



# Funding for Reproductive Health Care

In March 2010, President Obama signed the Patient Protection and Affordable Care Act, landmark legislation that will overhaul the nation's health care system with significant implications for women's health.<sup>1</sup> While a number of provisions are scheduled to take effect during 2010, many critical aspects of the new law will not be in place until 2014 or beyond.<sup>2</sup> In certain areas, what the law means for reproductive health care will not be clear until rule-making and other implementation processes are complete.<sup>3</sup> This fact sheet summarizes the funding landscape as of summer 2011 and, where applicable, reflects what is known about health care reform's future impact on reproductive health care.

## Medicaid

Medicaid is a federal-state health insurance program for low-income persons and others in need of assistance.<sup>4</sup> Medicaid is the largest source of funding to the states from the federal government, with roughly 60 million people receiving aid.<sup>5</sup> In 2008, Medicaid provided basic health services to a total of 13.2 million women of reproductive age (15-44).<sup>6</sup> It is also the primary health insurance provider for low-income women,<sup>7</sup> covering more than 12% of women of reproductive age nationwide and almost 37% of low-income women.<sup>8</sup> The program covers pregnant women as well as children under the age of six with a family income at or below 133% of the poverty level.<sup>9</sup> In terms of dollars this means that in 2011, a pregnant woman will not receive Medicaid unless she has an annual income at or below around \$19,500 (note that pregnant women are counted as a family of two). Children ages 6-19 qualify if the family income is within 100% of the federal poverty level.<sup>10</sup>

- As of 2008, 14% of women in the U.S. had no health insurance.<sup>11</sup> The 2010 health care reform law will enable coverage for at least 8 million additional women.<sup>12</sup> This expanded coverage will not take place until 2014, barring any changes to the Affordable Care Act between now and then.
- Approximately 6.7 million uninsured women will qualify for Medicaid coverage when eligibility is extended to all non-elderly Americans in 2014.<sup>13</sup>

## Medicaid: Prenatal & Postnatal Care

- Medicaid requires states to cover a wide range of reproductive health services including family planning, physician services, pregnancy-related services, and labor and delivery; however, states have discretion about which services to include within that broad category. In most states, Medicaid pays for prenatal visits, supplies (such as prenatal vitamins), tests (such as ultrasounds and amniocentesis), and delivery services, such as free-standing birth centers.<sup>14</sup>
- Beginning in fall 2010, Medicaid also covers smoking cessation counseling and drug therapy for pregnant women.<sup>15</sup>
- Also effective January 2011, the new health care law guarantees Medicaid reimbursement for freestanding birth centers and for certified nurse midwife services.<sup>16</sup>

## Medicaid: Funding for Abortions

- The Hyde Amendment, put into effect one year after *Roe v. Wade*,<sup>17</sup> and renewed each year since 1977, prohibits Medicaid funding for abortions for low-income women except in cases of rape, incest, or when a woman's life is endangered.<sup>18</sup> States may use their own state funds to cover abortion in other circumstances, but only a handful of states go beyond the restrictions to cover other medically necessary abortions for Medicaid beneficiaries.<sup>19</sup>
- Except for the limited exceptions mentioned above, the Amendment excludes abortion from the comprehensive health care services provided to low-income people by the federal government through Medicaid.<sup>20</sup> By restricting low-income women's access to abortions,

## Funding for Reproductive Health Care

Hyde functions as an oppressive tool to deprive women of reproductive options and, therefore, control over their lives.<sup>21</sup> Additionally, women utilizing other government funds for health care (e.g., federal employees, Peace Corps volunteers, federal prisoners, Native American women receiving care from Indian Health Services, and those on disability) receive abortion coverage only under limited circumstances.<sup>22</sup>

