Experiences with health care and public assistance in states with highly restrictive abortion policies

State Brief: Kansas

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Acknowledgements:

This report is the result of collaboration between Ibis Reproductive Health (Ibis) and the Center for Reproductive Rights (the Center). We are grateful to Kelly Blanchard at Ibis for her oversight on the project. We also acknowledge Sophie Higgins, Courtney Johnson, Katie Johnston, Jessica Nichols, Annie Norman, Mackenzie Sumwalt, and Samantha Xia of Ibis who provided editorial assistance in preparing this report. Lynlee Weber did an excellent job assisting with interviews. Angela Hooton, Kelly Baden, and Fran Linkin of the Center provided critical feedback on our project approach. The Center sponsored this project. Views and opinions expressed in this paper are those of the authors and do not necessarily represent the views of the Center.

Suggested citation:

Dennis A, Bridgit B, Douglas-Durham E. Experiences with health care and public assistance in states with highly restrictive abortion policies. State brief: Kansas. *Ibis Reproductive Health*; September 2014.

CONTEXT

Since abortion was legalized in the United States (US) in 1973, states have implemented numerous restrictions that limit whether, when, and under what circumstances a woman may obtain an abortion.[1] Anti-choice groups claim these restrictions are necessary to protect and support the health and well-being of women, their pregnancies, and their children.[2] However, women and children living in states with a large number of abortion restrictions often have poorer health outcomes than those living in states with fewer restrictions.[3] Also, states with a high number of abortion restrictions tend to have few policies in place that support the health and well-being of women (throughout the life course, including during pregnancy) and their children.[3]

Little is known about women's experiences engaging with health care systems and public assistance programs in states with highly restrictive abortion policies. To explore this issue, Ibis Reproductive Health and the Center for Reproductive Rights collaborated to conduct in-depth interviews with women in three of the nation's most restrictive states in terms of abortion: Kansas, Arizona, and Oklahoma. We asked women about their experiences with routine, prenatal, pediatric, and abortion care. We also explored women's experiences with various public assistance programs.

Kansas overview

Kansas is home to an estimated 592,910 women of reproductive age[4] and 751,400 children under the age of 18.[5] In 2011, approximately 55,200 Kansas women became pregnant; 72% of these pregnancies resulted in live births and 13% in abortions.[6]

Compared to other states, Kansas has fewer policies in place that are focused on meeting the needs of women and children.[3] The state has decided not to move forward with the Affordable Care Act's (ACA) Medicaid expansion, a decision which will leave nearly 50,000 women in the state without access to affordable health care coverage.[7] In addition, the state has a dearth of policies designed to support pregnant women: the Medicaid income limit for pregnant women is only 166% of the federal poverty level, lower than most other states,[8] and the state lacks a maternal mortality review board,[9] family leave,[10] job protection for pregnant workers,[11] temporary disability insurance,[12] and protection for pregnant prisoners.[13] While Kansas has some policies to support children, such as dedicated state funds to supplement the Early Head Start program[14] and an above average

income limit for child care assistance,[15] it lacks many other child-friendly policies. For instance, physical education is mandatory only for certain grades[16] and sex and HIV education are not required.[17] In addition, the state does not require school districts to offer free, full-day kindergarten.[18] Primarily through federal-state partnerships, Kansas has, however, put in place some programs that are meant to meet Kansans' daily living needs and improve their health and access to health care.[19] Relevant programs include:

- KanCare is Kansas's Medicaid program and offers health insurance to low-income, qualifying Kansas residents.
- The State Children's Health Insurance Program (SCHIP), called Kansas HealthWave, is an insurance program for low-income, qualifying Kansas children aged 18 or younger.
- Women, Infants, and Children (WIC) provides food, nutrition education, and health care referrals for low-income pregnant, breastfeeding, and postpartum women; infants; and children up to age five.
- Supplemental Nutrition Assistance Program (SNAP) benefits (often called food stamps or the food assistance program) can be used to purchase food at a variety of locations.[20] Kansas residents receive an average of $125 in SNAP benefits every month. [21]

Compared to other states, Kansas has the highest number of abortion restrictions in the country (alongside Oklahoma and Mississippi), with 14 restrictions on abortion in place (Table 1).[3]

