Reconciling Iowa's Contradictory Interest in Life: A Solution to Iowa's Maternal Coverage Gap

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ABSTRACT: Senate File 2251 ("SF 2251") crucially reformed Iowa Medicaid by extending Medicaid coverage for pregnant women from sixty days postpartum to twelve months postpartum. However, the bill simultaneously reduced the qualifying income threshold for pregnant women, cutting approximately 1,700 pregnant and postpartum women and children per month out of Medicaid coverage. This population now earns too much to qualify for Medicaid coverage in Iowa but may not be able to otherwise afford health insurance. This Note argues that the reduction in income eligibility level under SF 2251 is unnecessary, dangerous, and fundamentally at odds with Iowa's "vital interest" in human life expressed in Planned Parenthood of the Heartland v. Reynolds ex rel. State. *Addressing the harm inflicted by SF 2251 requires renewed legislative action. This Note proposes that the Iowa legislature bridge the coverage gap SF 2251 created by reforming its Children's Health Insurance Program to extend coverage to the pregnant and postpartum women and children who were unjustly left behind.*

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INTRODUCTION

The United States has the highest maternal mortality rate of any developed country,[1] and its maternal morbidity rate is similarly high.[2] Iowa is no exception: Pregnancy-related deaths in the state are on the rise.[3] Addressing the maternal

1. Laura G. Fleszar et al., *Trends in State-Level Maternal Mortality by Racial and Ethnic Group in the United States*, 330 JAMA 52, 53 (2023); Eugene Declercq & Laurie C. Zephyrin, *Maternal Mortality in the United States, 2025*, COMMONWEALTH FUND (July 29, 2025), https://www.commonwealthfund.org/publications/issue-briefs/2025/jul/maternal-mortality-united-states-2025 [https://perma.cc/49LX-7WJA].

2. *See generally* So O'Neil et al., *The High Costs of Maternal Morbidity Show Why We Need Greater Investment in Maternal Health*, COMMONWEALTH FUND (Nov. 12, 2021), https://www.commonwealthfund.org/publications/issue-briefs/2021/nov/high-costs-maternal-morbidity-need-investment-maternal-health [https://perma.cc/8ZTP-L38L] (describing the increase in maternal morbidity in the United States and the financial ramifications of this trend).

3. According to a 2023 study, maternal mortality rates in Iowa substantially increased across all racial and ethnic groups between 2009 and 2019. Fleszar et al., *supra* note 1, at supp.2 tbl.4. Maternal mortality rates increased 96.6 percent among Hispanic Iowans, 134.7 percent

health crisis requires a comprehensive, coordinated approach aimed at promoting health and equity of all childbearing women.[4] This Note focuses on one particularly salient and readily available solution, resting squarely within lawmakers' control: expanding health care coverage for pregnant and postpartum women.

Medicaid is a state-administered health insurance program that provides free and low-cost coverage to certain qualifying low-income groups, including pregnant women.[5] The American Rescue Plan Act of 2021 ("ARPA") empowered states to extend their Medicaid coverage of pregnant women from sixty days postpartum to twelve months postpartum.[6] In 2024, the Iowa Legislature passed, and Governor Kim Reynolds signed, Senate File 2251 ("SF 2251"), a bill that implements the postpartum coverage extension in Iowa.[7] Iowa was the forty-ninth state to extend its postpartum coverage pursuant to the ARPA option.[8] However, in SF 2251, the Iowa Legislature also reduced the Medicaid income eligibility threshold for pregnant women from 375 percent of the federal poverty level ("FPL") to 215 percent, thereby cutting 1,700 pregnant and postpartum women and children out of the program per month[9] and putting the health and economic welfare of a vulnerable population at risk.

This eligibility cut is particularly vexing in the context of Iowa's expressed "vital interest"[10] in life, which explicitly includes "respect for prenatal life

among American Indian and Alaska Native Iowans, 75 percent among Asian, Native Hawaiian, or Other Pacific Islander Iowans, 28.9 percent among Black Iowans, and 98.3 percent among white Iowans. *Id.*

4. This Note uses the term "pregnant women" to define the population that can become pregnant. However, this Note recognizes that childbearing ability is not confined to a single gender. "Pregnant women" is used here for consistency, as statutes, Medicaid regulations, and case law that implicate childbearing populations use this term.

5. *Medicaid*, MEDICAID.GOV, https://www.medicaid.gov/medicaid [https://perma.cc/2YCS-AECM].

6. American Rescue Plan Act of 2021, Pub. L. No. 117-2, § 9812, 135 Stat. 4, 212–13 (codified at 42 U.S.C. § 1396a(e)(16) (2018)). Prior to ARPA, those who qualified for Medicaid due to pregnancy lost coverage after sixty days postpartum. *See Pregnant Women*, MEDICAID & CHIP PAYMENT & ACCESS COMM'N (Jan. 31, 2023), https://www.macpac.gov/subtopic/pregnant-women [https://perma.cc/DC6P-JVC5].

7. S. File 2251, 90th Gen. Assemb., Reg. Sess. (Iowa 2024).

8. *Medicaid Postpartum Coverage Extension Tracker*, KFF (Jan. 17, 2025), https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker [https://perma.cc/KEW4-U9J7]. Arkansas is the only remaining state that has not extended its postpartum coverage under Medicaid. *Id.*

9. FISCAL SERVS. DIV., LEGIS. SERVS. AGENCY, FISCAL NOTE 2 (2024), https://www.legis.iowa.gov/docs/publications/FN/1449063.pdf [https://perma.cc/7T7H-NG4D] ("The [Iowa Department of Health and Human Services] reports that approximately 15.8%, or 1,700 members per month on average, will be ineligible for Medicaid coverage in future years under the provisions of the Bill, including approximately 1,300 women with income between 215.0% and 375.0% of the FPL and 400 infants in families with income between 302.0% and 375.0% of the FPL.").

10. Respondents-Appellants' Final Brief at 11, Planned Parenthood of the Heartland, Inc. v. Reynolds *ex rel.* State, 9 N.W.3d 37 (Iowa 2024) (No. 23-1145).

[and] protection of maternal health and safety."[11] It is well established that access to affordable care during pregnancy and postpartum periods is associated with better health outcomes for mothers and newborns, especially in the face of Iowa's ongoing maternal health crisis.[12] Thus, it should follow that Iowa would pursue its interest in life by taking a direct, proven measure to support the lives of mothers during and after pregnancy as well as the lives of their newborn children. Instead, Iowa has contradicted itself: It extended Medicaid coverage to support women for a full year after childbirth, but in the same breath took away that support for 1,700 people per month. If Iowa is to responsibly and convincingly maintain that it has a "vital interest" in life, it must take steps to restore support for low-income pregnant and postpartum women.

Therefore, this Note proposes that Iowa amend its Children's Health Insurance Program ("CHIP") to cover those who have been cut from Medicaid eligibility by SF 2251. CHIP is another state-administered program that provides health insurance to low-income children and, in some states, pregnant women who earn too much money to qualify for Medicaid. This option would bridge the coverage gap created by SF 2251, providing pregnant and postpartum women with critical support. Part I of this Note establishes the urgency of closing the coverage gap for pregnant and postpartum women in Iowa. Specifically, it explains the ongoing maternal health crisis and outlines Iowa's abortion laws. Part II provides a primer on the maternal health care coverage landscape today, both country-wide and in Iowa, and introduces the federal postpartum extension option. Next, Part III contextualizes the sweeping impacts of SF 2251's income eligibility reduction by examining the lack of options for those who have lost coverage. Finally, Part IV proposes a way forward by suggesting that the legislature amend its CHIP plan to cover the population who lost Medicaid coverage under SF 2251.

I. THE STATE OF ACCESS TO MATERNAL HEALTH CARE IN IOWA

This Part provides context for the state of maternal health care coverage in Iowa today. Section I.A describes the ongoing maternal health crisis and the role health insurance plays in mitigating such crisis. Section I.B discusses recent changes in the reproductive health landscape, including the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* ("*Dobbs*") and the Iowa Supreme Court's decision in *Planned Parenthood of the Heartland, Inc. v. Reynolds ex rel. State*, which allowed Iowa's fetal heartbeat ban to go into effect.

A. MATERNAL HEALTH CRISIS

The ongoing maternal health crisis underscores the imperative that pregnant and postpartum women have sufficient health care coverage. The

11. *Id.* at 49.

12. *See infra* Section I.A.

United States has the highest maternal mortality rate of any developed country, which has worsened over the last twenty-five years.[13] In 2022, 22.3 out of every 100,000 women who were or had been pregnant died from a pregnancy-related cause.[14] Comparatively, only 8.4 out of every 100,000 women died from a pregnancy-related cause in Canada in 2022.[15]

Sixty-five percent of pregnancy-related deaths occur in the postpartum period.[16] This burden is not shared equally across the population of childbearing women: Black, Hispanic, and American Indian/Alaska Native women are disproportionately more likely than white women to die from pregnancy-related causes, a trend that persists across education and income levels.[17] Beyond high mortality rates, pregnant women in the United States also experience morbidity at alarmingly high rates—a burden that is likewise unevenly distributed across racial and ethnic groups.[18] In particular, poor maternal mental health is a critical morbidity concern, impacting between thirteen and twenty-five percent of women in the postpartum period and disproportionately impacting postpartum women with lower incomes.[19] Severe morbidity is associated with a higher incidence of postpartum hospitalization, compounding the need for health care coverage during this vulnerable period.[20]

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13. Munira Z. Gunja, Evan D. Gumas, Relebohile Masitha & Laurie C. Zephyrin, *Insights into the U.S. Maternal Mortality Crisis: An International Comparison*, COMMONWEALTH FUND (June 4, 2024), https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison [https://perma.cc/CD9Y-WXNY]; *see* JUDITH SOLOMON, CTR. ON BUDGET & POL'Y PRIORITIES, CLOSING THE COVERAGE GAP WOULD IMPROVE BLACK MATERNAL HEALTH 1 (2021), https://www.cbpp.org/sites/default/files/7-26-21health.pdf [https://perma.cc/JZ5W-7J2B].

14. Gunja et al., *supra* note 13.

15. *Id.*

16. *Id.* (12 percent 1 to 6 days postpartum, 23 percent 7 to 42 days postpartum, and 30 percent 43 to 365 days postpartum); Press Release, CDC, Four in 5 Pregnancy-Related Deaths in the U.S. Are Preventable (Sept. 19, 2022), https://archive.cdc.gov/#/details?q=four%20in%20five%20pregnancy-related%20deaths&start=0&rows=10&url=https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html [https://perma.cc/Q3Z9-EUJ8].

17. *See* Emily E. Petersen et al., *Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007–2016*, 68 MORBIDITY & MORTALITY WKLY. REP. 762, 763 (2019). Between 2007 and 2016, 41 for every 100,000 Black women died from pregnancy-related causes; 30 for every 100,000 American Indian/Alaska Native women died from pregnancy-related causes; and 13 for every 100,000 white women died from pregnancy-related causes. *Id.*

18. *See* Eugene Declercq & Laurie C. Zephyrin, *Severe Maternal Morbidity in the United States: A Primer*, COMMONWEALTH FUND (Oct. 28, 2021), https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/severe-maternal-morbidity-united-states-primer [https://perma.cc/J2S2-5ETW]. Maternal morbidity includes "[u]nexpected health condition[s] attributed to or complicating pregnancy and childbirth that [have] a negative impact on well-being or functioning," and prenatal and postpartum conditions. *Id.*

19. Claire E. Margerison, Katlyn Hettinger, Robert Kaestner, Sidra Goldman-Mellor & Danielle Gartner, *Medicaid Expansion Associated with Some Improvements in Perinatal Mental Health*, 40 HEALTH AFFS. 1605, 1605 (2021).

20. *See* Declercq & Zephyrin, *supra* note 18.

