



The Hoosier Abortion Access Study: Clinician and patient perspectives on abortion-related laws

BACKGROUND

Indiana had some of the most restrictive abortion policies in the country prior to the Supreme Court's opinion in *Dobbs v. Jackson's Women's Health Organization*.¹ These policies included a mandatory 18-hour waiting period between the first appointment for counseling and the second appointment for the abortion; state-directed, in-person counseling with medically inaccurate information; severe restrictions on insurance coverage of abortion; parental consent requirements for minors; and more.² Abortion staff and clinics also had to navigate laws that dictated how they provide care, such as physician-only provision of abortion, despite research showing other cadres of clinicians can provide this care; banning certain abortion methods and modes of delivery, including telemedicine for medication abortion; requirements for hospital admitting privileges; and even laws about the width of facility hallways.^{1,2,3}

Many of these restrictions were put forward in the name of protecting abortion patients—yet the public health evidence does not support this link. Before Indiana enacted legislation banning abortion with limited exceptions in the wake of the *Dobbs* ruling, we conducted a study to understand how state policies were perceived and felt by both clinicians and patients in Indiana.

METHODS

Between July 2021 and June 2022, we conducted 40 interviews with abortion seekers and 19 interviews with clinicians and staff providing abortion in Indiana. Interviews addressed how participants viewed these policies, how they impacted care provision, and how they affected access. Providers and clinical staff were recruited through provider networks and were eligible if they spoke English and were employed at an abortion facility in Indiana. Abortion seekers were recruited from abortion funds, clinics, and Google Ads. People were eligible for an interview if they participated in the online survey, spoke English or Spanish, and had obtained, were still seeking, or had considered an abortion for a current or recent

pregnancy. Interviews were recorded, professionally transcribed, and analyzed using MAXQDA. Researchers identified key themes and patterns across transcripts and summarized core messages.

KEY FINDINGS

Providers and clinical staff view abortion restrictions as medically unnecessary and burdensome. Abortion restrictions were described as being “political” and having no medical purpose or reasoning. State-directed requirements for providers, such as submission of detailed terminated pregnancy reports (TPRs) on a short timeline, documenting disposal of fetal remains, requiring ultrasounds at the time of consent, and having to maintain hospital admitting privileges resulted in extra costs, more material and human resources, and time taken away from patient care. Laws regulating abortion seekers such as the 18-hour waiting period were seen as medically unnecessary and information in state-mandated consent forms was described as, “false,” “medically inaccurate,” “excessive,” “misleading,” and “factually incorrect.”

*“As someone who has provided abortion for 23 years in six states, and doesn't have to follow all of these requirements [in other states]... **every single one of them is nonsense.** It's just every single one of them I find personally insulting.” (Provider)*

Clinic staff reported that other states imposed fewer barriers to provide abortion care and that no other health care procedure was subject to the same level of scrutiny, even for far more risky procedures.

*“... **there's no other medical procedure or medical area that is governed and policed as intensely and without merit as abortion care...** this all plays into the idea of trying to make abortion too confusing and too onerous to take on, for both the patient and the providers, whether that's a physician or staff or clinic director or whatever. It is just such a complicated situation that the hope is that people just won't do it.” (Provider)*

Clinic staff say that abortion-related laws delay, prevent, or make it harder for patients to access care. Abortion restrictions were perceived as unnecessary obstacles for patients trying to receive needed care. Laws such as gestational age limits, the 18-hour waiting period, telemedicine ban, and insurance coverage restrictions for abortions forced Hoosiers—people who live in Indiana—to travel long distances for care and resulted in higher costs for patients. Staff had to refer many Hoosiers to other facilities or turn them away altogether because of these laws—not because of safety or any medical reason.

Restrictions were seen to impact people’s ability to get appointments, take time off work, and find childcare. Abortion laws were described as **“another barrier to stop women from making the choice that they want to make”** and used “more so to punish” than to protect people who seek care.

