



Testimony of Jocelyn Frye, President, National Partnership for Women & Families

Senate Judiciary Subcommittee on Federal Courts, Oversight, Agency Action, and Federal Rights

Hearing: *Crossing the Line: Abortion Bans and Interstate Travel for Care After Dobbs* June 12, 2024

Introduction

The National Partnership for Women & Families (National Partnership) is pleased that the Senate Judiciary Subcommittee on Federal Courts, Oversight, Agency Action, and Federal Rights is elevating the landscape of abortion access, including the right to travel and the impact of restrictive barriers to seeking abortion care. The National Partnership is a nonprofit, nonpartisan advocacy organization based in Washington, D.C., with a particular focus on women's rights and combating the full range of challenges that individuals encounter because of their gender or gender identity. Over the last five decades, we have worked to promote fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. We focus in particular on tackling the full range of obstacles and challenges connected to gender, often rooted in longstanding stereotypes and biases, used to limit the opportunities available to women, especially those whose identities have historically been marginalized, including women of color, disabled women, caregivers, LGBTQIA+ people and many others. Our goal is to create a society that is free, fair and just, where nobody has to experience discrimination, all workplaces are supportive of the diverse care needs of workers and care workers themselves, and every person has access to quality, affordable health care and real economic security.

One essential way to achieve these goals is to foster meaningful access to abortion care. Abortion is essential health care and should be clearly understood as a basic human right; approximately 1 in 4 women of reproductive age will have an abortion in their lifetime.¹

¹ Rachel K. Jones, "An estimate of lifetime incidence of abortion in the United States using the 2021-2022 Abortion Patient Survey," *Contraception*, July 2024; 135:110445. <https://doi.org/10.1016/j.contraception.2024.110445>. Epub 2024 Apr 2. PMID: 38574943; Guttmacher Institute. "Abortion Is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates," October 2017, <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>.

Meaningful access to abortion helps secure people’s autonomy and individual freedom, dignity, and decision-making about their bodies, their lives and their futures. It allows people to fully participate in the economy and American society. We believe that abortion access is integral to creating a health care system that is truly responsive to the needs of all women – one that ensures access to comprehensive, quality, affordable health care options for women, across race, ethnicity, age, and disability, LGBTQ and income status, for whatever care they need whenever they need it. The lack of abortion care does not occur in a silo. Rather, its absence has reverberating effects across the range of health, care, economic and other measures that collectively determine the course of women’s lives. Preserving access to abortion care helps establish and solidify the network of care services and interventions people need to make informed health decisions that work for them.

The aspirational goal of creating a health care system that works for women suffered a devastating blow in June 2022, when a divided Supreme Court overturned the constitutional right to access an abortion in *Dobbs v. Jackson Women’s Health Organization*. The decision has wreaked havoc on the health care landscape. 14 states are currently enforcing total bans on abortion and 7 additional states restrict access under limits that would have been blatantly unconstitutional under *Roe*.² An additional 5 states have severe abortion restrictions in place and have made attempts to enact even further bans on care.³ Consequently, one in three women of reproductive age – in addition to affected transgender and nonbinary people – are banned (or likely to be banned) from fully accessing abortion in their state of residence.⁴ The harmful effects of the decision have metastasized on a daily basis, upending health care access, reducing the number of providers and the scope of health care services in communities across the country, increasing health and economic costs for families and putting the health and well-being of too many patients at risk. Due to long-standing inequities in our health care system, including biases due to racial and gender differences, disability status and more, the harms of these restrictive policies have fallen hardest on those who already were dealing with the difficulties of navigating unequal and uneven access to health care, such as people of color, immigrants, young people, disabled people, the LGBTQI+ community, people with low to no income and those living in rural and/or medically underserved areas.⁵ Each person, no matter their zip code, income or ability to travel should have the freedom to control their own body and live, work and to make decisions about their health and their future with dignity and respect.

This testimony will provide an overview of the right to travel and its connection to women’s autonomy; discuss the ways in which *Dobbs* has forced people to travel longer

² “Tracking Abortion Bans Across the Country,” *New York Times*, last modified Jan. 8, 2024, <https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html>.

³ These five states are Iowa, Ohio, Montana, Wisconsin and Wyoming. “Interactive Map: US Abortion Policies and Access After *Roe*,” *Guttmacher Institute*, last modified May 29, 2024, <https://states.guttmacher.org/policies/>.

