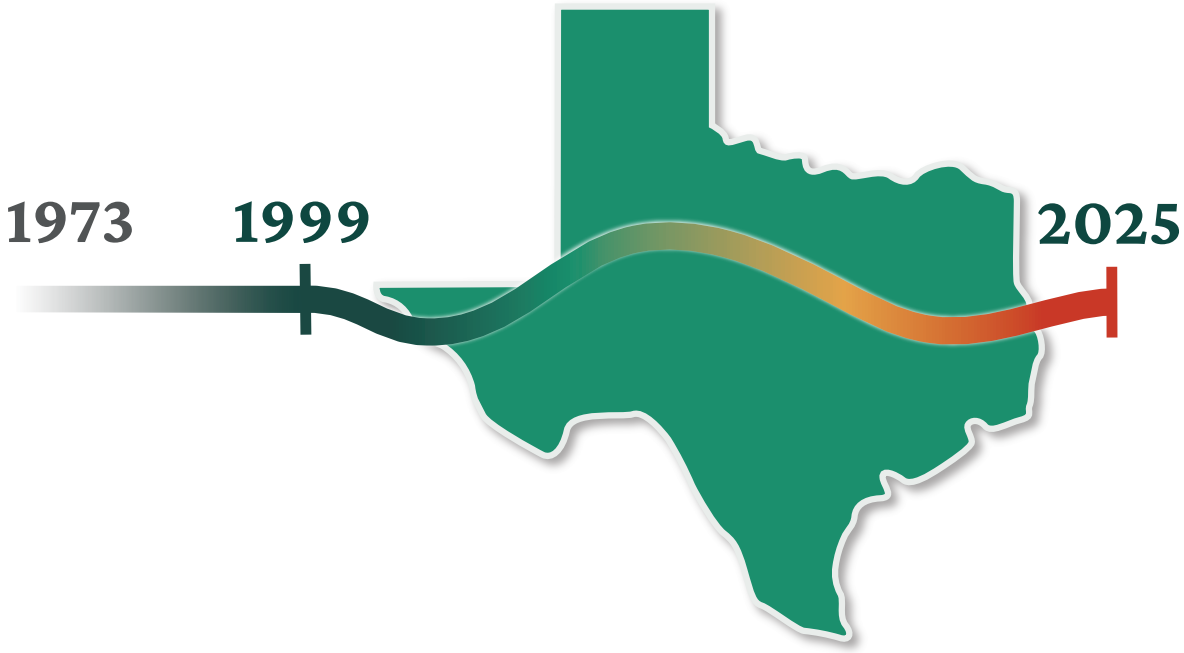
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History of Texas abortion policy and impacts: 1999-2025

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Texas has been at the vanguard of abortion policy in the United States for decades, starting with *Roe v. Wade*, the 1973 case that struck down Texas' criminal abortion ban and established federal constitutional protections for abortion. During the last 25 years, Texas legislators have continually advanced numerous policies that have resulted in one of the most restrictive environments for abortion access in country. State-level laws that increased in intensity and scope over time directly undermined the legal precedent set by *Roe v. Wade*, even while federal protections for abortion remained in place. After the US Supreme Court overturned Roe with the *Dobbs v. Jackson Women's Health Organization* decision in 2022, Texas aimed to severely limit access to abortion both within and beyond its borders, imposing draconian criminal and civil penalties on abortion providers.

In this brief, we review the history of Texas' abortion laws from 1999 to 2025, a period that included legislation aimed at clinicians who offered abortion care, facilities that provided abortion, and people seeking care.* We also summarize evidence about the many ways that these laws affected Texans, including out-of-state travel for abortion care, access to and use of medication abortion, and abortion at 12 weeks of gestation and later.



* Note on language: We recognize that not all people who can become pregnant or seek abortion care identify as women and, throughout this document, we use gender-inclusive terminology when possible. We use the word "women" to reflect language used in cited research and legislation and study participants' self-reported gender identity.

1999 – 2012: New regulations on pregnant people's access to care and on abortion providers

September 1999
Parental notification law for minors seeking abortion goes into effect (SB 30)

January 2004
The "Women's Right to Know Act" goes into effect, imposing multiple requirements on abortion providers, facilities and patients (HB 15)

September 2005
Abortions in the third trimester are banned; legislators add requirements for minors seeking abortion care, including parental consent requirements (SB 419)

September 2005
Tax-payer-funded Alternatives to Abortion program established through the state budget (SB 1)

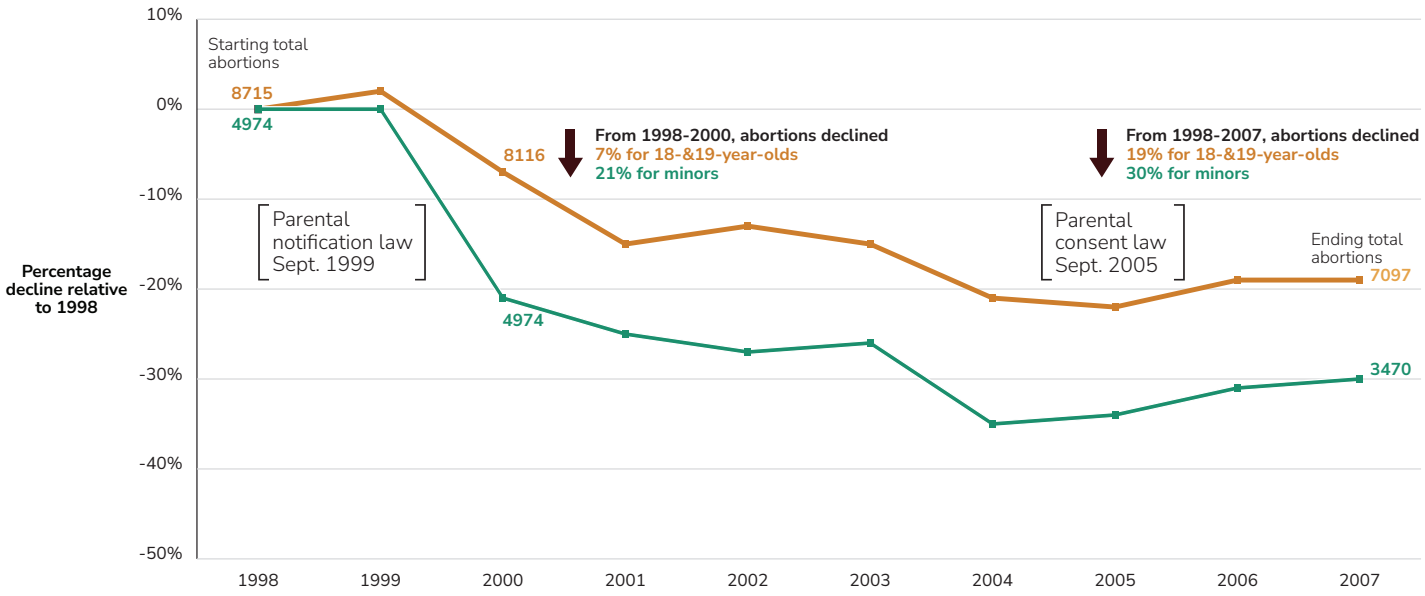
January 2012
Sonograms are required at least 24 hours before abortion (HB 15)

In 1992, the US Supreme Court upheld Pennsylvania's abortion restrictions on waiting periods and parental consent for minors in its ruling in *Planned Parenthood v. Casey*, catalyzing other states to pass restrictions providing these did not impose an undue burden on people seeking abortion care. Having not enacted any abortion regulations since 1985 when it required only physicians to provide abortion care, the Texas legislature began passing several laws that placed obstacles in the path of those seeking abortion. In 1999, state legislators passed a law that required abortion providers to notify the parents of minors seeking abortion care 48 hours ahead of their visit, or, alternatively, petition a judge for permission by filing for a judicial bypass.[1]

