TEXAS POLICY EVALUATION PROJECT

Pregnant Texans' interest in other models of abortion care after the fall of *Roe*

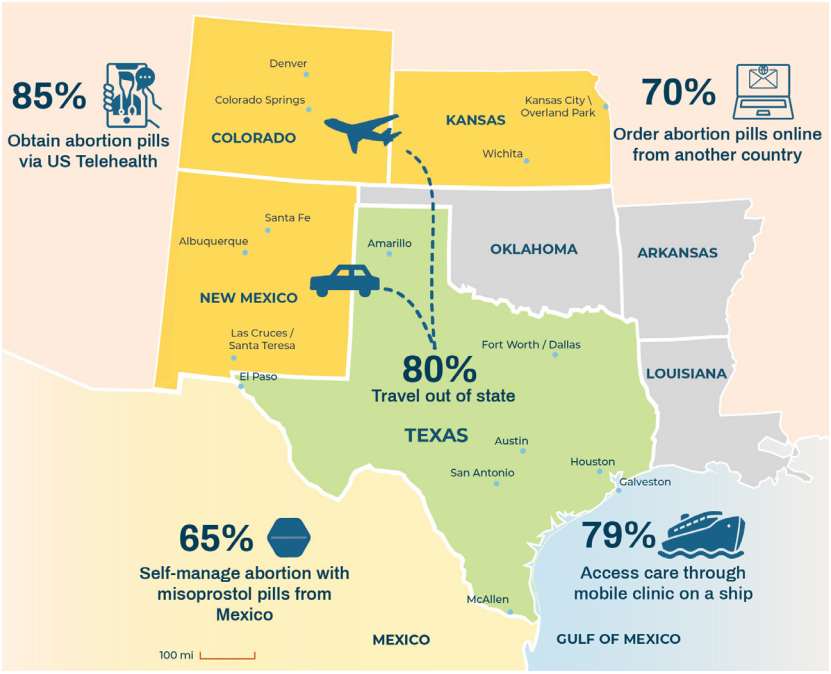
Anitra Beasley, MD, MPH | Amanda Nagle, MPH | Klaira Lerma, MPH | Gracia Sierra, PhD, MA | Gabriela Alvarez Pérez, BMed | Kari White, PhD, MPH

On June 24, 2022, the United States (US) Supreme Court overturned *Roe v. Wade*, eliminating the federally protected right to abortion and leaving each state to decide its legality. After the Court issued its decision, the majority of Texas abortion facilities immediately stopped providing abortion care to comply with previously unenforceable state-level abortion bans;[1, 2] however a few temporarily resumed services while legal challenges played out in state courts. Many states surrounding Texas also banned abortion, leaving New Mexico, Kansas and Colorado as the nearest states where Texans could obtain facility-based abortion care.

In this research brief, we report on the results of a survey we conducted with 300 people seeking abortion care at eight Texas facilities in June and July 2022 – just before (and immediately after) the US Supreme Court decision – to explore their preferences and potential challenges accessing abortion once it became illegal in Texas. At the time of our survey, abortion care in Texas was only legal before detection of embryonic cardiac activity, which takes place as early as 5 to 6 weeks after a person's last menstrual period and before many people know that they are pregnant.[3, 4]

NEARLY ALL PATIENTS STILL WANTED AN ABORTION, EVEN IF THEY COULD NOT OBTAIN ONE AT A TEXAS FACILITY

Pregnant Texans were willing to consider other models of abortion care



When we first asked survey respondents what they would do if they were unable to obtain an abortion at the Texas facility where they were seeking care, 80% said they would still want an abortion, 13% were not sure, and approximately 6% would likely continue the pregnancy.

After being presented with alternative ways to access abortion care other than at a Texas facility, 97% of respondents were willing to try at least one other option. We describe each of the options respondents were asked to consider, the legal status and availability, and the concerns people expressed about using these approaches.

97%
of Texans accessing in-state abortion facilities would consider other ways to get an abortion if they could not do so in Texas.

Of the options we presented that are currently available or in use, traveling 500 miles one-way to a facility out of state was the strategy that the most respondents reported that they would be willing to try (80%), followed by sourcing medication abortion pills online and self-managing their abortion (70%), and sourcing abortion pills from Mexico (65%). While not currently legal or available in Texas, 85% of respondents reported that they would be willing to use medication abortion provided through telemedicine with US-based clinicians and 79% reported that they would be willing to access care through a mobile clinic on a ship.

