

Original research article

# Implications for women of Louisiana's law requiring abortion providers to have hospital admitting privileges

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## Abstract

**Background:** In 2014, Louisiana passed a law requiring abortion providers to have hospital admitting privileges. This law is temporarily on hold while a court case challenging it continues. We aimed to describe the population who would be affected if the law goes into effect and how closures of between three and five Louisiana abortion facilities would affect the distance Louisiana women would need to travel for an abortion.

**Study design:** We abstracted patient data from three of the five Louisiana abortion care facilities in the year before the law was scheduled to take effect. We then estimated distance traveled and distances women would need to travel if clinics close.

**Findings:** Half (53%) of women who had an abortion had no education beyond high school, most were black (62%) or white (30%), three fourths (73%) had a previous live birth, and most (89%) were having a first-trimester abortion. Seventy-nine percent resided in Louisiana and 15% in Texas. The parishes in which abortion patients resided had lower median income and higher percentage poverty than the Louisiana average. Abortion patients residing in Louisiana traveled a mean distance of 58 miles each way for an abortion. If all Louisiana facilities close, the mean distance women would need to travel would more than triple to 208 miles, and the proportion of Louisiana women of reproductive age who live more than 150 miles from an abortion facility would increase from 1% to 72%.

**Conclusion:** The admitting privileges law will likely significantly increase the distance Louisiana women need to travel for an abortion. This burden is likely to disproportionately affect Louisiana's more vulnerable residents.

**Implications:** If all Louisiana abortion facilities close due to Louisiana's hospital admitting privileges law, the mean distance women would need to travel for an abortion would more than triple from 58 to 208 miles. Louisiana's law would thus present a considerable burden on many Louisiana women, particularly those who are more vulnerable.

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## 1. Introduction

In 2014, Louisiana passed a law requiring abortion providers to have hospital admitting privileges at a local hospital. Similar laws have been passed in 10 other states, mostly in the Midwest and the South [1]. Laws in Alabama, Louisiana, Mississippi and Wisconsin are temporarily on hold while court cases challenging them continue [1,2]. Texas's admitting privileges law went into effect in 2013,

resulting in closure of more than half of Texas's 41 abortion clinics and a reduction in the rate of abortions performed in Texas [3]. Louisiana's law was scheduled to go into effect on September 1, 2014, and could result in closures of at least three, if not all five, Louisiana abortion facilities if doctors are unable to get admitting privileges at a local hospital [2,4]. There is little information about possible effects of Louisiana's admitting privileges law. This paper seeks to describe the population who would be affected if Louisiana's law were to go into effect and to describe how closure of Louisiana clinics would affect the distance Louisiana women would need to travel for an abortion.

Other research indicates that about 14% of the almost 90,000 pregnancies in Louisiana ended in abortion in 2011 [5]. This number represents an abortion rate of 13.1 per 1000

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women of reproductive age in Louisiana, which is lower than the national rate [5]. Louisiana has more abortion restrictions than 40 other US states [6]. These restrictions include parental consent, mandatory ultrasound viewing, a waiting period, mandated counseling and public funding restrictions, among others [5]. As of December 2014, Louisiana had five abortion facilities [2] to serve the almost one million women of reproductive age in Louisiana [7]. Two facilities are in the New Orleans area, one in Baton Rouge and two in the Shreveport area. Media reports indicate that the law could result in closures of three to five facilities [2,4]; the two that may remain open are located in the Shreveport area [8]. Neighboring states, such as Mississippi, Texas and Alabama, also have admitting privileges laws and other laws [1] that could close clinics in those states, thereby possibly affecting access for Louisiana residents who would need to travel out of state if Louisiana clinics close.