Calls to district clerks' offices, which handle bypass petitions, demonstrated that just 39% of Texas' 254 counties were prepared to handle a minor's request for a judicial bypass at the time.[2] Following the implementation of the 1999 parental notification requirement the abortion rate among Texas minors (15-17 years old) decreased; 17-year-olds who were within 6 months of their 18th birthday were also more likely to have an abortion after 12 weeks of gestation, indicating they may have delayed care until they were no longer subject to the notification requirement.[3] Building on the initial notification law, new laws required minors to obtain parental consent in 2005; parents of minors had to provide notarized consent beginning in 2006.[4]

Percent decrease in abortions for minors in Texas following legislation targeting their access to care, 1998 to 2007

18- and 19-year-olds included for comparison



Planned Parenthood v. Casey also paved the way for Texas to impose a waiting period prior to abortion. In 2003, after Republicans achieved a majority in the House of Representatives for the first time in over 100 years, the legislature passed the "Women's Right to Know Act." The law mandated a 24-hour waiting period for people seeking abortion and required physicians to read a script and offer a state-published pamphlet about abortion that contained medically inaccurate information about fetal development and abortion risks.[5] Patients could listen to the script via a telephone recording, video, or at an in-person visit. They also had to sign a statement that they received the requisite information and viewed the pamphlet.[6] The law's sponsors justified the waiting period by saying it would give patients information and time for "reflection" on their decision, even though research at the time indicated that a mandated waiting period did not benefit the patient because they had typically deliberated on their decision before making an appointment. [7,8] Subsequent research has further demonstrated the vast majority of people seeking abortion are certain of their decision even before the waiting period begins; 99% of women who receive an abortion do not regret it 5 years later.[9,10 11]

The Women's Right to Know Act also included the state's first targeted regulations of abortion providers (TRAP) law, requiring all abortions performed ≥16 weeks of gestation to take place in an ambulatory surgical center (ASC) or hospital. TRAP laws impose expensive regulations on abortion clinics that go beyond what is needed to ensure patient safety, making it difficult for providers to comply. None of the 54 non-hospital facilities providing abortion care in Texas qualified as an ASC because they did not meet the required building standards, such as having hallways wide enough to accommodate a stretcher, that were medically unnecessary for abortion. This provision initially functioned as a de facto ban on abortions ≥16 weeks' gestation, until some clinics could later be converted to ASCs. The new ASC requirement adversely affected Texans seeking abortion care: the number of in-state abortions ≥16 weeks of gestation decreased by 88% between 2003 and 2004, and the number of residents who obtained an out-of-state abortion ≥16 weeks' gestation, rose from 187 to 736, a nearly four-fold increase.[12]

In 2005, legislators also began placing gestational limits on abortion by prohibiting abortion "on a woman who is pregnant with a viable unborn child during the third trimester."[4] The threshold for viability is commonly understood to be around 23-24 weeks' gestation; however, firmly defining 'viability' based on pregnancy dating does not account for the variation in fetal health and development and access to medical interventions that affect an infant's survival and quality of life.[13]

During the 2005 session, lawmakers also established the Alternatives to Abortion program, which began funding organizations throughout the state that have a mission to support childbirth and deter abortion. Created with $5 million from the Temporary Assistance for Needy Families (TANF) program, a cash-assistance program for low-income families, the Alternatives to Abortion program aimed to reduce abortion by funding non-medical maternity care offered at unregulated pregnancy centers (also called "pregnancy resource centers" and "crisis pregnancy centers"), maternity homes, adoption agencies, and social service organizations.

In 2011, the same session during which the legislature devastated the family planning safety net by cutting the family planning budget by two-thirds and excluding Planned Parenthood affiliates from state-funded family planning programs, lawmakers passed House Bill 15 (HB 15). Known as the "sonogram law," this bill increased barriers for abortion patients by requiring them to undergo a medically unnecessary abdominal sonogram or vaginal ultrasound at least 24 hours prior to an abortion. The law also required providers to describe the embryo or fetus in medical detail and make audible the fetal heart by auscultation.[14] HB 15 further mandated that the same physician who would provide the patient's abortion also had to perform the ultrasound, diverging from the usual practice of having allied health professionals with appropriate training perform the ultrasound.[14]

The ultrasound law largely eliminated remote options for initiating the 24-hour waiting period by phone, instead requiring nearly all Texans seeking in-state care to make an in-person visit before their abortion. The waiting period was reduced to 2 hours for patients who lived more than 100 miles from the nearest abortion facility.

There were narrow exceptions for patients experiencing a medical emergency, patients whose fetus had a severe anomaly, and patients whose pregnancies were the result of rape or incest.

Abortion facility staff reported that the new physician-provided ultrasound requirement created scheduling difficulties and resulted in longer wait times for patients both between appointments and at each visit.[15] People seeking abortion care had a wide range of reactions to viewing the ultrasound image and listening to the fetal heart tones during their consultation visit, including distress, sadness, fascination, and relief; some described not having an emotional reaction at all. However, patients' confidence in their abortion decision was largely unchanged after the consultation and ultrasound visit: 92% of patients reported that they were sure of their decision or that abortion was a better choice for them before the consultation visit, and the same percentage also reported this after the consultation and ultrasound.[15]

> *I know it's [the ultrasound] trying to convince me that I'm doing something wrong. It felt a little like I was being forced to feel bad about having a different opinion than what most people do about this experience. It did make me question a little bit, it made me feel like I was a little bit morally wrong, even though I know I was making a responsible decision. It almost made me feel like 'no you weren't responsible in the first place so then this happened.'*
> **– A 27-year-old Texas resident seeking abortion care after HB 15**

> *It [the ultrasound] reminded me of the children that I have and the experiences that I had through my pregnancy with my children. And it was a beautiful thing. It reminded me of that beautiful thing that happened twice. But I didn't feel that beautiful thing at the time [of this ultrasound]. It was a different situation.*
> **- A 40-year-old Texas resident seeking abortion care after HB 15**

2013 – 2016: Targeted regulations of abortion providers

November 2013
Abortion omnibus bill goes into effect (HB 2)

January 2016
Restrictions added for minors seeking a judicial bypass for abortion care (HB 3994)

March 2016
The FDA published a new label for mifepristone that expands medication abortion access

June 2016
The Supreme Court overturns 2 provisions of HB 2 in its decision in Whole Woman's Health v. Hellerstedt

During the 2013 legislative session, Texas lawmakers introduced an omnibus abortion restriction bill that included multiple TRAP laws. The bill failed to pass both during the regular session and in a special session, during which state senator Wendy Davis held a 13-hour-long filibuster to block a vote. Gov. Rick Perry then called a second special session, and the omnibus bill, House Bill 2 (HB 2), finally passed. It was the most restrictive state abortion law at the time.

Under House Bill 2:

1. Abortion providers were required to obtain admitting privileges at a hospital within 30 miles of the clinic where they provided care, which would be difficult to overcome because it required a minimum number of hospital-based surgeries and few abortion patients require transfer to a hospital;
2. Abortion facilities, even those that provided only medication abortion, needed to adhere to the costly and medically unnecessary ASC building codes (e.g., expanded hallway width);
3. Abortions ≥22 weeks of gestation were prohibited with exceptions for fatal fetal abnormalities and health complications for the pregnant person. This provision was based on the assertion that fetuses feel pain at this point during pregnancy, despite evidence from multiple peer-reviewed studies that this is not medically accurate;[16–18]
4. Mifepristone, 1 of 2 medications in the most commonly used medication abortion regimen in the US, could only be provided in accordance with the original, US Food and Drug Administration (FDA) label from 2000 that was no longer consistent with evidence-based practice. This change required providers to use an out-of-date regimen for mifepristone that was associated with more side effects and required additional patient visits and lowered the gestational duration at which medication abortion could be provided from ≤70 days to ≤49 days.

