

Accessing Contraceptives in Florida:

A Toolkit for Young Adults

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Credits:

This toolkit has been developed to assist young adults in Florida with understanding their right to access contraceptives under various health insurance programs, laws, and policies. The reproductive health care landscape continues to evolve both within Florida and nationally. This guide is designed to provide basic information to ensure that those who are denied coverage of contraceptives to which they are legally entitled have an understanding of how to advocate for themselves and/or their friends and family.

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The National Health Law Program (NHeLP) protects and advances the health rights of low-income and underserved individuals. Founded in 1969, NHeLP advocates, litigates, and educates at the federal and state levels. Consistent with this mission, NHeLP works to ensure that all people in the United States have access to comprehensive preventive health services, including contraception.

Florida Health Justice Project (FHJP) recognizes that access to quality and affordable health care is a human right and engages in comprehensive advocacy to expand health care access and promote health equity for vulnerable Floridians.



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Cultural Stigma

Before we dive deeper into specific provisions around access to contraceptives, it is important to recognize the potential challenges that can come up while exploring these issues. Our culture normalizes a significant amount of shame and stigma related to sexual activity and birth control. But, as with any other type of health care, it is important that you have accurate information in order to best advocate for yourself.

To learn strategies for overcoming the stigma associated with these topics,

[Click Here](#) and [Here](#)

*Note: We also recognize that contraceptive care and the counseling surrounding it can still be very gendered. **However, contraceptive care is important for everyone.**

To that end, we strive to use gender inclusive language to accurately reflect the scope of people with various reproductive and sexual health care needs and related experiences. However, it is important to note that we employ “women” in limited instances when necessary to accurately reference legal terms or cisgender women-centered research and to honor how advocates or groups self-identify. More inclusive policy language and research is needed to better service the needs of all people who need equitable access to reproductive, sexual, and all health care.

Contraceptives

Contraception, often called birth control or family planning, consists of medications, devices, and other methods to prevent unwanted pregnancy. Certain contraceptives can be used to try to prevent some STIs. And some birth control medications can be used to manage symptoms of various chronic health conditions, such as polycystic ovary syndrome, endometriosis, uterine fibroids, and acne.

There is a large range of contraceptive drugs and devices available, from pills you take daily, to intrauterine devices (IUDs) that can last for a decade. Some contraceptives are available over-the-counter in local retail stores, and others require a prescription from your provider. Some contraceptives prevent pregnancy using hormones, like the ring or the patch, while others are non-hormonal, like condoms or the copper IUD. Ask your provider for information on your contraceptive options. You may want to try out a few types before settling on your preferred method.

[Information about contraceptive methods](#)

[Information about getting free condoms at GatorWell locations](#)

Emergency Contraceptives

There is a great deal of misinformation and confusion about emergency contraception (EC), including inaccurate claims that it is a form of abortion. This section aims to arm you with accurate information.

EC is just like all other kinds of contraceptives in that they prevent pregnancy BEFORE it occurs. The main difference is that EC is taken on a one-time basis usually after sex (most EC should be taken as soon as possible after unprotected sex).

There are three forms of EC available, and should be covered by your insurance plan if you have a marketplace or private plan:

- Plan B and its generics like My Choice, which are available over the counter (without a prescription) or by prescription (a prescription is most likely required for insurance coverage);
- Ella, which is only available by prescription; and
- IUDs, which are available only by prescription and in addition to acting as EC, are a long term option for contraception.

Emergency Contraceptives: “Advanced Provision”

What are advanced provision Emergency Contraceptives?

This is when you do not need EC right now, but you may need it in the future, so you decide to stock up now.

Make sure to check the expiration dates, but these medications do typically have a shelf life of 3-4 years.

You can always stock up on over-the-counter Plan B without talking to a provider, but it does mean you'll have to purchase it for about \$50. To get a prescription for one pack, you'll have to talk to a health care provider first, but that usually means it will be covered by insurance.

What is Health Insurance?

