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# Change in abortion services after implementation of a restrictive law in Texas

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**Abstract**

**Objectives:** In 2013, Texas passed omnibus legislation restricting abortion services. Provisions restricting medical abortion, banning most procedures after 20 weeks and requiring physicians to have hospital-admitting privileges were enforced in November 2013; by September 2014, abortion facilities must meet the requirements of ambulatory surgical centers (ASCs). We aimed to rapidly assess the change in abortion services after the first three provisions went into effect.
**Study design:** We requested information from all licensed Texas abortion facilities on abortions performed between November 2012 and April 2014, including the abortion method and gestational age (<12 weeks vs. ≥12 weeks).
**Results:** In May 2013, there were 41 facilities providing abortion in Texas; this decreased to 22 in November 2013. Both clinics closed in the Rio Grande Valley, and all but one closed in West Texas. Comparing November 2012–April 2013 to November 2013–April 2014, there was a 13% decrease in the abortion rate (from 12.9 to 11.2 abortions/1000 women age 15–44). Medical abortion decreased by 70%, from 28.1% of all abortions in the earlier period to 9.7% after November 2013 ($p<0.001$). Second-trimester abortion increased from 13.5% to 13.9% of all abortions ($p<0.001$). Only 22% of abortions were performed in the state's six ASCs.
**Conclusions:** The closure of clinics and restrictions on medical abortion in Texas appear to be associated with a decline in the in-state abortion rate and a marked decrease in the number of medical abortions.
**Implications:** Supply-side restrictions on abortion — especially restrictions on medical abortion — can have a profound impact on access to services. Access to abortion care will become even further restricted in Texas when the ASC requirement goes into effect in 2014.


*Keywords:* Abortion; Access; Restriction; Law; Texas

## 1. Introduction

Recent years have seen a surge in state laws restricting abortion services [1]. Initially these laws focused on the "demand" side of abortion and aimed to discourage women from seeking abortion by mandating parental involvement for minors, biased counseling or waiting periods [2]. Other than laws requiring an extra visit to the clinic, demand-side restrictions appear to have minimal effect on the overall abortion rate [3]. More recently, states have passed laws focused on the "supply" side of abortion that makes it more difficult for facilities to provide services [2]. One of the few studies on supply-side restrictions found a substantial decline in the number of abortions performed after 16 weeks to Texas women following enactment of a law requiring later procedures to be performed at ambulatory surgical centers (ASCs) [4].

In July 2013, the Texas legislature enacted House Bill 2 (HB2) that put into place four supply-side abortion restrictions: abortions are banned after 20 weeks "post-fertilization" excluding certain exceptions; physicians performing abortion must have admitting privileges at a hospital within 30 miles of the facility; the provision of medical abortion must follow the labeling approved by the Food and Drug Administration

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(with some allowances for drug dosages); and all abortion facilities must meet the standards of an ASC. The first three provisions went into effect on November 1, 2013, and the ASC requirement is scheduled to go into effect September 1, 2014. The American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association oppose these restrictions, highlighting the safety of outpatient abortion in the United States and concerns that HB2 would negatively affect women's health [5].

The restrictions on medical abortion imposed several important changes to practice. Prior to HB2, most facilities in Texas provided medical abortion using the evidence-based regimen of mifepristone 200 mg followed 24–48 h later by misoprostol 800 mcg administered buccally at home up to 63 days' gestation. HB2 limited the gestational age to 49 days and required women to return to the facility for misoprostol, as well as for a follow-up visit. These visit requirements, in addition to the 2011 law requiring women living less than 100 miles from an abortion facility to have an ultrasound at least 24 h before the procedure, meant that most women seeking medical abortion needed four clinic visits after November 2013. Finally, under HB2 providers could either use the regimen included in the Mifeprex® labeling with 600 mg of mifepristone, which is considerably more expensive than the evidence-based regimen, or they could use the drug dosages in the 2005 ACOG Practice Bulletin on medical abortion. This was interpreted as allowing the use of mifepristone 200 mg followed 2 days later by misoprostol 800 mcg orally, a regimen supported by limited evidence [6].

Although a few states have implemented admitting privilege requirements and one has enforced a similar restriction on medical abortion, no state has implemented both at the same time, and none has been evaluated. We hypothesized that following HB2 there would be a significant decrease in the abortion rate in Texas, as well as in the proportion of medical abortions performed. The law appeared likely to cause some clinics to close if physicians could not obtain hospital privileges. The restrictions on medical abortion also seemed likely to reduce use of this method. In this paper, we aimed to rapidly assess the effect of these provisions on abortion services in the first 6 months after HB2 was implemented.

## 2. Material and methods

### 2.1. Tracking open licensed facilities

Since 2012, the Texas Policy Evaluation Project has tracked the number of open facilities providing abortion care in the state through interviews with clinic staff, reports in the press and by intermittent requests to the Texas Department of State Health Services (DSHS) concerning licensed abortion providers. We focus on the number of facilities open in three 6-month periods relating to the passage and implementation of HB2. Period 1 included the 6 months prior to the debate on HB2: November 1, 2012 through April 30, 2013. Period 2, May 1, 2013 through October 31, 2013, was when HB2 was publicly debated and passed but before it was enforced. Period 3 included November 1, 2013 through April 30, 2014, after enforcement of all provisions of HB2 except the ASC requirement.

We also estimated the number of reproductive-aged Texas women living in a county more than 50, 100 or 200 miles from a licensed Texas abortion provider in each of these periods. For each county, we calculated the distance that women would need to travel to an open facility as of April 30, 2013; October 31, 2013; November 1, 2013; and April 30, 2014. We also estimated travel distance as of September 1, 2014 when we expect that there will be only four metropolitan areas with facilities meeting the ASC requirements: Austin, Dallas/Ft. Worth, Houston and San Antonio. We used the US Census Bureau's American FactFinder tool to generate county-level estimates of the population of women aged 15–44 residing in each of Texas's 254 counties on July 1, 2012 [7]. We computed the travel distance from each of these counties to the nearest Texas county in which there was at least one abortion provider using Traveltime3 in Stata Version 13.0, which accesses the Google Distance Matrix Application Programming Interface.

### 2.2. Collecting data from abortion providers

Evaluations of this kind usually use state vital statistics on abortion. However, these data only become public after approximately 2 years. In order to rapidly evaluate the impact of HB2 to inform public policy debates in Texas and elsewhere, we collected data directly from abortion providers.

Between February and May 2014, we attempted to contact by email or telephone every licensed abortion facility that provided abortions in November 2012. We did not include hospitals or physicians not licensed as abortion facilities, since they performed only 0.3% of abortions in Texas in 2012 (summary statistics on 2012 Texas occurrence abortions obtained from the DSHS Center for Health Statistics in response to a data request on June 3, 2014). From providers we requested the total number of induced abortions, early medical abortions ($\leq$63 days gestation), surgical abortions performed at $<$12 weeks gestation and surgical abortions performed at $\geq$12 weeks for each month between November 2012 and April 2014. We also requested the monthly number of abortion patients who reported residing in the Lower Rio Grande Valley (LRGV) in South Texas, since both abortion facilities there had closed by the start of Period 3. Women in the LRGV represent a particularly vulnerable population since this area has higher levels of poverty than the rest of the state, and women would have to travel at least 150 miles to the nearest clinic; undocumented immigrants in the LRGV faced particular obstacles to access services further north since they would need to pass border patrol stations.