

New studies detail current and future obstacles to abortion care

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With an upcoming U.S. Supreme Court decision that is likely to further restrict abortion access, two new studies from The Ohio State University provide insights into what additional limits on abortion care could mean,

particularly for those who will have to travel across state lines.

One study, published this week in the journal *Perspectives on Sexual and Reproductive Health*, found that proposed [abortion](#) bans in Ohio could substantially increase the distance to care for residents of the state. It's a finding likely to be repeated in restrictive areas throughout the nation, particularly in the South and Midwest, according to the researchers.

The research team analyzed distance to providers under a "best case" scenario (two of Ohio's five surrounding states continue to offer care) and "worst case" scenario (no surrounding states offer care after the Supreme Court ruling).

In the researchers' [worst-case scenario](#), they calculated that from the center of 85 of the state's 88 counties, travel would be 191 to 339 miles to an abortion provider. In the best-case version, that dropped to 115 to 279 miles away for 62 of 88 Ohio counties.

As of February of this year, the centers of all Ohio counties were, at most, 99 miles away from an abortion facility.

"This summer, the United States Supreme Court will likely overturn or weaken *Roe v. Wade* when issuing an opinion in the *Dobbs v. Jackson Women's Health Organization* case," said the study's lead author, Payal Chakraborty, a graduate student in Ohio State's College of Public Health.

If this happens, states could prohibit abortion in multiple ways. One way—a "trigger ban"—immediately outlaws abortion if the Supreme Court issues a ruling like the one anticipated this summer. Ohio is currently trying to pass such a ban, which would force residents to leave the state to access abortion care.

Such a scenario would inevitably increase health inequities, Chakraborty said.

"The ability to access abortion care will be retained for the most privileged Ohioans and those who have the most reproductive autonomy. They can fly, pay for hotels, take time off to deal with any waiting periods. But for so many seeking abortion care—including those experiencing financial insecurity—those options are out of reach," she said.

In the second study, recently published in *The Lancet Regional Health—Americas*, researchers used 2017 [federal data](#) to determine how many patients are already leaving their states for abortion care, and further evaluated that data based on the policy environment and number of providers per million women of reproductive age in each state.

In 2017, an average of 8% of U.S. patients left their state of residence for [abortion care](#). Percentages were much higher in some states—74% in Wyoming, 57% in South Carolina—and averaged 12% in states with restrictive abortion laws. In states with middle-ground abortion laws, an average of 10% of patients left their states of residence. In those with supportive laws, 3% traveled out of state.

"We're likely headed toward an [abortion rights](#) landscape where states will have greater latitude to restrict access, and we've already seen increasingly restrictive policies involving gestation limits, waiting periods and medically unnecessary facility requirements," said Mikaela Smith, a research scientist at Ohio State's College of Public Health.

For many patients, going out of state can pose several challenges, including health care coverage obstacles, cost of travel and overnight lodging, and managing the care of their families, including other children, Smith said.

"When we think about other forms of medical care, we don't think about having to cross state lines," Smith said, echoing Chakraborty's concerns that obstacles are likely to be greater for people of color and others who face pervasive [reproductive health](#) inequities.

"From an equity standpoint, where you are born or live shouldn't affect the quality or type of care you receive," Smith said.

Both studies were conducted as part of the Ohio Policy Evaluation Network (OPEN).

Other researchers who worked on the studies are Alison Norris of Ohio State; Danielle Bessett, Michelle McGowan, Stef Murawsky and Zoe Muzyczka of the University of Cincinnati; Elaina Johns-Wolfe of the University of Missouri; and Jenny Higgins of the University of Wisconsin-Madison.

More information: Payal Chakraborty et al, How Ohio's proposed abortion bans would impact travel distance to access abortion care, *Perspectives on Sexual and Reproductive Health* (2022). [DOI: 10.1363/psrh.12191](#)

Mikaela H. Smith et al, Abortion travel within the United States: An observational study of cross-state movement to obtain abortion care in 2017, *The Lancet Regional Health—Americas* (2022). [DOI: 10.1016/j.lana.2022.100214](#)

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