



Reproductive-aged Texans' knowledge and misperceptions about state abortion laws, 2023

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Over the last three years, Texas policymakers enacted several laws that dramatically changed the availability of abortion care. In 2021, Texas implemented Senate Bill 8—also referred to as a six-week abortion ban—and Senate Bill 4, which restricted the provision of medication abortion.^{1,2} In August 2022, two months after the U.S. Supreme Court ended federal protections for abortion, Texas' "trigger ban" prohibiting most abortions went into effect; the law (House Bill 1280) also imposed criminal penalties of up to life in prison and fines of at least \$100,000 for anyone who knowingly performs a prohibited abortion.³

People affected by these laws have filed legal challenges in state and federal courts that aimed to block some of the laws' provisions or clarify the language so that clinicians have confidence about the care they can legally provide. Policymakers and advocates opposed to abortion have also proposed other measures that would make it more difficult for pregnant people to obtain abortion care, but not all of these have been implemented. This dynamic legal landscape may make it difficult for Texans who can become pregnant to understand the options that are available.

Between May and June 2023, we conducted a statewide survey of 768 Texas residents who were between 18 and 49 years of age and assigned female at birth. Participants were recruited as a representative sample of the racial and ethnic demographics of the state, including White non-Hispanic, Hispanic, Black, and Asian cisgender women and gender-expansive Texans (see Table).⁴ In this research brief, we describe survey respondents' answers to questions we asked about the legal and service landscape around abortion in the state, noting knowledge differences by respondents' ethnicity and language preference. We also provide an overview of abortion policies that have been recently proposed or enacted in Texas and their impacts on access to abortion and pregnancy-related care.

Key findings:

Based on our survey:

- Many Texans had heard about Texas passing abortion laws in the last two years, but nearly three out of four did not know someone cannot get an abortion at a Texas clinic.
- Nearly a quarter of Texans incorrectly thought that a law had passed prohibiting out-of-state travel for abortion.
- More than 8 in 10 Texans had inaccurate knowledge about whether Texas allowed abortion exceptions for life-threatening medical complications, rape and incest, or fetal anomalies.



TEXANS WERE UNAWARE OF THE LACK OF AVAILABLE IN-STATE, FACILITY-BASED ABORTION AND THEIR RIGHT TO TRAVEL TO ANOTHER STATE

There has been widespread media coverage of Texas' recent abortion laws, beginning with Senate Bill 8 in September 2021. After implementation of the trigger ban in August 2022, facilities that previously provided the vast majority of abortions in Texas were no longer able to do so, and many of these health centers permanently closed.⁵

Texas Senate Bill 8, Heartbeat Act. Texas Senate Bill 8 (SB 8) prohibited physicians from providing abortion care if there was detectable embryonic cardiac activity, which occurs around five or six weeks from one's last menstrual period.¹ Private parties (versus state agencies or officials) enforce the law by filing a civil lawsuit against anyone who provides or "aids and abets" a prohibited abortion in Texas. SB 8, which was implemented in September 2021, is still in effect.

Overall, 60% of survey respondents said that they had heard about Texas passing laws about abortion in the last two years.

Abortion care in Texas. Nearly three quarters (73%) of survey respondents did not know that someone cannot get an abortion at a Texas clinic: 21% believed that there are clinics currently providing abortions, and 52% were not sure.

As a result of facility closures, most Texas residents who need abortion care must now travel at least 275 miles and often more than 800 miles each way to reach the nearest out-of-state abortion facility or self-source abortion pills at home.^{6,7} Although it is not illegal for someone to use abortion medications to end their own pregnancy, other Texas laws prohibit the use of telemedicine for medication abortion and impose criminal penalties on people who mail or distribute abortion medications into the state.²

Out-of-state travel for abortion. Almost one quarter (24%) of survey respondents incorrectly believed that Texas had passed a law prohibiting travel to another state to get an abortion.

Texas has not passed a state law prohibiting out-of-state travel for abortion, and many pregnant Texans have traveled to other states as in-state abortion care has become more difficult—or impossible—to obtain. Between September 2021 and December 2022—the period following the implementation of SB 8 and first six months after the implementation of the Texas trigger ban, nearly 21,000 Texans obtained abortion care in another state, with approximately 40% traveling to New Mexico.



Although out-of-state travel for abortion is not illegal, officials in four counties and several cities—primarily in West Texas—have passed local ordinances that prohibit the use of county or city roads to transport a pregnant person to another state to have an abortion.⁸ Legal scholars argue that there is little basis in federal law for states to prohibit interstate travel;⁹ following the approach used to implement SB 8, these ordinances rely on local residents and other private parties to enforce these policies.

