Social Justice Brief

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Reproductive Health Crisis: Impact of Dobbs Decision and the 2025 Reconciliation Bill

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.

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Reproductive Health Crisis:
Impact of Dobbs Decision and the 2025 Reconciliation Bill

The 2025 budget reconciliation bill, which was signed into law on July 4th, has raised an alarm over its implications for reproductive health services—particularly in states where abortion is banned or heavily restricted. More concerning is that the issue is not only the impact of huge cuts in Medicaid in the reconciliation bill, but also the compounding factors in the aftermath of the 2022 Dobbs Supreme Court ruling banning abortion. That decision was as much about disrupting access to reproductive health care as it was about abortion.

Much of this discussion deals with the intersectionality of anti-abortion forces—along with the Supreme Court's (SCOTUS) conservative majority—and the Trump administration's budget priorities result in endangering the reproductive health of millions of women- especially women of color. The convergence of and aftermath of these two events have policy and health care consequences that are immediate and not easily reversible.

Revisiting the Consequences Dobbs Decision on Women Reproductive Health Care

As a reminder, while the 2022 Dobbs v Jackson decision was focused on outlawing abortions, the immediate implications were much broader. For most low-income women, abortion services are accessed at community-based reproductive health clinics—such as Planned Parenthood. Once Dobbs was decided, some states almost instantly banned clinic that performed abortions, which effectively meant that all reproductive health services ceased. The impact was significant .

Immediate Impact of Dobbs on Access to Reproductive Health Care in 2022

- Clinic Closures: Within just 30 days of the Dobbs ruling, 43 clinics in 11 states stopped providing abortion care. By 100 days, that number rose to 66 clinics across 15 states.
- State Bans: As of 2025, 12 states have enacted total abortion bans, and 4 more have implemented bans after six weeks of pregnancy—often before many women even know they are pregnant.
- Out-of-State Travel: The number of women traveling out of state for abortion care more than doubled—from about 81,000 in 2020 to approximately 170,000 in 2023.
- Reduced Access to Routine Care: In states like Idaho, OB-GYN shortages have led to the closure of labor and delivery units, affecting even non-abortion-related care like prenatal visits, miscarriage management, and gynecological exams.

- Delayed or Denied Emergency Care: There are documented cases of women being denied timely care for pregnancy complications due to legal uncertainty and fear among providers of prosecution.

The negative effects become more apparent when we look at a specific aspect of reproductive health care—namely maternal mortality prevention. Research tells us that the Dobbs ruling will have a direct and measurable influence outcomes for women seeking such services. This is in the face of data that indicate that the U.S. has had one of the highest maternal mortality rates among developed nations. Experts are concerned that restricting access to abortion services—and related maternal mortality prevention—will cause those numbers to worsen.

It has been found that pregnancy became more dangerous in Texas after the state imposed a near complete abortion ban. Furthermore, in the year after the Dobbs ruling, studies found that infant mortality rose significantly in most of the states that had abortion bans. Please note that the Trump Administration rescinded Biden-era guidance that had instructed hospitals to provide emergency abortions, even in states where abortion is restricted.

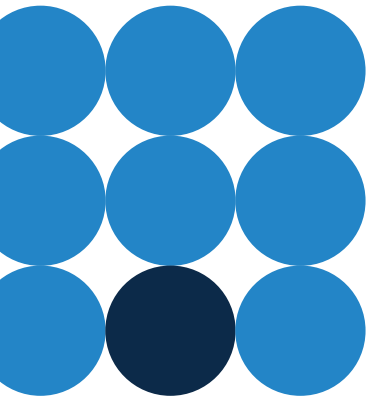
Racial and Economic Disparities: Post-Dobbs Women Reproductive Health System

Women of color—mainly Black women—have been disproportionately impacted by the Dobb decision. After Dobbs, access to abortion and prenatal care sharply declined in states with abortion bans—exacerbating existing disparities. Additionally, abortion bans, and the harms caused by Dobbs are especially egregious given the country's ongoing maternal health crisis.

