

Executive Summary

The Supreme Court’s decision in [*Dobbs v Jackson Women’s Health Organization*](#) will have a dramatic impact on access to abortion services. Thirteen states have abortion bans on the books that are designed to immediately go into effect (trigger bans), while another 13 states are expected to enact bans in the near future. Community health centers are a major source of health care to communities that will experience the harshest effects of the bans because of poverty and underservice. Health center patients are disproportionately people of color, who face the most serious health inequities and are likely to be most adversely affected.

Federal data show that in 2020, health centers nationwide served over 7.4 million women of reproductive health age and 636,000 infants under age one. Nationally, health centers provided contraceptive management to 1.5 million patients that year. Among children cared for by health centers nationwide, over half a million showed signs of developmental delay.

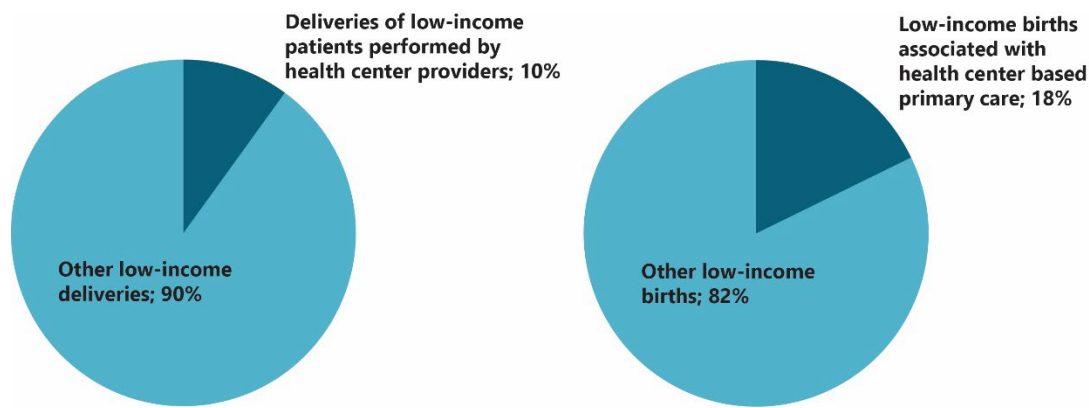
More than 3 million women of reproductive age, 274,000 infants, and 156,000 children with developmental conditions received care at a community health center in one of the 26 states that have either banned abortion or are likely to do so. In the wake of a ban, these figures can be expected to rise.

Community health centers in ban or likely-to-ban states care for a significant percentage of all pregnancies in their state. These states tend to have [higher levels of poverty and a greater percentage of Black and Latino women who are uninsured](#). The health centers in these states currently face a critical shortage of obstetrical providers.

- In 9 states (AL, AR, ID, MT, NE, ND, SD, UT, WY), the state’s health centers have fewer than 5 OB/GYN physicians in total.
- In 11 states (AL, AR, ID, LA, MS, MO, MT, ND, SD, UT, WY), the state’s health centers have fewer than 3 full-time equivalent (FTE) certified nurse midwives (CNM).

Federal data measuring maternity care shortages show that 9 trigger ban or likely-to-ban states (AL, AR, ID, LA, MO, MT, ND, UT, WY) have the most severe shortages, as measured by federal guidelines—fewer than 1 OB/GYN physician and/or CNM per 6,000 women aged 15-44 or alternatively, no CNMs or OB-GYNs and a population of at least 500 women ages 15-44. In Montana, where community health centers served 26,140 women of reproductive age in 2020, health centers had only 1 CNM, far exceeding the severe shortage threshold. None of the 26 ban or likely-to-ban states meets the provider-population ratio for adequate maternity care staffing of 1-to-1,500.

Figure 1. Health Center Role in Low-Income Births (Under 200% FPL), 2020



Data Source: 2020 Health Center Program Uniform Data System (UDS), HRSA; U.S. Census Bureau 2020 5-Year ACS Table S1301.

