

THE LONG AND WINDING ROAD: DISTANCE TRAVELED AND CROSSING STATE LINES FOR ABORTION SERVICES

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Context. Some women must travel substantial distances to obtain an abortion. Currently, 87% of U.S. counties lack an abortion provider and 35% of women of reproductive age live in those counties. Abortion providers have estimated that 8% of patients travel more than 100 miles to get to them, and an additional 19% travel 50–100 miles.

While distance itself may serve as an obstacle, its effect may be compounded when coupled with legal restrictions such as waiting periods. In 2008, 25 states required mandatory counseling followed by a waiting period — typically 24 hours — though in most states this counseling could occur by phone, mail, or online. However, seven states (Indiana, Louisiana, Mississippi, Missouri, Ohio, Utah and Wisconsin) required in-person counseling prior to the waiting period, which necessitated two clinic visits. For women who have to travel, these restrictions can increase both the time needed to obtain an abortion, as well as increase ancillary costs, in the form of transportation, missed work, lodging, and childcare. Using data from a national sample of 8,338 U.S. abortion patients, current study assesses how far abortion patients traveled to get to a provider in 2008 and which groups were more likely to travel farther.

Findings. In 2008, approximately two-thirds of abortion patients, 67%, traveled less than 25 miles, and 16% traveled 25–49 miles. Six percent traveled more than 100 miles to obtain abortions. Women traveled a mean distance of 30 miles for abortion services, with a median of 15 miles. Several characteristics were associated with distance traveled. For example, women who lived in a state with a 24-hour waiting period were at least four times as likely to have traveled 100 or more miles than women who lived in a state with no waiting period, regardless of whether two visits were required (10–12% vs 2.5%). Thirty-one percent of women who lived in rural areas traveled more than 100 miles, and an additional 43% of had to travel between 50–100 miles. White women traveled farther, on average, than non-white women. Over half of women crossing state lines traveled more than 50 miles, compared to only 13% of women who stayed in state. While women living in the South and Midwest traveled farther for abortion services than women who lived in the Northeast and West, this association disappeared once other factors were taken into account.

Implications. In 2008, most women who obtained abortions, 67%, traveled less than 25 miles to do so. That the majority of women able to access abortion services had to travel relatively short distances to do so may obscure the burden faced by women who are unable to travel long distances.

Women who lived in states with a 24-hour waiting period that did not require two in-person visits were more likely to travel farther than those without any waiting periods, and this may be due to the fact that a substantial minority had crossed states lines. While abortion care facilities in these states are technically allowed to provide this counseling by mail, phone, or internet, it is possible that providers were not able to take advantage of this option or that women were unaware that they did not have to make two visits and chose to travel farther to an out-of-state provider.

That Black and Latina women and those of other races traveled shorter distances than white women could be is due to the fact that women of color are concentrated in metropolitan areas (relative to white women), but it could also be an indicator that women of color are unable to access abortion services if they have to travel substantial distances to get to them.

The findings from this study are intended to serve as a baseline for monitoring issues related to distance traveled for abortion services. As of January 2013, 35 states had implemented mandated waiting periods, up from 25 in 2008; several additional states now require two in-person counseling visits. Others have passed targeted regulation of abortion providers (TRAP) bills that single out abortion clinics for unnecessary, restrictive regulations, which may lead to clinic closures. If the number of providers resumes its decline, more women will have to travel farther to access services and, for some, the additional obstacle of travel could prevent them from obtaining abortions.