

Adolescent Abortion and Contraception Access Post-*Dobbs*

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Dobbs v Jackson Women's Health: SCOTUS June 24, 2022



“procuring an abortion is **not** a fundamental constitutional right because such a right has no basis in the Constitution’s text or in our Nation’s history.”

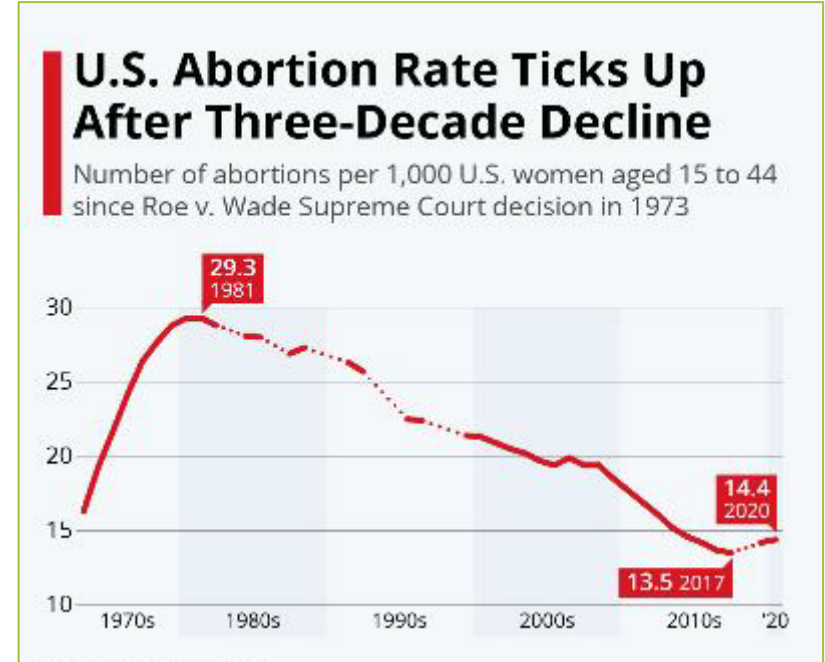
Took away rights established in Roe v Wade nearly 50 years before

After decades of decline, abortion rates were increasing before Dobbs

2020



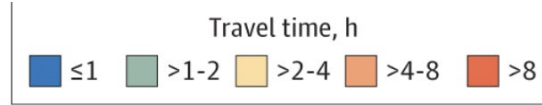
- 930,000 abortions in the U.S./year
- 1 in 5 pregnancies ended in abortion
- Abortions increased 8% between 2017 and 2020



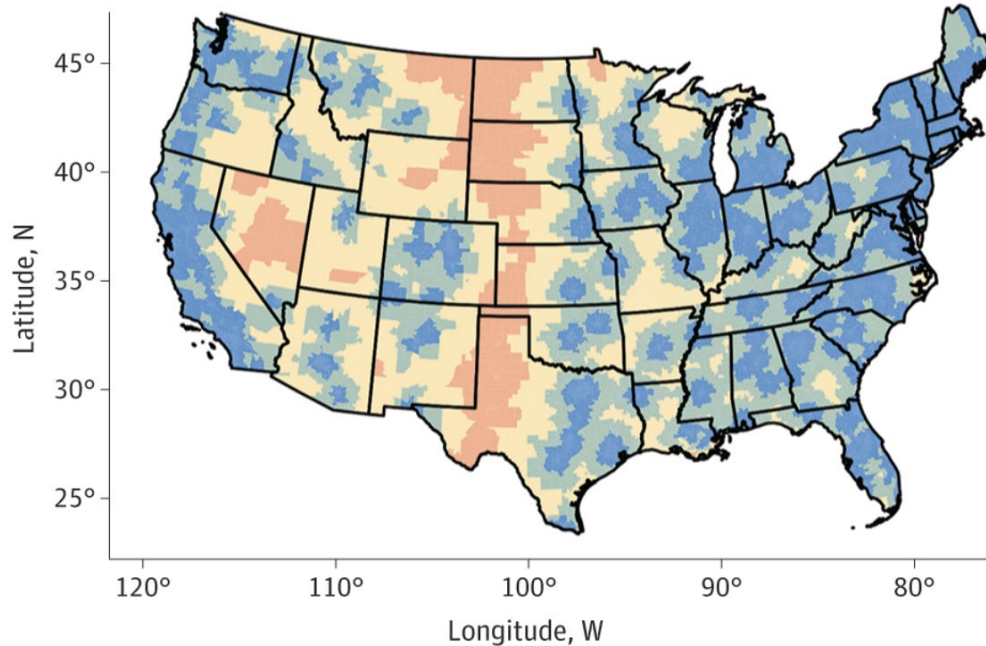


- Gestational age bans
- Hyde Amendment
- Insurance coverage bans
- Methods bans or restrictions
- Medically unnecessary requirements
- Parental Involvement laws

