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Restricting Abortion Also Reduces Preventive Care

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In a domestic violence shelter in Hays, Kansas sits a woman meeting with the shelter's director. The woman, who recently left an abusive marriage, is trying to get an appointment with her ob-gyn for a Pap test to screen for a type of uterine cancer for which she is at high risk. But the woman is a single mother and lacks health insurance, and the local women's health clinic in Hays closed due to funding cuts. The nearest clinic that offers free preventive screenings to low income women would be almost a five-hour round trip, requiring her to miss a day of work—not to mention that she doesn't have her own car.

This story is one that is playing out all across the country. Free clinics—which often are a lifeline for low-income women and families—have been decimated by reduced and restricted funding from state and federal government authorities under this administration, all due to their providing or being associated with those providing abortion services. Beyond funding cuts, state governments have also implemented a wide variety of restrictions for abortion services around maximum gestational ages like the bans after six weeks, building codes for clinics, and admitting privileges for physicians. This has only made it more difficult for physicians and nurses at these clinics to provide comprehensive care, not just for abortion care but other, critical health services. Despite this, legislators such as State Rep. Wayne Christian from East Texas say that "I don't think anybody is against providing health care for women. What we're opposed to are abortions." This fails to recognize the damage reduced funding and targeted legislation has done on the health of low-income women.

My research in this area suggests that while the legislators passing these laws are not intentionally opposed to women's health care, it is an unavoidable consequence of their actions. In two of my published research papers, I used clinic closures in Texas and Wisconsin to calculate changes in the driving distance to the nearest women's health clinic from a large national network. I then matched this data up with the CDC Behavioral Risk Factor Surveillance System's survey data on recent preventive care usage, including Pap tests, mammograms, and professional breast exams.

Concerningly, an increase of 100 miles to the driving distance to the nearest clinic—not uncommon in my results—resulted in 11% fewer annual clinical breast exams, 18% fewer annual mammograms and 14% fewer annual Pap tests. These estimates are generally larger for women of lower educational attainment and for Hispanic women. These reductions in preventive care can lead to serious conditions being detected at later stages when they are more advanced, treatment options more limited, and ultimately higher rates of death. They can also exacerbate the disparities in health conditions that already exist by educational attainment and by ethnicity, where screening rates are lower and mortality rates are higher for those of lower socioeconomic status.

While there is substantial public disagreement as to whether and in what circumstances access to abortion should be legal, there is far less public disagreement on these indirect consequences. Most Americans believe that preventive care should be available to those who need it, especially those who are at high risk for particular conditions.

Legislators considering additional funding cuts or logistical restrictions on abortion therefore have two choices. One choice is to say that the benefits to society of restricting abortion are so large that these additional consequences are regrettable, but justified. These legislators should be willing to acknowledge this publicly to their constituents and own the consequences of the decision that they have made. The other choice would be for legislators to recognize that these consequences are unacceptable, and therefore necessitate funding increases for preventive care.

What is not an honest choice is to claim that these consequences do not exist, and that when considering abortion related policies, legislators can ignore the real-life health costs to families of the choice they make.

Read more in Yao Lu and David Slusky, "The Impact of Women's Health Clinic Closures on Preventative Care." *American Economic Journal: Applied Economics* 8, no. 3 (2016): 100-124.