Introduction

The Supreme Court's decision in [Dobbs v Jackson Women's Health Organization](#) ends the constitutionally protected right to abortion. *Dobbs* is expected to have a dramatic impact on access to abortion services. Abortion bans immediately take effect in 13 ["trigger states"](#): Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, and Wyoming. An additional 13 states are expected to enact bans in the near future, including: Alabama, Arizona, Florida, Georgia, Iowa, Indiana, Michigan, Montana, Nebraska, Ohio, South Carolina, Wisconsin, and West Virginia. Experts predict that the decision will have a [disproportionate impact](#) on low-income populations, communities of color, and underserved communities, where [maternal, infant, and pregnancy-related health risks](#) are already concentrated.

Because of their location in medically underserved areas and whom they serve, community health centers are likely to be providing primary care to women and children in many communities that will experience the direct and harsh impact of these state abortion bans. As a result, their capacity to provide their communities with urgently needed maternity, infant, and preventive reproductive health care becomes a matter of great importance.

Community health centers report extensive federal data regarding patients, services, and staffing, documenting their importance as core providers of care in underserved communities.

- In 2020, 1,375 community health centers served [28.6 million patients](#). Among health center patients, [9 in 10](#) had family incomes below twice the federal poverty level ([\\$12,760 for one person in 2020](#)) and 22% were uninsured. Of all health center patients, [64% are people of color](#).
- Nationwide, health centers in 2020 served over [7.4 million women of reproductive age](#) (age 15-44). That year health centers

provided contraceptive management services to 1.5 million patients.

- Nationwide, in 2020 health centers served 636,000 infants under age 1. Among children, half a million were identified as having a condition that could affect their development.
- Nationwide, health centers provided [contraceptive management to 1.7 million patients](#), including family planning counseling, services, and supplies.

Within the ban or likely-to-ban states, health centers served:

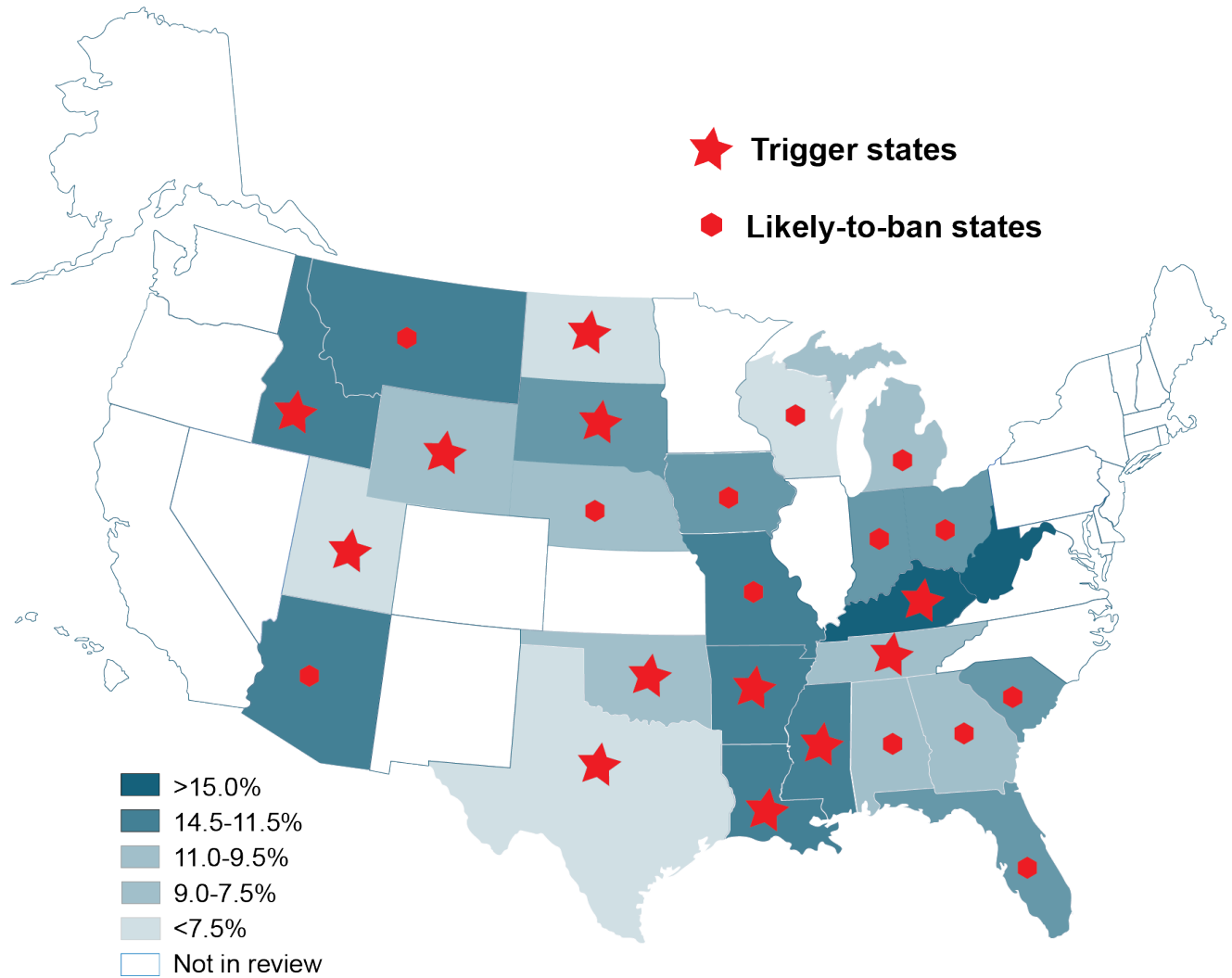
- Over 3 million women of reproductive health age;
- Approximately 274,000 infants; and
- More than 156,000 children identified as having developmental delays.

