

■ BRIEF

Nowhere to Turn

State Abortion Bans & the Failure To Support Women

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In June of 2022, *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade*, ending the federal constitutional right to abortion. Since then, 21 states have banned or seriously restricted access to this essential care, constraining women's and birthing people's autonomy and ability to make decisions that impact their futures.^{1,2} These states have placed either total bans on abortion or gestational limits ranging from 6 to 18 weeks.³

Without access to abortion care, women face increased risks to their health, well-being, financial security, and economic mobility. Findings from the Turnaway Study, the first major longitudinal study examining the effects of being denied an abortion on women's lives, show that women denied an abortion experienced long-term economic hardship, including increased household poverty, higher debt, and lower credit scores.⁴

In many ways, the state you live in impacts how easy or difficult it is to take care of your children. States with aggressive abortion restrictions tend not to have the most family-friendly policies. States decide how much low-paid workers get paid, whether or not parents can stay home to care for their children without losing pay, and what child care assistance is available. Abortion-ban states have some of the lowest minimum wages in the country.⁵ What's more, of the 21 states with the most restrictive abortion bans,⁶ none have mandatory state-run paid family and medical leave programs, and nine have strict limits on eligibility for child care assistance.^{7,8} In states without paid leave, fair wages, and affordable child care, growing families have an even greater need for public benefits to afford their daily needs.

Public benefits that provide health care, food, and cash support have a role to play in ensuring that growing families have the economic foundation they need to thrive. Yet, abortion ban states limit access to critical public benefits programs that women and their families need. This brief explores these critical policy failures and recommends federal-level policy changes to mitigate harm and ensure that women with growing families can access the public benefits they need.

Banning abortion forces women to carry pregnancies to term, even when the women are already struggling financially. As a result, too many low-income women have nowhere to turn: they face the economic repercussions of being denied abortion care and are denied access to the support they need to care for themselves and their children. If we are a nation that truly values parents and children, we must, at a minimum, ensure that they all can meet their daily needs—no matter what state they live in.

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Abortion Ban States Tend To Restrict Access to Public Benefits Women & Growing Families Need

Abortion-ban states tend to do less to support women and families with adequate health care, food assistance, and cash support, while states with abortion protections often offer more supportive resources for growing families.^{9,10}

HEALTH CARE THROUGH MEDICAID

Medicaid provides access to crucial prenatal and postpartum care for eligible women. The program pays for 41.3 percent of all births in the country, protecting the health of women and their families.¹¹ The Affordable Care Act (ACA) allows states to expand their Medicaid programs to cover more adults with incomes up to 138 percent of the federal poverty level (\$15,060 for a single adult in 2024), and 40 states and Washington, D.C. have done so.¹² Of the remaining 10, seven have passed bans on abortion for gestational periods at or before 18 weeks¹³ (see Figure 1).

Adults in the Medicaid coverage gap earn incomes that are too low to qualify for subsidized health insurance options through the ACA marketplace, but because they live in states that have failed to adopt Medicaid expansion, they also do not qualify for Medicaid.¹⁴

This policy shortcoming contributes to racial disparities in pregnancy outcomes in non-expansion states. While most people in the coverage gap become eligible for Medicaid once they are pregnant, being uninsured before pregnancy is associated with a higher prevalence of risk factors that can lead to poorer pregnancy outcomes.^{15, 16}

The Medicaid gap left 800,000 women—two-thirds of whom are Black or Latina—without reliable access to health care in 2019.^{17, 18, 19} Texas has the most stringent Medicaid income eligibility in the country (16 percent of the federal poverty level) *and* one of strictest abortion bans.²⁰ Kentucky is the only state with a total abortion ban to have expanded Medicaid.^{21, 22} With abortion bans in effect, uninsured women forced to carry these pregnancies to term in non-expansion states are likely to face elevated health risks associated with their coverage status.

Expanding Medicaid has a positive impact on pre-pregnancy, pregnancy, and postpartum health and decreases maternal and infant mortality rates.^{23, 24} For example, maternal death rates due to pregnancy-related complications have been reduced in states that have expanded Medicaid.²⁵ Yet, seven states have enacted strict abortion bans *and* fail to expand Medicaid.

