

Q&A: Two years after Roe v. Wade reversal, researcher discusses impacts and what's to come

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On June 24, 2022, the U.S. Supreme Court overturned Roe v. Wade, ending 50 years of federal protection of abortion rights in the U.S. and

opening the door for states to craft their own bans.

Since then, 14 states have banned abortion and 11 have established previously illegal limits on when a person can have one. About one in three [women of childbearing age](#) live in one of those states.

"We are seeing profoundly unprecedented restrictions, far more extreme than anything that we saw in the decade of escalating restrictions that preceded Dobbs," said Amanda Stevenson, a sociologist and demographer who studies the impacts of abortion and family planning policy. "We've seen restrictions that try to prevent all abortions, including abortions to save people's lives, and restrictions on abortion after six weeks, which is two weeks after a missed period—before most people know they're pregnant."

The Dobbs v. Jackson Women's Health Organization ruling, or the Dobbs decision, has already fundamentally changed the way people access abortion in the U.S. and even impacted the way people feel about sex and pregnancy.

CU Boulder Today caught up with Stevenson on the eve of the two-year anniversary of Dobbs to get her take on the impacts thus far and what's to come.

How are people in states with bans accessing care?

We saw an estimated 171,000 people travel across state lines for abortion in 2023 alone—about one in five of all abortions that year. These are often people whose lives are already really hard. They're not ready to parent because they don't have a safe place to live or are in an abusive relationship or are very young. People who get abortions are roughly twice as likely to be poor as the general population. They have to pay to travel, take off work and pay for childcare on top of paying for

the procedure.

Some are turning to abortion pills delivered through the mail. About 63% of abortions in the U.S. are now medication abortions, up from 53% in 2020. Because of all this, the number of abortions in the U.S. has not actually changed very much since Dobbs. In fact, it appears the number has continued to increase.

How has the Dobbs decision impacted states where abortion is still legal?

An estimated 6,700 nonresidents came to Colorado for abortion care in 2023, representing 27% of all reported abortions in the state, up from about 10% before 2022. Even people who aren't physically coming to Colorado from states with bans may be relying on physicians here to help manage their medication abortions. Either way, providers' time is spent caring for these people, so there are bottlenecks in service. People who need an abortion in Colorado have to wait longer than they did before Dobbs.

Are people worried about getting in legal trouble?

Yes. One nonprofit has seen a 900% increase in calls to its helpline for people concerned about legal issues with respect to abortion and reproduction. It's hard to get concrete numbers on how often people are being prosecuted, because crime data in the United States is so fragmented, and prosecutors charge people under different laws in different places. But we do know that it happens.

Even before the Dobbs decision, at least 61 people were prosecuted for allegedly trying to self-manage abortion between 2000 and 2020. In one recent case, a Texas woman was charged with murder after allegedly

attempting to self-manage her abortion.

The Emergency Medical Treatment & Labor Act: What is it and how could it impact care?

There used to be this problem where hospitals would refuse to care for people who were at death's door because they knew they couldn't pay. And the federal government passed a law called the Emergency Medical Treatment & Labor Act (EMTALA) that required hospitals to provide stabilizing care to people at risk of death or severe consequences. If a woman is experiencing complications when she's pregnant and goes to the hospital, stabilizing care is often going to be miscarriage management or potentially abortion.

States that have banned abortion are suing the federal government, saying that their state abortion bans should supersede EMTALA. If the court agrees with the states, then doctors who stabilize pregnant patients as required by EMTALA would be at risk of state prosecution and people would probably be denied critical emergency care.

What other changes could lie ahead?

Without a doubt, contraception is at risk. In his Dobbs concurrence, Justice Clarence Thomas explicitly placed the legal theories that had underpinned Roe v. Wade in question, and those same theories underpin the decisions that legalized contraception in the United States. If federal protection for the right to use contraception is eroded, states will be able to enforce bans on specific methods of contraception that opponents, contrary to medical evidence, believe are abortifacients. That includes IUDs, oral contraceptives and emergency contraception.

We have also been hearing explicit plans to enforce the Comstock Act, a

Victorian era law that banned the sending of drugs and devices that are contraceptive or abortifacient in the mail. That would criminalize sending of abortion pills across state lines and could also potentially ban the transmission of medical equipment used to provide surgical [abortion](#). If federal protections for contraception are eroded, the Comstock Act could also effectively ban contraception.

How has society changed since Dobbs?

Well, anecdotally we are hearing that at least some people are avoiding sex and relationships, and potentially avoiding pregnancy altogether—even if they want to have kids. Pregnancy can be dangerous, and if you can't rely on the medical system to protect you if something goes wrong, then the calculus about whether to get pregnant with a wanted pregnancy is different too. It's just too scary for some people.

Provided by University of Colorado at Boulder

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