



Out-of-State Travel for Abortion Following Implementation of Texas Senate Bill 8

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On September 1, 2021, Texas Senate Bill 8 (SB 8)—the most restrictive state-level abortion law in the United States—went into effect. The law bans abortion upon detection of embryonic cardiac activity, which can take place as early as 5 to 6 weeks after a person’s last menstrual period and before many people know that they are pregnant.¹⁻³ The law also permits almost anyone to sue abortion providers and others who help someone obtain an abortion in Texas after this stage of pregnancy. While legal challenges to the law have continued in state and federal courts, SB 8 has remained in effect.

In the month following implementation of SB 8, the number of abortions in Texas fell by half compared to the same month in 2020.⁴ There has been no significant downward trend in the number of abortions between September and December 2021. Many pregnant Texans have been traveling to neighboring states to obtain abortion care, and some have traveled as far as Illinois, Maryland, and Washington.^{4,5}

In this brief, we report on the number of Texas residents who obtained abortion care at facilities out of state during the first four months that SB 8 has been in effect. We also describe the challenges that Texans are experiencing as they try to secure out-of-state care.

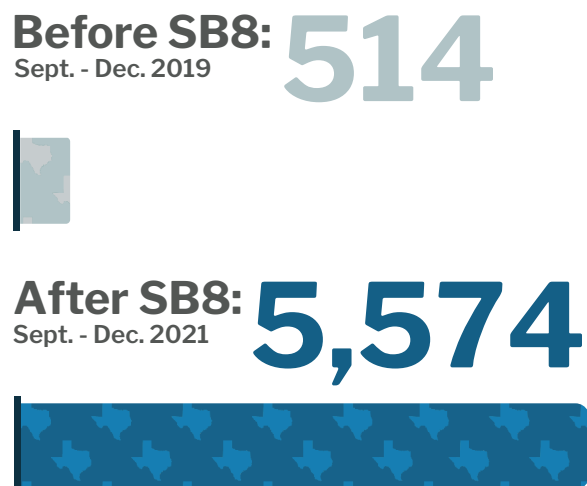
■ SB 8 has forced nearly 1,400 Texans out of state for abortion care each month.

We obtained data on Texas residents who received abortion care between August 1 and December 31, 2021 at 34 of the 44 open facilities in Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, and Oklahoma—states where we expected Texans to travel based on past reports.^{6,7} In August 2021, the month prior to the implementation of SB 8, 235 Texas residents received abortion care at one of these 34 facilities.

Between September and December 2021, an average of 1,391 Texans per month obtained abortions at these out-of-state facilities, with monthly totals ranging from 1,330 to 1,485.

These data undercount the total number of Texans receiving care out of state since we did not obtain data from 10 facilities in these states, and it does not include Texans who have traveled to other U.S. states for care since September 2021.⁵

FIGURE 1: OUT-OF-STATE ABORTIONS OBTAINED BY TEXAS RESIDENTS, SEPT. - DEC.