FIGURE 1. Seven States Have Enacted Strict Abortion Bans & Fail To Expand Medicaid

Overlap of States That Issued Restrictive Abortion Bans, Selected From Medicaid Non-Expansion States

States That Have Not Expanded Medicaid	Total Ban on Abortion or Ban on Abortion at or Before 18 Weeks
Alabama	X
Florida	X
Georgia	X
Kansas	
Mississippi	X
South Carolina	X
Tennessee	X
Texas	X
Wisconsin	
Wyoming	

Note: States selected if they have not expanded their Medicaid program as outlined under the Affordable Care Act.

Source: Adapted from Kaiser Family Foundation, 2024: Status of State Medicaid Expansion Decisions: Interactive Map. Available at <https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>, Adapted from Guttmacher, 2024: State Bans on Abortion Throughout

Pregnancy. Data from Table 1. Total Abortion Bans and Bans Based on Gestational Duration Currently in Effect. Available at <https://www.gutmacher.org/state-policy/explore/state-policies-abortion-bans>.

CASH ASSISTANCE & TAX CREDITS

Access to cash is crucial for growing families. Direct cash helps low-income families with children meet daily needs such as food, shelter, and clothing. Research shows that cash benefits improve maternal and infant outcomes, early childhood development and educational outcomes, healthy food access, and economic security.^{26, 27, 28}

Yet, our nation’s primary vehicle for cash assistance, Temporary Assistance for Needy Families (TANF), does disappointingly little to support women in abortion-ban states. TANF is a federal program, but states have discretion on how much cash support they can offer, resulting in wide variation among states.

Abortion ban states tend to offer less cash assistance through TANF and have stricter income eligibility requirements. One analysis found that in states with strict abortion bans, a family of three needs to earn less than \$673 a month to qualify for the TANF program, but they only receive an average of \$292.²⁹ Meanwhile, the average cost of child care was about \$965 a month in 2023.³⁰ In states with fewer restrictions, families can earn nearly twice as much and receive double the benefits.³¹

The federal Child Tax Credit (CTC) is another important vehicle for cash support. These credits offset the high costs of raising children, especially for low-income families.³² The CTC is provided nationally, but only 11 states will offer state-refundable CTCs in 2024. These 11 states, including California, New York, and Minnesota, also offer the most protections around abortion access in the country. Minnesota, for example, offers the nation’s highest refundable CTC at \$1,750 per child.³³ In contrast, none of the 21 states enforcing abortion bans have refundable CTCs. While Idaho and Oklahoma—two states with abortion bans—provide nonrefundable credits, these credits exclude the poorest families, highlighting a critical gap in support where it is most needed.³⁴

SUMMER FOOD FOR KIDS

For many families, summer can bring worries about getting enough to eat for kids while school meals are not available. Summer meal programs step in to help, making sure kids still get the nutrition they need. Over 60 percent of women seeking abortions already have one or more children.³⁵ Policies aimed at reducing food insecurity provide critical support for these women and their children in states with abortion restrictions and stringent access to public benefits.

SUN Bucks is a new grocery benefit available to families with eligible school-aged children.³⁶ The federal program offers \$120 per child to buy groceries during the summer,³⁷ when some children in low-income families face the highest risk of hunger. However, 13 states chose not to participate.³⁸ 11 of those 13 states have restricted abortion access. Alabama, Idaho, Mississippi, South Dakota, Texas, and Oklahoma have total abortion bans, and five more states ban abortion after the first 18 weeks of pregnancy (Florida, Georgia, Iowa, South Carolina, and Utah).

Federal Policymakers Must Expand Access to Public Benefits

Strengthening the national public benefits infrastructure would expand opportunity, improve women’s economic security, and help mitigate the economic harm to women in states with abortion bans or restrictions. While many public benefits programs include implementation flexibility for states, some aspects of these programs are established at the federal level. Agencies can affect regulatory change, but the most impactful improvements require legislative action.

Repealing state abortion bans and reinstating federal and state protections for abortion and comprehensive reproductive care are vital for preserving women’s autonomy and economic security. Simultaneously, a shift in values and a restructuring of federal public benefits are necessary to enhance economic mobility for low-income women and their families.