Iowa is undergoing a maternal health crisis of its own.[21] While the total number of pregnancy-related deaths is increasing,[22] the rise in maternal mortality among the Iowa American Indian and Alaska Native populations is staggering.[23] In 1999, there were 26.5 deaths per 100,000 pregnant American Indian and Alaska Native women; by 2019, this rate had increased to 139 per 100,000 women, a 425 percent increase.[24] According to the latest Iowa Department of Health Maternal Mortality Review Committee report, ninety-five percent of the pregnancy-related deaths that occurred in between 2019 and 2021 in Iowa were preventable.[25] Of those deaths, eighty percent occurred in the postpartum period.[26]

As a state with a large rural population,[27] Iowa faces additional challenges. It is widely understood that rural communities have worse health outcomes than urban communities.[28] Rural communities tend to experience higher levels of poverty, worse health care access, and lower insurance rates.[29] This trend extends to pregnant and postpartum women: A 2019 study found that rural residents were nine percent more likely to experience severe maternal mortality and morbidity than urban residents.[30] Scholars cite facility closures and workforce shortages as major contributors to this disparity.[31] Since 2000,

21. *See generally* SOPHIA HEIMOWITZ & COURTNEY JOSLIN, R ST., NAVIGATING WOMEN'S HEALTH: IOWA (2024), https://www.rstreet.org/wp-content/uploads/2024/02/FINAL-Iowa-navigating-womens-health-02-24.pdf [https://perma.cc/5J83-SHDR] (providing key statistics exemplifying flagging maternal health care in Iowa). *See also* Emily C. Cray, Note, *An Analysis of How a Voluntary Paid Family and Medical Leave Program in Iowa Will Help Advance Maternal Health Outcomes*, 111 IOWA L. REV. 329, 333–35 (discussing maternal mortality trends in Iowa).

22. HEIMOWITZ & JOSLIN, *supra* note 21, at 2.

23. *See* Jason Clayworth & Oriana González, *Iowa's Maternal Death Rate Rises as Birthing Units Close*, AXIOS DES MOINES (July 31, 2023), https://www.axios.com/local/des-moines/2023/07/31/iowa-maternal-death-rate-birthing-units-study [https://perma.cc/B3CY-9376].

24. *Id.*; *see also* Fleszar et al., *supra* note 1, at supp.2, tbl.3 (2023) (providing state-specific maternal mortality rates).

25. IOWA MATERNAL MORTALITY REV. COMM., IOWA 2024 MATERNAL MORTALITY REPORT, 2019-2021 DEATHS: ABRIDGED VERSION 9 (2024), https://publications.iowa.gov/52367/1/MMRC%20Report%202025%20-%20Abridged%20FINAL.pdf [https://perma.cc/RQ9P-PWZG].

26. *Id.* at 6.

27. According to 2020 Census data, Iowa's rural population was 36.8 percent. SANDRA CHARVAT BURKE, IOWA STATE UNIV. EXTENSION & OUTREACH, CENSUS 2020: URBAN AND RURAL POPULATION IN IOWA'S COUNTIES, 1940 - 2020 1 (2023), https://indicators.extension.iastate.edu/Indicators/Census/iowa%20%20counties%20%20rural%20urban%20%202020.pdf [https://perma.cc/VHQ3-SRX2].

28. *See, e.g.*, Katy Backes Kozhimannil, Julia D. Interrante, Carrie Henning-Smith & Lindsay K. Admon, *Rural-Urban Differences in Severe Maternal Morbidity and Mortality in the US, 2007–15*, 38 HEALTH AFFS. 2077, 2077 (2019).

29. *About Rural Health*, CDC (May 16, 2024), https://www.cdc.gov/rural-health/php/about [https://perma.cc/U7ZT-2FDF].

30. Kozhimannil et al., *supra* note 28, at 2080.

31. *See id.* at 2078, 2082.

at least forty-one Iowa labor and delivery units have closed.[32] And, in 2021, forty of Iowa's sixty-one rural counties had no obstetric unit at all, affecting health care access, health care utilization, and, ultimately, the health of pregnant and postpartum women in rural Iowa.[33]

In light of this ongoing crisis, it is critical that states provide maximum support to pregnant and postpartum women. Doing so would make a real difference—in 2022, the CDC found that "[m]ore than 80% of pregnancy-related deaths were preventable."[34] Although addressing maternal mortality and morbidity requires investments on multiple fronts (including growing the health care workforce and investing in communities affected by the maternal health crisis), ensuring prenatal and postpartum coverage is a key, rational step to improving maternal health outcomes while reducing disparities.[35] This is not a novel recommendation. Higher income eligibility levels for pregnant women in other state Medicaid programs implicitly acknowledge the importance of health care coverage throughout pregnancy and the postpartum period.[36] Insurance improves the likelihood that a person will seek "timely and effective care."[37] And, states that have expanded their Medicaid programs have lower maternal mortality rates than nonexpansion states, especially among Black

32. Tony Leys, *As a Baby Bust Hits Rural Areas, Hospital Labor and Delivery Wards Are Closing Down*, NPR: SHOTS (July 15, 2024, 5:00 AM), https://www.npr.org/sections/shots-health-news/2024/07/12/nx-s1-5036878/rural-hospitals-labor-delivery-health-care-shortage-birth [https://perma.cc/K3FX-2PEP].

33. Lauren Mascarenhas, *As Iowa's Maternity Care Deserts Continue to Grow, Doctors Say the State's New Abortion Ban Will Only Make Matters Worse*, CNN (Aug. 5, 2024, 10:55 AM), https://www.cnn.com/2024/08/05/us/iowa-abortion-ban-maternity-care [https://perma.cc/U4XT-A35V]; IOWA DEP'T OF HEALTH & HUM. SERVS., ACCESS TO OBSTETRICAL CARE IN IOWA: A REPORT TO THE IOWA STATE LEGISLATURE – CALENDAR YEAR 2021, at 16 (2023), https://www.legis.iowa.gov/docs/publications/DF/1313447.pdf [https://perma.cc/TYY2-6RA8].

34. Press Release, CDC, *supra* note 16.

35. *See id.*; Alison B. Comfort, Lauren A. Peterson & Laurel E. Hatt, *Effect of Health Insurance on the Use and Provision of Maternal Health Services and Maternal and Neonatal Health Outcomes: A Systematic Review*, 31 J. HEALTH, POPULATION & NUTRITION 81, 90 (Supp. 2 2013) (finding a positive association between insurance coverage and use of maternal health care services); Latoya Hill, Alisha Rao, Samantha Artiga & Usha Ranji, *Racial Disparities in Maternal and Infant Health: Current Status and Key Issues*, KFF (Dec. 3, 2025), https://www.kff.org/racial-equity-and-health-policy/racial-disparities-in-maternal-and-infant-health-current-status-and-key-issues [https://perma.cc/NFD5-L6AT].

36. For example, in 2025, Alabama's income eligibility limit for pregnant women was 312 percent FPL, California's was 317 percent, Missouri's was 300 percent, and Wisconsin's was 301 percent. *Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level*, KFF (Jan. 2025), https://www.kff.org/affordable-care-act/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level [https://perma.cc/9WGM-PLNV]. The income eligibility limit figures cited are accounting downwards for the five percent disregard that appears in the original source. *See infra* note 73.

37. Margerison et al., *supra* note 19, at 1605. For one, if a pregnant woman is insured, it is more likely she will initiate prenatal care, which is in turn associated with improved health outcomes. Comfort et al., *supra* note 35, at 90, 102 ("[H]ealth insurance increases the use of [maternal health] services . . . .").

mothers.[38] This evidence underscores that expanding coverage is not merely a partisan policy preference but rather a proven, necessary component of any meaningful effort to mitigate the maternal health crisis.

B. ABORTION LAW IN IOWA

Iowa has one of the strictest abortion laws in the country, banning most abortions after six weeks of pregnancy.[39] So long as Iowa encourages women to carry their pregnancies to term, Iowa's burden to support pregnant women will be especially heavy. Yet, as discussed in greater detail below in Part III, the Medicaid income eligibility level set by SF 2251 works directly against this imperative. This Section first examines the 2022 *Dobbs* decision, in which the U.S. Supreme Court held that the Constitution confers no right to an abortion.[40] It then turns to *Planned Parenthood of the Heartland, Inc. v. Reynolds ex rel. State*, in which, pursuant to the *Dobbs* ruling, the Iowa Supreme Court permitted the state's six-week "fetal heartbeat" ban to take effect in 2024.[41]

In 2022, the Supreme Court upended decades of precedent that protected a woman's right to have an abortion.[42] In *Dobbs*, the Court held that the Constitution neither explicitly nor implicitly protects the right to abortion.[43] Specifically, Justice Alito, writing for the majority, found that "[t]he Constitution makes no reference to abortion, and no such right is implicitly protected by any constitutional provision, including the one on which the defenders of Roe and Casey now chiefly rely—the Due Process Clause of the Fourteenth Amendment."[44] Although the majority acknowledged that due process does protect some rights not explicit in the Constitution, those rights must be "deeply rooted in this Nation's history and tradition."[45] According to the Supreme Court, the right to abortion is not.[46] As a result, state abortion regulations are now subject to rational basis review, a less stringent standard than the preexisting undue burden standard.[47] Rational basis asks whether "there is a rational basis

38. Erica L. Eliason, *Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality*, 30 WOMEN'S HEALTH ISSUES 147, 149 (2020).

39. Allison McCann & Amy Schoenfeld Walker, *Tracking Abortion Laws Across the Country*, N.Y. TIMES (Jan. 6, 2026, 4:54 PM), https://www.nytimes.com/interactive/2024/us/abortion-laws-roe-v-wade.html (on file with the *Iowa Law Review*).

40. *See generally* Dobbs v. Jackson Women's Health Org., 142 S. Ct. 2228 (2022).

41. Planned Parenthood of the Heartland, Inc. v. Reynolds *ex rel.* State, 9 N.W.3d 37, 52 (Iowa 2024).

42. *See generally Dobbs*, 142 S. Ct. 2228 (2022) (finding no constitutional right to abortion).

43. *See id.* at 2242, 2245.

44. *Id.* at 2242.

45. *Id.* (quoting Washington v. Glucksberg, 521 U.S. 702, 721 (1997)).

46. *Id.*

47. In *Planned Parenthood of Southeastern Pennsylvania v. Casey*, the Supreme Court held that the undue burden test should be applied to determine the validity of state abortion regulations. *See* Planned Parenthood of Se. Pa. v. Casey, 505 U.S. 833, 876–79 (1992). An undue burden exists

on which the legislature could have thought that [a law regulating abortion] would serve legitimate state interests."[48] This test weighs heavily in favor of the state. Parties challenging state action under the rational basis standard bear a heavy burden: "A court need only find a 'realistically conceivable' basis that the statute advances a legitimate state interest."[49]

In the aftermath of this decision, several states implemented abortion bans pursuant to the new rational basis standard.[50] Iowa Governor Kim Reynolds signed House File 732, Iowa's fetal heartbeat abortion ban, into law in July 2023.[51] The law prohibits abortions where a fetal heartbeat is detected,[52] which usually occurs by the sixth week of pregnancy.[53] Exceptions exist in cases of rape, incest, miscarriage, a fetal abnormality that is incompatible with life, or a medical emergency that endangers the life of the pregnant woman.[54] The following day, abortion rights advocates Planned Parenthood, Emma Goldman Clinic, and Sarah Traxler, M.D., filed a petition with the court for declaratory judgment, alleging that the new law violated the Iowa Constitution.[55] The advocates also moved for an emergency temporary injunction, requesting that the court block enforcement of the law until it adjudicated the merits of the constitutional challenge.[56] The district court, acknowledging a likelihood of success on the merits, granted the emergency injunction.[57] In reaching this decision, the district court applied the old undue burden standard.[58] The State sought interlocutory review, arguing that, pursuant to *Dobbs*, the court

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when "a state regulation has the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus." *Id.* at 877 (plurality opinion).

48. *Dobbs*, 142 S. Ct. at 2239.

49. Planned Parenthood of the Heartland, Inc. v. Reynolds *ex rel.* State, 9 N.W.3d 37, 52 (Iowa 2024) (emphasis removed in original) (quoting Hensler v. City of Davenport, 790 N.W.2d 569, 584 (Iowa 2010)).

50. Thirteen states have implemented total bans, and seven states have implemented bans ranging from six to eighteen weeks. Talia Curhan, *State Bans on Abortion Throughout Pregnancy*, GUTTMACHER (Nov. 24, 2025), https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans [https://perma.cc/4XU5-EUJ2].

51. H.R. File 732, 90th Gen. Assemb., Spec. Sess. (Iowa 2023) (codified at IOWA CODE § 146E (2023)).

52. IOWA CODE § 146E.2(2)(a). House File 732 defines "fetal heartbeat" as "cardiac activity, the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac." *Id.* § 146E.1(2).

53. Robin Opsahl, *Iowa's Six-Week Abortion Ban Is Now in Effect*, IOWA CAP. DISPATCH (July 29, 2024, 5:30 AM), https://iowacapitaldispatch.com/2024/07/29/iowas-six-week-abortion-ban-takes-effect-monday [https://perma.cc/6749-SYQT].

54. IOWA CODE § 146E.1–.2.

55. Planned Parenthood of the Heartland, Inc. v. Reynolds *ex rel.* State, 9 N.W.3d 37, 44–45 (Iowa 2024).

56. *Id.* at 45.

