsorship vary based on gender (Meloy, 2014). This research offers policymakers and advocates the opportunity to gain a more comprehensive understanding of the intersectionality

among gender, race, community health conditions, and other vital components in policy decisions.

Conclusion and Policy Recommendation

Overall, our research sought to evaluate the potential role of women of color's political representation in state government and reproductive health-related policy sponsorship and co-sponsorship in relation to district health conditions. We asked whether women of color legislators are more likely to sponsor and/or co-sponsor reproductive health policies, and we held district social and health characteristics constant in our evaluation. Based on this research question, we hypothesized that women of color legislators would be more likely to sponsor and/or co-sponsor pro-reproductive health bills. Additionally, we expected women of color legislators to be less likely to sponsor and/or co-sponsor anti-reproductive health bills. The ultimate goal was to obtain a nuanced understanding of the barriers of entry to accessing political spaces as a woman of color to create inclusive reproductive health policies, reducing the number of maternal deaths going forward.

With what we have found and what still remains to be researched, we argue women of color legislators co-sponsor pro-reproductive health bills more often than sponsoring pro-reproductive bills due to unbalanced political power. This unbalanced political power aligns with the concepts of intersectionality, where white men are the most powerful political players, and are thus more likely to be able to pass bills whether pro- or anti-reproductive health through their sponsorship. Ultimately, regardless of their position on reproductive health, white men still have the greatest political influence and power. Moreover, white women also have more power than women of color since they do not also face racial discrimination. In this way, women of color not only face racial discrimination, but also gendered discrimination which can significantly limit their ability to have political influence. This helps explain our findings of women of color only co-sponsoring reproductive health bills. Our findings emphasize the importance of understanding the intersectionality of gender and race in politics and the need to acknowledge that women of color face more significant disparities in regard to political power.

One of the major challenges for all political candidates and elected officials is obtaining substantial funding. However, these funding issues pose an even greater barrier for women of color. Thus, the null effects for racial differences in bill sponsorship and co-sponsorship rates depicted in passing pro-reproductive health bills could actually return a result if the barriers for

women of color to be elected were mitigated with initiatives and policies. These initiatives could focus on providing public funding for political campaigns. The candidate who does not have access to an abundant network of well-endowed donors or their own personal wealth could greatly benefit from this financial backing. Additionally, policymakers should consider the significance of mentorships and training for women who want to pursue a career as an elected official as this is another way to support women of color's political ambitions without a significant financial investment. These training programs might also help mitigate the trend Druckman et al. (2009) notice when women of color more often are "challengers" in political races, making them take more extremist positions to get noticed by voters. By engaging these women of color candidates in tried-and-true political strategies, the political landscape can avoid partisanship extremism and can invite new voices into the political discourse.

Along with training initiatives and programs to reduce the financial burden of running for an elected position, women of color need to be assigned to relevant committees that impact decisions regarding reproductive health. Because women of color have historically been underrepresented in elected positions, their concerns and needs have been ignored in the policy-making process. Allowing and placing women in committees and legislative leadership positions ensure they represent the voice of several underserved and marginalized populations, resulting in a more meaningful impact in the decision-making process. This is a simple change that can be achieved without having to change the electoral process and instead focuses on appointment processes based on power-shifting and topical relevance. These recommendations are important steps to advocate for reproductive health policies that are equitable and effective. They assist in ensuring that the needs and perspectives of marginalized populations are depicted in the policy-making process and help diminish the disparities in political power that are upheld by systemic inequalities.

References

Achen, C. H. (1978). Measuring representation. *American Journal of Political Science*, *22*(3), 475. https://doi.org/10.2307/2110458

Aitchison, C. (1999). New cultural geographies: The spatiality of leisure, gender and sexuality. *Leisure Studies*, *18*(1), 19–39. https://doi.org/10.1080/026143699375032

Ballotpedia. (n.d.). https://ballotpedia.org/Main_Page

Barnello, M. A., & Bratton, K. A. (2011, January 7). *Bridging the gender gap in bill sponsorship*. Wiley Online Library. Retrieved October 25, 2022, from https://onlinelibrary.wiley.com/doi/abs/10.3162/036298007781699645

Bratton, K. A., & Haynie, K. L. (1999, August 1). *Agenda setting and legislative success in state legislatures: The effects of gender and race*. The Journal of Politics. Retrieved October 24, 2022, from https://www.journals.uchicago.edu/doi/abs/10.2307/2647822

Bishin, B. (2009). *Tyranny of the minority: The subconstituency politics theory of representation*. Temple University Press.

