NATIONAL WOMEN'S LAW CENTER

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One Year Later: The Devastating Fallout of Trump's One Big Beautiful Bill Act on Women's Health Care

Last year, congressional Republicans passed President Trump's so-called "One Big Beautiful Bill Act" (OBBBA). The bill was predicted to cause catastrophic losses to health care access by gutting Medicaid, undermining access to health care coverage through the Affordable Care Act (ACA) Marketplaces, and "defunding" Planned Parenthood health centers. A year into its implementation, the bill has done just that. It has already had devastating effects on women's health care access and health outcomes.

Since the OBBBA passed, women have faced severe consequences, including:

- Ongoing losses of health care coverage through Medicaid and the ACA Marketplace;
- Devastating loss of access to primary, preventive and reproductive and pregnancy-related health care, including abortion access, contraception, and maternity care; and
- Greater burdens on already marginalized women, such as women of color, low-paid workers, immigrant women, and women living in rural areas.

While even more drastic cuts to health care access are yet to come as OBBBA continues to be implemented, the first year under OBBBA has already been ruinous for women, their families, and their communities.

The Trump Republican tax and budget law has stripped health coverage from women across the country – but the full extent of its harm is still to come.

OBBBA drastically undermined access to the Medicaid and ACA Marketplace coverage that millions of women relied on to obtain health care. OBBBA put health care coverage out of reach for many ACA enrollees – including by eliminating the enhanced premium tax credits (PTCs) that people relied on to afford their health insurance. OBBBA also cut $1 trillion from Medicaid over the next ten years, pushing an estimated 10 million people off the program by 2034.[1] While the most drastic changes will not go into effect until 2027, women across the country are already losing access to health care, putting their health at risk.[2]

OBBBA has made health insurance more unaffordable for women.

The ACA has been central to promoting equity in health care access for women: nationwide, nearly one in 10 women receive their health insurance through an ACA marketplace plan.[3] ACA coverage addresses women's specific health needs from pregnancy-related care, to contraception, to annual well-woman visits.[4] But OBBBA's impacts – which include a dramatic rise in cost for premiums – has meant that these plans are now out of reach for many of the low and middle-income women who need them.

PTCs were designed to help keep health care premiums affordable for ACA Marketplace enrollees.[5] PTCs helped expand health care access to more than nine million women who otherwise may not have been able to afford Marketplace plans when they were first established in 2014.[6] In 2021, in response to the COVID-19 pandemic, Congress enhanced PTCs, expanding eligibility to over four million uninsured women of reproductive age.[7] By 2024, over 11 million women were enrolled in the ACA marketplace, including 10 million women who received PTCs in order to afford their health insurance.[8]

After OBBBA failed to extend the enhanced tax credits, health care costs soared dramatically: premiums increased by an average of 58 percent and deductibles increased by 37 percent.[9] In a survey of 2025 ACA Marketplace enrollees, one in six returning enrollees was unsure if they would be able to afford their monthly premiums for the whole year.[10] This concern has translated into reality: 80 percent of 2025 Marketplace enrollees who either switched to a different plan or dropped insurance entirely did so because their coverage was too expensive.[11]

Thus far, new federal data show a drop in ACA Marketplace coverage by three million.[12] Hospitals and emergency rooms are reporting sharp rises in rates of uninsured patients, leading to hundreds of millions of dollars in lost revenue that hospital systems are struggling to absorb.[13] For individuals who decide to maintain insurance, it means they will have to cut spending elsewhere. A majority of enrollees reported they would need to cut back on basic household needs such as food and clothing to afford the costs of their health care – including 62 percent with chronic health conditions.[14]

Women bear the brunt of rising costs across the board: they make up the majority (61 percent) of the low-paid workforce with women of color, immigrant women, and disabled women representing a disproportionate share.[15] One-third of women in low-paid jobs have household incomes in or near poverty – with 12 percent living below the Federal Poverty Level (FPL) – and nearly half of mothers in low-paid jobs live in or near poverty.[16] It is precisely these women who will be hit the hardest by rising costs due to OBBBA and will be forced to forgo basic needs such as housing, groceries, child care, and other essentials just to survive.[17]

OBBBA is projected to harm women and families enrolled in Medicaid.

