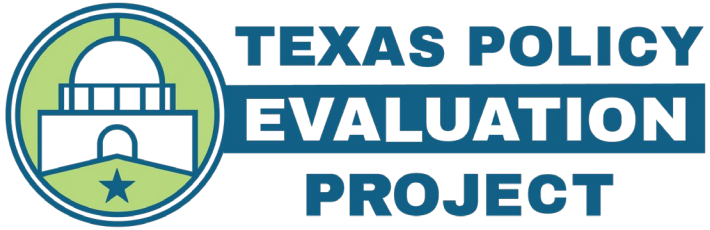
Leveraging diverse methods to assess the effects of abortion restrictions in Texas

Kari White, PhD MPH (she/her)



October 2023

TEXAS POLICY EVALUATION PROJECT

Available data to assess abortion restrictions

- Data on the number and characteristics of abortions provided at abortion facilities are often not available until years after restrictions have gone into effect.
- State health department is variable.
- More granular data that can be linked to the timing of policy implementation (e.g., monthly volume) can be hard to come by.

Data delays could be intentional

Source: Delayed Texas Abortion Data Finished Months Ago

> The process of compiling much-anticipated Texas abortion statistics for 2014 — expected to reflect the impact of House Bill 2 abortion restrictions — followed its normal course up until February of this year, a health agency insider says. Then things stalled.

BY **ALEXA URA** JUNE 22, 2016 10 PM

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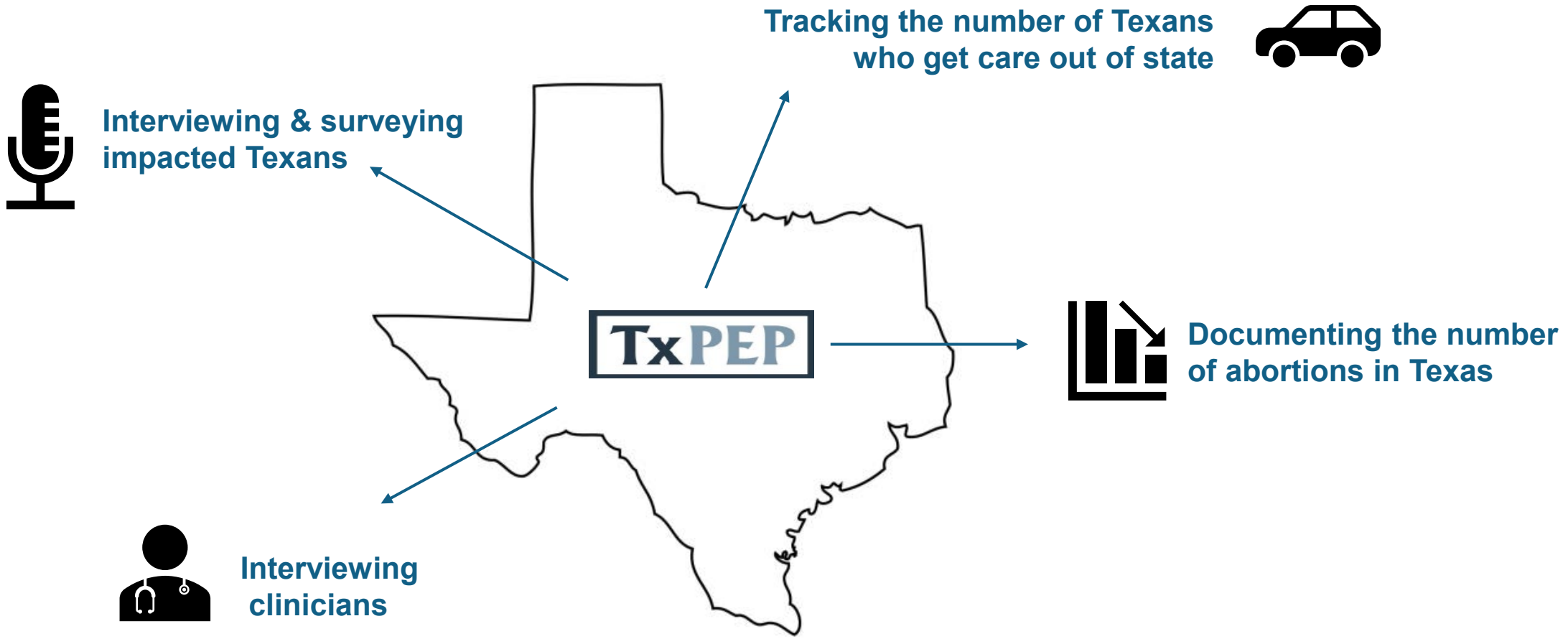
Data collection methods