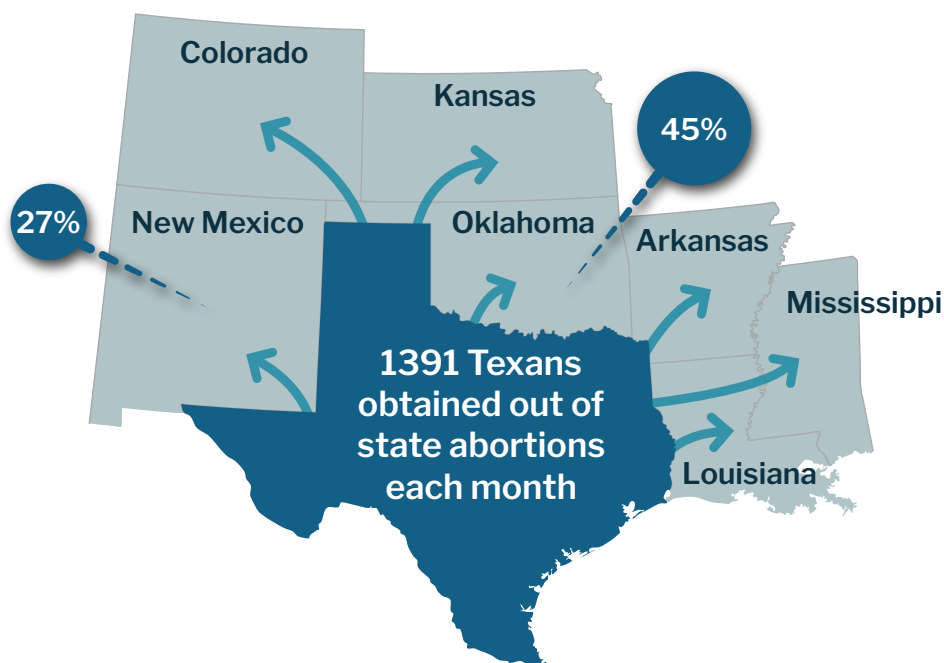
The monthly number of Texans traveling out of state for abortion care since September 2021 far surpasses the monthly average of 142 Texans who traveled out of state following widespread abortion facility closures after the 2013 implementation of an omnibus abortion restriction bill, House Bill 2. Also, more Texans have traveled out of state for abortions per month since September 2021 than did so at the onset of the coronavirus, when an executive order prohibited most abortions in Texas for a 30-day period.^{6,7} In fact, the monthly average traveling out of state since implementation of SB 8 is nearly equivalent to the total number of Texans who traveled out of state each year between 2017 and 2019.^{6,8,9}

■ Nearly 75% of Texans traveling out of state received abortion care in just two states

Almost half (45%) of Texans who traveled out of state between September and December 2021 obtained abortion care in Oklahoma. Oklahoma has just four facilities that provide abortion, and the number of Texans seen each month at these clinics since SB 8 went into effect is more than twice the monthly average of all abortion patients seen in Oklahoma in 2020.¹⁰ The nearest Oklahoma facility is nearly 200 miles (over three hours) from Ft. Worth, Texas and 450 miles (seven and a half hours) from Houston. To obtain an abortion in Oklahoma, people first must receive state-directed counseling and then wait at least 72 hours; minors are also required to notify a parent and obtain parental consent before receiving abortion care.

One in four Texans (27%) obtaining abortion care out of state traveled to New Mexico, which has seven facilities that provide abortion. The number of Texans seen each month in New Mexico since SB 8 went into effect often exceeded the monthly average of all abortion patients seen in the state in 2019—the most recent data available.⁹ Although the city of El Paso is approximately 20 miles from the nearest facility in New Mexico, most metropolitan areas in Texas are over 275 miles (over four and a half hours) away from a New Mexico facility. New Mexico does not require state-mandated counseling, waiting periods, or parental consent for minors.

FIGURE 2: NEARLY 3 OUT OF 4 TEXANS WHO OBTAINED OUT-OF-STATE ABORTION CARE WENT TO OKLAHOMA AND NEW MEXICO





■ Texas residents have had to overcome numerous obstacles to get abortion care

Between October 2021 and February 2022, we conducted 65 in-depth interviews with Texas residents who obtained abortion care at facilities in Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, and Oklahoma. Participants, all of whom identified as female, ranged in age from 18 to 42. Approximately 46% identified as Hispanic/Latinx, 23% as Black, 21% as White, 6% as Asian, and 2% as more than one race. Participants reported a median gestational duration at abortion of 9 weeks.

Challenges getting abortion care in Texas

Participants often experienced delays that made it impossible to access abortion care in Texas within the time constraints of SB 8, even if they found out that they were pregnant shortly after missing a menstrual period. Some reported calling in-state abortion facilities and being told that appointments for the mandatory ultrasound and counseling visit—required at least 24 hours before an abortion except in limited circumstances—were not available until the next week, after which they would be ineligible for care in Texas.

