

**EMBARGOED UNTIL 10/5/2015 AT 9 AM EASTERN TIME**

Contact: Laura Dixon

Media Liaison, The Texas Policy Evaluation Project

[ldixon@prc.utexas.edu](mailto:ldixon@prc.utexas.edu); (512) 788-2653

**Wait Time to Obtain an Abortion is Increasing in Texas as Clinics Close**

If more clinics close due to ambulatory surgical center requirements, the number of second-trimester abortions could double

AUSTIN, Texas (October 5, 2015) — The amount of time women have to wait before they can get an appointment at an abortion clinic in Texas has increased, according to research performed by the Texas Policy Evaluation Project (TxPEP). Wait times have gotten particularly long in Dallas and Ft. Worth after a large-volume clinic closed in June 2015, with women having to wait up to 20 days on average in these cities. There were 8 facilities providing abortion care in the Dallas-Ft. Worth metropolitan area in April 2013; now there are only 4. Wait times have also been as long as 20 days at some clinics in Austin, while wait times have been stable and short in Houston and San Antonio.

But the researchers caution that the ratio of abortion patients to open facilities will increase significantly in Austin, Dallas-Ft. Worth and Houston if clinics that are not ambulatory surgical centers (ASCs) are forced to close if HB2 goes into effect. The ratios would be much higher than they currently are in the Dallas-Ft. Worth metropolitan area, suggesting that wait times would become much longer in all these cities. If wait times increased to 20 days in all cities except San Antonio, TxPEP researchers estimate that many women would have to wait so long that they would be pushed from the first trimester of pregnancy to the second trimester, increasing the annual number of second-trimester abortions from about 6,600 in 2013 to almost 12,400.

Dr. Daniel Grossman, a TxPEP co-investigator and Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at the University of California, San Francisco, said, “The increase in second-trimester abortion is concerning from a public health perspective, since later abortions, although very safe, are associated with a higher risk of complications compared to early abortions. Later abortion procedures are also significantly more costly to women.”

The researchers also found that wait times at some of the ASCs were 10 days or longer over the past year, indicating that these facilities are already unable to meet the existing demand for services. “If the non-ASC clinics close, it seems unlikely that the remaining ASCs—especially the ones that already have long wait times—could increase their capacity to meet the demand for services across the state,” Grossman said.

HB2 was passed by the Texas legislature in the summer of 2013. Three provisions of HB2 went into effect in November 2013: 1) Requirement that physicians have admitting privileges at a hospital within 30 miles of the facility where they provide abortion care, 2) Restrictions on the use of medication abortion, and 3) Ban of most abortions after 20 weeks post-fertilization. The admitting-privileges requirement was subsequently enjoined for two clinics in Texas, but remains in force for all the others. The fourth provision of HB2, which requires all facilities providing abortion care to meet the standards of ASCs, is currently enjoined statewide while the US Supreme Court considers a request to hear a challenge to the law in the Court’s next term. Since April 2013, right before the debate around HB2 began, the number of facilities providing abortion care in Texas has dropped from 41 to 18.

## **About TxPEP**

The [Texas Policy Evaluation Project](#) (TxPEP) is a five-year, comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the 82nd and 83rd Texas Legislatures. The project team includes researchers from The University of Texas at Austin's Population Research Center; Advancing New Standards in Reproductive Health (ANSIRH) at the University of California, San Francisco; Ibis Reproductive Health; and the University of Alabama-Birmingham.

#

If you would like to receive more information about this topic or schedule an interview with Dr. Grossman, please contact Laura Dixon at [ldixon@prc.utexas.edu](mailto:ldixon@prc.utexas.edu) or (512) 788-2653.