⁴ Katherine Gallagher Robbins, Shaina Goodman and Josia Klein, “State Abortion Bans Harm More than 15 Million Women of Color,” National Partnership for Women & Families, June 2023, <https://nationalpartnership.org/report/state-abortion-bans-harm-woc/>.

⁵ *Ibid.*

distances to access abortion care and the subsequent harms that has caused, especially to women of color, low-income women and disabled women; highlight how abortion bans have exacerbated a crisis in maternal health and access to high-quality health care; and amplify the real-life consequences of forcing people to travel care, which would only be intensified should the right to travel be eroded.

Protecting the Constitutional Right to Travel and Other Constitutional Freedoms

One of the most problematic features of the *Dobbs* ruling was its dismissiveness of the importance of upholding constitutional protections that have been especially important for women and their ability to participate and have equal standing in our society. The Court's nonchalant willingness to dismantle constitutional protections governing abortion sent a clear signal about its willingness to revisit a wide range of precedent, effectively opening the door to attacks on other constitutional and legal protections that people have relied on for generations, some stretching back to the founding of our country. The right to travel is an essential constitutional protection that can be traced back to our nation's earliest foundational documents. The right to travel freely between states is named explicitly in Article IV of the Articles of Confederation. The U.S. Constitution would later implicitly and explicitly incorporate different elements of the right to travel – the ability to travel from state to state, the right to be treated fairly when visiting a new state, and the rights of citizenship within each state – into Article IV of the U.S. Constitution and the Fourteenth Amendment.⁶ The Supreme Court has long recognized the right to travel, writing that “freedom of movement is basic in our scheme of values.”⁷ Restricting the right to travel from state to state clearly violates the robust constitutional protections repeatedly recognized by the Court and is wholly inconsistent with the cornerstone principles of our country, that we are free citizens able to move freely and with autonomy.

The *Dobbs* Court did not address the right to travel, with even one of the Justices in the majority stating explicitly in a concurrence that states could not bar their residents from traveling across state lines for abortion care due to the fundamental constitutional right to interstate travel.⁸ But many states are not heeding this warning, instead overreaching and attempting to effectively prohibit people from crossing state lines for abortion care. For example, the Alabama Attorney General made public comments that he would investigate organizations that helped residents obtain abortion care in another state; this prompted a lawsuit from an abortion fund and providers in the state, where they are seeking a ruling on the lawfulness of using anti-conspiracy laws to prosecute those who help others obtain an abortion out of state.⁹

⁶ Richard Sobel, *Citizenship as Foundation of Rights Meaning of America*, Cambridge University Press, 2016, 72-108.

⁷ *Kent v. Dulles*, 357 U.S. 116, 126 (1958); see also, *Saenz v. Roe*, 526 U.S. 489 (1999).

⁸ *Dobbs v. Jackson Women's Health Organization*, 597 U.S. ___ (2022) (Kavanaugh, J., concurring).

⁹ *West Alabama Women's Center et al. v. Marshall et. al.*, CIVIL ACTION NO. 2:23cv450-MHT(WO), (M.D. Ala, 2024).

These efforts to legislate and restrict whether people can move from place to place of their own volition reveal the core objective often underlying abortion bans — a desire to control women’s bodies at all costs and to dictate how, when and if they can participate fully and equally in our society and our democracy. Indeed, these attacks on the right to travel are a reminder of an uglier history in our nation when women — and especially women of color — were routinely and often lawfully treated as second class citizens with fewer rights and autonomy. Unfortunately, that history has many examples of policies intended to disempower women or relegate them to the sidelines, from the horrors of chattel slavery, to prohibitions on women’s ability to be economically independent, to exclusions from positions of leadership and jobs, to denying women’s right to vote.¹⁰ That mindset, that rationalizes laws aimed at curtailing women’s autonomy, now seeks to limit reproductive freedom even further by trying to prohibit women’s ability to travel to receive health care.

