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Contact: Kat Harris or Heath Riddles, 512.472.9599
kharris@echristianpr.com or hriddles@echristianpr.com

STUDY: Texas Law Placed Burdens on Women Seeking Abortion

Long Travel Distances and Restrictions on the Abortion Pill Reduced Access

AUSTIN, Texas— New research from the [Texas Policy Evaluation Project](#) (TxPEP) provides insight into how abortion facility closures and restrictions on medication abortion due to Texas House Bill 2 (HB 2) reduced access for women seeking abortions in the state.

In a [paper](#) published recently in the journal PLOS ONE based on in-depth interviews with 20 women seeking abortion in 2014, researchers found that women faced a range of barriers to accessing care. The study focused on the experiences of Texas women who traveled more than 50 miles to obtain care, as well as women who wanted a medication abortion, or the abortion pill. Women encountered barriers to finding information about open clinics providing services as well as logistical barriers to getting care.

More than half of the facilities providing abortion in the state have closed since the passage of HB 2 in 2013, which has since been partially overturned by the U.S. Supreme Court ruling in *Whole Woman's Health v. Hellerstedt*.

"Since clinics have yet to reopen following the Supreme Court decision, we believe that the findings from this study still speak to the experience of Texas women today who have to travel for abortion care," said Sarah Baum, the lead author on the study, co-investigator with TxPEP and a senior project manager with Ibis Reproductive Health.

Although almost all of the women in this study ultimately obtained an abortion, many initially found the process of finding or getting to a clinic so difficult that they considered not having the procedure. In order to travel to a facility, women relied on their social networks to help minimize out-of-pocket costs, including asking friends and family to loan them a car or drive them, accompany them to multiple visits to avoid overnight stays, and assist with childcare needs. In some cases, traveling long distances compromised women's desire for confidentiality because they had to disclose their plans to seek an abortion to friends and family who they feared might not support them.

"Our previous research found that abortions in Texas declined by 13 percent after HB 2

went into effect,” Dr. Daniel Grossman, professor at the University of California, San Francisco and senior author of the study, said. “This study helps to explain the specific barriers women experienced as a result of this law in their search for abortion care.”

Women who wanted medication abortion felt significant pressure to act quickly because they had to recognize their pregnancy, find a clinic that would provide medication abortion, acquire the necessary funds, and get to the clinic within seven weeks of pregnancy. These experiences provide insight into the ways that the clinic closures following implementation of HB 2 compounded the challenges women faced in obtaining medication abortion.

Many women in the study were confused about Texas abortion laws, and some doubted whether abortion was even legal. Women said that the restrictions were creating additional and unnecessary barriers, and some thought they would even increase the prevalence of unsafe abortions outside of clinic settings.

The full citation for the paper is:

- Baum SE, White K, Hopkins K, Potter JE, Grossman D. Women's Experience Obtaining Abortion Care in Texas after Implementation of Restrictive Abortion Laws: A Qualitative Study. PLoS One. 2016 Oct 26;11(10):e0165048.

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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 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.