Abortion patients' challenges accessing care in Mississippi

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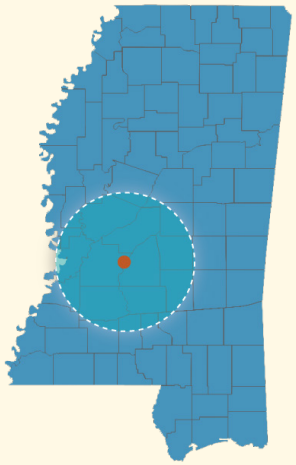
Mississippi has one of the most restrictive abortion policy environments in the United States.[1]

State laws that hinder timely access to abortion include:

- In-person, state-directed counseling 24 hours before abortion
- Parental consent for minors
- Bans on insurance coverage for abortion
- Restrictions on the use of telemedicine for abortion
- Ban on the use of dilation and evacuation, the standard procedure for second-trimester abortion

Figure 1: Many state residents live far from the only clinic

Mississippi has only one licensed abortion facility, located in Jackson, meaning many people seeking abortion in Mississippi have to travel significant distances to obtain care. People living outside the white circle have to travel 50 miles or more to the facility.



Findings:

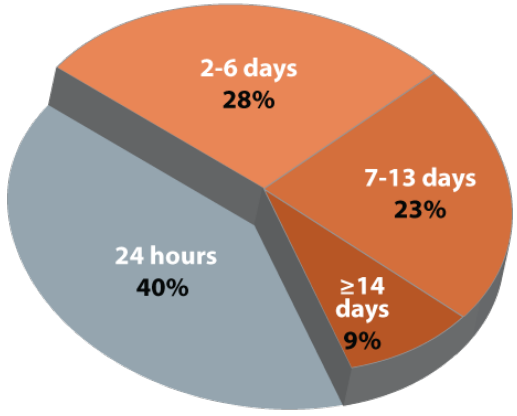
This research brief reports on a survey we conducted with 215 Mississippi residents who obtained an abortion at the facility in Jackson in 2019. We describe the challenges people faced obtaining abortion care and provide recommendations for facilitating access to timely services.

Attending abortion-related visits required making multiple logistical arrangements

Although Mississippi's mandatory waiting period between the consultation and abortion visits is 24 hours, there was a median of 4 days between patients' visits. Less than half of patients returned for their abortion immediately following the 24-hour waiting period, and nearly one-third (32%) had a week or more between appointments (Figure 2).

Patients had to make multiple arrangements to get to the clinic for their consultation and abortion visits. More than half (57%) reported missing work to attend their appointments, which may have resulted in lost wages. Because nearly two-thirds (64%) of patients did not live in the same county as the clinic, many had to travel long distances to obtain care; almost half (43%) traveled 50 miles or more one way (Table). Patients who attended both the consultation and abortion visit traveled a median 161 miles round trip. One in three patients (34%) needed to make childcare arrangements, and one in six (15%) reported they had to stay overnight when they returned for their abortion appointment.

Figure 2: Most Mississippi patients did not return for their abortion visit until several days after the mandatory 24-hour waiting period



When asked if they would be comfortable receiving the information provided at the consultation visit by phone or video call, the majority of participants (79%) said they would be somewhat or very comfortable with a phone or video consultation.

Covering the cost of abortion contributed to economic hardships and delays in care

Participants' median out-of-pocket cost for their abortion was $600, although some who needed care later in pregnancy paid more than $1000. Approximately half (51%) of participants reported their yearly household income was less than 100% of the federal poverty level, $21,330 for a household of three,[2] and therefore covering the cost of care was difficult. In fact, three in five (60%) participants said it was somewhat or very difficult to pay the costs of their abortion care and related expenses. These difficulties were more common among those who participated in means-tested public assistance programs (e.g., Supplemental Nutrition Assistance Program [SNAP]) than for those who did not (72% vs 52%).