INVEST IN INCLUSIVE PUBLIC BENEFITS & HUMAN SERVICES

To address the economic challenges women face from abortion bans, significant federal investments are needed in programs that support families, such as health care, cash assistance, child care, and food assistance. Lawmakers should use all tools at their disposal, including the appropriations process, to boost funding and update anti-poverty formulas to account for inflation, enhancing support for low-income families. In the instance of TANF, which is subjected to a rigid capped block grant funding mechanism, restructuring the program as an uncapped grant—similar to the Supplemental Nutrition Assistance Program (SNAP)—will improve the program’s responsiveness and impact.³⁹

Public benefits programs should be guided by values of inclusion and equity—and this must extend to immigrant communities. The public charge rule from 1999 lets federal officials label immigrants who might use cash benefits as a “public charge,” which can prevent them from entering the United States or gaining permanent residency.⁴⁰ Uncertainty about this rule, especially during the Trump Administration, has created confusion and fear among immigrants, making them hesitant to access benefits like Medicaid.⁴¹ In an already complex and challenging health care landscape, the emergence of abortion restrictions worsens access to reproductive care for immigrant communities.⁴²

Federal policymakers should eliminate immigration status as a barrier to accessing public benefits, including the five-year bar and other anti-immigrant exclusions.⁴³ The five-year bar requires immigrants to wait five years between receiving a qualifying immigration status and enrolling in Medicaid/the Children’s Health Insurance Program (CHIP), SNAP, TANF, or Supplemental Security Income. The Health Equity and Access under the Law (HEAL) for Immigrant Families Act would enable health coverage under the ACA regardless of immigration status. Enacting this bill will address fears associated with the public charge rule by removing the “five-year bar” wait periods for immigrants to enroll in Medicaid.⁴⁴

IMPROVE ACCESS TO HEALTH CARE THROUGH MEDICAID

Closing the Medicaid expansion gap would significantly increase access to care and improve health outcomes, increase coverage, bolster economic security, and advance economic and employment growth.⁴⁵ However, the Supreme Court ruled that states are not mandated to expand Medicaid in *Hospital Corporation of Marion County v. Talevski*.⁴⁶ Thus, there are limited viable options for closing the Medicaid coverage gap through federal-level action. States are already robustly incentivized to expand. The American Rescue Plan Act of 2021 created a significant financial incentive to expand Medicaid.⁴⁷ Even without this provision, Medicaid expansion is a smart financial investment for many states.⁴⁸ Yet, 10 states have not expanded Medicaid despite the evidence it improves outcomes for women and children and is a cost savings over the long-term for state budgets.^{49, 50} The recommendations below outline options for improving access in the absence of Medicaid expansion across all states.

Expand Continuous Eligibility

Medicaid continuous eligibility allows people to maintain their coverage for 12 months without needing to reapply or undergo eligibility checks, even if their circumstances change.⁵¹ Continuous eligibility helps ensure that vulnerable populations have reliable access to health care services. Starting January 1, 2024, states must provide 12 months of continuous eligibility for children under 19 in Medicaid and CHIP, as mandated by Section 5112 of the Consolidated Appropriations Act, 2023.⁵² Previously, states could choose to offer this but weren’t required to. Legislation to mandate multi-year continuous eligibility for all states and incentives for states to use waivers could bolster support for women and children. Oregon, for example, uses a waiver to provide continuous Medicaid coverage for children until they turn 6.⁵³

IMPROVE ACCESS TO FOOD & OTHER SUPPORT THROUGH WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is designed to support low-income pregnant and postpartum women, infants, and children up to age 5. While WIC is a critically important support, the program only reaches about 50 percent of those who are eligible, and benefit levels are not sufficient to meet the needs. SNAP is essential to helping make up the difference.

Bridging the enrollment processes between SNAP and WIC can help eligible families get more public benefits support. In 2022, only 15.1 percent of pregnant people and 49 percent of children on SNAP were also enrolled in WIC, highlighting the program's potential for increased utilization.⁵⁴ Roughly 610,000 eligible pregnant women and 4,460,000 children ages 4 and under were not enrolled in WIC in 2022.⁵⁵

Automatically Begin WIC Application Process for Eligible SNAP Participants

Legislative action that requires cross-program agreements to automatically begin the WIC application process for eligible women and their families using SNAP will help more families receive support while removing administrative burdens. This legislation would be preceded by the Child Nutrition and WIC Reauthorization Act of 2004, which required that children in households utilizing SNAP be automatically enrolled to receive free school meals.⁵⁶

IMPROVE ACCESS TO FOOD ASSISTANCE THROUGH SNAP

Raise the Federal Income & Resource Limits for SNAP & Increase Benefit Levels

SNAP helps families afford nutritious food and significantly reduces food insecurity, vital for children's health and well-being.⁵⁷ However, many families have struggled to afford nutritious meals as food prices have risen especially quickly from 2021 to 2022, while benefit levels failed to keep pace, leaving households unable to fully cover the cost of healthy groceries.^{58, 59} To qualify for SNAP, households must generally have less than \$2,750 in countable resources. After allowable deductions (like housing costs, child care, and medical expenses), net income must be at or below 100 percent of the Federal Poverty Line (FPL). The FPL for FY2023 was \$30,000 in annual income for a family of four or \$14,580 for an individual.⁶⁰ This leaves too many families behind.