Table 1: Kansas abortion restrictions

Abortion restrictions	Yes	No
Parental involvement before a minor obtains an abortion	✓	
Mandatory waiting periods between time of first appointment and abortion	✓	
Mandatory counseling prior to abortion	✓	
Requirement to have or be offered an ultrasound	✓	
Restrictions on abortion coverage in private health insurance plans	✓	
Restrictions on abortion coverage in public employee health insurance plans	✓	
Restrictions on abortion coverage in Medicaid	✓	
Only licensed physicians may perform abortions	✓	
Ambulatory surgical center standards imposed on facilities providing abortion	✓	
Hospital privileges or alternative arrangement required for abortion providers	✓	
Refusal to provide abortion services allowed	✓	
Gestational age limit for abortion set by law	✓	
Restrictions on provision of medication abortion	✓	
Below average number of providers (per 100,000 women aged 15-44)	✓	
Total number of restrictions	14	

STUDY DESCRIPTION

We conducted in-depth interviews with 30 women who had recently had abortions in Kansas, Arizona, and Oklahoma. All women provided verbal informed consent before participating in the interviews. The interviews were largely unstructured so that women could share whatever was most important to them about their experience with the health care system and public assistance programs. Trained qualitative interviewers conducted the interviews either in-person at local abortion clinics or over the phone. Recordings of the interviews were transcribed verbatim and analyzed using qualitative analysis techniques. After identifying the most salient themes, we selected quotes that represent those themes. In this report, we focus on our findings from Kansas.

FINDINGS

Interviewee characteristics

We spoke with ten women in Kansas who had recently had abortions. As the interviews were largely unstructured, we did not systematically ask women for demographic or other background information. However, women spontaneously provided some of this information. Six women reported they were single, two were living with a romantic partner, and two were married. Six women had children. Six women were working and/or in school at the time of the interview. Five women reported having health insurance coverage at the time of interview; the rest were uninsured. Of the six women who were raising children, five reported their children had insurance coverage. Four women reported receiving some form of state benefits, such as SNAP or WIC.

Health insurance coverage

The women who were uninsured reported desiring insurance coverage, but not qualifying for it because their incomes were slightly above the financial cutoff for KanCare. Emily[i] shared, as a number of other women did, that she found the eligibility criteria for KanCare restrictive:

> Since my boyfriend and I live together now, our income has increased. I did have state insurance but they actually cut me off. And then I'm like, "I can't afford insurance." He actually got his hours cut back and so we qualify for it now. But, when we try to do better financially, we get cut off of the insurance you know? And I need it for my Lupus and all my

[i] All interviewees are identified by a unique pseudonym.

> doctor's visits and stuff. It's like, you just make a little bit more and you get cut off, but you can't afford it. We can't afford Blue Cross or anything like that. So, it's almost like a catch 22. We do better for ourselves, and we don't have insurance. We stay in this grave and not make very much money, and I have insurance. It sucks.

The one woman who did not have insurance coverage for her children had tried to secure HealthWave and was not sure why her children remained uninsured. She herself was also uninsured and was also having difficulties enrolling in KanCare. When asked about it, Katie said:

> You know, I have two kids and bills. And I'm still, to this day, not understanding why I don't have my medical [insurance]. I called today and I was on hold forever so I hung up. So I'm going to try again early in the morning. But I'm really not understanding why my two kids don't have medical. And even if it wasn't for me, I would have just liked to have it for my kids. The last time I had health insurance and everything was going fine was about a year ago. And then, I filled the paperwork out and I sent it in and I moved, and I was like, maybe it's because I moved that I didn't get my new information, so I sent all that in [again], and I still haven't heard anything from them. So I'm really not understanding what it is, if I need to go somewhere, if I need to reapply, just let me know, because they need it bad…. I need to get that as soon as possible.

Routine health care

For routine health care, seven women received care from a primary care physician; six of these physicians were at private clinics and one was at a public clinic. One woman sought care at urgent care facilities, one had no source of routine health care, and one did not report where she received routine care. Women who obtained routine care said they selected their source of care by considering the nature of care they needed, how urgent it was, and whether they could afford care.

Women's perceptions of the affordability of routine health care varied by their insurance status. Women with health insurance generally described care as financially within reach. On the other hand, women without insurance reported it was difficult to pay out-of-pocket for care. Therefore, they went without health care or delayed care until an urgent health issue arose. Courtney described this saying, "Not having insurance kind of makes it a little bit harder just because I have to decide if it's [health care] something that I can afford. But, when I had health insurance and everything, I didn't have a problem with going [to get health care] and I could manage everything."

Women who could afford health care reported it was generally easy to obtain, often saying simply they had "no problems at all" getting care. Tara said further, "It's pretty easy for me just to get my

health care. I don't have any hoops to jump through to get to it." Also, women who were able to afford health care visits reported that their providers were geographically accessible.