57. Planned Parenthood of the Heartland, Inc. v. Reynolds *ex rel.* State, No. EQCE089066, 2023 WL 4624963, at *14 (Iowa Dist. Ct. July 17, 2023).

58. *See id.* at *11.

must instead apply rational basis review to determine the likelihood of success on the merits.[59]

Thus, in *Planned Parenthood of the Heartland, Inc. v. Reynolds ex rel. State*, the Iowa Supreme Court focused its analysis on which level of scrutiny should apply to the abortion law.[60] The Court determined that abortion is not a fundamental right under the Iowa Constitution because the right to abortion "is not rooted at all in our state's history and tradition, let alone 'deeply' rooted."[61] Accordingly, the Court found that the rational basis test is the appropriate standard to apply to laws that restrict abortion.[62] The Court determined that the state's interest in prenatal life is legitimate and that the fetal heartbeat statute is rationally related to advancing this interest.[63] Therefore, because Planned Parenthood and the other plaintiffs could not show a likelihood of success on the merits of its constitutional challenge, the Court reversed the order granting the temporary injunction, permitting the fetal heartbeat abortion ban to take effect.[64] Chief Justice Christensen, dissenting, wrote that because of the law, "women 'are once again relegated to their traditional (and outdated) roles as only child-bearers and mothers,' 'forced to live their twenty-first century lives by nineteenth-century standards and mores.'"[65]

The heartbeat ban has been met with broad criticism: Fifty-nine percent of all Iowans and sixty-nine percent of women in Iowa oppose the law.[66] A representative of the ACLU of Iowa warned that Iowans "will face serious and even life-threatening health consequences as a result of this dangerous and poorly written law."[67] In the first month following the ban, the number of clinician-provided abortions in Iowa dropped by forty percent, which may be

59. Respondents-Appellants' Final Brief, *supra* note 10, at 26.

60. Planned Parenthood of the Heartland, Inc. v. Reynolds *ex rel.* State, 9 N.W.3d 37, 45–53 (Iowa 2024).

61. *Id.* at 49.

62. *Id.* at 52. The Court explains how this standard should be applied: "Statutes are presumed constitutional, and we will not declare a law unconstitutional under the rational basis test unless it 'clearly, palpably, and without doubt infringe[s]' a constitutional right." *Id.* (alteration in original) (quoting Residential & Agric. Advisory Comm., LLC v. Dyersville City Council, 888 N.W.2d 24, 50 (Iowa 2016)).

63. *Id.*

64. *Id.* at 54.

65. *Id.* at 56 (Christensen, J., dissenting) (quoting Planned Parenthood Great Nw. v. State, 522 P.3d 1132, 1235 (Idaho 2023) (Stegner, J., dissenting)).

66. Michaela Ramm, *Iowa Poll: Most Iowans Oppose State's 6-Week Abortion Ban Law Now in Effect*, DES MOINES REG. (Sept. 22, 2024, 12:08 PM), https://www.desmoinesregister.com/story/news/politics/iowa-poll/2024/09/22/most-iowans-support-legal-abortion-oppose-iowas-six-week-ban-new-iowa-poll-shows-fetal-heartbeat-law/75180451007 (on file with the *Iowa Law Review*).

67. Press Release, Planned Parenthood, Iowans Will Soon Lose Access to Most Abortions as Iowa Supreme Court Announces that Abortion Ban Can Take Effect (June 28, 2024), https://www.plannedparenthood.org/about-us/newsroom/press-releases/iowans-will-soon-lose-access-to-most-abortions-as-iowa-supreme-court-announces-that-abortion-ban-can-take-effect [https://perma.cc/X27A-GTCK].

indicative of more residents traveling outside of Iowa to obtain an abortion and more pregnancies being carried to term.[68] There were only 1,792 abortions performed in the state in 2024, compared to 4,061 in 2022.[69] Dr. Emily Boevers, an obstetrician gynecologist at University of Iowa Health Care, reflected on the impacts of the law:

> This law does not eliminate abortion as an act, as a need, or as a choice. It simply punishes Iowa's women for making personal health and family choices by forcing them to confront barriers, costs, and arbitrary timelines. . . . to the ongoing detriment of our families and communities.[70]

As I explain in greater depth in Part III, the recent legislative action taken by Iowa legislators is deeply inconsistent. By promoting pregnancy and childbirth, Iowa incurs a corresponding obligation to support and protect women and children, in line with its proclaimed "vital interest."

II. AN OVERVIEW OF MATERNAL HEALTH CARE COVERAGE

Given the established relationship between health insurance and improved health outcomes,[71] this Part provides a broad overview of the current maternal health care coverage structure, including the specific roles of Medicaid and CHIP. Section II.A discusses public programs that provide coverage to pregnant and postpartum women, including relevant federal guidelines and Iowa's approach to those programs. Section II.B introduces the relatively new federal option for states to extend their postpartum Medicaid coverage from sixty days to twelve months.

A. PUBLIC HEALTH INSURANCE PROGRAMS AND PREGNANCY

Health care services in the United States are covered by a patchwork of payers, including public programs like Medicaid, Medicare, Veterans Affairs benefits, CHIP, and private coverage options, like employment-based and direct-purchase insurance.[72] Most relevantly, Medicaid and CHIP provide health

68. *Iowa Had Nearly 40% Drop in Clinician-Provided Abortions in First Month with Six-Week Ban*, GUTTMACHER (Nov. 21, 2024), https://www.guttmacher.org/news-release/2024/iowa-had-nearly-40-drop-clinician-provided-abortions-first-month-six-week-ban [https://perma.cc/W9N6-M38V].

69. Natalie Krebs, *A Year After Iowa's 'Heartbeat' Law Went into Effect, Abortions in Iowa Have Sharply Declined*, IOWA PUB. RADIO (July 28, 2025, 6:00 AM), https://www.iowapublicradio.org/health/2025-07-28/iowa-heartbeat-6-week-ban-abortion-law-anniversary [https://perma.cc/8MCT-YAXF].

70. *Dr. Emily Boevers on Impact of Iowa's Fetal Heartbeat Law*, KTTC, at 2:31 (July 29, 2025, 5:16 PM), https://www.kttc.com/video/2025/07/29/dr-emily-boevers-impact-iowas-fetal-heartbeat-law.

71. *See supra* Section I.A.

72. KATHERINE KEISLER-STARKEY, LISA N. BUNCH & RACHEL A. LINDSTROM, U.S. CENSUS BUREAU, HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2022, at 1 (2023), https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-281.pdf [https://perma.cc/K2DV-42DR]. Although not the topic of this Note, employer-sponsored insurance covers nearly two-thirds of the United States population under sixty-five, and is the dominant source of

insurance to low-income pregnant women and children. Under Medicaid, federal law requires states to provide coverage to low-income pregnant women up to 133 percent FPL (which equated to a salary of just $22,023 for a single woman in 2026)[73] throughout pregnancy and a sixty-day postpartum period.[74] In addition, states may use their CHIP programs to cover low-income pregnant and postpartum populations via two distinct mechanisms. First, a state may cover the pregnant woman herself directly.[75] Second, a state may use the "unborn child" option to indirectly cover the pregnant woman through her pregnancy, by defining "child" to include the period from conception to birth.[76] Under this option, the child is the object of the coverage, through which the mother receives the insurance benefits. The following discussion first provides a broad overview of Medicaid and CHIP and then specifies how these programs provide coverage to pregnant women.

1. Medicaid Overview

Medicaid is a state-administered health insurance program that is jointly financed by federal and state funds.[77] It provides free and low-cost coverage to certain qualifying low-income individuals, families, children, pregnant women, older adults, and individuals with disabilities, subject to broad federal requirements.[78] This Section first provides a general overview of the purpose

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health care coverage in the United States. Gary Claxton, Matthew Rae & Aubrey Winger, *Employer-Sponsored Health Insurance 101*, KFF (May 28, 2024), https://web.archive.org/web/20250124024928/https://www.kff.org/health-policy-101-employer-sponsored-health-insurance/?entry=table-of-contents-introduction [https://perma.cc/M2GU-4BKF]. This Note focuses on the population of low-income pregnant women who do not receive health insurance from their employer.

73. The FPL is a measure of income that is issued on an annual basis by the Department of Health and Human Services. *Federal Poverty Level (FPL)*, HEALTHCARE.GOV, https://www.healthcare.gov/glossary/federal-poverty-level-fpl [https://perma.cc/8PE6-M5V8]. The FPL is used to determine eligibility for certain programs, including Medicaid and CHIP. *Id.* In 2026, the FPL was $15,960 for an individual, $21,640 for a family of two, $27,320 for a family of three, and $33,000 for a family of four. *Id.* For a more robust view of the current and past FPLs, see *id.* Note that federal law directs states to disregard 5 percent of income in their eligibility determinations, so the 133 percent FPL eligibility threshold is functionally a 138 percent eligibility threshold. This directive applies to all Medicaid eligibility determinations. *Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels*, MEDICAID.GOV, https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html [https://perma.cc/X9VX-R2ER]. This Note does not include the mandatory five percent disregard when it provides income eligibility levels as a percent FPL.

74. *See Pregnant Women*, *supra* note 6.

75. *See generally* Letter from Jackie Garner, Acting Dir., Ctrs. for Medicaid & State Operations, to State Health Off. (May 11, 2009), https://www.medicaid.gov/federal-policy-guidance/downloads/sho051109.pdf [https://perma.cc/VX39-C6PG].

76. *See generally id.*

77. *See Medicaid*, HEALTHCARE.GOV, https://www.healthcare.gov/glossary/medicaid [https://perma.cc/5CJ4-6552].

78. *See id.*

and scope of Medicaid, including coverage and financing mechanics. Then, this Section discusses Iowa's Medicaid program in greater detail.

i. The Purpose and Scope of Medicaid

Medicaid, established in 1965 under Title XIX of the Social Security Act,[79] is an entitlement program that provides health care coverage to a substantial portion of the U.S. population and makes up nearly one-fifth of health care spending in the United States.[80] In 2023, Medicaid was the second most popular coverage option behind employment-based insurance, covering 32.5 percent of the population (100.1 million people),[81] and accounting for eighteen percent of health care spending.[82] Beyond the numbers, Medicaid is a crucial component of the health care landscape in the United States because it provides coverage to individuals with limited income and resources, some of the most vulnerable members of the population.[83] Medicaid enrollment rises during periods of economic hardship when individuals lose their jobs and, consequently, their employment-based coverage.[84]

Each state administers its own Medicaid program, subject to broad federal guidelines with which they must comply in order to receive federal funds.[85]

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79. Social Security Amendments of 1965, Pub. L. No. 89-97, § 121, 79 Stat. 286, 343–53 (codified as amended in scattered sections of 42 U.S.C.).

80. Robin Rudowitz et al., *Medicaid 101*, KFF (May 28, 2024), https://www.kff.org/medicaid/health-policy-101-medicaid/?entry=table-of-contents-introduction [https://perma.cc/6BR5-Y8LN] ("Medicaid accounts for nearly one-fifth of health care spending . . . ."). In 2022, approximately twenty-eight percent of the total U.S. population was enrolled in Medicaid. *Exhibit 1: Medicaid and CHIP Enrollment as a Percentage of the U.S. Population, 2022 (Millions)*, MEDICAID & CHIP PAYMENT & ACCESS COMM'N, https://www.macpac.gov/wp-content/uploads/2023/12/EXHIBIT-1.-Medicaid-and-CHIP-Enrollment-as-a-Percentage-of-the-U.S.-Population-2022.pdf [https://perma.cc/DG6L-3N3D].

81. *Exhibit 1: Medicaid and CHIP Enrollment as a Percentage of the U.S. Population, 2023 (Millions)*, MEDICAID & CHIP PAYMENT & ACCESS COMM'N, https://www.macpac.gov/wp-content/uploads/2024/12/EXHIBIT-1.-Medicaid-and-CHIP-Enrollment-as-a-Percentage-of-the-U.S.-Population-2023.pdf [https://perma.cc/65PW-3KJM]; *Health Insurance Coverage of the Total Population*, KFF, https://www.kff.org/state-health-policy-data/state-indicator/total-population [https://perma.cc/PPR5-W8RK] (finding employment-based insurance as the most utilized coverage option).

82. In 2022, private health insurance accounted for thirty percent of total U.S. spending on health care, Medicare accounted for twenty-one percent, Medicaid accounted for eighteen percent, and out-of-pocket spending accounted for ten percent. *National Health Expenditures 2023 Highlights*, CTRS. FOR MEDICARE & MEDICAID SERVS. (2023), https://web.archive.org/web/20260108192556/https://www.cms.gov/files/document/highlights.pdf [https://perma.cc/38WP-B5MZ].

