Texas' 2021 Ban on Abortion in Early Pregnancy Was Associated with a Decrease in Abortions in Texas, an Increase in Abortions Out of State, and a Decrease in Overall Abortions

Kari White, Gracia Sierra, Klaira Lerma, Anitra Beasley, Lisa G. Hofler, Kristina Tocce, Vinita Goyal, Tony Ogburn, Joseph E. Potter, and Samuel L. Dickman

INTRODUCTION

On September 1, 2021, a new law called Texas Senate Bill 8 (SB 8) went into effect. This law made abortions illegal once embryonic cardiac activity (sometimes incorrectly referred to as a "fetal heartbeat") can be detected. Cardiac activity in the developing embryo can happen as early as 5 to 6 weeks after a person's last period. The only exceptions allowed for abortions later in pregnancy were for medical emergencies. Before SB 8, abortions could be provided in Texas up to 22 weeks of pregnancy for any reason.

SB 8 was the most restrictive abortion law in the US until June 2022 when the US Supreme Court overturned the *Roe v. Wade* decision, allowing Texas to enforce a law that prohibits almost all abortions.

After SB 8 went into effect, the number of abortions in Texas decreased by 50% compared to the same month in the previous year. After SB 8, many people had to travel out of state for abortion care. However, abortion care in neighboring states was limited: Arkansas, Louisiana, New Mexico, and Oklahoma, combined, had fewer facilities providing abortions than Texas had before SB 8. Facilities in neighboring states struggled to handle the sudden

KEY FINDINGS

- Compared to August 2021, in the month after Texas's SB 8 law banning abortion early in pregnancy went into effect (September 2021), the law was significantly associated with:
 - a decrease of 3,382 abortions obtained at facilities in Texas (from 5,451 to 2,169);
 - an increase of 1,110 Texas residents who obtained abortions out of state (from 222 to 1,332), and
 - a decrease of 2,172 total abortions for Texas residents obtained in Texas and out of state (from 5,673 to 3,501). See figure.
- Abortions obtained out of state for people who were 12 or more weeks pregnant increased from 17% to 31%.

increase in patients, leading to long waits for appointments and to some people having abortions later in their pregnancy.

Procedures for abortion after 12 weeks of pregnancy can require multiple visits and higher costs for patients. Although uncommon, there is a higher risk of complications from an abortion later in pregnancy. Difficulties arranging long-distance travel may have also contributed to pregnant individuals self-managing their abortion or continuing unwanted pregnancies.

In this study [1], the authors compared the abortions Texas residents had in the month before and month after SB 8 went into effect. The authors also looked at the proportion of abortions that were done out of state for people who were 12 or more weeks pregnant in the six months after the law went into effect, compared to the same six-month period the year before.

In the month after Texas' 2021 6-week abortion ban went into effect, the number of abortions for Texans decreased in state, increased out of state, and decreased overall

Abortions in Texas	Out-of-state abortions for Texas residents	Total abortions for Texas residents
August 2021 September 2021	August 2021 September 2021	August 2021 September 2021
5,451 >>> 2,169	222 >>> 1,332	5,673 >> 3,501
60% decrease	500% increase	38% decrease

This figure shows changes in the numbers of abortions to Texas residents at facilities in Texas and surrounding states between August and September 2021.

POLICY IMPLICATIONS

In states where abortion care is still legal, facilities providing abortion can be expected to experience an increase in demand from people who live in states where abortion is severely restricted or banned, which will make appointments harder to get. These out-of-state facilities will also likely see an increase in the number of people who need abortions later in pregnancy because of increased wait times for appointments and other delays related to traveling long distances and paying for abortion care. Facilities may also see an increase in out-of-state patients with pregnancy complications who require care. This is due to the legal uncertainty that clinicians in states with abortion restrictions and bans face around whether they can use the narrow exemptions to provide abortion care to their pregnant patients. This, in turn, will prevent patients from accessing evidence-based abortion care in their home state [2].

The findings from this study can be expected to intensify for Texans and residents of other states that have banned or severely restricted abortion. Texas banned abortions after the period covered in this study; therefore, it is likely that there have since been larger declines in Texas-based abortion care and larger increases in out-of-state abortions for Texas residents later in pregnancy. Similarly, because other states in the south and Midwest have also banned abortion, many pregnant people in those states can no longer travel to a neighboring state for abortion care, as Texans did in this study. These differences in the policy environment further limit the number of people in states with abortion bans who will ultimately be able to obtain abortions out of state.

REFERENCES

- [1] White, K., Sierra, G., Lerma, K., Beasley, A., Hofler, L.G., Tocce, K., Goyal, V., Ogburn, T., Potter, J.E. & Dickman, S.L. (2023). Association of Texas' 2021 ban on abortion in early pregnancy with the number of facility-based abortions in Texas and surrounding states. *JAMA 328*(20):2048-2055. doi:10.1001/jama.2022.20423
- [2] Arey, W., Lerma, K., Beasley, A., Harper, L., Moayedi, G., & White, K. (2022). A preview of the dangerous future of abortion bans: Texas Senate Bill 8. N Engl J Med 387(5):388-390. doi:10.1056/ NEJMp2207423

SUGGESTED CITATION

White, K., Sierra, G., Lerma, K., Beasley, A., Hofler, L.G., Tocce, K., Goyal, V., Ogburn, T., Potter, J.E. & Dickman, S.L. (2023). Texas' 2021 ban on abortion in early pregnancy was associated with a decrease in abortions in Texas, an increase in abortions out of state, and a decrease in overall abortions. *PRC Research Brief 8*(3). http://dx.doi.org/10.26153/tsw/47538.

ABOUT THE AUTHORS

Kari White, kariwhite@utexas.edu, is an associate professor in the Steve Hicks School of Social Work, Principal Investigator of the **Texas Policy Evaluation Project** (TxPEP), which is housed in the Population Research Center, and faculty scholar in the Population Research Center, all at The University of Texas at Austin; Gracia Sierra is a research associate with TxPEP; Klaira Lerma is director of research at TxPEP and Mississippi & Louisiana Reproductive Health Access Project (MS + LA RHAP); Anitra Beasley is an associate professor in the Department of Obstetrics and Gynecology, Baylor College of Medicine and research affiliate with TxPEP; Lisa G. Hofler is clinical vice chair in the Department of Obstetrics and Gynecology, University of New Mexico, Albuquerque; Kristina Tocce is the chief medical officer at Planned Parenthood of the Rocky Mountains; Vinita Goyal is a research affiliate with TxPEP; Tony Ogburn is professor and founding chair of the Department of Obstetrics and Gynecology at the University of Texas Rio Grande Valley; Joseph E. Potter is a professor emeritus of sociology and a former faculty scholar with the Population Research Center, UT Austin; and Samuel L. Dickman is the chief medical officer at Planned Parenthood of Montana.

ACKNOWLEDGEMENTS

This research was supported by grants from the Susan Thompson Buffett Foundation and Collaborative for Gender + Reproductive Equity. This work was supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (P2C HD042849), awarded to the Population Research Center at The University of Texas at Austin. The funders had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication. The findings and conclusions in this article are those of the authors and do not necessarily reflect the views of Planned Parenthood Federation of America Inc., the National Institutes of Health, or those of the other funders.



The University of Texas at Austin Population Research Center (PRC) aims to provide outstanding infrastructure resources and sustain a dynamic interdisciplinary culture geared toward facilitating the highest level of cutting-edge, population-related research. Our researchers' projects focus primarily on Family Demography and Intergenerational Relationships; Education, Work, and Inequality; Population Health; and Reproductive Health. www.liberalarts.utexas.edu/prc