Pre-Dobbs Travel Time

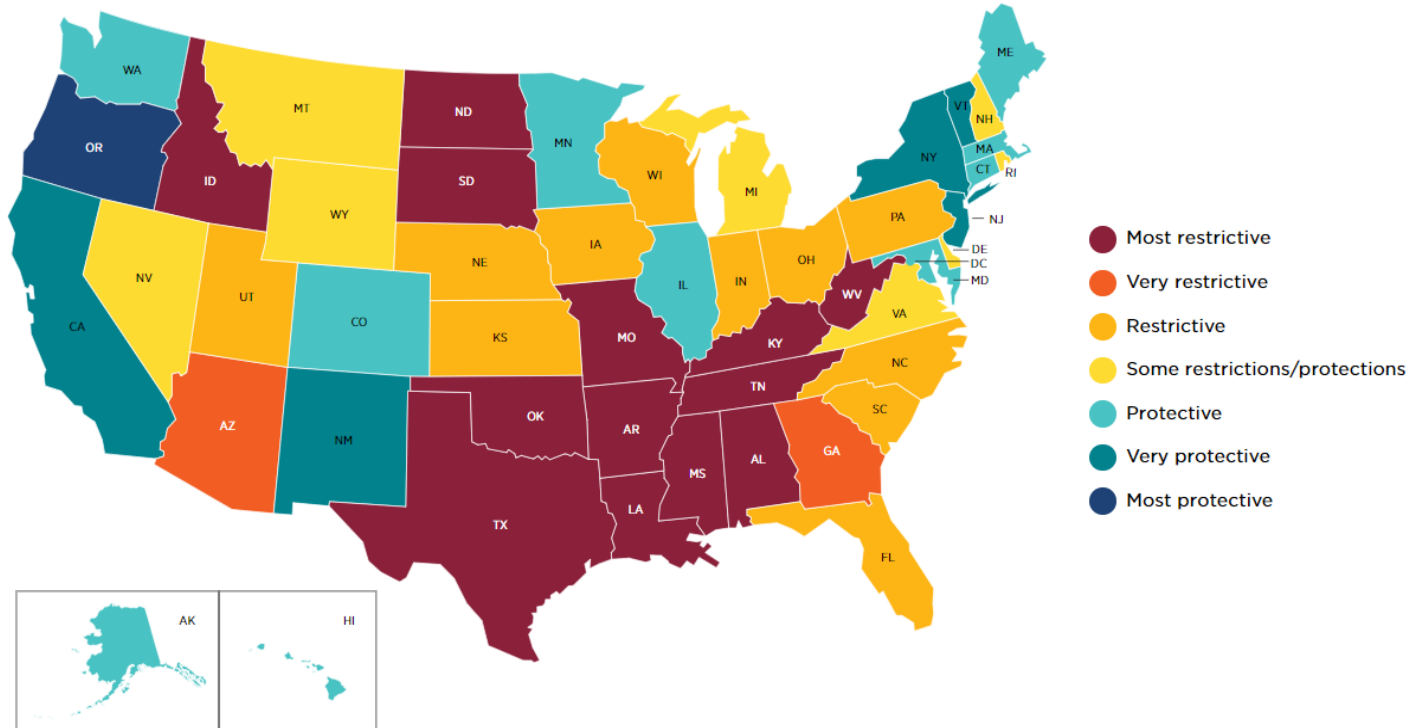


A Travel to all facilities operating in 2021 (pre-*Dobbs* period)



Rader, B., Upadhyay, U. D., Sehgal, N. K., Reis, B. Y., Brownstein, J. S., & Hswen, Y. (2022). Estimated travel time and spatial access to abortion facilities in the US before and after the *Dobbs v Jackson women's health* decision. *JAMA*, 328(20), 2041-2047.

US Abortion Policies: May 2023



Abortion Policies in Illinois

PROTECTIVE

Abortion policies currently in effect in Illinois include the following:

- Abortion is banned at fetal viability, generally 24–26 weeks of pregnancy
- State Medicaid funds cover abortion
- Private health insurance plans are required to cover abortion
- Qualified health care professionals, not solely physicians, can provide abortions
- State has a shield law to protect abortion providers from investigations by other states; may cover patients and support organizations

Gov. Pritzker Signs Sweeping Reproductive Rights Protections Into Law

Press Release - Friday, January 13, 2023

- Protects the Illinois health care providers' licenses from disciplinary action if they provide lawful health care in Illinois, even if that care is not legal in another state.
- Expands access to reproductive health care by permitting birth centers in Illinois to provide full spectrum reproductive health care, instead of only childbirth-related needs of pregnant persons and their newborns.
- Clarifies the ability of advanced practice registered nurses and physicians assistants to provide aspiration abortion care in Illinois.
- Expands patients' ability to receive hormonal birth control over the counter from a pharmacist.
- Clarifies that assisted reproduction, such as IVF and other medical interventions, is entitled to protection as a fundamental right in Illinois.
- Allows out-of-state physicians, physicians assistants, and advanced practice registered nurses the ability to practice health care in Illinois pursuant to a 2-year temporary license to meet the increased need for abortion care in Illinois.
- Protects patients, providers, and those assisting them, from aggressive litigation under other states laws intended to deter people from obtaining abortion and gender-affirming care that is lawful in Illinois.

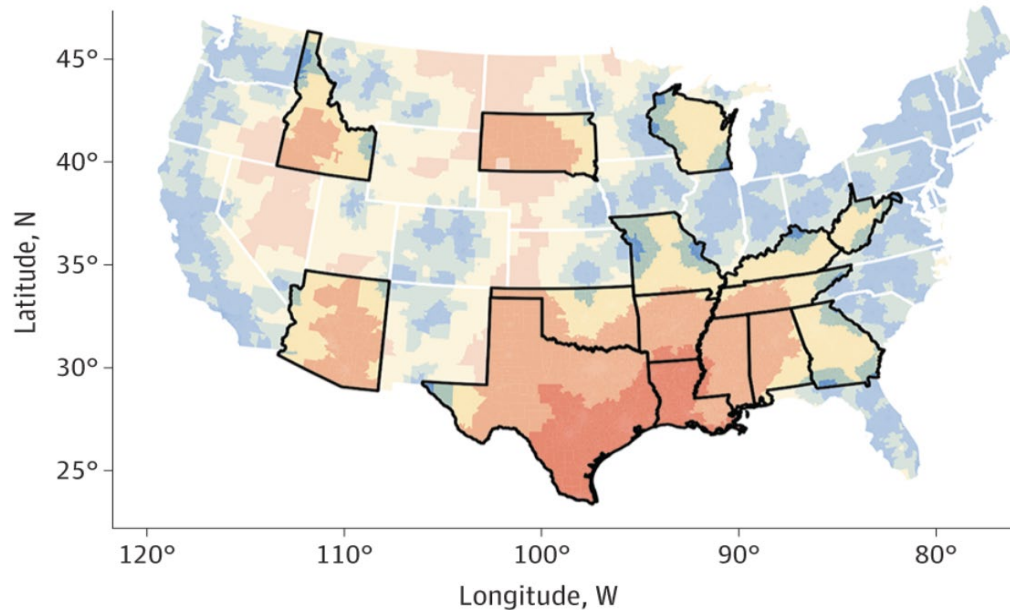
[HB 4664: Patient and Provider Protection Act | ACLU of Illinois \(aclu-il.org\)](#)

