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Hearing before the U.S. Senate Subcommittee on Federal Courts, Oversight, Agency Action, and Federal Rights
"Crossing the Line: Abortion Bans and Interstate Travel for Care After *Dobbs*"
June 12, 2024

Chairman Whitehouse, Ranking Member Kennedy, and Members of the Committee, thank you for the opportunity to testify today.

My name is Isaac Maddow-Zimet, and I am a Data Scientist at the Guttmacher Institute, a research and policy organization committed to advancing sexual and reproductive health and rights worldwide. As a core component of its work, the Institute has been measuring numbers and rates of abortion in the United States for half a century: the very first census of abortion providers we conducted was in 1974, just a year after the *Roe vs. Wade* decision,[1] and our estimates are widely considered the most complete counts of abortion in the US, including by those opposed to abortion rights.

I have worked at Guttmacher for over a decade, and during that time my research has largely focused on abortion measurement in the US and globally. Most recently, I've been leading a project called the Monthly Abortion Provision Study, which produces monthly estimates of abortion incidence, travel across state lines for care and other key data points in order to assess the impact of policy changes related to abortion at the state and federal levels.

These policy changes have been substantial, and have resulted in a deeply fractured landscape of abortion access in the US. Since the *Dobbs* decision, 14 states have completely banned abortion with limited exceptions, and many others have restricted abortion access on the basis of gestation, or added other obstacles to accessing care.[2] At the same time, in many other states there have been substantial investments to increase access and protections for abortion patients: through state policies, new modes of care and increased financial support. There have always been substantial barriers to abortion access, even under *Roe*: now more than ever, however, access varies widely based on where people live and what resources they have.[3]

As a direct consequence of this fractured policy landscape, we have seen dramatic increases in the number of people travelling across state lines for care. In 2023, we estimate that approximately 170,000 people travelled across state lines to access abortion.[4] This represents 17% of all abortions provided in states without total bans, and is more than double the number of

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[1] Weinstock E, Tietze C, Jaffe FS, and Dryfoos JG, Legal Abortions in the United States Since the 1973 Supreme Court Decisions. *Family Planning Perspectives*, 1975, 7(1): 23–31.
[2] Forouzan K and Guarnieri I, *State Policy Trends 2023: In the First Full Year Since Roe Fell, a Tumultuous Year for Abortion and Other Reproductive Health Care.* New York: Guttmacher Institute, 2023.
[3] Fuentes L, *Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides.* New York: Guttmacher Institute, 2023
[4] Maddow-Zimet I, Philbin J, DoCampo I and Jones RK, Monthly Abortion Provision Study, updated May 9, 2024, https://osf.io/k4x7t/

people who travelled across state lines for abortion care in 2019 or in 2020, the most recent prior years for which data are available.

These increases have been particularly sharp in states bordering those with total bans, and in particular, in Illinois and New Mexico, which have seen the biggest increases in travel from out of state. In Illinois the proportion of people traveling from out of state for abortion care increased from 21% in 2020 to 41% in 2023—representing an estimated 26,000 more people travelling into the state to access abortion. In New Mexico, almost three-quarters of abortions were provided to out-of-state residents in 2023, increasing from 38% to 71%.

Many of these patients are traveling from states with total bans in the South and Southeast, where —because there are very few states in the entire region where people can access care— residents sometimes have to cross multiple state lines and travel many hundreds of miles if they want or need to access abortion care in-person at a clinic. These distances have only increased with the implementation of Florida's six-week ban in May, as Florida post-*Dobbs* had become one of the main points of access for abortion care in the Southeast. From 2020 to 2023, there was around a 10% increase in abortions provided in Florida, and a rise in travel from out of state accounted for more than half of that increase.

Travelling across state lines to get an abortion is already a substantial burden for most people, and the obstacles only multiply with a six-week ban, where people seeking abortions have an extremely narrow time window to meet that gestational duration limit—if they even know about their pregnancy in time to seek it. Accessing care is even more difficult when people traveling to another state have to navigate additional onerous restrictions, as is the case with Florida, which requires a medically unnecessary in-person counseling visit 24 hours before the abortion. That translates to a stay of multiple days, with increasing risk that the person seeking care may miss the arbitrary six-week legal cut-off.

Of course these various obstacles apply to Floridians as well, who also face serious barriers to accessing care. We don't yet have data on how patterns of travel have or will shift post-Florida ban, but the average distance a Florida resident who is over six weeks gestation now needs to travel to access a clinic is around 590 miles,[5] and recent research has found increased wait times and decreased appointment availability in some of the closest states to Florida without total bans.

It's important to note that even when people are able to access abortion care by traveling out of state, this travel comes at enormous cost to many who are already bearing the brunt of inequitable access to care. It comes at a financial cost (the cost of the abortion itself, the cost of travel), it comes with a logistical cost (finding a place to stay, arranging for childcare as most abortion patients are already parents,[6] being able to request time off work), and it can come with an emotional cost—navigating an incredibly complex and quickly changing legal landscape in order to access care that is an extremely normal and common part of people's reproductive

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[5] "How Florida's Abortion Law Is Affecting East Coast Abortion Clinics." *Washington Post*, 24 May 2024, https://www.washingtonpost.com/nation/2024/05/24/abortion-clinics-wait-time-florida-law/.

[6] Jones R, Chiu D, and Kohn J, Characteristics of people obtaining medication vs procedural abortions in clinical settings in the United States: Findings from the 2021–2022 Abortion Patient Survey. *Contraception,* 2023, 128: 110137.

lives.[7] Often, the only way that people are able to overcome these costs is with a lot of support from providers, from abortion funds, and from broader support networks. It's unclear, however, whether this support will be sustainable over the long term. Many abortion funds, for example, saw sharp increases in donations post-*Dobbs*, but have since seen donations slow while the need for assistance only continues to increase.[8]

Because the costs of travel are so high, we know that many people are not able to overcome them, and that the impact falls especially hard on those who already face the biggest barriers to health care—Black people and other people of color, immigrants, young people, LGBTQ+ folks, and people with fewer economic resources.[9] Some unable to travel are able to access abortion care online, even in states with total bans; many others are forced to remain pregnant when they don't want to be.

The bottom line is that *Dobbs* has created a patchwork of access to abortion care that denies people their reproductive freedom. No one should have to travel to another state to access basic health care: people deserve to be able to access abortion care in their community, using the method they want, and in the setting they want. Until then, it's critical that we protect people's right to travel for care—and assist others in travelling for care—as well as advance policies that provide the sustained support and infrastructure to make that travel possible.

Thank you so much for your time.

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[2] Approximately one in four women would have an abortion by age 45 given 2020 abortion rates. *See* Jones, R, An estimate of lifetime incidence of abortion in the United States using the 2021–2022 Abortion Patient Survey. *Contraception*, 2024, 135: 110445.

[8] *Critical Role of Abortion Funds Post-Roe.* National Network of Abortion Funds, January 18, 2024. https://abortionfunds.org/abortion-funds-post-roe/.

[9] *The Cumulative Costs of Barriers to Abortion Care*. National Partnership for Women and Families, June 2024. https://nationalpartnership.org/wp-content/uploads/cumulative-costs-barriers-abortion-care.pdf