83. Rudowitz et al., *supra* note 80 ("Medicaid is a particularly significant source of coverage for certain populations. In 2023, Medicaid covered 4 in 10 children, 8 in 10 children in poverty, 1 in 6 nonelderly adults, and 6 in 10 nonelderly people in poverty. Relative to White children and adults, Medicaid covers a higher share of Black, Hispanic, and American Indian or Alaska Native (AIAN) children and adults. Medicaid covers 1 in 3 people with disabilities overall . . . .").

84. CTR. ON BUDGET & POL'Y PRIORITIES, INTRODUCTION TO MEDICAID 1 (2025), https://www.cbpp.org/sites/default/files/atoms/files/policybasics-medicaid_0.pdf [https://perma.cc/2BQT-R8F3].

85. *Id.*

States have substantial flexibility in determining eligibility standards, covered services, provider reimbursement, and administrative structuring, so long as they comply with core, enumerated federal requirements.[86] For example, although federal law requires that states cover low-income families, qualified pregnant women, children, individuals receiving Supplemental Security Income, and other groups, states may elect to cover additional groups who would not otherwise be eligible under federal guidelines.[87] Federal law has historically required that Medicaid programs cover pregnant women up to 133 percent FPL, lasting for sixty days postpartum.[88] If a state complies with federal requirements, then the federal government pays at least half of the state's costs for covered beneficiaries.[89] The exact federal share of Medicaid costs varies by state, determined by the Federal Medical Assistance Percentage ("FMAP") rate, which "is inversely proportional to a state's average personal income relative to the national average."[90] Thus, a state with higher per capita income will have a lower FMAP amount, and vice versa. In fiscal year ("FY") 2025, FMAP rates ranged from fifty percent to seventy-seven percent across the states.[91]

ii. Medicaid in Iowa

In Iowa, more than 600,000 people are covered by the Medicaid program—about nineteen percent of the total population.[92] In FY 2025, Iowa's FMAP was 63.25 percent—meaning that the federal government footed 63.25 percent of the State's Medicaid costs, while Iowa paid the remaining 36.75

86. *Medicaid 101*, MEDICAID & CHIP PAYMENT & ACCESS COMM'N (2026), https://www.macpac.gov/medicaid-101 [https://perma.cc/7FPD-J5L5] ("Medicaid varies across states. States establish their own eligibility standards . . . effectively creating 56 different Medicaid programs—one for each state, territory, and the District of Columbia.").

87. See *List of Medicaid Eligibility Groups: Mandatory Categorically Needy*, MEDICAID.GOV, https://www.medicaid.gov/medicaid/eligibility/downloads/list-of-eligibility-groups.pdf [https://perma.cc/PT67-6PS4], for a detailed list of mandatory eligibility groups under federal law. Although not the topic of discussion here, there are several other federal requirements. *See* CTR. ON BUDGET & POL'Y PRIORITIES, *supra* note 84, at 2–5.

88. *See Pregnant Women*, *supra* note 6; 42 C.F.R. § 435.116 (2025). Note that states are free to cover pregnant women *higher* than this eligibility requirement—federal standards set the floor with which states must comply in order to receive federal dollars. *See id.*

89. *See* KAISER COMM'N ON MEDICAID & THE UNINSURED, MEDICAID FINANCING: AN OVERVIEW OF THE FEDERAL MEDICAID MATCHING RATE (FMAP) 1 (2012), https://www.kff.org/wp-content/uploads/2013/01/8352.pdf [https://perma.cc/2U9S-PQNX].

90. *Id.* at 2.

91. *See* ALISON MITCHELL, CONG. RSCH. SERV., R43847, MEDICAID'S FEDERAL MEDICAL ASSISTANCE PROGRAM (FMAP) 4 (2025), https://www.congress.gov/crs_external_products/R/PDF/R43847/R43847.13.pdf [https://perma.cc/5SQ6-JQVK].

92. KFF, MEDICAID IN IOWA 1 (2025), https://files.kff.org/attachment/fact-sheet-medicaid-state-IA [https://perma.cc/3A84-WWEB] (finding that "Medicaid covers . . . 18% to 19% of people in [Iowa]'s congressional districts").

percent.[93] Subject to varying income requirements, Iowa's Medicaid program covers the following groups: children under age twenty-one, parents living with a child aged eighteen or younger, pregnant women, women seeking treatment for breast or cervical cancer, individuals who are elderly or disabled, among others.[94] Iowa's Medicaid program has historically covered pregnant women up to 375 percent FPL (equating to a salary of $56,475 for a single woman in 2024), which is a higher income eligibility level compared to other covered groups.[95] Any child born to a Medicaid-eligible mother is automatically enrolled in Medicaid, with coverage lasting at least one year, so long as the child remains a resident of Iowa.[96] Once the child reaches one year of age, they must qualify for Medicaid under another coverage group in order to maintain Medicaid coverage.[97]

In 2010, Congress passed the Affordable Care Act ("ACA"), which required states to expand Medicaid eligibility for adults with incomes up to 133 percent FPL, amounting to $20,029.80 for a single person in 2024.[98] However, in 2012, the U.S. Supreme Court held that the mandatory expansion provision of the ACA lay outside the scope of Congress's spending power because the provision was coercive.[99] Accordingly, when the ACA went into effect in 2014,

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93. *Federal Medicaid Assistance Percentage (FMAP) for Medicaid and Multiplier*, KFF, https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier [https://perma.cc/ZD7F-E7N4]. Comparatively, Connecticut's FMAP was fifty percent in FY 2025. *Id.*

94. *Medicaid Programs*, IOWA HEALTH & HUM. SERVS., https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs [https://perma.cc/YWQ3-5TKA].

95. Robin Opsahl, *Postpartum Medicaid Extension, with Cut in Eligibility, Heads to Governor's Desk*, IOWA CAP. DISPATCH (Apr. 3, 2024, 6:04 PM), https://iowacapitaldispatch.com/2024/04/03/postpartum-medicaid-extension-with-cut-in-eligibility-heads-to-governors-desk [https://perma.cc/QMJ9-VS5C]. In 2024, 375 percent of the FPL correlated to an annual income of $56,475 for a single person, $76,650 for a family of two, $96,825 for a family of three, and $117,000 for a family of four. OFF. OF THE ASSISTANT SEC'Y FOR PLAN. & EVALUATION, U.S. DEP'T OF HEALTH & HUM. SERVS., 2024 POVERTY GUIDELINES: 48 CONTIGUOUS STATES (ALL STATES EXCEPT ALASKA AND HAWAII) 1 (2024), https://aspe.hhs.gov/sites/default/files/documents/7240229f28375f54435c5b83a3764cd1/detailed-guidelines-2024.pdf [https://perma.cc/3V45-FDE7]. If a pregnant woman establishes Medicaid eligibility, she will remain eligible throughout her pregnancy and postpartum period, without regard to her income. IOWA DEP'T OF HEALTH & HUM. SERVS., MEDICAID COVERAGE GROUPS 6 (2025), https://hhs.iowa.gov/media/4012 [https://perma.cc/BSS7-U5XS].

96. IOWA DEP'T OF HEALTH & HUM. SERVS., *supra* note 95, at 6.

97. *Id.* at 14.

98. Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 2001, 124 Stat. 119, 271–79 (2010) (codified as amended in scattered sections of 42 U.S.C.). In 2024, 133 percent FPL correlated to an annual income of $20,029.80 for a single person, $27,185.20 for a family of two, $34,340.60 for a family of three, and $41,496.00 for a family of four. OFF. OF THE ASSISTANT SEC'Y FOR PLAN. & EVALUATION, U.S. DEP'T OF HEALTH & HUM. SERVS., *supra* note 95, at 1.

99. *See* Nat'l Fed'n of Indep. Bus. v. Sebelius, 567 U.S. 519, 576–78, 584–85 (2012). The Court has traditionally "str[uck] down federal legislation that commandeers a State's legislative or administrative apparatus for federal purposes," as Congress does not have authority to "require the states to regulate" either directly or indirectly. *Id.* at 577–78. Here, writing for the Court in a plurality opinion, Chief Justice Roberts expresses that the ACA's Medicaid expansion framework is impermissible under the Spending Clause because receipt of any continued federal Medicaid

it featured a Medicaid expansion *option*—states could elect to expand Medicaid coverage for adults up to 133 percent FPL and in return receive an enhanced federal matching rate.[100] Iowa adopted and implemented the expansion in 2014, with an estimated 183,000 Iowans gaining coverage as a result.[101] Since the expansion, the uninsured rate in Iowa has dropped from 8.1 percent to 4.5 percent, a rate lower than the national average.[102]

2. Children's Health Insurance Program

Beyond Medicaid, states can also cover some low-income individuals through CHIP. CHIP provides health insurance coverage to low-income children and, in some instances, pregnant women.[103] Under the Children's Health Insurance Program Reauthorization Act of 2009 ("CHIPRA"), states are empowered to provide coverage to uninsured, low-income pregnant women who fall outside of Medicaid eligibility by amending their CHIP plan.[104] States that

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funds was conditioned on whether a state expanded its Medicaid eligibility. *Id.* at 580. That is, if a state did not expand, it would lose *all* of its existing federal Medicaid funding, which is improperly coercive and not a constitutional use of Congress's spending power. *Id.*

100. *See Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010*, CTRS. FOR MEDICARE & MEDICAID SERVS. (Mar. 29, 2013), https://www.cms.gov/newsroom/fact-sheets/increased-federal-medical-assistance-percentage-through-affordable-care-act-2010 [https://perma.cc/9FR7-PHE6].

101. *See* Tracy Garber & Sara R. Collins, *The Affordable Care Act's Medicaid Expansion: Alternative State Approaches*, COMMONWEALTH FUND: TO THE POINT (Mar. 28, 2014), https://www.commonwealthfund.org/blog/2014/affordable-care-acts-medicaid-expansion-alternative-state-approaches [https://perma.cc/8R4F-SB4N]; KFF, *supra* note 92, at 1.

102. DEP'T OF HEALTH & HUM. SERVS., THE BIDEN-HARRIS ADMINISTRATION IS LOWERING HEALTH CARE COSTS FOR TENS OF THOUSANDS OF PEOPLE ACROSS IOWA 2, https://aspe.hhs.gov/sites/default/files/documents/5e61d6080707603b909cadb0d9322090/state-factsheet-ira-aca-iowa.pdf [https://perma.cc/S7NM-DQKB]; *2023 ACS Tables: State and County Uninsured Rates, with Comparison Year 2022*, STATE HEALTH ACCESS DATA ASSISTANCE CTR. (Sept. 17, 2024), https://www.shadac.org/news/2023-acs-tables-state-and-county-uninsured-rates-comparison-year-2022 [https://perma.cc/6E5X-VPLG]. These are general, statewide statistics and thus do not capture the nuance in insurance rates of pregnant women in Iowa, especially since the advent of SF 2251. *See infra* Section III.A.

103. *See generally CHIP Benefits*, MEDICAID.GOV, https://www.medicaid.gov/chip/benefits [https://perma.cc/RLV3-8T5R] (describing the different benefits offered by the CHIP program). Iowa's CHIP program is administered through its Healthy and Well Kids in Iowa program, which covers children up to 302 percent FPL. *Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels*, *supra* note 73. *See also Healthy and Well Kids in Iowa (Hawki)*, IOWA HEALTH & HUM. SERVS., https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki [https://perma.cc/87MU-QYFZ] (explaining the services offered by Hawki and the income thresholds per family size to qualify for the program).

104. *See* Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3, § 111, 123 Stat. 8, 26–28 (codified as amended at 42 U.S.C. § 1397ll). Prior to CHIPRA, states could cover pregnant women by way of covering unborn children; CHIPRA empowers states to cover the pregnant woman directly. *See* Garner, *supra* note 75, at 1. Today, twenty-four states provide coverage to pregnant women through the unborn child option, now called the "From-Conception-to-the-End-of-Pregnancy" (FCEP) Option. *Medicaid and CHIP Income Eligibility Limits*

elect to cover low-income pregnant women under this option are eligible to receive enhanced FMAP payments.[105] CHIPRA put forth several requirements that states must comply with in order to cover pregnant women through this option.[106] For instance, states' Medicaid programs must cover pregnant women up to at least 185 percent FPL.[107] After states set their Medicaid eligibility limit to 185 percent FPL, they may set their CHIP income eligibility limit for pregnant women above 185 percent, thus allowing those states to cover pregnant women whose incomes exceed Medicaid eligibility.[108] In addition, states cannot set their CHIP income eligibility level for pregnant women above their low-income children eligibility level.[109] In essence, states may only use this option to target pregnant women whose income exceeds Medicaid-qualifying levels, once it has set its Medicaid income eligibility threshold to 185 percent FPL.[110] So, a single pregnant woman making more than $27,861 per year would not qualify for Medicaid coverage in a state that set its eligibility threshold at 185 percent FPL, but she may qualify for coverage under CHIP if her state amends its CHIP program under CHIPRA.[111] As of January 2025, seven states cover pregnant women through this CHIP option.[112] Iowa has not adopted this option.[113]

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for Pregnant Women as a Percent of the Federal Poverty Level, *supra* note 36 ("FCEP permits states to cover 'targeted low-income children' from conception to birth in CHIP . . . .").