A recent women reproductive health advocacy organization's analysis reveals the harmful impact of Dobbs on Black women. As stated by the National Partnership for Women & Families:

- Black women and birthing people have the highest rates of maternal mortality in the country, and are three times more likely to die in childbirth as compared to white women.
- More than 6.7 million Black women live in states with abortion restrictions, where they now face increased risks of maternal death, miscarriage complications, and criminalization.
- Black women are also disproportionately affected by severe maternal morbidity– unexpected outcomes in labor and delivery (e.g., hypertension and anxiety) that result in significant short- or long-term consequences to the childbearing person's health and well-being.
- More than 80 percent of pregnancy-related deaths are preventable.
- Hospitals have closed their maternity wings entirely because of the legal landscape, compounding the already dire state of maternity care deserts.
- Providers have repeatedly been forced to compromise the care they offer to pregnant people, including those experiencing significant pregnancy complications or medical emergencies, as a result of abortion bans.
- One study estimates that, if there was a federal abortion ban, there could be a staggering 39 percent increase in maternal deaths for Black women.

It is important to add that Latinas and Native American women are also among the most affected groups by the Dobbs decision. This is due to a combination of legal, economic, geographic, and systemic factors. Moreover, the Dobbs ruling



worsened existing inequities and created new barriers to reproductive health care for millions. For Latinas in particular the effect is stark. For instance (again as reported by the National Partnership for Women and Families}:

- Nearly 6.7 million Latinas of reproductive age live in states that have banned or are likely to ban abortion.
- Latinas are more likely to be of childbearing age than non-Hispanic white women—58% vs. 38%.
- Over 3 million Latinas in these states are economically insecure, making travel for abortion care financially burdensome.
- Latinas have lower rates of health insurance and face language and cultural barriers in accessing reproductive services.
- States like Texas, Florida, and Arizona account for nearly three-quarters of Latinas living under abortion bans.

These data confirm that the Dobbs ruling did not just change abortion law—it reshaped the landscape of reproductive health, with Black women bearing the brunt of its consequences.

Intersection of Dobbs Decision and Reconciliation Budget/Medicaid Reductions

The intersection of Dobbs and the reconciliation budget starts with the fact that the Dobbs decision was the initial catalyst for exacerbating an already fragile reproductive health care system for low-income women. However, the intersection became complete with the passage of the harmful budget reconciliation act—especially policies related to Medicaid—that pushed women reproductive health services to crisis levels. Combined—these two judiciary and legislative events essentially merged resulting in a deleterious impact on vulnerable low-income and marginalized women.

Along those lines, the effect of passing the reconciliation bill will likely produce a predictable and precipitous decline in access to comprehensive reproductive health services. While Dobbs' primary focus was on abortion, intended or unintended, the SCOTUS ruling triggered closure of many reproductive health clinics which, in turn, forced low-income women to seek alternative service providers. However, the recent massive cuts in Medicaid funding significantly by and largely shredded the health care-related social safety-net. Thus, rather than being available to mitigate the reproductive health service gaps caused by the Dobbs decision, the cuts in Medicaid intensified the emerging women's reproductive health care crisis.

This example serves to demonstrate the degree to which national-level (politically driven) government actions can converge to wreak havoc on essential health care services—especially where disabling Medicaid is concerned. It should be remembered that As the largest public payer for reproductive health services in the U.S., the importance of Medicaid support cannot and must not be underestimated. For example Medicaid currently covers the cost of:

- Nearly half of all births, and about two-thirds of births to Black women
- Family planning services, including contraception and counseling
- Prenatal and postpartum care, with many states now offering 12 months of postpartum coverage
- Preventive screenings, such as breast and cervical cancer checks
- Mental health and substance use treatment, which are vital during and after pregnancy

In addition, in that **community clinics in rural and underserved areas are vanishing**, Medicaid helps to keep reproductive health services in hospitals and private providers solvent

which—up until now—ensured that care remains available.