TEXANS HAD INACCURATE KNOWLEDGE ABOUT EXCEPTIONS TO THE STATE'S ABORTION LAWS

Texas' abortion laws allow physicians to provide an abortion only if there is a “life-threatening physical condition aggravated by, caused by, or arising from a pregnancy” that puts the pregnant person “in danger of death or a serious risk of substantial impairment of a major bodily function unless an abortion is performed.”¹⁰

More than 8 in 10 survey respondents (84%) did not have accurate knowledge about the circumstances under which abortion could be legally provided in Texas, including 37% who believed there were no exceptions to the law.

Medical emergencies. Overall, 43% of survey respondents correctly indicated that pregnant people can obtain an abortion in Texas if they have a life-threatening medical condition.

Although Texas allows abortion for pregnancy-related medical emergencies, patients with complications have not always been able to get care in these circumstances because clinicians are afraid that they will face criminal charges and loss of their medical license if another person does not consider the care permissible under Texas law.

Medical Exception Lawsuits. Several legal challenges have been filed in state court aiming to clarify the medical emergencies exemption. *Zurawski v. Texas* is a lawsuit brought by 20 Texas women who were unable to obtain abortion care that would have prevented them from having a medical emergency.¹¹ As of March 2024, no decision had been reached in the case. In *Cox v. Texas*, a pregnant woman filed an emergency lawsuit to obtain an abortion because continuing her pregnancy could cause serious health risks that would affect her ability to have children in the future.¹² Despite a Texas district court ruling in Cox's favor, Texas Attorney General Ken Paxton sent letters to area hospitals warning of felony prosecution and private lawsuits if Cox's physician performed the abortion.¹³ Ms. Cox ultimately traveled to another state to obtain abortion care.



Rape and incest. Nearly one-third (32%) of survey respondents incorrectly believed that abortions are allowed for pregnancies that are the result of rape or incest.

Rape is a common experience for women, girls, and gender-expansive people in the U.S.¹⁴ A recent study estimated that nearly 212,000 Texas women and girls have been raped in the 16 months following the implementation of the state's trigger ban and 26,000 are estimated to have gotten pregnant as a result.¹⁵

States with abortion bans that allow exceptions for rape and incest often require survivors to report the assault to law enforcement and/or obtain care before a certain point in pregnancy.¹⁶ The circumstances of interpersonal and family violence in which rape often occurs,¹⁴ along with the stigmatization and psychological distress associated with rape, make it difficult for survivors to comply with these requirements. There have been very few documented abortions in states that have rape exceptions; the number is similar to that reported in states that only have exceptions for medical emergencies, suggesting that abortions under rape exceptions are extremely uncommon.¹⁴

Fetal anomalies. Approximately one in four (24%) survey respondents incorrectly believed that Texas allows abortion if the fetus will not live after birth.

In the United States, an estimated 3% of pregnancies are affected by potentially life-limiting fetal conditions, including chromosomal abnormalities (e.g., trisomy 18, also known as Edward's syndrome), incomplete or no development of organs, and other malformations that are not compatible with life.¹⁷ These conditions are the leading cause of fetal death (when the fetus dies in the uterus before delivery) and neonatal death (deaths that occur during delivery or within the infant's first month of life).

Professional medical associations recommend that health care providers inform pregnant patients who have received a life-limiting fetal diagnosis about their treatment options, including abortion, and allow patients to make decisions that align with their beliefs and values about how to manage their pregnancy.¹⁸

Patients who continue a non-viable pregnancy after being unable to get a desired abortion may struggle more with grief and anxiety, and have higher risks of pregnancy-related complications, than if they obtained abortion care.¹⁹ Patients who voluntarily decide to continue their pregnancy may consider interventions such as fetal surgery before delivery or perinatal palliative care (also known as comfort care) following delivery to ameliorate suffering; however, these options may not markedly improve an infant's quality of life or may not be readily available to all patients.¹⁸



Texans' experiences with lack of exceptions to abortion bans. Our qualitative research assessing Texans' experiences during previous statewide abortion bans (an executive order in 2020 and SB 8 in 2021) has shown the emotional toll and logistical challenges people face when in-state abortion care is no longer available.^{20,21}

Angela's pregnancy caused blood clots to develop in both her legs and lungs. These were difficult to treat even after several in-patient hospital stays, including in the intensive care unit. Lack of knowledge about Texas' abortion laws, along with financial difficulties and advancing gestational duration, forced her to continue her high-risk pregnancy: **"At that point, I didn't even know that Texas had changed the laws. They ... gave me a number [to an abortion clinic] in [another state]. But I didn't have enough money. It was, I don't know, impossible. I didn't have a choice."**

