



## **Health-Care Law Holds Tremendous Promise for Women's Reproductive-Health Care**

In March 2010, Congress passed landmark health-reform legislation known as the Patient Protection and Affordable Care Act (the Affordable Care Act).<sup>1</sup> The new law presents an historic opportunity to improve America's health-care system, which is woefully inadequate from a reproductive-health perspective.

The Affordable Care Act takes significant steps toward bringing more than 30 million Americans into a better health-care system than exists today. The law includes specific provisions that will improve women's access to reproductive-health care; it ensures, for example, that health plans cover maternity care as an essential health benefit and requires coverage of family-planning services, including contraception, at no cost to the consumer. Additionally, the law's expansion of Medicaid family-planning programs presents a commendable opportunity to improve low-income women's access to contraceptive services. Following passage of the health-care law, states now are able to expand their state Medicaid family-planning programs without first obtaining federal approval. The Affordable Care Act also makes important and long-overdue progress toward ending insurance companies' discriminatory coverage policies, which have had profound consequences for women's reproductive-health care.

Despite these improvements, the Affordable Care Act is, sadly, far from perfect. The law imposes unacceptable restrictions on access to abortion care and affects abortion coverage in private insurance plans in an unprecedented manner. Fortunately, the final law did not include the Stupak-Pitts amendment, which would have made it virtually impossible for women to purchase plans with abortion coverage in state insurance exchanges.<sup>2</sup> The law does, however, contain onerous provisions that were added to gain the vote of Sen. Ben Nelson (D-NE). The Nelson restrictions impose significant disincentives on insurance companies that want to include abortion services in their benefit plans and have the potential to create major obstacles for consumers seeking comprehensive coverage.

Following is a summary of the law's key provisions affecting reproductive-health care:

### **The Law Makes Family-Planning Services More Affordable**

Under the new law, newly issued health plans must cover family-planning services, including the full range of Food and Drug Administration-approved methods of contraception.<sup>3</sup> Plans

created after March 23, 2010 are required to cover – with no cost-sharing requirements – certain preventive-health services recommended by the U.S. Preventive Services Task Force (USPSTF). Through a provision known as the Women’s Health Amendment (WHA), the health-reform law extended the list of preventive-care services to include certain health services specific to women.<sup>4</sup> The Department of Health and Human Services (HHS) ultimately was responsible for determining which women’s health services to include under the WHA. The agency commissioned the Institute of Medicine (IOM) to conduct a study on preventive care for women and make evidence-based recommendations on this issue. After a series of public meetings and months of deliberation, in July 2011, the IOM officially recommended that family-planning services, including the full range of FDA-approved contraceptive methods, be recognized as a women’s preventive-health service that should be covered by insurance plans without additional costs to individuals.<sup>5</sup>

In early August, HHS adopted the IOM recommendations in full, albeit with the proposal that certain religious employers be permitted to opt out of this requirement.<sup>6</sup> HHS accepted comments on this proposed refusal provision and is expected to issue a final rule soon. Should a refusal provision be included in the final rule, it is imperative that the exemption be as narrow as possible to ensure that no-cost contraceptive coverage is available to all women, regardless of their employers.

Near-universal coverage of family-planning services will remove significant financial obstacles for women seeking reproductive-health care and enhance access to contraception.

- It is estimated that 36 million women in the United States are in need of contraception.<sup>7</sup> For some women, birth control simply has been too expensive. A recent study found that one in three women have struggled with the cost of prescription birth control, and that this number increases significantly among women of color: 57 percent of Latinas ages 18-34 and 54 percent of African-American women in that same age group have struggled with the cost of birth control at some point.<sup>8</sup> Because of the longstanding connection between racial discrimination and economic disadvantage, women of color are represented disproportionately among those affected by increases in such health-care costs.
- Research has shown that even small cost-sharing requirements can drastically reduce use of preventive care, including family-planning services, particularly for low-income women.<sup>9</sup> Moreover, costs associated with birth control obstruct women’s ability to access highly effective contraceptive methods, such as intrauterine contraceptives (IUCs), leading them to use methods with higher failure rates.<sup>10</sup> Conversely, removal of cost barriers such as co-pays or deductibles results in a shift toward the most effective contraceptive methods. It follows, then, that removing cost barriers will be a critical step to increasing the use of highly effective contraception and reducing unintended pregnancy rates.<sup>11</sup>