OUT-OF-STATE FACILITY-BASED ABORTION

80% WOULD CONSIDER THIS

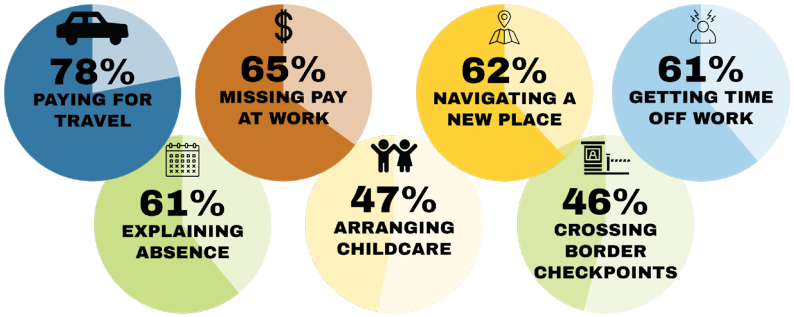
Travel 500 miles one way (about 8 hours by car) to the nearest facility in another U.S. state.

IN USE | LEGAL

Eight in 10 respondents said they would be somewhat or very likely to travel 500 miles, an 8-hour drive, one way to the nearest facility in another state. Nearly 80% were also willing to travel 750 miles one way to a facility if they could get an appointment two weeks sooner.

When asked how they would most likely travel, 48% would drive, 25% would fly, 24% weren't sure, and 3% would take a bus. Even though the vast majority of respondents would travel at least 12 hours for an abortion, most were concerned with travel costs, losing wages, traveling to an unfamiliar city, getting permission to take time off of work, finding childcare, and explaining their absence. Additionally, 46% were somewhat or extremely concerned about crossing interior immigration checkpoints – inspection stations within 100 miles of an external US border where all people, vehicles, and vessels are subject to screening for immigration violations.

Pregnant Texans had many concerns about traveling out of state for abortion care



SELF-MANAGED ABORTION: ORDERING PILLS ONLINE, SENT BY MAIL

70% WOULD CONSIDER THIS

Complete an online form with medical history and pregnancy duration to determine eligibility to use the pills, which a clinician based in Europe evaluates within 24 hours. If eligible, the medications are shipped from an international pharmacy and arrive in 1 to 3 weeks with detailed instructions for use.

IN USE | PROVISION NOT LEGAL IN TEXAS

Most respondents were unfamiliar with alternatives to facility-based care for medication abortion. Less than one third (31%) had heard of websites where they could purchase abortion medications prior to the survey, and the majority (80%) initially expressed concerns about the safety and legality of using abortion pills acquired online.

When prompted that the pills would be the same safe and effective medication that could be obtained at an abortion facility,[5] 70% of respondents were likely to obtain abortion pills in this manner, if needed. People who were somewhat or very interested in ordering medication abortion pills online said the most important factor was how quickly they were able to get the pills (31%). Among those who were not interested in this option, the most important factor was where the pills came from (39%).

SELF-MANAGED ABORTION: MISOPROSTOL PILLS FROM MEXICO

65% WOULD CONSIDER THIS

Obtain misoprostol by traveling to Mexico, have it mailed from Mexico, or purchase the pills from someone else who has obtained them in Mexico. Misoprostol is commonly available at pharmacies in Mexico without a prescription.

IN USE

NOT LEGAL TO MAIL OR DISTRIBUTE FOR ABORTION IN TEXAS

Only one in six respondents (16%) had heard of anyone taking misoprostol from Mexico to end a pregnancy on their own. Misoprostol, one of the two medications that is part of the FDA-approved regimen for medication abortion, can be safely used alone to cause an abortion in early pregnancy. It is somewhat less effective if it is not used in combination with the other medication, mifepristone.[6] After being informed about this option, two-thirds (65%) would be willing to use misoprostol by itself to self-manage their abortion if they could obtain the medication by traveling to Mexico, buying it from someone in their community, or having someone in Mexico mail it to them. People who expressed concerns (n=63) most often mentioned the safety and efficacy of the medication.

