
How Greater Travel Distance Due to Clinic Closures Reduced Access to Abortion in Texas

Daniel Grossman, Kari White, Kristine Hopkins, and Joseph E. Potter

INTRODUCTION

In 2013, the Texas legislature passed House Bill (HB) 2, a law that restricted access to medication abortion, banned abortions after 20 weeks “post-fertilization,” required doctors who provided abortions to have admitting privileges at a hospital near the abortion facility, and mandated that abortion facilities meet the standards of ambulatory surgical centers (ASC). In June 2016, the Supreme Court [struck down](#) the admitting privileges and ASC requirement as unconstitutional because they imposed undue burdens on a woman’s right to abortion. The admitting privileges requirement had already caused many abortion clinics to close; the majority opinion noted that the ASC provision would cause more clinics to close, requiring even more women seeking abortion to travel long distances to the remaining overcrowded facilities which would unlikely be able to meet statewide demand for abortion.

In a Research Letter recently published in the *Journal of the American Medical Association (JAMA)*, the authors assessed whether greater travel distance following clinic closures was associated with a decrease in the number of abortions.¹

In 2012, 41 facilities were providing abortions in Texas; by June 2016, this number had fallen to 17. In a previous study, the authors found that women whose nearest abortion clinic closed between 2013 and 2014 traveled farther than those whose nearest abortion clinic stayed open.² In addition, based on data the researchers collected directly from facilities, the number of abortions declined 14% in the first six months after HB 2 went into effect compared to the same period one year prior.³

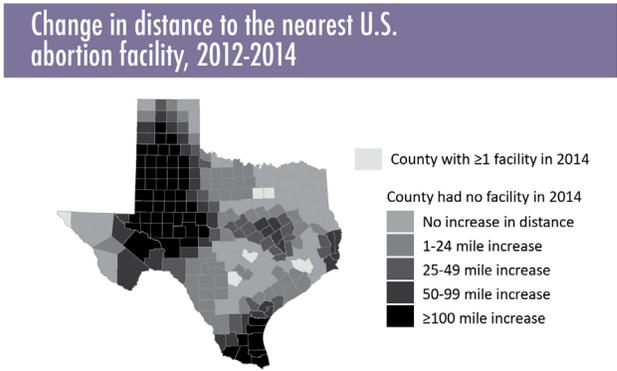
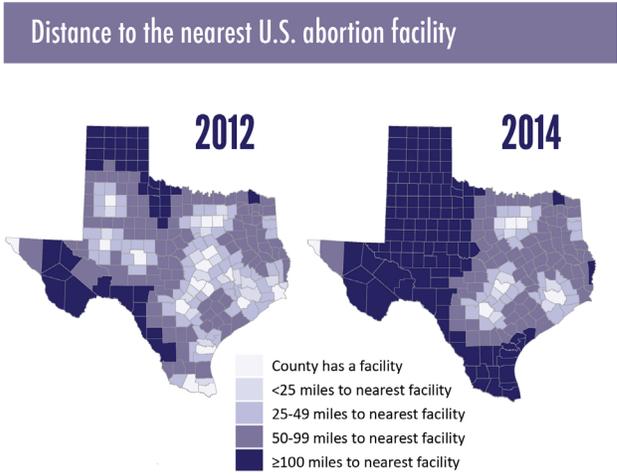
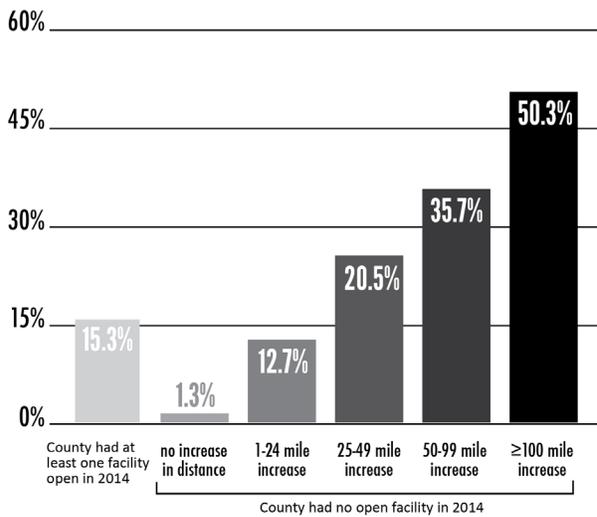
Using Department of State Health Services data for the number of abortions by Texas county released several days after the Supreme Court ruling, the authors calculated the distance from the centroid of each county to the nearest US facility providing abortions in 2012 and 2014. Then, the change in distance to the nearest facility for each county was calculated, and counties were aggregated into five groups according to the magnitude of the change in distance to the nearest US facility between 2012 and 2014, with a sixth group encompassing the six counties that still had a facility in 2014. Finally, the percentage change in the number of abortions between 2012 and 2014 in each one of the six groups was calculated.