Denying Planned Parenthood Access to Medicaid Reimbursements

For decades, Planned Parenthood has been at the center of the polarized national abortion debate. To its supporters, Planned Parenthood is an iconic reproductive health care organization that has provided services for and advocated for high quality health services for low-income women—including abortion services. Planned Parenthood has been in existence for over a century. For much of that time, the organization has been the target of a coalition of political and religious anti-abortion seeking primarily to prohibit it from operation and secondarily to eliminate all federal funding it receives. These efforts stem largely from the Planned Parenthood's role as a well-known provider of abortion services, despite the fact that the majority of its work involves preventive care like cancer screenings, contraception, and Sexually Transmitted Infections (STI) treatment.

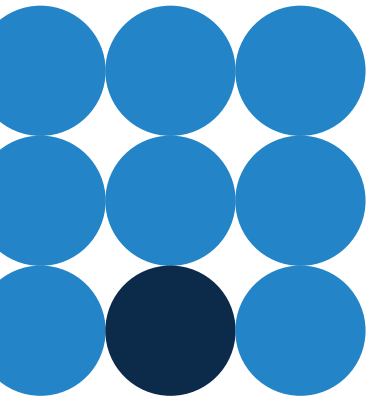
According to newly released KFF Health Tracking Poll data, one in three women (32%) say they have gone to a Planned Parenthood clinic for care, as well as one in ten men (11%). Nearly half of Black women have gone to a Planned Parenthood clinic. Over four in ten individuals with Medicaid say they have received services at Planned Parenthood and one third of those with private insurance. Ironically one in five Republican women and four in ten Democratic women have received care at a Planned Parenthood clinic.

An ominous factor—coupled with denying Planned Parenthood Medicaid funds—has to do with the U.S. facing increasing shortages of both primary care physicians and obstetricians and gynecologists. The Association of American Medical Colleges anticipates the country will have a shortage of 20,200 to 40,400 primary care physicians by 2036. Furthermore, nearly 3,000 fewer OB-GYNS will be practicing in the U.S. by 2030, according to a 2021 report from HHS. That projections of such health care workforce shortages predate Dobbs, and the now mandated Medicaid cuts are significant. This is because the already crumbling of publicly funded women reproductive health network is destined to go into in a full freefall if—as dictated by budget reconciliation—nearly 200 clinics across 24 states—potentially impacting over 1.1 million patients are eliminated.

The Politics of Gutting Planned Parenthood's Access to Medicaid Funds

It would be a mistake if we do not talk about the powerful influence of ideological and political movements in aggravating this problem. Fueled by the rise of national far-right political movements, opposition to reproductive health care services—particularly abortion access—intensified across the country, shaping legislative and cultural debates. It is doubtful that related the intersection between Dobbs and the budget reconciliation bill would have such an impact if not for political and ideological agendas.

For instance, it is not a coincidence that Trump's One Big Beautiful Bill Act includes a provision that restricts Planned Parenthood from receiving Medicaid reimbursement for it reproductive health services. In targeting Planned Parenthood—a bogyman to the far-right for decades—in the bill, the administration undoubtedly adhered to Project 2025's blueprint, which speaks directly about defunding Planned Parenthood and implicitly about restricting reproductive health services. Similarly, critics argue that targeting Planned Parenthood, was a way to use the budget reconciliation bill as a "backdoor abortion ban," This is true even though in Planned Parenthood clinics: out of over 9 million



clinical encounters, abortions make up only 4% of the overall health care patient encounters.

In any event, the Dobbs decision has given the organization's opponents momentum in their effort to undermine any possibility of Planned Parenthood receiving federal funds for abortion services. However, it is obvious that to its opponents, ending abortion procedures in Planned Parenthood clinics was not the only objective—they view victory as being total elimination of all reproductive health services. The fact is that federally funded abortion procedures have been banned since 1976. Such procedure makeup only three percent of Planned Parenthood's many reproductive health services. Therefore, the push to defund Planned Parenthood is—for the most part—motivated by opposition to the entire reproductive and sexual health movement.

With that in mind, it would seem that Planned Parenthood's adversaries are quite satisfied that the budget reconciliation act denied Medicaid coverage for all of the organization's reproductive health services and procedures. That action (disallowing Medicaid coverage) was essentially the death kneel for Planned Parenthood's financial viability to provide services in most of its clinics. While this ideologically motivated budget policy likely pleases far-right anti-abortion and political groups, the policy will be received by impacted women as a formidable assault on their right to quality health care—in accordance with America's long-standing commitment.