Health insurance helps to offset, or cover, the cost of routine and emergency medical visits, prescription medications, and possibly other medical or health care related expenses. The amount an individual pays to have insurance, also known as coverage, and the amount the plan or program will pay in benefits, depends on the particulars of each plan or program. Having health insurance means that if you need to visit a doctor for a routine exam or because you are sick, if you have an accident, or if you need certain types of medications or medical procedures, the insurance program agrees to cover some, most, or all of the expenses.

How Do You Get Health Insurance?

There are four main ways that people across the United States get health insurance:

1. From their employer ¹
2. On the private insurance marketplace ([i.e., www.healthcare.gov](http://www.healthcare.gov))
3. From a government sponsored program, such as Medicaid, Medicare or Tricare;
4. As a dependent on their parent(s)' or legal guardian(s)' plan. ²

You may also be able to obtain coverage through your college or university. Most colleges or universities require that you have some form of health insurance during your time as a student.

How Does Health Insurance Work?

Health insurance doesn't always mean care is free. Here are some cost concepts to know:

1. **Copayments:** These are payments you make to your health care provider each time you get care. For example, you may be required to pay \$20 every time you visit a primary care doctor.
2. **Premiums:** This is the amount paid (by you, your employer or government depending on type of plan) to the insurance company each month.
3. **Deductibles:** Amount you have to spend out-of-pocket on covered health services before your insurance company will pay. For example you might have to pay \$500 for medical services (excluding free preventive services) before the insurance company will begin to cover any portion of care.
4. **Out-of-Pocket Maximum:** This is the maximum amount you are required to spend for covered services in a year. After you reach this amount the insurance company will begin to pay 100% of covered services.

The Patient Protection and Affordable Care Act (ACA)

The ACA, also known as “Obamacare,” was enacted in 2010. The ACA is arguably one of the most important and significant pieces of health care reform legislation.

The goal of the ACA was to expand access to affordable health insurance and, thereby, health care to millions of people across the country. While the law is extremely comprehensive, some provisions and protections are particularly important.

Key Coverage Provisions

1. Expansion of public programs:

Under the ACA, states were offered the opportunity to expand Medicaid programs, with a significant portion of the cost being covered by the federal government. As of March 2023, all states except for ten have chosen to expand their Medicaid programs. Florida is one of these states that has NOT expanded Medicaid, leaving tens of thousands of Floridians in the “[Medicaid coverage gap](#).”

2. Health Insurance Exchanges

The ACA created a national health insurance marketplace, [www.health care.gov/get-coverage](http://www.healthcare.gov/get-coverage), where individuals can obtain coverage. Based on their income, many people across the country receive a federal subsidy that helps to offset the cost of their monthly insurance premium. This makes the health insurance plans on the marketplace significantly more affordable, with many enrollees paying \$0, or very low amounts, per month.

3. Coverage of Young People

The ACA extended the age up to **26** that children can stay on their parents' private health insurance plan.

4. Benefits

The ACA requires most plans to cover **ten essential health benefits**. Additionally, all private plans must cover a range of **preventive services**, including **contraception/family planning services**, with no co-payment, and before meeting the deductible.

5. Employer Requirements

There is a requirement that companies of a certain size offer health insurance to their full-time employees. The insurance offered must be “affordable” and have “minimum essential coverage,” which means that certain types of care and services must be covered.

Key Protections from Discrimination

1. **Protections for people with pre-existing conditions.**

Before the ACA, health insurance plans could deny coverage or charge more for people diagnosed with health conditions, such as chronic illnesses or pregnancy, before they purchased the insurance. The ACA made this discrimination illegal.