Supporters of the law claimed its measures were medically necessary to ensure patient safety, despite extensive evidence that the rate of complications from abortions is very low.[19] The American College of Obstetrics and Gynecology and the American Medical Association, among other professional medical associations, opposed the law, stating that its requirements were not "supported by accepted medical practice or scientific evidence."[20] After HB 2 went into effect, licensed abortion facilities had 1 year to comply with ASC standards. Abortion providers filed lawsuits challenging this component of the law, along with the admitting privileges requirement, prior to its November 2013 implementation, arguing that these provisions were unconstitutional because they would not improve patient outcomes and would impose an undue burden on patients' access to care, a standard established in *Planned Parenthood v Casey*. In a second lawsuit, abortion providers challenged the changes to the medication abortion protocol as being contrary to the current medical standards.

The admitting privileges requirement, the 22-week ban, and medication abortion changes went into effect in November 2013 and adversely affect Texans' abilities to obtain timely care for their preferred abortion method.[21] The ASC requirement went into effect for a brief period in October 2014 before the US Supreme Court issued a temporary stay while the case *Whole Woman's Health v. Hellerstedt** challenging those requirements (and the

* The case was originally *Whole Woman's Health v. Cole*, then *Whole Woman's Health v. Lakey*, and finally *Whole Woman's Health v. Hellerstedt.*

admitting privileges requirement), proceeded through the courts. The temporary stay allowed only abortion providers in El Paso and the Rio Grande Valley along the US-Mexico border to continue providing abortion care without admitting privileges, due to the lack of other abortion facilities in each area.

Clinic closures and travel for care

Of Texas' 48 physicians providing abortion care, 15 had admitting privileges before HB 2 and 13 were able to get privileges after the law.[22] Many others who applied for privileges stated that hospitals did not respond to or denied their request because of their affiliation with abortion facilities, and others were unable to meet the hospital's requirement for the minimum number of hospital-based surgeries because they only provided outpatient care.[22]

Immediately after the implementation of the hospital admitting privileges requirement, many Texas abortion facilities closed, including most of those in smaller communities. The number of facilities declined from 41 in 2012 to 22 in November 2013.[23] By 2016, there were only 17 abortion facilities in Texas.

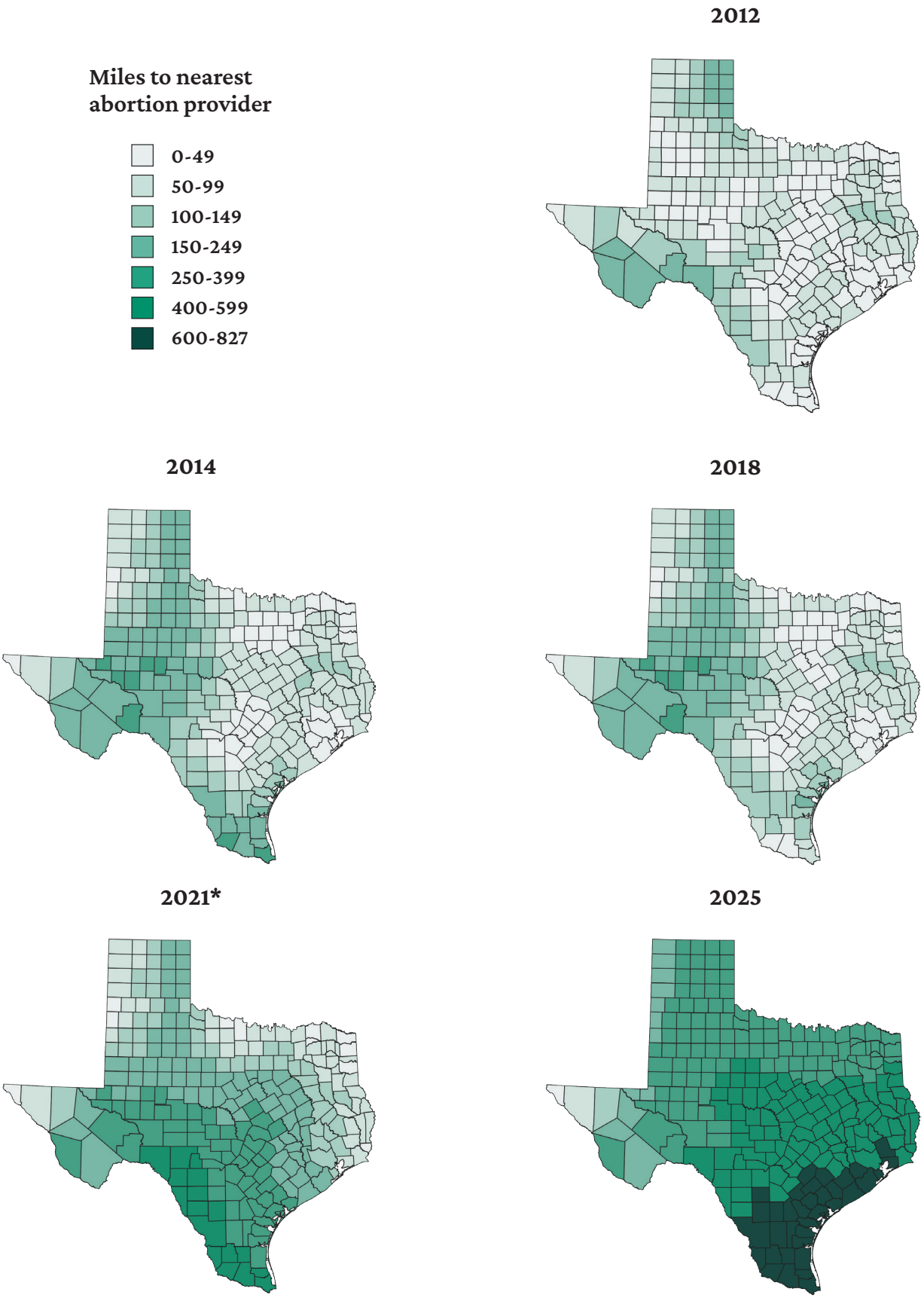
These closures created travel burdens for Texans seeking abortion care. Before HB2, most reproductive-aged women in Texas lived <50 miles from an in-state abortion facility, and approximately 10,000 lived >200 miles from one; the number of women living >200 miles from an in-state abortion facility increased to 290,000 by April 2014. [24,23] Some pregnant Texans were turned away from abortion facilities that closed, and it took them more time and money to find another open facility and arrange transportation. For some, the obstacles created delays that pushed them into the second trimester before they could obtain care; others were unable to obtain abortion at all.[25]

Between 2012 and 2014, the total number of abortions provided in Texas decreased by 14%.[26,27] The decline in abortions was greater as the change in distance to the nearest facility increased, with the number of abortions declining by 50% in counties where one-way travel distance increased by ≥100 miles.[26] As a result of the clinic closures, the number of Texas residents who traveled to another state for abortion care nearly doubled from 762 in 2012 to 1673 in 2014, foreshadowing further increases in out-of-state travel with subsequent abortion bans.[28]

Uneven Geographic Impacts of HB 2 on Texas Residents

Residents of the lower Rio Grande Valley in South Texas face numerous barriers to abortion care, and legislative changes often hit this region the hardest. Counties in this region are among the poorest in the US. Additionally, residents may be reluctant to travel outside the region due to their immigration status (or that of their travel companion) and the presence of border patrol checkpoints situated along major roads and highways 100 miles north of the Mexican border. Between the initial enforcement of HB2's admitting privileges requirement and the Supreme Court decision allowing a Rio Grande Valley clinic to reopen (November 2013-October 2014), the nearest abortion-providing facility in Texas was 250 miles away in San Antonio; among residents of the lower Rio Grande Valley, the decline in abortions was more than one and a half times the statewide decline.[23] Likely due to residents' many difficulties obtaining abortion care, Latina women who lived near the US-Mexico border were also more likely than those residing in other parts of the state to try to end their pregnancies on their own.[29,30]

