

Louisiana Abortion Patients' Current Challenges Accessing Care

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INTRODUCTION

In March 2020, the U.S. Supreme Court will hear the case *June Medical Services, LLC v. Gee*. The ruling will decide a proposed Louisiana law requiring abortion providers to maintain admitting privileges at a local hospital.

Louisiana already has more abortion restrictions relative to most other states in the country. Research has shown that medically unnecessary restrictions, such as a mandatory in-person consultation visit and 24-hour waiting period before an abortion, narrow exceptions to a 20-week ban, and the lack of Medicaid coverage for abortion, create barriers to abortion that are difficult and at times impossible for patients seeking abortion to overcome.¹ Furthermore, an extremely complex licensing system makes it difficult for providers and facilities to offer abortion.

Since 2000, ten abortion facilities in the state have closed, leaving only three clinics to serve approximately 900,000 patients of reproductive age.

In a recent study of Louisiana abortion patients, researchers compared patients' expectations and preferences for care with their actual experiences accessing abortion services. From June 2018 – January 2019, researchers

conducted 35 in-depth interviews with patients seeking care at the three in-state facilities to explore their experiences finding, obtaining, and paying for abortion services.

KEY FINDINGS

In March 2020, the U.S. Supreme Court will hear *June Medical Services, LLC v. Gee*, the case that will decide whether Louisiana abortion providers need hospital admitting privileges (See Box 1).

Because some of the current providers will be unable to obtain privileges, enforcing this requirement will likely close two of the three abortion clinics in the state. People seeking abortion in Louisiana want but currently experience challenges with:

- > Accessible clinics
- > Appointments that accommodate their schedules
- > Privacy and comfort in all aspects of care
- > Affordable services

It is likely that if the admitting privileges requirement goes into effect, Louisiana residents' access to quality, patient-centered abortion care will become even more limited.

Box 1: Explanation of Abortion Admitting Privileges^{2,3}

What are admitting privileges?: Abortion providers must have the hospital-granted authority to admit patients at a hospital within 30 miles of the abortion clinic.

- > Abortion is safe, and patients rarely develop complications that would require hospital admission.
- > In the rare case of an emergency, patients would be more likely go to a hospital near their home, which may not be where their provider has privileges.
- > Hospitals can deny clinicians admitting privileges because 1) providers do not admit enough patients (since abortion care is so safe), 2) providers do not perform hospital-based surgeries, or 3) hospitals fear reprisals or have religious objections.
- > Hospitals are already required to provide emergency care for patients due to the federal Emergency Medical Treatment and Labor Act of 1986.
- > In the 2016 case *Whole Woman's Health v. Hellerstedt*, the Supreme Court ruled Texas' admitting privileges requirement unconstitutional. This law is the same as Louisiana Act 620, the case challenged in *June Medical Services, LLC v. Gee*.

RESULTS

The study found that most women’s expectations and preferences for abortion care are not met in Louisiana’s current service environment and policy setting. People seeking abortion want but experience challenges with: accessible clinics, appointments that accommodate their schedules, privacy and comfort in all aspects of care, and affordable services. These difficulties adversely affect pregnant people seeking abortion services, and it is likely that if the admitting privileges requirement goes into effect, access to abortion care will become more burdensome for Louisiana residents.

Accessible clinics

In general, the patients interviewed expected that an abortion provider would be reasonably close to them—and a few even thought that their regular healthcare provider would be able to provide abortion services. They were surprised to learn there were few locations where they could get an abortion. Additionally, it was difficult for some patients to access care because of the requirement to make multiple appointments and the long distance drive to clinics. Thirteen participants traveled more than an hour one way to the clinic, with some reporting traveling up to three hours.

“I was worried... I’d have to miss a bunch of work because there [are] not any centers close to home for me. That was one of the biggest stressors. I wasn’t too worried about any of the procedures, it was just the timeframe of trying to schedule it around my [work] schedule.” (27-year-old, drove three and a half hours one way)

Some patients noted that difficulties accessing care began with their online search for where to get an abortion. These patients noted that internet search results brought up links to pregnancy resource centers in addition to sites for organizations that actually provided abortion. Also known as crisis pregnancy centers, pregnancy resource centers offer pregnancy testing and counseling but do not offer abortion referrals; in many cases, these centers provide inaccurate information aimed at dissuading people from seeking abortion. These types of search results were confusing and frustrating to patients.