2. **Section 1557**. Section 1557 of the ACA prohibits discrimination on the basis of race, color, national origin (e.g. immigration status), age, disability or sex (including pregnancy or related conditions, sexual orientation, gender identity, and sex characteristics), in covered health programs or activities. This includes all federally funded health care programs (e.g. Medicaid, the Children's Health Insurance Program (a.k.a. Florida KidsCare) and Medicare); health insurance issuers that receive federal assistance (i.e., most health insurance plans, including those purchased on [health care.gov](https://www.healthcare.gov)); and most health care providers and pharmacies. Section 1557 was the first federal civil rights law to prohibit sex discrimination, including pregnancy-related discrimination, in health care; making it critical to accessing contraception and other sexual and reproductive health care. Among other requirements, entities that must meet Section 1557 requirements must also take reasonable steps to provide meaningful access to individuals with limited English proficiency.

ACA's Contraceptive Coverage Protections

If you have health insurance through the marketplace, or a private plan governed by the ACA, then you have special protections for contraception coverage. One type of every contraceptive should be covered. If you want the pill, the patch, injection, condoms, spermicide or any covered method that works for you, there should be a free option available to you. This doesn't mean every single product used to prevent pregnancy will be covered. In other words, your plan might cover one type of hormonal IUD, but not another. But if there is a medical reason why you need a particular contraceptive, your provider can inform your insurance and they must cover it. This is known as a "[medical necessity](#)."

2022 Guidance on Coverage of Birth Control

In 2022, the federal government issued new guidance (similar to a rule), FAQs Part [51](#) and [54](#) that include information on birth control coverage. The guidance was intended to make clear that the ACA requires health insurance plans to provide comprehensive contraceptive coverage at no cost to the insured.

- **Advanced provision.** The guidance also makes clear that all types of EC must be covered when prescribed, including when prescribed for advanced provision. (As stated previously, advanced provision is when medication is provided before it is needed. This is particularly important with time-sensitive medications, such as EC).

- **Condoms.** The Departments reiterated a 2021 change to the federal contraception recommendations: If women are prescribed external condoms for contraceptive use, these must be covered at no cost. This likely does not mean that condoms purchased without a prescription are free (yet!), but should be covered when prescribed. Try asking your health care provider for a prescription if this is your preferred birth control method.
- **“Ancillary services.”** For some birth control services, clinician support beyond handing you a particular drug is needed. For example, if you are getting an IUD inserted, your provider may use an ultrasound to guide the insertion. If you have an IUD, you may want it removed. If you are undergoing sterilization, you may require anesthesia. All of these fall under the umbrella of “ancillary services,” and the Departments emphasize they must be covered at no cost, just like a pill or a patch would be.

Medicaid

What is Medicaid?

The Medicaid program is managed and funded jointly by states and the federal government to provide health coverage to eligible low-income adults, children, pregnant women, older adults, and people with disabilities. The federal government requires that the states follow certain guidelines, but there is broad variety across state programs.

Who is Eligible?

In Florida, only certain individuals and families with low incomes qualify for coverage.

Because Florida has not expanded Medicaid, eligibility for full benefits is somewhat limited. If someone is low-income, and also is in one of the below categories, they may be eligible for full Medicaid benefits:

1. Parents and caretaker relatives of children;
2. Children;
3. Pregnant women;
4. Individuals formerly in foster care; or
5. Aged or disabled individuals not currently receiving SSI.

For specific details on who can obtain coverage with full benefits under the Medicaid program in Florida, please click [here](#).

Medicaid in Florida

The easiest way to apply for coverage is online, by visiting www.myflorida.com/accessflorida/. You will need to create an account and will then be asked a series of questions to determine whether you are eligible for coverage, and if so, for which category. The scope of your coverage depends on your eligibility category. If the state determines that you are not eligible for Medicaid, you will be referred to the [Federal Marketplace](#) or [Florida KidCare](#).

If the state determines that you/your family is eligible for full Medicaid benefits, you will be provided with a choice of private health insurance plans that will provide coverage. This is called Medicaid Managed Care.

If you are not eligible for full Medicaid, you may still be eligible for more narrow sexual and reproductive health care benefits (including contraceptive coverage) in another Medicaid program. To learn more, follow the links below.