The decision to make family planning a no-cost preventive-health service is founded not only in science, but is consistent with existing federal policy. The Medicaid program currently labels family planning as a preventive service and requires that it be covered without cost-sharing.<sup>12</sup> TRICARE and the Peace Corps also cover approved contraceptives free of cost,<sup>13</sup> and the Federal Employee Health Benefits program requires all participating plans to cover family-planning care, including contraception. Moreover, nine in 10 Americans support public funding for family planning,<sup>14</sup> and nearly three out of four believe that contraception should be covered as a preventive health-service with no out-of-pocket costs.<sup>15</sup>

This historic new policy will have important benefits for women's health and contribute to healthy childbearing. Family-planning services have been shown to reduce unintended pregnancy rates and the negative health outcomes strongly associated with unplanned pregnancy. These outcomes include delayed or inadequate prenatal care, increased fetal exposure to tobacco and alcohol, increased likelihood of low birth weight and death in the first year of life, and higher risk of abuse and failure to receive sufficient resources for healthy development.<sup>16</sup> When women are able to afford family-planning services, they can avoid unplanned pregnancies, and rates of low-birth-weight births, infant deaths, and neonatal deaths significantly decrease.<sup>17</sup>

### **The Law Expands Medicaid Family-Planning Programs**

For many women, high insurance premiums and out-of-pocket costs place comprehensive family-planning services out of reach. Prior to the passage of the Affordable Care Act, Title X was the only federal program designed solely to provide family-planning services to low-income women.<sup>18</sup> Additionally, some states sought to improve access to family-planning services by expanding state Medicaid family-planning programs. At that time, states looking to extend Medicaid-funded family-planning care were required first to obtain a waiver from the federal government. Now, under the Affordable Care Act, states can expand family-planning coverage at their own option, without going through the cumbersome process of applying for a waiver. States can amend their Medicaid plans to create a new family-planning eligibility group that will allow low-income women who otherwise do not qualify for Medicaid to obtain Medicaid family-planning services.<sup>19</sup>

Currently, 28 states have expanded eligibility for coverage of Medicaid-funded reproductive-health services. Twenty-two states operate their Medicaid family-planning program through a waiver obtained from the federal government: AL, AZ, AR, DE, FL, GA, IL, IA, LA, MD, MI, MN, MS, MO, NY, NC, OR, PA, RI, TX, WA, WY.<sup>20</sup> As of October 1, 2011, six states have expanded eligibility for Medicaid family-planning services through a State Plan Amendment authorized under the health care law: CA, NM, OK, SC, VA, and WI.<sup>21</sup>

Studies have shown that expanding access to family-planning services improves reproductive-health outcomes while saving states millions of dollars:

- In 2003, the Centers for Medicare and Medicaid Services commissioned a study of six family-planning program expansions. The report found that states improved access to and availability of services, and each saved at least \$15 million a year.<sup>22</sup>
- Studies show that every \$1 invested in family-planning services saves nearly \$4 in Medicaid expenditures.<sup>23</sup> In 2008, an estimated \$1.9 billion was spent on publicly funded family-planning care; an investment that resulted in an estimated \$7 billion in Medicaid savings.<sup>24</sup>
- The cost of one Medicaid-covered birth in the United States, including the full range of prenatal, delivery, postpartum, and infant care services, was \$12,613 in 2008. Comparatively, the national cost per client for contraceptive care that same year was \$257.<sup>25</sup>
- In 2006, combined federal and state government expenditures on births resulting from unintended pregnancies were \$11.1 billion – \$6.5 billion federal and \$4.6 billion state. The Guttmacher Institute estimates that an absence of publicly funded family-planning services would result in a 60-percent increase in the annual public costs of births from unintended pregnancies – raising government expenditures to an estimated \$18 billion.<sup>26</sup>