The *Dobbs* decision — and ongoing attacks on reproductive freedom, including the right to travel — pose a fundamental threat to key pillars of a functioning democracy, especially for women, by diluting constitutional and federal protections, preferencing state power over individual freedoms and handing over greater control to existing — and often, biased — power structures so they can inflict their views upon others without constraint. The harsh reality is that, in many states, it is extraordinarily difficult for ordinary people to exercise their political power — and that is by design. As just one manifestation of this problem, the National Partnership has found that many of the states that are the most restrictive when it comes to curbing abortion rights are also the least representative of women in their state legislatures.¹¹ States with abortion bans are also significantly more likely to have enacted laws that make it difficult to vote, undermining the ability of residents to vote for political representation that will accurately reflect their desire for reproductive autonomy.¹² In this context, constitutional protections for the right to travel are an even more essential backstop against the complete erosion of our rights and freedoms.

¹⁰ Halley Townsend, *Second Middle Passage: How Anti-Abortion Laws Perpetuate Structures of Slavery and the Case for Reproductive Justice*, 25 U. PA. J. CONST. L. 185 (2023).

Available at: <https://scholarship.law.upenn.edu/jcl/vol25/iss1/6>.

¹¹ Jocelyn Frye, Shaina Goodman, Areeba Haider, “Democracy & Abortion Access: State Legislature’s Lack of Representation Threatens Freedoms,” National Partnership for Women & Families, November 2023, <https://nationalpartnership.org/report/democracy-abortion-access/>.

¹² Jocelyn Frye, Shaina Goodman, Areeba Haider, “Democracy & Abortion Access: Restrictive Voting Laws Across States Threaten Freedoms,” National Partnership for Women & Families, May 2024, <https://nationalpartnership.org/report/democracy-abortion-access-restrictive-voting-laws-across-states-threaten-freedoms/>.

Traveling for Healthcare in the *Dobbs* Era

Navigating Barriers to Abortion Care

The *Dobbs* majority largely ignored the health and economic consequences of its decision, blithely assuming that taking away the constitutional right to abortion would have few, if any, broader effects on women's lives. But reproductive health care does not exist in a vacuum; rather, it must be contextualized within the larger health care system and both the realities and inequities in how people actually access care. As a result of abortion bans, many pregnant people are forced to travel long distances, often across state lines, to access abortion care.¹³ In 2023, an estimated one in five people were forced to travel for abortion care¹⁴, and 14 percent of the U.S. population is now more than 200 miles from the nearest center or provider where abortion care services are available.¹⁵ Since September 2022, the average travel time to get to a clinic that provides abortion care for reproductive-aged women who live in states with bans increased significantly, by 261 percent.¹⁶ New research in Texas also shows that people living in neighborhoods with high levels of income inequality experienced the greatest increase in distance to abortion providers.¹⁷ This means that people forced to travel for care typically have to pay for transportation, lodging and often child care.¹⁸ They may also have to sacrifice income from taking time off work if they do not have paid sick days or paid leave, which is more likely for people in low-wage jobs, young workers and workers of color.¹⁹ This is an acute problem in the South, where no state has enacted paid leave and every state has banned

¹³ Caitlin Myers, "Forecasts for a Post-Roe America: The Effects of Increased Travel Distance on Abortions and Births," *Journal of Policy Analysis and Management*, September 13, 2024, <https://doi.org/10.1002/pam.22524>; Kimya Forouzan, Amy Friedrich-Karnik and Isaac Maddow-Zimet, "The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care," Gutmacher Institute, December 2023, [The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care](#).

¹⁴ *Ibid.*

¹⁵ Selena Simmons-Duffin and Shelly Cheng, "How Many Miles Do You Have to Travel to Get Abortion Care? One Professor Maps It," *NPR*, June 21, 2023, [Maps show dramatic changes in access to abortion care : Shots - Health News : NPR](#).

¹⁶ Benjamin Rader, MPH, Ushma D. Upadhyay, PhD, MPH, Neil K.R. Sehgal, BA, et al., "Estimated Travel Time and Spatial Access to Abortion Facilities in the US Before and After the *Dobbs v Jackson Women's Health* Decision," *JAMA*, 2022;328(20):2041-2047. doi: [10.1001/jama.2022.20424](https://doi.org/10.1001/jama.2022.20424); Sarah Estep, "Protecting and Increasing Abortion Access," *Center for American Progress*, March 14, 2024, <https://www.americanprogress.org/article/playbook-for-the-advancement-of-women-in-the-economy/protecting-and-increasing-abortion-access/>.

¹⁷ Sydney R. Sauter MPH, Maeve E. Wallace PhD and Julie H. Hernandez PhD, "Unequal Spatial Consequences of Abortion Restrictions in Texas," *American Journal of Public Health*, May 23, 2024, <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2024.307652>.