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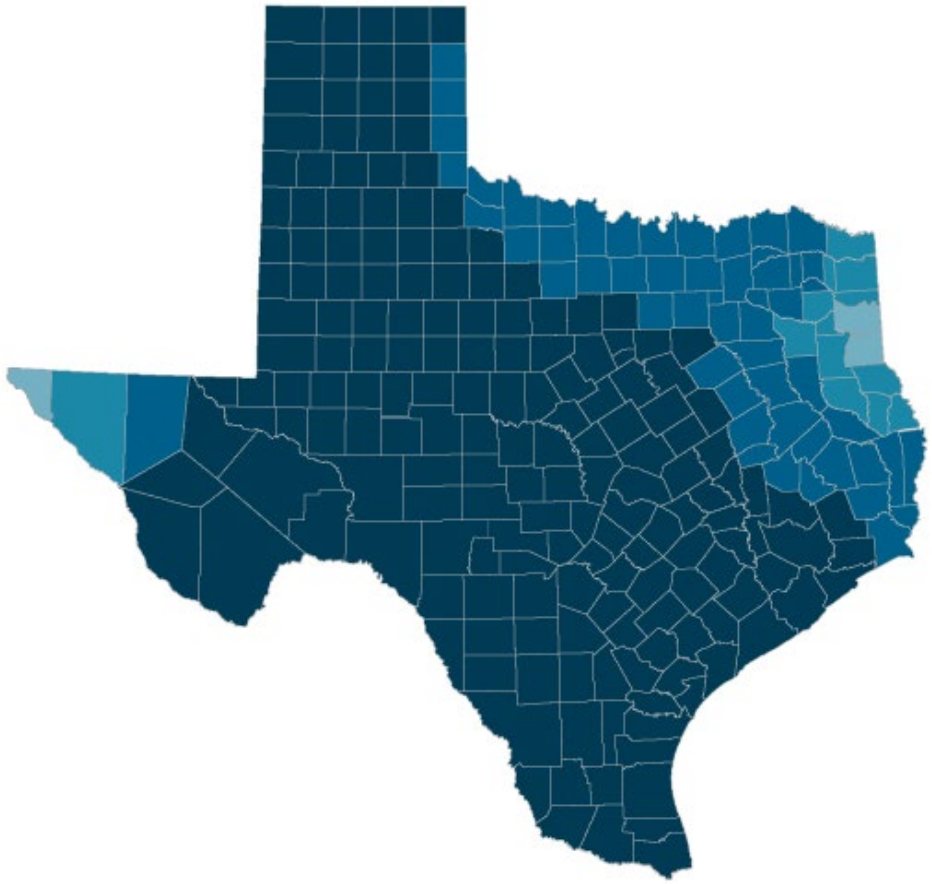
Texas SB8, September 2021

- Prohibits abortions at the onset of embryonic cardiac activity (~6 weeks of gestation)
- Exceptions are only allowed for medical emergencies, but not for rape, incest or fetal anomalies
- Allows almost anyone to sue a person who provides or “aids and abets” an abortion in Texas after embryonic cardiac activity is detected.

