

How Abortion Restrictions Would Impact Five Areas of Texas

Introduction

The Texas Legislature recently passed a bill, which the governor subsequently signed into law, to require all abortion facilities to be licensed ambulatory surgery centers (ASCs) by September 1, 2014, despite the fact that there is no evidence to indicate that this is medically necessary. Only five abortion providers in Texas are currently licensed as ASCs, and they are located in Austin, Dallas, Houston and San Antonio. Women who live in or near these cities may be minimally affected by the new legislation, although it will be undoubtedly more difficult to get an appointment given the increased patient volume at the five ASC clinics.

But about 80% of the population of Texas lives outside of these metropolitan areas, and these women will be significantly affected by the new legislation. In this brief, we present case studies of what will happen in five communities where abortion clinics will have to close and women will have to travel farther to obtain abortion care. It is also important to note that these are communities that were hit hard by the 2011 cuts in family planning funding, and the service providers have not yet seen any restoration of funds promised in the recently-approved budget. This will result in increased rates of unintended pregnancy, and the drastic restrictions on abortion access will further constrain women's options, likely leading to an increase in self-induced abortion and use of clandestine providers, as well as women having unwanted births.



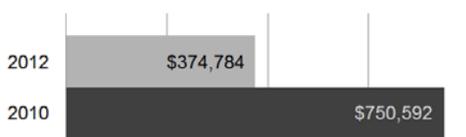
Beaumont–Port Arthur metropolitan area

There is currently only one abortion provider in Beaumont, and it is the only provider in East Texas. This clinic is not a licensed ASC and will not be able to provide services under the new legislation. The closest ASC is located in Houston, approximately 90 miles from Beaumont.

In 2011, 914 women living in the Beaumont–Port Arthur metropolitan area obtained an abortion. Under the new legislation, all of these women would have to make at least two visits to Houston, adding about 6 hours of travel time to the process of obtaining an abortion.

The DSHS family planning provider in the area experienced more than a 50% cut in funding following the 2011 legislative session. This resulted in longer wait times for family planning appointments and very limited access to the most highly effective contraceptive methods. It is unclear whether new state family planning funds will restore previous levels of access to women in the community.

Funds Granted by DSHS to Family Planning Clinics



Reproductive Age Women (15-45)*	73,812
Women in Need of Subsidized Contraceptive Services*	27,471

Corpus Christi-Kingsville metropolitan area

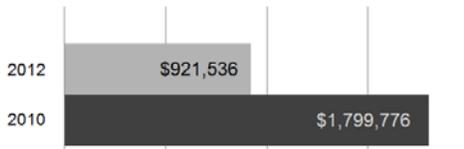


There is currently only one abortion provider in Corpus Christi, and it is the only provider between San Antonio and the Lower Rio Grande Valley. This clinic is not a licensed ASC and will not be able to provide services under the new legislation. The closest ASC is located in San Antonio, approximately 140 miles from Corpus Christi.

In 2011, 1,381 women living in the Corpus Christi-Kingsville metropolitan area obtained an abortion. Under the new legislation, all of these women would have to make at least one visit to San Antonio, adding about 4 hours of travel time to the process of obtaining an abortion.

Following the 2011 funding cuts to family planning, one of the three DSHS funded family planning providers in the area closed, and another provider lost more than 75% of their family planning funding. This resulted in very limited access to the most highly effective contraceptive methods, and some women were placed on waiting lists for these methods. Contraceptive access has improved somewhat following new Title X grant funding in the area, but it is unclear whether new state family planning funds will restore previous levels of access to women in the community.

Funds Granted by DSHS to Family Planning Clinics



Reproductive Age Women (15-45)*	91,456
Women in Need of Subsidized Contraceptive Services*	40,307

El Paso (Trans-Pecos Region)



There are currently two abortion providers in El Paso, and they are the only providers west of Midland. Neither clinic is a licensed ASC; therefore, neither will be able to provide services under the new legislation. The closest ASC in Texas is located in San Antonio, approximately 560 miles from El Paso.

In 2011, 2,273 women living in the Trans-Pecos Region of far-west Texas obtained an abortion. Under the new legislation, these women would have to travel to San Antonio, adding about 16 hours of travel time to the process of obtaining an abortion. Most women would likely choose to spend at least one night in a hotel because of the long travel time, adding

additional cost to obtaining an abortion. Other women might choose to travel to New Mexico to obtain an abortion closer to home.

The funding for family planning services in El Paso was not cut as severely as in the other regions examined in this brief, largely because by 2011 there was no longer a Planned Parenthood or other Tier 3 providers in the city. However, funding had been cut in previous years, and there was restricted availability of the most effective methods at some of the main family planning clinics.