Strengthening and expanding SNAP, including through increasing income eligibility thresholds, adjusting or eliminating asset limits, and raising benefit levels for low-income households, would help keep more families fed. The U.S. Department of Agriculture (USDA) establishes income limits, resource limits, and specific household composition rules for the Supplemental Nutrition Assistance Program. While USDA has regulatory authority, significant change will likely also require legislative action. Some policymakers are pushing for such changes. For example, provisions in the Closing the Meal Gap Act would increase eligibility thresholds and improve benefits for low-income households.⁶¹

IMPROVE ACCESS TO CASH THROUGH TANF & TAX CREDITS

To expand the program's reach, the federal statutory language that guides the TANF program should be revised and supplemented by the following proposed updated rules and eligibility standards.

Establish a Federal Minimum Benefit for TANF

Although TANF was created to replace a federal cash assistance program focused on people with the lowest incomes, states spend shockingly little on cash assistance today. As of 2023, TANF cash benefits in 17 states fell below 20 percent of the federal poverty line for a family of three.⁶² Of these 17 states, all but three ban or seriously restrict abortion (see Figure 2).

Allowing states to set their benefit levels contributes to significant racial and regional disparities,⁶³ limiting families' ability to navigate financial crises and afford daily needs. Low maximum TANF benefits

can be correlated to states in regions with high populations of people of color. For example, the states with the five lowest maximum monthly TANF benefits are located in the South and West (see Figure 2). When compared to the Northeast, the southern and western regions of the country have relatively higher Black and Hispanic populations, respectively.⁶⁴ Black families receiving TANF cash benefits in the least generous states are disproportionately impacted by these minimal benefit levels.^{65, 66}

As of July 2024, the maximum benefit for a family of three ranged from as low as \$204 in Arkansas to as much as \$1,243 in New Hampshire.⁶⁷ A federal minimum benefit regularly adjusted for inflation and other relevant economic factors would help all participating families receive the cash assistance they need to thrive, regardless of the state in which they reside.

FIGURE 2. States With Abortion Bans Are Overwhelmingly Represented Among Those With the Stingiest TANF Benefits

States' Max Monthly TANF Benefit as a Percentage of the FPL, Selected Beneath 20 Percent of the FPL

Rank	States with Monthly TANF Levels Up to 20% of the FPL	Total Ban on Abortion or Ban at or Before 18 Weeks	Maximum Monthly TANF Benefit Level	Change in TANF Monthly Benefit Levels Adjusted for Inflation (1996-2023)	Max Monthly TANF Benefit as a Percentage of Federal Poverty Line for Family of Three
1	Arkansas	X	\$204	-46%	9.80%
2	Alabama	X	\$215	-29%	10.40%
3	Mississippi	X	\$260	17%	12.60%
4	North Carolina	X	\$272	-46%	13.10%
5	Arizona	X	\$278	-57%	13.40%
6	Georgia	X	\$280	-46%	13.50%
7	Missouri	X	\$292	-46%	14.10%
8	Oklahoma	X	\$292	-48%	14.10%
9	Florida	X	\$303	-46%	14.60%
10	Idaho	X	\$309	-47%	14.90%
11	Indiana	X	\$320	-40%	15.40%
12	Texas	X	\$327	-6%	15.80%
13	Delaware		\$338	-46%	16.30%
14	Nevada		\$386	-40%	18.60%
15	South Carolina	X	\$388	5%	18.70%
16	Tennessee	X	\$387	13%	18.70%
17	Pennsylvania		\$403	-46%	19.50%

Note: Calculated the Max Monthly Benefit as a percentage of the FPL based on 2023 FPL guidelines for a family of three and displayed states with benefit values that failed to eclipse 20 percent.

Source: Adapted from Center on Budget and Policy Priorities, 2024: Continued Increases in TANF Benefit Levels Are Critical to Helping Families Meet Their Needs and Thrive. Data from Appendix Table 2- TANF Benefit Levels as a percentage of Federal Poverty Level. Available at <https://www.cbpp.org/research/income-security/continued-increases-in-tanf-benefit-levels-are-critical-to-helping>, Adapted from Guttmacher, 2024: State Bans on Abortion Throughout Pregnancy. Data from Table 1. Total Abortion Bans and Bans Based on Gestational Duration Currently in Effect. Available at <https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans>.