Post-Dobbs travel time

Travel time, h

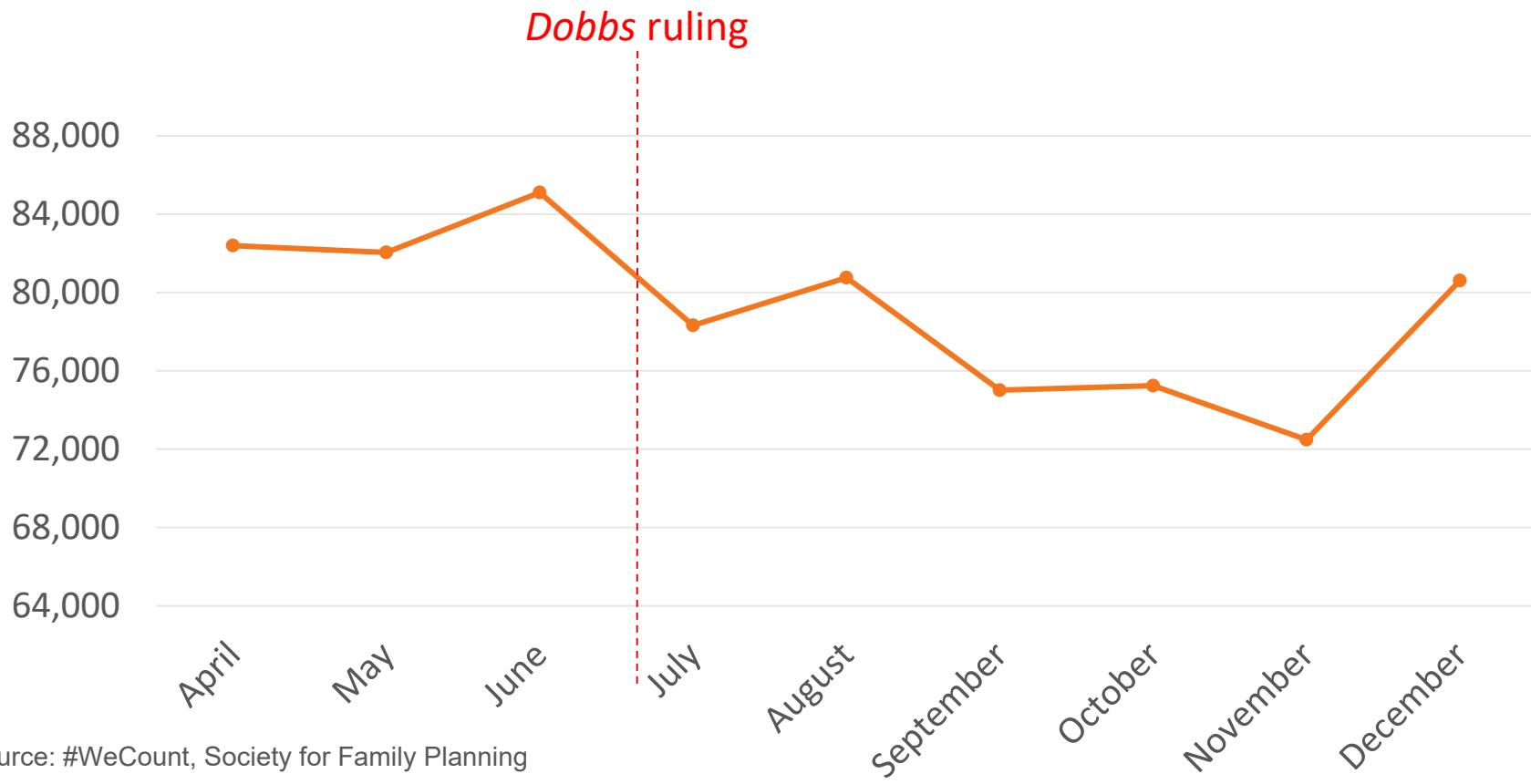


B Travel removing facilities in states with total or 6-wk abortion bans (post-*Dobbs* period)



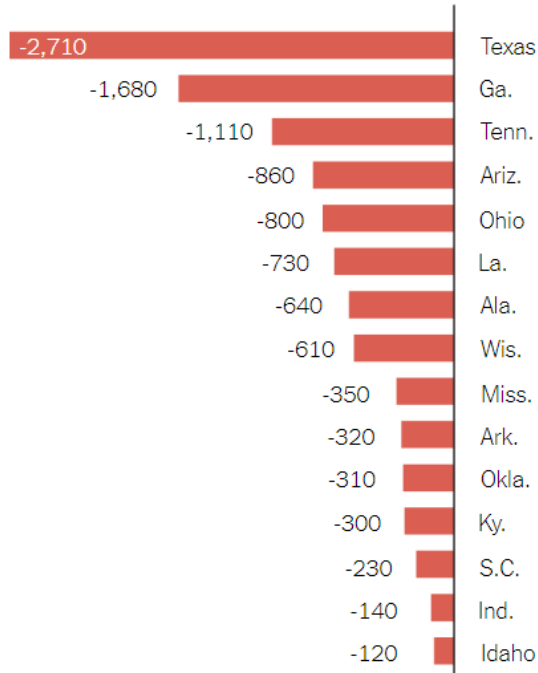
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The number of abortions has declined post-Dobbs

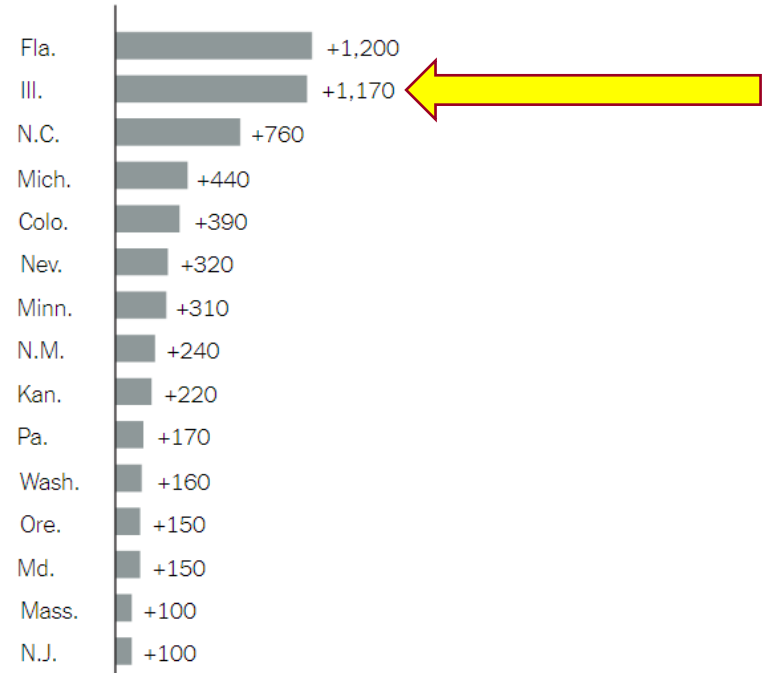


Difference between monthly average number of legal abortions before and after Dobbs

States with **fewer**
legal abortions per month



States with **more**
legal abortions per month



What do we know about adolescents and abortions?