¹⁸ National Partnership for Women & Families. "The Cumulative Costs of Barriers to Abortion Care," June 2024, <https://nationalpartnership.org/wp-content/uploads/cumulative-costs-barriers-abortion-care.pdf>.

¹⁹ National Partnership for Women & Families. "Paid Sick Days Enhance Women's Abortion Access and Economic Security," May 2019, <https://nationalpartnership.org/wp-content/uploads/2023/02/Paid-Sick-Days-Enhance-Womens-Abortion-Access-and-Economic-Security.pdf>

abortion.²⁰ Consequently, the total costs to access abortion care can be in the thousands, depending on travel distances.²¹

A majority of the women seeking abortions already have difficulties paying for food, housing and transportation, meaning that these additional costs associated with travel present a substantial barrier to accessing abortion care.²² For example, research shows that women who have to travel more than eight hours driving to get an abortion make thousands of fewer dollars in yearly income than women who travel shorter driving times to get the same care.²³ Furthermore, Black and American Indian/Alaska Native women are more likely to live in states that restrict reproductive access and, on average, must travel farther to obtain an abortion.²⁴ Data shows that nearly 2.7 million Black women²⁵ and 3 million Latinas living in states that have banned or are likely to ban abortion are economically insecure and may lack the funds to travel for abortion care.²⁶ Furthermore, disabled people, especially those who have multiple marginalized identities and already face barriers to economic security, experience unique hurdles in accessing abortion.²⁷ Often, seeking abortion care out of state requires lodging, transportation, child care and other expenses that economically insecure disabled women cannot afford.²⁸ Additionally, navigating transportation access, safety concerns, mobility challenges and travel-limiting disabilities exacerbate these expenses and can even prevent disabled people from traveling out of state for care.²⁹ Add to that the fact that many disabled people may need specialized forms of care that health care systems and providers are frequently ill-equipped to provide,³⁰ and it can be exceedingly difficult for disabled people to obtain abortion care.

²⁰ National Partnership for Women & Families. “The State of the Union for Women, March 5, 2024, https://nationalpartnership.org/news_post/the-state-of-the-union-for-women/.

²¹ See Note 19.

²² Elizabeth B. Harned and Liza Fuentes, “Abortion Out of Reach: the Exacerbation of Wealth Disparities After *Dobbs v. Jackson Women’s Health Organization*,” *American Bar Association*, January 6, 2023, https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/wealth-disparities-in-civil-rights/abortion-out-of-reach/.

²³ Sarah Estep, “Abortion Access Mapped by Congressional District,” *Center for American Progress*, April 21, 2024, <https://www.americanprogress.org/article/abortion-access-mapped-by-congressional-district/>.

²⁴ *Ibid.*

²⁵ Camille Kidd, Shaina Goodman and Katherine Gallagher Robbins, “State Abortion Bans Threaten Nearly 7 Million Black Women, Exacerbate The Existing Black Maternal Mortality Crisis,” National Partnership for Women & Families, May 2024, https://nationalpartnership.org/report/state-abortion-bans-threaten-black-women/?utm_source=referral&utm_medium=nbcblk&utm_campaign=hj_dobbs.

²⁶ Katherine Gallagher Robbins, Candace Gibson and Shaina Goodman, “State Abortion Bans Threaten 6.7 Million Latinas,” National Partnership for Women & Families, October 2023, <https://nationalpartnership.org/report/state-abortion-bans-threaten-latinas/>.

²⁷ Marissa Ditekowsky, Ashley Emery and Katherine Gallagher Robbins, “State Abortion Bans Harm More than Three Million Disabled Women,” National Partnership for Women & Families, May 2024, <https://nationalpartnership.org/report/state-abortion-bans-harm-disabled-women/>.

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ Behxad Karami Matin, Heather J. Williamson, Ali Kazemi Karyani, Satar Rezaei, et al., “Barriers in access to healthcare for women with disabilities: a systematic review of qualitative studies,” *BMC Women’s Health*, 2021; 21:44, doi: [10.1186/s12905-021-01189-5](https://doi.org/10.1186/s12905-021-01189-5).