With the goal of contributing evidence to public and policy conversations about possible effects of Louisiana's admitting privileges law, this paper describes (a) demographic characteristics of women who received an abortion in Louisiana in the year before the law was scheduled to take effect (Sept. 1, 2013–Aug. 1, 2014) and (b) the number of Louisiana women of reproductive age residing more than 50 or 150 miles from an abortion clinic and the number of Louisiana women of reproductive age who would reside more than 50 or 150 miles from an abortion clinic if all or if three Louisiana facilities close.

## 2. Materials and methods

### 2.1. *Induced Termination of Pregnancy (ITOP) form data*

The University of California, San Francisco (UCSF) Committee on Human Research granted ethical approval for this study. Data were obtained on all abortions performed in Louisiana between September 1, 2013, and August 31, 2014, at three of the five Louisiana abortion facilities providing abortion care during this time period. This 1-year time period was selected because it was the year prior to when the admitting privileges law was scheduled to take effect. These data were obtained directly from abortion facilities. The State of Louisiana requires abortion providers in Louisiana to complete an ITOP form for each abortion they provide and submit the data to the Louisiana Department of Health and Hospitals. Deidentified data from ITOP forms completed by providers were shared by facilities with UCSF researchers. At two facilities, research assistants abstracted data into a secure electronic database. At the other facility, facility staff abstracted data into the same database. Two other facilities declined to allow us to analyze their ITOP data and are excluded from analyses. The three participating facilities are in the Shreveport and New Orleans areas.

Variables based on ITOP data include age, race, education, parity (number of live births), gestation, state of residence, parish of residence, zip code and facility. We also

obtained parish-level data on median income and percentage poverty of the parish of residence for all Louisiana parishes from the American Community Survey 5-year estimates for 2009–2013 [7].

### 2.2. *Travel distance estimation*

#### 2.2.1. *Actual travel distance for abortion patients*

One-way travel distance was estimated for each participant using her zip code of residence and the location of the facility where she received abortion care. Travel distance estimates were obtained using `traveltime3` in Stata Version 13.0, which accesses the Google Distance Matrix Application Programming Interface. For zip codes where we encountered difficulty with geocoding (<2% for each distance estimation), we used parish of residence or nearby zip codes instead.

#### 2.2.2. *Projected travel distance for abortion patients if clinics close*

Projected travel was created based on patient zip code and the nearest open abortion facility to the parish of residence under two assumptions: (a) all Louisiana clinics close and (b) three Louisiana clinics close. To identify the nearest open abortion facility expected to be open in the future, we examined a database of facilities offering abortion services in neighboring states (i.e., Alabama, Arkansas, Florida, Georgia, Mississippi, Oklahoma, Tennessee and Texas). This database was created in 2013 by staff at Advancing New Standards in Reproductive Health at UCSF. These facilities were identified through online searches. We calculated travel distance from each Louisiana parish to each abortion provider in Louisiana and to providers in neighboring states. We included facilities that were open as of December 8, 2014. For each of the 64 parishes, we calculated the distance that women would need to travel to the nearest open facility. We used parish centroids, which we obtained from the US census [9]. For four parishes, it was not possible to use these centroids, as they were either in the water, an island or in a wildlife preserve. For these four parishes, we used the zip code in the middle of the parish. We then used Excel to identify the shortest travel distance, and therefore nearest open abortion facility, to each Louisiana parish. We identified the distance to the closest facility if all Louisiana facilities remain open, if all Louisiana facilities close and then if three Louisiana facilities close. Once the nearest open abortion facility to the parish was identified, actual distance between zip code and nearest open facility was used to estimate projected travel distance.

#### 2.2.3. *Proportion of Louisiana women of reproductive age living more than 50 or 150 miles from an abortion provider*

We then used the nearest open facility data to estimate the number of reproductive-age women in Louisiana living in a parish more than 50 or 150 miles from an open facility. We then estimated similar numbers assuming that all Louisiana clinics close and that three Louisiana clinics close. We used American Community Survey 5-year estimates of the population of women 15–44 residing in each of Louisiana's 64 parishes [7].

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