Limited Research on Adolescents and Abortion

- Minors often not included in studies
 - IRB concerns
 - Need to reconsider “harms”
- Data are rarely broken out adequately by age
 - Few intersections (age by race)



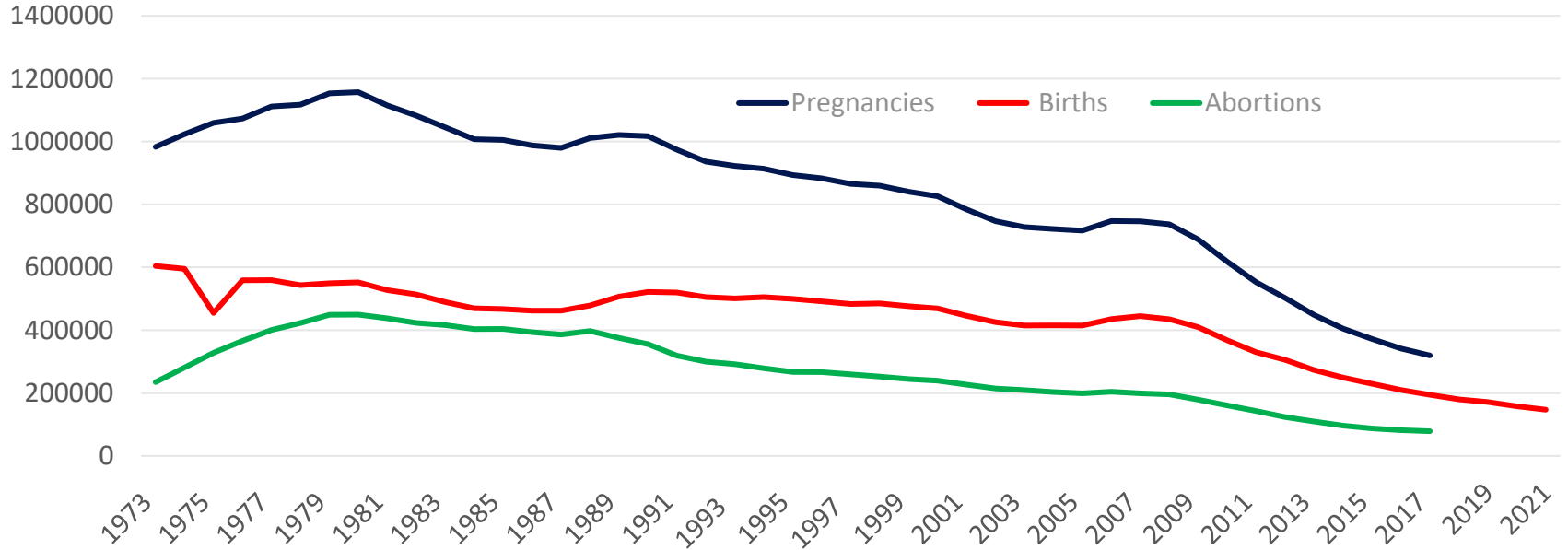
54% OF US ADOLESCENTS LIVE IN STATES HOSTILE TO ABORTION ACCESS

That's nearly **8 million** adolescents who have lost bodily autonomy, reproductive freedom, and control of their futures

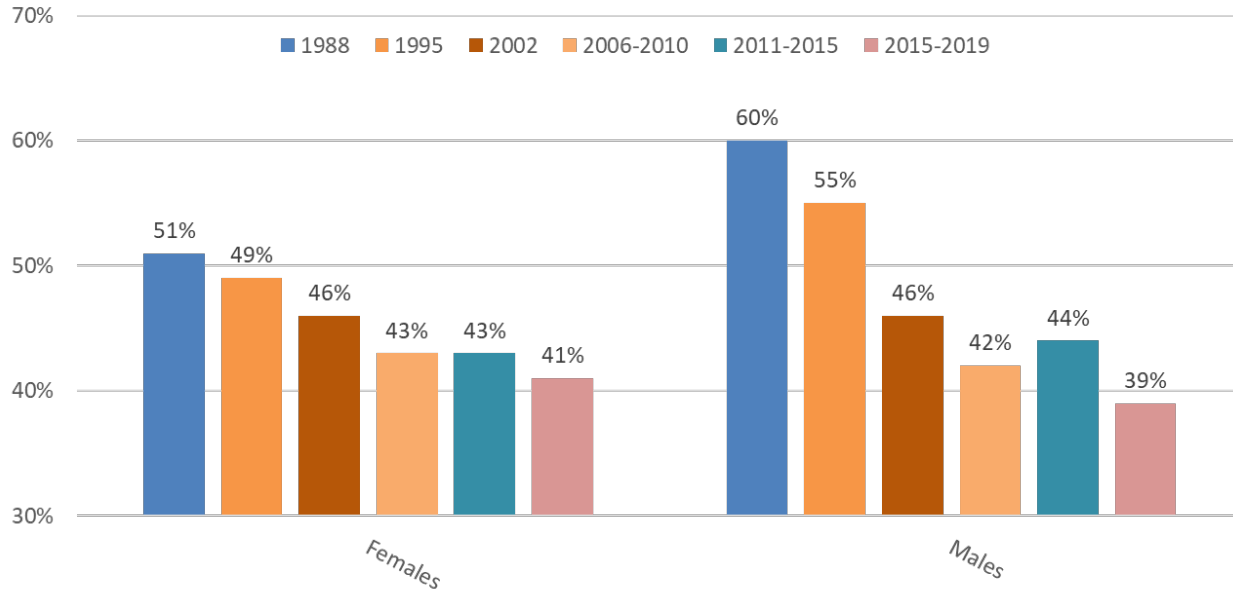


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Adolescent abortion, pregnancy, and birth rates have all declined



Share of Teens Aged 15-19, Ever Had Penile-Vaginal Intercourse



Data Source: National Survey of Family Growth

Adolescents are using more contraception more effectively

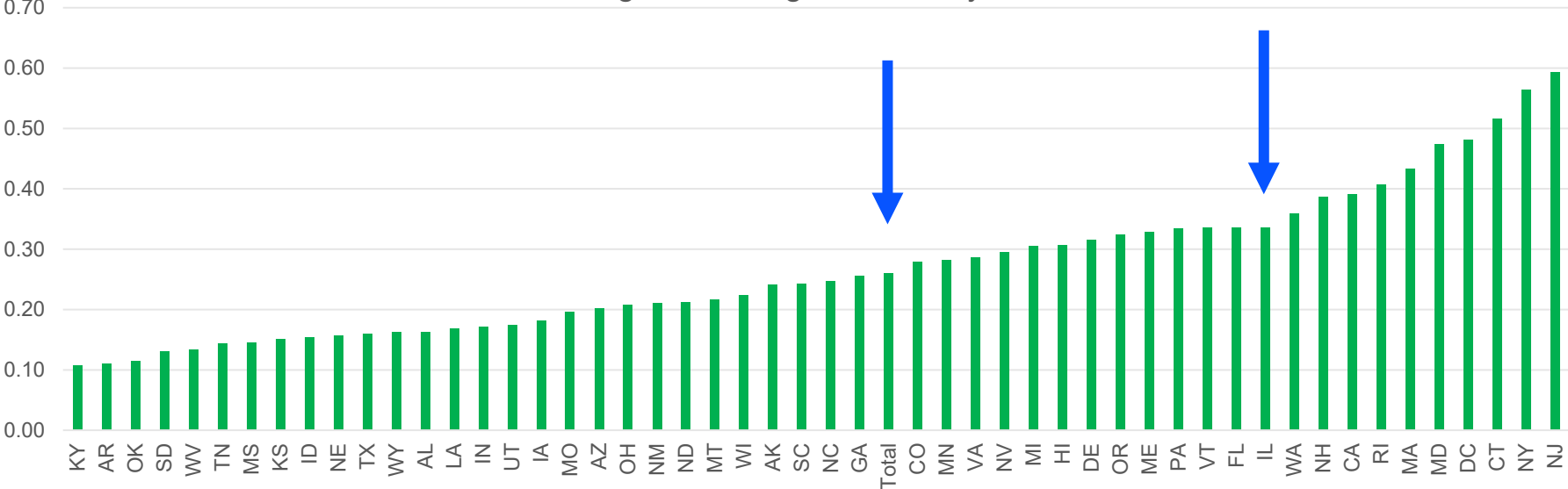


Increases in:

- Use of any method
- Use of highly effective methods
 - LARCS – IUD and Implants
 - More consistent use
 - More correct use

Nationally, more than one in four adolescent pregnancies end in abortion, with large variation by state

Abortion Ratio, Among Women ages 15-19, by state, 2017



**Current
Threats to
Adolescent
Sexual Health
and
Reproductive
Autonomy**



**Impacts
Magnified
for Teens**

**Barriers
to Care**

Teens Differentially Impacted by Abortion Laws

- General laws that increase barriers
 - Waiting periods
 - Gestational age limits
 - Mandatory testing
 - In-person medication abortion requirements

Adolescent Barriers to Abortion

TRAVEL/LACK OF TELEHEALTH:

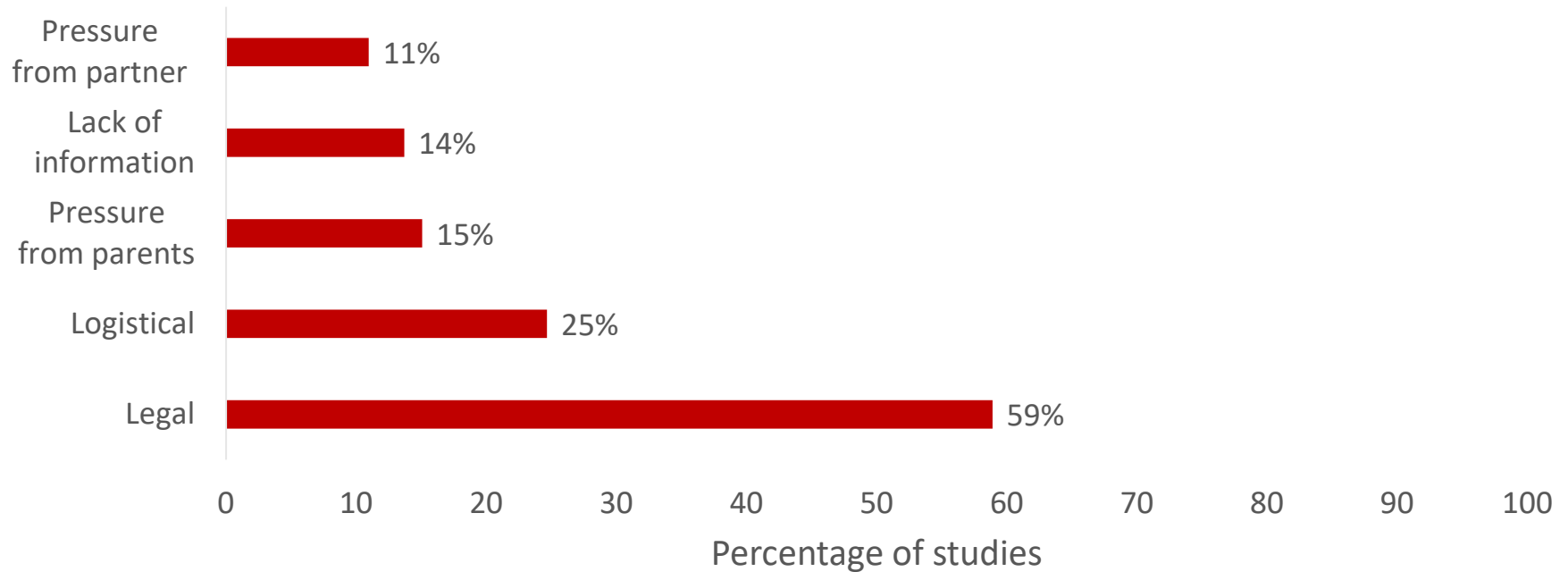
- Many adolescents do not drive or have transportation
- Interstate travel restricted – “abortion trafficking”
- May not be legally eligible for telehealth or telehealth providers may not serve minors

LIMITED INFO/GATEKEEPING: Adolescents have less information about reputable resources for abortion care and adults may keep resources from teens.

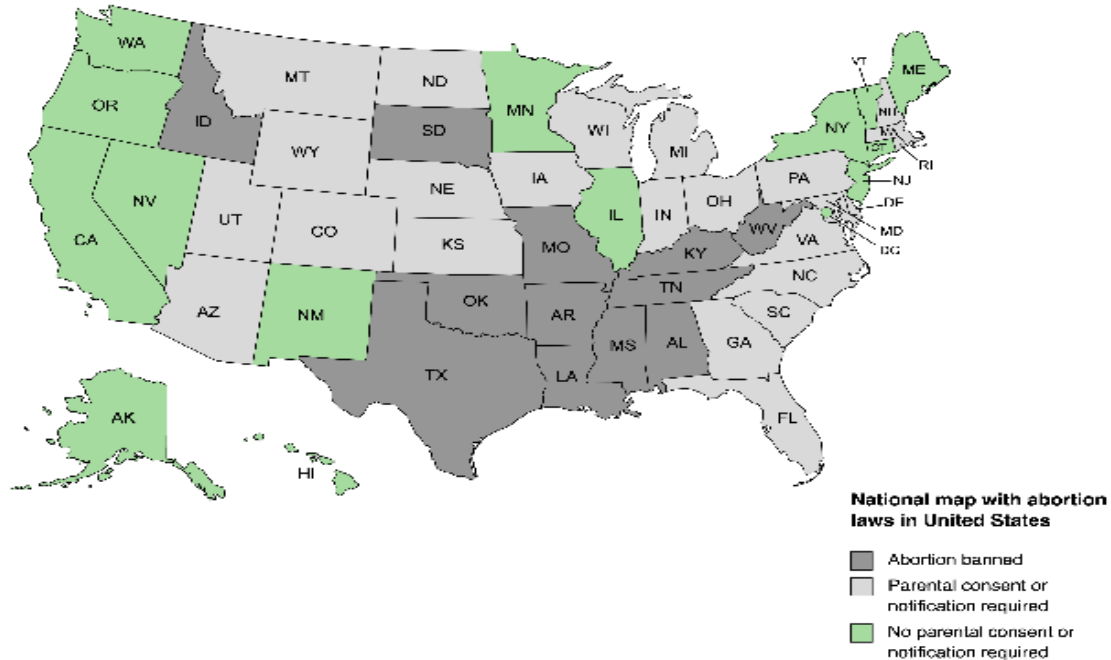
COST: Adolescents experience greater financial barriers to paying for an abortion and associated costs such as travel.