1. [Medically Needy/Share of Cost](#)
2. [Family Planning Waiver](#)

What Services are Covered?

Full Medicaid covers a **broad array** of services, including:

- Physician services;
- Family planning services and supplies;
- Prescription drugs;
- Pregnancy-related services and services for conditions that might complicate pregnancy;
- Services furnished by a nurse-midwife who is legally authorized under state law to render the care;
- Counseling and pharmacotherapy for cessation of tobacco use by pregnant women;
- Outpatient hospital services;
- Rural health clinic services;
- Federally-qualified health center services;
- Comprehensive and preventive health care services for enrollees under age 21; and
- Services furnished by a pediatric nurse practitioner or certified family nurse practitioner authorized to render care.

“Family planning services and supplies” is a federally required Medicaid benefit. States have some discretion about what to cover. In Florida, this coverage includes “reproductive services to provide diagnostic and therapeutic procedures relating to the reproductive system, including obstetrical and family planning services.³ Under federal law, Florida must ensure that Medicaid enrollees are “free from coercion or mental pressure and free to choose the method of family planning to be used.”

Medicaid: Contraceptive Coverage & the Family Planning Waiver Program

If you are not eligible for full-scope Medicaid, you may qualify for coverage under the [Medicaid Family Planning Waiver](#) (Waiver), which provides contraceptive and certain other reproductive and sexual health care coverage. You may be eligible for Waiver coverage if you are a woman:

1. Between the ages of 14 and 55;
2. Have lost full Medicaid services for any reason in the past 24 months;
3. Want family planning services;
4. Are not pregnant;
5. Have not had a hysterectomy or sterilization (tubes tied);
6. And have a household income less than or equal to 191% of the current federal poverty level.

What Services are Covered?

1. Physical exams which may include a pap smear, breast exam, and sexually transmitted infection (STI) testing
2. Family planning counseling and pregnancy tests
3. Family planning visits, including prescriptions for contraceptives
4. Birth control supplies including condoms
5. Colposcopies⁴ and treatment for STIs, which are limited to a six week period after a family planning exam, counseling visit, or supply visit
6. Related pharmaceuticals (medicines and antibiotics) and laboratory test
7. Tubal ligations
8. Vasectomies

What Contraceptive Methods are Covered?

1. Birth control pills, patch, and vaginal ring
2. The Shot (Depo-Provera)
3. Implant (single rod implant)
4. Sterilization (tubes tied or blocked)
5. Intrauterine devices and systems (IUDs/IUSs)

For the complete list of what is covered under the waiver program, see [“Contraceptive Coverage Under Florida’s Medicaid Family Planning Waiver Program.”](#)

Additional Public Health Programs

Beyond Medicaid and other health insurance programs and plans, there are health care safety net programs that provide sexual and reproductive health services, including the **Title X Family Planning Program.**

Title X family planning clinics provide a broad range of services related to achieving and preventing pregnancy, and assisting women, men, and couples with achieving their desired number and spacing of children. Beyond contraception, clinics provide related sexual and reproductive health services, including preventive care for STIs. Anyone can receive services at a Title X-funded health center, regardless of age, sex, income, insurance coverage, immigration status, race, sexual orientation, gender identity, or any other characteristic. Services are confidential and provided regardless of patients’ ability to pay. Find a Title X family planning clinic near you [here](#).

Federally Qualified Health Centers (FQHCs): Federally qualified health centers or clinics serve medically underserved areas and populations. They provide primary care services on a sliding fee scale based on the patients' ability to pay. Under federal law, FQHCs are required to provide “voluntary family planning” services along with a broad range of health services. This can include preconception care, STI screening and treatment, and contraception. Virtually all FQHCs report providing at least one method of contraception at one or more of their clinical sites.⁵ Similar to Title X clinics, FQHCs have sliding fee discounts that determine service costs based on ability to pay. Find an FQHC or look-alike clinic near you [here](#).

Learn more about these programs in the Appendix at the end of this toolkit.