- In *Harris v. McRae* (1980), the Supreme Court held that the Amendment did not violate equal protection.<sup>23</sup> The Court found indigent women “desiring an abortion” do not constitute a suspect class and the Amendment “is rationally related to the legitimate governmental objective of protecting potential life.”<sup>24</sup>
- Federal Medicaid covered over one-third of all abortions before the Hyde Amendment was passed.<sup>25</sup> Since then, it has covered next to none.<sup>26</sup> Even where abortions fall within the Hyde exceptions, administrative burdens such as bureaucratic claims procedures and ill-informed Medicaid staff mean that the majority of eligible abortions are not reimbursed.<sup>27</sup>
  - Medicaid covers other reproductive health care, including prenatal care and services related to childbirth.<sup>28</sup>
  - Nearly 60% of women on Medicaid in need of an abortion have diverted money that would otherwise be used to pay their daily and monthly expenses, such as rent, utilities, food, and clothing for themselves and their families.<sup>29</sup>
  - Studies have shown that 20-35% of Medicaid-eligible women who want abortions but live in states that do not provide funding for abortions outside the Hyde Amendment exceptions carried their pregnancies to term.<sup>30</sup>
  - According to the National Network of Abortion Funds (NNAF), even within the states that extend coverage for abortion services that do not fall under the Hyde exceptions, only 27% of abortions are covered by state funding for Medicaid beneficiaries.<sup>31</sup>
- Twenty-three states extend the state-funded coverage to abortions that fall outside the Hyde Amendment exceptions (cases of life endangerment, rape, and incest).<sup>32</sup> Four of these states provide such funds voluntarily; the remainder do so pursuant to a court order.
  - Three of these states also fund abortions in cases of fetal impairment; three also fund abortions necessary to prevent grave, long-lasting damage to the woman’s physical health.<sup>33</sup>
  - South Dakota, in violation of the federal standard, provides funding for abortion only when the pregnancy endangers the woman’s life.<sup>34</sup>

### Medicaid: Family Planning

Medicaid is the largest source of funding for subsidized family planning services in the U.S.<sup>35</sup>

- Federal law requires state Medicaid programs to cover family planning services,<sup>36</sup> which could include contraceptive prescriptions, gynecological exams, sterilization procedures, and STI tests.<sup>37</sup>
- Eligibility expansion programs in 27 states currently provide family planning services to low-income individuals who would otherwise be ineligible for Medicaid.<sup>38</sup> These programs widen the geographic availability of services, expand the diversity of family planning providers, reduce unintended pregnancy, and save money for federal and state governments.<sup>39</sup>
  - The scope of such programs may change once the Medicaid expansion goes into effect under the Affordable Care Act. For example, the new law makes it easier for states to further expand coverage eligibility for family planning services before federal expansions go into effect in 2014.<sup>40</sup>
- Research shows that co-payments cause patients to reduce appropriate use of medical care by 44%.<sup>41</sup> This reduction rate became even more pronounced during the recent recession.<sup>42</sup>

## Funding for Reproductive Health Care

- In accordance with federal law, Medicaid recipients do not have to make a co-payment for family planning and pregnancy-related services.<sup>43</sup>
- In the coming years, under the Affordable Care Act, new plans will not be able to charge a co-payment for mammograms or preventative care for seniors.<sup>44</sup> Low- and middle-income women may also be eligible for co-payment reductions.<sup>45</sup>

### **Title X Family Planning Funds**

Title X is the only federal funds program devoted exclusively to family planning programs and clinics.<sup>46</sup> Title X grants go to community organizations, not to individuals.<sup>47</sup>

- Title X clinics serve nearly five million low-income women and men at more than 4,400 health centers each year.<sup>48</sup> In 2006, Title X-funded clinics provided 2.5 million Pap tests, 2.4 million breast exams, 5.2 million STI tests, and 652,426 confidential HIV tests.<sup>49</sup>
- Each year, Title X-funded clinics help to prevent 1.3 million unintended pregnancies, which would result in 632,000 abortions, 533,800 unintended births, and 165,000 miscarriages.<sup>50</sup>
- The majority of Title X clinic visitors are young, low-income, and ineligible for Medicaid.<sup>51</sup>
- Since 1980, though allocations per decade remain comparable, inflation has effectively decreased Title X funding by 60%.<sup>52</sup>

### **2010 Affordable Care Act Subsidies**

Starting in 2014, individuals and families earning up to 400% of the poverty level will be eligible for federal subsidies to purchase health insurance.<sup>53</sup> Affordable private insurance options will be made available as part of a “health insurance exchange,”<sup>54</sup> a state-based marketplace where individuals and small businesses can buy health insurance coverage.