Barriers to abortion among adolescents

N=73 studies



Only 13 states allow minors to access abortion without parental consent or notification



Florida court rules 16-year-old is not 'sufficiently mature' for abortion

By [Brittany Shammass](#) and [Kim Bellware](#)

Updated August 17, 2022 at 4:57 p.m. EDT | Published August 17, 2022 at 3:32 p.m. EDT

<https://www.washingtonpost.com/nation/2022/08/17/florida-teen-abortion-denied-mature/>

Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas

Coleman-Minehan et al, 2019

“We found the bypass process functions as a form of punishment and allows state actors to humiliate adolescents for their personal decisions. The bypass process was implemented to protect adolescents from alleged negative emotional consequences of abortion, yet our results suggest the bypass process itself causes emotional harm through unpredictability and humiliation.”

Coleman-Minehan et al, 2019

HEALTH, JUSTICE & LAW, NATIONAL

Forcing Thousands of Teens to Parent in a Post-Roe Nation

11/5/2022 by **JULIE MASLOWSKY**, **LAURA LINDBERG** and **TRACEY WILKINSON**

Over the next year, at least 7,000 U.S. teenagers will likely be forced into parenthood because they were not able to obtain a desired legal abortion.



<https://msmagazine.com/2022/11/05/teen-pregnancy-roe-v-wade-abortion/>

Youth Voice on Abortion

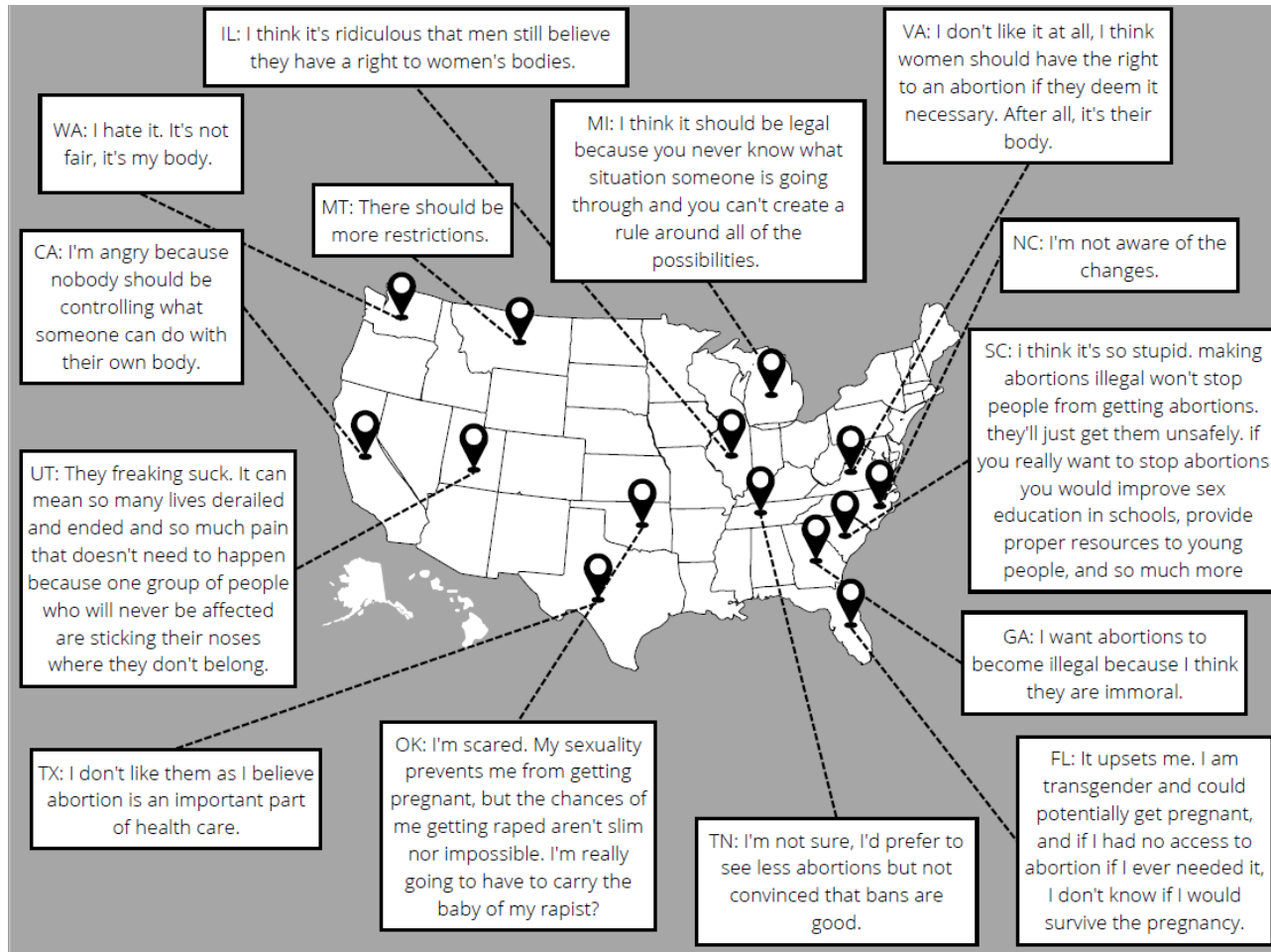
NATIONAL POLL OF YOUTH

MyVoice

MyVoice elevates the voices and experiences of young people to inform policies and programs that improve their lives.

**Advocates
for Youth**
Young. Powerful. Taking Over.

**It's time to let
young people
lead.**



Clinical Access

- Know that my clinic exists
- Find the number for the clinic
- Find time between 8-4:30 to call
- Understand how to navigate the phone appointment system
- Know about insurance information
- Know SSN
- Be able to attend clinic between 8-4:30 on certain days
- Know schedule in advance far enough (be able to manage self until then...)
- Remember the appointment
- Know where the clinic is
- Be able to afford and/or arrange transportation
- Find the clinic from the parking lot
- Have necessary information and co-pay for check-in
- Wait
- Have the courage to go to the doctor
 - Exam
 - Testing
 - Disclosure
- Be willing to risk confidentiality breach
- Have transportation to pharmacy, perhaps repeatedly
- Have money for co-pay
- Able to follow-up as needed



**We need to find ways
to improve access**

Threats to Adolescents' Access to Contraception

- Connected to efforts to limit abortion access
- Constitutional right to contraception being targeted
 - ACA coverage
 - Comstock laws
 - Open door to prior SCOTUS decisions around contraception and privacy
- Conflate contraception and abortion
- “Grass roots” focus on health concerns from hormones
- Parental rights

Deanda v. Becerra

Identity

Birth Control Access Is Under Threat After Texas Judge's Ruling Against Title X

BY DANA JOHNSON AND LAURA LINDBERG

JANUARY 31, 2023

In this op-ed, researcher Dana Johnson and public health professor Laura Lindberg explore how birth control access is coming under fire after a Texas judge ruled against Title X.