Dobbs v. Jackson Women's Health Organization

In June 2022, the U.S. Supreme Court issued its decision in *Dobbs v. Jackson Women's Health Organization (Dobbs)*, overturning the constitutional right to abortion across the United States. As a result, the question of abortion rights was left to the states.

In response, numerous states immediately rolled back access to abortion services, while some others affirmed the right to abortion. In 2022, the Florida Legislature restricted the right to an abortion to the first 15 weeks of pregnancy. In 2023, the Legislature further restricted abortion access to the first 6 weeks of pregnancy.⁶ But as of January 1, 2024, abortion is currently legal up to 15 weeks in FL while we await a final ruling from the Florida State Supreme Court.

While contraception can never replace abortion, we encourage people to make a plan for their birth control, now more than ever, if they want to avoid pregnancy.

On its face, the *Dobbs* decision should have no impact on the legal right to contraception. Contraceptive care, including emergency contraception, is medically and scientifically distinct from abortion care, because contraceptive care occurs before pregnancy occurs and abortion care occurs once the pregnancy is established.

Nonetheless, sexual and reproductive health care takes place on a spectrum, and it is impossible to attack one type of sexual or reproductive health service without seeing ripple effects in other services.

The *Dobbs* decision has caused gaps within both contraceptive and reproductive care. *Dobbs* has impacted contraceptive access most directly through clinic closures and lack of or overburdened providers. A significant number of health care providers who provide the full spectrum of reproductive health care are leaving states with abortion bans.⁷

Dobbs has also emboldened pharmacies and insurance plans to deny access to necessary medications for chronic conditions, such as rheumatoid arthritis, lupus, and cancer, simply because these drugs could also be harmful to or end pregnancies.⁸

What Does your Health Insurance Cover?

Program or Plan Documents

While they are heavy with legalese, and not easy to wade through, there are multiple documents that explain your health insurance program or plan benefits. These documents include:

1. **Summary of Benefits and Coverage (SBC)**
2. **Evidence/Explanation of Coverage (EOC)**
3. **Evidence/Explanation of Benefits (EOB)**
4. **Formulary List (a list of all medications covered by your plan)**

Privacy From Parents/Guardians

Since the ACA expanded the age limit of dependent coverage to age 26, more young adults now remain on their parents' plans.⁹ In these cases, because the parent is the primary insured individual, an Explanation of Benefits, which explains services rendered and paid for or not paid for by the plan, is sent to the parents after their dependents receive any sort of medical care.

It is important to note that in Florida, there is no requirement that insurance plans offer an opportunity for confidential communications. This is one reason why many adolescents and young adults get reproductive and sexual health care services at free clinics, such as Title X sites—to avoid using their insurance and having an EOB sent to their parents or legal guardians.

Red Flags

The documents from your health plan may reveal some problems.

Here are a few examples:

Exclusions:

- Certain products are excluded (e.g. male devices not covered)
- Certain procedures are excluded (e.g. IUD removal not covered)

Prior authorization:

- Prior authorization (also called “preauthorization” and “precertification”) refers to a requirement to receive approval from the health plan before the service is covered.¹⁰
- These requirements can be problematic when an insurance company denies coverage that has been recommended by a health care provider.

Step therapy:

- This is the requirement that an insured individual try one drug first to treat their medical condition before the insurance company will cover another drug for the same condition. Unfortunately, this can be quite common with contraceptive methods.
- Again, this is a problem when the insurance company uses it to interfere with your prescribing provider’s medical advice, or when you previously determined which medications or devices work and do not work for your body while on another health program or plan.

For specific examples of these types of problematic provisions, please click [here](#).

What To Do If Your Contraceptives Are Not Covered?

As laid out in this document, the majority of contraceptives should be covered at no or low-cost to you, either through your health insurance or through a free or low-cost clinic. However, there are often significant barriers to getting coverage for these services, even when there shouldn't be.