### **Maternity Care Covered as an Essential Health Benefit**

The Affordable Care Act specifically identifies “maternity and newborn care” as essential health benefits that must be offered by plans participating in state health-insurance exchanges.<sup>27</sup> As an essential health benefit, maternity care must be covered with low cost-sharing for the consumer.<sup>28</sup> While prenatal and newborn care are some of the most common types of medical services that women receive, many women have difficulty finding an insurance plan that covers maternity care.<sup>29</sup> A 2008 study found that only 12 percent of the 3,500 individual health plans sold nationwide offered any maternity coverage.<sup>30</sup> Requiring qualified health plans to cover maternity care with low cost-sharing requirements will improve greatly access to these services for millions of women.

Expansion of maternity coverage may have a particularly important impact on women of color. Nearly 24 percent of black women and 23 percent of Latina women initiate prenatal care late or do not seek prenatal care at all – a rate more than twice as high as that of white women.<sup>31</sup> Moreover, reports demonstrate that black women experience shockingly higher rates of maternal and infant mortality and low infant birth weight as compared to white women.<sup>32</sup> These disparities are perhaps linked to the fact that women of color, who disproportionately work in low-wage jobs that do not offer health benefits, are more likely to lack health insurance, making the reforms in the new law of particular importance for these communities.<sup>33</sup>

### **Preventive Maternity-Care Services Covered at No Cost**

The health-care law also ensures that preventive care needed during a pregnancy is covered by health plans at no cost.<sup>34</sup> As mentioned above, newly issued health plans are required to cover certain women's preventive-health services at no additional cost to the consumer. While a number of maternity-care services were on the USPSTF's original preventive-service list prior to passage of the Affordable Care Act, the Women's Health Amendment allowed for the inclusion of other maternity-care services.<sup>35</sup> The Department of Health and Human Services (HHS) identified screening for pregnancy-associated diabetes, lactation counseling, and the cost of renting breastfeeding equipment as additional maternal-health services that should be considered preventive care.

### **Direct Access to OB/GYN Care Required**

The Affordable Care Act requires that all new plans beginning on or after September 23, 2010 permit women to access obstetrical and gynecological specialists directly.<sup>36</sup> Under the law's requirements, plans are prohibited from forcing women first to secure prior approval from a primary-care provider before seeking this specialized care. Ensuring direct access improves women's ability to obtain maternity and reproductive services in a timely manner.

### **The Health-Care Law Includes Important, Overdue Insurance Reforms**

In addition to ensuring coverage and affordability of comprehensive health services, the Affordable Care Act also prohibits health plans from overcharging women for their health insurance and bans discrimination on the basis of health status. Beginning in 2014, insurance companies no longer will be able to refuse coverage to or establish special eligibility for individuals with pre-existing conditions, such as being a victim of domestic violence or having a Caesarean-section birth.<sup>37</sup> Moreover, insurance companies will not be able to charge higher premiums to women than they do to men, as the Affordable Care Act explicitly bans premium-rating based on gender for plans sold in the individual and small business markets.<sup>38</sup> Prior to the passage of the health-care law, most states charged women higher premiums than men for the same coverage until the age of 55. One study found that women at age 25 were charged between six and 45 percent more than men for comparable coverage, and that women at age 40 were charged between four and 48 percent more than men.<sup>39</sup>

Finally, insurance companies are prohibited from rescinding health-insurance policies, unless there has been fraud or an intentional misrepresentation of fact,<sup>40</sup> and no longer are permitted to impose lifetime limits on plans.<sup>41</sup> The law's ban on lifetime limits will particularly benefit women with chronic conditions or serious illnesses.