KEY FINDINGS

- > Across the five groups containing the counties that did not have a facility in 2014, there was a strong association between the increase in travel distance to the nearest abortion clinic percentage decline in the official number of abortions.
- > Counties in which the distance to the nearest facility increased 100 miles or more saw a 50% decline in abortions.
- > Counties that did not have an abortion provider in 2014 and did not experience a change in distance to the nearest facility had essentially no change in the number of abortions.
- > The number of abortions also declined in counties with an open clinic in 2014.

Greater Travel Distance Following Clinic Closures Reduced Access to Abortion in Texas

Percent decrease in number of abortions between 2012 and 2014, according to change in distance to nearest facility providing abortion



The University of Texas at Austin
Texas Policy Evaluation Project

The bar chart on the left shows that as the change in distance between 2012 and 2014 to the nearest abortion facility increased, the number of abortions decreased. The maps on the upper right show that by 2014, large swaths of Texas counties in the Panhandle, West and South Texas were 100 miles or more from the nearest abortion facility. The map on the lower right shows that large changes in distance between 2012 and 2014 occurred in West and South Texas counties and parts of the Panhandle and Central and East Texas.

POLICY IMPLICATIONS

These findings suggest that increased travel distance to facilities providing abortion leads to fewer women obtaining clinic-based abortion care. The nearly linear relationship between the increase in distance and the decrease in the number of abortions suggests that distance to a facility is indeed a critical factor determining access to abortion care.

Decreases in the number of abortions in counties that had an open clinic in 2014 were related more to the limited capacity at the remaining abortion clinics because there was minimal change in distance (<5 miles) in these counties. This finding is supported by evidence that wait times at abortion clinics increased after clinic closures, and that some ASCs providing abortion were not able to increase capacity to accommodate an increase in demand for services.⁴

Many of the counties with no facility in 2014 and no change in distance during the 2012-2014 period were in East Texas where publicly-funded family planning services were disrupted, likely leading to more unintended pregnancies and subsequently more demand for abortion. This higher demand, in turn, likely offset the barriers to capacity that women faced.

REFERENCES

- ¹Grossman, D., White, K., Hopkins, K., & Potter, J. E. (2017). Change in distance to nearest facility and abortion in Texas, 2012 to 2014. *JAMA*, *317*, 437-439.
- ²Gerds, C., Fuentes, L., Grossman, D., White, K., Keefe-Oates, B., Baum, S. E., Hopkins, K., Stolp, C. W., & Potter, J. E. (2016). Impact of clinic closures on women obtaining abortion services after implementation of a restrictive law in Texas. *American Journal of Public Health*, *106*, 857–864.
- ³Grossman, D., Baum, S., Fuentes, L., White, K., Hopkins, K., Stevenson, A., & Potter, J. E. (2014). Change in abortion services after implementation of a restrictive law in Texas. *Contraception*, *90*, 496-501. PMC4179978.
- ⁴Texas Policy Evaluation Project. (2015). Abortion wait times in Texas: The shrinking capacity of facilities and the potential impact of closing non-ASC clinics. *Texas Policy Evaluation Project Research Brief*.

ABOUT THE AUTHORS

Daniel Grossman is a professor in the Department of Obstetrics, Gynecology & Reproductive Sciences and director of Advancing New Standards in Reproductive Health (ANSIRH) at the University of California, San Francisco; **Kari White** is an assistant professor in Health Care Organization & Policy at the University of Alabama at Birmingham; **Kristine Hopkins** is a research assistant professor of Sociology and faculty research associate at the Population Research Center, The University of Texas at Austin; and **Joseph E. Potter** is a professor in the Department of Sociology and a faculty research associate at the Population Research Center, The University of Texas at Austin. Potter is the principal investigator and Grossman, White and Hopkins are investigators with the [Texas Policy Evaluation Project](#) which is based at UT's Population Research Center.

ACKNOWLEDGEMENTS

This research was supported by a grant from the Susan Thompson Buffett Foundation, as well as center grant 5 R24 HD042849 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development awarded to the Population Research Center at the University of Texas at Austin.

SUGGESTED CITATION

Grossman, D., White, K., Hopkins, K., & Potter, J. E. (2017). How greater travel distance due to clinic closures reduced access to abortion in Texas. *PRC Research Brief 2(2)*. https://doi.org/10.15781/T2PR7N02B_b



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