Distance to nearest abortion provider by Texas county



**Distance to a facility that could provide care after detectable cardiac activity.*

Abortion at 12 weeks of gestation or later

Patients who obtain abortions ≥12 weeks' gestation can experience disproportionate burdens getting care compared to those who obtain care before 12 weeks. Procedural abortion, which is most often the only method offered, typically requires multiple visits, results in higher costs for patients, and can be associated with a slightly higher risk of complications, such as hemorrhage.[31] In-state abortions occurring between 12 and 21 weeks of gestation increased from 10.5% before HB 2 to 14.5% after its implementation, and Black Texans and those younger than 18 years of age had among the highest increases.[31]

The higher percentage of Texans having an in-state abortion at ≥12 weeks of gestation was related to greater travel distances to care and longer wait times for appointments at the abortion facilities that remained open.[31] Although pregnant Texans could schedule the mandatory ultrasound visit in some Texas cities within 4 days, in other metropolitan areas, wait times could exceed 20 days as there were fewer open facilities in these areas and the facilities struggled to meet the demand for care.[31]

After HB 2, a greater number of Texans with pregnancies ≥22 weeks of gestation obtained out-of-state care, likely related to the law's restrictions on abortion after that point in pregnancy.[28]

Medication abortion

Although medication abortion use was increasing nationally, medication abortion, as a share of all in-state abortions, decreased in Texas from 28% before HB 2 to just 10% after the law went into effect.[32] This decline was related to fewer pregnant Texans being eligible for abortion medication due to the lower gestational limit and because fewer facilities offered the method.[23, 32]

Changing access also meant pregnant Texans were unable to use their preferred abortion method. In a survey of nearly 400 patients seeking abortion care in Texas, more than 1 in 5 reported being unable to get a wanted medication abortion, and the percentage of patients unable to do so was greater among those whose nearest abortion facility had closed by 2014—33% vs 22% among those whose nearest clinic remained open.[32, 24]

> *Well, I actually found out when I went in for my [ultrasound] that they don't offer [medication abortion]. I just started crying hysterically in front of the girl who was counseling me, and she didn't know what to do. It was like, 'I could refer you somewhere else but, you know, you're like 3 days away from the [cutoff] day,' and I didn't have half the money I needed for it yet.*
> ***- A 20-year-old pregnant Texan who preferred medication abortion[33]***

Further attacks on minors' access

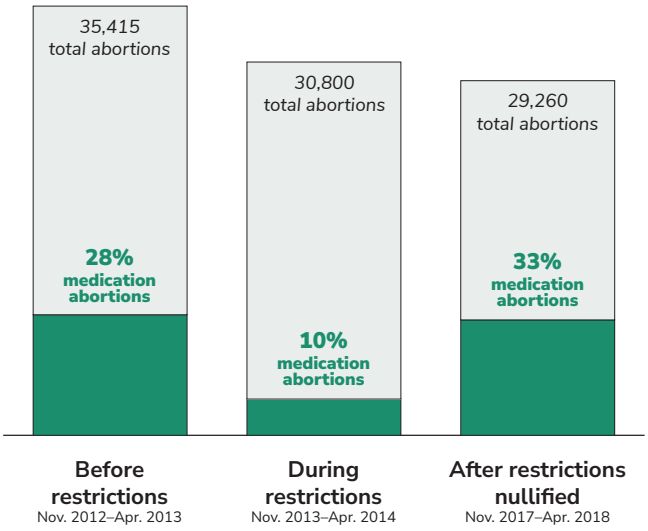
Beginning on January 1, 2016, a new law adding restrictions for minors seeking a judicial bypass to obtain abortion care went into effect. The law weakened anonymity protections for minor petitioners by removing their ability to use a pseudonym in court documents, requiring them to file in their home county, prohibiting remote participation via teleconference, and omitting the requirement for bypass documents to stay "confidential and privileged."[34] The law also required a higher burden of proof - "clear and convincing evidence"- that notifying a parent would not be in a minor's best interest.[35] The guardian ad litem, a person chosen by the court to represent the minor's best interest, could no longer be the same person as the minor's lawyer. The previous version of the statute allowed judicial bypass exceptions for minors experiencing "physical, sexual, or emotional abuse," while the updated law retained only the medical emergency exception.[34] In another change from the previous law, if the court failed to rule on an appeal after 5 days, the bypass was deemed denied, not granted. The percentage of judicial bypass applications that were denied significantly increased from 2.8% in 2015 to 13.2% in 2016.[36]

> *You guys keep telling me I'm not mature enough to make this decision and I don't know what I'm getting myself into, yet . . .if I'm not mature enough to make a decision like this how am I mature enough to even have a baby and to go through the emotional and physical changes of having a kid?*
> *– **A Texas minor who sought and was denied a judicial bypass in 2016***[37]

The end of HB 2

In 2016, several of the provisions of HB 2 that had been in effect for 2 ½ years were overturned following changes that took place at the federal level. In March, the FDA updated the label for mifepristone, aligning the protocol with evidence-based medical practices, which effectively nullified the restrictions imposed by HB 2. Under the new label, medication abortion could be provided up to 70 days of gestation using a lower dose of mifepristone, and required fewer in-person visits.[38,39] Following the FDA label change, medication abortion as a percentage of all abortions in Texas increased from 10% to 33%, bringing the share of patients obtaining medication abortion in line with national rates (39%).[32]

Changes in medication abortion use following abortion restrictions, 2012-2018



In June 2016, the US Supreme Court released its landmark decision in *Whole Woman's Health v. Hellerstedt* and overturned HB 2's admitting privileges and ASC requirements. By the time of the Court's ruling, 50% of all abortions in Texas were provided at ASCs – up from 26% in 2013.[23,40]

The Court's majority opinion cited scientific evidence that the requirements' medical benefits were not sufficient to justify the burdens imposed on women seeking to exercise their constitutional right to an abortion.[26,41]

2017 – 2019: Continuing state efforts to limit abortion methods and insurance coverage

May 2017
Law permitting telemedicine passes but explicitly prohibits telemedicine use for abortion (SB 1107)

May 2017
Dilation and evacuation abortion (D&E) ban is passed. (SB 8)

November 2017
Additional detailed reporting for abortions provided to minors is required. (HB 215)

December 2017
State-issued and private insurance plans are prohibited from covering abortion care without the purchase of a supplemental plan. (HB 214)

September 2019
"A Women's Right to Know" booklet is required to be provided in hard copy to abortion patients (SB 24)

September 2019
A new law creates civil and criminal penalties for doctors who do not deliver resuscitative care to fetuses showing "signs of life" after an abortion, even though no such cases had been reported. (HB 16)

In the 3 ½ years following the Supreme Court's decision in *Whole Woman's Health v. Hellerstedt*, Texans had more stable access to facility-based abortion, compared to the years immediately following HB 2. But, despite the (re)opening of 8 abortion facilities between 2017 and 2019, there were about half as many open facilities overall compared to 2012 (24 vs 41), and these were primarily concentrated in Texas' major metropolitan areas. However, there were about half as many open facilities overall compared to 2012 (24 vs 41), and these were primarily concentrated in Texas' major metropolitan areas. Although the number of Texas residents who obtained out-of-state abortion care decreased after the Court's decision, the number who did so remained higher than pre-HB 2 levels.[28] This reflected the limited access to abortion in some areas of Texas where facilities never re-opened, especially in West Texas.

