Adolescent Abortion and Contraception Access Post-Dobbs

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School of Public Health
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

- 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)

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
- ≤1
- >1-2
- >2-4
- >4-8
- >8

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

The number of abortions has declined post-Dobbs

Source: #WeCount, Society for Family Planning
### Difference between monthly average number of legal abortions before and after Dobbs

<table>
<thead>
<tr>
<th>States with fewer legal abortions per month</th>
<th>States with more legal abortions per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>Fla.</td>
</tr>
<tr>
<td>-2,710</td>
<td>+1,200</td>
</tr>
<tr>
<td>Ga.</td>
<td>Ill.</td>
</tr>
<tr>
<td>-1,680</td>
<td>+1,170</td>
</tr>
<tr>
<td>Tenn.</td>
<td>N.C.</td>
</tr>
<tr>
<td>-1,110</td>
<td>+780</td>
</tr>
<tr>
<td>-860</td>
<td>+440</td>
</tr>
<tr>
<td>Ohio</td>
<td>Colo.</td>
</tr>
<tr>
<td>-800</td>
<td>+390</td>
</tr>
<tr>
<td>La.</td>
<td>Nev.</td>
</tr>
<tr>
<td>-730</td>
<td>+320</td>
</tr>
<tr>
<td>Ala.</td>
<td>Minn.</td>
</tr>
<tr>
<td>-640</td>
<td>+310</td>
</tr>
<tr>
<td>Wis.</td>
<td>N.M.</td>
</tr>
<tr>
<td>-610</td>
<td>+240</td>
</tr>
<tr>
<td>Miss.</td>
<td>Kan.</td>
</tr>
<tr>
<td>-350</td>
<td>+220</td>
</tr>
<tr>
<td>-320</td>
<td>+170</td>
</tr>
<tr>
<td>Okla.</td>
<td>Wash.</td>
</tr>
<tr>
<td>-310</td>
<td>+160</td>
</tr>
<tr>
<td>Ky.</td>
<td>Ore.</td>
</tr>
<tr>
<td>-300</td>
<td>+150</td>
</tr>
<tr>
<td>S.C.</td>
<td>Md.</td>
</tr>
<tr>
<td>-230</td>
<td>+150</td>
</tr>
<tr>
<td>Ind.</td>
<td>Mass.</td>
</tr>
<tr>
<td>-140</td>
<td>+100</td>
</tr>
<tr>
<td>Idaho</td>
<td>N.J.</td>
</tr>
<tr>
<td>-120</td>
<td>+100</td>
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</tbody>
</table>
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.

@YOUTHREPRO
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
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage of studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure from partner</td>
<td>11%</td>
</tr>
<tr>
<td>Lack of information</td>
<td>14%</td>
</tr>
<tr>
<td>Pressure from parents</td>
<td>15%</td>
</tr>
<tr>
<td>Logistical</td>
<td>25%</td>
</tr>
<tr>
<td>Legal</td>
<td>59%</td>
</tr>
</tbody>
</table>
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 Shammas and Kim Bellware

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

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
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

MyVoice

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

It's time to let young people lead.
WA: I hate it. It's not fair, it's my body.

CA: I'm angry because nobody should be controlling what someone can do with their own body.

UT: They freaking suck. It can mean so many lives derailed and ended and so much pain that doesn't need to happen because one group of people who will never be affected are sticking their noses where they don't belong.

IL: I think it's ridiculous that men still believe they have a right to women's bodies.

MI: I think it should be legal because you never know what situation someone is going through and you can't create a rule around all of the possibilities.

VA: I don't like it at all, I think women should have the right to an abortion if they deem it necessary. After all, it's their body.

NC: I'm not aware of the changes.

SC: I think it's so stupid. Making abortions illegal won't stop people from getting abortions. They'll just get them unsafely. If you really want to stop abortions you would improve sex education in schools, provide proper resources to young people, and so much more.

GA: I want abortions to become illegal because I think they are immoral.

OK: I'm scared. My sexuality prevents me from getting pregnant, but the chances of me getting raped aren't slim nor impossible. I'm really going to have to carry the baby of my rapist?

TN: I'm not sure. I'd prefer to see less abortions but not convinced that bans are good.

FL: It upsets me. I am transgender and could potentially get pregnant and if I had no access to abortion if I ever needed it, I don't know if I would survive the pregnancy.
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

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.

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

The pill is available over the counter in more than 100 counties

Slides courtesy of Ibis Reproductive Health/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)
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

DEVELOPING STORY
FDA ADVISERS CONSIDER OVER-THE-COUNTER BIRTH CONTROL PILL
Independent experts hear from company that manufacturers Opill
Contraceptive deserts

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
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

<table>
<thead>
<tr>
<th>Expansion</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>to low-income adults as the ACA allows</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Family Planning Waiver or State Plan Amendment (SPA)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>reimbursement for postpartum long-acting reversible contraception</td>
</tr>
<tr>
<td>Medicaid</td>
<td>12-month postpartum coverage extension</td>
</tr>
<tr>
<td>State law/policies</td>
<td>that allow pharmacists to prescribe contraception</td>
</tr>
<tr>
<td>State law/policies</td>
<td>to extend the supply of prescription contraceptives</td>
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</table>
**Youth Reproductive Equity (YRE)**

*Reproductive Justice*
*Sexual and Reproductive Health*

*Adolescent Development*
*Abortion and Contraceptive Access*

Research ↔ Advocacy ↔ Clinical Guidance ↔ Youth Engagement

[www.youthreproequity.org](http://www.youthreproequity.org)  @YouthRepro
Goal: elevate barriers adolescents face to abortion into the national conversation

A major problem for minors: post-Roe access to abortion - STAT (statnews.com)
Viewpoint
August 15, 2022

The Pediatrician in the Post-Roe Landscape
Tracey A. Wilkinson, MD, MPH¹; Julie Maslowsky, PhD²; Elise D. Berlan, MD, MPH³,4

Author Affiliations  |  Article Information

Commentary
Elevating the Needs of Minor Adolescents in a Landscape of Reduced Abortion Access in the United States
Andrea J. Hoopes, MD, MPH¹,*, Julie Maslowsky, PhD², Melanie A. Baca, MD³, Jessica Goldberg, JD⁴, Megan E. Harrison, MD, FRCPC⁵, Loris Y. Hwang, MD, MS⁶, Mary Romano, MD, MPH⁷, Kathleen Tebb, PhD, FSAHM⁸, Nichole Tyson, MD⁹, and Laura K. Grubb, MD, MPH¹
**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

WHY WE TRUST TEENS

@YOUTHREPRO
WHAT IT MEANS TO #TRUSTTEENS

- Respect Teens
- Care About Teens
- Support Teens
- Listen to Teens

@YouthRepro
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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