

# DOUBLE THE TROUBLE

Health Care Access without  
the Affordable Care Act  
or Planned Parenthood



# DOUBLE THE TROUBLE:

## What Health Care Access Looks Like without the Affordable Care Act or Planned Parenthood

**A**ccess to high quality, affordable health care, including reproductive health care, is critical to an individual's health, economic security, and dignity. But access to health care requires more than just an empty promise—the existence of health care services means nothing if a person can't afford them or if there are no quality health care providers in their area to deliver the services they need.

The Affordable Care Act (ACA) and the ability of Planned Parenthood health centers to see anyone who seeks care, including Medicaid patients, have each played a crucial role in providing and expanding access to care, especially for individuals and families struggling to make ends meet, younger people, and people of color. In particular, the ACA and Planned Parenthood have gone a long way towards addressing racial disparities in health care and insurance: a full two-thirds of the women who have gained health insurance coverage since the passage of the ACA are women of color<sup>1</sup> and 36 percent of the patients served by Planned Parenthood in 2013 were Black or Latinx.<sup>2</sup> Moreover, Planned Parenthood health centers are uniquely positioned to serve populations who face increased obstacles to health care access, including language and cultural barriers.<sup>3</sup>

By providing health insurance to more individuals, improving the quality of health insurance coverage, and ensuring patients are able to see culturally-competent health care providers in their communities, the ACA and Planned Parenthood work together to help millions of people across the country obtain the services they need to get and stay healthy.

Both the ACA and Planned Parenthood are facing relentless attacks from certain members of Congress and the Trump Administration. Dismantling even one of these programs would be harmful, but taken together, the result is devastating. This analysis paints a picture of what health care access would look like in this country if Trump and some members of Congress get their way. To do so, this analysis simulates the process individuals would have to undertake to find and pay for care if they cannot go to their local Planned Parenthood *and* no longer have the coverage or protections of the ACA.

Our research found that regardless of the services sought, without the coverage and protections of the ACA and the comprehensive care provided by Planned Parenthood health centers, patients would have to jump through multiple hoops to get the care they need or go without it altogether. In many cases, inability to access care could put individuals in untenable situations, forcing them to skip a rent payment or scramble to pay for childcare. In others, it could mean delayed diagnosis or treatment of a life-threatening or debilitating condition.

### **HOW WE UNDERTOOK THE ANALYSIS**

Researchers at the National Women's Law Center constructed five scenarios, imagining where the individual lives and their health needs. Simulating a world where the ACA is repealed and Planned Parenthood is defunded, our researcher took the steps these individuals might take to access health care services, including long acting birth control like the IUD or implant, a well-woman visit, the birth control ring, and trans-related health care, without the health insurance coverage or protections of the ACA and without access to their local Planned Parenthood. For each hypothetical, our researcher searched for alternative health care providers in the area and called these offices—just as a potential patient might—to determine if they provide the needed service, the cost of the service, and appointment availability.<sup>4</sup>

## WHAT YOU NEED TO KNOW ABOUT THE POLICIES

### Health Insurance Marketplaces

The health insurance marketplaces set-up by the ACA extend coverage to individuals who were not eligible for coverage through an employer, Medicaid, or other sources. Tax credits are available to make coverage more affordable<sup>5</sup>. As of 2014, over 9 million women, who would otherwise have gone without affordable health insurance, were eligible to benefit from the tax credits, including a disproportionate number of women of color.<sup>6</sup> Without the tax credits and other protections built into the ACA that keep costs in the individual insurance market controlled,<sup>7</sup> many of these individuals would be unable to afford coverage. Changes to the tax credit program – like those contained in the ACA repeal bill passed by the House of Representatives in March 2017<sup>8</sup> – would leave many low- and moderate-income individuals without the ability to afford health insurance.

One in five women has visited a Planned Parenthood for health care in her lifetime,<sup>9</sup> and for women newly insured through the health insurance marketplace, Planned Parenthood is a trusted community health care provider with affiliates in every state that participate in most health insurance plans.

# OBTAINING HEALTH CARE WITHOUT THE ACA OR PLANNED PARENTHOOD

## Tamara

Small business owner, 32, needs the birth control implant

### NOW

Tamara lives in Fort Myers, Florida and recently started her own business. She decided to quit her job, which had good benefits, and start her own company knowing that she was able to afford health insurance on the individual market with the help of the ACA's tax credits. Like many small business owners, Tamara puts in long hours, often working 50–60 hours a week, and doesn't have the luxury of taking time off from running her business. Tamara knows this isn't a good time for her to have children, so she wants a birth control method that is reliable and more long-term. During her last check-up, the clinician at Planned Parenthood suggested an IUD or implant. Because of the ACA, her health insurance will cover the full cost of an implant or IUD, including the appointment to have it inserted and any follow-up appointments, without out-of-pocket costs. Getting an implant soon and without out-of-pocket costs would be best for Tamara's career and financial stability.

