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# **THE TRUMP REPUBLICAN NEW TAX AND BUDGET LAW IS DEVASTATING FOR WOMEN'S HEALTH, INCLUDING REPRODUCTIVE HEALTH**

Defying his promise to "Make America Healthy Again," President Trump's so-called One Big Beautiful Bill Act (OBBBA), passed by congressional Republicans in early July 2025, will cause catastrophic health insurance coverage loss to over 15 million people and shut down trusted health care providers and health systems. The OBBBA provisions that gut Medicaid, undermine the Affordable Care Act (ACA) Marketplaces, and defund Planned Parenthood will be particularly devastating to women's health, wellbeing, and financial security.

Taken together, these OBBBA provisions mean that:

- Women will lose the Medicaid coverage and ACA Marketplace coverage that currently meets almost all of their health needs<sup>1</sup>;
- Women who are able to remain on Medicaid and on the ACA marketplace will be forced to pay more for the services they need, or will have to make hard decisions about which services to go without;
- Many of the women who lose coverage will remain uninsured, with harmful effects on their health, lives, and economic stability; and
- The trusted providers women rely upon for family planning and preventive care will be shuttered, making their ability to get care even more precarious.

In other words, OBBBA will take away essential insurance coverage from women who are barely making ends meet while at the same time raising prices for those who retain coverage, and close providers who could have served those in need. The results are ruinous for women's access to care, including contraception, pregnancy-related care and newborn care, and preventive and primary care, and for women's financial stability.

## The Trump Republican tax and budget law guts Medicaid coverage, taking coverage away from women and jeopardizing their health and economic security.

For sixty years, Medicaid has been a lifeline for millions of women, providing essential health insurance coverage that they otherwise might not be able to afford. Medicaid covers a comprehensive range of services – birth control, pregnancy-related care, births, prescription drugs, hospitalization, long-term care, and more – that addresses women’s major health needs throughout their lives. Women of all ages and health circumstances rely on Medicaid to pay for their health care, and this coverage is vital for improving women’s access to care, health and life outcomes, and economic security.<sup>2</sup> Currently, over 18 million women aged 19-64 receive this critical coverage and its accompanying lifelong benefits.<sup>3</sup> Approximately 16 million women of reproductive age are covered by Medicaid<sup>4</sup> and Medicaid accounts for the largest share (75 percent) of all public spending on family planning services<sup>5</sup> and pays for forty percent of all births.<sup>6</sup>

OBBBA jeopardizes all of that. The law cuts over \$1 trillion from Medicaid over the next 10 years, pushing more than 10 million people off the program by 2034.<sup>7</sup> Some of the changes to the program – especially the work reporting requirements and cost-sharing mandates – represent a fundamental shift away from the purposes of Medicaid coverage and will be most harmful to women.

### Women Will Lose Coverage Because of Medicaid Work Reporting Requirements.

The most significant cuts to Medicaid come from coverage losses expected from new Medicaid work reporting requirements. Under OBBBA, Medicaid expansion enrollees ages 19-64 will be required to report at least 80 hours per month of work or other “qualifying activities” to access and maintain Medicaid coverage. Imposing work reporting requirements goes against the purpose of Medicaid, which is to help provide health coverage and services to those individuals in need. It is also a radical betrayal of the purpose of Medicaid based on the false myth that individuals who access Medicaid are unmotivated to work. Most Medicaid enrollees who can work, do work. Data from 2023 found that nearly 65% of non-elderly Medicaid adults were working, with most working full time.<sup>8</sup> The distortion of reality behind adding Medicaid work requirements is predicated on over-invoked racialized and gendered stereotypes of beneficiaries.<sup>9</sup>

The data are clear: work reporting requirements do nothing other than deny coverage to eligible enrollees. For example, in the seven months after work reporting requirements were in operation in Arkansas, over 18,000 people lost coverage—this included many people who were working, qualified for an exemption, or were otherwise eligible.<sup>10</sup> Indeed, most people who lost coverage did not lose it because they failed to work or qualify for an exemption, but rather because of extensive administrative hurdles, red tape, and confusion.<sup>11</sup>

Medicaid work reporting requirements ignore the lived experiences of women and will disproportionately harm them. Women of color, and women broadly, are subjected to greater barriers to employment due to discrimination and harassment<sup>12</sup> and are also more likely to provide caregiving,<sup>13</sup> all of which make compliance with work reporting requirements more difficult. Yet work reporting requirements define work in ways that discount or ignore unpaid caregiving. In fact, the only caretaking exception allowed in OBBBA is for parents with children ages 13 and under. This ignores parents who are providing care to children older than 13, or who are caregiving for other family members.

