

TITLE: Traveling for Rights

1. COLLABORATING INSTITUTIONS

University of New Mexico Health Sciences Center (UNM HSC), Albuquerque, New Mexico

UNM will partner with Southwestern Women's Options (SWWO) for this study. As the study's principal investigators, UNM will design, implement, manage and analyze study data.

- Principal Research Mentor and site principal investigator: Rameet Singh, MD, MPH, RHSingh@salud.unm.edu, (505) 925-0685
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- Additional research mentor: Eve Espey, MD, MPH

Southwestern Women's Options (SWWO), Albuquerque, New Mexico

The University of New Mexico's Family Planning Division proposes a collaboration with Southwestern Women's Options. SWWO provides women with medical and surgical abortion services. By partnering with SWWO, we will be able to obtain data from two out of three clinics that provides abortion services in Albuquerque. Our Division will collaborate with SWWO on aspects including data collection and project results dissemination.

- Site principal investigator:
- Co-Investigator:

2. RATIONALE/PROBLEM JUSTIFICATION

More abortion restrictions were enacted between 2011-2013 than in the entire previous decade (1). Supporters of legislation restricting abortion access claim these laws are necessary to ensure the safety of abortion service and the health of women (2). However, abortion in the United States is already safe. The mortality rate from 2000-2009 in the United States was 0.7 per 100,000 abortions. In comparison, the mortality associated with outpatient plastic surgery procedures was 0.8-1.7 deaths per 100,000 procedures (3).

Legal restrictions do not lead to an increase in safety, rather they lead to a decline in safe and legal abortions, while the number of unsafe and illegal abortions rises (4). Countries in which abortion has greater restrictions placed on it also have higher maternal mortality ratios due to complications of unsafe abortions (4). The impact of these laws is to make it increasingly difficult for women to access abortion services and decrease the number of abortion providers in an effort to restrict the number of abortions.

In 2013, Texas House Bill 2 (HB2) was passed and a cascade of new abortion restrictions were initiated in Texas. HB2 encompassed the following restrictions: (5,6)

- Physicians providing abortions must have admitting privileges at a hospital within 30 miles of the abortion clinic.
- Except in cases of fetal anomaly, abortion after 20 weeks post-fertilization is prohibited.
- Medications used in medication abortions must be used in accordance with FDA regulation. Dosages of medication may be given in accordance to American

Congress of Obstetrics and Gynecology (ACOG). Therefore, medication abortion may only be completed up to 49 days gestation and must involve two visits.

- Upon completion of medication abortion, patients must have a follow up appointment within 14 days.

In addition to these restrictions, Section 245 of the Texas Health and Safety Code was amended so that all clinics providing abortion services must be ambulatory surgical centers (ASCs) (7).

The increasing legal restrictions placed on obtaining a safe and legal abortion decrease the number of abortion providers and women are made to travel further to seek care and often seek care at later gestational ages (8). From 2012-2014 the number of clinics in Texas performing abortions has almost halved, the medication abortion rate decreased by 70% and the total number of abortion has decreased by 13% due to the increased restrictions (9). What is unknown is if a larger number of Texan women are traveling to New Mexico, a state with no abortion restrictions, in order to obtain their right to an abortion. This implies that the abortion rate for Texan women may not have decreased but the burden has shifted towards women traveling to obtain their rights.

The impact of decreasing abortion providers on gestational age has also been investigated. A review of abortion service availability in rural Washington was completed comparing 1983-1984 to 1993-1994 (8). As the number of abortion providers decreased over time, the proportion of women who traveled more than 50 miles increased from 62% in 1984 to 73% in 1994. Also, the proportion of women terminating their pregnancies after the first trimester almost doubled from 8% to 15% in the same time period. If women from Texas are forced to travel in order to obtain an abortion, the gestational age at which they present may also be increased.

Abortion at later gestational ages increases the potential complication rate. A larger distance traveled and financial burden are thus placed on women obtaining an abortion and may disproportionately affect those of lower economic status as a greater percentage of their monthly personal income is directed towards paying for abortion services (10). Although the majority of women seeking an abortion have some type of health insurance, the majority of women pay "out of pocket" for abortion services (11). Previous studies indicate that women typically require assistance to offset the financial burden of obtaining an abortion, this burden likely increases if women need to travel across state lines (12). New Mexico is regionally and physically in a unique position as it currently has no major abortion restrictions such as waiting periods, mandated parental involvement, or limitations on publicly funded abortions. However, due to the recent large number of restrictions passed by the Texas legislature, there is concern that an increasing number of Texan women are traveling large distances to this neighboring state to access abortion services.

The contribution of the proposed research is expected to be the ability to quantify and determine if an increasing number of women living in Texas are traveling to New Mexico seeking their right to obtain an abortion legally.

3. RESEARCH OBJECTIVES:

- A. The primary objective of this study is to determine what proportion of women obtaining a first trimester abortion in New Mexico, live in Texas.

- We hypothesize that since 2012 there has been a 100% proportional increase in Texan women compared to New Mexican women obtaining a first trimester abortion in New Mexico.
- B. The secondary objective of this study is to determine what proportion of women obtaining a second trimester abortion in New Mexico, live in Texas.
 - We hypothesize that since 2012 there has been a 100% proportional increase in Texan women compared to New Mexican women obtaining a second trimester abortion in New Mexico.

4. STUDY DESIGN

This will be a retrospective cohort study comparing women obtaining an abortion in New Mexico and living in Texas and women obtaining an abortion in New Mexico and living in New Mexico. Our exposure is state in which a woman lives in (New Mexico or Texas). Our intervention is the change in Texan laws occurring from July 2013-January 2014. We will compare two time periods: May 2011-May 2012 and May 2014-May 2015.