Health Centers Increasingly Will Be a Critical Source of Care for Low-income People

Past research has estimated that community health centers provide prenatal care to [1 in 10 low-income births](#) nationally. This pattern has largely held, as shown in Figure 1. Approximately 10% of low-income births were delivered by health center providers and 18% of all low-income women who gave birth in 2020 received prenatal care at a health center.

Within the trigger ban or likely-to-ban states, health centers play a far larger role serving women of reproductive age, since as a group, these states tend to be poorer and more rural. As shown in Figure 2, the proportion of women of reproductive age receiving care at a health center varies by state, with much higher percentages served in some states, such as 33% in West Virginia, 17% in Kentucky, and 14% in Mississippi and Idaho. [See Table 4 for state-by-state data].

Figure 2. Percentage of Women of Reproductive Age (15-44) Served by Community Health Centers, Selected States, 2020



Data Sources: 2020 Health Center Program Uniform Data System (UDS), HRSA. Retrieved July 8, 2022.
 US Census Bureau. American Community Survey (ACS) population data. Retrieved July 10, 2022.

Health Centers Face Severe Maternal and Infant Health Staffing Shortages

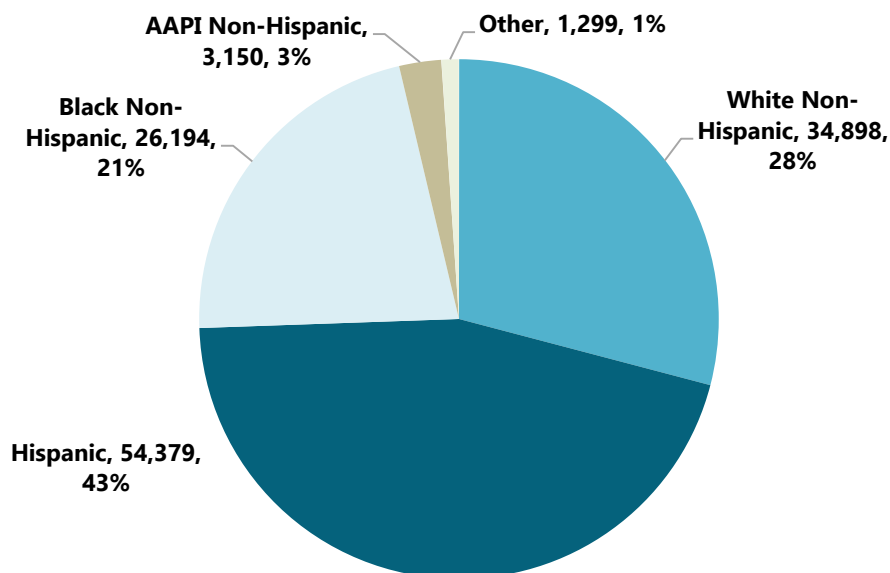
Health center patients are disproportionately poor and people of color. Figure 3 shows that among health center prenatal care patients in the 26 ban/likely-to-ban states who gave birth during 2020, 72% were people of color, and 21% were Black. (See Table 2 for state data). In comparison, in the United States as a whole that year, [49% of births were to people of color and 15% of births were to Black women](#). Given existing [maternal health disparities](#) and the fact that community health center patients, including those who receive prenatal care, are disproportionately racial and/or ethnic minorities, it is of particular importance for health centers to have adequate staff to serve their patients.