The state legislature continued to pass restrictions on abortion, but most were not as far-reaching as those included in HB2. In the 2017 session, the legislature passed multiple laws – targeting abortion access for minors, abortion methods and insurance coverage. While lawmakers expanded the use of telehealth for Texans, they specifically prohibited its use for abortion. Abortion providers already had to perform patients' mandatory consultation visit in person at least 24 hours before an abortion, and this law precluded them from using telehealth for other components of abortion care, including remote dispensing of medication abortion that other states had adopted and that reduced patients' travel burdens.[42]

In the same session, the legislature also passed a ban on dilation and evacuation (D&E), which is typically the safest procedure for abortions ≥15 weeks of gestation. At the time, abortions provided by D&E accounted for 6% of all abortions in Texas and 76% of abortions ≥15 weeks' gestation.[43] The ban did not go into effect while lawsuits challenging the law moved through the courts.[44] Eventually, in 2021, the Fifth Circuit Court of Appeals issued a decision upholding the ban, but at that point another Texas law prohibiting very early abortions had gone into effect, making the D&E ban obsolete.[45]

Additionally, Texas lawmakers prohibited private insurance companies, including Affordable Care Act marketplace plans, from covering abortion for beneficiaries, even in cases of rape or incest, unless they purchased a supplemental plan.[46] These limitations on coverage in private insurance plans were more restrictive than those in the state full-benefit Medicaid program, which covered abortion in cases of rape, incest, or the "life of the mother." Patients who could not use their insurance paid an average of $634 for abortion care, and frequently reported that paying these costs created financial hardships and led them to delay routine expenses.[47]

Abortion funds
Pregnant people who are unable to cover all of the costs for abortion care due to lack of insurance coverage have been able to get assistance from local and national abortion funds, non-profit organizations that pay for part of the abortion visit and/or travel. Local abortion funds have been offering financial assistance to pregnant Texans seeking abortion care since 2001.[48] They have also served an important role in supporting patient navigation, especially in a quickly changing legal landscape.[49] In a 2018 survey of 603 Texas abortion patients, approximately 1 in 8 respondents with low incomes received assistance from an abortion fund.[47]

> *[W]hen I initially called, I didn't know that health insurance in Texas does not cover abortions. That was kind of my main concern was like how I could pay for it? I have private insurance through my job—I think it's like the gold plan or whatever is the best plan that they offer. It doesn't cover medical abortion. I found out I was going to be totally out of pocket.*
> – ***A Texas abortion patient in 2018***

> *[The abortion fund] told me that they were able to just pay for everything. They were such lifesavers 'cause I had to dip into my savings, which is not very much at this moment.*
> ***– A Texan seeking abortion funding in 2021***

> *[The abortion fund was] a godsend in my situation because—just because of the time of year that it was, it just wasn't feasible for me to do anything else otherwise. It was just a real blessing for them to do the 250 at first. Then, when they increased it, it was even more of a blessing.*
> ***– A Texan seeking abortion funding in 2021***

2020 – 2022: Banning abortion: COVID-19 executive order, "6-week" and total abortion ban

March 2020
Gov. Abbott issues Executive Order GA 09, temporarily halting abortion care during the COVID-19 pandemic

September 2021
A ban on abortion in early pregnancy goes into effect (SB 8)

December 2021
A law criminalizing the distribution of abortion medications goes into effect (SB 4)

June 2022
The US Supreme Court issues its decision in Dobbs v. Jackson Women's Health Organization, *overturning Roe v. Wade and eliminating federal protections for abortion*

August 2022
Texas' "trigger ban" prohibiting nearly all abortions goes into effect (HB 1280)

Between 2020 and 2022, Texas lawmakers implemented a series of abortion bans that were increasingly expansive in their reach. On March 22, 2020, after the initial onset of the COVID-19 pandemic, Gov. Greg Abbott issued Executive Order GA 09, ordering the suspension of all medically unnecessary surgeries and procedures for a period of 30 days.[50] Subsequently, the Attorney General's office released a statement specifying that the order included abortion care.[51] The state's decision to categorize abortion as medically unnecessary was contrary to statements that the American College of Obstetricians and Gynecologists and other professional medical associations released at the time that stated that timely abortion was an essential component of reproductive healthcare.[52]

During the 2021 session, Texas legislators passed 2 laws aimed at prohibiting most abortions. Senate Bill 8 (SB 8) prohibited the provision of abortion care after embryonic cardiac activity is detected, typically between 5 and 6 weeks after a person's last menstrual period.[53] People who provide a prohibited abortion, who "aid and abet" a prohibited abortion – or who intend to do so – face civil penalties, including a $10,000 fine for each offense. SB 8 relies on private parties, rather than state agencies, to enforce the law. Its sponsors believed that it would be difficult for interested parties to challenge the law in court because plaintiffs would be unable to sue the state, as they had in prior cases.[54]

The second law, House Bill 1280, referred to as a "trigger ban," prohibited health care providers from performing most abortions in the event that *Roe v. Wade* was overturned. Consequences for violating the law include having one's medical license revoked, a civil penalty of $100,000, and up to life in prison.[55] Under both SB 8 and HB 1280, abortion is permitted under very limited exceptions: to protect the life or "major bodily function" of a pregnant person. Unlike prior restrictions, the laws did not include exceptions for pregnancies that were the result of rape or incest or if there was a life-limiting fetal anomaly.

In a summer 2021 special session, the legislature also passed Senate Bill 4 (SB 4). The law largely focused on restricting medication abortion – by then the most common abortion method[56] – by criminalizing the distribution of abortion medications by mail; the law also lowered the gestational limit to ≤49 days (or 7 weeks) and included redundant restrictions on the use of telemedicine for medication abortion. It also expanded requirements for reporting adverse events following abortion that conflated known side effects, health issues in subsequent pregnancies, and unrelated medical conditions with complications.[57]

SB 8 went into effect on September 1, 2021 and was followed 4 months later, in December 2021, by SB 4.

SB8 was the most restrictive abortion law in the country.[58] In the month following its implementation, the number of abortions in Texas fell by 50% - greater than the decreases observed following the implementation of HB2 and the 2020 Executive Order.[23,58,59] Additionally, during the period that SB 8 was in effect, the decrease

in in-state abortions was greater for Texas minors and young adults (aged 18-24 years) than for Texans 25 and older; this was likely due to the greater challenges that younger women had overcoming multiple barriers to care before embryonic cardiac activity could be detected, such as not recognizing pregnancy early, navigating parental consent and judicial bypass requirements, and difficulties independently making arrangements to travel and pay for care .[60]

The implementation of SB 8 also was associated with an increase in births due to the many difficulties associated with obtaining in-state care and traveling to another state.[61] Between April and December 2022, there were an additional 9,799 live births in Texas.[62] Likely because SB 8's narrow exceptions do not allow abortions for pregnancies with fatal fetal anomalies, there also was a 13% increase in infant and neonatal mortality in 2022, compared to 2021.[63] Infant deaths due to congenital anomalies, specifically increased by 23% in Texas in 2022, while there was a small (3%) decrease in the US during the same time period.[63]

On August 25, 2022, 30 days after the US Supreme Court released its official opinion in the *Dobbs v. Jackson Women's Health Organization* case, Texas' trigger ban went into effect, thereby prohibiting nearly all abortions in Texas.

Texas in-state abortion decline after key policy changes

POLICY	
House Bill 2 Nov. 1, 2013	-13%
Executive Order GA-09 (COVID-19) March 23, 2020	-38%
Senate Bill 8 ("6-week ban") Sept. 1, 2021	-50%
House Bill 1280 ("Trigger ban") Aug. 25, 2022	-100%

Self-managed abortion

People may try to end their pregnancy outside of the formal health care setting, a practice referred to as self-managed abortion. A recent study estimates that approximately 10% of women in the US will attempt to self-manage an abortion in their lifetimes.[64] The cost of facility-based care, limited transportation or difficulties getting to a clinic, along with shame, stigma and desire for privacy are common reasons people report as reasons for wanting to end their pregnancy on their own.[65]

Although some people report using methods that are less effective at ending a pregnancy (e.g., herbs, vitamins, or over-the-counter medicines) or that can be dangerous, including alcohol or physical trauma,[66] many others use misoprostol with or without mifepristone, the 2 medications that make up the most commonly used medication abortion regimen in the US.[64],[64]