## Birth Control

The ACA's birth control benefit has greatly expanded coverage for birth control. The benefit requires all new health plans to cover the full-range of FDA approved birth control methods without cost sharing like deductibles, co-payments, and co-insurance.<sup>10</sup> Attacks on the ACA's birth control benefit—including efforts to make it easier for employers with “religious or moral” opposition to birth control to block their employees from receiving birth control coverage—could send women back to a time when birth control made up 30–44 percent of women's total out-of-pocket health care costs,<sup>11</sup> leading some women to use birth control incorrectly, inconsistently, or to forgo it altogether.<sup>12</sup> And it will mean some women won't be able to prevent, plan, and space pregnancies, leading to unintended pregnancies and hurting their ability to move forward in their education and career.<sup>13</sup>

Planned Parenthood health centers are a trusted source of critical family planning services for individuals in a way unmatched by other providers. The vast majority of Planned Parenthood centers (93 percent) offer the full-range of FDA-approved birth control methods, compared with less than two-thirds of health departments (61 percent) and just over half of FQHCs (52 percent).<sup>14</sup> Moreover, nearly all Planned Parenthood health centers have protocols to facilitate timely access to birth control, such as same-day appointments and on-site pharmacies—this is not true of other publicly funded health centers.<sup>15</sup> Studies have shown that if Planned Parenthood is defunded—as proposed in the ACA repeal bill and in President Trump's budget—other providers that serve low-income patients cannot absorb Planned Parenthood's patients.<sup>16</sup> This is especially true when it comes to people seeking birth control: Planned Parenthood health centers make up 6 percent of low-income family planning providers, yet they serve 32 percent of all low-income birth control patients.<sup>17</sup>

## IF THE ACA IS REPEALED AND PLANNED PARENTHOOD IS DEFUNDED

Tamara is considering a birth control implant but she's worried about paying for it if she loses health insurance coverage because the ACA tax credits are taken away or reduced. If she could go back to her local Planned Parenthood, she'd pay about \$500 without insurance for the implant and could schedule an appointment next week. Unable to continue her care at Planned Parenthood because of defunding, she finds that the local health department is the only other clinic that can provide her an implant at this price. Since she's never been a patient there and because of her health history, the health department requires Tamara to schedule a check-up, get STI testing, and then come back for a second appointment to get the implant. The health department can't get her in for another two weeks, meaning she will have to wait two weeks for the first appointment and another two weeks for the second. Tamara looks into going to a health care provider that could see her as soon as next week but the implant and placement will cost at least \$1,100—twice as much as Planned Parenthood.

## THE RESULT

Tamara is faced with three options: (1) waiting at least a month to get the birth control she needs at a more affordable price and taking time off from her business to go to two doctor's appointments, which means taking a hit on her revenue; (2) dipping into her savings to pay for the birth control she needs from a provider who charges more than she can afford; or (3) going without the birth control method that would be best for her. Unable to gather the money or find the time required, Tamara puts off starting birth control for now. This leaves Tamara in a risky economic situation in which one unexpected cost—such as an unintended pregnancy—could send her over the edge into financial ruin and destroy the business she's worked so hard to create. .

## WHAT YOU NEED TO KNOW ABOUT THE POLICIES

### Medicaid Expansion

The ACA gave states the option to expand their Medicaid programs to cover a population of lower-income individuals who, prior to the ACA, did not qualify for Medicaid but could not afford private coverage.<sup>18</sup> Thirty-one states and the District of Columbia have expanded Medicaid eligibility<sup>19</sup> and 3.9 million women ages 18–64 have gained Medicaid coverage since implementation of this provision, a growth of 29 percent nationally.<sup>20</sup> Medicaid expansion has been especially important for women of color: 3.3 million of the 5.1 million women of color who have gained coverage since passage of the ACA live in states which expanded their Medicaid program.<sup>21</sup> Any significant change to the Medicaid program and/or elimination of the Medicaid expansion—which was included in the House ACA Repeal Bill<sup>22</sup>—will once again leave much of this population without coverage.