Pediatric health care

The six women who were parenting said their children receive care from a pediatrician's office, half at a public pediatrician's office and half at a private physician's office. Of the states where we conducted interviews, women in Kansas reported the fewest difficulties obtaining care for their children. Tammy said of access to health care for her children, "It's not an issue." Indeed, most women said their children had comprehensive health insurance coverage with low or no-cost copays, which made care affordable. Also, women generally reported the care was geographically accessible and they were pleased with the quality of care their children received.

Prenatal care

All women who had given birth reported obtaining care from an OB/GYN (as opposed to a midwife or other health care provider) and giving birth at a hospital. One woman with epilepsy reported she also sought prenatal care from a neurologist. Of the states where we conducted interviews, women in Kansas reported the fewest difficulties obtaining prenatal care.

Most women said it was easy to enroll in and stay on insurance when pregnant, which helped them manage the costs of care. Also, women described overwhelmingly positive experiences with their prenatal care and birthing experiences. They often gleefully described their health care providers and facilities. Jamie, for example, said of her prenatal health care team, "They've always satisfied everything that I've needed." Similarly, Holly described her positive experiences:

> That was the best experience ever. The El Dorado hospital there, they have little dinners for after you had the baby…. They feed you a dinner and sparkling cider and stuff. Chicken Cordon Bleu and steak. They give you these little glasses. That was the coolest thing…. And the prenatal care was wonderful there…. They didn't treat me badly because I had a medical card or anything.

Abortion

Contraceptive use at time of pregnancy

Most women reported they were not using contraception at the time of pregnancy because of challenges finding an acceptable and affordable contraceptive. For example, Tara said:

> I used to be on the ring and my year was up, and then I couldn't go back and get my yearly exam and get back on the birth control because money was an issue. We didn't have the money for me to go back out there and do that. That's how we ended up pregnant.

Likewise, Taylor said, "I would like to do a pill or a shot or something, but I can't really afford it."

Decision making

Many women spontaneously discussed the reason they decided to have an abortion, reporting most often that they did not have the emotional, practical, or financial resources necessary to take care of a(nother) child. Abortion, therefore, felt like the "only option," a phrase repeated by many women. Ashley said of her decision, "I don't want to bring a life in that I can't provide for and I have to ask everybody to help me…. So, the reason I decided not to have my baby is because I didn't want to struggle with my baby. I feel like I want to be stable. I don't have to be wealthy or rich, but I want to be stable." Women said they involved few people in their decision because they feared judgment for their decision to have an abortion. For example, Katie shared why she mostly kept her decision to herself: "I didn't want people to judge me and be like, 'How could you do that?'"

Access to abortion care

All interviewees obtained abortion care at a stand-alone abortion clinic, and noted they did not have many options for where to receive care since so few local health care providers offer abortion. Kayla said of this, "I started looking at abortion options, and it was kind of hard, because there's not really a whole lot of options in Kansas."

All women who reported the cost of their procedure said it cost $600. All women paid out-of-pocket for their care because their insurance did not cover abortion. Though some women had the funds available to pay out-of-pocket for care, the majority of women did not. Many women had to borrow money from others in their lives and/or use money from their savings, student loans, or tax refunds. Other women had to delay car payments, rent, or bills. Pulling together financial resources was often described as stressful. Kayla detailed her plan to get together the money she needed:

> I started looking at my options for abortion and I knew it was going to be expensive…. I didn't know how I was going to afford it…. I'd have to find a job and get enough money for that, which I wouldn't be able to do…. I looked up the latest I could have it [an abortion] and how much that would cost and I sort of had this mental plan—I'm going to go back to school, I'm going to get a job, I'm going to work like crazy until I can afford this…. I figured I was just going to be totally exhausted and working my butt off this whole time trying to get this money so I can get an abortion and freaking out about how, what if I don't get it in time, what if I'm too late, and then I have this baby inside of me that I don't want and I can't afford to get removed. And I was sort of freaking out about that. I never told any of my family; my mom didn't know, my dad didn't know, none of my sisters or brothers knew. It was only me who knew…which was kind of scary, 'cause I couldn't confide in anyone…. I would get a job, and I would get all this money, and I would be able to take care of this, and no one would have to know.

Experiences with care

Women described overwhelmingly positive experiences with their abortion care, describing their care as excellent from the time when they made an appointment. Emily shared her experience making her appointment:

> They were really, really helpful to be honest with you. I was nervous. I called and I didn't know what to expect, and I probably asked them 20 questions and they answered all of them…. I asked to speak to a nurse; they didn't even say they were going to call me back. She got on the phone and talked to me about what all would happen, and just really explained to me in detail. And so, I made my appointment.