If you have issues getting your contraceptive covered, there are resources available to help you, such as sample letters to your plan and step-by-step instructions drafted by the [National Women's Law Center](#); and [appeal letters](#) letters drafted by [the National Health Law Program](#) (page 73).

If you believe that the denial is the result of sex-based or other discrimination, consider [filing a Section 1557 complaint](#) with HHS' Office for Civil Rights. Learn more about Section 1557 [here](#) and through the suggested resources in the Appendix below.

In addition, Florida Health Justice Project (FHJP) and the National Health Law Program (NHeLP) would like to hear about your experience accessing contraceptives under your insurance plan. Please click [here](#) to share your experience with us and to request help with contraceptive access.

Know Your Rights! Pharmacy Access to Contraceptives

Pharmacists play a critical role in access to contraception. Shortly after *Dobbs*, HHS published [guidance](#) to retail pharmacies on their obligations under federal civil rights laws to ensure access to comprehensive reproductive health services. Section 1557 prohibits certain health programs that receive federal financial assistance, including most pharmacies, from discriminating on the basis of sex and other factors. Sex discrimination includes discrimination related to pregnancy or related conditions. Pregnancy-related sex discrimination may include discrimination based on current pregnancy, past pregnancies, potential or intended pregnancies, and medical conditions related to pregnancy or childbirth.

HHS' guidance offers the following examples of sex discrimination related to contraception access that might be prohibited under Section 1557:

- An individual presents a prescription for an emergency contraceptive at their local pharmacy after a sexual assault to prevent pregnancy. If the pharmacy otherwise provides contraceptives (e.g., external and internal condoms) but refuses to fill the emergency contraceptive prescription because it can prevent ovulation or block fertilization, the pharmacy may be discriminating on the basis of sex.

- An individual's health care provider sends the individual's prescription for hormonal contraception (e.g., oral contraceptive pill, emergency contraception, a patch placed on the skin, a contraceptive ring, or any other FDA-approved contraceptive product) to a pharmacy. If the pharmacy otherwise provides contraceptives (e.g., external and internal condoms) but refuses to fill a certain type of contraceptive because it may prevent a pregnancy, the pharmacy may be discriminating on the basis of sex.

In addition, Section 1557 may prohibit a pharmacy from refusing to refill a prescription for contraception because the individual “is too young,” is an immigrant, or has limited English proficiency. A pharmacy also generally cannot refuse to refill an oral contraceptive prescription to treat a disability, such as endometriosis, polycystic ovary syndrome, Ehlers-Danlos Syndrome, or another health condition.

If your pharmacy denies your access to contraception or other reproductive and sexual health care and you believe that you have experienced pregnancy-related or other health care discrimination, consider filing a [Section 1557 complaint](#) with HHS. Learn more about Section 1557 in the Appendix below.

Appendix: Additional Resources on Contraceptive Access

Contraceptive Coverage and Access in Medicaid

- For a comprehensive guide on Medicaid coverage of reproductive and sexual health services (including contraceptives) and related issues, see [An Advocate’s Guide to Reproductive and Sexual Health in the Medicaid Program \(2nd Ed. 2019\)](#), National Health Law Program (NHeLP) (in-depth guide) with [2023 Supplement](#) (with updates on legal and policy developments from 2019–2023).
- [Medicaid Coverage of Family Planning Services Delivered via Telehealth](#), NHeLP

Contraceptive Coverage and Access in Private Insurance

- [Contraceptive Equity in Action: A Toolkit for State Implementation](#), NHeLP

Contraceptive Access in Other Public Health Programs

- [Title X Resources](#), Guttmacher Institute
- [Title X Fact Sheets and Reports](#), National Family Planning and Reproductive Health Association
- [Featured Title X Resources](#), Kaiser Family Foundation