- Subsidies, provided as tax credits, will be available for individuals and families who cannot obtain employer coverage or whose employer coverage is too expensive.<sup>55</sup>
- Income-eligible citizens can receive additional subsidies to offset out-of-pocket costs.<sup>56</sup>
- Women purchasing an insurance plan on the exchange will have to pay for abortion procedures out-of-pocket or write a separate check for abortion coverage, if available.<sup>57</sup>
- Some states have already barred insurance plans in the public exchanges from covering abortion and have even tried to ban abortion coverage for private insurance plans.<sup>58</sup>

### **State Children’s Health Insurance Program (CHIP)**

- The State Children’s Health Insurance Program (CHIP) was created as a supplement to Medicaid, providing coverage to low-income uninsured children ineligible for Medicaid.<sup>59</sup>
- President Obama and the 111<sup>th</sup> Congress passed the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA).<sup>60</sup> The Congressional Budget Office estimates that CHIPRA will expand CHIP and Medicaid coverage to an additional 4.1 million otherwise-uninsured children by 2013.<sup>61</sup>
- CHIPRA also allows states to ignore previous five-year waiting periods on coverage for immigrants and their children.<sup>62</sup> Undocumented immigrants continue to be ineligible.<sup>63</sup>
- The Hyde Amendment also extends to CHIP, barring adolescents from receiving abortions services except in the most dire circumstances of rape, incest, and life-endangerment.<sup>64</sup>

### **Other Public Funding Issues: Family Cap Policies**

President Clinton’s “welfare reform” program, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, instituted family cap policies.<sup>65</sup> Family caps allow states to deny benefits to children born into families already receiving welfare.<sup>66</sup>

- Twenty-four states have adopted family cap or child exclusion policies, although two of those states do not utilize their policies.<sup>67</sup>



# Funding for Reproductive Health Care

- Eighteen states fully exclude newborns from benefits.<sup>68</sup>
- Two states partially exclude newborns by reducing the family's grant increase.<sup>69</sup>
- Two states give families the same amount, regardless of size.<sup>70</sup>
- In 2003, the New Jersey Supreme Court upheld the state's family cap policy.<sup>71</sup> Plaintiffs who challenged the family cap statute argued that the policy unduly restricts a woman's right to bear a child, and if she chooses to have a child, denies both her and the unsupported child equal treatment under the law.<sup>72</sup>

<sup>1</sup> See Times Topics, Health Care Reform: Overview, N.Y. TIMES, [http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health\\_insurance\\_and\\_managed\\_care/health\\_care\\_reform/index.html?scp=1-spot&sq=health%20care%20reform&st=cse](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health_insurance_and_managed_care/health_care_reform/index.html?scp=1-spot&sq=health%20care%20reform&st=cse) (last updated June 30, 2011).

<sup>2</sup> RAISING WOMEN'S VOICES, FACT SHEET, WHAT HEALTH REFORM WILL DO FOR WOMEN AND FAMILIES (2010), available at [http://www.raisingwomensvoices.net/storage/pdf\\_files/RWVHealth%20reform%20benefits%20for%20women3.21.10.pdf](http://www.raisingwomensvoices.net/storage/pdf_files/RWVHealth%20reform%20benefits%20for%20women3.21.10.pdf).

<sup>3</sup> See, e.g., Joerg Dreweke, News Release, GUTTMACHER INSTITUTE, *Contraception Should Be Among Women's Preventative Health Services that are Covered Without Cost* (June 3, 2010), available at <http://www.guttmacher.org/media/nr/2010/06/03/index.html>.

<sup>4</sup> *Medicaid Information*, SOCIAL SECURITY.GOV, <http://www.ssa.gov/disabilityresearch/wi/medicaid.htm> (last visited July 8, 2011).