WATCH



<https://www.teenvogue.com/story/birth-control-access-is-under-threat>

Title X of the Public Health Service Act

Fundamental Principles

- Care must be voluntary
 - Broad range of contraceptive methods
 - **Confidential care**
- No client may be denied care because of an inability to pay
- Abortion is not a method of family planning; Title X funds can't be used for abortion services

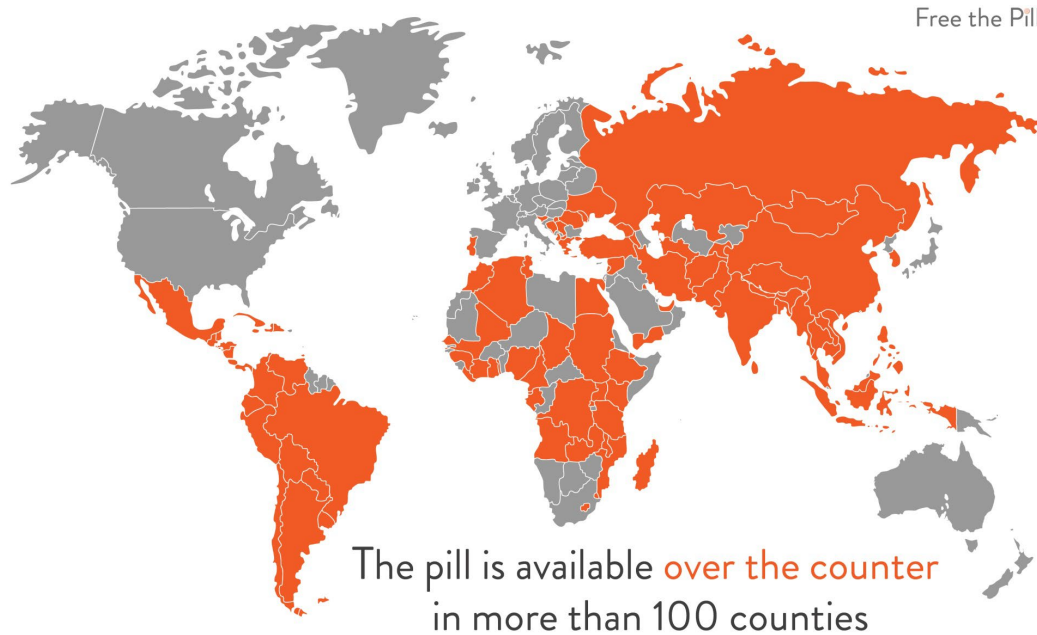


“It is my view that no American woman should be denied access to family planning because of her economic condition.”

Over-The-Counter (OTC) Progestin-only Pill



Not a revolutionary idea



FREE THE PILL.

“ Providing patients with over-the-counter (OTC) access to the birth control pill is an easy call from a public health perspective... Access is one of the most cited reasons why patients do not use oral contraceptives, use them inconsistently, or discontinue use.

Expanding OTC access would make it easier for patients to properly use oral contraceptives, leading to fewer unplanned pregnancies. ”

— The American Medical Association
(often referred to as the largest, most powerful group of doctors in the country)