105. *See* Garner, *supra* note 75, at 1–2. That is, states receive a higher share of federal funds under CHIP than under Medicaid. *See id.*

106. *See id.* at 2–3.

107. *See id.* at 2.

108. *See id.* at 1–2.

109. *See id.* Iowa's version of the CHIP program covers children up to 302 percent FPL. *Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels*, *supra* note 73. For a fuller view of Iowa's CHIP program, see *supra* note 104.

110. Maggie Clark & Maya Millette, *State Opportunities to Leverage Medicaid and CHIP Coverage to Improve Maternal Health and Eliminate Racial Inequities*, GEO. UNIV. MCCOURT SCH. PUB. POL'Y CTR. FOR CHILD. & FAMS. (Apr. 25, 2023), https://ccf.georgetown.edu/2023/04/25/opportunities-to-leverage-medicaid-and-chip-to-improve-maternal-health-and-eliminate-racial-inequities [https://perma.cc/2SW9-2F7A] ("States may elect to offer full-benefit CHIP coverage for pregnant individuals once they raise pregnancy Medicaid income eligibility to at least 185% FPL.").

111. *See* OFF. OF THE ASSISTANT SEC'Y FOR PLAN. & EVALUATION, U.S. DEP'T OF HEALTH & HUM. SERVS., *supra* note 95, at 1.

112. These states include Colorado, Kentucky, Missouri, New Jersey, Rhode Island, Virginia, and West Virginia. *Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level*, *supra* note 36. For example, Missouri has set its Medicaid eligibility limit for pregnant women at 196 percent FPL and has amended its CHIP eligibility under CHIPRA to 300 percent FPL. *Id.*

113. *See id.*; *see also* IOWA DEP'T OF HUM. SERVS., STATE PLAN PAGES, at 62 (2019), https://www.medicaid.gov/CHIP/Downloads/IA/IA-19-0028.pdf [https://perma.cc/42K3-299H] (failing to choose to cover pregnant women through the CHIP option).

B. THE FEDERAL POSTPARTUM COVERAGE EXTENSION OPTION FOR MEDICAID AND CHIP

Prior to the COVID-19 pandemic, federal law required states to cover pregnancy-related Medicaid benefits through the sixtieth day after the end of pregnancy.[114] At the end of the sixty days, those who did not otherwise qualify for non-pregnancy-related Medicaid benefits lost Medicaid coverage.[115] In response to growing concerns about a maternal health crisis, which were compounded by the COVID-19 pandemic,[116] in June 2022 the Biden White House put forth an action plan entitled "White House Blueprint for Addressing the Maternal Health Crisis" ("the Blueprint").[117] The Blueprint set forth specific goals to combat high maternal mortality rates.[118] One feature of this plan was to "[i]ncrease [a]ccess to and [c]overage of [c]omprehensive [h]igh-[q]uality maternal health services."[119] Recognizing that more than half of pregnancy-related deaths occur after pregnancy, the White House identified loss of Medicaid coverage sixty days postpartum as an "important contributor[] to gaps in maternal health coverage."[120] Accordingly, the Blueprint encouraged states to adopt the Medicaid extension option under ARPA, which "would allow as many as 720,000 pregnant and postpartum people across the U.S. to be guaranteed Medicaid and CHIP coverage for a full 12 months after pregnancy."[121]

Congress enacted ARPA to address the effects of the COVID-19 pandemic "on the economy, public health, state and local governments, individuals, and businesses."[122] Relevantly, ARPA included a mechanism that permits states to extend Medicaid and CHIP coverage for pregnant women from sixty days to twelve months postpartum.[123] The provision took effect on April 1, 2022.[124] ARPA provided states with two options for extending postpartum coverage:

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114. 42 U.S.C. § 1396a(e)(5) ("A woman who, while pregnant, is eligible for, has applied for, and has received medical assistance under the State plan, shall continue to be eligible under the plan, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan, through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends.").

115. *See Medicaid Postpartum Coverage Extension Tracker*, *supra* note 8.

116. *See supra* Section I.A, for a more robust discussion about the maternal health crisis.

117. *See generally* THE WHITE HOUSE, WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS (2022), https://bidenwhitehouse.archives.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf [https://perma.cc/3LEU-3FJ2].

118. *See id.* at 4 (discussing "specific actions that the federal government will take to improve maternal health").

119. *Id.* at 19.

120. *Id.* at 20.

121. *Id.* at 21.

122. Cong. Rsch. Serv., *Summary: H.R.1319 — 117th Congress (2021-2022)*, CONGRESS.GOV (Mar. 11, 2021), https://www.congress.gov/bill/117th-congress/house-bill/1319 [https://perma.cc/94FC-ZE8U].

123. American Rescue Plan Act of 2021, Pub. L. No. 117-2, § 9812, 135 Stat. 4, 212–13 (codified at 42 U.S.C. § 1396a(e)(16)).

124. *Id.* § 9812(b).

(1) through the State's Medicaid program or (2) through the State's CHIP program.[125] In 2023, the Consolidated Appropriations Act amended the postpartum provision in ARPA by removing its five-year limit, making the option to extend the postpartum coverage period permanent.[126] As of January 2026, every state but one had implemented the twelve-month extension.[127]

III. IOWA'S MATERNAL CARE COVERAGE GAP

Pregnant and postpartum women are some of the most vulnerable of the population, as evidenced by the ongoing maternal health crisis. After *Dobbs*, the crisis is only expected to worsen.[128] This Part first presents recent maternal health care access and coverage-related legislation in Iowa. Then, this Part assesses the lack of coverage options in Iowa for women cut out of Medicaid eligibility by SF 2251.

A. RECENT LEGISLATION AFFECTING PREGNANT AND POSTPARTUM WOMEN IN IOWA

In 2024, the Iowa Legislature passed two bills that affect pregnant and postpartum women.[129] One bill, pursuant to ARPA, extended Medicaid coverage for pregnant women from sixty days postpartum to twelve months postpartum.[130] The other appropriated state funds to crisis pregnancy centers ("CPCs") under the Iowa More Options for Maternal Support ("MOMS") program.[131] This Section explains both bills and then discusses the support and criticism that has met the bills, respectively.

1. Medicaid Postpartum Extension

On May 8, 2024, Iowa Governor Kim Reynolds signed SF 2251, "an Act relating to eligibility for pregnant women and infants under the Medicaid program," into law.[132] The legislation extends postpartum Medicaid coverage for low-income women in Iowa from sixty days to twelve months, pursuant to

125. *Id.* § 9812(a).

126. Consolidated Appropriations Act of 2023, Pub. L. No. 117-328, § 5113, 136 Stat. 4459, 5940 (2022).

127. *See Medicaid Postpartum Coverage Extension Tracker*, *supra* note 8. Arkansas is the only state that has neither implemented nor proposed extending Medicaid coverage in the postpartum period. *Id.*

128. *See generally* Kelly Baden, Joerg Dreweke & Candace Gibson, *Clear and Growing Evidence that* Dobbs *Is Harming Reproductive Health and Freedom*, GUTTMACHER (May 31, 2024), https://www.guttmacher.org/2024/05/clear-and-growing-evidence-dobbs-harming-reproductive-health-and-freedom [https://perma.cc/56TC-UHTS].

129. S. File 2251, 90th Gen. Assemb., Reg. Sess. (Iowa 2024); S. File 2252, 90th Gen. Assemb., Reg. Sess. (Iowa 2024).

130. Iowa S. File 2251.

131. Iowa S. File 2252.

132. Iowa S. File 2251.

the extension provision in ARPA.[133] Under this provision, the Iowa Legislature also reduced the income eligibility threshold for pregnant women from 375 percent FPL to 215 percent FPL.[134] As of 2026, the new income eligibility threshold equates to a household income of $70,950 or less for a family of four, $58,378 for a family of three, and $46,526 for a single mother and child.[135] SF 2251 took effect January 1, 2025.[136] The Iowa Department of Health and Human Services ("Iowa HHS") estimates that of the 10,800 pregnant women in Iowa currently eligible for Medicaid coverage, around 1,300 will lose coverage once SF 2251 takes effect, in addition to approximately 400 infants.[137] The fiscal impact of the bill was expected to "increase State costs by approximately $1.1 million in FY 2025, $3.3 million in FY 2026, and $388,000 in FY 2027."[138] Before SF 2251 was signed into law, Iowa House Democrats introduced an amendment to reinstate the 375 percent FPL qualifying threshold for coverage, which ultimately failed.[139] Although the extension of postpartum coverage enjoys broad support, the reduction in income eligibility has proved controversial.[140]

i. Support for SF 2251

Extending postpartum coverage under SF 2251 has received support from both Republicans and Democrats in the Iowa Legislature.[141] Prior to the passage of SF 2251, legislators from both parties made multiple attempts to enact the extension.[142] The extension has also received strong support from

133. *Id.* In accordance with ARPA, SF 2251 directs the Iowa Department of Health and Human Services to submit a Medicaid state plan amendment to the Centers for Medicare and Medicaid Services ("CMS"). *Id.*

134. *See id.*

135. *Federal Poverty Level (FPL)*, *supra* note 73. The prior 375 percent FPL would equate to a household income of $123,750 for a family of four, $102,450 for a family of three, and $81,150 for a single mother and child. *Id.*

136. Iowa S. File 2251.

137. FISCAL SERVS. DIV., LEGIS. SERVS. AGENCY, *supra* note 9, at 2.

138. *Id.* at 3.

139. Opsahl, *supra* note 95. On February 26, 2025, House Democrats introduced a bill that would reinstate the preexisting eligibility level. No action has been taken on the bill since it was introduced. H. File 607, 91st Gen. Assemb., Reg. Sess. (Iowa 2025).

140. *See* Michaela Ramm, *Majorities in Iowa Favor Longer Medicaid Coverage for Mothers, Oppose Lowering Income Level*, DES MOINES REG. (Mar. 14, 2024, 7:36 AM), https://www.desmoinesregister.com/story/news/politics/iowa-poll/2024/03/14/iowa-poll-most-iowans-support-extended-postpartum-medicaid-coverage-to-one-year/72777886007 (on file with the *Iowa Law Review*) (discussing an Iowa poll that found seventy-two percent of Iowans support extending Medicaid postpartum coverage, but sixty-five percent oppose the reduction in income eligibility).

141. *See* Caleb McCullough, *Iowa Lags in Postpartum Medicaid Coverage for New Moms*, GAZETTE (Apr. 9, 2023, 6:00 AM), https://www.thegazette.com/state-government/iowa-lags-in-postpartum-medicaid-coverage-for-new-moms [https://perma.cc/7B4M-8GGR] (discussing that before the final bill was passed, several bills had been proposed, and failed, to enact the extension from both Republicans and Democrats in the legislature).

142. *See id.*

maternal health advocates across Iowa.[143] Advocates claimed the twelve-month extension would prevent postpartum deaths and improve health equity, as nearly one-third of all pregnancy-related deaths result between 43 and 365 days postpartum.[144] Accordingly, the portion of the bill that actually extends coverage from sixty days to twelve months is not contentious.

Reception to the legislation diverges where it concerns the new, reduced income eligibility level. Supporters argue that Iowa's reduction is consistent with national norms, emphasizing that the forty-seven states offering extended postpartum coverage had an average eligibility level of 210 percent FPL, just under Iowa's new 215 percent level.[145] They further contend that the new, reduced qualifying FPL remains the "13th most generous in the nation."[146] From this perspective, Iowa's qualifying threshold is less restrictive than other participating states.[147] Senator Costello, the Senate floor manager for the bill, maintained that under the preexisting 375 percent FPL threshold, a family of four earning $112,500 would qualify for Medicaid coverage—an income level he characterized as "pretty good money," suggesting families "should be able to have insurance or take care of it [themselves] at that rate."[148] Representative Wood, House floor manager for SF 2251, clarified that individuals receiving Medicaid pregnancy and postpartum benefits whose incomes exceeded the new threshold would be grandfathered into the new extension and would not lose coverage.[149] SF 2251 supporters acknowledge that although the conversation surrounding maternal health care coverage should continue in Iowa, some action is better than no action: The bill is an imperative step in the right direction.[150]

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143. *See id.* ("When we're looking at ways to support mothers and young families, and especially their ability to care for their babies, cutting off that source of support at two months is just simply inadequate.").