## **The Affordable Care Act Unacceptably Restricts Access to Abortion Care**

While the health-reform law promises to improve health coverage for women in many respects, it fails to ensure that women will be able to access *comprehensive* reproductive-health care. By placing onerous restrictions on abortion coverage in the new health system, the Affordable Care Act impedes women's ability to access a constitutionally protected, basic health-care service. While the final law did not include the House-passed Stupak-Pitts amendment, which would have made it virtually impossible for women to purchase plans with abortion coverage in state insurance exchanges, it did include the unacceptable Nelson provisions set forth in the Senate version of the bill. Consequently, the health-care law unfairly treats abortion coverage as a separate and distinct – even stigmatized – benefit, and imposes significant disincentives on insurance companies that want to include abortion services in their coverage.

### **The Nelson Provisions Restrict Women's Ability to Access Comprehensive Care**

The Nelson stipulations impose unnecessary burdens on consumers who purchase and plans that offer abortion coverage. The law requires that insurance plans participating in the new health-care system segregate monies used for abortion services from all other funds, and also that individuals purchasing a plan with abortion coverage make separate premium payments – one for their abortion coverage, and one for all other benefits.<sup>42</sup>

These unnecessary restrictions, which compel both individuals and insurance companies to incur increased administrative burdens, could threaten insurers' willingness to offer full reproductive-health coverage and severely limit women's ability to obtain abortion coverage within the exchange.<sup>43</sup> (For further information on the Nelson restrictions, please see the *Nelson Provisions in Health-Care-Reform Law Could Jeopardize, Stigmatize Women's Access to Abortion Services* fact sheet.)

### **The Nelson Requirements Invite States to Block Abortion Coverage**

The Nelson language also includes a provision explicitly inviting states to ban, or enact their own Stupak-like restrictions on, abortion coverage in their state health-insurance exchange.<sup>44</sup> At the time the Nelson restrictions were adopted, six states already prohibited abortion coverage in the private insurance market: ID, KY, MO, ND, OK, RI.<sup>45</sup> (Rhode Island has two separate insurance prohibition laws; courts have declared one unconstitutional and unenforceable and the other partially unconstitutional and unenforceable.) And, as feared, passage of the Affordable Care Act with this provocative language triggered a flood of activity in state legislatures across the country. As a result, since the law's enactment, 10 more states have enacted abortion-coverage bans: AZ, FL, IN, KS, LA, MS, NE, TN, UT, VA. Additionally, Idaho, Missouri, and Oklahoma passed laws expressly extending their private-market bans to their state's health-insurance exchange. All told, now 15 states ban abortion coverage either in their health-insurance exchange or in the statewide private insurance market.<sup>46</sup>

## **Clear Regulatory Language is Needed to Ensure that States Do Not Further Restrict Abortion Coverage**

In September 2010, the Department of Health and Human Services and the Office of Management and Budget released model guidelines for state insurance commissioners to use in monitoring insurance-company compliance with Affordable Care Act's abortion-funding restrictions.<sup>47</sup> The guidelines are specifically intended to help state insurance commissioners ensure that insurance companies completely separate federal funds from all private dollars that are used for abortion care. Final implementing regulations for the Nelson provisions will be issued by 2014.

The guidelines, which do not yet have the force of law, advise state insurance commissioners to require all health plans participating in state insurance exchanges to:

- Submit plans that detail the accounting processes they intend to use to segregate funds;
- Submit annual assurance statements declaring that they have segregated funds; and
- Include the segregation requirement as part of plans' regular, periodic financial audits.<sup>48</sup>

Clear and explicit federal regulatory language is necessary to ensure that state governments do not impose additional restrictions or administrative burdens on health plans that offer abortion coverage in state health-insurance exchanges.

## **Abortion Coverage Unacceptably Banned from Temporary High-Risk Pools**

Further, implementation of the health-care law has resulted in additional, unnecessary restrictions on access to abortion care. In July 2010, the administration published draft regulations establishing temporary high-risk pools, which are intended to provide interim coverage for people with pre-existing conditions until the new health-insurance exchanges take effect in 2014. The regulations ban abortion coverage from this program, except in cases of life endangerment, rape, or incest – despite the fact that no federal law requires such action. Prohibiting coverage for abortion care in temporary high-risk pools means that women who are part of these pools because they have significant health problems, such as diabetes or cancer, will not be able to access abortion care, even if their health is put at further risk by their pregnancy.