FEMINIST ×

**Advocates
for Youth**
Young. Powerful. Taking Over.

FDA advisers vote unanimously in support of over-the-counter birth-control pill



By Carma Hassan, CNN

Updated 3:56 PM EDT, Wed May 10, 2023



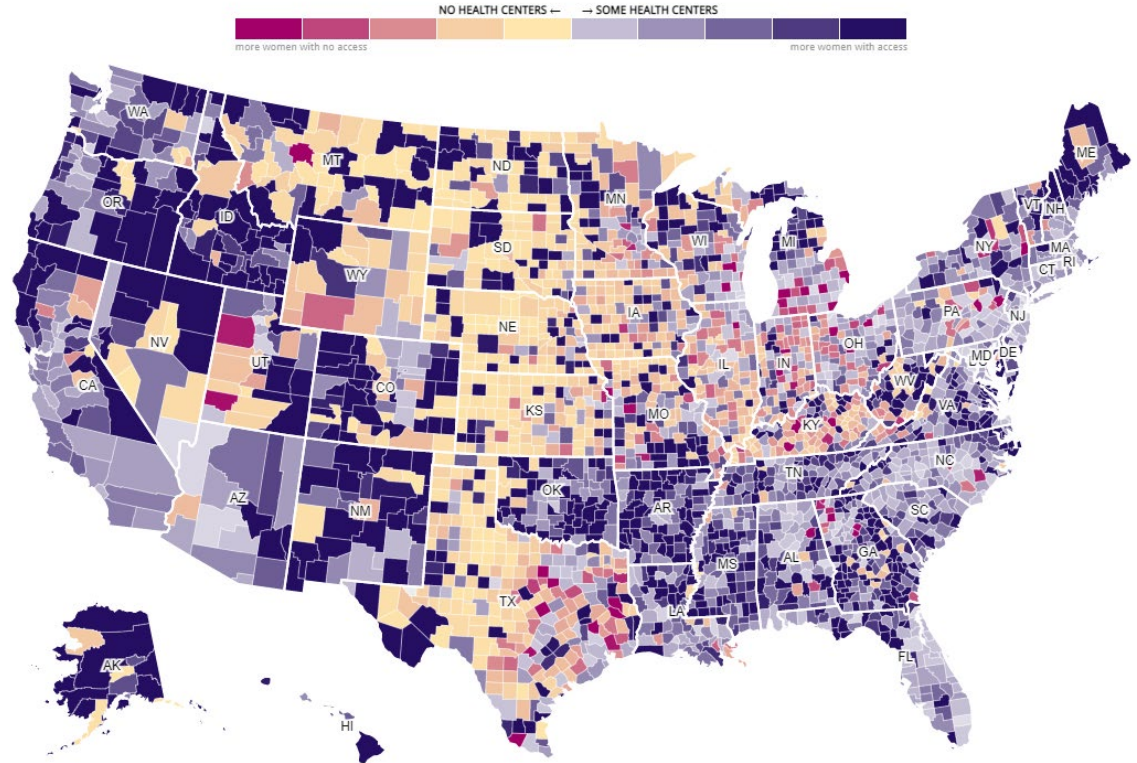
Contraceptive deserts

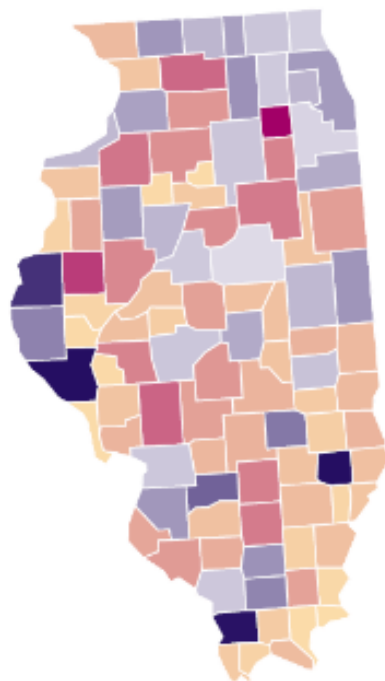
UNITED STATES

19,249,700 women in need live in contraceptive deserts

1,168,720 women in need live in counties without access to a single health center that provides the full range of methods

HEALTH CENTERS OFFERING THE FULL RANGE OF BIRTH CONTROL METHODS by state and county





780,370

Women in need live in contraceptive deserts, counties that lack reasonable access to the full range of methods.*

79,080

Of the **780,370** women in need, **79,080** live in counties without a single health center that provides the full range of methods.

States Can Improve Contraceptive Access, Here's What Illinois is Doing

Expand Medicaid to low-income adults as the ACA allows

Medicaid Family Planning Waiver or State Plan Amendment (SPA)

Medicaid reimbursement for postpartum long-acting reversible contraception

Medicaid 12-month postpartum coverage extension

State law/policies that allow pharmacists to prescribe contraception

State law/policies to extend the supply of prescription contraceptives

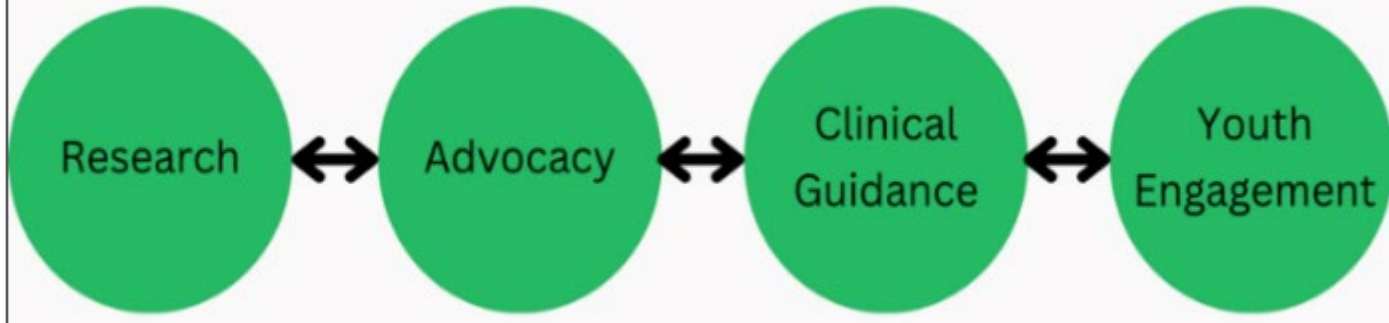
YOUTH REPRODUCTIVE EQUITY (YRE)

Reproductive Justice

Adolescent Development

Sexual and Reproductive Health

Abortion and Contraceptive Access



www.youthreproequity.org @YouthRepro

A major problem for minors: post-Roe access to abortion

By Tracey Wilkinson, Julie Maslowsky and Laura Lindberg June 26, 2022

[Reprints](#)



An abortions rights supporter protests outside the South Carolina Statehouse

Goal: elevate barriers adolescents face to abortion into the national conversation

Resources

Viewpoint

August 15, 2022

The Pediatrician in the Post-Roe Landscape

Tracey A. Wilkinson, MD, MPH¹; Julie Maslowsky, PhD²; Elise D. Berlan, MD, MPH^{3,4}

» [Author Affiliations](#) | [Article Information](#)

JAMA Pediatr. 2022;176(10):967-968. doi:10.1001/jamapediatrics.2022.2868



ELSEVIER

JOURNAL OF
ADOLESCENT
HEALTH

www.jahonline.org

Commentary

Elevating the Needs of Minor Adolescents in a Landscape of Reduced Abortion Access in the United States

Andrea J. Hoopes, MD, MPH^{a,*}, Julie Maslowsky, PhD^b, Melanie A. Baca, MD^c, Jessica Goldberg, JD^d, Megan E. Harrison, MD, FRCPC^e, Loris Y. Hwang, MD, MS^f, Mary Romano, MD, MPH^g, Kathleen Tebb, PhD, FSAHM^h, Nichole Tyson, MDⁱ, and Laura K. Grubb, MD, MPH^j

The Pediatrician in the Post-Roe Landscape

4 Actions for Clinical Care



Anticipatory Guidance

Developmentally appropriate guidance on topics such as sex, sexuality, relationships & routine pregnancy intention screening



Comprehensive Contraception Counseling and Provision

Telehealth or in-person visits



Health Care Navigation

Provide unbiased options counseling;
Share resources, including abortion access



Confidential care

Provide confidential care as allowed;
Work with Title X clinics

Source: Wilkinson TA, Maslowsky J, Berlan ED. The Pediatrician in the Post-Roe Landscape. *JAMA Pediatrics*. Published online August 15, 2022. doi:10.1001/jamapediatrics.2022.2868

**TEENS DESERVE
BODILY
AUTONOMY**

**TEENS ARE
WORTHY OF
RESPECT**

**TEENS ARE EXPERTS IN
THEIR OWN BODIES**

**TEENS DESERVE
HUMAN RIGHTS**

**TEENS ARE THE
FUTURE**

**TEENS ARE CAPABLE OF
MAKING DECISIONS**

WHY WE TRUST TEENS

@YOUTHREPRO



WHAT IT MEANS TO #TRUSTTEENS



Respect Teens



Care About Teens



Support Teens



Listen to Teens



Conclusions

Adolescents in the U.S. experience unique barriers in obtaining wanted abortions, especially due to legal restrictions.

Barriers to contraception may be increasing as well.

More population-level research that stratifies by age and examines intersectionality with race is needed to inform policies to protect adolescents' reproductive rights.

Adolescents' reproductive rights are being targeted and some of the anti-choice policies result in later abortions, more costly abortions, and unwanted births

Thank you! Questions?

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