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October 27, 2022

The Honorable Gene L. Dodaro  
Comptroller General  
U.S. Government Accountability Office  
441 G Street N.W.  
Washington, DC 20548

Dear Mr. Dodaro:

Students in higher education face challenges finding and paying for health care, which can impact their ability to afford and complete a postsecondary degree or credential. In light of the recent Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*,<sup>1</sup> many students may experience significant financial stress when navigating new barriers to accessing reproductive health care.

For over a decade, the *Affordable Care Act* (ACA) has increased the number of affordable coverage options available to students and their families, including those who rely on access to contraception, prenatal care, and other essential health care services.<sup>2</sup> Preserving access to quality reproductive health care is critical for the overall wellbeing and academic success of all students, including those who are pregnant or parenting.

Recent reports from the Government Accountability Office (GAO) have assessed the state of student life in America, examining topics such as basic needs and costs of living,<sup>3</sup> trends in pregnancy-related death,<sup>4</sup> gaps in coverage for reproductive health care,<sup>5</sup> and child care costs for parenting students.<sup>6</sup> These studies have expanded the body of research on barriers pregnant

<sup>1</sup> 597 U.S. 13 (2022).

<sup>2</sup> 42 U.S.C. § 300gg-14.

<sup>3</sup> See U.S. Gov't Accountability Off., GAO-19-95 *Food Insecurity: Better Information Could Help Eligible College Students Access Federal Food Assistance Benefits*, (2019), <https://www.gao.gov/products/gao-19-95>.

<sup>4</sup> See U.S. Gov't Accountability Off., GAO-20-248, *Maternal Mortality: Trends in Pregnancy-Related Deaths and Federal Efforts to Reduce Them*, (2020), <https://www.gao.gov/products/gao-20-248>.

<sup>5</sup> See U.S. Gov't Accountability Off., GAO-14-742r, *Health Insurance Exchanges: Coverage of Non-excepted Abortion Services by Qualified Health Plans*, (2014), <https://www.gao.gov/products/gao-14-742r>.

<sup>6</sup> See U.S. Gov't Accountability Off., GAO-19-522, *Higher Education: More Information Could Help Student Parents Access Additional Federal Student Aid*, (2019), <https://www.gao.gov/products/gao-19-522>.

students and their families face and can only contribute to potential policy improvements. But, while some colleges and universities have expanded student access to quality health care, including new campus-based resources that provide contraception and additional coverage options via student health insurance plans,<sup>7</sup> health inequities remain a persistent problem. Students may only have health insurance coverage for certain prenatal and maternal care services and, because of the high costs of services, may be unable to afford maternal care. Even with private insurance, pregnant patients spend, on average, nearly \$3,000 more in out-of-pocket costs for prenatal care, labor and delivery services, and postpartum care than patients who are not pregnant.<sup>8</sup> Average out-of-pocket health care costs associated with these services are also \$559 higher for women whose pregnancies result in cesarean sections (or C-sections).<sup>9</sup> Should a pregnant student experience a life-threatening complication, the resulting medical expenses<sup>10</sup> could prevent the student from making a full recovery and continuing their education.<sup>11</sup>

After the *Dobbs* decision, several states prohibited health care providers and health plans from offering or covering certain reproductive health care services, leaving many students with limited options. New state restrictions have made reproductive health care prohibitively expensive for millions of students – limiting access to contraception, testing for sexually transmitted diseases (STDs), and other preventive services.<sup>12</sup> Many students with health coverage may be unaware of how these changes will impact their access to sexual and reproductive health care while other students may be aware and as a result avoid seeking health care services altogether.

Challenges associated with childbirth are compounded for many students. Students with jobs and other off-campus responsibilities may experience logistical difficulties when scheduling a doctor's appointment,<sup>13</sup> and those seeking a health care provider for the first time may not have access to accurate, unbiased reproductive health information<sup>14</sup> or referrals to care.<sup>15</sup> Others may be disproportionately affected by geographical barriers unique to their institutions. Nearly 75 percent of Historically Black College and Universities (HBCUs) are located in states that have restricted or banned abortion care, pushing services further out of reach for more than 166,000 students.<sup>16</sup>

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<sup>7</sup> See Adam Sonfield, *A Fragmented System: Ensuring Comprehensive Contraceptive Coverage in All U.S. Health Insurance Plans*, Guttmacher Institute (Feb. 2, 2021), [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2400121.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2400121.pdf).

<sup>8</sup> See Shefali Luthra, *Giving birth costs nearly \$3,000 with insurance*, new study says, The 19<sup>th</sup> (July 14, 2022), <https://www.pbs.org/newshour/health/giving-birth-costs-nearly-3000-with-insurance-new-study-says>.

<sup>9</sup> Matthew Rae, et al., *Health costs associated with pregnancy, childbirth, and postpartum care*, Peterson-Kaiser Fam. Found. Health Syst. Tracker (July 13, 2022), <https://www.healthsystemtracker.org/brief/health-costs-associated-with-pregnancy-childbirth-and-postpartum-care/>.