Funds Granted by DSHS to Family Planning Clinics



Reproductive Age Women (15-45)*	182,399
Women in Need of Subsidized Contraceptive Services*	96,788

Lower Rio Grande Valley



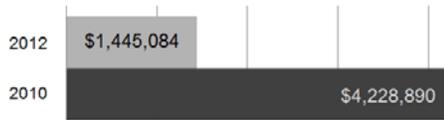
There are currently two abortion providers in the Lower Rio Grande Valley: one in McAllen and one in Harlingen. Other than the clinic in Corpus Christi, they are the only providers south of San Antonio. Neither clinic is a licensed ASC and neither will be able to provide services under the new legislation. The closest ASC in Texas is located in San Antonio, approximately 235 miles from McAllen and 250 miles from Harlingen.

In 2011, 2,634 women living in the Lower Rio Grande Valley obtained an abortion. Under the new legislation, all of these women would have to make at least one visit to San Antonio, adding about 8 hours of travel time to the process of obtaining an abortion. In addition, women and their

traveling companions will have to pass through at least one immigration checkpoint on their way to San Antonio.

This area lost about two thirds of its DSHS family planning funding in 2012, which resulted in numerous clinic closures and significant reductions in service hours at remaining locations. Some clinics are open as little as one day per week, and many are no longer providing the most highly effective contraceptive methods to women who want them. Despite the opening of two new family planning clinics in 2012 and recent Title X grants awarded to other organizations in the area, women’s access to contraception is likely to remain extremely limited because the location of providers and level of funding will not reach the large number of women in need of low cost services.

Funds Granted by DSHS to Family Planning Clinics



Reproductive Age Women (15-45)*	275,672
Women in Need of Subsidized Contraceptive Services*	178,288

Midland-Odessa metropolitan area



There is currently only one abortion provider in Midland, and it is one of only four clinics located between El Paso and Ft. Worth. This clinic is not a licensed ASC and will not be able to provide services under the new legislation. The closest ASC is located in Dallas, approximately 340 miles from Midland.

In 2011, 401 women living in the Midland-Odessa metropolitan area obtained an abortion. Under the new legislation, these women would have to travel to Dallas, adding about 10 hours of travel time to the process of obtaining an abortion. Most women would choose to spend at

least one night in a hotel because of the long travel time, adding additional cost to obtaining an abortion.

This region was particularly hard hit by the 2011 family planning funding cuts, and by the subsequent exclusion of the local Planned Parenthood clinic from the Women’s Health Program. Planned Parenthood accounted for 55% of the clients served by the Women’s Health Program in 2012. The DSHS funding for family planning in the region was virtually eliminated by the 2011 cuts.

Funds Granted by DSHS to Family Planning Clinics



Reproductive Age Women (15-45)*	56,853
Women in Need of Subsidized Contraceptive Services*	19,683

Conclusion

These case studies begin to paint a picture of the impact that the ASC requirement will have on women throughout Texas. We decided to focus on several smaller metropolitan areas in the state, but of course many more women living in rural counties far from major cities will also be adversely affected. If they choose to have an abortion at the nearest ASC, they will have to travel much farther, requiring them to take more time off from work or school and costing them more in transportation costs.

The additional volume for the remaining ASC abortion providers will mean that women will have to wait longer to get an appointment, pushing them later into pregnancy, when abortion is associated with a higher risk of complications.¹ Faced with these obstacles, some women may instead choose to try to self-induce their abortion, a phenomenon that we are already observing in the state.^{2,3} Both of these outcomes will have a negative impact on women's health.

It is also striking that the proposed abortion restrictions would be implemented just when the impact of the 2011 legislation restricting the funding for family planning, and removing Planned Parenthood from the Women's Health Program is having its maximum effect on the volume of unplanned pregnancies. Four of the five areas we have looked at were severely impacted by these measures. We do not doubt that the proposed restrictions would reduce the number of legal abortions carried out in these regions, but we are deeply concerned about the increase in self-induced abortions and increase in later abortion that will almost certainly follow in the wake of these restrictions.

A team of researchers at the Population Research Center, the University of Texas at Austin, in collaboration with researchers at the University of Alabama at Birmingham and Ibis Reproductive Health, is studying the impact of Texas state's legislation on women's reproductive health services, enacted during the 2011 legislative session.

* Calculated by TxPEP using the 2010 Census and the 2010 American Communities Survey 5-year file.

¹ Bartlett LA, Berg CJ, Shulman HB, Zane SB, Green CA, Whitehead S, Atrash HK. Risk factors for legal induced abortion-related mortality in the United States. *Obstet Gynecol.* 2004 Apr;103(4):729-37.

² Grossman D, Holt K, Peña M, Lara D, Veatch M, Córdova D, Gold M, Winikoff B, Blanchard K. Self-induction of abortion among women in the United States. *Reprod Health Matters.* 2010 Nov;18(36):136-46.

³ Grossman D. "Restricting access won't reduce abortion demand" in the *Austin American-Statesman*, June 22, 2013. Available at http://www.utexas.edu/cola/orgs/txpep/files/pdf/dgrossman_Statesmaneditorial_June22.pdf.