144. *See* Maggie Clark & Maya Millette, *More States Extend Postpartum Medicaid Coverage as Three States Fall Behind*, GEO. UNIV. MCCOURT SCH. PUB. POL'Y CTR. FOR CHILD. & FAMS. (May 12, 2023), https://ccf.georgetown.edu/2023/05/12/more-states-extend-postpartum-medicaid-coverage-as-three-states-fall-behind [https://perma.cc/7DM5-6UP5]; Gray Babbs, Lois McCloskey & Sarah H. Gordon, *Expanding Postpartum Medicaid Benefits to Combat Maternal Mortality and Morbidity*, HEALTH AFFS. (Jan. 14, 2021), https://www.healthaffairs.org/content/forefront/expanding-postpartum-medicaid-benefits-combat-maternal-mortality-and-morbidity [https://perma.cc/KB76-YUFE] ("The 'fourth trimester' often presents challenges including lack of sleep, fatigue, pain, breastfeeding difficulties, stress, new onset or exacerbation of mental health disorders, and urinary incontinence.").

145. Opsahl, *supra* note 95.

146. *Id.*

147. *See id.*

148. Robin Opsahl, *Governor's Bill Expanding Postpartum Medicaid Advances*, IOWA CAP. DISPATCH (Feb. 5, 2024, 7:15 PM), https://iowacapitaldispatch.com/2024/02/05/governors-bill-expanding-postpartum-medicaid-advances [https://perma.cc/XMF4-YEM2].

149. *House Video (2024-04-03)*, IOWA LEGISLATURE, at 2:08:48 PM (Apr. 3, 2024), https://www.legis.iowa.gov/perma/01222026177 62 (statement of Rep. Devon Wood).

150. *See* Opsahl, *supra* note 95.

ii. Criticism of SF 2251

Critics of SF 2251 oppose the reduction of the qualifying income level.[151] Despite support for the extension of postpartum coverage, this reduction impacts women through all stages of pregnancy and postpartum. In a discussion on the House floor, Representative Wessel-Kroeschell discussed the inherent danger of cutting pregnant women out of care: "[T]his bill does make me question whether we are going to continue to value life."[152] She emphasized that 1,300 fewer pregnant women and 400 fewer children per month will qualify for Medicaid, and will consequently lose out on critical prenatal care.[153] The consequences are not theoretical: Children born to mothers who do not receive prenatal care are three times more likely to have a low birthweight and are five times more likely to die.[154] Beyond this inherent danger, the reduction was not a necessary budget decision, as postpartum care is cheaper than prenatal care—Iowa could afford to cover mothers and through twelve months postpartum without reducing the qualifying FPL.[155] Further, the new eligibility threshold could have adverse unintended consequences. For example, pregnant women and families may be disincentivized from working to increase their income to support their growing family, because higher incomes may render them ineligible for Medicaid.[156]

Finally, SF 2251's eligibility cut is fundamentally incongruous with Iowa's explicit "vital interest" in unborn life.[157] In a statement released after the six-week abortion law went into effect, Governor Reynolds proclaimed that "[a]ll life is precious and worthy of the protection of our laws."[158] Yet, Iowa's interest in life seems to dissipate once it exists outside the womb. Through SF 2251 the legislature affirmatively cut 1,700 women and newborn children out of Medicaid eligibility, effectively removing their protection under Iowa law and worsening

151. S. File 2251, 90th Gen. Assemb., Reg. Sess. (Iowa 2024).

152. *House Video (2024-04-03)*, *supra* note 149, at 2:11:36 PM (statement of Rep. Beth Wessel-Kroeschell).

153. *Id.* at 2:11:40 PM. Fewer children will lose coverage than women because the 1,100 infants per month who lose Medicaid coverage under SF 2251 may qualify for Hawki if their family's income is less than 302 percent FPL. FISCAL SERVS. DIV., LEGIS. SERVS. AGENCY, *supra* note 9, at 1.

154. *House Video (2024-04-03)*, *supra* note 149, at 2:12:30 PM (statement of Rep. Beth Wessel-Kroeschell).

155. *See* Opsahl, *supra* note 95 ("House Democrats support expanding postpartum coverage, but . . . Democrats also believe Iowa is in a 'budget situation where we can afford to fund those moms.'").

156. *See* Elisabeth Wright Burak, *Postpartum Coverage and Benefits Key, but Merely the Start of Needed Medicaid Work to Address Maternal Health Crisis*, GEO. UNIV. MCCOURT SCH. PUB. POL'Y CTR. FOR CHILD. & FAMS. (Apr. 25, 2024), https://ccf.georgetown.edu/2024/04/25/postpartum-coverage-and-benefits-key-but-merely-the-start-of-needed-medicaid-work-to-address-the-maternal-health-crisis [https://perma.cc/5RQJ-DM27].

157. Respondents-Appellants' Final Brief, *supra* note 10, at 11.

158. Press Release, Kim Reynolds, Governor of Iowa, Gov. Reynolds Signs Heartbeat Bill into Law (July 14, 2023), https://governor.iowa.gov/press-release/2023-07-14/gov-reynolds-signs-heartbeat-bill-law [https://perma.cc/8TN9-UVKA].

the coverage gap for pregnant women.[159] Substantially fewer pregnant women will qualify for Medicaid coverage and their health, and the health of their children, will bear the consequences. This burden will disproportionately fall on the shoulders of pregnant women of color as the maternal health crisis continues.[160]

2. More Options for Maternal Support Program

In tandem with SF 2251, the Iowa legislature passed Senate File 2252 ("SF 2252"), which was signed into law by Governor Reynolds on April 10, 2024.[161] SF 2252 included changes to Iowa's MOMS program.[162] The MOMS program was established in 2022 "to promote healthy pregnancies and childbirth through a network of nonprofit organizations that provide pregnancy support services."[163] Iowa HHS defines pregnancy support services as "nonmedical services that promote childbirth by providing information, counseling, and support services that assist pregnant women or women who believe they may be pregnant to choose childbirth and to make informed decisions regarding the choice of adoption or parenting with respect to their children."[164] The bill explicitly states that providers of pregnancy support services must "[h]ave a primary mission of promoting healthy pregnancies and childbirth instead of abortion."[165] That is, providers under the bill may not provide abortions, refer women for abortion services, or encourage a woman to get an abortion.[166]

In essence, the MOMS program appropriates state dollars to religious, anti-abortion CPCs. Under the original language of the bill, these services were to be provided by four CPCs, including "Informed Choice of Iowa, Lutheran Services in Iowa, Bethany Christian Services of [N]orthwest Iowa and Alternatives Pregnancy Center," each of which received $100,000 to $200,000 in MOMS funding under their program contracts.[167] Initially,

159. *House Video (2024-04-03)*, *supra* note 149, at 2:11:40 PM (statement of Rep. Beth Wessel-Kroeschell).

160. *See supra* Section I.A.

161. S. File 2252, 90th Gen. Assemb., Reg. Sess. (Iowa 2024).

162. *See id.*

163. IOWA DEP'T OF HEALTH & HUM. SERVS., MORE OPTIONS FOR MATERNAL SUPPORT PROGRAM 1 (2023), https://hhs.iowa.gov/media/7967 [https://perma.cc/5LYT-47KP].

164. *Id.*

165. S. File 2252, 90th Gen. Assemb., Reg. Sess. (Iowa 2024).

166. *Id.* Providers under the program may only "affirmatively counsel a pregnant woman to terminate [her] pregnancy . . . [if it] is medically necessary to prevent the pregnant woman's death." *Id.*

167. Natalie Krebs, *Iowa HHS Contracts with Four Crisis Pregnancy Centers Under MOMS Program*, IOWA PUB. RADIO (May 7, 2024, 4:08 PM), https://www.iowapublicradio.org/state-government-news/2024-05-07/iowa-hhs-contracts-with-four-crisis-pregnancy-centers-under-moms-program [https://perma.cc/E7S9-99ZR]; INFORMED CHOICE IOWA, https://www.informedchoiceia.org [https://perma.cc/B985-TS2Z]; LUTHERAN SERVS. IOWA, https://lsiowa.org [https://perma.cc/G7PP-HU6X]; BETHANY CHRISTIAN SERVS., https://bethany.org [https://perma.cc/D829-EAQ6]; ALTS. PREGNANCY CTR., https://www.alternativescenter.org [https://perma.cc/G3HG-B9LC].

$1,261,424 was appropriated to establish the program.[168] In 2024, via SF 2252, the Iowa legislature appropriated an additional one million dollars for the program, to be allocated to seven total CPCs under program contracts.[169] According to Iowa HHS, the MOMS program is designed to support pregnant women and improve pregnancy outcomes, child health and development, and family economic self-sufficiency.[170]

i. Support for the More Options for Maternal Support Program

SF 2252, and the MOMS program more broadly, has been met with an array of support and criticism. Supporters contend that the MOMS program provides needed support to pregnant women by encouraging healthy childbirth.[171] Senator Costello believes that the MOMS program will support pregnancy "in Iowa in a way 'that is not public welfare.'"[172] Senator Costello also articulated that the bill promotes childbirth without restricting abortion, asserting that "[w]e're just trying to help make [abortion] rare, to help provide women with the support that they need to feel comfortable making that decision to have that baby."[173] Representative Bergan affirmed this sentiment, calling the program "one more opportunity to provide supports and benefits to expectant mothers in Iowa."[174] Supporters also view the program as a way to improve maternal health care in a state with already limited access to care.[175]

168. IOWA DEP'T OF HEALTH & HUM. SERVS., ANNUAL REPORT FOR THE MORE OPTIONS FOR MATERNAL SUPPORT (MOMS) PROGRAM 6 (2025), https://www.legis.iowa.gov/docs/publications/DF/1543851.pdf [https://perma.cc/M3HJ-PRJT].

169. H. File 2698, 90th Gen. Assemb., Reg. Sess. (Iowa 2024). The three additional CPCs include: Guiding Star Cedar Valley, Obria Medical Clinic of Ames, and Shenandoah Pregnancy and Resource Center. *See* IOWA DEP'T OF HEALTH & HUM. SERVS., *supra* note 168, at 4–7. *Guiding Star Cedar Valley*, YOUR LIFE IOWA, https://yourlifeiowa.org/locations/guiding-star-cedar-valley [https://perma.cc/C2MW-A8PG]; OBRIA MED. CLINICS, https://obriaiowa.org [https://perma.cc/Z4M7-C7PL]; SHENANDOAH PREGNANCY & RES. CTR., https://www.shenandoahpregnancyresourcecenter.com [https://perma.cc/KC2D-U7VC].

170. IOWA DEP'T OF HEALTH & HUM. SERVS., *supra* note 163, at 1.

171. *See* Shane Vander Hart, *The Iowa Senate Passes Bill to Launch a Support Program for Pregnant Women*, IOWA TORCH (Apr. 6, 2022), https://iowatorch.com/2022/04/06/the-iowa-senate-passes-bill-to-launch-a-support-program-for-pregnant-women [https://perma.cc/62HX-YJ22].

172. Robin Opsahl, *Iowa Senate Passes Bills on Postpartum Medicaid, Changes to MOMS Program*, IOWA CAP. DISPATCH (Feb. 19, 2024, 8:56 PM), https://iowacapitaldispatch.com/2024/02/19/iowa-senate-passes-bills-on-postpartum-medicaid-changes-to-moms-program [https://perma.cc/ZP2N-CKFG].

173. Katarina Sostaric, *Iowa Senate Bill Would Fund Anti-Abortion Pregnancy Centers and More Medicaid Coverage Post-Childbirth*, IOWA PUB. RADIO (Apr. 6, 2022, 11:13 AM), https://www.iowapublicradio.org/state-government-news/2022-04-06/iowa-senate-bill-would-fund-anti-abortion-pregnancy-centers-and-more-medicaid-coverage-post-childbirth [https://perma.cc/FG36-RRSP].