Bringing People to the Process. LegiScan. (n.d.). https://legiscan.com/

Broockman, D., & Skovron, C. (2018). Bias in Perceptions of Public Opinion among Political Elites. *American Political Science Review, 112*(3), 542-563. doi:10.1017/S0003055418000011

Brown, N., & Hudson Banks, K. (2013, June 23). *Black women's agenda setting in the maryland state legislature*. SpringerLink. Retrieved October 24, 2022, from https://link.springer.com/article/10.1007/s12111-013-9260-7#citeas

California State Assembly. Ballotpedia. (n.d.). https://ballotpedia.org/California_State_Assembly

Crenshaw, Kimberlé. 1991. Mapping the margins: identity politics, intersectionality, and violence against women. Stanford Law Review 43 (6): 1241–1299.

Declercq, E., Barnard-Mayers, R., Zephyrin, L., & Johnson, K. (2022, December 14). *The U.S. Maternal Health Divide: The limited maternal health services and worse outcomes of states proposing new abortion restrictions*. U.S. Maternal Health Divide: Limited Services and Worse Outcomes | Commonwealth Fund. Retrieved April 8, 2023, from https://www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide-limited-services-worse-

outcomes#:~:text=As%20shown%20in%20Exhibit%206,77.9%20per%20100%2C000%20people).

Druckman, J. N., Kifer, M. J., & Parkin, M. (2009). Campaign Communications in U.S. congressional elections. *American Political Science Review*, *103*(3), 343–366. https://doi.org/10.1017/s0003055409990037

Geddes, B. (2010). *Paradigms and sand castles: Theory building and research design in comparative politics*. University of Michigan Press.

Hartig, H. (2022, July 14). *About six-in-ten Americans say abortion should be legal in all or most cases*. Pew Research Center. https://www.pewresearch.org/short-reads/2022/06/13/about-six-in-ten-americans-say-abortion-should-be-legal-in-all-or-most-cases-2/

Haynes, S. (2021, March 30). *Gender gap will take an estimated 135 years to close: Report*. Time. https://time.com/5951101/global-gender-gap-135-years/

Homan, P. (2017). Political gender inequality and infant mortality in the United States, 1990–2012. *Social Science & Medicine*, *182*, 127–135. https://doi.org/10.1016/j.socscimed.2017.04.024

Jackson, A. L., & Kenney, A. M. (2020). The sociopolitical context of abortion bill authorship in Texas. *Social Currents*, *8*(4), 358–377. https://doi.org/10.1177/2329496520950789

Jones, P. E. (2023). Political awareness and the identity-to-politics link in public opinion. *The Journal of Politics*, *85*(2), 510–523. https://doi.org/10.1086/723022

Kawachi, I., Kennedy, B. P., Gupta, V., & Prothrow-Stith, D. (1999). Women's status and the health of women and men: A view from the States. *Social Science & Medicine*, *48*(1), 21–32. https://doi.org/10.1016/s0277-9536(98)00286-x

Lauterbach, E. (2020). How Women Turn Passion into Policy. (pp. 1-95).

Mansbridge, J. (2003). Rethinking representation. *American Political Science Review*, *97*(4), 515–528. https://doi.org/10.1017/s0003055403000856

Meloy, M. L. (2014). Do female legislators do it differently? Sex offender lawmaking at the state level. *Feminist Criminology*, *10*(4), 303–325. https://doi.org/10.1177/1557085114552123

Members. Members | California State Assembly. (n.d.). https://www.assembly.ca.gov/assemblymembers

Ng, E., & Muntaner, C. (2018). The effect of women in Government on Population Health: An ecological analysis among Canadian provinces, 1976–2009. *SSM - Population Health*, *6*, 141–148. https://doi.org/10.1016/j.ssmph.2018.08.003

Nguyen, D., Bajaj, S. S., Ahmed, D., & Stanford, F. C. (2022). Protecting marginalized women's mental health in the post-Dobbs Era. *Proceedings of the National Academy of Sciences*, *119*(40). https://doi.org/10.1073/pnas.2212012119

Olson, M. P., & Snyder, J. M. (2021). Dyadic representation in the American north and South: The case of prohibition. *The Journal of Politics*, *83*(3), 1030–1045. https://doi.org/10.1086/711179

Pitkin, H. F. (1972). *The concept of representation*. University of California.