One in four participants visited “pregnancy resource centers”—organizations that frequently offer free ultrasounds but may inappropriately discourage pregnant people from choosing abortion—which delayed their progress toward care. Participants who had medical conditions that posed health risks for continuing their pregnancy, who had a pregnancy with fetal anomalies, or who experienced dangerous pregnancy complications (e.g., premature rupture of membranes¹) often reported that their healthcare providers were reluctant to offer information about out-of-state options for abortion care.

ELENA'S STORY

Elena, a 23-year-old Hispanic woman who recently graduated from college, lost her job just days before finding out she was pregnant. She learned about SB 8 when she scheduled the mandatory ultrasound and counseling visit at an abortion facility in South Texas. Because of her financial situation, she decided to first go to a nearby pregnancy resource center for a free ultrasound to see if she was still eligible for care in Texas and, if not, potentially avoid paying unnecessary costs at the abortion facility. She received conflicting information about how far along she was in her pregnancy from the center and another healthcare provider, which led her to undergo unnecessary transvaginal ultrasounds. By the time she attended an appointment at a Texas abortion facility, she was no longer eligible for in-state abortion care. A week later, she drove 14 hours one way to obtain a medication abortion in New Mexico.

“At the pregnancy resource center, they were like, ‘Hey, you know what, there’s a faint heartbeat... We’re gonna send you to the OB/GYN team, so you can get ahead and started with [prenatal care].’ Right after, I went to the OB/GYN and got the transvaginal sonogram or ultrasound. They’re like, ‘Yeah, there’s nothing here, they lied to you.’... I went back to the OB/GYN four days later to get my [blood test] results and the transvaginal ultrasound again. They’re like, ‘We still don’t see anything because it might be too early.’ I scheduled [the consultation appointment] at the abortion clinic three days later because I got paid that day, so I would have money. And then at the [abortion] clinic, they told me, ‘Yeah, there’s a faint heartbeat.’ I was like, ‘Oh my god.’ In just three days it had developed.”

¹Premature rupture of membranes (PROM) is the rupture of amniotic membranes prior to the onset of labor. When PROM occurs before fetal viability, it presents major health risks to the pregnant person, including severe, life-threatening infection and bleeding, conditions which can be prevented with timely access to abortion care.



Difficulties getting an appointment out of state

Higher patient volume at out-of-state facilities after SB 8 went into effect, along with staffing shortages related to high COVID-19 case rates in late 2021, increased wait times for appointments. About half of facilities had wait times of two weeks or more, which may push pregnant people past the limit for medication abortion or into the second trimester of pregnancy (Box 1).

Participants described contacting multiple facilities in other states to try to find the location with the earliest appointment, and some booked a visit that was weeks away in case they could not find something sooner.

Given the long wait times at some locations, many participants were unable to get an appointment at the nearest out-of-state facility and had to travel even farther to obtain care.

Box 1. Range of days until next available appointment at out-of-state facilities

	Sept. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022
ARKANSAS [†]	1	1-2	5-15	11-15	12-15
KANSAS	2-19	2-14	3-18*	8-11*	14-18
LOUISIANA [†]	19*	16-17*	8-19	14-23*	21*
NEW MEXICO	1-20	1-15	1-18	1-21*	1-22
OKLAHOMA	5-23	3-22	4-15	10-11*	21-30

To obtain information on the number of days until the next available appointment at facilities, we used mystery client calls in which callers contacted facilities in states where we expected most Texans to travel and sought information about abortion but did not schedule an appointment.

* At least one facility was unable to provide information the on next available appointment or was not scheduling patients.

† Days until the in-person, state-mandated consultation visit. Arkansas requires a 72-hour waiting period before returning for abortion, and Louisiana requires a 24-hour waiting period.