TELEMEDICINE MEDICATION ABORTION

85% WOULD CONSIDER THIS

Complete a 'real time' video call with a US clinician to assess medical history and pregnancy duration. If eligible, the medications are shipped from a US pharmacy and arrive within 1 week with detailed instructions for use.

IN USE

NOT LEGAL IN TEXAS; LEGAL IN OTHER STATES

Overall, 85% of respondents were interested in using telemedicine with a US-based clinician to obtain medication abortion. Reasons were similar to those reported for self-managed abortion using medications purchased online. The most important reason people were somewhat or very interested in telemedicine was how quickly they would receive the pills (28%). Among those who were not interested in this option, the most common reason given was where the pills came from (47%).

Federal and state regulations on medication abortion

Medication abortion can be provided using telemedicine, in which a pregnant person has a video or phone visit with a healthcare provider. Until recently, people had to obtain mifepristone, the first medication in the FDA-approved medication abortion regimen, at an in-person visit. In 2021, the FDA allowed healthcare providers to mail the medications, and more recent changes will allow certified brick-and-mortar pharmacies to provide these medications in states where abortion is legal.

However, several states, including Texas, prohibit the use of telemedicine for medication abortion and prohibit medication abortion pills to be mailed to state residents.[8]

ABORTION AT MOBILE CLINIC ON A SHIP

79% WOULD CONSIDER THIS

Travel to Galveston (about 50 miles from Houston) to obtain an abortion on a ship in federal waters. A doctor licensed in the US could provide both abortion methods and this would be as safe and effective as clinic-based care.[7]

NOT YET IN USE

LEGAL ON FEDERAL WATERS

Nearly 8 in 10 respondents (79%) would be interested in getting an abortion on a ship in federal waters near Galveston if it were an option. Among those who were somewhat or very unlikely to consider this (n=63), the most common concern was safety (57%), followed by inability to get to Galveston (21%), and dislike of ships or being prone to sea sickness (16%).

FINANCIAL AND PRACTICAL SUPPORT IS CRUCIAL FOR MANY TEXANS NEEDING AN ABORTION

Many respondents faced significant economic disadvantages over the past year: 62% reported experiencing at least one economic hardship, such as not being able to pay the rent or mortgage in full, not being able to pay the gas or electricity bill in full, having phone services turned off because payments were not made, not having enough to cover essential expenses, and borrowing from friends or family to help pay bills. Additionally, 47% lived on household incomes less than 100% of the federal poverty level (FPL) – or $1526 per month for a household of 2 – and 45% received needs-based governmental assistance.

Abortion and practical support funds provide monetary support to help people get the abortions they need, by covering the cost of care and other associated expenses, such as transportation, childcare, and lodging. Consistent with the high percentage of respondents reporting economic hardships and concerns with travel costs, the majority would need support traveling to and paying for care. However, most had not heard of abortion and practical support funds.

Nearly 90% of respondents said that having support to travel to another state and pay for care would be important.

However, only 37% had heard of abortion or practical support funds at the time of their ultrasound visit.

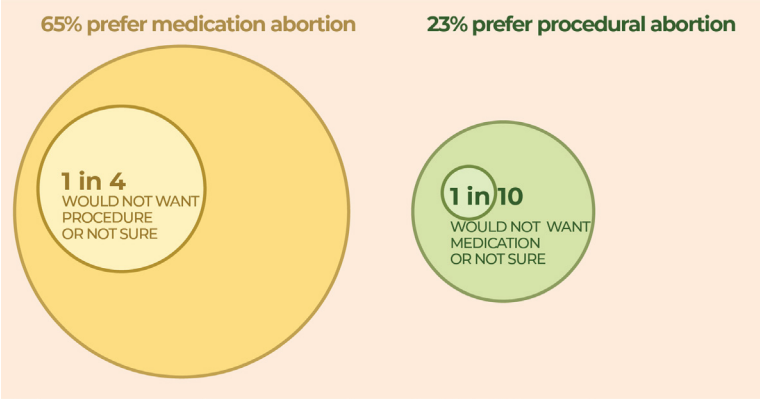
NOT ALL TEXANS SEEKING ABORTION CARE WOULD CONSIDER A DIFFERENT ABORTION METHOD

The vast majority of respondents (88%) preferred a specific abortion method, with most (65%) preferring medication abortion. Overall, 1 in 5 would not want to use a different abortion method other than the one they preferred or were not sure. More than 1 in 4 (28%) of those who wanted a medication abortion were not willing to switch to procedural abortion and 10% of those desiring a procedural abortion were not willing to have a medication abortion if their preferred method was unavailable.