Nondiscrimination Protections Related to Sexual and Reproductive Health Care

- [How Proposed Changes to Section 1557 Strengthen Protections Related to Pregnancy or Related Conditions](#), NHeLP
- [How the Proposed Section 1557 Rule Addresses Discrimination Based on Sex Stereotypes](#), NHeLP
- [HHS Issues Guidance to the Nation's Retail Pharmacies Clarifying Their Obligations to Ensure Access to Comprehensive Reproductive Health Care Services](#), U.S. Department of Health and Human Services

Over-the-Counter Access to Contraceptives

- [Free the Pill Coalition](#)
- [FDA Approves First Nonprescription Daily Oral Contraceptive](#)

Federal Government Resources on Reproductive Health Care Access

- [ReproductiveRights.gov](#)

Reproductive Justice

- [A New Vision for Reproductive Health, Reproductive Rights, and Reproductive Justice](#), Forward Together (issue brief)
- [Latina Institute for Reproductive Justice Florida](#)
- [National Asian Pacific American Women's Forum—Florida Chapter](#)

Technical Assistance Request Form

- [Request Help with Contraceptive Access in Florida](#)

Footnotes

1. If your employer provides health insurance and you are not currently enrolled, we suggest that you speak with your Human Resources (HR) Department and/or your supervisor.
2. In order to remain on your parent or guardian's health insurance plan, they will need to make sure to include you in their annual sign-up. Children can usually remain on their parents private insurance until age 26.
3. Fla. Agency for Health Care Administration, *Florida Medicaid's Covered Services and HCBS Waivers*, <https://ahca.myflorida.com/medicaid/medicaid-policy-qualityand-operations/medicaid-policy-and-quality/medicaid-policy/medical-andbehavioral-health-coverage-policy/primary-and-preventive-care-policy/floridamedicaid-s-covered-services-and-hcbs-waivers22> (last visited Jan. 4, 2024).
4. Colposcopy (kol-POS-kuh-pee) is a procedure to closely examine your cervix, vagina and vulva for signs of disease. During a colposcopy, your doctor uses a special instrument called a colposcope. Your doctor may recommend a colposcopy if your Pap test result is abnormal. See *also*, Planned Parenthood Federation of America, *What is a Colposcopy?* <https://www.plannedparenthood.org/learn/cancer/cervicalcancer/what-colposcopy>. (last visited Jan. 4, 2024).
5. Kaiser Family Found., *Financing Family Planning Services for Low-Income Women: The Role of Public Programs* (May 11, 2017), <https://www.kff.org/reportsection/financing-family-planning-services-for-low-income-women-the-role-ofpublic-programs-issue-brief/> (last visited Jan. 4, 2024).
6. As of September 2023, the six week ban is on hold until the Florida State Supreme Court issues a ruling. See *also*, American Civil Liberties Union, *Florida Supreme Court Hears Oral Argument in Abortion Ban Challenge* (Sept 8, 2023), <https://www.aclu.org/press-releases/florida-supreme-court-hears-oral-argument-in-abortion-ban-challenge>.
7. Sheryl Gay Stolberg, New York Times, *As Abortion Laws Drive Obstetricians From Red States, Maternity Care Suffers* (Sept. 6, 2023), <https://www.nytimes.com/2023/09/06/us/politics/abortion-obstetricians-maternitycare.html>.
8. Grace Keegan et al., *Trauma of Abortion Restrictions and Forced Pregnancy: Urgent Implications for Acute Care Surgeons*, 4 *Trauma Surgery & Acute Care Open Journal* 8 (Jan. 4, 2023), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9896239/>.
9. Guttmacher Inst. , *Protecting Confidentiality for Individuals Insured as Dependents* (As of Aug. 31, 2023), <https://www.guttmacher.org/state-policy/explore/protectingconfidentiality-individuals-insured-dependents> (last visited Jan. 4, 2024).
10. Kaye Pestaina & Karen Pollitz, Kaiser Family Found., *Examining Prior Authorization in Health Insurance*, (May 2022), <https://www.kff.org/policy-watch/examining-prior-authorization-in-health-insurance/> (last visited Jan. 4, 2024).