For many, being forced to travel often pushes abortion care entirely out of reach. A recent study showed that an increase in distance from 0 miles to 100 miles that a person has to travel to receive an abortion reduces abortion rates by 19 percent.³¹ Women who are denied abortion are more likely to experience longer term financial instability and, as a consequence of the denial, are four times more likely to live below the federal poverty line.³² Being denied an abortion and being forced to carry a pregnancy to term also lowered women's credit scores, increased their debt, and increased the likelihood of their having negative public financial records like bankruptcies and evictions, effects seen even years after the pregnancy.³³ Additionally, women denied abortion care are more likely to stay in abusive relationships, to experience both short and long-term negative health effects, and to have life-threatening complications during pregnancy.³⁴ Moreover, the financial wellbeing and development of a woman's existing children are negatively impacted when she is denied abortion.³⁵ These consequences underscore the need for accessible and affordable abortion and the right to travel to get an abortion.

States without abortion restrictions or barriers are also impacted by an increasing number of people traveling for care. Clinics in states like Illinois, Colorado and New Mexico³⁶ have seen a major influx of patients from neighboring states with strict abortion bans.³⁷ Some providers in states where abortion remains legal report seeing at least double the number of patients now,³⁸ which is increasing wait times for appointments and making it more difficult for people to access care where they live and increasing disparities in access.³⁹

³¹ See Note 13.

³² Diana Green Foster, PhD and M. Antonia Biggs, PhD, et al., "The Turnaway Study," *Advancing New Standards in Reproductive Health (ANSIRH)*, December 2022, <https://www.ansirh.org/research/ongoing/turnaway-study>.

³³ Sarah Miller, Laura R. Wherry, Diana Greene Foster, "The Economic Consequences of Being Denied an Abortion," NBER Working Paper Series, https://www.nber.org/system/files/working_papers/w26662/w26662.pdf.

³⁴ See Note 32.

³⁵ Ibid.

³⁶ Isaac Maddow-Zimet and Candace Gibson, "Despite Bans, Number of Abortions in the United States Increased in 2023," Guttmacher Institute, Updated on May 10, 2024, <https://www.guttmacher.org/2024/03/despite-bans-number-abortions-united-states-increased-2023>.

³⁷ Shefali Luthra, "Abortion opponents are trying to deter people from traveling out of state for care," *The 19th*, October 12, 2023, <https://19thnews.org/2023/10/abortion-opponents-out-of-state-care/>.

³⁸ Shefali Luthra, "'We feel kind of powerless': The end of Roe is overwhelming clinics in states that protect abortion," *The 19th*, July 15, 2022, <https://19thnews.org/2022/07/end-of-roe-overwhelming-abortion-clinics/#:~:text=%27We%20feel%20kind%20of%20powerless,legal%20quagmires%20none%20had%20anticipated>.

³⁹ Aiseosa Osaghae, Rebecca Reingold and Sonia L. Canzater, "Dobbs Toll on OB-GYN's Mental Health and Emotional Well-Being," *O'Neill Institute for National and Global Health Law*, November 14, 2023, <https://oneill.law.georgetown.edu/dobbs-toll-on-ob-gyns-mental-health-and-emotional-well-being/>.

Abortion Bans Compound the Maternal Health Crisis and Provider Shortage

Access to reproductive health care is essential and it is just one component of women's health needs. We need a more holistic understanding of the systems of care that provide support to women throughout their lives; at the same time, the aftermath of *Dobbs* has revealed how, when one pillar of that support is taken away, other parts of the system – notably access to providers and high-quality care – start to crumble.

As abortion bans have gone into effect, many providers have been driven out of restrictive states, or out of the practice of medicine altogether.⁴⁰ According to a recent survey of approximately one thousand health care workers, 11 percent said they “have considered leaving the healthcare industry due to states’ implementation of abortion restrictions.”⁴¹ Similar shares of workers said they would consider moving to states where abortion access is protected and that they are concerned about their job security. When clinics close or reproductive health providers leave states, communities often lose access to other essential forms of health care besides abortion, including STD testing and treatment, prenatal care, mammograms and other critical services that women need throughout their lives.⁴²