Women also commonly related that the staff at the clinic provided non-judgmental, supportive health care, which differed from their expectations. Taylor reflected, "I mean everyone, all the workers there were really nice…. They were all just really great. I didn't feel like I was being judged or anything, and that was the main thing I just didn't want to deal with was people looking down on me or being condescending about what I was doing."

Abortion restrictions

Prior to obtaining an abortion, few women were aware of existing or impending restrictions on the procedure. Women were asked their opinions about and experiences with the following state-level restrictions: mandatory counseling and waiting periods, restrictions on abortion coverage, and mandatory ultrasound offering (see Table 2, below).

Table 2. Restrictions on abortion coverage women were asked about during interview[11]

Restriction	Implementation
Mandatory counseling and waiting periods	A woman may not obtain an abortion until at least 24 hours after receiving information in writing that includes: 1) a description of the proposed abortion method, 2) a description of the risks related to the proposed method, 3) a description of the fetus including the probable gestational age, 4) information on Kansas law regarding post-viability abortion, 5) the medical risks associated with carrying a pregnancy to term, 6) the name of the physician who will provide the abortion, 7) a statement that the abortion will "terminate the life of a whole, separate, unique, living human being," 8) the contact information for free counseling services for medically challenging pregnancies and the contact information for free perinatal hospice services, 9) information on medical assistance benefits available for prenatal care, childbirth, and neonatal care, 10) agencies offering alternatives to abortion, 11) a statement that the man involved in the pregnancy is liable for child support, 12) a reminder that a woman is free to withdraw or withhold consent without loss of any state or federally funded benefits, and 13) a statement that says "Many public and private agencies exist to provide counseling and information on available services. You are strongly urged to seek their assistance to obtain guidance during your pregnancy. In addition, you are encouraged to seek information on abortion services, alternatives to abortion, including adoption, and resources available to postpartum mothers. The law requires that your physician or the physician's agent provide the enclosed information."[22]
Restrictions on abortion coverage	Kansas restricts coverage of abortion in public and private health insurance plans, as well as in public employee health insurance plans.[6]
Medication abortion restrictions	Abortion providers must provide women an ultrasound and offer them the opportunity to view their ultrasounds prior to the procedure.[6]

In general, women reported that mandatory counseling and waiting period laws did not have much impact on them since they could receive the state-mandated information over email and remotely confirm that they had reviewed it before the day of their procedure. Kayla described the process:

> I knew that there was the law that we had to have the 24-hour consent before the procedure and they had emailed me the consent form, and I read it, and I had to call them and confirm that I had read it and understood what was going on and that I gave my consent to have the procedure done. Since I couldn't physically read it in person, they used that telephone call, like that date and time, as my consent on the paper.

Regarding the information provided in the state counseling materials, women generally responded neutrally saying, “it was just a bunch of facts.” This is unique to women in Kansas as women from other states where we conducted interviews responded negatively to the type of information provided in state-mandated materials, as well as to the tone of the information.

Women saw restrictions on insurance coverage as attempts to put abortion out of financial reach and put women in financial straits. Emily explained:

> I do have health insurance and I think if you have a medical reason to have an abortion, and it’s a medical procedure, I think that insurance should [cover it]. You pay so much money for insurance; why not give this? I know a lot people are like, “Oh, it’s taxpayers’ money for state insurance.” But as far as taxpayers go—I know this is like, political, but if you think about it, there is taxpayers paying for welfare and for food stamps…. As far as financially, we’re in a hole right now. I needed to have this done, but it has been difficult financially. It would help if insurance helped at least with some of it.

Women had few opinions about providers being mandated to offer ultrasound viewing; however, they did feel strongly that women should be able to determine for themselves whether they wanted to see the ultrasound. Some women said they found viewing the ultrasound image beneficial, either because it helped them gather information about their pregnancy or helped them to process their emotions about terminating the pregnancy. Others preferred not to view the ultrasound and felt strongly that the law on ultrasound viewing was designed to prevent or dissuade women from having an abortion. For example, Holly stated, “I don’t think they would ask you that [if you want to view the ultrasound] unless they thought you would change your mind.”

After learning about Kansas abortion restrictions, either through their experiences obtaining an abortion or during their interviews about their abortion, Kansas women reflected that restrictions on abortion were not surprising given attitudes towards abortion in the state. As Tara put it, “Kansas is not a very supportive state on abortion.” Many women reflected that the restrictions on abortion were not at all responsive to women’s needs. Taylor said about the state’s abortion restrictions, “I don’t feel like [they are] protective of the woman. I feel like it’s more trying to get the woman to say no to the abortion as opposed to protecting the woman’s health and privacy and all that.” Women recommended that abortion regulation be more grounded in the realities of women’s everyday lives and in the ongoing need for abortion services. Emily summed this up when she said, “It’s really crucial to keep abortion available to women.”