For over sixty years, women have relied on Medicaid for access to health care services they otherwise could not afford.[18] Medicaid provides coverage for a broad range of women's health care needs, including birth control, prenatal care, preventive care, and hospital stays.[19] Before OBBBA, over 18 million women aged 19-64 received Medicaid, including 16 million women of reproductive age.[20]

As a result of OBBBA, for the first time, 44 states will be forced to implement work reporting requirements as a condition of Medicaid eligibility for adults in certain Medicaid categories.[21] The non-partisan Congressional Budget Office estimates that work reporting requirements will account for about half, or 5.3 million, of the projected increase of 10 million uninsured people by 2034.[22] To meet the new work reporting requirements, individuals must maintain 80 hours a month of qualifying work activities, be enrolled in education at least half time, or meet minimum income requirements.[23] Though some populations such as pregnant women, caregivers of dependent children under 13, and individuals with certain disabilities are not required to meet the work requirement, the process for exemption is cumbersome and many who are eligible for an exemption will still lose coverage.[24] Additionally, the Trump administration just issued proposed rulemaking that would impose even more onerous barriers to meet exceptions for work reporting requirements, meaning even fewer people will be able to maintain their health care.[25]

Not only are these work requirements unnecessary and punitive, but they rely on the false belief that Medicaid recipients are unwilling to work, a belief based in racialized and gendered stereotypes of beneficiaries.[26] The overwhelming majority of adults receiving Medicaid already work enough to meet the work requirement or would qualify for an exemption.[27] For the minority of Medicaid recipients who cannot satisfy the work reporting requirement or exemption, there are a range of reasons why they may struggle to meet the 80 hour a month requirement, such as caregiving responsibilities, or because they have physical or

mental health conditions limiting their ability to work that do not qualify them for the disability exemption.[28] Additionally, many qualified adults may still lose coverage due to new, burdensome compliance requirements. For example, OBBBA requires states to verify individuals' eligibility for Medicaid when they first apply and every six months at renewal. Because of the added administrative burden, many individuals who meet the work reporting requirements are likely to lose coverage anyway, due to difficulties with documenting their compliance.[29]

The work reporting requirements will be particularly harmful for women who represent 57 percent of non-elderly adults enrolled in Medicaid in 2024.[30] Women who receive Medicaid are significantly less likely to be employed than men who receive Medicaid, and those who are employed are far more likely to be employed only part-time than their male counterparts.[31] These trends are unsurprising given that women are more likely to experience barriers to job stability—especially women of color and women with low incomes, who make up a disproportionate share of Medicaid-enrolled women.[32]

As women lose Medicaid and ACA coverage because of the OBBBA, the harm to women's health will worsen. For example, uninsured women – who are disproportionately low income women, women of color, and immigrants[33] – are less likely to receive regular services like mammograms and Pap smears.[34] Unsurprisingly, uninsured women are more likely to have worse health outcomes, such as higher maternal mortality, particularly for Black women, and later-stage cancer diagnoses.[35]

OBBBA has shuttered trusted providers and gutted access to preventive, reproductive health, and pregnancy-related care.

OBBBA defunded certain family planning providers, forcing health centers across the country to close and depriving people not only of abortion care, but also primary and preventive care services, cancer screenings, and contraceptive care.[36] At the same time, OBBBA's provisions are resulting in closures of labor and delivery and OB/GYN units, leaving pregnant people without the providers they need in their community.

Even before OBBBA, many women across the country already struggled to access reproductive health care, including contraception, abortion care, and prenatal care.[37] Because the post-OBBBA closures have been clustered in communities that lack access to other options for care, it is likely that many patients have not been able to find other health care options and are simply going without care.[38]

OBBBA has forced family planning health centers to close - and for women to lose health care services across the board.