## **Conclusion**

Undeniably, the Affordable Care Act fails to protect a woman's right to choose abortion care – a key component of comprehensive health care for women. By imposing new restrictions on insurance companies who offer and individuals who buy abortion coverage, the law impedes women's ability to access the full health coverage they need. However, in ensuring coverage

and affordability of maternity care, family-planning services, and other reproductive-health services in the new health system, the Affordable Care Act greatly improves women's access to basic health care. For this reason, supporters of reproductive rights will continue to advocate for repealing or fixing the abortion restrictions, while steadfastly supporting the law's many beneficial provisions. Progress towards improving health coverage for all Americans should not come at the price of restricting women's access to comprehensive health care.

January 1, 2012

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**Notes:**

- <sup>1</sup> P.L. 111-148, 111th Cong. (2010)
- <sup>2</sup> NARAL Pro-Choice America Foundation, *The Stupak-Pitts Amendment Goes Far Beyond Current Law, Imposes Unprecedented Restrictions on Abortion Coverage for Millions of Women* (July 2010).
- <sup>3</sup> Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 76 Fed. Reg. 149 (proposed August 3, 2011) (to be codified at 45 C.F.R. pt. 147).
- <sup>4</sup> P.L. 111-148, 111th Cong. (2010) § 2713(a)(4).
- <sup>5</sup> INSTITUTE OF MEDICINE, *CLINICAL PREVENTIVE SERVICES FOR WOMEN: CLOSING THE GAPS* (2011).
- <sup>6</sup> Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 76 Fed. Reg. 149 (proposed August 3, 2011) (to be codified at 45 C.F.R. pt. 147).
- <sup>7</sup> Guttmacher Institute (GI), *Contraceptive Needs and Services: National and State Data, 2008 Update* (May 2010) at <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf> (last visited Oct. 21, 2011).
- <sup>8</sup> Press Release, Planned Parenthood Federation of America, *Survey: Nearly Three in Four Voters in America Support Fully Covering Prescription Birth Control* (Oct. 12, 2010).
- <sup>9</sup> Adam Sonfield, *Contraception: An Integral Component of Preventive Care for Women*, 13 GUTTMACHER POLICY REVIEW (2010) at <http://www.guttmacher.org/pubs/gpr/13/2/gpr130202.html> (last visited Oct. 21, 2011).
- <sup>10</sup> Kelly Cleland, et al., *Family Planning as a Cost-Saving Preventive Health Service*, THE NEW ENGLAND JOURNAL OF MEDICINE (2011) at <http://healthpolicyandreform.nejm.org/?p=14266&query=TOC> (last visited Oct. 21, 2011).
- <sup>11</sup> Kelly Cleland, et al., *Family Planning as a Cost-Saving Preventive Health Service*, THE NEW ENGLAND JOURNAL OF MEDICINE (2011) at <http://healthpolicyandreform.nejm.org/?p=14266&query=TOC> (last visited Oct. 21, 2011).
- <sup>12</sup> Kaiser Family Foundation, *State Medicaid Coverage of Family Planning Services: Summary of State Survey Findings* (Nov. 2009) at <http://www.kff.org/womenshealth/upload/8015.pdf> (last visited Oct. 21, 2011).

