COVID-19 Abortion Bans Would Greatly Increase Driving Distances for Those Seeking Care

By Jonathan Bearak, Rachel K. Jones, Elizabeth Nash and Megan K. Donovan

As states around the country grapple with the COVID-19 pandemic, some antiabortion politicians are callously exploiting the current crisis to try to shut down access to essential and time-sensitive abortion care. These states have a long history of trying to shut down abortion care by implementing a variety of restrictions and are considered hostile to abortion.

Leading medical experts, including the American College of Obstetricians and Gynecologists, have made it abundantly clear that abortion is essential health care. Abortion cannot be delayed without risking the health and safety of the patient.

Using the current public health crisis to target abortion is a ruthless move that reveals just how far some politicians will go to limit reproductive freedom and autonomy. Court challenges are underway in several states to block these unconstitutional attacks from going into effect.

Increases in Driving Distances

Our new analysis for states that are potentially affected reveals one dramatic impact of these actions: If allowed to stand, they would force people to travel much further to reach the nearest abortion clinic. This creates a significant new barrier to obtaining care, further compounding the web of other barriers and restrictions those seeking an abortion already have to navigate. It would undoubtedly prevent some individuals from obtaining an abortion and, for some people still able to access care, it would result in more second-trimester abortions.

The burdens imposed by these COVID-19 abortion bans would be further compounded if the state to which someone travels has an in-person counseling requirement followed by a waiting period, which could require patients to make multiple trips or arrange for multiday stays out of state. If the second state also has few abortion clinics, patients may be delayed in accessing care because of a lack of capacity.

The greater the increase in travel distance, the greater the hardship it causes, and the more likely it becomes that some individuals will not be able to get abortion care at all.

Under ordinary circumstances, the burdens of extended travel can be difficult for people seeking abortion care to overcome. Such burdens include time away from work, lost wages, and the added costs and challenges of securing child care, lodging, and adequate and accessible transportation, to name just a few. Forcing people to overcome these challenges places unconscionable burdens on their access to constitutionally protected care, and the consequences are felt the most by people already struggling to make ends meet and those who are marginalized from timely, affordable health care.

Of course, these are not ordinary circumstances. Extended travel, or any travel, during the COVID-19 crisis flies in the face of basic public health recommendations and, in some cases, legal orders. In addition, the above challenges are all exacerbated by unprecedented financial constraints, school closures and limited child-care options. For some populations, like young people or those who

experience violence in their home, extended travel may be impossible now that family members and housemates are at home full-time.

The data included in the attached table show the increase in average (median) one-way driving distance to an abortion clinic that would result if all abortion clinics in the state were closed and patients were forced to drive to out-of-state clinics. The table also provides data on the driving distance for patients living in the county in each state that would be farthest from a clinic and the percentage of women aged 15–44 in the state needing to drive more than 100 miles, if all clinics in the state were to close. Finally, the table includes contextual information about the number of women of reproductive age (15–44) in the state, the number of abortion clinics in the state, and whether the state is considered hostile to or supportive of abortion rights, based on Guttmacher's analysis of state policies.

Methodology

We computed one-way driving distance from county population seats to the nearest health facility providing abortion care for all U.S. counties. We weighted each county by the number of women aged 15–44 living in it to compute state medians. Roughly half of the women within a state live within, and roughly half live farther than, this distance from the nearest provider.

The analysis was carried out in R 3.6.2 and Open Source Routing Machine 5.22.0 using data from OpenStreetMap, Guttmacher's 2017 Abortion Provider Census and the U.S. Census Bureau.