174. Opsahl, *supra* note 95.

175. *See* Robin Opsahl, *Gov. Kim Reynolds Signs New Medical Malpractice Liability Limits into Law*, IOWA CAP. DISPATCH (Feb. 16, 2023, 5:14 PM), https://iowacapitaldispatch.com/2023/02/16/gov-kim-reynolds-signs-new-medical-malpractice-liability-limits-into-law [https://perma.cc/8VHQ-5H4Y].

ii. Criticism of the More Options for Maternal Support Program

Critics of the MOMS program take issue with providing state funds to CPCs that discourage and prevent abortion access.[176] The MOMS program funds CPCs that counsel patients against abortion—even though CPCs are widely known to provide patients with misleading or nonscientific information.[177] Specifically, these centers deceive patients by presenting as abortion clinics, when in reality their practices involve advising patients against abortion: "[T]hese centers, according to abortion rights supporters will oftentimes set up shop very close to an abortion clinic, they will have names that include words like birth, or choice . . . [a]nd in reality, again, these are centers that are trying to convince you to continue a pregnancy."[178] In addition, CPCs misrepresent themselves as licensed medical providers and fail to disclose their religious affiliations.[179]

The money appropriated to the MOMS program would be better and more efficiently invested in licensed, quality reproductive care. Iowa has allocated more than two million dollars to the MOMS program,[180] funds that could have been used to expand meaningful health care coverage to pregnant and postpartum women and infants in Iowa, thereby undermining the stated justification for the SF 2251 eligibility cut. As Planned Parenthood summarized, "[MOMS] diverts taxpayer dollars that could be used to expand affordable, high-quality reproductive health care during a time when Iowa faces multiple health crises."[181]

B. Pregnant and Postpartum Women Cut Out of Medicaid Eligibility Are Left with Few Options

The eligibility cuts in SF 2251 are projected to cut 1,700 Iowans out of Medicaid eligibility per month.[182] If not receiving health insurance benefits through their employer, pregnant women have limited options to attain coverage elsewhere and consequently face risk of uninsurance. Unlike other states with

176. *See* Robin Opsahl, *State-Funded Expansion of Crisis Pregnancy Services May Be a Year Away*, IOWA CAP. DISPATCH (Aug. 24, 2022, 5:13 PM), https://iowacapitaldispatch.com/2022/08/24/state-funded-expansion-of-crisis-pregnancy-services-may-be-a-year-away [https://perma.cc/KY7S-WV3V].

177. *See* Ali Rogin & Andrew Corkery, *Why Support for Crisis Pregnancy Centers Is Surging After the End of* Roe v. Wade, PBS NEWS (Mar. 2, 2024, 5:45 PM), https://www.pbs.org/newshour/show/why-support-for-crisis-pregnancy-centers-is-surging-after-the-end-of-roe-v-wade [https://perma.cc/AL2C-LKXZ]; Amy G. Bryant & Jonas J. Swartz, *Why Crisis Pregnancy Centers Are Legal but Unethical*, 20 AM. MED. ASS'N J. ETHICS 269, 270–71 (2018).

178. Rogin & Corkery, *supra* note 177.

179. *See* Opsahl, *supra* note 175.

180. Michaela Ramm, *Iowa Gave $1 Million to 7 Anti-Abortion Pregnancy Centers. How They're Spending the Money*, DES MOINES REG. (Mar. 24, 2025, 6:11 AM), https://www.desmoinesregister.com/story/news/politics/2025/03/24/iowa-moms-program-gave-1m-to-7-pregnancy-centers-to-prevent-abortions/78462102007 (on file with the *Iowa Law Review*).

181. Sostaric, *supra* note 173.

182. FISCAL SERVS. DIV., LEGIS. SERVS. AGENCY, *supra* note 9, at 2.

lower Medicaid eligibility thresholds for pregnant women, Iowa lacks alternative coverage options to help fill the coverage gap.[183]

For one, Iowa does not administer its own state-based ACA Marketplace.[184] The ACA created health insurance Marketplaces, where individuals and families can compare and purchase health insurance plans in a consolidated "market."[185] Largely, individuals who do not qualify for health insurance through their job, Medicare, Medicaid, or CHIP obtain health insurance through the Marketplace.[186] States can choose either to run their own Marketplace or to relinquish operations to the federal government. When states administer their own Marketplace, they can offer additional subsidies to consumers that are not available in the Federal Marketplace, making insurance more affordable.[187] Instead, Iowa forgoes these potential benefits and participates in the Federal Marketplace, where Iowans may enroll in a health plan during the Open Enrollment Period, from November 1 through January 15.[188] However, if a woman becomes pregnant outside of Open Enrollment, she cannot get immediate coverage through the Federal Marketplace.[189] Because pregnancy is not a qualifying condition for a Special Enrollment Period, women must wait to enroll during the traditional Open Enrollment at the end of the year (whereas some states deem pregnancy a qualifying event for a Special Enrollment Period).[190] During this compulsory waiting period she may miss out on vital prenatal care.[191] In addition, Iowa has not implemented a CHIP option,

183. *See* Burak, *supra* note 156.

184. *Id.*

185. *What Is the Health Insurance Marketplace?*, KFF (Sept. 29, 2025), https://www.kff.org/faqs/faqs-health-insurance-marketplace-and-the-aca/marketplace-basics/what-is-the-health-insurance-marketplace [https://perma.cc/8F24-S4G5].

186. *Health Insurance Marketplaces 101*, AM. LUNG ASS'N (Nov. 7, 2025), https://www.lung.org/policy-advocacy/healthcare-lung-disease/healthcare-policy/health-insurance-faq [https://perma.cc/9KLP-SUS9].

187. Louise Norris, *Which States Offer Their Own Health Insurance Subsidies?*, HEALTHINSURANCE.ORG (Jan. 23, 2026), https://www.healthinsurance.org/faqs/which-states-offer-their-own-health-insurance-subsidies [https://perma.cc/WEG5-LH4X].

188. *Marketplace 2025 Open Enrollment Fact Sheet*, CTRS. FOR MEDICARE & MEDICAID SERVS. (Oct. 25, 2024), https://www.cms.gov/newsroom/fact-sheets/marketplace-2025-open-enrollment-fact-sheet [https://perma.cc/9A6G-5RVE]. If a consumer enrolls by December 15, their coverage will begin on January 1. *Id.* If a consumer enrolls between December 16 and January 15, their coverage will begin on February 1. *Id.*; Burak, *supra* note 156.

189. *See Special Enrollment Opportunities: Special Enrollment Periods*, HEALTHCARE.GOV, https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period [https://perma.cc/SA63-P52F].

190. *Id.* Pregnancy is a qualifying event that triggers a Special Enrollment Period in ten states and the District of Columbia. Louise Norris, *Exceptional Circumstances for Special Enrollment*, HEALTHINSURANCE.ORG (Feb. 4, 2026), https://www.healthinsurance.org/special-enrollment-guide/exceptional-circumstances-for-special-enrollment [https://perma.cc/K7EF-6YMR].

191. *Health Coverage if You're Pregnant, Plan to Get Pregnant, or Recently Gave Birth*, HEALTHCARE.GOV, https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant [ht

as authorized by CHIPRA, to cover low-income pregnant women who do not qualify for Medicaid.[192]

In effect, "Iowa lawmakers removed access to any affordable coverage for pregnant women and newborns in working families."[193] It is difficult to reconcile this deficient coverage structure with Iowa abortion law that compels that pregnancies be carried to term. Whatever Iowa's policy motivations were for one cannot account for the other: an interest in life cannot be squared with its dearth of health care coverage for pregnant women. This Note urges the Iowa Legislature to right this paradox by providing pregnant women reasonable, affordable health care coverage.

IV. A CHIP OPTION TO BRIDGE THE GAP

The current legal landscape in Iowa is inadequate to pursue and protect Iowa's expressed interest in life. Through the fetal heartbeat statute, Iowa encourages childbirth by outlawing abortions after six weeks of pregnancy, with the aim to "protect[] human life at all stages of development."[194] Yet, SF 2251 cuts directly against this objective by removing access to affordable prenatal and postpartum care for a substantial number of pregnant women in Iowa.[195] Health care coverage for pregnant women is associated with improved outcomes during pregnancy, childbirth, and the postpartum period.[196] Legislative action is necessary to protect and promote healthy life for vulnerable women and children in Iowa.

A. IOWA SHOULD RESTORE MEDICAID ELIGIBILITY FOR PREGNANT WOMEN

At the broadest and most basic level, Iowa should reinstate the Medicaid income eligibility level to its preexisting level at 375 percent FPL. SF 2251's

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tps://perma.cc/QTK3-8QN8] ("Being pregnant doesn't qualify you for a Special Enrollment Period, but the birth of a child does.").

192. Burak, *supra* note 156.

193. *Id.*

194. Respondents-Appellants' Final Brief, *supra* note 10, at 13.

195. *See, e.g.*, *Preeclampsia and High Blood Pressure During Pregnancy*, AM. COLL. OBSTETRICIANS & GYNECOLOGISTS: EVERY STAGE HEALTH (Apr. 2022), https://www.acog.org/womens-health/faqs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy [https://perma.cc/59HG-B8PV]. Chronic hypertension is a condition that affects women during pregnancy and, without physician monitoring, can adversely affect the health of the mother and child. *Id.*; *Prenatal Care and Tests*, U.S. DEP'T HEALTH & HUM. SERVS.: OFF. ON WOMEN'S HEALTH (Sept. 26, 2025), https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/prenatal-care-and-tests [https://perma.cc/T828-UY9L] (discussing the importance of prenatal check-ups); Opsahl, *supra* note 172 (discussing harms associated with the loss of Medicaid coverage).

196. *See* Maria W. Steenland & Laura R. Wherry, *Medicaid Expansion Led to Reductions in Postpartum Hospitalizations*, 42 HEALTH AFFS. 18, 18, 22–23 (2023); COMM. ON THE CONSEQUENCES OF UNINSURANCE, INST. OF MED. OF THE NAT'L ACADS., HEALTH INSURANCE IS A FAMILY MATTER 134 (2002) (finding that "uninsured infants had a significantly higher risk of death due to endogenous causes (i.e., those that are closely related to pregnancy and delivery) . . . than did either Medicaid . . . or privately insured infants.").

stricter eligibility requirements will undoubtedly and unnecessarily adversely impact the pregnant and newborn population in Iowa.[197] Reinstating the 375 percent FPL income eligibility threshold would be the easiest, most direct way to ensure women and children in Iowa have adequate access to affordable care, and would thereby responsibly further the state's "vital interest" in life. In fact, in early 2025, House Democrats introduced a bill to this effect. The bill, House File 607, would "amend[] the [Medicaid] income eligibility level to 375 percent" and "update infant eligibility consistent with the provisions of [House File 607]."[198] However, there has been no action on the bill since it was introduced.[199] Before SF 2251 went into effect, the legislature expressly rejected this exact solution, voting against an amendment that would have kept the income eligibility at 375 percent FPL.[200] Thus, this Note proposes an alternative solution.

B. IOWA SHOULD IMPLEMENT A PARALLEL STATE CHIP OPTION

Iowa should implement a parallel CHIP option that targets low-income pregnant women who fall outside of the new, reduced Medicaid eligibility, pursuant to the CHIP Reauthorization Act of 2009. Iowa can cover pregnant women with incomes greater than 215 percent FPL by implementing this option and setting a higher CHIP income eligibility level. This option is economically efficient, would mitigate the various barriers that make it difficult for low-income pregnant women to get affordable coverage,[201] and it would be an effective measure in the pursuit and protection of Iowa's expressed interest in life.

1. The CHIP Solution Has Been Successfully Implemented in Other States

Implementing a CHIP option to cover targeted, low-income pregnant women is relatively straightforward. This option has been smoothly implemented in other states—Iowa can adopt this option by simply submitting a CHIP plan amendment to CMS.[202] In return, Iowa would receive enhanced FMAP payments to match its spending on the new CHIP option.[203] Under CHIPRA, a state may not set its CHIP income eligibility level for pregnant women lower than its

197. *See supra* Section III.A.1.

198. H. File 607, 91st Gen. Assemb., Reg. Sess. (Iowa 2025).

199. *Bill History for House File 607*, IOWA LEGISLATURE (Feb. 22, 2026), https://www.legis.iowa.gov/legislation/billTracking/billHistory?billName=HF%20607&ga=91 [https://perma.cc/UGF8-RBJK].

200. H. File 2583 amend. H-8137, 90th Gen. Assemb., Reg. Sess. (Iowa 2024); H.J. 726–27, 90th Gen. Assemb., Reg. Sess. (Iowa 2024).

201. *See supra* Section III.B.

202. Garner, *supra* note 75, at 2; Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3, sec. 111, § 2112(a)–(b), 123 Stat. 8, 26–27 (codified as amended at 42 U.S.C. § 1397ll(a)–(b)).