Federal patient and staffing data underscore the challenges that community health centers will face as they attempt to expand services to meet additional maternal and child and preventive

reproductive health needs. Highly trained staff are needed to provide prenatal care, postpartum visits, and family planning services, and these professionals are in short supply. These challenges can be seen on Table 1, which displays the total number of women of reproductive age served and the total full-time equivalent (FTE) staffing related to obstetrical and gynecology services.

- Among the 26 states with or likely to adopt abortion bans, in 9 states (AL, AR, ID, MT, NE, ND, SD, UT, WY) all health centers, taken together, report fewer than 5 FTE OB/GYN physicians, suggesting a severe lack of OB/GYN capacity. Montana and North Dakota health centers do not have an OB/GYN FTE physician on staff while Wyoming health centers reported only 1 FTE OB/GYN physician.

Figure 3. Health Center Prenatal Care Patients by Race/Ethnicity in Trigger and Likely-to-Ban States, 2020



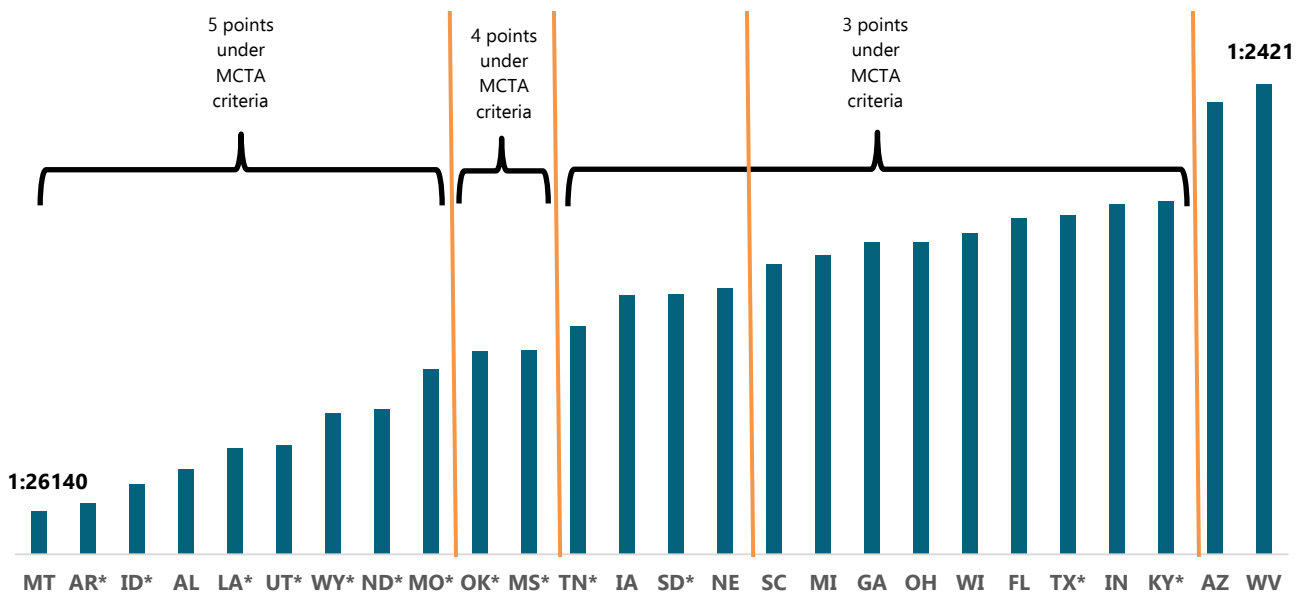
Source: 2020 UDS, HRSA. Notes: Excludes unreported/refused to report race and ethnicity.

