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Texas Abortion Restrictions Have Greater Impact on People with Lower-Incomes, Latinx Populations, and Those who Live Far from Clinics, New Research

AUSTIN, Texas—Two new studies from the [Texas Policy Evaluation Project](#) (TxPEP) show that increased barriers to abortion in Texas disproportionately harm Latinx and low-income people, as well as those who live far from abortion facilities. Results from these studies may indicate that the recent restrictions on abortion under the March 22, 2020 executive order have had similar consequences.

Conducted in the period of the Texas omnibus abortion bill, House Bill 2 (HB 2), which caused clinic closures and increased driving distances to nearest clinics, the study published in [Contraception](#) uses Texas state vital statistics to examine reported abortions by patient race-ethnicity and county of residence for one year (2012) prior to enactment of HB2 in 2013 and one year after (2015) the law was in effect. From 2012 to 2015, there was a 20% statewide decrease in the abortion rate affecting all racial-ethnic groups, but the abortion rate decreased 25% for Latinx patients compared to 16% for White patients. While White patients traveling greater than 100 miles had a 10% reduction in the abortion rate, Latinx patients who had to travel greater than 100 miles to obtain care had the largest decrease in the abortion rate at 43%. These results suggest that there were greater barriers to abortion access for Latinx communities overall and especially for those who had to travel far distances to obtain care.

Geographic, as well as economic, disparities in the use of medication abortion also known as the abortion pill, were also observed following the enactment of HB 2, according to the second study published in [American Journal of Obstetrics and Gynecology](#). In 2013, HB 2 enacted restrictions on medication abortion that were not in line with evidence-based practices and contributed to a large decline in medication abortion use. After a March 2016 label update by the US Food and Drug Administration (FDA) alleviated some of these restrictions, medication abortion use rebounded to previous levels overall, but disparities persisted. The study finds that after the FDA labeling update, patients who lived 100+ miles away from a clinic and those who were lower-income were less likely to use medication abortion than those who lived <25 miles from a clinic or had higher incomes.

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“Legislative restrictions on abortion are harmful overall and exacerbate the existing health disparities faced by certain populations, creating an environment in which one group is more likely to experience later abortion, unintended childbirth, and an inability to achieve personal fertility desires compared to another group,” says Vinita Goyal an obstetrician-gynecologist and research investigator at TxPEP. “Our research clearly shows that populations within the state do not have equal access to abortion—including medication abortion—and suggests that the ongoing impacts of the recent executive order will fall unevenly on Hispanic and low-income groups, placing them at greater risk for potentially worse health outcomes.”

“These studies show the disproportionate effects of legislative restrictions on women, particularly Hispanic women, who are already struggling financially,” says Joseph E. Potter, professor of sociology at The University of Texas at Austin and investigator with TxPEP. “Long drives to out-of-state clinics will be out of reach for many Texans, and we can also hypothesize that undocumented people seeking abortion have been impacted disproportionately due to border checkpoints within Texas that limit out-of-state travel.”

The recent legislative restrictions on abortion in Texas were imposed by executive order for approximately four weeks, effective until April 22, 2020. The restrictions caused severe abortion service disruptions in the state along with widespread appointment cancellations. Ninety-four percent of Texas counties are 100 miles or more from the nearest out-of-state facility, and approximately three-quarters are over 200 miles away. Traveling long distances out of state for abortion care, in the setting of travel restrictions recommended to halt the spread of COVID-19, has been out of reach for most Texans.

See full citations below:

V. Goyal, I.H. McLoughlin Brooks, D.A. Powers. Difference in abortion rates by race-ethnicity after implementation of a restrictive Texas law. *Contraception* 2020.
<https://doi.org/10.1016/j.contraception.2020.04.008>

V. Goyal, I.H. McLoughlin Brooks, R. Wallace, A. Dermish, et. al. Medication abortion use among low-income and rural Texans before and during state-imposed restrictions after FDA-updated labeling. *American Journal of Obstetrics and Gynecology* 2020.
<https://doi.org/10.1016/j.ajog.2020.02.028>

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About the Texas Policy Evaluation Project

The [Texas Policy Evaluation Project](#), or TxPEP, is a comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the Texas Legislature. The project team includes researchers at The University of Texas at Austin Population Research Center, the University of California San Francisco, and Ibis Reproductive Health. The project is supported by grants from 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 decision to publish.