Regrettably, defunding Planned Parenthood is far more concrete and detrimental for low-income women of childbearing age. That action ensures that women will—almost immediately—be without access to essential services and cast into a maternity care desert.

Dubious Prospects of Community Health Centers Filling the Gap

It is a near certainty that if the federal ban on Planned Parenthood's access to Medicaid reimbursements survives an existing court challenge, a huge gap in women reproduction health care services will immediately occur. That said, the question is, where will the over 1 million patients go to obtain quality affordable health care? A convenient assumption can be made that they will be able to seek services at one of the approximately 1,400 Federally Qualified Health Centers (FQHCs), which operate more than 17,000 service delivery sites nationally. It could be further assumed that the network of Free & Charitable Clinics would also be available to fill the reproductive service gaps after Planned Parenthood is barred from Medicaid reimbursements. However, in the current budget cutting environment, neither the FQHC nor the Free Clinics are positioned to absorb the many thousands of Planned Parenthood patients.

Free and Charitable Clinics

Created in the 1960s, Free and Charitable Clinics and Charitable Pharmacies currently include close to 1,400 clinics throughout the nation. These clinic help to meet the needs of those who—for whatever reason—are not served by the country's current healthcare system. Free and clinics/pharmacies receive little to no state or federal funding; do not receive Health Resources and Services Administration (HRSA) 330 funds; and are not Federally Qualified Health Centers or Rural Health Centers. However, Free and Charitable Clinics do not have the capacity to fill the gaps created by the reconciliation bill's Medicaid cuts. The reasons why include:

- Funding shortfalls: Most clinics operate on budgets under $250,000 and receive little to no state or federal funding.

- Limited infrastructure: Many rely on volunteer staff and donated supplies, which restricts the scope and consistency of services.
- High demand: With Medicaid cuts projected to leave up to 16 million people uninsured, clinics are bracing for a surge in patients.
- Lack of insurance billing: 86% of these clinics do not bill insurance, including Medicaid, making it harder to scale services.

Current Plight of FQHCs

Federally Qualified Health Centers (FQHCs) are facing a perfect storm of challenges that make it incredibly difficult for them to absorb the patient load left behind by the downsizing of Planned Parenthood clinics. Some of the main reason why FQHCs are unlikely to fill the gaps include:

- Even before the possible closure of Planned Parenthood clinics, over 70% of FQHC clinics reported critical staffing gaps
- FQHCs would need to increase their existing capacity by over 50% just to meet contraception care demand alone—let alone provide fully comprehensive reproductive health services.
- Impending Medicaid cuts and changes to pharmacy benefit programs threaten the financial stability of FQHCs. These centers rely heavily on federal reimbursements, and any disruption can lead to reduced services or even closures.
- Even if FQHCs used telehealth for expanded access, many patients in underserved areas lack internet or devices, limiting the effectiveness of remote care solutions.

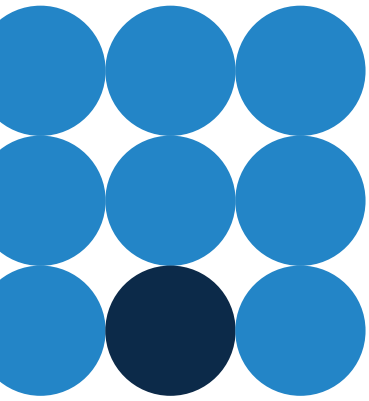
The truth is that FQHCs—from a comprehensive care model and financial stability standpoint—are far from having the capacity to fully fill the reproductive health gap that will exist when over 200 Planned Parenthood clinic are closed. For instance, many FQHCs lack the staff or training to provide specialized services that Planned Parenthood has long been a leader in offering. These services are components of sexual and reproductive health services such as IUD insertions, abortion care (where legal), and advanced STI treatment. With respect to finances, many private providers do not accept Medicaid due to low reimbursement rates. This leaves FQHCs in financially overwhelming position trying to serve the Medicaid population.