- In 11 states (AL, AR, ID, LA, MS, MO, MT, ND, SD, UT, WY), all health centers in the state, taken together, have fewer than 3 FTE certified nurse midwives (CNM). North Dakota and Montana health centers reported only one CNM while also reporting no OB/GYN physicians.

These staffing data suggest that in states in which access to abortion services likely will be most heavily affected—and where the number of complex, [high-risk pregnancies](#) can be expected to rise—health centers will experience major gaps between need and capacity. For example, health centers in Alabama serve more than 80,000 women of reproductive age but have only 5 FTE OB/GYNs and 1 CNM to meet both the current and increased need. Similarly in Idaho, health centers serve more than 48,000 women of reproductive age (14% of the state’s total) but are staffed by only 2 OB/GYNs and 1 CNM.

Criteria for Maternity Care Health Professional Target Areas (MCTAs) published by HRSA establish a benchmark for the most severe shortage category. The ratio for indicating a severe shortage is either 1 OB/GYN physician and/or CNM per 6,000 women of reproductive age or no CNMs or OB-GYNs and a population of at least 500 women of reproductive age. Applying these criteria to community health center staff and patients in the 26 trigger and likely-to-ban states shows that nine of the states are already in the highest shortage category (AL, AR, ID, LA, MO, MT, ND, UT, WY) (Figure 4). Montana, where 26,140 women of reproductive age were served in 2020 by just 1 CNM, far exceeded this threshold. None of the 26 states meet the adequate provider-population ratio threshold of one-to-1500.

Figure 4. Ratio of Community Health Center Maternity Care Health Professionals to Women of Reproductive Age



Source: 2020 Health Center Program UDS, HRSA. MCTA standards: 86 FR 53324.

Notes: An * indicates trigger ban state. Maternity care professionals include OB/GYN physicians and certified nurse midwives.

Adequate Staffing Needed to Serve More Infants, Children, and those with Developmental Issues

Health centers also serve children with an array of needs for preventive, primary, and special health care services. As shown in Table 3, developmental issues are reported for many children who live in trigger ban and likely-to-ban states.

- In 2020, health centers served 636,000 infants under age 1. Nearly 274,000 of these infants lived in the group of 26 states with or likely to adopt abortion bans. The number of [unplanned births in these states can be expected to grow](#) in the coming months and years.
- Nationwide, in 2020 health centers cared for more than a [half million children who had developmental delays or conditions](#). More than 156,000 child health center patients in the 26 trigger states and likely-to-ban states have developmental concerns.
- Overall, health centers provided comprehensive screening and preventive care to 3.7 million infants and children. This includes nearly 1.3 million pediatric patients age 11 and under who live in the 26 states with or likely to adopt abortion bans. With more births, this number can be expected to grow.

Health centers provide [high-quality prenatal and infant care](#). Half of all health center grantees [exceed the Healthy People 2020 goals](#) for access to prenatal care and low birthweight. Maintaining the current levels of performance, let alone improving it, will require adequate staffing.

Conclusion

The Supreme Court ruling on abortion services elevates the staffing challenges health centers are already facing in maternity and infant care. These challenges are particularly acute in the 26 states that either have trigger bans in effect or are likely to adopt them. The impact will be most immediate in states in which bans are already in place. Even health centers in states without implemented or likely bans may be affected if people unable to get served by their own health centers begin to search for care in other states, or if health centers in surrounding states seek to send staff to affected centers in the ban/likely-to-ban states to assist. Since pending federal appropriations bills were developed prior to *Dobbs*, these staffing needs compel a significant rethinking of the resources that health centers will need (including emergency staffing funding) while still being able to meet the needs of their patient populations generally.

The Health Resources and Services Administration (HRSA) also will face significant legal challenges that will need to be addressed. HRSA may need to redeploy health center staff to the hardest-hit states, and a critical consideration might be the portability of medical liability coverage under the Federal Tort Claims Act to ensure out-of-area liability coverage. Furthermore, in many communities, health center physicians have medical staffing duties as a condition of staff privileges, including on-call assistance to area hospital emergency departments. These physicians will need to be fully briefed on their understanding of their Emergency Medical Treatment & Labor Act (EMTALA) duties, as set forth in new federal guidance.