For decades, Planned Parenthood has been an essential health care provider for women with Medicaid, including the Medicaid expansion population, and more than half of Planned Parenthood patients rely on Medicaid for health coverage.<sup>23</sup> Analysis of the defunding provision in the House ACA Repeal Bill—which would take away those patients' option to see the trusted providers of their choice by withholding federal Medicaid reimbursement from Planned Parenthood—shows that “the number of births in the Medicaid program would increase by several thousand” in one year due to reduced access to birth control caused by the Bill's defunding provision.<sup>24</sup>

### Jennifer

Works full-time,  
37, needs a well-  
woman check-up

#### NOW

During a routine check-up at her local Planned Parenthood, Jennifer—a single working mother who lives in Vienna, West Virginia, a small town on the Ohio River—was diagnosed with high blood pressure and an abnormal pap test. She was able to quickly receive treatment for both, but she must be sure to get regular blood pressure screenings and pap tests in the future, services that are commonly provided in “well-woman” visits. Jennifer knows how important it is as a Black woman to keep up with her pap tests to screen for cervical cancer and to keep an eye on her blood pressure. Black women are more likely to die from cervical cancer than white women, and she has known several women in her community who have been diagnosed with cervical cancer and passed away. Now that Jennifer has health insurance through West Virginia's Medicaid expansion program, her well-woman visits are covered with no out-of-pocket costs so it's easier for her to stay healthy.

#### IF THE ACA IS REPEALED AND PLANNED PARENTHOOD IS DEFUNDED

If the ACA is repealed and the Medicaid expansion program ends, Jennifer will lose her insurance coverage. Without health insurance and without her local Planned Parenthood, Jennifer first must search for alternative providers. She finds she can go to the health department or a few community health clinics. When Jennifer calls these providers, she is told that she will have to wait 5 to 6 weeks for an appointment and that these clinics are only open during shortened business hours. The one clinic that has

## Preventive Services

The ACA requires all plans to cover a set of evidence-based preventive services, such as cancer screenings, HIV testing for higher-risk individuals, and well-woman visits with no out-of-pocket costs.<sup>25</sup> This requirement has gone a long way in addressing health disparities. For example, Latina women are 1.4 times more likely to die from cervical cancer than white women, and Black women are over twice as likely to die as white women. This disparity is primarily due to lack of screening.<sup>26</sup> But now, because of the ACA, more women can receive cervical cancer screenings with no out of pocket costs with the potential to narrow these health disparities. Repeal of the ACA severely threatens the availability and affordability of these services, which will likely force women to forgo preventive care due to cost, with resulting risks to their health and lives.<sup>27</sup>

Beyond birth control care, Planned Parenthood health centers offer a wide-range of the preventive services that are required to be covered under the ACA, including well-woman visits, cervical cancer screening, STI testing and treatment, and HIV testing.<sup>28</sup> The non-partisan Congressional Budget Office has estimated that if Planned Parenthood is denied federal Medicaid funding, an estimated 390,000 people will completely lose access to preventive health care and 650,000 will face reduced access to preventive care.<sup>29</sup> Even more people will lose care if Congress withholds other funds from Planned Parenthood, such as Title X funding.

Saturday evening hours is 23 miles away. In order to accommodate her and her son's schedules, she must either take off work without pay during the week or travel 46 miles roundtrip and find someone to watch her son on the weekend. Even if Jennifer is able to make the necessary arrangements, she still has to figure out how much the well-woman visit will cost and then find the money to pay for it. Some providers may take her income and ability to pay into account when deciding how much to charge, in which case the well-woman visit might cost Jennifer \$150. But if this isn't an option, her routine well-woman visit could cost about \$600.

## THE RESULT

Paying \$600 or even \$150 for her well-woman visit means that Jennifer will not be able to cover the cost of child care for a week or a portion of her rent, utilities, or food. And this does not even account for her lost wages from taking time off of work, increased travel costs, or the cost of extra child care. And even if she is able to afford it, she would have to wait 5 to 6 weeks for the appointment. Most likely, Jennifer will forgo the appointment, but given her history of high blood pressure and abnormal pap smears, this puts her at increased risk of more serious and more expensive health problems in the future. Forgoing regular well-woman visits also increases the risk that, should Jennifer develop a more serious health problem, it will not be caught and treated as early as it could have been with regular preventive care. For example, high blood pressure can easily be diagnosed, monitored, and treated through routine well-woman visits, but if left uncontrolled, it can lead to stroke and even death. Without coverage for preventive care and a provider with appointments available outside of Jennifer's work hours, her health and future is placed in danger.