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- <sup>13</sup> TRICARE, *Costs* (Oct. 2011) at <http://www.tricare.mil/mybenefit/home/Prescriptions/Costs> (last visited Oct. 12, 2011). Peace Corps, *Medical Benefits* (Sept. 2011) at <http://www.peacecorps.gov/index.cfm?shell=learn.whyvol.medicalben> (last visited Oct. 21, 2011).
- <sup>14</sup> Rachel Benson Gold, *Title X: Three Decades of Accomplishment*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 2001, at 8.
- <sup>15</sup> Press Release, Planned Parenthood Federation of America, *Survey: Nearly Three in Four Voters in America Support Fully Covering Prescription Birth Control* (Oct. 12, 2010).
- <sup>16</sup> Committee on Unintended Pregnancy, Institute of Medicine, *THE BEST INTENTIONS: UNINTENDED PREGNANCY AND THE WELL-BEING OF CHILDREN AND FAMILIES* (Sarah S. Brown & Leon Eisenberg, eds. 1995).
- <sup>17</sup> Guttmacher Institute, *Issues in Brief: The U.S. Policy Can Reduce Cost Barriers to Contraception*, at [http://www.guttmacher.org/pubs/ib\\_0799.html](http://www.guttmacher.org/pubs/ib_0799.html) (last visited Oct. 18, 2011).
- <sup>18</sup> Title X of the Public Health Service Act grants federal funds to family-planning clinics that provide reproductive-health services to low-income women, uninsured women, and women who cannot qualify for Medicaid. P.L. 91-572, 91st Cong. (1970) (codified as amended at 42 U.S.C. §§ 300 et seq. (1991 & Supp. 2000)).
- <sup>19</sup> P.L. 111-148, 111th Cong. (2010) § 2303.
- <sup>20</sup> Guttmacher Institute (GI), *State Policies in Brief: Medicaid Family Planning Eligibility Expansions* (Oct. 2011) at [http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf) (last visited Oct. 21, 2011).
- <sup>21</sup> Guttmacher Institute (GI), *State Policies in Brief: Medicaid Family Planning Eligibility Expansions* (Oct. 2011) at [http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf) (last visited Oct. 21, 2011).
- <sup>22</sup> J. Bronstein Edwards, et al., *Evaluation of Medicaid Family Planning Demonstrations* (Alexandria, V: The CNA Corporation, Nov. 2003), cited in National Women's Law Center, *Reform Matters: What Women Need to Know About Health Reform: Access to Reproductive Health Services* (June 2010).
- <sup>23</sup> Guttmacher Institute (GI), *Facts on Publicly Funded Contraceptive Services in the United States* (August 2011) at [http://www.guttmacher.org/pubs/fb\\_contraceptive\\_serv.html](http://www.guttmacher.org/pubs/fb_contraceptive_serv.html) (last visited Oct. 20, 2011).
- <sup>24</sup> Kelly Cleland, et al., *Family Planning as a Cost-Saving Preventive Health Service*, THE NEW ENGLAND JOURNAL OF MEDICINE (2011) at <http://healthpolicyandreform.nejm.org/?p=14266&query=TOC> (last Oct. 21, 2011).
- <sup>25</sup> Kelly Cleland, et al., *Family Planning as a Cost-Saving Preventive Health Service*, THE NEW ENGLAND JOURNAL OF MEDICINE (2011) at <http://healthpolicyandreform.nejm.org/?p=14266&query=TOC> (last visited Oct. 21, 2011).
- <sup>26</sup> Guttmacher Institute *The Public Costs of Births Resulting from Unintended Pregnancies: National and State-Level Estimates*, 43 PERSP. ON SEXUAL AND REPROD. HEALTH (June 2011) at <http://www.guttmacher.org/pubs/journals/4309411.html> (last visited Oct. 27, 2011).
- <sup>27</sup> P.L. 111-148, 111th Cong. (2010) § 1302(b)(1)(D).
- <sup>28</sup> P.L. 111-148, 111th Cong. (2010) § 1302(a)(2).
- <sup>29</sup> National Women's Law Center, *Reform Matters: Making Real Progress for Women and Health Care "What Women Need to Know About Health Reform: Access to High-Quality Maternity Care"* (June 2010).