<sup>5</sup> HENRY J. KAISER FAMILY FOUND., WOMEN'S HEALTH INSURANCE COVERAGE FACT SHEET (2009), available at <http://www.kff.org/womenshealth/upload/6000-08.pdf> public\_funding.pdf.

<sup>6</sup> *Id.*

<sup>7</sup> HENRY J. KAISER FAMILY FOUND., HEALTH INSURANCE COVERAGE OF LOW INCOME WOMEN, FACT SHEET (2001), available at <http://www.kff.org/uninsured/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=13593>.

<sup>8</sup> GUTTMACHER INST., WOMEN'S ISSUE BRIEFS: MEDICAID'S ROLE IN FAMILY PLANNING 1 (2007), available at [http://www.guttmacher.org/pubs/IB\\_medicaidFP.pdf](http://www.guttmacher.org/pubs/IB_medicaidFP.pdf).

<sup>9</sup> CTR. FOR MEDICAID AND STATE OPERATIONS, DEP'T OF HEALTH AND HUMAN SERV., MEDICAID-AT-A-GLANCE 2005: A MEDICAID INFORMATION SOURCE 1 (2005) [hereinafter MEDICAID-AT-A-GLANCE], available at <http://www.cms.hhs.gov/MedicaidGenInfo/Downloads/MedicaidAtAGlance2005.pdf>.

<sup>10</sup> *Medicaid for Kids – Who is Eligible?*, CHIPS INSURANCE, <http://www.chips-health-insurance.com/Medicaid-for-Kids.html> (last visited July 13, 2011).

<sup>11</sup> U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY HEALTH INSURANCE COVERAGE WORKING PAPER DATA: 2008, at tbl. 2 (2008), <http://www.census.gov/hhes/www/hlthins/data/acs/2008/tables.html>.

<sup>12</sup> HENRY J. KAISER FAMILY FOUND., FOCUS ON HEALTH REFORM (MAY 2010), available at <http://www.kff.org/healthreform/upload/8072.pdf>.

<sup>13</sup> RAISING WOMEN'S VOICES, FACT SHEET, HEALTH REFORM AND REPRODUCTIVE HEALTH: POSITIVE AND NEGATIVE EFFECTS (2010), available at <http://www.raisingwomensvoices.net/storage/RWV%20on%20Health%20Reform%20and%20Reproductive%20HealthFINAL3.30.10.pdf>.

<sup>14</sup> HENRY J. KAISER FAMILY FOUND., ISSUE BRIEF: MEDICAID'S ROLE FOR WOMEN 3 (2004), available at <http://www.kff.org/womenshealth/upload/Medicaid-s-Role-for-Women.pdf>. To see what is currently available in your state, go to HealthReform.gov, The Case for Change, <http://www.healthreform.gov/healthcarestatus.html> (last visited July 11, 2011).

<sup>15</sup> Michelle Andrews, *Pregnant Women, New Mothers Get More Protections Under Healthcare Law*, L.A. TIMES, June 21, 2010, available at <http://articles.latimes.com/print/2010/jun/21/health/la-he-pregnancy-20100621>; Letter from Cindy Mann, Director to the Medical Director, to State Medicaid Director, New Medicaid Tobacco Cessation Services (June 24, 2011), available at <https://www.cms.gov/smdl/downloads/SMD11-007.pdf>

<sup>16</sup> RAISING WOMEN'S VOICES, *supra* note 13; *We Won! Guaranteed Medicaid Payment for Birth Centers Signed Into Law By President Obama*, AMERICAN ASSOCIATION OF BIRTH CENTERS, <http://www.birthcenters.org/news/breaking-news/?id=91> (last visited July 11, 2011); *Equitable Reimbursement*, AMERICAN COLLEGE OF NURSE-MIDWIVES, <http://www.midwife.org/Equitable-Reimbursement> (last visited July 11, 2011).

<sup>17</sup> EMERGENCY ABORTION FUND [EAF], 2010 REPORT (JUNE 2011), THIRD WAVE FOUNDATION, available at <http://www.thirdwavefoundation.org/wp-content/uploads/2011/06/EAF-report-2010.pdf>.