<sup>10</sup> Jessica A. Peterson, et al, *Catastrophic Health Expenditures With Pregnancy and Delivery in the United States*, Am. J. of Obstetrics & Gynecology (Mar. 11, 2022), [https://journals.lww.com/greenjournal/Abstract/2022/04000/Catastrophic\\_Health\\_Expenditures\\_With\\_Pregnancy.6.aspx](https://journals.lww.com/greenjournal/Abstract/2022/04000/Catastrophic_Health_Expenditures_With_Pregnancy.6.aspx).

<sup>11</sup> See *Advancing New Standards in Reproductive Health, Introduction to The Turnaway Study*, U. of Cal. San Fran. Dep't of Obstetrics, Gynecology & Reproductive Sci. (June 30, 2022), <https://www.ansirh.org/sites/default/files/2022-07/turnawaystudyannotatedbibliography063022.pdf>; See also *Two Sides of the Same Coin: Integrating Economic and Reproductive Justice*, Reproductive Health Technologies Project, (Aug. 2015), [https://www.law.berkeley.edu/php-programs/centers/crrj/zotero/loadfile.php?entity\\_key=5GDWVH35](https://www.law.berkeley.edu/php-programs/centers/crrj/zotero/loadfile.php?entity_key=5GDWVH35).

<sup>12</sup> Carolyn Kitchener & Susan Syrluga, *U. of Idaho may stop providing birth control under new abortion law*, Wash. Post (Sept. 26, 2022), <https://www.washingtonpost.com/politics/2022/09/26/u-idaho-may-stop-providing-birth-control-under-new-abortion-law/>.

<sup>13</sup> See Olivia Sanchez, *How are college campuses preparing for a post-Roe world?*, The Hechinger Report (June 22, 2022), <https://hechingerreport.org/how-are-college-campuses-preparing-for-a-post-roe-world/>.

<sup>14</sup> Kinsey Hasstedt, *Unbiased Information on and Referral for All Pregnancy Options Are Essential to Informed Consent in Reproductive Health Care*, Guttmacher Institute (Jan. 10, 2018), [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2100118.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2100118.pdf).

<sup>15</sup> Kate McGee, *Texas universities grapple with how to provide reproductive health care information to students amid new abortion laws*, Texas Tribune (July 20, 2022), <https://www.texastribune.org/2022/07/20/texas-universities-abortion-reproductive-care/>.

<sup>16</sup> See Lauren Lumpkin, *HBCU students are being disproportionately affected by Roe's reversal*, Wash. Post (July 20, 2022), <https://www.washingtonpost.com/education/2022/07/20/abortion-access-hbcus-roevwade/>.

As Congress works to continue to expand access to quality health care services for postsecondary students, we need more information on the barriers preventing students in higher education from accessing quality reproductive health care services and the opportunities that may exist to improve access to these services. We specifically request GAO to explore the following questions and, if applicable, make recommendations:

1. What is known about the types of information colleges and universities provide to students about their sexual and reproductive health care options and costs, and how accurate and transparent is the information on options and costs?
  - a. What are some examples of best practices and strategies colleges and universities use to increase students' access to quality sexual and reproductive health care services?
  - b. What is known about the ways that colleges and universities provide access to contraception and other related services outside of health care settings (e.g., vending machines<sup>17</sup>)?
  - c. How can colleges and universities improve their practices in order to increase students' access to quality sexual and reproductive health care services?
  - d. What federal and state laws and efforts assist college and university students in finding reproductive health care services and/or insurance coverage? What federal and state laws provide consumer protection for these students?
  - e. How have these efforts changed after the *Dobbs* decision?
2. What obstacles, including rising costs, coverage enrollment challenges, legal barriers, and access inequities, do college and university students face in finding affordable, high-quality reproductive health care services? How have the obstacles that students face changed since the *Dobbs* decision?
  - a. What is known about administrative requirements that campus-based health care providers must meet before providing sexual and reproductive health care services?
  - b. What is known about how many schools have reduced and/or eliminated access to sexual and reproductive health services since the *Dobbs* decision, and what types of services have schools reduced and/or eliminated?
  - c. What is known about the cost of sexual and reproductive health care for students now, compared to the cost prior to the *Dobbs* decisions?

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<sup>17</sup> See Katie Mogg, *After Roe v. Wade, more college students want contraception vending machines on campus*, Boston Globe (Aug. 1, 2022), <https://www.bostonglobe.com/2022/07/31/metro/after-roe-v-wade-more-college-students-want-contraception-vending-machines-campus/>.

The Honorable Gene L. Dodaro

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To the maximum extent practicable, we request that GAO provide the information requested above disaggregated by institution type and student subgroups, and by states that have and have not imposed restrictions on reproductive health care services, as such information may reflect significant differences in the implementation of existing law and provide essential context for understanding potential policy implications.

Thank you for your attention to this matter. If you have any questions or wish to discuss this request further, please contact Ijeoma Egekeze, Professional Staff Member for the Committee on Education and Labor, at [Egekeze@mail.house.gov](mailto:Egekeze@mail.house.gov) or Michele Simensky, Labor/Health Oversight Counsel for the Committee on Education and Labor, at [Michele.Simensky@mail.house.gov](mailto:Michele.Simensky@mail.house.gov). Please direct all official correspondence to the Committee's Chief Clerk, Rasheedah Hasan, at [Rasheedah.Hasan@mail.house.gov](mailto:Rasheedah.Hasan@mail.house.gov).

Sincerely,



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**ROBERT C. "BOBBY" SCOTT**  
Chairman