Relatedly, high numbers of matriculating medical school students and new residents are choosing not to study or train in states with abortion bans.⁴³ One survey found that, among a convenience sample of third and fourth year medical students, nearly 60 percent said they were unlikely to apply to residency programs in states that restrict abortion.⁴⁴ Recent data from the Association of American Medical Colleges (AAMC) shows that applications for residency programs in states with abortion bans fell by three percent.⁴⁵ In states with complete abortion bans, the number of applicants to OB-GYN residency programs fell by more than 10 percent when compared to the prior year.⁴⁶ As a result, entire regions of the country will be without a pipeline of new doctors and health care professionals adequately trained in all of the competencies needed to care for women and pregnant people. This comes on top of an existing provider shortage across many fields of care – including primary care, preventive care and

⁴⁰ MiQuel Davies and Meera Rajput, “*Dobb’s* Erosion of the Healthcare Workforce: Harms to Providers and Patients,” March 2024,

<https://nationalpartnership.org/wp-content/uploads/dobbs-erosion-health-care-workforce.pdf>.

⁴¹ Ricky Zipp, “Some Health Workers Are Quitting, Moving Over Abortion Bans,” *Morning Consult Pro*, June 28, 2023, <https://pro.morningconsult.com/trend-setters/abortion-bans-impact-health-workers>.

⁴² Chabeli Carrazana, “When abortion clinics close, low-income people will also lose access to other reproductive care,” *The 19th*, July 7, 2022, <https://19thnews.org/2022/07/low-income-people-reproductive-care-access-abortion-clinics/>.

⁴³ See Note 40.

⁴⁴ Stacy Weiner, “The Fallout of *Dobbs* On the Field of OB-GYN,” *Association of American Medical Colleges*, August 23, 2023, <https://www.aamc.org/news/fallout-dobbs-field-ob-gyn>.

⁴⁵ Kendal Orgera, MPH, MPP, Hsan Mahmood and Atul Grover, MD, PhD, “Training Location Preferences of U.S. Medical School Graduates Post *Dobbs v. Jackson Women’s Health*,” *Association of American Medical Colleges*, April 13, 2023, <https://www.aamcresearchinstitute.org/our-work/data-snapshot/training-location-preferences-us-medical-school-graduates-postdobbs-v-jackson-women-s-health>.

⁴⁶ *Ibid.*

nursing.⁴⁷ In large swaths of the country, then, it is virtually impossible for patients to receive any care, let alone reproductive health care. Again, the impacts of this are felt disproportionately by women of color and low-income women, who are already less likely to have access to high-quality and culturally competent care.⁴⁸

In no other area is the effect of these cumulative and intersecting crises more apparent than in the context of maternal health care. Abortion bans have compounded the already dire lack of maternity care in this country. Nearly one-third of U.S. counties, where more than 2.2 million people of childbearing age reside, do not have a hospital maternity unit, a birth center, an OB-GYN or a certified nurse-midwife. These areas are often referred to as “maternity care deserts.”⁴⁹ Abortion restrictions – in combination with the lack of available and trained providers – have pushed even routine pregnancy-related care far out of reach for millions of people. Providers are reporting delays of as many as three months for patients scheduling prenatal visits and ultrasound appointments.⁵⁰ Patients with pregnancy complications or medically complex pregnancies are also reporting long wait times to connect with providers and needed services.⁵¹ Some hospitals have even been forced to close their labor and delivery units or shut down entirely in part due to provider shortages as a result of abortion bans, cutting off care for entire communities and especially harming pregnant people who lack the ability to travel long distances.⁵²

Delays in or inability to access care can result in poor health outcomes for both the pregnant person and the infant, including increased risk of potentially dangerous medical conditions and outcomes such as preeclampsia and gestational diabetes, low birth weight, and maternal and infant mortality.⁵³ These outcomes are egregious in light of this country’s ongoing

⁴⁷ See Note 40.

⁴⁸ The Kaiser Family Foundation. “Racial and Ethnic Disparities in Women’s Health Coverage and Access to Care Findings from the 2001 Kaiser Health Survey,” March 2004, <https://www.kff.org/wp-content/uploads/2013/01/racial-and-ethnic-disparities-in-women-s-health-coverage-and-access-to-care.pdf>; The Kaiser Family Foundation, “Health Coverage and Access Challenges for Low Income Women Findings from the 2001 Kaiser Health Survey,” March 2004, <https://www.kff.org/wp-content/uploads/2013/01/health-coverage-and-access-challenges-for-low-income-women.pdf>.

⁴⁹ March of Dimes. “Nowhere to Go: Maternity Care Deserts Across the U.S,” 2022, https://www.marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf.