# WHAT YOU NEED TO KNOW ABOUT THE POLICIES

## Birth Control

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## Elena

University student,  
19, needs the birth  
control ring

### NOW

Elena, a full-time student at the University of Nevada in Reno, lives on campus and works part-time to help with her housing and tuition costs. She has debilitating pain during her period because of endometriosis—some months causing her to miss several days of school and work shifts. Elena uses the birth control ring to manage her periods and endometriosis. Based on the advice of her doctor, Elena uses the ring continuously for three months, so she needs to pick up three rings every three months at the campus pharmacy. Thanks to the ACA, Elena's insurance, which she gets through her mom's work, covers her ring without out-of-pocket costs.

### IF THE ACA IS REPEALED AND PLANNED PARENTHOOD IS DEFUNDED

With the ACA repealed, Elena's health insurance plan no longer covers birth control without out-of-pocket costs and does not cover the birth control ring at all. Without this coverage, Elena's birth control costs jump to about \$440 every three months (or \$1,760 per year) at the school pharmacy, which she can't afford. Elena could walk to Planned Parenthood and get the ring for \$35 to \$55 each, with the option to purchase several months' supply so she can use it continuously as recommended. But if Planned Parenthood is defunded, that may not be an option anymore. After calling around, Elena finds only one local community health clinic that charges less than her campus pharmacy for the ring. It's nearly three miles away—a one hour bus ride, round-trip, from the University. While the cost is about the same as Planned Parenthood, they will not provide Elena with more than one

ring at a time, so she will have to return every three weeks for a new ring if she is going to manage her endometriosis. Plus, she must have an appointment with one of the clinic's physicians to get a new prescription, but the clinic can't fit Elena into the schedule for one to two weeks.

### THE RESULT

Without coverage of birth control, including the birth control ring, in her health plan or the option to get her prescription at Planned Parenthood, Elena faces multiple hurdles to getting the medication she needs to treat the debilitating pain from having endometriosis. After taking the time to find out what options she does have, Elena is left with a choice: she can spend \$438 of her limited student funds on birth control every three months at the campus pharmacy, which may mean reconsidering buying books next semester or putting less toward her student loans than she'd planned, or she can go to the community health clinic every three weeks, which will take more than an hour round trip during times she should be in class or working. If Elena cannot get her birth control to help with her endometriosis, she is worried her grades may slip and she might lose her job, jeopardizing her education and future economic security.

## WHAT YOU NEED TO KNOW ABOUT THE POLICIES

### Nondiscrimination

The ACA includes the first-ever federal broad prohibition on sex discrimination in health care and health insurance.<sup>30</sup> Commonly referred to as Section 1557, this provision also prohibits discrimination based on race, color, national origin, age, and disability.<sup>31</sup> Under Section 1557, the prohibition on sex discrimination is properly understood to include discrimination based on gender identity or sex stereotyping, which typically includes discrimination based on sexual orientation.<sup>32</sup> This means that health programs and entities that are covered by Section 1557, such as health insurance companies and health care providers, cannot refuse to cover or offer services to individuals because of the patient's sexual orientation, gender identity, or because they don't meet traditional sex stereotypes. The Trump administration has signaled through executive order and court motions that it wants to limit its enforcement of Section 1557 and roll back important regulations that implement the provision—possibly in an attempt to allow discrimination based on “gender identity” against trans patients.<sup>33</sup>

As a health care provider, Planned Parenthood has specific nondiscrimination statements signaling to patients that its health centers provide comprehensive and respectful care.<sup>34</sup> This is particularly important for trans individuals, one-third of whom reported in a recent survey that in the past year, they have “had at least one negative experience related to being transgender” when dealing with health providers.<sup>35</sup> Moreover, unlike many other health care providers, Planned Parenthood does not require medically unnecessary extended psychological counseling or time spent living as a desired gender before providing transition related care.<sup>36</sup>

## Jaden

**Student, 17, needs hormone therapy and management**

### NOW

Jaden lives in Nashville, Tennessee. He recently came out to his parents as transgender and they are supportive of his desire to begin the process of transitioning. Jaden has health insurance under his mother's employer-sponsored insurance plan, and the family begins searching for a provider in their insurance network that will help him manage hormone therapy. Through a local support group, Jaden found a transgender resource guide with a list of health care providers that will prescribe and manage hormones for trans patients. He learns that Planned Parenthood in Nashville follows an updated model of care that does not require trans patients to jump through hoops to receive transition related care or preventive health care. They also provide confidential non-judgmental care for adolescents. And the local Planned Parenthood is in Jaden's health insurance plan provider network, which means his care will be covered.