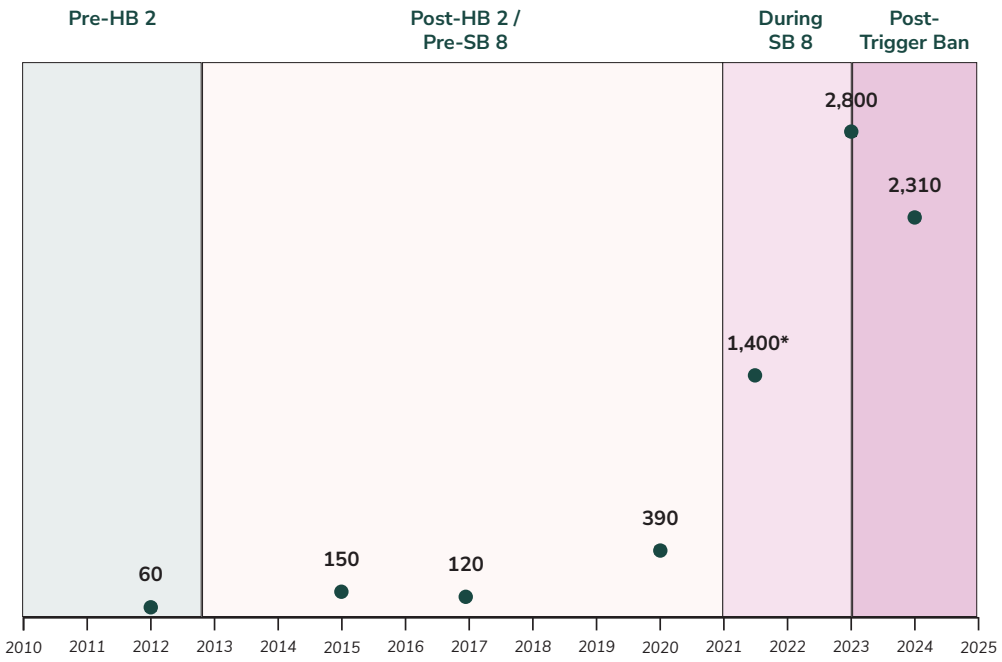
Pregnant residents in states with abortion bans are safely using abortion medications to self-manage their abortion without needing to travel to a facility for an in-person visit. They have purchased medications from online vendors or used telehealth services outside the US that mail the medications and provide instructions about use and contact information for those who have questions. Over 96% of people who used medication abortion through one such service successfully ended their pregnancies without surgical intervention, and only 1% reported needing further treatment to address an adverse health event.[67]

Travel for care

The number of Texans traveling out of state for abortion care increased as state bans became more restrictive and remained in effect. Before the 2020 Executive Order, approximately 150 Texans a month traveled to another state for care.[28] In the month that the Order was in effect, nearly 950 traveled to another state.[59] After SB 8, approximately 1,400 Texans traveled out of state every month.[68,58] In 2023 – after nearly all abortions were banned in Texas – approximately 2,800 Texans a month obtained out-of-state abortion care.[69]

Changes in Texans' out-of-state travel for abortion care after key policy changes

Average monthly number of out of-of-state abortions in select years



* Monthly average after SB 8 took effect.

The large increase of Texans seeking out-of-state care after SB8 initially overwhelmed facilities in nearby states, and Texans forced to travel recounted experiences of emotional stress and financial, and logistical burdens.[70]

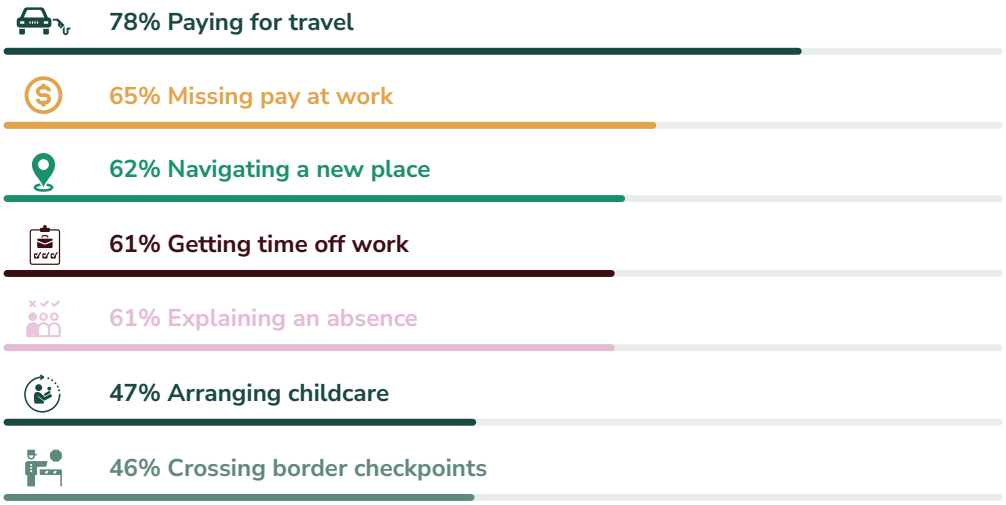
> *I had called about 6 or 7 places. I had called New Orleans first, and nobody had answered, and [then] they would say they had no availability until basically January. I called Oklahoma, and they told me that they did have availability, and I had reserved it for [a week and a half later], just in case I couldn't find nowhere else. Then I found Jackson, Mississippi, and they told me I could I come in sooner than that.*
>
> ***– Texan seeking abortion care after SB 8***[71]

Thousands of pregnant Texans have been able to obtain out-of-state abortion care following the implementation of the state's bans owing to a surge of donations to abortion funds and abortion-providing facilities.[72] In 2022, Texas Attorney General Ken Paxton threatened to sue Texas abortion funds, arguing that they were aiding and abetting abortion for providing financial assistance to patients obtaining care in other states where abortion remained legal.[73] The targeted abortion fund organizations filed a lawsuit, *Fund Texas Choice v. Deski*. As of October 2026 there has not been a final decision issued in the case, and abortion funds have continued operating.

Abortion at 12 weeks of gestation or later

Consistent with prior periods,[31] long wait times for in-state appointments following the Executive Order and at out-of-state facilities after SB8 were associated with more Texans obtaining abortion care ≥12 weeks' gestation.[58,59] For example, in the 6 months after SB 8 went into effect, the percentage of Texans who had an out-of-state abortion ≥12 weeks' gestation increased from 17% to 31%.[58]

Pregnant Texans' concerns about traveling out of state for abortion care



Additionally, Texas physicians caring for patients who developed pregnancy complications, which are often identified ≥12 weeks' gestation, found that the medical exceptions described in SB 8 and Texas' trigger ban were difficult to implement in practice. In interviews, physicians expressed concerns about SB 8's aiding and abetting provision and often limited the information they provided to patients about their options for care. They also commonly reported feeling forced to wait for patients' health to substantially decline and unquestionably meet the definition of a life-threatening medical indication before they could intervene.[74] These changes in care adversely affected patients getting the timely treatments they needed.

> *All they talk about [on the news] are there are no exemptions for rape or incest. They don't talk about if there's a genuine medical reason that would necessitate termination and that there are no exceptions for that, either. Literally, the only genuine medical emergency that would be allowed would be I would be bleeding out in the ER.*[75]
> ***– Texan who had a medically complicated pregnancy***

