

The Hoosier Abortion Access Study: Traveling out of Indiana for abortion care

BACKGROUND

Indiana is one of the most restrictive abortion policy contexts in the country. Prior to September 15, 2022, these policies included invasive parental consent requirements for minors; prohibition on the use of telemedicine to administer medication abortion; an 18-hour waiting period; state-directed biased counseling; severe restrictions on insurance coverage of abortion; gestational limits; and burdensome standards related to abortion clinic space, staffing, and equipment.¹ As of September 15, 2022, a full ban on abortion is scheduled to go into effect with limited exceptions for rape, incest, and health of the pregnant person. **This restrictive policy context contributes to an abortion rate in Indiana that is less than half that of the national rate, and may drive Hoosiers—people who live in Indiana—to leave the state for care.**

DATA SOURCES

To explore the frequency with which Hoosiers have to travel out of state to obtain abortion care, we analyzed data from three sources: publicly available state and national-level data from (1) the Indiana State Department of Health, (2) the Centers for Disease Control (CDC) Abortion Surveillance reports, and (3) the **Hoosier Abortion Access Study**—a research study led by Ibis Reproductive Health, in partnership with Indiana University, All-Options, the Chicago Abortion Fund, and the Kentucky Health Justice Network. Researchers from the Ohio Policy Evaluation Network also collaborated on these analyses.

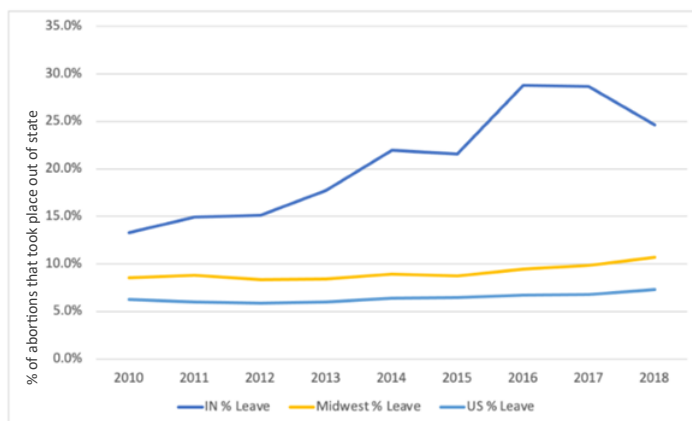


Figure 1. Hoosiers leave the state for their abortions more than others in the Midwest and nationally.

CDC DATA

Both the number and percentage of out-of-state abortions have increased substantially in Indiana over the last decade, coinciding with the passage of additional abortion restrictions.

Relying on data reported to the state, 13% of 2010 abortions among Hoosiers took place out of state, while that percentage increased to 25% in 2018 (Figure 1).^{2,3} When results are compared to the region and the United States, Indiana has a higher average percentage of residents leaving the state to access abortions (21% versus 9% in the Midwest and 6% nationally), and it increases at a steady rate, while national and Midwest trends remain relatively stable.

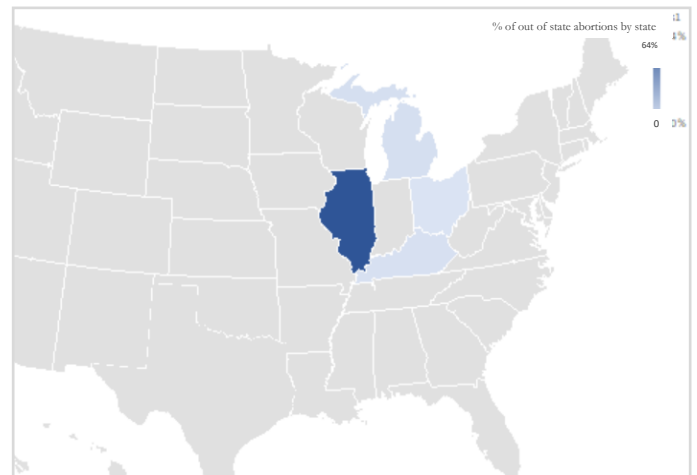


Figure 2. Hoosiers traveled to IL, KY, OH, and MI for abortions.

WHERE HOOSIERS GO FOR CARE

From CDC data, we see that the majority (64%) of Hoosiers who left the state to obtain abortion care in 2018 traveled to neighboring Illinois. Other states included Kentucky, Ohio, and Michigan.

In the Hoosier Abortion Access Study, among Hoosiers surveyed between June 2021 to June 2022, **25% of those who obtained an abortion had to travel out of state for care.** Most participants (70%) traveled to Illinois, while 13% traveled to Kentucky. The reasons people gave

for leaving Indiana included cost considerations driven by fewer in-person visit requirements and shorter wait times out of state, as well as less restrictive gestational limits on abortion care.

CONCLUSIONS

Approximately 1 in 4 Indiana residents have to travel out of state to obtain abortion care. These findings underscore the reality that even before the abortion ban was implemented, abortion care was not accessible to Hoosiers in their home state. This is in direct violation of the Indiana State Department of Health commitment to provide for the health of Indiana residents within their own communities.

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. Now that Indiana policymakers have passed a near-total abortion ban, findings from the Hoosier Abortion Access Study provide needed data to inform conversations about the future of abortion access for Hoosiers. While detailed analyses are in progress, top-level study results

highlight the significant obstacles that pregnant Hoosiers face with accessing abortion, and the burdens of policy, cost, time, and travel that they must navigate for needed health care.

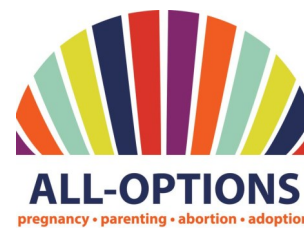
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STUDY PARTNERS



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