



From Policy to Practice: Understanding the Unequal Burden of Reproductive Legislation: By Dr. Savannah Adkins

In the current landscape of healthcare policy, a lot of emphasis has been placed on the changing healthcare dynamics that many women face. However, somewhat less spoken about outside of academic discourse is the unequal impact of healthcare policies encountered by many women. Governments have leading roles in widening the opportunities available to women and extending services that are vitally important. Alternatively, public policy can also play a hand in exacerbating existing inequalities and creating unintended consequences. Drawing from my current research on the unequal impacts of reproductive policy, this article delves into who is most impacted by public policies surrounding women's healthcare.

The Impact of Reproductive Legislation

In 2022, the controversial Supreme Court decision *Dobbs vs. Jackson* overturned the constitutional right to abortion, leaving legislation on the issue up to individual states. While we are seeing the preliminary impacts of this ruling, prior policy changes with respect to reproductive healthcare have already allowed economic researchers to assess the differential impact of limiting abortion. The historical policies that researchers have typically used are called TRAP laws (Targeted Restriction of

Abortion Providers). These TRAP laws are regulations that have historically impacted abortion providers through medically unnecessary and often cost-prohibitive or impossible standards to meet, and they restrict abortion access by limiting the number of abortion-providing facilities¹⁻³.

However, the impact of this restriction is not felt equally. It turns out that women seeking abortions are, on average, already from disadvantaged groups. As of 2014, they were often never-married (45.9%), were racial and ethnic minority individuals (52.4%), and lived below the federal poverty line (49.4%)⁴. Thus, while TRAP laws are associated with increased maternal morbidity in general⁵, they disproportionately have impacted minoritized racial and ethnic communities⁶, who disproportionately experience adverse birth events. Between 2020 and 2021, maternal deaths increased 40%, with rates three times higher for Black patients than White patients⁷. In addition, current research of mine finds elevated rates of maternal morbidity for non-U.S. born women in states that passed TRAP laws compared to those that didn't.

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The Downstream Impacts of Healthcare Policy

Aside from the immediate effects of public policy, there are often potential downstream consequences of the legislation. Aside from the direct health impacts of reproductive legislation, my coauthors and I found that these reproductive laws disproportionately affect the chances of entering foster care for racial and ethnic minorities⁸. Additionally, reproductive legislation is affecting healthcare delivery within states that pass them. Since 2022, when Idaho criminalized abortion, at least 2 hospitals ended labor and delivery services and the number of OB-GYNs practicing in Idaho dropped by 22% in the same period⁹. This same trend in other states heavily restricting abortion access has increased the number of maternity care deserts, decreasing access to regular maternal health service for millions of women¹⁰. This disproportionately harms rural communities and people of color: 1 in 4 Native American babies and 1 in 6 Black babies were born in areas with limited or no access to maternity care services¹⁰.

Better News – Expanding Contraceptive Access

When policymakers are aware of the potential impacts of public policy, they can ensure targeted approaches that can reduce inequities felt by minoritized individuals. About 6.5 million pregnancies occur annually in the United States. Of these, roughly half are unplanned¹¹. Unplanned pregnancy is considered a public health emergency by the U.S. Department of Health and Human Services and by the American College of Obstetrics and

Gynecology^{12,13}. This public health crisis also does not affect all women equally: Hispanic women are twice as likely as White women to experience unintended pregnancy, and Black women are three times as likely¹⁴. This is due, in part, to differences in access to healthcare, insured rates, and contraceptive access, among other factors¹³.

Public policy can help ameliorate these disparities. The past decade has seen more public policy designed to reduced healthcare disparities, at both the federal and state levels. At the federal level, the Affordable Care Act (ACA) in 2010 decreased the incidence of uninsurance. Since it was implemented in 2010, the ACA has resulted in improvements in overall coverage, access to health care, affordability, use of contraceptives, and perinatal outcomes for women^{15,16}. An action plan unveiled by the Department of Health and Human Services (HHS), under the ACA, established a federal commitment to reducing racial and ethnic health disparities. At the state level, many states have passed laws that allow pharmacists to prescribe oral contraception, a move that has aimed to expand contraceptive access for those who may face constraints in contraceptive access¹⁷. This combined with the FDA approval of the first over-the-counter (OTC) oral contraception¹⁸ have contributed to vastly expanded contraceptive access for underserved populations, particularly Black women and women living in rural areas¹⁹.

Conclusion

The landscape of healthcare policy, particularly regarding reproductive rights, reveals significant inequities in its impact on



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women, especially those from disadvantaged backgrounds. The 2022 *Dobbs vs. Jackson* decision, along with historical TRAP laws, has highlighted the stark disparities in healthcare access and outcomes for women, particularly affecting racial and ethnic minorities. The downstream effects of restrictive reproductive legislation extend beyond immediate health consequences, influencing socioeconomic stability and access to essential healthcare services, such as maternity care. However, public policy can also be used to close gaps in healthcare between different racial and ethnic minority groups. As we move forward, it is imperative to consider the broader implications of such policies and strive to design equitable healthcare systems that address the unique needs of all women, ensuring that no group bears a disproportionate burden.

Businesses can also help in navigating this complex landscape. While laws surrounding reproductive healthcare become more stringent, companies can prioritize inclusive

and comprehensive healthcare benefits to foster a supportive work environment. First, businesses that have employees in states that have limited access to reproductive healthcare can promise protections for their workers, including travel reimbursement for employees seeking reproductive care that may not be available in the state in which they reside, like Elevated Access²⁰. Business leaders in these states have also come up with creative solutions for ensuring access to contraception, like health startup Julie's "Buy one, donate one" model where people are able to buy emergency contraception while simultaneously donating pills to people most impacted by their state's reproductive laws²¹. Finally, business can also be involved in calling for change and supporting legislation that tries to target health inequalities, like the *Anti-Racism in Public Health Act*. By staying informed about healthcare legislation and proactively adjusting benefits to meet the needs of employees, businesses can enhance workforce satisfaction and retention, while ensuring compliance with regulatory changes.



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About the Author



Dr. Savannah Adkins has been a Lecturer in the Department of Economics since 2022. Her research and teaching relate to policy impacts and implications for women and minoritized groups. She is particularly interested in the unequal impact of healthcare policy. Her research has been covered by CNN, Newsweek, and US News, among others. She has an M.Sc in Development Economics from the University of Sussex and a PhD in Economics from Clark University. She is an avid reader and hiker.



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