To: Interested Parties
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Abortion in the 2026 Elections: Key Races, Ballot Measures, and the Next Congress

The 2026 election reinforced a political reality that lawmakers should take seriously: abortion matters deeply to voters. In an October pre-election Gallup survey, 60% of registered voters said abortion was very or extremely important to their vote for Congress. And in Reproductive Freedom for All's post-election research, 53% of voters in battleground congressional districts confirmed that abortion played a role in their vote. It shapes how people judge candidates, understand the consequences of elections, and connect political decisions to their health, economic security, and futures.

ABORTION ACCESS IS PART OF THE AFFORDABILITY AGENDA

Affordability and reproductive freedom are connected. With the cost of living at the forefront of this election, abortion access was part of the same economic conversation shaping voters' choices. Voters already understand this connection. Having a child is one of the biggest financial decisions a person will make—and 82% of voters surveyed earlier this year by Reproductive Freedom for All (conducted by Impact Research and Worthy Strategy Group) said raising children had become harder to afford. Nearly three in four said their financial situation was a major factor in deciding whether to have a child.

Abortion bans add to those pressures: Bans were associated with 5.4% higher annual out-of-pocket health insurance premium spending for women, with increases of 12.8% for Black women and 13.7% for Hispanic women. Protecting abortion access belongs at the center of an agenda to make life more affordable, according to recent research from the Center for Reproductive Rights.

WHAT THE ELECTION SHOWED

Abortion mattered in consequential races. Across Maine, Michigan, Texas, Kansas, and Georgia—races that determined control of Congress—campaigns put concrete questions before voters: who bears responsibility for the fall of *Roe*, who can be trusted to protect patients and providers, and who should make decisions about pregnancy.

Abortion-related ad spending spiked in the final weeks leading up to the election. Weekly spending on abortion-related ads rose every week in October—from $7.4 million during October 1–8 to $18.8 million during October 22–29. That is an increase of approximately 153% in three

weeks, while the number of ads grew from 193 to 269. In the final full week tracked, spending increased nearly 54% (AdImpact, Free & Just). Estimated spending across supporters and opponents of abortion access reached $20.5 million during October 27–November 3. Across the cycle, pro-reproductive freedom groups spent more than $128.69 million on abortion-related ads, compared with approximately $29.78 million by anti-reproductive freedom groups. The scale and acceleration of these investments underscore that abortion was not peripheral to the election conversation, but an issue voters were actively considering as they weighed their decisions. These ads brought to the foreground how lawmakers' decisions—including on health care, judicial appointments, and civil rights—profoundly affect our lives.

Anti-abortion policy raised concerns for voters. Nearly four in 10 voters in battleground congressional districts said Republicans' position on abortion raised serious concerns, according to Reproductive Freedom for All's post-election research.

When voters decided abortion policy directly, they overwhelmingly chose to protect their health, rights, and access. Voters approved ballot measures establishing constitutional protections for reproductive freedom in Virginia and Nevada and rejected an anti-abortion measure in Missouri that attempted to repeal the abortion rights measure they passed in 2024. And while Idaho's abortion-rights measure fell short, it outperformed the Democratic gubernatorial candidate and turned out voters in support of reproductive freedom. These results demonstrate continued support for protecting abortion access and preventing government interference in personal healthcare decisions.

The next Congress will include new lawmakers who publicly supported abortion rights and access during their campaigns. Incoming members Troy Jackson, Abdul El-Sayed, Christina Hines, and others stated their support for protecting reproductive freedom.

I. IN KEY SENATE RACES, ABORTION WAS A DEFINING ISSUE

Across consequential Senate races, abortion created contrasts between candidates over patients' freedom, access to healthcare, and candidates' credibility.

Maine: In the first time that Susan Collins faced reelection since the *Dobbs* decision, voters saw through her lies on her abortion record. Prior to election day, Mainers favored Troy Jackson over Susan Collins on abortion by 16 percentage points. Recognizing the gap between Collins's assurances and her vote to confirm Brett Kavanaugh, who helped create the Supreme Court majority that overturned *Roe v. Wade*, voters ousted Collins after 30 years in office—by a nearly 7-point margin.