Travel distance to nearest out-of-state facility



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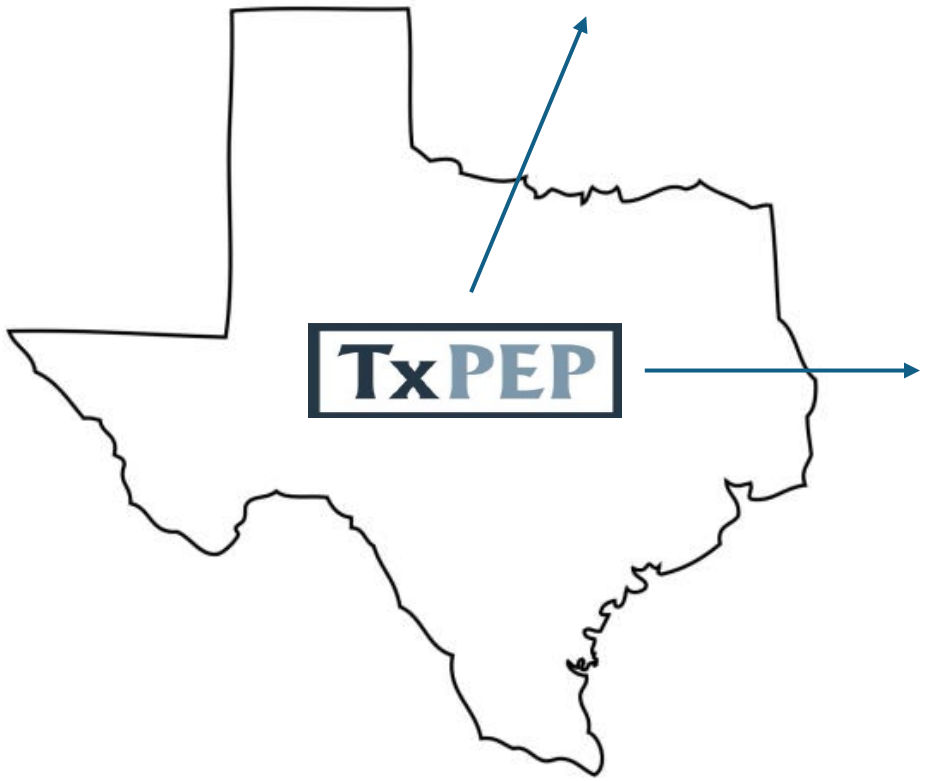
Quantitative data collection methods