<sup>18</sup> Marlene G. Fried, *The Hyde Amendment: 30 Years of Violating Women's Rights*, CTR. FOR AM. PROGRESS (Oct. 6, 2006), [http://www.americanprogress.org/issues/2006/10/hyde\\_history.html](http://www.americanprogress.org/issues/2006/10/hyde_history.html).

<sup>19</sup> Public Funding for Abortion, ACLU (July 21, 2004), <http://www.aclu.org/reproductive-freedom/public-funding-abortion>.

<sup>20</sup> *Id.*

<sup>21</sup> EAF, *supra* note 17.

<sup>22</sup> Susan Schewel, *The Hyde Amendment's Prohibition of Federal Funding for Abortion – 30 Years is Enough*, NAT'L NETWORK OF ABORTION FUNDS, <http://nwhn.org/hyde-amendments-prohibition-federal-funding-abortion-30-years-enough>

<sup>23</sup> 448 U.S. 297 (1980).

<sup>24</sup> *Id.* at 323-25. The Court also noted that federal or state refusal to fund protected rights did not of itself constitute a “penalty” on the exercise of those rights. *Id.* at 317 n.19.

<sup>25</sup> Susan Schewel, *supra* note 22.

<sup>26</sup> *Id.*

<sup>27</sup> Deborah Kacanek, Amanda Dennis, Kate Miller & Kelly Blanchard, *Medicaid Funding for Abortion: Providers' Experiences with Cases Involving Rape, Incest and Life Endangerment*, 42 PERSPECTIVES ON SEXUAL AND REPROD. HEALTH (June 2010) (finding that of the 245 reported abortions that should have qualified for Medicaid reimbursement in the previous year, 143 were not reimbursed).

<sup>28</sup> Public Funding for Abortion, *supra* note 19.

<sup>29</sup> *Id.*

<sup>30</sup> NAT'L ABORTION FED'N, PUBLIC FUNDING FOR ABORTION: MEDICAID AND THE HYDE AMENDMENT at 2 (2006) available at [http://www.prochoice.org/pubs\\_research/publications/downloads/about\\_abortion/](http://www.prochoice.org/pubs_research/publications/downloads/about_abortion/)

<sup>31</sup> EAF, *supra* note 17.

<sup>32</sup> GUTTMACHER INST., STATE POLICIES IN BRIEF: STATE FUNDING OF ABORTIONS UNDER MEDICAID 1 (2010), available at [http://www.guttmacher.org/statecenter/spibs/spib\\_SFAM.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf).

<sup>33</sup> *Id.* at 1.

<sup>34</sup> *Id.* at 1-2.

<sup>35</sup> RACHEL BENSON GOLD & CORY L. RICHARDS, GUTTMACHER INST., MEDICAID SUPPORT FOR FAMILY PLANNING IN THE MANAGED CARE ERA 10 (2001), available at <http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=13900>.

<sup>36</sup> See, e.g., MEDICAID-AT-A-GLANCE, *supra* note 9, at 4.

<sup>37</sup> See, e.g., GUTTMACHER INST., WOMEN'S ISSUE BRIEFS: MEDICAID'S ROLE IN FAMILY PLANNING, *supra* note 8.

<sup>38</sup> GUTTMACHER INST., STATE POLICIES IN BRIEF: STATE MEDICAID FAMILY PLANNING ELIGIBILITY EXPANSIONS (July 1, 2010), [http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf).

<sup>39</sup> See *Special Analysis: Medicaid Family Planning Expansions Hit Stride*, GUTTMACHER REPORT ON PUB. POL'Y 11 (Oct. 2003), available at <http://www.guttmacher.org/pubs/tgr/06/4/gr060411.pdf>.