### IF THE ACA IS REPEALED AND PLANNED PARENTHOOD IS DEFUNDED

Although he still has health insurance, Jaden's family is worried that their health plan may decide to cut coverage of services for transgender patients, such as transition related surgery, or even deny him critical preventive care because of his gender identity. Defunding Planned Parenthood would remove Jaden's local Planned Parenthood clinic as an option for quality, affordable health services. Many of the other providers listed in the resource

guide don't take health insurance at all, which means high out-of-pocket costs for Jaden and his family. Others require a letter from a therapist before they will prescribe hormones, which mean delays in Jaden's care.

### **THE RESULT**

If Jaden's health insurance plan decides to stop covering care for trans patients and he is unable to receive care from his local Planned Parenthood, Jaden may end up like many transgender patients who face delays, discrimination, and high costs for health care. These obstacles may completely block Jaden from receiving health care, seriously threatening his health and ability to live a happy and full life.

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## Ana

**Store Manager, 27,  
needs a non-  
hormonal IUD**

### NOW

Ana, a store manager at a local business in Canton, Ohio, has health insurance through her employer. Because of a clotting disorder, Ana is unable to use hormonal birth control and a pregnancy could seriously endanger her life. After a birth control consultation, the clinician at Planned Parenthood recommended she get a non-hormonal copper IUD. Because of the ACA, Ana's insurance fully covers the cost of the IUD, without her having to pay anything out of pocket, even for the appointment to have it inserted.

### IF THE ACA IS REPEALED AND PLANNED PARENTHOOD IS DEFUNDED

Without the ACA's birth control coverage requirement, Ana's employer may decide to provide a health insurance plan that doesn't cover the IUD. Without coverage, Ana is forced to shoulder the entire cost of the IUD, which could be as high as \$1,700 from her primary care provider. If she can continue to go to her local Planned Parenthood, her IUD would cost \$300 based on her income, and since she's an established patient she could schedule an appointment to have the IUD inserted next week. But with Planned Parenthood defunded, Ana is not sure where to turn. She starts searching for other options, but with English as her second language and not many clinics that provide translation services—unlike Planned Parenthood who does provide translation services—the language barrier makes it difficult to get the best

information. Ana has managed to figure out that Canton has three community health centers that provide low-cost health services, but none provide IUDs. The closest clinic that does is 15 miles away and only has appointments during Ana's work hours. Ana does not have paid sick leave and it's difficult to get time off from her job. The county health department nearby only offers family planning services once a week in the middle of Ana's work day. She's called twice over the last week to see if they even provide IUDs but has received no answer and no call back.

### THE RESULT

Ana either must try to find a way to cover the \$1,700 cost of getting her IUD through her primary care physician or try to schedule an appointment at one of the other clinics, which means risking her job. This puts Ana in an untenable position—either pay more to get the care she needs now, even if it means not paying her mortgage this month, or wait several months for a more affordable appointment when she can find a time that fits into her work schedule, even though the longer the wait, the greater the risk to her health and life.

Repealing the ACA and defunding Planned Parenthood would separately threaten the health and well-being of millions of individuals. But together, as this analysis illustrates, the damage is compounded, making it exponentially harder for people to access affordable, timely, and high-quality health care services. Without the ACA and Planned Parenthood, there will be millions of Tamaras, Jennifers, Elenas, Jadens, and Anas—millions of people who face increased barriers to care or are forced to go without it altogether.