An additional barrier is that Planned Parenthood clinics are often located in areas where no other reproductive health care providers exist. In order to serve remote rural populations, FQHCs would need to open new sites in these regions, which takes time, funding, and organizational will.

Title X Funding Under Threat

The limitations of FQHCs and Free Clinics as potential safety-net providers in the absence of Planned Parenthood is made worse by the unstableness of Title X funds—which is the only federal program dedicated solely to family planning and reproductive health services. Title X is facing sweeping funding cuts and freezes under the Trump administration. For example:

- Over $65 million in Title X funding has been withheld, affecting clinics in 23 states, including seven states that now receive no Title X funding at all.
- Planned Parenthood and other providers have been hit especially hard, with nine affiliates losing funding entirely.
- The Title X freeze is impacting services like birth control, STI testing, cancer screenings, and infertility treatments, especially for low-income and uninsured individuals.
- Up to 834,000 people could lose access to care.
- Clinics are already closing or scaling back, particularly in rural areas and states with



abortion bans, where reproductive health access is already limited.

- State Conflicts: For example, Tennessee had over 100 Title X clinics but lost federal funding in 2023 for not complying with abortion counseling requirements.
- Access Varies: While clinics exist, access to full-spectrum reproductive care—including abortion—is often limited or legally constrained in these states.

In summary, the loss of Title X funds deepens the reproductive health service crisis by cutting off access to affordable contraception, cancer screenings, and STI testing for millions of low-income and marginalized individuals—especially in underserved communities—forcing clinics to reduce services, close locations, or turn patients away, and widening already stark disparities in care.

Work Requirements are Anathema to Women Seeking Reproductive Health Services

Work requirements to maintain eligibility for Medicaid are controversial and, some say, extremely unfair. Many from the health equity advocacy community feel that such requirements—as applied to existing Medicaid recipients and applicants—is simply a devious scheme by the Trump administration to deeply reduce Medicaid reimbursements to states by the federal government. Moreover, it is clear that work requirements are not effective cost reduction measures.

To many, mandating work requirements for eligibility to receive public benefits is a prime example targeted health disparities. What is more, work requirements for women of childbearing age makes little sense from a fiscal policy or social policy standpoint. The concern is that for women of childbearing age, such requirements can pose a danger to their health and mental health especially younger mothers. Using data from the Kaiser Family Foundation(KFF), the following are examples of problematic implications of work requirements:

- Work Requirements they disproportionately strip coverage from women of childbearing age, especially those already facing systemic barriers to employment, and in doing so, undermine access to essential reproductive and maternal health services.
- Women make up the majority of adult Medicaid enrollees, and many are already working or qualify for exemptions due to caregiving, illness, or school.
- Work requirements often come with burdensome paperwork and red tape, causing eligible women to lose coverage simply because they can't navigate the system—not because they're unwilling to work.
- In Arkansas, over 18,000 people lost coverage under work requirements, despite most being eligible.
- Reproductive justice includes the right to have children, not have children, and raise them in safe communities. Losing Medicaid coverage jeopardizes all three by cutting off access to contraception, prenatal care, postpartum support, and screenings.
- Medicaid covers over 40% of births in the U.S. and is especially vital for Black women and low-income mothers, who already face higher maternal mortality rates.
- Many women on Medicaid are primary caregivers, juggling childcare, elder care, and part-time work. Work requirements often fail to account for unpaid caregiving, forcing women to choose between their families and their health coverage.
- Losing Medicaid can lead to delayed care, skipped medications, and increased medical

debt, all of which worsen reproductive health outcomes.

Unfortunately, despite the strong counter argument presented above, many Americans believe work requirements for Medicaid (and SNAP) are justified. Much of the support for such a dubious policy is driven by stereotypes of an able-bodied" "welfare queen" living off of public benefits. While the data proves otherwise, these myths persist and perpetuate health disparities based on socio-economic status and race.