We will complete a chart review of patients during the above two time periods. There are only three abortion clinics in New Mexico that provided abortion services during these time periods. This study will be completed at two of the three abortion clinics: the University of New Mexico's Center for Reproductive Health and Southwestern Women's Options, both in Albuquerque, New Mexico. The third abortion clinic, Planned Parenthood – Albuquerque Surgical Center will be approached to participate in this study once IRB approval had been obtained by UNM per Planned Parenthood of the Rocky Mountains protocol.

Charts will be hand reviewed and a data extraction sheet will be completed to obtain the following information:

- Patient demographic information
- Number of women per clinic that obtained an abortion
- Patient annual income
- Method of payment for abortion
- Any financial assistance the patient received
- Distance traveled (as determined by zipcode or city in which patient lives)
- Abortion method (surgical or medication)
- Gestational age
- Pain management for any procedures
- Number of days for abortion procedure
- Fetal anomaly complicating current pregnancy
- History of interpersonal violence and/or sexual/physical assault
- Contraceptive method chose following abortion

5. ACTIVITIES/METHODOLOGY

Quantitative calculation of number of women obtaining an abortion per clinic and gestational age at which abortion was obtained will be collected during both time periods. Both the absolute and proportional change in women obtaining an abortion in New Mexico and living in Texas will be calculated and compared to the women obtaining an abortion in New Mexico and living in New Mexico.

This study will be conducted at the University of New Mexico Center for Reproductive Health (CRH) and Southwestern Women's Options (SWWO) in Albuquerque. Sample size calculations were made to determine a 100% proportional increase in women living in Texas obtaining an abortion in New Mexico when compared with women living in New Mexico obtaining an abortion in New Mexico. This was divided in order to determine a 100% proportional increase in women obtaining an abortion in the first trimester (≤ 13 weeks 6 days) and a 100% proportional increase in women obtaining an abortion in the second trimester (>14 weeks 0 days).

Sample size calculations are based on preliminary data of all Texan and New Mexican women obtaining an abortion at CRH from May 2011-May 2012 (time period 1) and May 2014-May 2015 (time period 2). A sample size of 122 (61 per time period) women obtaining a first trimester abortion and 85 (42-43 per time period) women obtaining a second trimester abortion, including only women living in Texas or New Mexico, will allow us to determine if there exists a 100% proportional increase in women from Texas obtaining a first or second trimester abortion in New Mexico with 90% power and alpha of 0.05.

Sampling of patients will be completed by using a random number generator from 1-365 per time period corresponding with a calendar day (#1 corresponds with January 1). A random number will be generated and if both abortion clinics were open on the corresponding day and provided abortion with an OB/GYN provider, all patient charts of women obtaining an abortion and living in New Mexico or Texas will be reviewed. If this is not true of the corresponding day picked by the random number generator, a new number will be generated until all requirements of the day are met. This will be continued until the desired sample size is achieved. In this way, a proportional number of patients will be obtained from each clinic to represent the differing number of patients seen at each clinic.

TIMELINE: Expected overall length of study is 7 months.

- December 2015: IRB and proposal acceptance. As this is a retrospective cohort chart review, expedited IRB is anticipated.
- January-March 2016: Chart review and completion of data extraction forms
- April 2016: Analysis of data
- May-June 2016: Manuscript preparation

BUDGET

The total budget for this project is \$13,458.00.

\$12,008 will be requested from the Fellowship in Family Planning and \$1,450 will be requested from UNM due to resident physician participation in this project.

- Personnel = \$11,123.00
- Materials and Supplies (printing and duplication costs) = \$140.74
- Travel to clinics to review charts = \$19.26
- Database creation = \$350.00
- Biostatistics support (\$75/hour x 11 hours) = \$825.00
- UNM HRPO/IRB modification costs (\$500/modification x 2 modifications) = \$1000.00

6. POTENTIAL IMPACT/EXPECTED OUTCOMES

Legal restrictions on abortion access have dramatically increased. Proponents of these restrictions state that the goal is to make abortion safer and protect women. This study will help determine if increasing restrictions in one state simply requires women to travel further to obtain an abortion due to the severe limitation of reproductive rights in the state in which they live.

7. EXPERIENCES AND CAPACITIES

The University of New Mexico Division of Family Planning includes four faculty physicians and two fellow physicians. Dr. Rameet Singh, the medical director of the Center for Reproductive Health where the study will take place, has experience with conducting numerous research studies. Dr. Rameet Singh has conducted and published studies in family planning and will be the primary investigator and research mentor for this study.

Our research division team includes a grants manager who has facilitated departmental awards and two research coordinators with experience managing research projects previously funded by the Fellowship in Family Planning. We also work closely with the Clinical and Translational Science Center which offers biostatistical support and database creation support through REDCap.

We have an established working relationship with Southwestern Women's Options (SWWO). This will be our first research collaboration with SWWO, please see the attached letter of support from them affirming their dedication to this project. The third abortion clinic in New Mexico opened during both time periods Planned Parenthood – Albuquerque Surgical Center will be approached to participate in this study once IRB approval had been obtained by UNM per Planned Parenthood of the Rocky Mountains protocol. While we currently have an established working relationship with Planned Parenthood, this will be our first research collaboration with them if approved.

8. LEARNING OBJECTIVES

In conducting this research study, I am interested in obtaining the following skills:

1. Design and conduct a cohort study
2. Design collection of data so that they can be useful and interpretable
3. Design a data extraction sheet for retrospective data collection that is comprehensive and understandable
4. Use statistical analysis software to analyze the data and then make appropriate interpretations of the data to form conclusions
5. Translate the research study into a well written manuscript for publication

9. REFERENCES

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