End the TANF Family Cap

The TANF “family cap” prevents or limits an increase in a family’s benefit when another child is born. While family caps were first introduced in the 1990s, the foundational ideas behind them are much older. These policies are a product of long-running campaigns to undermine the “deservedness” of poor women, particularly Black women, to access public benefits.⁶⁸

While family caps are currently an option for states, these policies should be banned nationwide. In the last two decades, several states have repealed their family cap policies, but seven states still have the policy in place.⁶⁹ And all seven family cap states have implemented legislation since Dobbs restricting access or banning abortion.^{70,71} Removing family caps at the federal level will protect women without access to abortion from being penalized for having more children.

Prevent Child Support Clawbacks of TANF Benefits

The Child Support Enforcement program reaches 16 million children and 22 million parents and caregivers each year.⁷² It was established as a “cost recovery” program designed to recoup government expenditures by collecting money from noncustodial parents.⁷³

Congress permits all states to keep a portion of child support collections as reimbursement for government spending on families through TANF.⁷⁴ The result is less money for custodial parents to help care for their children. In 2023, the states kept over \$350 million that should have gone to families.⁷⁵

Federal legislation mandating the child support program to distribute 100 percent of child support payments to custodial parents is necessary to protect the economic security of families in the child support program.⁷⁶

Absent Congressional action, the Office of Child Support Services (OCSS) can lay the groundwork for more states to move toward full distribution. For example, OCSS can share best practices from states that do 100 percent “pass-through.”⁷⁷ The Administration for Children and Families (ACF) and OCSS could support programs moving to full distribution by helping states address the technological barriers to implementing this change. ACF could provide analysis to states and state legislatures on computer systems updates, costs of upgrades, and the administrative savings that can result.⁷⁸

Permanently Expand the CTC

The CTC provides much-needed financial support, helping parents manage everyday expenses like food, housing, and child care. In 2021, the American Rescue Plan temporarily increased the credit amount to \$3,600 per child under age 6 and \$3,000 per child aged 6 to 17, which led to a nearly 50 percent decrease in child poverty.⁷⁹ Families often use the CTC to invest in their children’s future, such as funding extracurricular activities, educational resources, and health care. The year after the CTC expansion expired, 5 million more children were pushed into poverty.⁸⁰

The CTC expansion should be made permanent. A permanent extension of the CTC stands to significantly reduce the amount of children living in poverty and improve the overall well-being of families across the country. The temporary expansion in 2021 demonstrated the power of the CTC by cutting the child poverty rate by nearly half.⁸¹ Families saw lower stress levels, reduced financial hardship, and increased investment in early childhood development and education.^{82, 83} Families also used the credit to make long-term investments in their children’s future, including paying down outstanding debts, creating savings for education expenses, and overall social mobility outcomes.^{84, 85}

Conclusion

Abortion restrictions pose significant risks to the well-being and economic security of women. Many of the same states that restrict access also fail to provide adequate public benefits for women with low incomes and their families—a critical policy failure.

Federal policy changes can support women by strengthening public benefits programs to ensure that every family’s needs are met—no matter what state they live in. This means investing in food and cash support, expanding eligibility, easing access, and closing the Medicaid gap.

ACKNOWLEDGMENTS & DISCLOSURES

We thank Isabella Camacho-Craft for generous editorial assistance, and Lelaine Bigelow, Aileen Carr, Sierra Wilson, Isaiah Corder Boyd, Nissi Cantu, Adit Roy, and Aidan Davis for research and writing assistance.

We appreciate the generous assistance and insights shared by the following individuals, who provided valuable consultations and/or reviewed a draft of this brief: Camille Kidd (National Black Women's Reproductive Justice Agenda), Dr. Ericka Burns (National Family Planning and Reproductive Health Coalition), Jessica Luna (U.S. Department of Agriculture, Food and Nutrition Service), Shaina Goodman (National Partnership for Women and Families), and Suzanne Wikle (Center for Law and Social Policy).

Thanks to Hailey Joyce Padua for the copyediting, design, and layout of this brief.

Any errors of fact or interpretation remain the authors'. We are grateful to the JPB Foundation and the Heising-Simons Foundation for their support. The views expressed are those of the GCPI authors and should not be attributed to our advisors or funders. Funders do not affect research findings or the insights and recommendations of GCPI.

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