Michigan: Though Michiganders voted to protect abortion rights in their state in 2022, the Senate race put the durability of those protections in the spotlight given ongoing federal threats. Mike Rogers's conflicting messages about his anti-abortion record, contrasted with Dr. Abdul El-Sayed's professional experience as a public health official and his commitment to protect

abortion access, underscored the question facing voters: who could be trusted to uphold the freedom they had secured in Michigan and ensure it throughout the country?

Texas: The contrast between James Talarico's faith-grounded support for abortion rights and Ken Paxton's enforcement of Texas's ban gave voters a clear choice about who should make pregnancy decisions. Support for Talarico affirmed that people across religious beliefs share a commitment to leaving those decisions with women, with support from their healthcare providers and families.

Kansas: Adam Hamilton's stance that women, not lawmakers, should make pregnancy decisions contrasted with Roger Marshall's strong opposition to abortion. Hamilton's distinction between his personal beliefs and the government's role offered voters a vision of reproductive freedom that accommodates moral differences without imposing one position through law.

Georgia: Jon Ossoff's support for abortion rights stood out against Mike Collins's support for Georgia's six-week ban and his earlier no-exceptions position. Their debate exchange made the stakes explicit on the question of whether the government should restrict or protect freedom around pregnancy decisions.

II. INCOMING FRESHMEN UNDERSTAND WHERE THE PUBLIC IS ON ABORTION

The incoming congressional class better reflects voters' support for protecting and expanding abortion access than any Congress before. In races across the country, voters elected candidates who committed to reproductive freedom as part of affordable health care, economic security, and maternal health. In addition to their freshman colleagues in the Senate, the House is welcoming:

- **AZ-06 — JoAnna Mendoza:** Highlighted barriers to reproductive healthcare in rural communities and the need to turn Arizona's legal protections into meaningful access.
- **CA-22 — Randy Villegas:** Defended personal reproductive healthcare decisions and connected abortion access to broader healthcare affordability.
- **IA-01 — Christina Bohannan:** Connected Iowa's abortion ban to OB-GYN shortages and worsening access to maternal healthcare.
- **MI-04 — Sean McCann:** A former board member of Planned Parenthood of South Central Michigan, he was outspoken about making reproductive rights a priority for his work in Congress.
- **MI-07 — Will Lawrence:** Challenged federal funding cuts that contributed to the closure of Lansing's Planned Parenthood health center, emphasizing residents' need for an advocate for care.
- **MI-10 — Christina Hines:** Supports abortion rights, contrasting with opponent Michael Bouchard.
- **NJ-07 — Rebecca Bennett:** Committed to protecting abortion access nationwide through federal action.

- **NY-17 — Cait Conley:** Called for national protections and challenged restrictions on federal funding for Planned Parenthood.

III. ABORTION BALLOT MEASURES SUCCEEDED

Ballot measures remain a clear test of public support for abortion access because they remove partisan labels and ask voters to decide on policy directly. Across election cycles, voters have repeatedly and overwhelmingly demonstrated that they do not want politicians interfering with personal medical decisions, including abortion and pregnancy.

Missouri — Amendment 3: If passed, Amendment 3 would have repealed the reproductive freedom amendment Missourians approved in 2024, and re–banned abortion with limited exceptions for medical emergencies, fetal anomalies, and rape or incest before 12 weeks, and permanently blocked gender affirming care for minors. Missourians once again rejected an extreme abortion ban and secured expansive protections for abortion rights and access.

Nevada — Question 6, the Reproductive Freedom Amendment: This measure established a constitutional right to reproductive freedom, including abortion. Nevadans approved it once in 2024, and per Nevada's constitutional amendment process, approved it again in 2026.

Virginia — Question 1, Right to Reproductive Freedom Amendment: This measure, like Nevada's, constitutionally protected abortion and other reproductive healthcare decisions, including contraception, fertility care, and miscarriage management.

Together, these measures demonstrate broad, direct public support for abortion rights and access—and signal a clear mandate for lawmakers to protect people's freedom to make their own reproductive healthcare decisions.

Public support for reproductive healthcare protections provides important context for the next Congress's policy decisions. Post-election research from Reproductive Freedom for All found that 59% of respondents supported Congress passing a law providing more protections for people's right to access reproductive health care, including abortion. Incoming lawmakers who publicly supported abortion rights and access during their campaigns will now have opportunities to advance those policies in Congress—including protections for emergency care, doctors' ability to act in patients' best interests, and access to abortion without leaving one's state or sacrificing financial security.