The end results of implementing of Medicaid eligibility mandates such as work requirements will be to create an explosion in the number of uninsured women of childbearing age. Thus leaving them unable to access reproductive health care—ultimately resulting in increased childbirth mortality and infant mortality.

Affordable Care Act (ACA)

Logically speaking, the Affordable Care Act (ACA) would seem to be an alternative avenue to access reproductive health care should Planned Parenthood clinic and Title X funds dramatically shrink. However, ACA is also faced with significant challenges, especially with the passage of the Big Beautiful Bill Act, In his usual hyperbolic manner, President Trump has stated that he wants to change ACA by making it "better, stronger, and far less expensive." But some of those changes—as written in the budget reconciliation bill—are the mirror opposite of what Trump suggested.

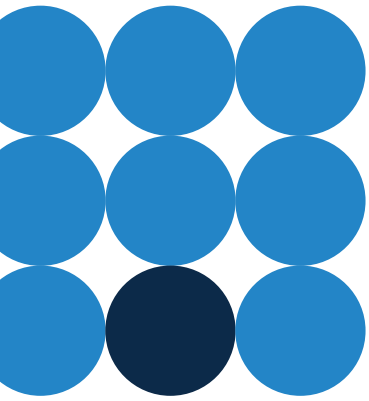
For instance, ending the Affordable Care Act (ACA) premium subsidy tax credits in the 2025 budget reconciliation package has sparked major concern because it would significantly raise health insurance costs and increase the number of uninsured Americans. In eliminating this subsidy, most ACA Marketplace enrollees would see their monthly premiums rise by over 75% on average. This would mean that a family of four earning $85,000 could pay $313 more per month and face a $900 increase in out-of-pocket costs.

To make matters worse, the Congressional Budget Office estimates that 4.2 million people would lose coverage due to the expiration of the premium subsidy tax credits. Furthermore, women seeking reproductive health coverage, they should be made aware that Medicaid cuts combined with the loss of ACA subsidies would disproportionately and negatively affect low-income families, children, seniors, and people with disabilities, especially in rural areas. Rural hospitals and clinics, which rely heavily on Medicaid funding, could face severe financial strain. As can be seen, ACA as an option for stabilizing the nation's women's reproductive and sexual health care crisis, is as dubious as FQHCs and Title X.

Intersection of Trump anti-DEI Policies: Threat to Women Reproductive Health

We must not lose sight of the fact that the Trump administration's attack on Diversity Equity and Inclusion (DEI) has inserted itself as an additional factor in the women reproductive health care crisis. Prior to Trump's anti-DEI executive order, racial, economic and gender-based unequal access to health care would have been defined as health disparities as a part of social determinants of health. Regrettably, in an era of presidential anti diversity, equity, and inclusion (DEI) executive orders, such conclusions appear to be no longer acceptable.

In the Trump administration's culture of undoing—indeed, attacking—civil and human rights notions of social equity, terms such as "health disparities" are



increasingly being targeted as violations of a "pseudo law" from Trump's DEI executive order. We should not take this lightly, The Trump administration is aggressively purging its cabinet-level departments and their contractors of language, policies, and practices that appear to "violate" the Anti-DEI executive order, another layer reproductive health coverage for low-income women is being eroded. As stated by a nationally known public health expert,

> "Other efforts to address systemic racism and inequality—in education and corporate America—have encountered resistance, but the stakes are especially stark with health care because centuries of inequities yield life-or-death consequences,"

With those cautionary words in mind, it is disheartening, in context of reproductive health needs of women of color, to read that:

- Federal directives under the Trump administration have reportedly instructed agencies to avoid or remove terms like "health disparity," "equity," and "inclusion" from government websites, research databases, and funding proposals.
- Researchers fear that grants for studies on health disparities—which have historically addressed inequities across racial, ethnic, gender, and geographic lines—may be cut or defunded as part of this anti-DEI push.
- An executive order titled "Ending Radical and Wasteful Government DEI Programs and Preferencing" has led to the removal of critical public health datasets from federal websites, including CDC surveillance systems and social vulnerability indices.