Table 1. Community Health Center Reproductive Health Care Capacity, 2020

State	Health center patients who are women of reproductive age (15-44)	Health center patients receiving contraceptive care	Health center FTE OB/GYN physicians	Health center FTE certified nurse midwives (CNMs)	Health center grantees	Health center sites
Alabama	80,026	12,090	5	1	17	179
Arizona	188,811	41,680	48	27	23	213
Arkansas	66,952	6,415	3	0	12	196
Florida	382,554	60,407	63	50	47	665
Georgia	168,001	120,986	25	21	35	310
Idaho	48,795	7,654	2	1	14	190
Indiana	136,610	26,449	25	17	27	244
Iowa	65,848	12,658	7	8	14	93
Kentucky	148,151	25,554	38	8	25	449
Louisiana	129,057	22,825	10	2	36	382
Michigan	160,119	24,527	31	11	39	377
Mississippi	83,839	11,734	13	2	20	266
Missouri	147,235	22,126	24	0	28	345
Montana	26,140	4,896	0	1	14	105
Nebraska	29,905	6,632	2	5	7	74
North Dakota	7,827	1,075	0	1	4	25
Ohio	211,359	37,261	36	22	51	428
Oklahoma	67,146	10,795	9	3	21	147
South Carolina	98,020	19,053	19	6	23	245
South Dakota	17,485	2,640	3	1	4	46
Tennessee	109,854	18,777	15	7	29	235
Texas	429,736	98,907	109	19	72	620
Utah	41,743	7,501	2	2	13	60
West Virginia	106,537	22,011	27	17	28	416
Wisconsin	67,345	6,812	7	12	16	202
Wyoming	8,060	1,087	1	0	6	17
Total 26 states	3,027,155	632,552	524	244	625	6,529
Trigger states	1,305,880	237,090	229	46	284	2,978
Likely-to-ban states	1,721,275	395,462	295	198	341	3,551

Data Sources: 2020 Health Center Program Uniform Data System (UDS), HRSA. Retrieved July 8, 2022.

GWU analysis of grants to health center data: <https://data.hrsa.gov/tools/data-explorer>

Table 2. Community Health Center Prenatal Care Patients and Deliveries, 2020

State	Total Prenatal Care Patients	Total Deliveries performed by Health Center Provider	Prenatal Care Patients Who Delivered During the Year							
			Total	White, Non-Hispanic	Hispanic/Latino	Black, Non-Hispanic	AAPI, Non-Hispanic	More Than One Race Non-Hispanic	Percent People of Color	Percent Black
Alabama	2,402	558	1,337	294	469	509	35	7	78%	38%
Arizona	15,315	9,637	9,385	1,714	5,909	646	202	49	82%	7%
Arkansas	1,813	17	1,131	269	465	134	195	10	76%	12%
Florida	32,478	11,515	18,128	3,404	9,715	3,926	269	114	81%	22%
Georgia	8,174	2,823	4,071	636	780	2,511	54	41	84%	62%
Idaho	3,019	1,085	1,573	620	808	42	26	7	61%	3%
Indiana	12,505	6,593	6,644	2,288	1,854	1,808	318	123	66%	27%
Iowa	5,131	1,279	2,854	857	946	713	129	71	70%	25%
Kentucky	13,959	5,121	8,180	5,811	1,163	788	216	64	29%	10%
Louisiana	2,981	424	1,423	196	482	673	20	6	86%	47%
Michigan	10,361	3,536	5,807	2,288	1,201	1,739	153	119	61%	30%
Mississippi	5,084	761	2,470	225	547	1,600	22	5	91%	65%
Missouri	10,625	2,604	5,633	2,311	1,127	1,671	145	142	59%	30%
Montana	809	278	380	280	35	6	2	3	26%	2%
Nebraska	2,364	565	1,367	174	938	115	94	4	87%	8%
North Dakota	331	48	220	58	13	95	29	2	74%	43%
Ohio	15,118	3,104	8,767	3,855	1,471	2,612	243	116	56%	30%
Oklahoma	4,059	414	1,575	354	965	112	24	16	78%	7%
South Carolina	4,694	2,006	2,578	398	1,134	938	30	15	85%	36%
South Dakota	632	15	365	119	128	16	23	4	67%	4%
Tennessee	6,531	2,489	4,024	946	1,243	1,365	47	40	76%	34%
Texas	52,970	14,258	29,879	4,413	20,193	3,494	728	252	85%	12%
Utah	3,886	726	2,202	265	1,694	23	47	40	88%	1%
West Virginia	5,660	2,645	3,187	2,668	194	170	21	23	16%	5%
Wisconsin	3,178	1,015	1,763	290	830	485	76	13	84%	28%
Wyoming	446	300	268	165	75	3	2	13	38%	1%
Total 26 states	224,525	73,816	125,211	34,898	54,379	26,194	3,150	1,299	72%	21%
Trigger states	106,336	28,262	58,943	15,752	28,903	10,016	1,524	601	73%	17%
Likely-to-ban states	118,189	45,554	66,268	19,146	25,476	16,178	1,626	698	71%	24%