TANYA'S STORY

Tanya, a 23-year-old Black woman living in southeast Texas, was juggling full-time college and full-time work when she found out she was pregnant at the end of November 2021. She spent two weeks trying to get an abortion. After calling multiple clinics in Texas, she was able to schedule the mandatory ultrasound and counseling appointment in Houston, only to find out at her visit that she was ineligible for an abortion due to SB 8. Because the nearest out-of-state facilities did not have appointments for several weeks, she decided to drive seven hours one way to get an abortion in Mississippi, where an earlier appointment was available. She later postponed the appointment because she initially was unable to secure enough money. She stayed in Jackson, Mississippi for two and a half days to comply with the state's two-visit and 24-hour waiting period requirements.

"I had looked up some [clinics], and the closest were basically New Orleans, Jackson, Mississippi, and Oklahoma. I had called about six or seven places in those three states. I had called New Orleans first, and nobody had answered, and [then] they would say they had no availability until basically January. I called Oklahoma, and they told me that they did have availability, and I had reserved it for [a week and a half later], just in case I couldn't find nowhere else. Then I found Jackson, Mississippi, and they told me I could I come in sooner than that."



Hardships associated with traveling long distances

Arranging travel logistics was stressful for many participants because they had to miss work and/or school and find childcare for a full day or more; many working in the gig economy or without access to paid leave lost wages. The cost of gas or flights, hotel stays, and food totaled between several hundred and several thousand dollars. Although about half of participants reported receiving financial assistance that covered some of their travel and abortion costs, many described making economic sacrifices, such as delaying bills and rent, spending down their savings, and taking out loans to cover their expenses. To help save on costs and minimize time away from their children, work, and other obligations, many participants reported driving for hours overnight or before dawn in order to attend their out-of-state appointment. A few reported that, due to extended time away, they were fired from their job or missed an important exam and subsequently failed a course at school.

Box 2. Participants expressed economic strain

"I basically fell behind on my other bills—the internet, my car insurance, my credit cards."

"Our insurance wouldn't cover it, even out of state. The person we spoke with at that hospital even took the effort to call our insurance company... and they would not cover anything."

"It got to the point where we didn't have food, and we couldn't buy food for our pets either for a week, and so we were eating scraps, and we would feed the dogs whatever scraps that we could give them."

"It was a struggle because when it came down to it, I was cashing change to make sure that I had enough money to put my part up."

LISA'S STORY

Lisa is a 27-year-old White woman from southeast Texas who was working full time when she discovered she was pregnant in early October 2021. Suspecting that she might be ineligible for abortion care in Texas, she hoped to secure an appointment in Louisiana, which had the nearest out-of-state facilities. However, when she contacted a facility by phone, she was told the earliest appointment was over a month away. After making more than a dozen calls before getting through to a facility in Oklahoma, she was finally able to make an appointment for the first week in December. Her family was struggling financially, and the facility was able to connect her to financial assistance when she mentioned it would be difficult to pay for care. The funding she received covered some of the cost of her abortion, travel, and childcare for her two children while her husband was at work. A friend with a more reliable car drove her the six hours one way.

"[The drive was] miserable, by the way. I was nauseated and throwing up and just uncomfortable... I left at like 2:00 a.m. Monday morning to get there by 9:30-ish a.m. I knew I couldn't just leave my husband with no money or no groceries or anything like that, and—with me having to take off work—I was like, okay, well, I'm still gonna need help with gas. I don't want to get stranded and run out of money for gas. And I didn't want my friends to feel obligated to pay for gas, just because they were already there for me, and they're already coming with me. I didn't want gas to be one of their responsibilities. [The funding] was definitely helpful."



Compromised autonomy due to Senate Bill 8

Participants expressed anger and frustration about SB 8. They referred to the law as “unfair,” “cruel,” and “inhumane” because it did not give them the chance to obtain the healthcare they needed in Texas. Many said SB 8 infringed on their rights of privacy and autonomy to make their own decisions about their body, potentially forcing them, in the words of one woman, into “pregnancy slavery.” The law not only created immense stress and economic hardship but also compromised the health of those who experienced pregnancy-related complications.