Driving distances to nearest out-of-state abortion clinic for each state

State	Average (median) one-way driving distance to an abortion clinic (in miles)			% longer drive, if clinics in state are closed	% of women needing to drive more than 100 miles, if clinics in state are closed	No. of women aged 15–44 (2018)	No. of abortion clinics (2011)	No. of abortion clinics (2017*)	Index of support for or hostility to abortion, based on state policies (March 2020)
	If clinics in state are open	If clinics in state are closed	From county farthest from a clinic, if clinics in state are closed						
Alabama	26	108	222	315%	65%	953,000	6	5	Hostile
Arizona	4	246	350	6050%	97%	1,372,000	15	8	Hostile
Arkansas	48	128	283	167%	84%	585,000	3	3	Very Hostile
California	3	270	484	8900%	100%	8,097,000	160	161	Very Supportive
Colorado	7	387	548	5429%	100%	1,164,000	24	18	Middle-ground
Connecticut	8	60	83	650%	0%	668,000	21	26	Leans Supportive
Delaware	5	33	47	560%	0%	179,000	4	4	Middle-ground
Florida	4	335	615	8275%	98%	3,874,000	72	65	Leans Hostile
Georgia	18	136	220	656%	82%	2,185,000	19	15	Leans Hostile
Idaho	20	223	339	1015%	69%	340,000	2	3	Leans Hostile
Illinois	3	48	173	1500%	9%	2,513,000	26	25	Leans Supportive
Indiana	27	101	159	274%	52%	1,294,000	10	6	Very Hostile
Iowa	28	139	249	396%	81%	597,000	17	8	Leans Hostile
Kansas	33	185	330	461%	98%	559,000	3	4	Leans Hostile
Kentucky	69	109	185	58%	57%	852,000	2	1	Hostile
Louisiana	41	172	253	320%	99%	926,000	7	4	Very Hostile
Maine	9	96	346	967%	50%	228,000	5	16	Supportive
Maryland	4	33	107	725%	1%	1,188,000	21	25	Leans Supportive
Massachusetts	12	39	107	225%	0%	1,393,000	12	19	Middle-ground
Michigan	6	88	370	1367%	42%	1,885,000	30	21	Leans Hostile
Minnesota	17	203	387	1094%	94%	1,071,000	7	7	Leans Supportive
Mississippi	66	98	190	48%	49%	599,000	1	1	Very Hostile
Missouri	35	39	197	11%	29%	1,171,000	4	1	Very Hostile
Montana	50	275	644	450%	100%	193,000	7	5	Leans Supportive
Nebraska	7	58	342	729%	27%	376,000	3	3	Hostile
Nevada	2	274	337	13600%	85%	593,000	8	7	Middle-ground
New Hampshire	14	41	76	193%	0%	245,000	5	4	Middle-ground
New Jersey	4	20	114	400%	1%	1,687,000	24	41	Leans Supportive
New Mexico	28	197	353	604%	78%	397,000	7	6	Leans Supportive
New York	2	20	272	900%	22%	3,913,000	94	113	Supportive
North Carolina	20	121	202	505%	66%	2,045,000	21	14	Hostile
North Dakota	157	324	587	106%	100%	147,000	1	1	Hostile
Ohio	15	120	204	700%	78%	2,210,000	18	9	Hostile
Oklahoma	14	155	323	1007%	91%	775,000	3	4	Hostile
Oregon	4	48	245	1100%	29%	825,000	15	16	Supportive
Pennsylvania	5	50	160	900%	26%	2,397,000	20	18	Hostile
Rhode Island	5	18	42	260%	0%	210,000	2	2	Middle-ground
South Carolina	23	75	131	226%	19%	971,000	3	4	Hostile
South Dakota	92	188	458	104%	99%	170,000	1	1	Very Hostile
Tennessee	26	119	254	358%	75%	1,324,000	9	8	Hostile
Texas	12	243	678	1925%	94%	5,979,000	46	21	Hostile
Utah	27	299	366	1007%	100%	691,000	4	3	Hostile
Vermont	9	44	112	389%	4%	116,000	3	6	Leans Supportive
Virginia	12	106	207	783%	52%	1,694,000	21	16	Hostile
Washington	6	178	381	2867%	91%	1,504,000	32	40	Supportive
West Virginia	63	111	222	76%	60%	320,000	2	1	Hostile
Wisconsin	36	105	397	192%	56%	1,091,000	4	3	Hostile
Wyoming	135	188	343	39%	66%	106,000	2	2	Leans Hostile

*Based on Guttmacher's 2017 Abortion Provider Census, excluding two clinics that are no longer providing abortions in Missouri. *Note:* Estimates are not available for Alaska and Hawaii, because they are not contiguous to other states. *Source:* Guttmacher Institute.