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- <sup>30</sup> Guttmacher Institute, *The Potential of Health Care Reform to Improve Pregnancy-Related Services and Outcomes*, 13 GUTTMACHER POLICY REVIEW (2010) at <http://www.guttmacher.org/pubs/gpr/13/3/gpr130313.html> (last visited Oct. 21, 2011).
- <sup>31</sup> Adam Sonfield, *The Potential of Health Care Reform to Improve Pregnancy-Related Services and Outcomes*, 13 GUTTMACHER POLICY REVIEW (2010) at <http://www.guttmacher.org/pubs/gpr/13/3/gpr130313.html> (last visited Oct. 21, 2011). See also Kaiser Family Foundation, *Late Initiation of or No Prenatal Care, by State and Race/Ethnicity*, 2007 (2007), at <http://www.statehealthfacts.org/comparemapreport.jsp?rep=34&cat=15&sortc=6&o=a> (last visited Oct. 26, 2011).
- <sup>32</sup> Amnesty International, *Deadly Delivery: The Maternal Health Care Crisis in the USA* (2010) at <http://www.amnestyusa.org/dignity/pdf/DeadlyDelivery.pdf> (last visited Oct. 21, 2011).
- <sup>33</sup> Kaiser Family Found., *Racial and Ethnic Disparities in Women’s Health Coverage and Access to Care: Findings from the 2001 Kaiser Women’s Health Survey* (Mar. 2004), at <http://www.kff.org/womenshealth/upload/Racial-and-Ethnic-Disparities-in-Women-s-Health-Coverage-and-Access-to-Care.pdf> (last visited Oct. 28, 2011). See also Kaiser Family Found., *Putting Women’s Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level* (June 2009), at <http://www.kff.org/minorityhealth/upload/7886.pdf> (last visited Oct. 24, 2011).
- <sup>34</sup> P.L. 111-148, 111th Cong. (2010) § 2713(a)(4).
- <sup>35</sup> National Women’s Law Center, *Reform Matters: Making Real Progress for Women and Health Care* “What Women Need to Know About Health Reform: Access to High-Quality Maternity Care” (June 2010). Relevant services listed on the USPSTF include Rh (D) blood typing and antibody testing for pregnant women, folic acid supplementation, smoking cessation counseling, STI testing for pregnant women, and interventions intended to promote breastfeeding.
- <sup>36</sup> P.L. 111-148, 111th Cong. (2010) §2719A(d).
- <sup>37</sup> P.L. 111-148, 111th Cong. (2010).
- <sup>38</sup> P.L. 111-148, 111th Cong. (2010).
- <sup>39</sup> National Women’s Law Center, *Reform Matters: Making Real Progress for Women and Health Care* “The Individual Insurance Market: A Hostile Environment for Women” (2008).
- <sup>40</sup> P.L. 111-148, 111th Cong. (2010) §2712.
- <sup>41</sup> P.L. 111-148, 111th Cong. (2010) §2711(a)(1)(A).
- <sup>42</sup> P.L. 111-148, 111th Cong. (2010), at § 1303(b)(2).
- <sup>43</sup> NARAL Pro-Choice America Foundation, *Nelson Provisions in Health-Care-Reform Law Could Jeopardize, Stigmatize Women’s Access to Abortion Services* (January 1, 2012).
- <sup>44</sup> P.L. 111-148, 111th Cong. (2010), at § 1303(a)(1).
- <sup>45</sup> NARAL Pro-Choice America Foundation, *Who Decides? The Status of Women’s Reproductive Rights in the United States* (21st ed. 2012), at [www.WhoDecides.org](http://www.WhoDecides.org).
- <sup>46</sup> NARAL Pro-Choice America Foundation, *Who Decides? The Status of Women’s Reproductive Rights in the United States* (21st ed. 2012), at [www.WhoDecides.org](http://www.WhoDecides.org).

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<sup>47</sup> Pre-Regulatory Model Guidelines Under Section 1303 of the Affordable Care Act (PL-111-148): Issued Pursuant to Executive Order 13535 (March 24, 2010) (Sep. 20, 2010) *at* [http://www.whitehouse.gov/sites/default/files/omb/assets/financial\\_pdf/segregation\\_2010-09-20.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/financial_pdf/segregation_2010-09-20.pdf).