*“And I feel like that’s the state’s strategy on limiting abortion care... you’re dependent now on this clinic being properly staffed or this appointment not being moved or this PTO being available to you or this babysitter not canceling on you or this car still working or this ability to pay the Uber or just having enough money in your account that day, or oops, the earliest appointment available... or you’ll be too far along for the medication abortion, which costs this much and your payday isn’t until the next day. Yeah, it’s just this **strategy of trying to make it so inconvenient with so many obstacles that it just becomes something you can’t even stand up against anymore.**”* (Medical Assistant)

*“You shouldn’t expect patients to put so much effort into the care they’re receiving because they shouldn’t have to go through all these extra steps to make sure they’re getting quality care. **Nobody should be scared to get an abortion because of all these extra steps they have to jump through...** I’m sure the policymakers see that, and that’s the reason why they make the policies they do because they know that it’s just going to deter people from trying to seek these services in the first place.”* (Medical Receptionist)

Hoosiers seeking abortion also described abortion-related laws as obstacles to essential health care. These participants reported little to no knowledge about abortion laws prior to seeking care. Once they

started trying to access abortion, laws delayed and complicated their ability to get care. Gestational age limits prevented participants from choosing their preferred abortion method and location, resulting in people leaving Indiana for care and spending more money on out-of-state travel.

*“Once I got an appointment with them, I went to the appointment and they told me that **I wasn’t able to do the medication because I was too far along.** So, we had to do the surgical, which did cost a little more.”* (31, Non-Hispanic Black)

*“I knew that there was a cut-off. I just didn’t know it was, to me, kind of soon, like a lot of people don’t find out they’re actually pregnant until they’re like six weeks pregnant or further and then **it took me almost three weeks to be able to actually get [a clinic appointment].** So, if you are pushing it at 10 weeks and you don’t find out till seven, kind of a roulette.”* (26 years old, Non-Hispanic White)

*“Or like if Indiana... had really like raised the weeks up to like how far you could go to get an abortion, **I would have had to really never go to Chicago.** I could have just paid \$600 here instead of paying \$900, I paid the extra \$300, so just so I could go down there.”* (21, Non-Hispanic Black)

The 18-hour waiting period made it difficult for people to schedule appointments, take time off from work, and find childcare. It also extended the abortion process, required people to find hotel rooms near the clinic to comply with the two-visit requirement, and increased feelings of discomfort for abortion-seekers.

*“I didn’t expect, like having to have two different appointments, and it kind of dragged on longer than I had wished. Like, I just kept feeling like another week was added, another week was added and it was like another week I had to think about it. **Another week I had to be in pain,** and another week, I don’t know, I didn’t like how long it dragged on.”* (22 years old, Non-Hispanic White)

Other laws, such as the right to conscientious objection, inhibited people from getting accurate information from providers on where and how to get an abortion, causing Hoosiers to feel lost and alone in the process. Lastly, lack of insurance coverage for abortions made it difficult for people to pay for their care.

CONCLUSIONS

This brief highlights the overwhelming consensus from Indiana abortion providers and staff that laws restricting abortion access are not evidence-based and instead interfere with the ability to provide high-quality, evidence-based healthcare to Hoosiers.

In the wake of the *Dobbs* ruling, Indiana became the first state to enact legislation that bans abortion with limited exceptions starting September 15, 2022. In this context, findings from the Hoosier Abortion Access Study provide needed data to inform conversations about the future of abortion access in the state.

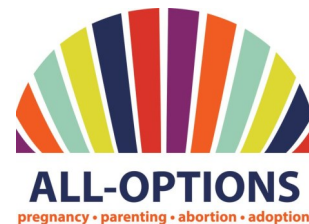
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Research was supported by a grant from the Society of Family Planning Research Fund (SFPRF). The views and opinions expressed are those of the authors, and do not necessarily represent the views and opinions of SFPRF.

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Issued September 2022