203. Garner, *supra* note 75, at 2.

Medicaid eligibility level for pregnant women.[204] Thus, under this option, Iowa would directly target the population of pregnant women who were cut out of Medicaid eligibility by setting an income eligibility threshold higher than 215 percent FPL.[205]

Seven states cover pregnant women through this CHIP option,[206] each using the CHIP program to cover pregnant women whose incomes preclude them from qualifying for Medicaid. For example, Missouri's Medicaid program covers pregnant women up to 196 percent FPL; its CHIP program covers pregnant women with incomes up to 300 percent FPL.[207] In Iowa, there may be some room for debate as to where exactly the new CHIP eligibility threshold should be set. Ideally, the threshold would be set to the pre-SF 2251 level of 375 percent FPL.

2. The CHIP Option Is Economically Efficient

The uninsured population imposes economic costs on the entire system, including the insured. A large portion "of the costs of care for uninsured Americans are passed down to taxpayers and consumers of health care in the forms of higher taxes and fewer resources available for other public purposes."[208] Therefore, cutting beneficiaries out of Medicaid will not necessarily reduce health care spending costs. Rather, an increase in uncompensated care costs resulting from the uninsured population shifts costs to the insured—"providers buil[d] the cost of this uncompensated care into the prices they charge[] for health care services, and ultimately, insurers added these costs to premium prices."[209] In addition, Iowa's obstetric provider shortage will only be made worse when they are not reimbursed for services provided to patients without health insurance.[210] By stripping 1,700 people per month of health insurance, SF 2251 is actively incurring more of these costs in Iowa. Further, SF 2251 may actually drive up Medicaid expenditures: "Women may feel like they have no choice but to quit their jobs to qualify for Medicaid and ensure their prenatal

204. Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3, sec. 111, § 2112(b)(1), 123 Stat. 8, 26 (codified as amended at 42 U.S.C. § 1397ll(b)(1)).

205. *See id.*

206. *See supra* note 112.

207. *Missouri CHIP Fact Sheet*, NAT'L ACAD. FOR STATE HEALTH POL'Y (Dec. 5, 2019), https://nashp.org/missouri-chip-fact-sheet [https://perma.cc/QE2W-NSFR].

208. COMM. ON THE CONSEQUENCES OF UNINSURANCE, INST. OF MED. OF THE NAT'L ACADS., HIDDEN COSTS, VALUE LOST: UNINSURANCE IN AMERICA 58 (2003).

209. Cheryl Fish-Parcham, *If Millions Lose Health Insurance, We'll All Pay for It in Our Premiums*, FAMS. USA (June 20, 2017), https://www.familiesusa.org/resources/if-millions-lose-health-insurance-well-all-pay-for-it-in-our-premiums [https://perma.cc/6F8P-VFM6].

210. *See* Brian Mehlhaus, *Iowa Medicaid Eligibility Law Threatens Access to Obstetric Care for Rural Families*, DES MOINES REG. (June 7, 2024, 6:45 AM), https://www.desmoinesregister.com/story/opinion/columnists/iowa-view/2024/06/07/iowa-postpartum-medicaid-law-threatens-rural-access-obstetric-care/73991104007 (on file with the *Iowa Law Review*).

visits are covered by insurance and avoid . . . medical debt."[211] That is, the legislation may have the secondary effect of increasing the number of individuals who meet the revised eligibility criteria.

Health care coverage increases the likelihood that pregnant women will receive prenatal care, "which improves women's health, helps families deliver healthier babies, and reduces future health care costs that are associated with poor prenatal care."[212] A CHIP option to cover the population of lower-income pregnant women who were cut out of Medicaid would mitigate the economic costs of the uninsured while saving Medicaid dollars. CHIP programs receive enhanced FMAP payments that exceed Medicaid FMAP payments—that is, the federal matching rates are higher under CHIP, relative to Medicaid.[213] In FY 2025, Iowa's enhanced FMAP for CHIP was 74.28 percent, compared to its FMAP for Medicaid, which was 63.25 percent.[214] This means that, in effect, covering a pregnant woman in Iowa under CHIP is cheaper than covering her under Medicaid because Iowa receives more federal funds under CHIP for that coverage. Therefore, a CHIP option to cover the pregnant women cut out of Medicaid coverage is a win-win. Iowa would avoid the costs associated with uninsured pregnant women while paying less to cover the population than it otherwise would have under a Medicaid scheme. Narrowing the health care coverage gap is in the best interests of every Iowan, not just low-income pregnant women.

3. The MOMS Program Is Not a Gap Filler

The MOMS program has been framed as a tool sufficient to fill the coverage gap made worse by SF 2251. This argument is directly advanced by the very title of the program: "More Options for Maternal Support." Representative Bergan lauds the program as "one more opportunity to provide supports and benefits to expectant mothers in Iowa."[215] Similarly, Senator Costello claims that the MOMS program can provide support to pregnant women who lose coverage pursuant to SF 2251 "in a way 'that is not public welfare.'"[216] The program claims to improve pregnancy outcomes and child health by

211. *Id.*

212. FAMS. USA, COVERING PREGNANT WOMEN: CHIPRA OFFERS A NEW OPTION 1 (2010), https://familiesusa.org/wp-content/uploads/2019/09/Covering-Pregnant-Women.pdf [https://perma.cc/JHK4-VFPL].

213. *Matching Rates*, MEDICAID & CHIP PAYMENT & ACCESS COMM'N (Dec. 23, 2020), https://www.macpac.gov/subtopic/matching-rates [https://perma.cc/3KFE-N77Q] ("When a state expands its Medicaid program using CHIP funds (rather than Medicaid funds), the enhanced FMAP applies and is paid out of the state's federal allotment.").

214. *Enhanced Federal Medical Assistance Percentage (FMAP) for CHIP*, KFF, https://www.kff.org/other/state-indicator/enhanced-federal-matching-rate-chip [https://perma.cc/9JUY-PVDF]; *Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier*, *supra* note 93.

215. Opsahl, *supra* note 95.

216. Opsahl, *supra* note 172.

funneling state dollars to nonprofit organizations that provide certain services to pregnant clients, regardless of Medicaid eligibility or other coverage.[217]

In reality, the MOMS program is incapable of meaningfully supporting the health of pregnant women in Iowa. At its core, MOMS provides state funds to unlicensed, religious, anti-abortion CPCs.[218] Although proponents claim the program provides meaningful support to pregnant women, in practice it exploits their vulnerability to give biased counsel in favor of childbirth.[219] For example, Informed Choices and Medical Clinics, one MOMS-funded CPC, promotes "pre-abortion screening" services and claims to provide "clear information about abortion—including the abortion pill."[220] Yet, Informed Choice's articulated vision is to "[e]liminate the 'need' for abortion in Iowa," maintaining that "[a]bortion providers fill a 'need' – not a real need, but a felt need."[221] Another MOMS-sponsored organization, Alternatives Pregnancy Center, offers "Abortion Pill Reversal" services[222]—services that have been widely deemed "unproven and unethical."[223] Lutheran Services in Iowa explicitly states on its website that it does not offer medical care; instead, it provides "Support Conversations" and

217. *See* S. File 2252, 90th Gen. Assemb., Reg. Sess. (Iowa 2024).

218. Under the MOMS program, Iowa HHS has signed contracts with seven crisis pregnancy centers: Informed Choice of Iowa, Lutheran Services in Iowa, Bethany Christian Services of Northwest Iowa, Alternatives Pregnancy Center, Guiding Star Cedar Valley, Obria Medical Clinic of Ames, and Shenandoah Pregnancy and Resource Center. *See supra* notes 167, 169 and accompanying text.

219. "[B]ehind the doors of what are designed to look like full-service health clinics, ideologically motivated staff members deceive and manipulate women with dangerous misinformation." LISA MCINTIRE, NARAL PRO-CHOICE AMERICA, CRISIS PREGNANCY CENTERS LIE: THE INSIDIOUS THREAT TO REPRODUCTIVE FREEDOM 1, https://reproductivefreedomforall.org/wp-content/uploads/2017/04/cpc-report-2015.pdf [https://perma.cc/5RYG-UYY2].

220. *Considering Abortion? Start with a Free Medical Screening*, INFORMED CHOICES & MED. CLINICS, https://www.informedchoicesclinic.com/abortion-info-pre-abortion-screening-burlington-iowa-city-o [https://perma.cc/2369-4352].

221. *Vision and Mission*, INFORMED CHOICE IOWA, https://www.informedchoiceia.org/vision-and-mission [https://perma.cc/P5VL-FCBD]. Eliminating access to abortion services does not actually reduce the number of abortions that occur. *See Abortion*, WORLD HEALTH ORG. (Dec. 8, 2025), https://www.who.int/news-room/fact-sheets/detail/abortion [https://perma.cc/UY94-HTKK]. After the *Dobbs* decision, the number of abortions in the United States increased. Isaac Maddow-Zimet & Candace Gibson, *Despite Bans, Number of Abortions in the United States Increased in 2023*, GUTTMACHER (May 10, 2024), https://www.guttmacher.org/2024/03/despite-bans-number-abortions-united-states-increased-2023 [https://perma.cc/XT7T-9HFR]. When the law reduces access to abortion, the risk that people will seek unsafe abortions increases, as "complications due to unsafely induced abortion[s] require emergency care to prevent long-term health consequences and death." *Five Reasons Why Abortion Is Health Care*, DRS. WITHOUT BORDERS (Sept. 26, 2024), https://www.doctorswithoutborders.org/latest/5-reasons-why-abortion-health-care [https://perma.cc/RW9X-SPEQ].

222. *Medical Services*, ALTS. PREGNANCY CTR., https://www.alternativescenter.org/copy-of-abortion-pill-reversal-1 [https://perma.cc/6F6V-SUXV].

223. *Facts Are Important: Medication Abortion "Reversal" Is Not Supported by Science*, AM. COLL. OBSTETRICIANS & GYNECOLOGISTS, https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science [https://perma.cc/JR8L-LUR8].

help building car seats.[224] These "Support Conversations" include labor preparation, creating a birth plan, and tips for a healthy pregnancy—services that can hardly be considered a substitute for health care coverage.[225]

Beyond the misleading character of these state-funded CPCs, they also put patients' privacy at risk. Because these organizations are not licensed, they are not subject to the Health Insurance Portability and Accountability Act ("HIPAA"), a federal statute that protects patients' health information.[226] However, centers market themselves as adherents of HIPAA and similar privacy regulations, misleading patients to believe their data will be protected.[227] By cutting Medicaid eligibility for pregnant women in Iowa but funding these nonmedically licensed religious organizations through MOMS, the Iowa legislature has exacerbated the gap in coverage options, putting the health of pregnant women across the state at risk. This confluence of legal and social circumstances affecting the pregnant population in Iowa necessitates immediate action in order to competently protect the state's expressed "vital interest" in life.

CONCLUSION

Iowa's current maternal health care coverage landscape is both insufficient and ineffective, leaving a substantial number of pregnant and postpartum women vulnerable and without necessary support and exacerbating the maternal health crisis. By outlawing abortion after detection of a fetal heartbeat on the basis of its "vital interest" in life, the legislature assumes a concurrent responsibility to ensure that women legally obligated to carry their pregnancies to term have access to essential health care. To satisfy that responsibility, the Iowa legislature should adopt a CHIP option that restores coverage to those excluded from Medicaid under SF 2251.

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224. *Early Childhood Services*, LUTHERAN SERVS. IOWA, https://lsiowa.org/early-childhood [https://perma.cc/M5CW-EV6N].

225. *Id.*

226. *See* Jessica Valenti, *EXCLUSIVE: Health Data Breach at America's Largest Crisis Pregnancy Org*, ABORTION, EVERY DAY (May 30, 2024), https://jessica.substack.com/p/exclusive-health-data-breach-at-americas [https://perma.cc/XZE7-XJPN] (discussing how a large crisis pregnancy center organization in the United States recently mishandled patients' confidential information and faces no legal consequence). This is especially concerning as worries about reproductive surveillance mount in the wake of the *Dobbs* decision.

227. "Campaign for Accountability (CfA) asked attorneys generals in multiple states to investigate CPCs affiliated with Heartbeat for violating consumer protection laws. They pointed out that centers in Idaho, Minnesota, New Jersey, Pennsylvania, and Washington were leading women to believe that their personal health information was protected under HIPPA." *Id.* Informed Choices, one of the crisis pregnancy centers contracted with Iowa HHS under the MOMS program, communicates to its patients via its website that they can "[r]est assured, your ultrasound information is completely confidential." *Abortion Info & Pre-Abortion Screening*, INFORMED CHOICES & MED. CLINICS, https://www.informedchoicesclinic.com/abortion-info-pre-abortion-screening-burlington-iowa-city [https://perma.cc/V4TH-3BCD].