- 1 NAT'L WOMEN'S LAW CTR., *ACA Repeal: What's at Stake for Women's Health Coverage* (Feb. 2017), <https://nwlc.org/resources/aca-repeal-whats-at-stake-for-womens-health-coverage/>.
- 2 Miriam Zoila Pérez, *5 Reasons Why the Latest Attacks on Planned Parenthood Matter to People of Color*, COLORLINES (Aug. 5, 2015), <http://www.colorlines.com/articles/5-reasons-why-latest-attacks-planned-parenthood-matter-people-color>.
- 3 See, e.g., Mara Youdelman & Jane Perkins, *Providing Language Services In Small Health Care Provider Settings: Examples From The Field* (Apr. 2005), [http://www.commonwealthfund.org/usr\\_doc/810\\_Youdelman\\_providing\\_language\\_services.pdf](http://www.commonwealthfund.org/usr_doc/810_Youdelman_providing_language_services.pdf); *supra* note 34 and accompanying text.
- 4 We focused our search on cities in Nevada, Ohio, Kentucky, Florida, and Texas, and used publicly available databases to look for the options available to a person looking for health care in these states. We started where Planned Parenthood health centers were located, and then searched within a 20 mile radius to find other health care providers in the area, such as Federally Qualified Health Centers (FQHCs), state and local health departments, and Title X clinics. Each provider was contacted to determine which health services were available to persons paying out of pocket for health care, the cost of such services, the timing of the next available appointment, and the number of appointments required to complete a service. If costs were unavailable, they were calculated using fair pricing tools based on zip code.
- 5 Patient Protection and Affordable Care Act, 26 U.S.C. § 1401(a).
- 6 Brief for National Women's Law Center et al. as Amici Curiae Supporting Respondents at 8, *King v. Burwell*, 576 U.S. \_\_\_, 135 S. Ct. 2480 (2015).
- 7 See, e.g., Patient Protection and Affordable Care Act, 42 U.S.C. § 300gg.
- 8 American Health Care Act of 2017, H.R. 1628, 115th Cong. (2017).
- 9 PLANNED PARENTHOOD, *Planned Parenthood at a Glance* (last visited May 17, 2017), <https://www.plannedparenthood.org/about-us/who-we-are/planned-parenthood-at-a-glance>.
- 10 Patient Protection and Affordable Care Act, 42 U.S.C. § 300gg-13(a).
- 11 Nora V. Becker & Daniel Polsky, *Women Saw Large Decrease In Out-Of-Pocket Spending For Contraceptives After ACA Mandate Removed Cost Sharing*, 34 HEALTH AFFAIRS 1204 (July 2015).
- 12 Carina Storrs, *Unintended Pregnancy Rate in U.S. Is High, But Falling*, CNN (Mar. 2, 2016), <http://www.cnn.com/2016/03/02/health/unintended-pregnancy-rate/>.
- 13 Jennifer J. Frost & Laura Duberstein Lindberg, *Reasons For Using Contraception: Perspectives of US Women Seeking Care at Specialized Family Planning Clinics*, 87 CONTRACEPTION 465 (2013).
- 14 Mia R. Zolna & Jennifer J. Frost, GUTTMACHER INST., *Publicly Funded Family Planning Clinics in 2015: Patterns and Trends in Service Delivery Practices and Protocols* (Nov. 2016) at 12, available at <https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015>.
- 15 *Id.* at 22.
- 16 Kinsey Hasstedt, GUTTMACHER INST., *Federally Qualified Health Centers: Vital Sources of Care, No Substitute for the Family Planning Safety Net* (May 17, 2017), <https://www.guttmacher.org/gpr/2017/05/federally-qualified-health-centers-vital-sources-care-no-substitute-family-planning>.
- 17 *Id.*
- 18 Patient Protection and Affordable Care Act, 42 U.S.C. § 1396d(a).
- 19 KAISER FAMILY FOUND., *Status of State Action on the Medicaid Expansion Decision* (as of Jan. 1, 2017), <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicare-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

- 20 NAT'L WOMEN'S LAW CTR., *Affordable Care Act Repeal and Changes to Medicaid Threaten the Health and Economic Security of 3.9 Million Women Who Recently Gained Medicaid Coverage* (Feb. 2017), <http://nwl.org/wp-content/uploads/2017/02/Medicaid-Coverage-by-State-1.pdf>.
- 21 NAT'L WOMEN'S LAW CTR., *Affordable Care Act Repeal Threatens The Health And Economic Security Of 5.1 Million Women Of Color Who Recently Gained Insurance Coverage* (Feb. 2017), <https://nwl.org/wp-content/uploads/2017/02/WOC-Health-Coverage-by-State-3.pdf>.
- 22 American Health Care Act of 2017, H.R. 1628, 115th Cong. (2017).
- 23 PLANNED PARENTHOOD ACTION FUND, *Medicaid and Reproductive Health* (last visited May 17, 2017), <https://www.plannedparenthoodaction.org/issues/health-care-equity/medicaid-and-reproductive-health>.
- 24 CONG. BUDGET OFFICE, *Cost Estimate: American Health Care Act* (Mar. 13, 2017) at 23, available at <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/americanhealthcareact.pdf>; see also American Health Care Act of 2017, H.R. 1628, 115th Cong. (2017) (maintaining the same defunding provision from the March version of the American Health Care Act).
- 25 Patient Protection and Affordable Care Act, 42 U.S.C. § 300gg-13(a).
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