Appointments that accommodate patients’ schedules

Abortion patients wanted appointments that accommodated their work, school, and childcare schedules, but this was not always possible because patient demand outpaced providers’ capacity. Patients reported waiting longer than they wanted to for both their initial ultrasound and counseling appointment and their second visit to get an abortion. In addition, many patients felt that the two-visit and waiting period requirements were not useful because they had sufficient information and confidence in their decision by the time they called to schedule an appointment.

“Every time I have to go to the doctor, I have to miss a day of work... Not all jobs are ok with you missing work.” (20-year-old, working two jobs, speaking to the two-visit requirement)

Box 2: *June Medical Services, LLC v. Gee* ^{4,5}

- **June 12, 2014:** Louisiana state legislature passes Louisiana Act 620, the admitting privileges law.
- **August 22, 2014:** The Center for Reproductive Rights challenges Act 620.
- **April 26, 2017:** Federal Court permanently blocks Act 620.
- **September 26, 2018:** Fifth Circuit Court of Appeals reverses the decision to block and declares Act 620 constitutional.
- **February 7, 2019:** U.S. Supreme Court places a hold on enforcement of Louisiana Act 620 while it decides whether to hear the case.
- **October 4, 2019:** U.S. Supreme Court agrees to hear *June Medical Services, LLC v. Gee*, in which it will decide whether Louisiana’s admitting privileges requirement can be enforced.
- **March 4, 2020:** U.S. Supreme Court will hear oral arguments for the case.
- **June, 2020:** U.S. Supreme Court is expected to issue its decision.

RESULTS, CONT.

Delays in appointments caused some patients to need a surgical abortion instead of the medication abortion they preferred because they were too far along in pregnancy. Difficulty with scheduling also caused other patients to delay their abortion procedure into the second trimester, which frustrated patients who sought care earlier and caused financial hardship as the procedure becomes more expensive later in pregnancy.

Privacy and comfort in all aspects of care

Overall, patients felt that clinic staff were friendly, helpful, and supportive. They were, however, less comfortable with other aspects of their experiences that did not maintain their desired level of privacy. In particular, patients expressed anxiety about clinic protestors—which nearly all patients encountered. Their experiences ranged from “uncomfortable” and “awkward” to confrontational.

“I do believe in God... One of the men said to me, ‘You’re so beautiful. I’ll tell everyone about you in Heaven since you won’t be there.’ That hit me really close to home, because [protestors] ... don’t know what you’re going through.” (21-year-old cancer survivor who had left an abusive relationship)

Furthermore, some patients said that crowded waiting rooms and group information sessions, which stemmed from clinic efforts to meet patient demand, also did not feel private. Several stated that they would have preferred meeting with a local clinician, while others expressed concerns that a local provider would judge their decision or not keep their information confidential. Many also would have been willing to have phone or Facetime consultations because they perceived those options as both more private and more personal.

Affordable services

The majority of patients said it was difficult to pay for the abortion, especially in conjunction with the additional expenses for gas, childcare, and lost wages at work. All patients paid out of pocket for their abortion, and most accurately assumed that Medicaid or commercial insurance likely would not cover abortion care in Louisiana. Many contacted abortion funds, privately funded groups that aim to partially assist with abortion or related costs, but not all received financial assistance.

Patients commonly reported using a wide range of strategies to cover their costs: spending any savings they had, taking out payday loans, picking up additional shifts at work, asking friends and family for money, and delaying expenses such as rent, utilities, and car payments.

Although decidedly difficult for many, the costs of care were nearly insurmountable for some of the patients. Several had to reschedule appointments while they tried to gather funds, but these delays further increased costs.

“I did this thing of, ‘Okay, how am I going to pay for this being a single mom, being a student, not working’... My biggest concern was, ‘Okay, how am I going to do this in the time that I need to get it done.’”
(27-year-old, postponed care to 16 weeks due to problems with money and transportation, needed over \$2,000 for the procedure and hotel stay)

CONCLUSIONS

This study results point to notable gaps between abortion patients’ preferences for care and the ways they are currently able to access services in Louisiana. The state’s numerous policies regulating abortion limit providers’ options for tailoring services to patients’ needs. It is likely that requiring providers to have hospital admitting privileges, which is medically unnecessary, would limit access and make it even more difficult for those seeking abortion in Louisiana to obtain quality, evidence-based, patient-centered care.

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