⁵⁰ Robin Buller, “Agonizing Delays For Women As Dobbs Decision Worsens OB-GYN Shortage,” *The Guardian*, August 22, 2023, <https://www.theguardian.com/us-news/2023/aug/22/obgyn-shortage-pregnancy-care-dobbs-abortion>.

⁵¹ *Ibid.*

⁵² The American College of Obstetricians and Gynecologists. “Training and Workforce After Dobbs,” August 2023, <https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/issue-briefs/training-and-workforce-after-dobbs.pdf>; Atul Grover, MD, PhD, “A Physician Crisis in the Rural US May Be About to Get Worse,” *JAMA*, 2023;330(1):21-22. <https://doi.org/10.1001/jama.2023.7138>,

⁵³ National Institute of Health, “What is Prenatal Care And Why Is It Important?” <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>; Cristiane Quadrado da Rosa, Denise Silva da Silveira, and Juvenal Soares Dias da Costa, “Factors Associated with Lack of

maternal health crisis, where the maternal mortality rate is significantly higher than other peer countries.⁵⁴ Data shows that maternal and infant death rates are higher and have increased twice as fast in states that ban or restrict abortion,⁵⁵ and both abortion bans and lack of high-quality maternal health care disproportionately harm Black, Indigenous, and other people of color. More specifically, the pregnancy-related mortality rate for Black women in the U.S. is almost three times higher than the rate for white women, and other women and birthing people of color also face elevated rates of mortality and morbidity.⁵⁶ One study estimates that, if there was a federal abortion ban, there could be a staggering 39 percent increase in maternal deaths for Black women.⁵⁷ Given that women of color are both more likely to live in states with abortion bans and also face greater barriers to accessing care,⁵⁸ these inequities will likely get worse as the provider shortage and attacks on reproductive health care grow.

The Real Impact of Having to Travel for Care

Despite the many challenges that come with being forced to go to another state to receive abortion care, the right to travel is absolutely essential. Without the right to travel for health care, many people will not even be able to access abortion care and other reproductive health care, and the existing costs will become substantially worse. Stories abound about the essential role that traveling has played in people's ability to access abortion care. For example, a mother of three from Kentucky was forced to travel to Chicago when her fetus was diagnosed with a fatal condition.⁵⁹ Due to Kentucky's strict abortion ban and her provider denying her an abortion, she had no choice but to travel to another state to access abortion, despite it being thousands of dollars – a cost many low income pregnant people cannot afford.

Prenatal Care in a Large Municipality," *Revista de Saúde Pública*, 2014 Oct; 48(6): 977-984, doi: [10.1590/S0034-8910.2014048005283](https://doi.org/10.1590/S0034-8910.2014048005283).

⁵⁴ Donna L. Hoyert, "Maternal Mortality Rates in the United States, 2022," National Center for Health Statistics, May 2024,

<https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2022/maternal-mortality-rates-2022.pdf>; The Commonwealth Fund. "Insights into the U.S. Maternal Mortality Crisis: An International Comparison," June 4, 2024,

<https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>.

⁵⁵ Jacqueline Howard, "Maternal and Infant Death Rates are Higher in States that Ban or Restrict Abortion, Report Says," *CNN Health*, December 16, 2022,

<https://www.cnn.com/2022/12/14/health/maternal-infant-death-abortion-access/index.html>.

⁵⁶ Donna L. Hoyert, Ph.D, "Maternal Mortality Rates in the United States, 2021," The Centers for Disease Control and Prevention,

<https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>.

⁵⁷ Amanda Jean Stevenson, Leslie Root and Jane Menken, "The Maternal Mortality Consequences of Losing Abortion Access," June 29, 2022, <https://doi.org/10.31235/osf.io/7q29k>.

⁵⁸ See Note 4.

⁵⁹ Mary Kekatos, "Woman says she was forced to travel for an abortion despite her fetus's fatal condition," *ABC News*, June 15, 2023, <https://abcnews.go.com/Health/woman-forced-travel-abortion-despite-fetuss-fatal-condition/story?id=100065877>.