As part of OBBBA, the Trump administration targeted Planned Parenthood and certain other reproductive health care providers, attempting to "defund" them by prohibiting their ability to receive funding through Medicaid for one year.[39] As a result, nearly 30 Planned Parenthood health centers were forced to close after the passage of OBBBA.[40] These clinics had provided birth control care to approximately 41,000 patients annually.[41] They had seen an average of 21,000 abortion patients in the years before they closed. Additionally, Maine Family Planning, which operates 18 clinics across Maine, ended its primary care practice, impacting one thousand patients in rural areas.[42]

In just one year, visits from Medicaid patients to Planned Parenthood health centers dropped by 25 percent.[43] Planned Parenthood Health Centers report significant declines in preventive services in the three months after OBBBA's passage when compared to the same period in 2024:

- Breast exam visits fell by 25 percent;
- STI testing declined by 11 percent; and
- Visits for different types of birth control fell by 20-36 percent.[44]

No data suggest this reduction in services reflects a lack of need; rather, women are likely going without essential care because they cannot afford it.[45] For some women, this means going without any kind of care at all - because for many individuals, Planned Parenthood centers are their only source of health care.[46]

According to recent data, more than 38 million women – which is equivalent to half of all women of reproductive age – live in the states in which clinics have closed post-OBBBA.[47] The data show that women of color are particularly impacted.[48] Women living in rural or medically underserved areas are also disproportionately harmed; nearly 75 percent of Planned Parenthood health center closures were in rural, medically underserved areas, or in areas with a health professional shortage.[49]

Taking away access to Planned Parenthood – and in particular to the contraceptive care and abortion care they

provide – is dire at any time, but is especially harmful now given the continuing public health crisis created by the Supreme Court's decision to overturn *Roe v. Wade*.

While the "defund" provision expired after one year, its harms continue to ripple across the country. Some health centers and programs that closed because of the defunding will not be able to reopen. And the threat is not over: anti-abortion extremists continue to push for policies to defund PPFA permanently.[50]

OBBBA has worsened the nation's maternal health crisis, despite Trump and Republican lawmakers' claims that they support parents and mothers.

Losing health coverage because of OBBBA's work reporting requirements and elimination of PTCs for ACA coverage means women will lose coverage of prenatal care, labor and delivery, and other necessary pregnancy and newborn care.[51] Medicaid is the single-largest payer of maternity care in the United States, and covers four in 10 births nationwide, but OBBBA puts that coverage in jeopardy.[52]

At the same time, OBBBA forces the closure of maternity wards and health care clinics that provide pregnancy-related care.[53] This will only compound the existing maternal health crisis: even before OBBBA, women across the country – particularly women of color – struggled to access adequate maternity care. In 2024, more than one-third of U.S. counties were classified as "maternity care deserts," meaning they lacked even a single birthing center or obstetrics clinic.[54]

Data show that provisions in OBBBA – specifically the slashing of federal "state-directed payments" to states – has already forced states to cut payments to providers of pregnancy and labor and delivery care.[55] While the worst of these cuts will not go into effect until 2027, states and providers have already started to plan ahead, leading to reductions in services and closures of maternity care programs across the country.[56]

When these closures happen, it means pregnant patients will face more barriers to getting the care they need, including finding a new provider, traveling further, and taking more time off work or away from any caregiving responsibilities. This may lead to pregnant people delaying care or avoiding care, which can contribute to increased risks of adverse health outcomes throughout the pregnant person's journey.[57] These closures are particularly harmful to certain groups, like Black and Indigenous women who already bear the brunt of the maternal health crisis.[58] It will also impact immigrant women, who are often at risk of experiencing poor maternal health outcomes such as low birth weight, preterm birth, and even preventable maternal deaths and who face additional targeted restrictions on their access to health insurance in the OBBBA.[59]

Additionally, scarcity of maternity care providers exists alongside other health care and resource deserts that pose enormous barriers and challenges to women's ability to stay healthy and thrive. This includes abortion care deserts, broadband internet deserts, and areas where access to healthy food is severely limited or nonexistent. According to a 2025 report by the National Women's Law Center, nearly seven million women, including over 2.2 million women of color, live in counties where two or more of these deserts overlap.[60]

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OBBBA has already been devastating to women's health and more devastation will come if OBBBA is fully implemented, and as the rest of the law's provisions go into effect throughout 2027. Slashing Medicaid and the ACA and forcing health centers to close has forced women – particularly low-paid workers, immigrant women, women of color, and women living in rural areas – to go without essential primary and preventive health care, including reproductive and pregnancy care.

