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Since 2011, I have co-lead the Texas Policy Evaluation Project, a collaboration among the University of Texas at Austin, University of Alabama at Birmingham, and Ibis Reproductive Health, to evaluate the impact of changes in reproductive health policy in the state. I'd like to highlight some of the findings from our research that I believe are relevant to the announcement of the clinic closures in Beaumont and McAllen.

Both Beaumont and the Lower Rio Grande Valley were hard hit by the cuts in family planning imposed by the Texas legislature in 2011. The family planning provider in the Beaumont area experienced more than a 50% cut in state funding following the 2011 legislative session, while the Valley lost about two-thirds of its funding. This resulted in clinic closures and reductions in service hours in the Valley, longer wait times for family planning appointments, and very limited access to the most effective contraceptive methods in both areas. The reduced access to contraceptive services inevitably increases unintended pregnancy in these areas, which in turn increases the demand for abortion. At the end of 2012, we performed a survey at abortion clinics in six cities across the state, and 45% of women seeking abortion said they were unable to access their preferred contraceptive method in the prior three months, often because the birth control method they wanted was too expensive or they couldn't find a clinic where they could get it.

In 2011, the last year for which we have comprehensive data from the state, about 70,000 abortions were provided to Texas residents. 2,634 women living in the Valley and 914 living in the Beaumont-Port Arthur metropolitan area obtained an abortion that year. With the closure of these clinics, there will be no abortion provider in either of these two communities.

We have been interviewing women whose appointments were cancelled in November when HB2 went into effect and some who have come into the clinic in McAllen seeking abortion services. They have told us about the impact these clinic closures have had on them and the difficulties they have faced trying to obtain the abortion they wanted. Those who did eventually obtain an abortion were often delayed, sometimes by several weeks or a month. This is concerning because we know that abortion performed later in pregnancy is associated with more health risks compared to early abortion. Women who did eventually obtain an abortion said it often cost them more in terms of travel and childcare costs, as well as time off work. Not surprisingly, our prior research from 2012 found restrictions that require extra or additional travel are particularly burdensome for poor women and those that need to travel more than 20 miles to the clinic. And finally, we're hearing from some women that they have not been able to obtain the abortion they wanted and are being forced to continue with an unwanted pregnancy.

But the most concerning public health impact of these clinic closures is the rise of unsafe or self-induced abortion—especially in the Valley. In our 2012 survey, we found that 7% of women seeking abortion care reported taking or doing something to try to end their current pregnancy before they came into the clinic. This was even higher in border cities like McAllen, where about 12% of

patients reported attempting self-induction. To put this in perspective, a 2008 nationally representative survey of abortion patients found that less than 1% took misoprostol to try to end their current pregnancy before coming to the clinic. As a physician and a researcher familiar with the situation in Texas, I am very concerned that poor health outcomes will only become more prevalent as clinics like these close and barriers to clinic-based care become more acute.

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