Tracking the number of Texans who get care out of state



Documenting the number of abortions in Texas

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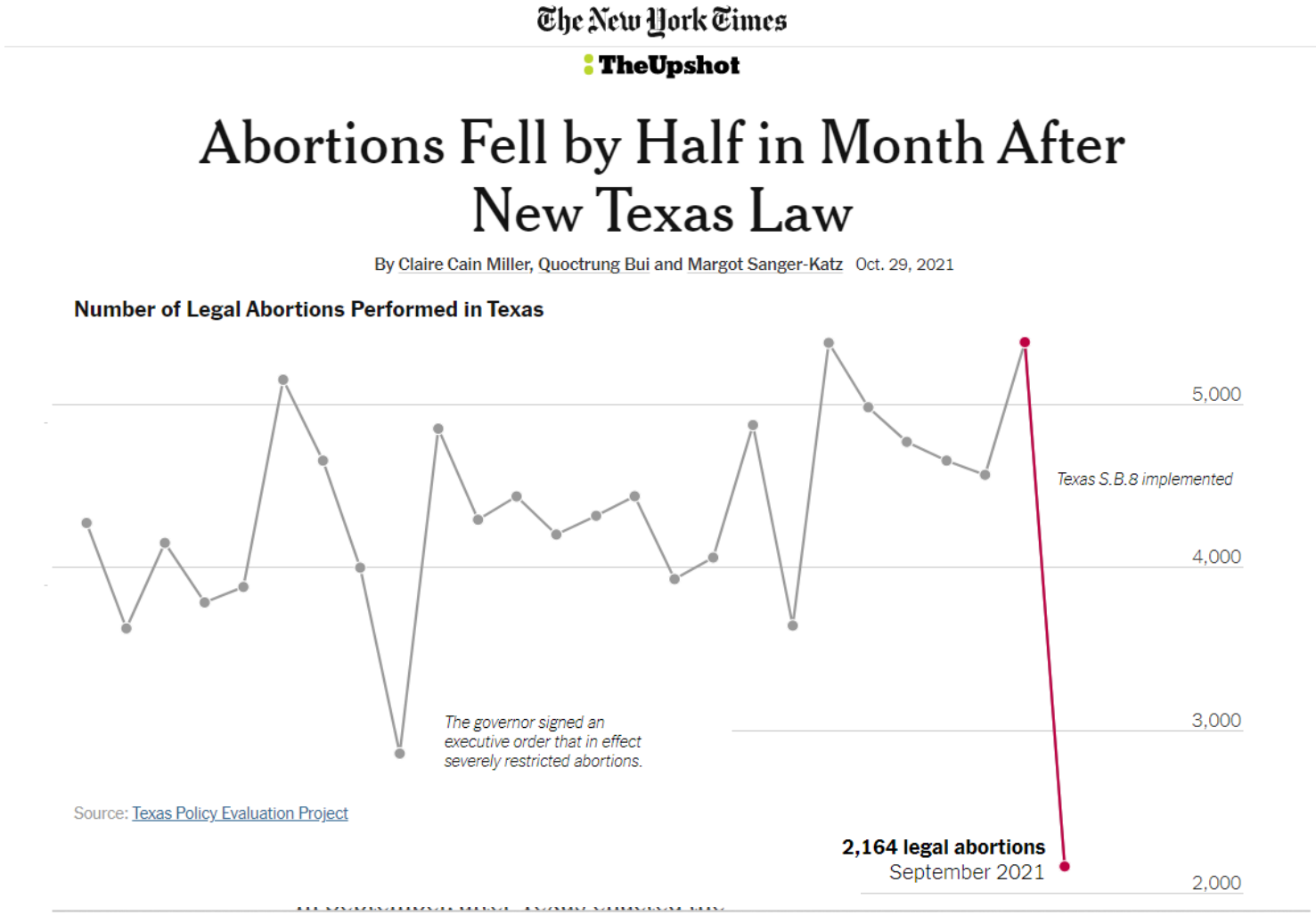
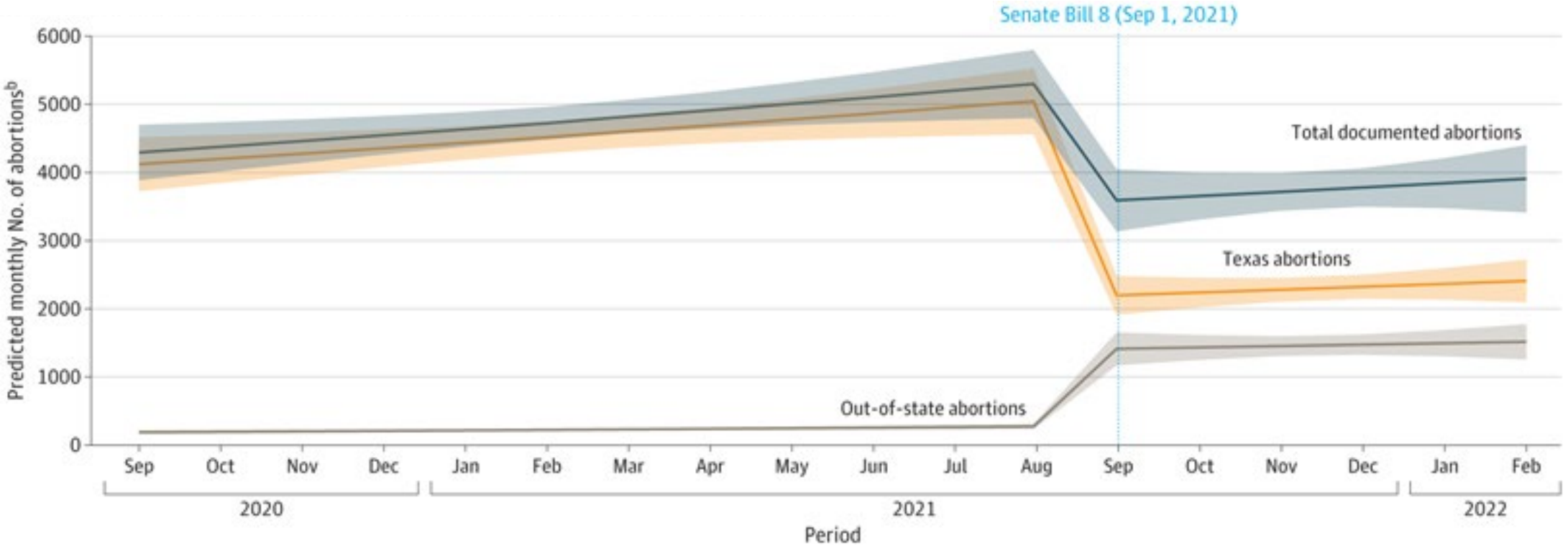
SB8 had an immediate impact



The 50% decrease we reported in October 2021 mirrored the 50% decrease eventually reported by the state in February 2022.