Congress and the Courts must act urgently to reverse the harm of OBBBA. Without immediate action, the nation's intertwined health care and affordability crises will only worsen. Our institutions must support a health care system that meets everyone's needs and allows everyone to thrive, a system where everyone can afford access to health care, where people can decide if and when they have a child on their own terms, and where pregnant people have safe pregnancies supported by the care they need.

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3 KFF, *Women's Health Insurance Coverage* (June 9, 2026), https://www.kff.org/womens-health-policy/womens-health-insurance-coverage/.

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8 *Id*.

9 McGough et al., *supra* note 5.

10 Lunna Lopes et al., Cost Concerns and Coverage Changes: A Follow-Up Survey of ACA Marketplace Enrollees, KFF (2026), https://www.kff.org/public-opinion/a-follow-up-survey-of-aca-marketplace-enrollees/.

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14 Lunna Lopes et al., *supra* note 10.

15 Sarah Javaid, Hard Work Is Not Enough: Women in Low-Paid Jobs, NWLC (2026), https://nwlc.org/wp-content/uploads/2023/07/Hard-Work-Is-Not-Enough-Women-in-Low-Paid-Jobs-1.pdf.

16 *Id*.

17 *Id*.

18 NWLC, *supra* note 1.

19 *Id*.

20 *Id*.

21 These requirements apply to adults in the ACA Medicaid expansion group, which allowed states to expand coverage to adults with incomes up to 138 percent of the FPL, and for some groups who receive coverage under Sec. 1115 waivers, an option meant to allow states to pursue innovative approaches in Medicaid that advance the program's goals of expanding coverage. Elizabeth Hinton & Amaya Diana, *Medicaid Section 1115 Waivers: The Basics*, KFF (2025), https://www.kff.org/medicaid/medicaid-section-1115-waivers-the-basics/; KFF, *Tracking Implementation of the 2025 Reconciliation Law: Medicaid Work Requirements*, KFF (updated Aug. 3, 2026), https://www.kff.org/medicaid/medicaid-work-requirements-tracker-overview/.

22 KFF, *Tracking Implementation of the 2025 Reconciliation Law: Medicaid Work Requirements* (updated Aug. 3, 2026), https://www.kff.org/medicaid/medicaid-work-requirements-tracker-overview/.

23 *Id*.

24 *Id*.

25 The new regulations would contain a stricter definition of "medical frailty" and make it more difficult for family caregivers to be exempted. These barriers are far stricter than what is required by OBBBA for individuals to meet work reporting requirements. NWLC, Comment Letter on Interim Final Rule for Medicaid Program; Community Engagement Requirement for Certain Individuals (Jul. 31, 2026), https://nwlc.org/resource/nwlc-submits-comments-opposing-disastrous-work-requirements-interim-final-rule/.

26 NWLC, *supra* note 1.

27 KFF, *supra* note 22.

28 *Id*.

29 Matthew Buettgens et al., *Projected Reductions in Medicaid Expansion Enrollment Under OBBBA's Work Requirements and Six-Month Redeterminations: National and State Estimates for 2028*, Urban Inst. (2026), https://www.urban.org/sites/default/files/2026-03/Projected%20Reductions%20in%20Medicaid%20Expansion%20Enrollment%20Under%20OBBBA's%20Work%20Requirements%20and%20Six-Month%20Redeterminations_325.pdf.

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32 *Id*.

33 KFF, *supra* note 3.

34 NWLC, *supra* note 1.

35 *Id*.

36 *Id*.

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39 U.S. Senate, The "Defund" Disaster: How The Republican Attack on Planned Parenthood Is Hurting Patients and Raising Americans' Health Care Costs (2026), https://www.warren.senate.gov/wp-content/uploads/media/doc/_senate_defund_report.pdf.

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42 PPFA, *supra* note 40; U.S. Senate, *supra* note 39; Nicole Ogrysko, *Maine Family Planning clinics seek state help to offset recent federal funding cuts*, Maine Public (Feb. 25, 2026), https://www.mainepublic.org/health/2026-02-25/maine-family-planning-clinics-seek-state-help-to-offset-recent-federal-funding-cuts.