“You really can’t find out that you’re pregnant until you’re about six weeks. Your body doesn’t notify you of that. By then, you’re already having a heartbeat. It really is just a setup for fuckery, if I can just be honest. It’s just not fair because it just doesn’t give you a fair chance to make a decision in your home state. I just feel bad for those who are in less of a fortunate situation than I was, because I was able to figure it out.”

- 36-year-old Black woman, traveled to Oklahoma

“I really feel like this whole Texas law—I don’t agree with it. It’s not right, and it’s so hard. I can just imagine the women who don’t have the support system that I have, how hard it is for them to get an abortion if they’re able to... If I didn’t have my support system, it would have been so hard, if not impossible, to get this done.”

- 30-year-old Hispanic woman, traveled to New Mexico

“I’ve never felt more like the government doesn’t give a shit about me more than I do right now, to be honest with you. I’ve never felt it so deep inside of me that I am so disposable, that I don’t matter, that I don’t get any bodily autonomy in such a horrible [life-threatening] situation ... I just wish that I could have [had] done it here, at home.”

- 32-year-old White woman, traveled to Colorado

Conclusions and Implications

SB 8 has not reduced the need for abortion care in Texas. Rather, it has greatly reduced in-state access⁴ and forced thousands of pregnant Texans to undertake long-distance trips to reach abortion facilities in other states. Out-of-state travel, in turn, has meant foregoing the emotional, logistical—and even medical—support that could be found closer to home.

The participants we interviewed acknowledged that they were the fortunate ones who were able to navigate a labyrinth of service and funding assistance organizations, state restrictions, and other logistical hurdles, and that many others would be unable to do so. People living at or below the poverty level—many of whom are Hispanic/Latinx, Black, and other people of color, immigrant families who fear encounters with police and border enforcement, parents who have limited childcare options, and minors who cannot involve a parent in their care—are among those who face the greatest challenges traveling out of state.

Prior studies have shown that some people who are unable to overcome these challenges will attempt to end their pregnancies on their own, by purchasing medications online, obtaining medications over the counter in Mexico, or resorting to ineffective or harmful measures.^{11,12} Others will be forced to continue their pregnancies, which is associated with adverse health and economic consequences for parents and their children.^{13–15}



In spring 2022, the United States Supreme Court will issue a decision in *Dobbs v. Jackson Women's Health Organization* that may overturn or severely undermine the right to abortion before fetal viability as established in *Roe v. Wade*. Three of the four states that border Texas have so-called trigger laws that would prohibit abortion if *Roe v. Wade* is overturned.¹⁶ Therefore, Texans—and residents of these other states—will have to travel even farther to obtain facility-based abortion care, if they are able.¹⁷ Even if the funding assistance that has been available thus far can be sustained, Texans will find it increasingly difficult to overcome the distance and logistical hurdles to care.

■ Methods

Facilities in Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, and Oklahoma provided monthly data on Texas residents who obtained abortion care. We also provided flyers describing the interview study for distribution to Texas residents who obtained care at the independent abortion facilities in these states. Participants self-referred to the study and, after we determined they were eligible, completed the interview by phone. The Institutional Review Board at the University of Texas at Austin approved the study protocol.

■ Acknowledgements

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The [Texas Policy Evaluation Project](#) (TxPEP) is a multidisciplinary group of researchers based at The University of Texas at Austin Population Research Center who evaluate the impact of legislation and policies in Texas related to family planning and abortion. TxPEP has received funding from the Collaborative for Gender + Reproductive Equity and the Susan Thompson Buffett Foundation. 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. Funders of the Texas Policy Evaluation Project have no role in the design and conduct of the research, interpretation of the data, approval of the final manuscript or brief, or decision to publish.