When women are pushed off Medicaid due to work reporting requirements, there will be long lasting effects. Most people who lose Medicaid coverage end up uninsured or experience gaps in coverage.<sup>14</sup> The consequences are multifold, including being less likely to receive preventive care or to access services for major health conditions and chronic diseases.<sup>15</sup> For example, 1 in 5 uninsured women have had to stop using birth control because of cost, compared to just 1 in 20 on Medicaid.<sup>16</sup> Uninsured women—disproportionately Black, Latina, and Indigenous women—are less likely to have a regular doctor and to receive services like mammograms, Pap tests, and blood pressure checks.<sup>17</sup> They also get less adequate and lower quality care.<sup>18</sup> As a result, uninsured women are more likely to have unmet medical needs and worse health outcomes, from higher rates of maternal mortality, especially among Black women,<sup>19</sup> to later-stage cancer diagnoses.<sup>20</sup>

Uninsured adults broadly are more likely to forgo needed care than those who are insured: In 2023, nearly half (47%) of uninsured people aged 18 to 64 reported that they had not seen a health care professional in the previous year, approximately three times the rate among insured people.<sup>21</sup> Uninsured people are consequently more likely to be hospitalized for avoidable health problems.<sup>22</sup> And when they are hospitalized, they receive fewer medical tests and services and suffer from higher mortality rates than those with insurance.<sup>23</sup>

The health impacts are further compounded by financial ones: 62% of uninsured adults report health care debt,<sup>24</sup> which itself leads to wide-ranging impacts on health and wellbeing.<sup>25</sup> Indeed, Arkansans who lost coverage in the time period when work reporting requirements were in place faced significant repercussions: 50% reported serious problems paying off medical debt, 56% delayed care because of cost, and 64% delayed taking medication because of cost.<sup>26</sup>

In other words, Medicaid work reporting requirements hurt the women who need health care the most, with loss of coverage increasing the likelihood of worsened health, medical debt, and economic instability.

### **Women In Particular will be Harmed by the Imposition of Medicaid Cost Sharing.**

OBBBA imposes mandatory cost sharing of up to \$35 per health care service on the Medicaid expansion population: individuals aged 19-64 who gained Medicaid coverage due to the ACA. There are exceptions – for emergency services, family planning, pregnancy and preventive care, and primary care, as well as mental health and substance use disorder services provided by a federally qualified health center, behavioral health clinic, or rural health clinic – but these exceptions will not undo the harm of the cost-sharing mandate itself.

Mandating cost sharing goes against Medicaid’s very purpose and will rip care away from Medicaid enrollees who rely on it the most: those with the highest health needs. Cost-sharing results in higher costs, decreased affordability, and greater financial burden for low-income adults.<sup>27</sup> This disproportionately harms women, who are more likely to be cost-sensitive than men. Indeed, imposition of even nominal cost-sharing has been demonstrated to cause low-income women to delay or deny themselves health care, including essential services.<sup>28</sup> Cost-sharing will also have particularly devastating consequences for older women<sup>29</sup> – one analysis found that OBBBA’s mandated cost-sharing would result in older adults paying, on average, \$736 per year in cost-sharing.<sup>30</sup> It would also have a disproportionate effect on women with chronic conditions. Women are more likely than men to have more than one chronic condition and the prevalence of chronic conditions only increases with age.<sup>31</sup> Under OBBBA, Medicaid enrollees with three or more chronic conditions would have the highest average cost sharing, according to one study, paying up to \$1,248 per year.<sup>32</sup>

Imposing Medicaid cost-sharing will force women – especially older women and women with chronic conditions – to decide between critical health care or basic needs, such as food and housing.

### **The Trump Republican tax and budget law undermines the Affordable Care Act, taking away subsidies that helped women afford coverage.**

OBBBA took away the enhanced premium tax credits (PTCs) for the Affordable Care Act (ACA). The PTCs had increased the ability of women and their families to afford coverage on the ACA Marketplaces.<sup>33</sup> This will cause an estimated 4 million people to lose their health care coverage, including millions of women.<sup>34</sup>

Because women, particularly women of color, are more likely to have lower incomes due to gender and racial pay discrimination and overrepresentation in low-paid jobs,<sup>35</sup> large shares of women relied on PTCs. For moderate- and low-income women and their families, enhanced PTCs have been a lifeline to provide critical access to affordable coverage. When the enhanced PTCs were put into place in 2021, an estimated 4.1 million uninsured women of reproductive age were eligible to benefit.<sup>36</sup> By 2024, approximately 10 million women purchased Marketplace coverage with PTCs,<sup>37</sup> with the enhanced PTCs allowing most enrollees to find quality health coverage for \$10 or less.<sup>38</sup> The PTCs enabled these women to be enrolled in ACA coverage that includes services they need, from maternity and newborn care, to no-cost preventive care, to mental health services, to prescription drugs. For example, as of 2021, 62.1 million women ages 18-64 had insurance coverage of birth control without out-of-pocket costs thanks to the ACA.<sup>39</sup>

