

DISTANCE TO AN ABORTION PROVIDER AND SOURCE OF POST-ABORTION CARE: EVIDENCE FROM THE MEDI-CAL PROGRAM

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Access to abortion care in the United States can be greatly influenced by the availability of and distance to abortion providers. Most abortion providers are located in urban centers and may not be easily accessible to women living in rural areas. Among US counties, 89% have no abortion provider, even while those same counties are home to 38% of US women of reproductive age. In addition, compared to first-trimester abortion providers, those providers offering second-trimester procedures are relatively scarce. Women seeking an abortion who are unable to reach a provider in their first trimester may find it more difficult to find a provider later in their pregnancy. There are more risks associated with abortion procedures at later gestations but these potential risks could be reduced if women were able to obtain care as early as desired. Distances to reach a provider may affect women's ability to obtain timely care.

This study used data from California's state Medicaid program, Medi-Cal, to examine the distance women travel to obtain abortion care, whether that distance is associated with women receiving follow-up care from their original provider, and whether distance is associated with emergency department use after an abortion. The data examined was from 2011-2012 and covers 39,747 abortions obtained by 36,720 beneficiaries. The majority of the abortion procedures were first trimester aspiration abortions and more than half of all the procedures took place in outpatient clinics. The average distance traveled to obtain an abortion by women for whom distance could be calculated was 24 miles. Twelve percent had to travel more than 50 miles to obtain abortion.

In analyses controlling for demographic and abortion-related characteristics, women who lived in rural areas, had their abortions at a hospital or physician's office/group, or had a second trimester or later abortion were significantly more likely to travel 100 miles or more to obtain an abortion. Seven percent of women had an abortion-related follow-up visit at their original provider and 3% of abortions had an abortion-related emergency room visit. Women traveling greater than 100 miles for their abortion were significantly more likely to have an abortion-related emergency room visit and significantly less likely to return to the site of abortion provision for subsequent care (when compared with women traveling less than 50 miles).

Since living in rural areas and having a later abortion were associated with traveling longer distances to obtain an abortion, the results of this study have two potential explanations and implications. The women traveling further may have wanted to obtain an abortion at an earlier point; however, they may have faced logistical challenges in reaching a provider, which could be lessened if there was an abortion provider closer to where they live. Alternately, these women might have a provider nearby who provides abortions at earlier gestations, but needed a later procedure and had to travel further to find a provider who provides later abortions. Both of these explanations indicate that more abortion providers are needed in rural areas.

That women travelling greater distances to obtain an abortion were less likely to visit the original abortion provider and more likely to visit an emergency room after their abortion is intuitive in that, when symptoms arise, travelling back to the original provider may be too burdensome. Increasing

the number of Medi-Cal abortion providers in rural areas would address this problem, and improve continuity of care and reduce costs.

Strategies to mitigate the urban concentration of abortions providers include the use of telemedicine, ensuring that abortion training is part of OB/GYN medical education, integrating early abortion provision into primary care settings, expanding the kinds of providers that can be trained to provide early abortion (such as nurse practitioners), and to increase the Medi-Cal reimbursement rates to incentivize additional existing providers to accept Medi-Cal patients.