



## How State-Level Restrictions Affect Abortion Access for Women from Various Racial and Economic Groups

Alexa Solazzo, Harvard University

How far along in her pregnancy a woman is when she receives an abortion is an important indicator of the accessibility of such care. Research shows that women who get abortions want to get them as soon as possible, often earlier than they were able to do so — and that is true even for women who are able to get abortions in the first 12 weeks of pregnancy. Earlier abortions are much less expensive: The average cost of a first-trimester abortion is \$470, while an abortion at 20 weeks costs \$1,500 on average. Abortions in the first 12 weeks are also performed at many more locations than those that occur after that point, making early procedures more accessible as well as less expensive. Early abortions are safer, too. Although abortion carries fewer health risks than pregnancy or childbirth, the chance of complications increases slightly with each additional week a woman is pregnant.

Where a person lives is another key influence on the accessibility of abortion. State regulations that shut down clinics or require waiting times and multiple trips to a provider not only reduce the total number of abortions, but also increase second-trimester procedures. This happens because women who would prefer earlier care end up progressing further into their pregnancies while they arrange travel, child care, and time off from work. For instance, in the years following Texas's extremely restrictive 2013 omnibus abortion law, the number of second trimester abortions increased slightly, even as the total number of abortions decreased by 13 percent overall. The same patterns are found in states that forbid Medicaid coverage of abortion.

Despite such findings, to date, no published research has looked at how state abortion laws affect women from different race and class groups. Researchers already know that, compared to better-off women, poor women are more likely to have later abortions, often due to financial barriers. Black women are also more likely to have later abortions than white or Hispanic women. But do the effects of state-level abortion laws on timing vary based on race or income levels?

To answer this question, I analyzed responses to a 2008 national survey of abortion patients. Abortion patients at selected clinics across the country were asked to fill out a brief survey that included basic information on a patient's race, age, education, income level, and relationship status as well as where she lived. In my analysis of survey responses, I took into account state-level abortion laws in that year, paying special attention to requirements for state-mandated, in-person counseling and/or a waiting period; to restrictions on using Medicaid payment for abortions; and to requirements that abortions after 12 to 14 weeks be performed in hospitals.

### Findings about Counseling Rules, Waiting Periods, and Abortion Timing

Overall, I find that on average, women were 8.4 weeks pregnant when they had an abortion, with variations by race and income similar to previous research findings. Women who travel further tend to have abortions later, as do those who recently experienced stressful life events. A closer look at racial and income groups introduces new complexities:

- Among white women, legal rules requiring in-person counseling followed by a waiting period are associated with abortions that occur nearly six days later than those obtained by women not facing such restrictions.
- In states that have no mandated waiting periods or counseling or require only a waiting period, Black women with higher incomes get care more quickly than lower-income Black women.
- However, Black women in states that have the most stringent waiting period requirements tend to get earlier abortions the poorer they are. Why might that happen? Previous research has shown that when

abortion restrictions increase, fewer women get abortions. My findings may suggest that, facing restrictions, many poorer Black women who are most motivated or able to get abortions still get them, but some are not able to get abortions at all. The end result is a lower average timing for abortions actually obtained by poorer Black women. Wealthier Black women are still likely to get abortions despite restrictions, but their average timing increases, perhaps due to the need to navigate extra legal obstacles.

- The fact that Black women seem more hindered than white women by counseling requirements and waiting periods suggests that lower-income white women may have more access to social-network resources such as cars rides or child care.

## **Findings about Medicaid Restrictions and Hospital Requirements**

I found that Black women living in states without Medicaid funding for abortions have abortions nearly a week earlier than Black women living in states with such coverage. In contrast to my findings about in-person counseling and waiting periods, this result holds for all Black women who qualify for Medicaid, regardless of their exact income.

Finally, I tested the effects of state laws requiring that abortions for women at 12 to 14 weeks be performed in hospitals or ambulatory surgical centers. In contrast to the previous laws that inordinately affected Black women, I found effects for Hispanic women in their second trimester. Those living in states without this requirement are not affected, but poorer Hispanic women who live in states with this requirement tend to have earlier abortions than better-off women. I believe a similar process occurs for Hispanic women in these states as with Black women in states with counseling and waiting period requirements.

## **New Issues for Policymakers**

Although more research is needed, my findings and earlier studies suggest issues for both opponents and supporters of access to abortion. For one thing, laws restricting abortion access are often passed in the name of protecting women's health, but the evidence shows that they likely result in women either not getting care at all or having later abortions than they would prefer – increasing their health risks. At the same time, state legislation meant to expand access to abortion through insurance coverage or the repeal of waiting-periods or unnecessary clinic regulations should be evaluated for their effects on women of different races and income levels, to see whether the most disadvantaged women actually benefit from such changes.

**Read more in Alexa Solazzo, "Different and Not Equal: The Uneven Association of Race, Poverty, and Abortion Laws on Abortion Timing." *Social Problems* (2018).**