43 PPFA, *supra* note 40.

44 U.S. Senate, *supra* note 39; PPFA, As Access is Stripped, People Cannot Get the Preventive Care They Need (2026), https://www.plannedparenthood.org/uploads/filer_public/a2/2e/a22e0402-0043-4c96-bddf-817647978d66/0326-c3-c4-senate_defund_report_2026.pdf.

45 U.S. Senate, *supra* note 39.

46 *Id*.

47 Ashley Kurzweil & Katherine Gallagher Robbins, Four Years Post-Dobbs, Clinic Closures and Attacks on Medication Abortion Harm Women of Color Nationwide, Nat'l P'ship for Women & Fams. (2026), https://nationalpartnership.org/report/four-years-post-dobbs-clinic-closures-anti-medication-abortion-harm-women-of-color-nationwide/.

48 More than 20 million women of color between the ages of 15-49 years old live in states where clinics have closed following OBBBA's passage including nearly two-thirds of Latina women in the U.S. of the same age range. *Id*.

49 U.S. Senate, *supra* note 39.

50 Christine Fernando, *Anti-abortion groups aim to end Planned Parenthood funding and suggest Musk's DOGE to get it done*, AP News (Mar. 27, 2025), https://apnews.com/article/abortion-medicaid-trump-planned-parenthood-supreme-court-c512ec676b99d521d240bedeb7f85574.

51 Usha Ranji et al., 5 Key Facts About Medicaid and Pregnancy, KFF (2025), https://www.kff.org/medicaid/5-key-facts-about-medicaid-and-pregnancy/.

52 *Id*.

53 U.S. House Energy & Commerce Committee Democrats, Republicans Are Slashing Maternal Health Care – As Their Cuts Begin to Take Hold, More Maternity Care Providers are Closing Their Doors Than Ever Before (2026), https://democrats-energycommerce.house.gov/sites/evo-subsites/democrats-energycommerce.house.gov/files/evo-media-document/7.8.26-maternal-health-report.pdf.

54 *Id*.

55 Many states use federal "state-directed payments" to support funding for maternity care services. These funds allow states to supplement Medicaid payments to specific providers - usually hospitals and nursing facilities - to help keep them afloat and continue serving the public.

However, OBBBA slashed this funding, forcing states to cut payments to maternity care providers. U.S. House Energy & Commerce Committee Democrats, *supra* note 53; Cyrus Ekland et al., Medicaid State-Directed Payments: An Update on CBO's Modeling, Cong. Budget Off. (2025), https://www.cbo.gov/system/files/2025-09/61699-Medicaid.pdf.

56 U.S. House Energy & Commerce Committee Democrats, *supra* note 53.

57 March of Dimes, Nowhere to Go: Maternity Care Deserts Across the U.S. 2026 Report (2026), https://www.marchofdimes.org/sites/default/files/2026-08/MCDR_2026_Report_English.pdf.

58 March of Dimes, 2025 March of Dimes Report Card: The State of Maternal and Infant Health for American Families (2025), https://www.marchofdimes.org/peristats/reports/united-states/report-card.

59 OBBBA set new restrictions on eligibility for federal programs such as SNAP and Medicaid, barring lawfully present immigrants from receiving assistance. The migrants losing assistance are already among the most vulnerable: refugees, asylees, and survivors of violence. The federal government has not released data on the number of migrants who have lost assistance, leaving the full scale of OBBBA's destruction shrouded. However, estimates from several states paint a bleak picture: New York estimates 730,000 immigrants will lose health care through its ACA and Medicaid plans, Wisconsin estimates 7,200 immigrants will lose SNAP, and Minnesota estimates 9,000 immigrants will lose SNAP. Maryum Zaidi et al., *Increasing U.S. Maternal Health Equity Among Immigrant Populations Through Community Engagement*, 28 Nurs. Women's Health 11 (2023), https://doi.org/10.1016/j.nwh.2023.09.004; Ben D'Avanzo & Yarely Martinez-Lopez, Hundreds of Thousands of Immigrants Are Losing Health Care and Food Aid, Thanks to Congress, Nat'l Immigr. L. Ctr. (2026), https://www.nilc.org/articles/hundreds-of-thousands-of-immigrants-are-losing-health-care-and-food-aid-thanks-to-congress/.

60 Rummel & Javaid, *supra* note 37.