Nicole struggled to acknowledge that she had become pregnant after a family acquaintance raped her. She experienced intense distress when she realized that she did not have any options for abortion care in Texas: **"I would wake in the middle of the night, just bolt up thinking about what happened and how I'm going to deal with this for the rest of my life... As time went on, I knew I can't do this. I'm going to lose everything if I continue with this [pregnancy]: my sanity, my mental health, everything. I just could not do it anymore."**

After getting an abortion 750 miles away in another state, she said: **"I feel like I can close that horrible chapter... not forget it, but I'm able to close it and actually pick myself up and move on."**

Michelle found out that her fetus had the genetic condition trisomy 18 and would not live after delivery. Upon learning that she could not get an abortion in Texas, she said: **"We felt really shocked. When you already have received news like that and can barely function, the thought of then having to do your own investigating to determine where to get this medical care and to arrange going out of state feels additionally overwhelming on top of everything else."**





THERE WERE DIFFERENCES IN AWARENESS OF ABORTION LAWS BY RESPONDENTS' ETHNICITY AND LANGUAGE PREFERENCE

Hispanic/Latina Texans accounted for approximately half of people who obtained in-state abortion care before the state banned abortion, and 40% of the reproductive-aged female population in Texas.^{4,22} We compared knowledge according to respondents' self-reported ethnicity and between English- and Spanish-speaking respondents to assess differences in knowledge.

Overall, 44% of Hispanic respondents stated that they had not heard of Texas passing any laws about abortion in the last two years, compared to 19% of non-Hispanic White respondents. Additionally, the majority of Spanish-speaking respondents (84%) had not heard of any laws passed, whereas 21% of English-speaking respondents reported this.

However, there were no significant differences in respondents' knowledge of the availability of facility-based abortion care or abortion exceptions based on their ethnicity or survey language preference.

CONCLUSIONS AND IMPLICATIONS

Although the media widely covered Texas abortion laws, many reproductive-aged Texans in our survey had not heard about these laws and did not have accurate knowledge about them, often believing that abortion care was still legally available under a broader set of circumstances than it currently is.

These gaps in knowledge could adversely affect what Texans think they (or someone they know) can do if they need abortion care. Abortion care is time-sensitive, and these knowledge barriers may make it difficult for people to overcome the other financial and logistical obstacles to obtaining an abortion in another state. Identifying ways to ensure Texans have more accurate information about the state's abortion laws and legal options for care in the current policy environment could support pregnant Texans' ability to obtain essential healthcare when they need it.

The majority of Texas voters support access to abortion for a range of reasons.²³ Disseminating clear information about the specific restrictions imposed by Texas' abortion laws and their impacts, including the challenges physicians and healthcare institutions face when providing care under the very limited exceptions allowed, may make Texans even less supportive of policies that restrict abortion access.



METHODS

We conducted a statewide representative survey of Texas residents who were part of the Ipsos KnowledgePanel, between ages 18 and 49, and assigned female at birth. Between May and June 2023, 768 respondents completed an online survey in English or Spanish that assessed their attitudes about abortion and knowledge of Texas abortion laws, among other topics. We computed weighted percentages and compared differences between groups using chi-squared tests; we report significant differences for p-values <0.05. We did not compare knowledge differences by race owing to the small sample size of non-Hispanic respondents who did not identify as white. Respondents' demographic characteristics are included in the Table.

TABLE. SURVEY RESPONDENTS' DEMOGRAPHIC CHARACTERISTICS (N=768)

	%		%
Gender identity		Survey language	
Female	97.3	English	86.2
Nonbinary and trans	2.7	Spanish	13.8
Age, years		Race/ethnicity	
18 to 29	34.7	Hispanic	43.7
30 to 34	14.2	Non-Hispanic White	34.5
35 to 39	20.0	Non-Hispanic Black	12.7
40 to 44	15.0	Non-Hispanic Asian or Indigenous	6.0
45 to 49	16.1	Non-Hispanic, 2 or more races	3.0
Number of children		Previous abortion	
No children	38.5	Yes	11.1
One child or more	61.5	No	88.9
Educational attainment		Political ideology	
Less than high school	10.7	Conservative	16.4
High school diploma	23.4	Slightly conservative	10.4
Some college	30.4	Moderate	42.0
Bachelor's degree or higher	35.4	Slightly liberal	9.6
		Liberal	21.5



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