Data Source: 2020 Health Center Program UDS, HRSA. Retrieved July 8, 2022.

Table 3. Community Health Center Pediatric Care, 2020

State	Patients who are infants under age 1	Pediatric patients who have developmental delays or conditions	Pediatric patients age 11 and under receiving health supervision (comprehensive screening and preventive care)
Alabama	3,856	1,528	25,587
Arkansas	3,354	2,837	16,829
Arizona	22,800	12,312	104,665
Florida	41,238	22,613	213,474
Georgia	10,654	8,891	50,588
Iowa	4,863	1,379	26,318
Idaho	4,772	1,894	15,713
Indiana	18,094	8,223	93,838
Kentucky	12,486	5,288	53,331
Louisiana	5,079	7,007	30,294
Michigan	12,567	4,455	54,139
Missouri	10,364	5,064	46,539
Mississippi	3,554	2,053	16,004
Montana	1,003	639	4,342
North Dakota	414	41	1,174
Nebraska	2,325	1,209	15,197
Ohio	15,751	9,117	76,375
Oklahoma	7,420	3,671	32,381
South Carolina	8,048	5,613	43,029
South Dakota	1,979	271	7,869
Tennessee	7,836	12,026	35,761
Texas	59,739	32,228	259,165
Utah	3,764	852	14,292
Wisconsin	3,577	2,328	18,029
West Virginia	7,637	4,551	34,152
Wyoming	724	181	2,676
Total 26 states	273,898	156,271	1,291,761
Trigger states	121,485	73,413	532,028
Likely-to-ban states	152,413	82,858	759,733

Data Source: 2020 Health Center Program UDS, HRSA. Retrieved July 8, 2022.

Note: Delayed development refers to lack of physiological development and is largely attributed to nutritional deficiencies and, for purposes of this analysis, serves as a proxy for high risk for poor child health. Health supervision is generally referred to as comprehensive well-child visits with screening and other preventive care.

Table 4. Percentage of Women of Reproductive Age (15-44) Served by Community Health Centers, 2020

State	State population of women of reproductive age (15-44)	Percent of women of reproductive age served by health centers
Alabama	955,470	8.4%
Arizona	1,395,312	13.5%
Arkansas	582,938	11.5%
Florida	3,887,757	9.8%
Georgia	2,170,724	7.7%
Idaho	344,855	14.1%
Indiana	1,308,962	10.4%
Iowa	597,747	11.0%
Kentucky	846,282	17.5%
Louisiana	925,484	13.9%
Michigan	1,884,056	8.5%
Mississippi	588,189	14.3%
Missouri	1,178,159	12.5%
Montana	195,566	13.4%
Nebraska	379,636	7.9%
North Dakota	152,508	5.1%
Ohio	2,210,880	9.6%
Oklahoma	784,053	8.6%
South Carolina	990,321	9.9%
South Dakota	162,616	10.8%
Tennessee	1,334,015	8.2%
Texas	6,036,615	7.1%
Utah	706,499	5.9%
West Virginia	318,083	33.5%
Wisconsin	1,097,314	6.1%
Wyoming	107,208	7.5%
Total 26 states	31,141,249	9.7%
Trigger states	13,749,421	9.5%
Likely-to-ban states	17,391,828	9.9%

Data Sources: 2020 Health Center Program UDS, HRSA. Retrieved July 8, 2022.
 US Census Bureau. American Community Survey (ACS). Retrieved July 10, 2022.