This policy trend indicates an ideological paradigm where scientific and public health terminology is being reframed as political rhetoric. All of which is a threat to research and policy efforts that are aimed at improving health equity. More importantly, by barring the use of important terms, concepts and methodologies under the pretext that they have DEI connotations, is disarming public health investigators with necessary tools that help them to understand and respond to illness and disease promoting factors that disproportionately effect specific populations and communities. Reproduction justice advocates are fighting dismantling DEI policies with the idea that to take away those protections is tantamount to endangering the lives of vulnerable women.

Conclusion

The history of women's reproductive and sexual health as a social justice imperative—which dates back to the mid- 20th Century—is a true American story about addressing pervasively ignored health disparities among all low-income women, but particularly women of color. During those many decades, the women reproductive health movement has gone through the highs of being able to make reproductive and sexual health clinic—which provide quality care—to millions of women, to the lows of having endure severe attacks from far-right anti-abortion and political groups. However, it was not until the Dobbs v. Jackson Women's Health Organization, which open the door to banning abortions, that the possible beginning of a full crisis in the community-based women reproductive health clinic network in America began. Dobbs was soon—within a few years—followed by the Big Beautiful Budget Act (BBBA), aka, Budget Reconciliation Act of 2025 which severed the financial lifeblood of reproductive health care by cutting Medicaid by almost $1 trillion. The result of these two seminal events is a full-blown existential crisis for women reproductive and sexual health services—and a potential health crisis for the many millions of women (and their children) who receive comprehensive care from those clinics.

This looming tragedy did not come to fruition by happenstance or sudden downward shifts in America's economy. The tragedy was "man-made" fed by inflexible and self-righteous ideology and the greed of "reverse Robin Hoodism" which gutted Medicaid in favor of massive tax cuts for Billionaires. Consequently, millions of women will—without a doubt—be exposed to and will be at high-risk for ailments and conditions that could have life threatening outcomes.

Most reproductive justice coalitions and health equity advocate organizations—which include the National Association of Social Workers—have begun to mobilize to counteract the near certain major contraction of reproductive health services available to vulnerable and marginalized women throughout the United States. These action are taking the form of public education, grassroots outreach to legislators at the local, state, and federal levels, and national coalition building to demand public health policy and budget priority changes.

Finally, we must recognize that mobilization has to include working with impacted women groups on fully participating in local, state, and federal elections to increase the number of political leaders who are willing to prioritize women reproductive health equity in their legislative agendas.

Resources

Big Ideas
Work Requirements

Commonwealth Fund
Medicaid Cuts Increase Maternal Mortality

Guttmacher Institute
Clear and Growing Evidence that Dobbs in Harming Reproductive Health Freedom

Committee for a Responsible Federal Budget
Breaking Down the One Big Beautiful Bill-2025-06-04

Kaiser Facility Foundation (KFF)
Medicaid Work Requirements

National Law Program
Proposed Medicaid Work Requirements are Another Dangerous Attack on Sexual and Reproductive Health Care Access (Updated)

National Women Law Center
SUMMARY: The Truth About Medicaid & SNAP "Work Requirements"

National Partnership on Women and Families
State Abortion Bans Threaten Nearly 7 Million Black Women, Exacerbate the Existing Black Maternal Mortality Crisis

National Partnership on Women and Families
Miles, Mountains, and Barriers: Reproductive Health Crisis in Appalachia

Time Magazine
How the Dobbs Decision Has Shaken the Health Care Landscape

Truthout
3 Years in, Horrors Wrought by Anti-Abortion "Dobbs" Ruling Are Apparent to All

Truthout
Idaho's Abortion Ban Is Impacting Routine Care for Seniors and Kids

Ventura County Star
Guest column: What Dobbs decision has wrought

NASW Resources

NASW » SocialWorkers.org

NASW Foundation » NASWFoundation.org

NASW Press » NASWPress.org

NASW Assurance Services, Inc. » NASWAssurance.org

Find A Social Worker » HelpStartsHere.org

Social Work Blog » SocialWorkBlog.org

NASW Research and Data » SocialWorkers.org/News

Social Work Advocacy » SocialWorkers.org/Advocacy

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