DISCUSSION

These findings suggest that many facets of the health care system are working in Kansas, though some challenges remain, particularly in relation to access to insurance coverage, contraception, and abortion.

Generally, women reported health care for themselves and their children was affordable, accessible, and of high quality. Also, most women reported they and their children had a usual source of health care. Support for these findings can be found in some of the state's health care statistics, particularly with regard to indicators of access to health care. Approximately 82% of women[23] and 94% of children[24] in Kansas have health insurance, rates of coverage that are better than the national average. Also, an estimated 87% of women have a usual source of health care and 61% of children have a medical home, rates that are also higher than the national average.[3]

Though many of these findings are promising, we also found evidence of the need for continued improvements to the local health care system. Importantly, half of women in this study lacked insurance coverage, as did the children of one woman. These findings suggest that some women and children continue to fall through the cracks of the health insurance system in Kansas and remain uninsured. This is especially troubling in light of the fact that Kansas has decided not to implement Medicaid expansion under the ACA, which represents a lost opportunity to address the health care needs of those who are uninsured and low-income.[25] Though Kansas currently has high rates of health insurance coverage for women relative to other states, this is likely to change as other states increase coverage under Medicaid expansion and Kansas lags behind. Adults without health insurance are more likely than the insured to skip routine medical care, which increases the risk of serious and disabling health conditions. They are also often burdened with large medical bills and out-of-pocket expenses.[26] Children without health insurance are more likely to have unaddressed health needs, including delayed care, unmet medical care, and unfilled prescriptions.[27] More work is needed to understand who remains uninsured in Kansas and to address why they remain uninsured.

More work is also needed to understand the geographic accessibility of health care services in Kansas. The fact that most women in this study reported that their own health care and the health care of their children is geographically accessible is inconsistent with state trends. An estimated

15% of Kansans live in medically underserved areas, whereas 12% of people do nationally.[28] Further, the Department of Health in Kansas has reported wrestling with increasing access to health care services in some areas of the state.[29] We believe the reason for the discrepancies between our findings and other state-level reports is related to the fact that most of the women we interviewed reported living only a few minutes from a health care provider, suggesting they live in relatively populated areas with more access to health care services than some other Kansas residents.

Another area in need of improvement is affordability of contraception. Many of the women we interviewed reported wanting to be on contraception, but not being able to afford it. Other data suggests that 22% of women statewide are in need of publicly-supported contraceptive services.[30] Under the ACA, this challenge may largely be resolved for insured women as most health insurance plans are now required to cover the full range of contraceptives without cost sharing. For uninsured women, affordable contraception may remain out of reach.[31]

In terms of abortion, women reported having few options for places to get care, an unsurprising finding given that there are only three abortion providers in the state and 74% of Kansas women live in a county with no abortion provider.[7] Interviewees also consistently reported challenges with affording abortion care. In the absence of insurance coverage for abortion, women had to search for the financial resources to pay for their abortion out-of-pocket, which often led to financial hardships. Other restrictions on abortion in the state were viewed as out of step with the realities of women's lives. To our knowledge, there has been no previous investigation of Kansans' experiences with abortion care or abortion restrictions. However, research conducted with women from across the US does show that restrictions like those in place in Kansas are not beneficial to women and can lead to a number of emotional, financial, and physical harms.[32-34] More work is needed to ensure abortion regulations in the state are responsive to women's health care needs.

We gathered some information about women's experiences accessing and using public programs such as SNAP and WIC. However, we did not report on this information as no strong themes about these programs emerged from the interviews. More work is needed to understand Kansan's experiences with these important programs.

It should be noted that because our sample is small, our findings are likely not representative of the experiences of all women seeking abortion care in Kansas. Most notably, interviewees appeared to reside in relatively populated areas of the state; the experiences of women in living in more rural areas of Kansas are not represented. Despite these limitations, our results provide a starting point for understanding the on-the-ground experiences with health care systems and public assistance programs in one of the nation's most restrictive states in terms of abortion. Also, the fact that many of our findings are supported by findings in other state surveys gives us confidence in our results. Further research is needed to determine if our findings hold true for women across the state.

Conclusion

Evidence of experiences navigating the health care system and public assistance programs is critical for advocating for state programs and policies that are rooted in residents' needs. Ultimately, our results reveal that many aspects of the health care system in Kansas are functioning well and meeting women's and children's health care needs. However, the needs of the uninsured are in continued need of address. Also, more work is needed to ensure women have access to a full range of reproductive health services, including contraception and abortion.

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