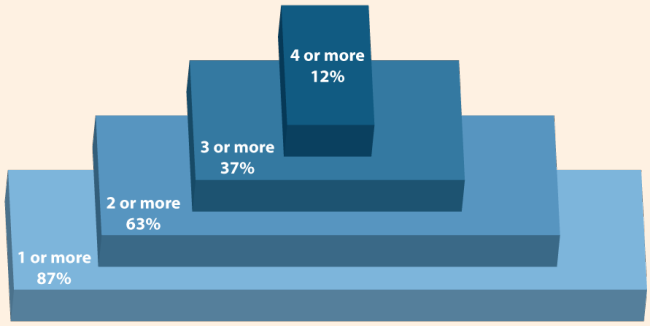
To cover the cost of abortion, almost half (49%) of patients reported that they had to delay at least one routine expense or sell something of value (Figure 3). Additionally, 42% obtained financial assistance from others, including the man involved in the pregnancy, family, friends, and abortion funds (non-profit organizations that provide some financial assistance), to help cover the cost of care.

Figure 3: Patients frequently delayed paying routine expenses to cover abortion costs

Overall, 16% said they got their abortion later than they would have liked. Those who reported getting care later were more likely to report difficulty covering their abortion costs compared to those who did not report their abortion was delayed (77% vs 58%). The actual percentage of patients who got their abortion later than desired may be higher since we did not interview people who had to travel out of state to get care past the gestational limit of the Jackson facility.

Approximately 9 out of 10 (87%) participants reported at least one economic or logistical hardship associated with getting their abortion. Nearly two-thirds (63%) reported experiencing two or more hardships, and more than one-third (37%) reported three or more hardships (Figure 4). Hardships included missing work, delaying expenses or selling something of value, traveling more than 50 miles, arranging childcare, and needing to stay overnight to obtain an abortion.

Figure 4. The majority of patients experienced economic or logistic hardships getting their abortion in Mississippi



Conclusions and Recommendations:

People obtaining abortion care in Mississippi, most of whom are living on low incomes and do not live near Jackson, report numerous access barriers. The limited availability of services, restrictive abortion policies, and lack of insurance coverage for abortion likely contribute to our finding that nearly 90% of survey participants reported at least one hardship and that many patients were delayed beyond 24 hours when they returned for their abortion visit. To facilitate timely care:

- Eliminate the mandatory consultation visit and waiting period requirements to minimize logistical challenges coordinating care;
- Permit the use of telemedicine for abortion care to reduce distance and other scheduling barriers;
- Allow abortion care to be covered in private and public insurance plans to reduce economic hardships.

Methods:

In 2019, we recruited people seeking abortion care at Jackson Women's Health Organization in Jackson, Mississippi. Mississippi residents aged 18 to 45 years old, who were presenting for their initial consultation visit, had no known fetal anomalies, and were able to complete study procedures in English were invited to participate. Those enrolled completed a baseline survey at their consultation visit and follow-up phone surveys approximately 6 weeks and 6 months after the consultation visit. This analysis excluded people who were still pregnant (n=11) and those who reported a miscarriage (n=9) at the follow-up survey. In this research brief, we report differences between groups that are significant at the $p<0.05$ level and were assessed with Pearson's chi-squared tests.

Table: Characteristics of survey participants (n=215)

	%
Age, years	
18-24	35
25-29	33
30-34	19
≥35	13
Race	
Black	83
White	15
Other race / More than one race	2
Education	
High school or less	26
Some college	46
Bachelor's degree or more	28
Number of children	
None	28
1	26
2	18
≥3	21
Unknown / Not reported	7

	%
Insurance	
Private	49
Public	20
Uninsured	30
Unknown / Not reported	1
Income less than poverty level[a]	51
Household participates in means-tested assistance programs[b]	45
Abortion type	
Medication abortion (<10 weeks)	73
Procedure abortion (<12 weeks)	19
Procedure abortion (≥12 weeks)	8
One-way distance from county of residence to abortion facility	
<50 miles	54
≥50 miles	43
Unknown / Not reported	3

[a.] 2019 Federal Poverty Level: Income less than $21,330 for a household size of 3.[2]
[b.] Means-tested public assistance programs included Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC) benefits, earned income tax credit, social security or disability benefits, Temporary Assistance for Needy Families (TANF), subsidized housing, and utility discounts or credits.

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The Institutional Review Board (IRB) at the University of Alabama at Birmingham approved the study protocol. The University of Texas at Austin IRB determined the analysis of de-identified data was not human subjects research.

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