

ACCESS TO ABORTION CARE IN THE DEEP SOUTH

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In this study, we assessed how the limited service and restrictive policy environment surrounding abortion in one Southern state, Alabama, affects women's access to abortion care. Alabama provides a useful case in which to examine the combined impact of the service and policy environment for several reasons. In 2013, there were five abortion providers in the state. Since 2011, the legislature has passed a series of laws restricting abortion including a 20 week ban, a ban on telemedicine medical abortion, physician hospital admitting privileges requirements (blocked in district court), ambulatory surgical center fire and safety code requirements for abortion facilities, and extended the waiting period for abortion following a consultation visit from 24 to 48 hours. Alabama women's options for obtaining abortion care elsewhere are limited since neighboring states have very few providers and similarly restrictive laws.

We used several approaches to examine women's geographic access to abortion in Alabama, and assess the way in which limited access and restrictive policies affect their experiences obtaining care. Using data for all abortion encounters (n=2,216) provided at two Alabama clinics in 2013, we calculated the distance traveled from a woman's residential zip code to the clinic where she obtained care and the number of days between the consultation and procedure visits, and then assessed factors associated with greater distance traveled and longer intervals between visits. We also conducted 25 in-depth interviews with women traveling >30 miles to a clinic to explore their experiences accessing services in this setting. Finally, we used US Census data and geographic information systems software to estimate changes in Alabama women's geographic access to abortion after clinics suspended service as a result of recent laws. This report highlights several key findings from the study.

Compared to US women overall, women served by these two Alabama clinics traveled longer distances for abortion care, on average (39 miles one way), which corresponds to the longer travel distance noted for women living in Southern states. Most, but not all, women obtained care at the facility that was nearest to them. Findings from the in-depth interviews suggest that the primary means by which women find a clinic providing abortion care – Internet searches and referrals from their social network – are not always directing women to the closest clinic. Both billing data and in-depth interviews revealed that most women were unable to schedule their abortion immediately following the mandatory waiting period. According to the billing data, only 12% of women returned to the clinic in 24 hours, while 29% had 7-13 days and 12% had ≥14 days between their consultation and procedure visits. Poor women and women traveling longer distances for services had longer intervals between visits. In the interviews, women commented that they were unable to schedule their procedure right away due to work or because appointments were offered only once a week. Some were unable to return until their second trimester even though they sought services earlier in pregnancy.

Between 2013 and 2014, when two of the five clinics suspended services in order to meet new state requirements for abortion facilities, the percentage of reproductive aged women living >100 miles from an Alabama clinic increased from 4% to 31%. Geographic access improved when these clinics re-established services, but did not return to 2013 levels because of provider shortages and an additional clinic closure. Access to abortion after 9 weeks from a woman's last menstrual period (LMP) is very limited in Alabama. In July 2015, more than half of Alabama women lived ≥50 miles from a provider

that offers services between 10-16 weeks from LMP, and 87% live ≥ 50 miles from an in-state clinic performing procedures at 17-21 weeks from LMP, with more than two-thirds of women in the state living >100 miles from the only clinic offering this service.

Many women travel long distances for abortion services in Alabama and experience delays obtaining timely care. Additionally, women's geographic access to abortion care in the state has been highly variable over the last two years, which may adversely affect access in the future if reports about clinic closures are disseminated through women's social networks – and information that services have been re-established does not. While striving to prevent further unnecessary restrictions on women and providers, steps also can be taken to make abortion care easier to access in the current service and policy environment. These efforts include improving clinic locator services and referrals for care, waiving the mandatory waiting period for women traveling long distances or allowing them to receive information by phone, targeting patient assistance funds at women traveling long distances for services so they can obtain care earlier, and providing women obtaining medical abortion alternative approaches for follow-up care