People are also being forced later into pregnancies because of the difficulty in arranging long distance travel and being able to access care in their home state where abortion is either legally restricted and/or unavailable. For example, a 21-year-old college senior living in Texas found out at her initial appointment that she was about 11 weeks along in her pregnancy and abortion was banned at six weeks.⁶⁰ She called 20 clinics and, two weeks later, was able to get an appointment in Mississippi after having to take significant time off school and work, pay for flights and forgo income from work. Another woman who had just met her partner and was not financially ready to have a child was forced to leave her home state and seek help to pay for an out-of-state abortion.⁶¹ These are just a few out of hundreds of stories of people who had to travel to get an abortion. No matter the reason for seeking abortion care, pregnant people should have the ability to make their own health care decisions and be able to travel for essential care.

The enactment of Florida's recent abortion ban highlights these stories and the crucial importance of protecting the right to travel. As of May 1, 2024, Florida's six-week abortion ban is in effect, replacing the 15 week abortion ban that had been in place since July 2022.⁶² Although abortion providers in the state are trying to accommodate patients by providing ultrasounds earlier and extending their hours, many patients will not know they are pregnant by 6 weeks and will have to travel out of state for care.⁶³ Prior to May, Florida had been a critical access point for out-of-state residents to obtain care, as it was the last remaining state in the Southeast with some measure of abortion access. In 2023, nearly 8,000 people traveled to Florida for care, making out-of-state patients about 10 percent of the total in the state.⁶⁴ Since the law went into effect, patients in the Southeast are being forced to travel several hundred miles to states like Virginia, Maryland, North Carolina and Washington D.C, where wait times for appointments have increased at around 30 percent of the jurisdictions' clinics.⁶⁵ The average Florida resident now also lives approximately 590 miles away from the nearest abortion clinic that offers care after six weeks, as opposed to about 20 miles away prior to the enactment of the state ban.⁶⁶ As arduous as that journey is, if pregnant people in Florida and other Southern states were

⁶⁰ SB 859 Reproductive Health Protection Act- Maryland Senate Judicial Proceedings Committee Testimony, March 1, 2023,

https://mgaleg.maryland.gov/cmte_testimony/2023/jpr/1DKFNqibLQAPjR0FZ9A9Meki1GFog097V.pdf.

⁶¹ Bekah Morr, "She left Texas to get an abortion: a glimpse of a post-Roe world", *Kera News*, May 11, 2022,

<https://www.keranews.org/health-wellness/2022-05-11/she-left-texas-to-get-an-abortion-a-glimpse-of-a-post-roe-world>.

⁶² Stephanie Colombini, "Florida's 6-week abortion ban is now in effect, curbing access across the South," *NPR*, May 1, 2024,

<https://www.npr.org/2024/05/01/1247990353/florida-6-week-abortion-ban-south>.

⁶³ Ibid.

⁶⁴ Ibid.; Agency for Health Care Administration. "Reported Induced Terminations of Pregnancy (ITOP) Total Cases by Patient County of Residence, 2023-24,

<https://ahca.myflorida.com/content/download/22075/file/TotalsByCounty.pdf>.

⁶⁵ Caitlin Gilbert, Caroline Kitchener and Janice Kai Chen, "How Florida's abortion law is affecting East Coast abortion clinics," *The Washington Post*, May 24, 2024,

<https://www.washingtonpost.com/nation/2024/05/24/abortion-clinics-wait-time-florida-law/>.

⁶⁶ Ibid.

restricted in traveling to another state for abortion care, they would have virtually no option to access in-person care.

Conclusion

Given the prevalence and impact of abortion bans, people must have the ability to travel to another state for care if they cannot access it in their home state. No one should have to face the risk of being criminalized for traveling out of their state for essential health care. The reality is pregnant people are often forced to travel long distances to access abortion care, an already difficult situation because of the significant costs associated with it. If the ability to travel for essential health care is taken away, these barriers will be even more profound and access to abortion care will shrink further. It will also strip away the right to bodily autonomy and the ability to move freely. As a result, individuals and families – especially people of color and others who are marginalized – will suffer serious harm to their health, economic security and well-being.

Anti-abortion proponents and law-makers who support restrictions on travel are the same people pushing for a national ban on abortion. Their ultimate goal is to restrict women's bodies and to restrict women's ability to live full and free lives. We cannot allow another constitutionally-protected right to fall in service of that extreme agenda. The Senate must pass the Freedom to Travel for Health Care Act and the Women's Health Protection Act to safeguard these basic rights for pregnant people. For the sake of women's health and dignity – and for the sake of our democracy – we must protect the right to travel.

###