There were fewer facility-based abortions



White, et al *JAMA* 2022

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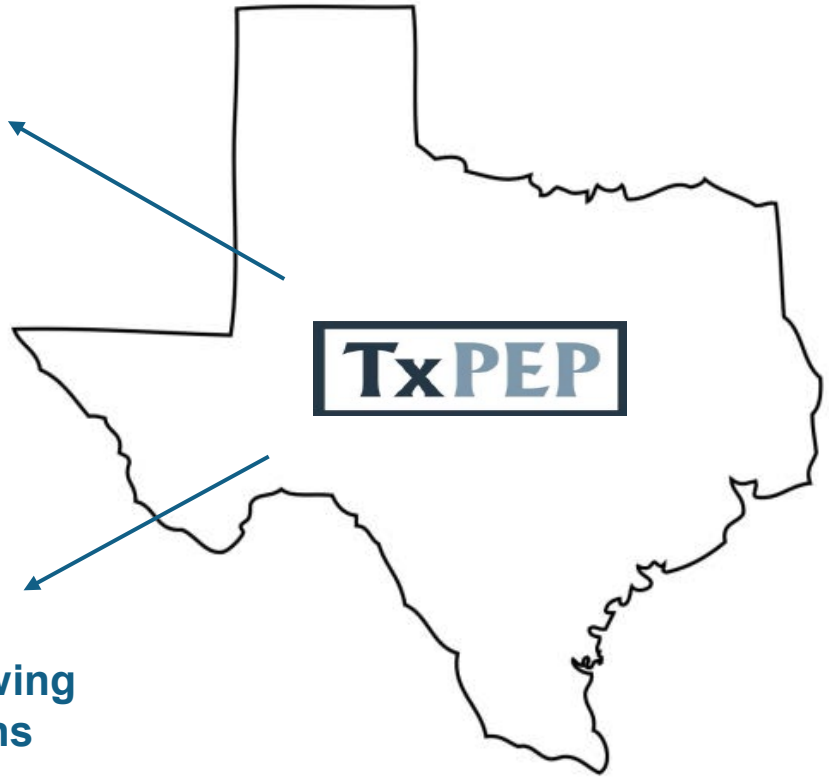
Qualitative data collection methods

Interviewing impacted Texans



Interviewing clinicians

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There are people's lives behind the numbers

They were losing hope
The whole situation made me feel like I was drowning, and this [getting an appointment in New Mexico] was the one scrap of driftwood I could cling to. I legitimately had something solid to hold onto so I could breathe again.

They experienced clinically meaningful delays
The further along I was getting with my pregnancy, the higher my risk of actually developing a [blood] clot. …I reached out to the [Louisiana] clinic, and they had an appointment for the 20th. I was like, "Okay, let me get it." After that, I called [Arkansas], and they actually had an appointment two weeks sooner, and so we got in with them.

They had to make many other sacrifices
It got to the point where we didn't have food, and we couldn't buy food for our pets either for a week, and so we were eating scraps, and we would feed the dogs whatever scraps that we could give them.

White, et al *HSR* 2023

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Waiting for emergencies vs preventing them

> For the patients we do have, who maybe come in as inevitable [abortions], we sit and we wait until they get infected or have some other reasons that will allow us to intervene…Knowing the inevitable conclusion to this story will be a pregnancy loss, it's hard that you then have to wait for them to then develop a complication like an infection or something to do anything.

Arey, et al *Obstet Gynecol* 2023

Conclusions

- Using different types of data, we have been able to quickly assess the varied effects of abortion restrictions on pregnant people needing care and health care providers.
- However, collecting these data is resource intensive and challenging to do in ‘real time.’
- Our existing infrastructure and long-standing relationships with colleagues providing health care has been key to making this research possible.

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Thank you!