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**NEW RESEARCH SHOWS BURDENS OF TEXAS ABORTION CLINIC  
CLOSURES DUE TO HOUSE BILL 2**

*Women Face Increased Travel Distances, High Out-of-Pocket Costs, Overnight Stays,  
and Decreased Access to Medication Abortion*

AUSTIN (March 17, 2016) — New research from the [Texas Policy Evaluation Project](#) (TxPEP) shows that the closure of over half of abortion clinics in Texas after the introduction of House Bill 2 (HB2)—one of the most restrictive abortion laws in the country—has resulted in significant burdens for women, including increased travel distances, high out-of-pocket costs, overnight stays, and decreased access to medication abortion. For women in the study whose nearest abortion clinic closed after HB2, the average distance to the nearest provider increased fourfold. The paper, entitled “The impact of clinic closures on women obtaining abortion services after implementation of a restrictive law in Texas,” was published online today in the *American Journal of Public Health*.

Researchers analyzed surveys from 398 women seeking abortions at ten Texas abortion facilities between May and August 2014. The analysis shows that women whose nearest clinic had closed after HB2, which was the case for 38 percent of study participants, lived farther from open clinics and traveled longer distances to obtain services compared to women whose nearest clinic remained open. After HB2, the average one-way distance to the nearest abortion provider among women whose nearest clinic closed was 70 miles, compared to an average one-way distance to the nearest clinic of 17 miles before HB2 was passed. Some women confronted extreme travel burdens due to clinic closures, with 25 percent of women whose nearest clinic closed living more than 139 miles from the nearest facility and 10 percent living more than 256 miles away.

These disparities in distance to the nearest clinic were reflected in the actual distance that women traveled to obtain services; those whose nearest clinic closed after HB2 traveled an average of 85 miles for their abortion, compared with 22 miles among those whose

nearest clinic remained open. In comparison, a previous study found the national average one-way distance women traveled to an abortion facility is 30 miles.

The study also documented increased out-of-pocket costs, overnight stays, and frustrated demand for medication abortion among women whose nearest clinic closed after HB2. Thirty-two percent of women whose nearest clinic closed reported spending more than \$100 in out-of-pocket expenses beyond the cost of the abortion (i.e., lost wages, child care, transportation, or overnight costs) as opposed to 20 percent of women whose nearest clinic did not close. More than three times the number of women whose nearest clinic had closed reported needing to stay overnight (16 percent compared to 5 percent among those whose nearest clinic did not close). Thirty-seven percent of women whose nearest clinic closed did not get the medication abortion they wanted—instead scheduling a surgical procedure—as opposed to 22 percent of women whose nearest clinic did not close. Women themselves noted the burdens to obtaining care, with 36 percent of women whose nearest clinic closed reporting that obtaining an abortion was difficult, in comparison to 18 percent in the nearest-clinic-open group.

According to author Liza Fuentes: “This study is unusual in its ability to assess multiple burdens imposed on women as a result of clinic closures, but it is important to note that the burdens documented here are not the only hardships that women experienced as a result of HB2.” Previous research by TxPEP has documented both [increased wait times](#) experienced by all women accessing abortion care in Texas after HB2 as well as cases of [women who were not able to attain a desired abortion](#) due to clinic closures.

Read the full report at the following link:

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303134>.

If you would like to receive more information about this topic or schedule an interview with Liza Fuentes, please contact Laura Dixon at [ldixon@prc.utexas.edu](mailto:ldixon@prc.utexas.edu) or (512) 788-2653.

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The [Texas Policy Evaluation Project](#), or TxPEP, is a five-year comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the 82nd and 83rd Texas Legislatures. 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.