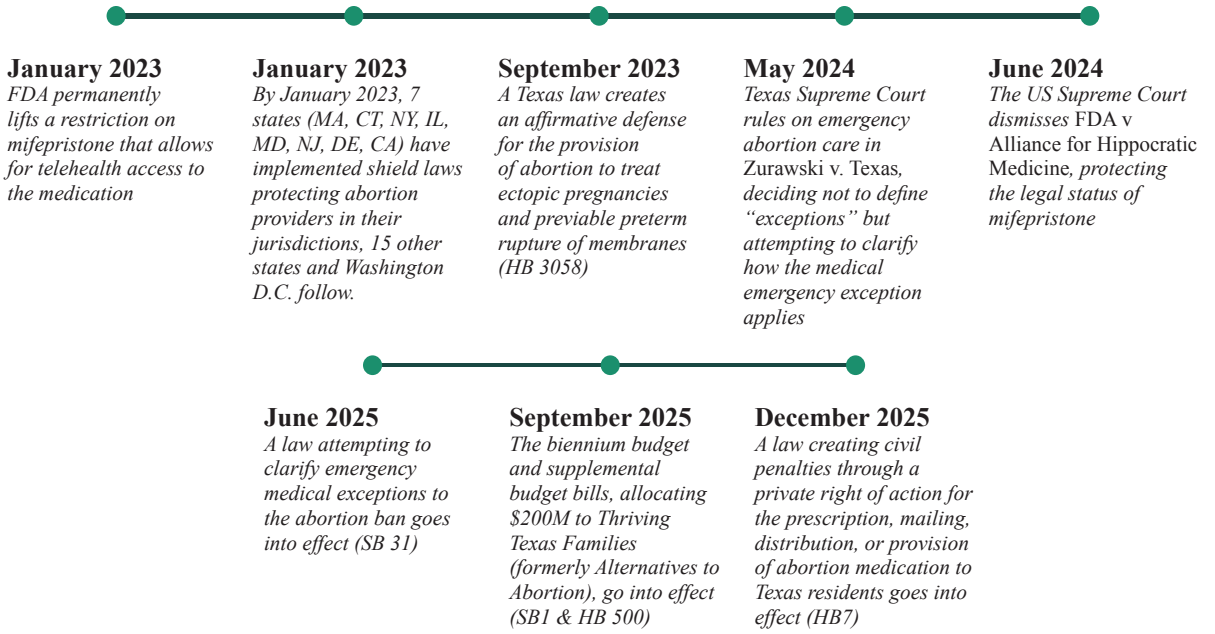
> *Over 40% of my practice is women who have limited means. Now, the Senate Bill 8, it is a pro-life bill. It's not a pro-family bill. There's no mechanism to help these women that are going to continue [their pregnancies]. They're not insured. They're stuck. It doesn't matter. It has a significant impact. I've had more cases recently of anencephaly (a fatal birth defect)—that are forced to either decide to continue, which has its own set of risks, in many respects, or to leave the state and try to find means to get there.*
> ***– Maternal–fetal medicine specialist in Texas***[74]

Medication abortion

Medication abortion continued to constitute a key means by which people had an abortion even in the face of increasing restrictions. It accounted for 80% of abortions provided at in-state facilities during the initial onset of COVID-19 pandemic and executive order limiting most abortions and 67% of in-state abortions following SB8.[59,76,77]

Furthermore, pregnant Texans indicated their willingness to use medication abortion obtained through a range of approaches as options for in-person care in Texas narrowed. Texans' online requests for medication abortion rose significantly following the March 2020 Executive Order and in the weeks after SB 8 went into effect in September 2020.[78], [79] In interviews following SB8 and in surveys completed during the weeks prior to (and just after) the implementation of the state's trigger ban in 2022, many pregnant Texans said they were willing to obtain abortion medications online, even if they were uncertain about the legality of doing so, reflecting the limitations of restrictions stopping the need for abortion care.[80,81]

2023 – 2025: Increasing tension post-*Dobbs* between out-of-state protections and in-state restrictions



The period from 2023 to 2025 was marked by state lawmakers' efforts to try and shut off routes that continued to allow Texans to obtain abortion care, while legal advocates both in and outside Texas and people directly affected by the bans were working to mitigate the many harms imposed by an increasingly restrictive state policy environment.

Following the *Dobbs v. Jackson Women's Health Organization* decision, several states where abortion remained legal passed and implemented "shield laws," which protect clinicians from civil, criminal, and professional penalties levied by states with abortion bans if they provide abortion care to pregnant people traveling from abortion ban states. Some shield laws also permit providers to prescribe and mail medication abortion directly to residents living in states that ban most abortion or prohibit telemedicine abortion. These laws were made possible by the January 2023 FDA decision that officially removed the in-person dispensation requirement for mifepristone that it had temporarily put into place during the COVID-19 pandemic. As of October 2026, 22 states and Washington D.C. have implemented shield laws that protect providers of abortion care, and 8 permit providers to mail medication abortion to residents of abortion ban states.[82]

Opponents of abortion have focused attention on limiting access to medication abortion by mail, and Texas officials have taken aim at shield laws. In December 2024, Texas Attorney General Ken Paxton filed a lawsuit against a New York physician for allegedly mailing abortion medication to a Texas resident, a challenge to the New York state shield law.[83] Although the New York court dismissed the challenge in October 2025, the constitutionality of shield laws is still being explored in court.[84] Texas lawmakers also filed several bills during the 2025 legislative session that sought to impose civil penalties on providers, drug manufacturers, and those connecting Texas residents to telemedicine abortion.[85] After failing in the regular and special sessions, the Legislature finally passed a bill (House Bill 7) that imposes civil penalties – at least $100,000 - through qui tam action on anyone seeking to "mail, transport, deliver, prescribe, or provide" abortion medication to Texas residents.[86] This law went into effect in December 2025. Although another lawsuit against a shield law provider was filed in February 2026, , telemedicine provision of medication abortion to Texans under shield laws has continued.[87]

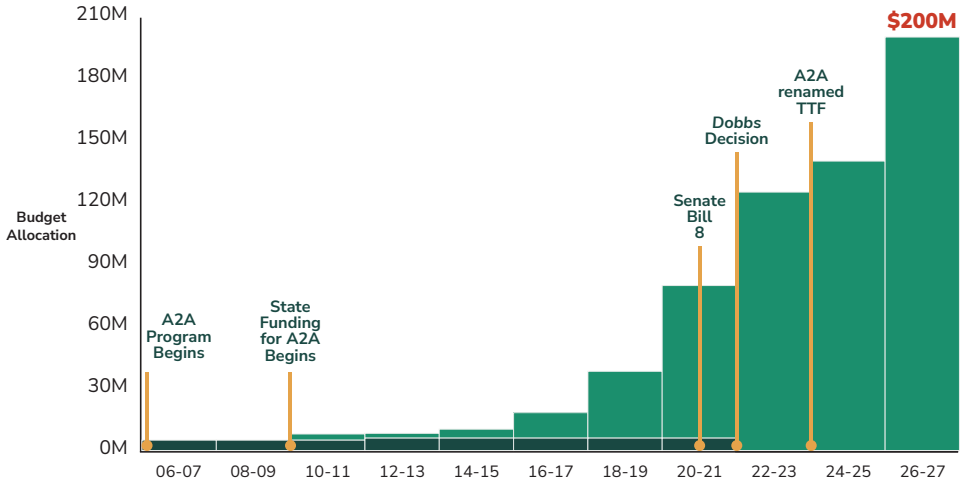
Relying on scientifically inaccurate information about mifepristone's safety, various groups also have tried to pressure the FDA to withdraw its rule revision that permits telemedicine provision nationally or rescind its approval for mifepristone altogether. In June 2024, the US Supreme Court dismissed a case that challenged the FDA's approval of mifepristone (*FDA v. Alliance for Hippocratic Medicine*), based on the plaintiffs' lack of standing. In October of that year, an identical lawsuit against the FDA was filed by attorneys general from Idaho, Kansas, and Missouri. Texas later joined the case as a plaintiff; as of this writing it sits with the Eastern District court in Missouri.[88] Robert F. Kennedy, Jr., the US Secretary of Health and Human Services, announced in May 2025 that he would direct the FDA to review its regulations on mifepristone.[89]

While supporters of Texas' abortion bans initially argued that the laws' medical exceptions for pregnant patients needing emergency abortion care were sufficiently clear, there was growing evidence that this was not the case.[90] Several high-profile cases and reports demonstrated that Texans who experienced pregnancy complications, including ectopic pregnancy and miscarriage that were not legally restricted, were unable to obtain care under the narrow medical exceptions allowed.[91] Texas patients and physicians sued the state (*Zurawski v. Texas, Cox v. Paxton*) to clarify the medical exception language, but the lawsuits were unsuccessful.