OBBBA’s refusal to expand the enhanced PTCs will cause a steep rise in premiums for women of all ages and income levels, in every state. It’s projected that the average premium would spike from \$0 to \$387 for those with incomes between 100 and 150 percent of FPL and from \$180 to \$905 for those with incomes between 150 and 200 percent of FPL.<sup>40</sup> Increases for women ages 50 to 64 are projected to be even higher, with annual premium spikes between \$599 and \$4,574.<sup>41</sup>

Losing enhanced PTCs will be particularly devastating for the disproportionately Black and Latinx women who live in states that did not expand Medicaid. Enhanced PTCs provide access to zero-premium coverage for those with

incomes between 100% to 150% FPL. Nearly 2.5 million people will lose access to this zero-premium comprehensive coverage<sup>42</sup> and will face hundreds of dollars in premium spikes, while living on an income of less than \$22,590 for an individual or less than \$38,730 for a household of three.<sup>43</sup>

Drastically higher premiums will exacerbate affordability issues, forcing women to forgo other necessities to pay for health care, take on medical debt, or go without coverage and care altogether.

## **The Trump Republican tax budget law “defunds” Planned Parenthood, threatening to close hundreds of health care clinics nationwide and deprive women of access to a trusted provider.**

OBBBA prohibits certain entities from participating in the Medicaid program for one year, defining those “prohibited entities” to intentionally and almost exclusively target Planned Parenthood health centers. The result of this provision will be catastrophic for women’s access to a trusted provider for health care, especially reproductive health care.

Planned Parenthood provides essential health services to over 2 million patients annually,<sup>44</sup> and 64% of Planned Parenthood health centers are located in communities with few or no other health care options.<sup>45</sup> For many individuals, Planned Parenthood health centers are their sole source for health care. The OBBBA defunding provision leaves nearly 200 Planned Parenthood health centers at risk of closure, threatening to cut off access to health care for over a million women and girls across the country.<sup>46</sup> In Colorado, a Planned Parenthood health center had to tell nearly 1,000 patients that they could no longer provide them care because of OBBBA.<sup>47</sup> In California, Planned Parenthood Mar Monte, the largest Planned Parenthood affiliate in the country, covering mid-California and Nevada, was forced to close five of their health centers and sunset three services.<sup>48</sup> Research shows that federally qualified health centers cannot meet the need of people who currently rely on Planned Parenthood for contraceptive care.<sup>49</sup>

Although the OBBBA defunding provision is designed to target Planned Parenthood, it also is affecting other providers. For example, the provision prevents Maine Family Planning, the largest network of reproductive health care centers in the state of Maine, from accepting Medicaid, even though half of their patients rely on Medicaid and many of these patients are in very rural areas with no other

healthcare providers.<sup>50</sup> Around 70% of their patients rely exclusively on them – and will not see any other health care provider in a given year.<sup>51</sup>

This defunding provision would take away women’s access to critical family planning and preventive care, including cancer screenings, STI testing and treatment, and wellness exams. It will also take away women’s access to abortion, exacerbating the crisis caused by the Supreme Court and extremist state legislators intent on banning abortion. Ninety percent of the Planned Parenthood closures would occur in states where abortion is legal, threatening to eliminate one in four abortion providers nationwide.<sup>52</sup>

The defunding provision has been challenged in court, and as of July 28, 2025, is preliminarily blocked for Planned Parenthood providers.<sup>53</sup> Even blocked, the provision is causing Medicaid enrollees to lose access to care: an Ohio Planned Parenthood affiliate said it will no longer accept Medicaid because of the uncertainty about whether the provision will go back into effect, and another said it would change the services it provides to stop offering certain forms of birth control to Medicaid patients.<sup>54</sup> If the defunding provision were to go into full effect, the result would be devastating for women’s access to reproductive health care – and health care more broadly – across the country.

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The Trump/Republican tax and budget law’s defunding provision, the refusal to expand the ACA’s enhanced PTCs, and the Medicaid cost-sharing and work reporting requirements are some of the provisions that will be most devastating to women’s health. But this is only a snapshot of the harm that OBBBA will unleash. It contains additional provisions that will work alongside these provisions to fundamentally alter the nation’s health care system, harming women in myriad ways. For example, one study found that the OBBBA provision freezing provider taxes, combined with the other Medicaid cuts, could lead to 144 rural labor and delivery wards being closed or severely cutting back services.<sup>55</sup> Already, nearly 41.5 million women in the United States live in areas in which they have significantly limited or no access to necessary reproductive health care or other resources important to health.<sup>56</sup> OBBBA would only exacerbate these dangerous situations, bringing great harm to women’s health and lives.

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