



## Change in number of physicians providing abortion care in Texas after HB2

### INTRODUCTION

In 2013 the Texas legislature passed House Bill 2 (HB2), which has several provisions aimed at regulating abortion services in the state (see [HB2 Fact Sheet](#)). One of the provisions requires physicians providing abortion to have admitting privileges at a hospital within 30 miles of the facility. It has been difficult for Texas abortion providers to obtain these privileges. When the law went into effect on October 31, 2013, 11 of 33 abortion facilities immediately closed because providers did not have admitting privileges.<sup>1</sup> Similar laws have been implemented in other states, and some have been challenged in the courts. The Seventh Circuit Court of Appeals recently affirmed a lower court ruling that a Wisconsin admitting privileges law was unconstitutional.<sup>2</sup>

While the changes in the number of facilities providing abortion across Texas have been well documented,<sup>1,3</sup> less has been reported about the change in the number of physicians providing services in the state since HB2 went into effect. In this brief, we report on the results of interviews conducted with providers since November 2013, in which we have documented physicians' experiences attempting to obtain admitting privileges, and we report the change in the number of physicians providing abortion care over time.

### RESULTS

In the fall of 2013, before HB2 went into effect, there were 48 physicians providing abortion across the state. Currently there are 28 physicians with admitting privileges providing abortions in Texas. This represents a decline of 42% in the number of physicians providing abortion in Texas since HB2 went into effect. An additional three physicians are currently providing services in El Paso and McAllen due to a partial stay of the Fifth Circuit Court of Appeals' ruling issued by the US Supreme Court. These physicians would not be allowed to continue to provide abortion services if the Supreme Court ruled to allow the Fifth Circuit decision to go into effect.

Of the 28 physicians with admitting privileges currently providing abortion services in Texas:

- 15 (54%) were providing in Texas prior to HB2 and had admitting privileges prior to October 2013.
- 6 (21%) were providing in Texas prior to HB2 and were able to get admitting privileges after the law went into effect.
- 7 (25%) are new abortion providers with admitting privileges.

## RESULTS, cont'd

Most providers who did not have admitting privileges prior to HB2 attempted to obtain privileges at local hospitals. However, some physicians stopped providing services in Texas for other reasons, including retirement, illness, frustration or fear of inability to comply with this or other HB2 restrictions, or other personal circumstances. Among those who were successful in obtaining privileges, the process took between four months to almost two years. Some physicians were denied privileges at all local hospitals. In other cases, physicians were denied at one or multiple hospitals but were ultimately able to obtain privileges. Some of the reasons providers said they were unable to obtain admitting privileges at specific hospitals included:

- They did not receive a response to their request for an application.
- They were unable to identify a local physician to provide backup for them and support their application.
- They were required to have a minimum number of hospital-based surgeries to include in a case log, but they only provided outpatient care.
- In smaller cities, a few providers reported they were told by hospitals they could not be granted privileges because of their affiliation with an abortion clinic.

## CONCLUSIONS

Since HB2 has gone into effect, there has been not only a sharp decline in the number of facilities offering abortion care in Texas but also a decline in the number of physicians able to provide this service. The influx of new doctors providing abortion services has not made up for the loss of physicians who were either unable to obtain hospital privileges or who left practice for other reasons. There is no evidence that the requirement that physicians have admitting privileges improves the safety of providing abortion,<sup>4</sup> but it has severely limited the number of physicians, as well as the number of clinics, offering the service.

## METHODS

Since November 2013, we have intermittently performed interviews with clinic managers, staff, and physicians at abortion clinics open since April 2013 about various aspects of their practice, including information about the physicians providing care at the facility. The most recent interviews were performed between December 2015 and February 2016 and focused on physicians' experiences obtaining and maintaining hospital admitting privileges. For this analysis, we considered any physician providing abortion services between August and October 2013 as a pre-HB2 provider. The study was performed by researchers at Ibis Reproductive Health and approved by the Institutional Review Board of the University of Texas at Austin.

## REFERENCES

1 Grossman D, Baum S, Fuentes L, White K, Hopkins K, Stevenson A, Potter JE. Change in abortion services after implementation of a restrictive law in Texas. *Contraception* 2014;90(5):496-501.

2 Planned Parenthood of Wisconsin, Inc v. Shimal, 2015, <http://media.jrn.com/documents/admittingprivileges.pdf>

3 Fuentes L, Lebenkoff S, White K, Gerdtz C, Hopkins K, Potter JE, Grossman D. Women's experiences seeking abortion care shortly after the closure of clinics due to a restrictive law in Texas. *Contraception* 2016. pii: S0010-7824(15)00708-8. doi: 10.1016/j.contraception.2015.12.017. [Epub ahead of print].

4 Texas Policy Evaluation Project. Impact of Abortion Restrictions in Texas. Available at <https://utexas.box.com/shared/static/kvesz96nvOrc-8jqii45c9kvxuls6f7lh.pdf>

*The Texas Policy Evaluation Project, or 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 at the University of Texas Population Research Center, the University of California San Francisco, Ibis Reproductive Health, and the University of Alabama-Birmingham. The project is supported by grants from the Susan Thompson Buffett Foundation and the Society of Family Planning. Infrastructure support for the Population Research Center is provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development.*