<sup>40</sup> For example, Medicaid 1115 Waivers allow states to “waive” certain eligibility requirements and still receive federal funds which would otherwise be unavailable. Legislative Analyst's Office (California), *The Patient Protection and Affordable Care Act: An Overview of its Potential Impact on State Health Programs*, LAO (May 13, 2010), available at [http://www.lao.ca.gov/reports/2010/hlth/fed\\_healthcare/fed\\_healthcare\\_051310.aspx](http://www.lao.ca.gov/reports/2010/hlth/fed_healthcare/fed_healthcare_051310.aspx). This is intended to help states “test new approaches to expand coverage and benefits.” *Id.* See also *Medicaid State Waiver Program Demonstration Projects – General Information: Overview*, U.S. DEP'T OF HEALTH AND HUMAN SERV., CTR. FOR MEDICARE & MEDICAID SERV., [http://www.cms.gov/MedicaidStWaivProgDemoPGI/01\\_Overview.asp](http://www.cms.gov/MedicaidStWaivProgDemoPGI/01_Overview.asp) (last visited July 11, 2011).

<sup>41</sup> NAT'L WOMEN'S LAW CTR., INCREASED COST-SHARING IN MEDICAID HURTS WOMEN AND THEIR FAMILIES 1 (2005), available at <http://www.nwlc.org/sites/default/files/pdfs/6-2005MedicaidCost-Sharing.pdf>.

<sup>42</sup> GUTTMACHER INST., A REAL-TIME LOOK AT THE IMPACT OF THE RECESSION ON WOMEN'S FAMILY PLANNING AND PREGNANCY DECISIONS 6 (2009), available at <http://www.guttmacher.org/pubs/RecessionFP.pdf>.

<sup>43</sup> *Medicaid Benefits: Online Database – Benefits by Service: Family Planning Services*, HENRY J. KAISER FAMILY FOUND., [http://medicaidbenefits.kff.org/service\\_main.jsp](http://medicaidbenefits.kff.org/service_main.jsp) (follow “Family Planning Services” hyperlink under “Other Services” topic heading) (last visited July 11, 2011).

<sup>44</sup> *Timeline: What's Changing and When*, HEALTHCARE.GOV, <http://www.healthcare.gov/law/timeline> (last visited July 11, 2011).

<sup>45</sup> NAT'L WOMEN'S LAW CTR., WHAT WOMEN NEED TO KNOW ABOUT HEALTH REFORM: MAKING HEALTH CARE MORE AFFORDABLE 2 (2010), available at [http://www.nwlc.org/sites/default/files/pdfs/HCR\\_Affordability.pdf](http://www.nwlc.org/sites/default/files/pdfs/HCR_Affordability.pdf).

<sup>46</sup> INST. OF MED. OF THE NAT'L ACAD., A REVIEW OF THE HHS FAMILY PLANNING PROGRAM: MISSION, MANAGEMENT, AND MEASUREMENT OF RESULTS ix (2009), available at <http://www.hhs.gov/opa/news/a+review+of+the+hhs+family+planning+program+summary.pdf>.

<sup>47</sup> *Office of Population Affairs, Family Planning*, DEP'T OF HEALTH AND HUMAN SERV.,

<http://www.hhs.gov/opa/familyplanning/index.html> (last visited July 11, 2011).

<sup>48</sup> NAT'L FAMILY PLANNING & REPROD. HEALTH ASS'N, TITLE X (TEN) NATIONAL FAMILY PLANNING PROGRAM: CRITICAL HEALTH PROGRAM FOR LOW-INCOME WOMEN AND MEN 1 (2008), available at <http://www.nfprha.org/images/pdf/2008%20Fact%20Sheets/Title%20X%20March%202008%20FINAL.pdf>.

<sup>49</sup> *Id.*

<sup>50</sup> *Id.*

<sup>51</sup> *Id.* at 2.

<sup>52</sup> *Family Planning Facts: History of Title X*, NAT'L FAMILY PLANNING & REPROD. HEALTH ASS'N, [http://www.nfprha.org/main/family\\_planning.cfm?Category=History\\_of\\_Title\\_X&Section=Main](http://www.nfprha.org/main/family_planning.cfm?Category=History_of_Title_X&Section=Main) (last visited July 11, 2011). Funding increases approximately \$100 million each decade (1970s, 1980s, 1990s and 2000s). *Budget: Family Planning Program*, U.S. DEP'T OF HEALTH AND HUMAN SERV., OFFICE OF POPULATION AFFAIRS <http://www.hhs.gov/opa/about/budget> (last visited July 11, 2011).