This demonstrates that medication and procedural abortion are not interchangeable to everyone seeking abortion care, and without access to their preferred method, some people will be forced to continue their pregnancy.[9, 10]

Requiring people to alter their preferences because available facilities do not offer both abortion methods or expecting people will rely on medications procured from other sources because of barriers to travel is not patient centered and constrains their autonomy.

Many people with an abortion preference would not want another method



Most respondents had an abortion method preference, with 65% preferring medication abortion and 23% preferring procedural abortion. 12% of respondents did not have a preference.

Economic hardships include: not being able to pay the full amount of rent or mortgage; not being able to pay the full amount of the gas or electricity bill; having a phone service turned off because payments were not made; not having enough to cover your essential expenses (for example, food, transportation, gasoline); borrowing money from friends or family to help pay bills.

CONCLUSIONS

In this sample of people seeking abortion care in Texas, we found that respondents would still want to have an abortion if facility-based care was not available in Texas. People were willing to step outside of their comfort and preferences and consider multiple alternatives that are not currently available in order to obtain an abortion. This indicates that abortion provision bans will not prevent people from finding ways to access abortion care.

Now that Texas has banned abortion except in cases of medical emergency, the most realistic and preferred option is traveling hundreds of miles out of state. Although traveling out of state is currently legal and available for Texans, practical responsibilities related to work and childcare and financial barriers will continue to make it difficult for Texans to obtain abortion care. Abortion and practical support funds can mitigate some of the barriers to out-of-state abortion travel and care, provided people are aware that the assistance is available and these organizations are not legally restricted from providing financial support.[11]

Our study also shows that people seeking abortion are interested in options that may not involve long-distance travel: self-managing abortion via medications purchased online or sourcing misoprostol only from Mexico, using telemedicine with US-based clinicians, and getting care on a ship on federal waters in the Gulf of Mexico. However, these options vary in their availability, affordability, accessibility, and legal risk, and each individual will experience these factors differently.

Where people live, their immigration status, level of social support and financial resources, access to and familiarity with modes of transit, and method preferences will affect how many—and which—pregnant Texans in need of abortion will ultimately be able to obtain timely, patient-centered care in a post-Roe landscape.

METHODS

Between June 8 and July 6, 2022, we recruited people seeking abortion care at 8 abortion facilities throughout Texas which provided abortion care before embryonic cardiac activity, as required by Senate Bill 8. People who were at least 18 years old, currently pregnant and seeking abortion, presenting for their initial consultation visit required at least 24 hours before their abortion, and able to complete the survey in English or Spanish were invited to participate. Respondents were asked questions about their preferences for obtaining abortion care, barriers, and concers. They were asked not focus on cost of each option as they completed the survey, because cost is not known for options currently unavailable.

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TABLE: CHARACTERISTICS OF SURVEY RESPONDENTS* (N=300)

	n (%)
Age, Years	
18-24	120 (40.0%)
25-34	145 (48.3%)
35-49	35 (11.7%)
Race and ethnicity	
Hispanic/Latinx	149 (50.5%)
African-American or Black only	78 (26.4%)
White/Caucasian only	45 (15.3%)
Multiracial and other races	17 (5.8%)
Prefer not to say	6 (2.0%)
Has children	170 (56.9%)
Has had an abortion before	127 (42.5%)
Educational attainment	
Less than high school or none	10 (3.4%)
High school diploma or GED	86 (29.0%)
Some college, Associates degree or Technical school	141 (47.5%)
Bachelor's degree or more	60 (20.2%)
Income	
<100% Federal Poverty Level	136 (46.7%)
100% - 249% Federal Poverty Level	49 (16.8%)
≥250% Federal Poverty Level	45 (15.5%)
Don't know, prefer not to answer	61 (21.0%)
Experienced economic hardship in the last year	182 (61.5%)
Received needs-based government assistance	127 (45.2%)
Born in the US	256 (86.2%)
Language spoken at home	
English	227 (76.0%)
English & Spanish	43 (14.4%)
Spanish	29 (9.7%)

* Percentages may not sum to 100 due to rounding.

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