Rabin, R. C. (2023, March 16). *Covid worsened a health crisis among pregnant women*. The New York Times. Retrieved April 8, 2023, from https://www.nytimes.com/2023/03/16/health/covid-pregnancy-death.html

Regens, J. L., & Lockerbie, B. (1993). Making choices about choice: House support for abortion funding. *Social Science Research*, *22*(1), 24–32. https://doi.org/10.1006/ssre.1993.1002

Reingold, B., Kreitzer, R. J., Osborn, T., & Swers, M. L. (2020). Anti-abortion policymaking and women's representation. *Political Research Quarterly*, *74*(2), 403–420. https://doi.org/10.1177/1065912920903381

Reingold, B., Widner, K., & Harmon, R. (2019). Legislating at the intersections: Race, gender, and representation. *Political Research Quarterly*, *73*(4), 819–833. https://doi.org/10.1177/1065912919858405

Rolfes-Haase, K. L., & Swers, M. L. (2021). Understanding the gender and partisan dynamics of abortion voting in the House of Representatives. *Politics & Gender*, *18*(2), 448–482. https://doi.org/10.1017/s1743923x20000719

Sears, D., Lau, R., Tyler, T., & Allen, H. (1980). Self-Interest vs. Symbolic Politics in Policy Attitudes and Presidential Voting. *American Political Science Review, 74*(3), 670-684. doi:10.2307/1958149

Swers, M. L. (2002). *The Difference Women Make: The Policy Impact of Women in Congress*. University of Chicago Press.

Swers, M. L. (2005). Connecting descriptive and substantive representation: An analysis of sex differences in cosponsorship activity. *Legislative Studies Quarterly*, *30*(3), 407–433. https://doi.org/10.3162/036298005x201617

Swers, M. L. (2016). Pursuing women's interests in partisan times: Explaining gender differences in legislative activity on health, education, and women's health issues. *Journal of Women, Politics & Policy*, *37*(3), 249–273. https://doi.org/10.1080/1554477x.2016.1188599

Tate, K. (2004). *Black Faces in the mirror: African Americans and their representatives in the U.S. congress*. Princeton University Press.

Taylor-Robinson, M. M., & Heath, R. M. (2003). Do women legislators have different policy priorities than their male colleagues? *Women & Politics*, *24*(4), 77–101. https://doi.org/10.1300/j014v24n04_04

Texas House of Representatives Directory. Texas House of Representatives - Texas State Directory Online. (n.d.). https://www.txdirectory.com/online/txhouse/?order=dist

Texas House of Representatives. House Members. (n.d.). https://house.texas.gov/members/

Thomas, S. (1991). The impact of women on state legislative policies. *The Journal of Politics*, *53*(4), 958–976. https://doi.org/10.2307/2131862

U.S. maternal mortality rate 2000-2021. MacroTrends. (n.d.). Retrieved October 14, 2021, from https://www.macrotrends.net/countries/USA/united-states/maternal-mortality-rate. *California Health Care Almanac.* (2019, November). Retrieved September 29, 2021, from https://www.chcf.org/wp-content/uploads/2019/11/MaternityCareCAAlmanac2019.pdf.

Vetoes by president George H.W. Bush. U.S. Senate: Vetoes by President George H.W. Bush. (2019, May 31). Retrieved January 15, 2023, from https://www.senate.gov/legislative/vetoes/BushGHW.htm

Villavicencio, J. C., McHugh, K. W., & Edmonds, B. T. (2020). Overview of US maternal mortality policy. *Clinical Therapeutics, 42*(3), 408–418. https://doi.org/10.1016/j.clinthera.2020.01.015

Wilson, R. K., & Young, C. D. (1997). Cosponsorship in the U. S. Congress. Legislative Studies Quarterly, 22(1), 25–43. https://doi.org/10.2307/440289

Appendix: List of Figures