In 2023, Texas lawmakers passed legislation that aimed to limit providers' legal liability, via an affirmative defense, if they treated ectopic pregnancy or provided abortion care for patients who had previable premature rupture of membranes (PPROM).[92] Then, in 2025, after further reports of Texans who had died or experienced dire consequences as a result of the bans, the legislature passed Senate Bill 31 (SB 31). SB 31 aims to provide statutory clarification for medical providers and lawyers to understand when emergency abortion care is permissible under the law, including what "reasonable medical judgement" means and that risk to life need not be imminent. The law specifies that physicians may provide care "before the pregnant female suffers any effects of the risk," while also making clear that these actions "do not constitute aiding and abetting."[93] Additionally, SB 31 repealed the affirmative defense legislation passed in 2023 to simplify guidance for doctors.[72] SB 31 further requires physicians providing pregnancy-related care to complete a one-hour training about the law in order to renew their medical license. Critics of the bill said that it will not improve outcomes for pregnancies with fetal anomalies and that it "fails to recognize the complexity of pregnancy."[94,95] SB 31 went into effect in June 2025.

In the context of the new abortion bans, Texas legislators allocated $200 million of state general revenue to the Alternatives to Abortion program (which was renamed Thriving Texas Families [TTF]) in the 2026-2027 biennium budget and supplemental appropriations bills. This record-high investment in the program excludes medical goods or care from its reimbursed services and favors distribution to minimally regulated pregnancy centers, also known as crisis pregnancy centers, while offering little oversight or commitment to evidence-based strategies for supporting pregnant women and families.[96]

Alternatives to Abortion (A2A) and Thriving Texas Families (TTF) budget timelines



	06-07	08-09	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25	26-27
Total	$5M	$5M	$8M	$8.3M	$10.3M	$18.3M	$38.3M	$79.8M	$125M	$140M	**$200M**
TANF	$5M	$5M	$5M	$6M	$6M	$6M	$6M	$6M	$0M	$0M	$0M
State General Revenue	$0M	$0M	$3M	$2.3M	$4.3M	$12.3M	$32.3M	$73.8M	$125M	$140M	$200M

Travel for care

Out-of-state travel continues to play a major role for Texans needing abortion care. In 2024, more than 27,740 Texans traveled to at least 15 states for abortion care.[69] The majority of Texas residents traveling in 2024 went to New Mexico (12,050), followed by Kansas (6,940) and Colorado (4,070).[69]

Local governments have also enacted policies addressing abortion-related travel. As of October, 2026, 39 small cities (median population 1,556) and 22 counties in Texas have passed travel bans, local ordinances that claim it is "unlawful for any person to knowingly transport an individual for the purpose of providing or obtaining an elective abortion" within their jurisdiction.[97] In Amarillo, the largest locality to consider such a ban, city voters rejected, an anti-abortion travel restriction on the ballot (Prop A), after sustained organizing efforts in the community.[98] These ordinances are legally untested, and the constitutional right to travel freely remains in effect.

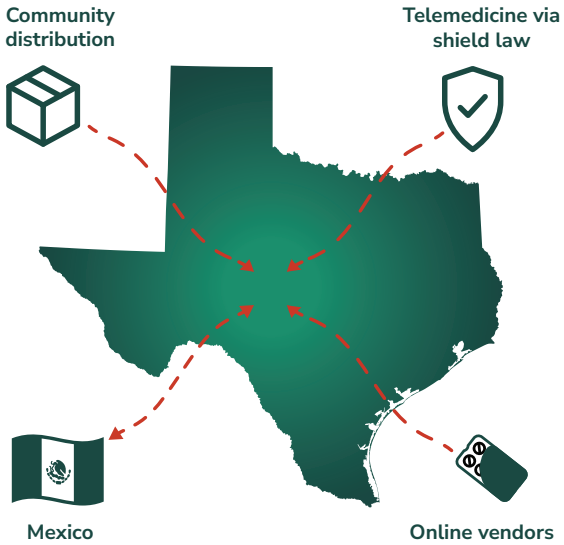
Other local efforts aimed to ensure access to abortion. In 2024, 2 major Texas cities, Austin and San Antonio, created funds for local residents to use for travel-related expenses as they sought out-of-state care; the funds could not be used to pay for abortion care. State lawmakers thwarted these initiatives and passed legislation in 2025 prohibiting local governments from using tax-payer funds to support out-of-state reproductive healthcare travel.[99]

Medication abortion

Shield laws have enabled thousands of Texas residents to obtain medication abortion since 2023. According to #WeCount data collected by the Society of Family Planning, shield law providers mailed medications to approximately 1,800 Texas residents in July 2023.[100] In 2025, the average monthly provision had grown to about 3,900.[101] This growth is likely related both to an increase in the number of shield law providers and the relatively low cost of medications obtained online (versus costs associated with travel and in-person care). These figures do not account for abortion medication obtained outside the formal health care setting (e.g. from online providers in other countries or from community distribution networks).

Post-*Dobbs* medication abortion access for Texans: beyond facility-based care

Abortion access pathways for Texans



Monthly telemedicine abortion provision under shield laws

Year	Monthly Avg.
2023*	2,070
2024	2,982
2025	3,914

#WeCount collects monthly abortion volume data from participating facilties. Texas data was calculated using 30-37% imputation.
*Calculated with August-December data.

Abortion at 12 weeks of gestation or later

Prior to the passage of SB 31, media reports and peer-reviewed articles documented an increase in blood transfusions for patients experiencing miscarriage in the first trimester, an increase in the rate of sepsis in patients experiencing miscarriage in the second trimester, and at least 3 deaths linked to delayed care as the result of Texas' bans.[102–104] It is unclear at this time the extent to which the law will reduce these adverse events. In a 2025 survey of Texas ob/gyns, less than half reported that they believed SB 31 would substantially improve their ability to provide evidence-based care for patients experiencing pregnancy complications. The majority were also concerned that the care and counseling they provided to pregnant patients might still be interpreted by others as violating Texas' abortion laws.[105]

> *Any time we provide life-saving care that includes abortion, we are at risk of prosecution and conviction. Prosecution can ruin a provider's life and the lives of their family members. The recent stop gap protective legislation does not help us and Texas women remain without care the desperately need. These laws are dangerous.*
> ***– A Texas ob/gyn[105]***

> *She [the patient] had been told by her primary doctor, as well as the high-risk OB doctor that pregnancy posed significant risk to her health, and likely she would not survive the pregnancy. The [patient's] exact words were 'They told me they couldn't help me unless I was actively dying.'*
> ***– A medical provider in a state in which abortion was legal describing a pregnant patient denied an abortion in a banned state[106]***

Conclusion

For over 2 ½ decades, state legislation placing restrictions on people seeking abortion care and abortion providers, and especially laws banning most abortions, have profoundly impacted the lives of pregnant Texans and their families. The complex system of laws and regulations has not stopped Texans from ending their pregnancies but has created economic strain and emotional stress – even fear of legal repercussions – for those trying to obtain care. Many have been unable to access their preferred abortion method in a timely manner, and some people have been forced to continue a pregnancy they do not want or that put their life at risk.[107]

The severity of the abortion restrictions in Texas is out of step with the attitudes of most Texans. In a survey of reproductive-aged Texas women, almost three quarters (74%) did not believe that the government should prevent women from getting an abortion.[108] According to 2025 statewide polling, 59% of Texas voters said that it was important for the Texas Legislature to "expand legal access to abortion."[109] Yet, unlike many states where voters have used petitions to create ballot initiatives to protect access to abortion, Texas has no legal mechanism for citizen-led ballot initiatives. Any change to the current bans will need to come from the courts, the US Congress, or the Texas Legislature itself.

The 2026 election of Democrats into many statewide leadership positions for the first time in 30 years provides an opportunity to align state laws with public opinion supporting abortion access and the provision of evidence-based care. Although the timeline for decriminalizing abortion care and eliminating financial, logistic and other barriers to abortion is still unclear, Texas may yet stand at the forefront of equitable abortion access in the years to come.

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