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January 19, 2017

Contact: Laura Dixon, 512-788-2653, ldixon@prc.utexas.edu

## **STUDY: Increased distances to nearest clinic in Texas associated with declines in abortions**

*Research is first to show relationship between distance to nearest clinic and abortion rate as a result of Texas HB 2 law*

AUSTIN, Texas—New [research](#) from the Texas Policy Evaluation Project (TxPEP) exploring the impact of House Bill 2 (HB 2) – the restrictive Texas abortion law that was [struck down](#) by the Supreme Court – found that increases in travel distance to the nearest abortion clinic caused by clinic closures were closely associated with decreases in the official number of abortions.

The [study](#), published online today in the Journal of the American Medical Association (JAMA), found that counties where the distance to the nearest facility increased 100 miles or more saw a 50% decline in abortions. Meanwhile, counties that did not have an abortion provider in 2014 and did not experience a change in distance to the nearest facility had essentially no change in the number of abortions.

“Our study gives further insight into the ways that the clinic closures due to Texas’s restrictive law resulted in an undue burden on women seeking access to abortion care in Texas,” said Dr. Daniel Grossman, an investigator with [TxPEP](#) and director of [Advancing New Standards in Reproductive Health \(ANSIRH\)](#) at the University of California, San Francisco. “It corroborates the findings of our previous qualitative research, where we heard from women that the long distances to the nearest clinic created significant financial and logistical barriers to care.”

“While it may seem intuitive that increasing distance to a facility providing abortions limits access, this is the first study to rigorously demonstrate this association,” said Dr. Joseph Potter, a professor at the Population Research Center at the University of Texas at Austin and principal investigator of TxPEP.

The researchers noted that there was a 27% increase in second-trimester abortion between 2013 and 2014 according to the official state statistics. “In the future, we hope to explore whether these changes in distance were also associated with obtaining abortion later in pregnancy, which carries an increased risk of complications and is more expensive than early abortion,” said Dr. Grossman.

Between 2013, when HB 2 was introduced in the Texas Legislature, and June 2016, the number of facilities providing abortion in Texas dropped from 41 to 17. According to statistics published by the Texas Department of State Health Services, there was an

18.5% decline in abortions performed on Texas residents between 2012 and 2014. The official statistics do not include data on women who decided to self-induce their abortion or those who travelled to Mexico to obtain care.

Only six out of 254 Texas counties still had an abortion provider in 2014, and the researchers examined these counties separately in the study. Residents of these counties accounted for the majority of abortions and experienced a 15.9% decline between 2012 and 2014.

“In these metropolitan areas, the change in distance to the nearest facility was small, but there were still significant declines in abortion. We suspect these decreases were related more to the limited capacity at the remaining abortion clinics rather than distance changes,” said Dr. Potter.

In June 2016, the US Supreme Court ruled in *Whole Woman's Health v. Hellerstedt* that two provisions of HB 2 were unconstitutional because there was no evidence of any health benefit derived from the law but substantial evidence of negative effects on women's access to care. TxPEP research documenting the impact of HB 2 on abortion statistics in the state was cited in the Court's ruling.

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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, 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. 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.