<sup>53</sup> RAISING WOMEN'S VOICES, *supra* note 13.

<sup>54</sup> *Frequently Asked Questions about Health Insurance Reform, Q: What is the Insurance Exchange?*, WHITEHOUSE.GOV, <http://www.whitehouse.gov/realitycheck/faq#i1> (last visited July 1, 2011).

<sup>55</sup> *Title I: Quality, Affordable Health Care for All Americans – Making Coverage and Care More Affordable for Families*, WHITEHOUSE.GOV, <http://www.whitehouse.gov/health-care-meeting/proposal/titlei/families> (last visited July 11, 2011).

<sup>56</sup> *Id.*; NAT'L WOMEN'S LAW CTR., *supra* note 44.

<sup>57</sup> Vania Leveille, *The Call of History*, ACLU, <http://www.dailykos.com/story/2010/3/22/194119/827> (Mar. 22, 2010, 16:42 PDT). For a detailed explanation on how the Act regulates insurance regarding abortion funding, see NAT'L WOMEN'S LAW CTR., WHAT WOMEN NEED TO KNOW ABOUT HEALTH REFORM: ABORTION (2010), *available at* [http://www.nwlc.org/sites/default/files/pdfs/hcr\\_abortion\\_updated\\_11-10.pdf](http://www.nwlc.org/sites/default/files/pdfs/hcr_abortion_updated_11-10.pdf); HENRY J. KAISER FAMILY FOUND., SUMMARY OF NEW HEALTH REFORM LAW, FOCUS ON HEALTH REFORM (April 2011), *available at* <http://www.kff.org/healthreform/upload/8061.pdf>

<sup>58</sup> GUTTMACHER INSTITUTE, RESTRICTING INSURANCE COVERAGE OF ABORTION (2011), *available at* [http://www.guttmacher.org/statecenter/spibs/spib\\_RICA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_RICA.pdf).

<sup>59</sup> HENRY J. KAISER FAMILY FOUND., MEDICAID AND THE UNINSURED: CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 1 (2009), *available at* <http://www.kff.org/medicaid/upload/7863.pdf>.

<sup>60</sup> Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3, *available at* <https://www.cms.gov/HealthInsReformforConsume/Downloads/CHIPRA.pdf>.

<sup>61</sup> HENRY J. KAISER FAMILY FOUND., *supra* note 62.

<sup>62</sup> *Id.* at 2.

<sup>63</sup> *Id.*

<sup>64</sup> JESSICA ARONS & MADINA AGRENOR, CENTER FOR AMERICAN PROGRESS, SEPARATE AND UNEQUAL: THE HYDE AMENDMENT AND WOMEN OF COLOR at 8 (Dec. 2010), *available at* [http://www.americanprogress.org/issues/2010/12/pdf/hyde\\_amendment.pdf](http://www.americanprogress.org/issues/2010/12/pdf/hyde_amendment.pdf)

<sup>65</sup> Rebekah J. Smith, *Family Caps in Welfare Reform: Their Coercive Effects and Damaging Consequences*, 29 HARV. J.L. & GENDER 151, 153 (2006).

<sup>66</sup> *Id.* at 151. *See also Fact Sheet: Administration for Children and Families*, Dep't of HEALTH & HUMAN SERV., <http://aspe.hhs.gov/hsp/abbrev/prwor96.htm> (last visited July 4, 2010).

<sup>67</sup> *Id.* at 152.

<sup>68</sup> *Id.*

<sup>69</sup> *Id.*

<sup>70</sup> *Id.*

<sup>71</sup> *Sojourner A. v. N.J. Dep't of Human Serv.*, 828 A.2d 306 (N.J. 2003).

<sup>72</sup> *Id.* at 308.