Post-Doobbs Abortion Access Routes: A Primer

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Dobbs v. Jackson Women’s Health Organization (2022)

Mississippi enacts law banning abortion after 15 weeks except in narrow cases of medical emergency or “severe fetal abnormality”

After district court & 5th Circuit find Mississippi law unconstitutional (per Roe v. Wade), U.S. Supreme Court agrees to hear the case

On June 24, 2022, the Court issued its decision, fully overturning Roe v. Wade & Planned Parenthood v. Casey

Held: the Constitution no longer confers a right to abortion.

But other “open doors” remain...
Fewer Legal Abortions Since Dobbs

After the Dobbs decision, the average number of legal abortions performed each month across the U.S. fell from over 82,000 to about 77,000.

Estimated average abortions per month

<table>
<thead>
<tr>
<th>80,000</th>
<th>74,700</th>
<th>76,800</th>
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</table>

There were about 2,100 additional legal abortions each month in the states where abortion remained legal...

<table>
<thead>
<tr>
<th>60,000</th>
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<table>
<thead>
<tr>
<th>40,000</th>
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</table>

... but about 7,300 fewer in the states where abortion has been banned.

Source: WeCount

Per WeCount analysis publicized by the New York Times, Legal Abortions Fell by 6 Percent in Six Months After End of Roe

Source: New York Times (Apr. 12, 2023)
Table. Requestors' Stated Reasons for Requesting Self-managed Medication Abortion by State Abortion Policy Category at Baseline and After the Formal Dobbs v Jackson Women's Health Organization Decisiona

<table>
<thead>
<tr>
<th>Reason for request, by state's abortion policy after Dobbs decision</th>
<th>Baseline (September 1, 2021, to May 1, 2022), %</th>
<th>After decision (June 24 to August 31, 2022), %</th>
<th>Difference, after decision – baseline, % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ban likely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current legal restrictions</td>
<td>3.2</td>
<td>9.2</td>
<td>6.0 (−1.6 to 13.6)</td>
</tr>
<tr>
<td>Possible future restrictions</td>
<td>11.5</td>
<td>14.9</td>
<td>3.4 (−6.5 to 13.3)</td>
</tr>
<tr>
<td>6-Week abortion ban</td>
<td>0.6</td>
<td>4.6</td>
<td>4.0 (−1.5 to 9.4)</td>
</tr>
<tr>
<td>Likely or possible ban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current legal restrictions</td>
<td>8.6</td>
<td>25.5</td>
<td>16.9 (15.2 to 18.7)</td>
</tr>
<tr>
<td>Possible future restrictions</td>
<td>12.5</td>
<td>35.5</td>
<td>23.0 (21.1 to 25.0)</td>
</tr>
<tr>
<td>6-Week abortion ban</td>
<td>2.3</td>
<td>4</td>
<td>1.7 (0.1 to 2.5)</td>
</tr>
<tr>
<td>6-Week ban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current legal restrictions</td>
<td>10.7</td>
<td>46.6</td>
<td>35.9 (33.8 to 38.0)</td>
</tr>
<tr>
<td>Possible future restrictions</td>
<td>14</td>
<td>35.9</td>
<td>21.9 (19.8 to 24.0)</td>
</tr>
<tr>
<td>6-Week abortion ban</td>
<td>3.9</td>
<td>28.9</td>
<td>25.0 (23.3 to 26.8)</td>
</tr>
<tr>
<td>Total ban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current legal restrictions</td>
<td>31.4</td>
<td>62.4</td>
<td>31.0 (29.7 to 32.4)</td>
</tr>
<tr>
<td>Possible future restrictions</td>
<td>22.8</td>
<td>33.2</td>
<td>10.4 (9.1 to 11.7)</td>
</tr>
<tr>
<td>6-Week abortion ban</td>
<td>26.6</td>
<td>20.5</td>
<td>−6.1 (−7.4 to −5.0)</td>
</tr>
</tbody>
</table>
Post-Dobbs Abortion Access: Open Doors

- FDA Preemption
- Expanded Medication Access
- Medicaid Waivers
- Telehealth
- Mobile Clinics
- International Access
- Minor Access Opportunities
- VA Beneficiaries
- Enforcement Discretion
- Gubernatorial Pardons
- Pharmacies’ Nondiscrimination Obligations
- EMTALA
- Active Military Access
- EUA/PREP Declaration
- Employer Travel Benefits
- Emergency Contraception
- State Constitutional Rights to Abortion
PATHWAY:
This Primer describes a series of “open door” legal pathways to access abortion services in the U.S. in light of the withdrawal of federal rights to abortion in Dobbs and restrictive state abortion laws.

COVERAGE:
Coverage explains who may be able to utilize a specific pathway to access abortion services.

CAVEATS:
Caveats delineate various actual or potential limitations related to accessing abortions via each pathway.
PATHWAY:
FDA’s authority to approve safe & effective drugs for circulation in interstate commerce may preempt contradictory state laws seeking to limit or restrict medication abortion access, enabling access to medication abortion nationally.

COVERAGE:
Pregnant individuals seeking abortion up to 10 weeks gestation.

CAVEATS:
Litigation has emerged regarding the extent of FDA authority and preemption vis-à-vis state authority over the practice of medicine.
**PATHWAY:**
Some physicians may prescribe mifepristone (medication abortion pill) off-label to pregnant individuals seeking abortion past the FDA-approved 10 weeks gestation, as current WHO guidelines favor prescribing up to 12 weeks gestation. Some providers may also prescribe mifepristone & misoprostol via advance provision to individuals at risk of unintended pregnancy. States may also consider expanding the classes of clinicians authorized to provide medication abortion.

**COVERAGE:**
Pregnant individuals seeking abortion up to 12 weeks gestation or individuals at risk of unintended pregnancy.

**CAVEATS:**
Access may vary based on individual physician discretion or increased state-level restrictions. Many physicians prescribing up to 12 weeks or as advance provision only provide care via telehealth services, which may be subject to other limits. FDA also does not recommend buying mifepristone online.
PATHWAY:
Private companies may cover travel costs for employees or dependents living in states that restrict abortion access. Travel costs could be provided as travel benefits covered through existing health care plans, as direct reimbursement, or through standalone funds.

COVERAGE:
Certain employees or dependents who must travel out-of-state to access abortion care.

CAVEATS:
Litigation may determine if funds used for these purposes may violate state aiding & abetting provisions. Health care plans may face state restrictions if fully-insured, rather than self-funded. Expanded benefits may not cover part-time or hourly workers under existing health care plans.
PATHWAY:
President Biden & the Department of Health & Human Services have encouraged states interested in expanding or protecting abortion access to apply for Section 1115 waivers of Medicaid requirements, requesting federal funding for programs designed to help cover travel-related costs for Medicaid recipients seeking abortions across state lines. In March 2023, the California Department of Health Services announced it will seek a Section 1115 waiver to promote access to reproductive health services.

COVERAGE:
Medicaid recipients seeking abortions across state lines.

CAVEATS:
No states have yet applied for a waiver, possibly due to the complex application process. The Hyde Amendment also bans the use of federal funds to pay directly for abortions, so individuals will still need additional funding to pay for the procedure.
PATHWAY:
Telehealth is a safe, available avenue to access medication abortion (mifepristone & misoprostol), enabling physicians to prescribe drugs & provide follow-up care via telehealth consultation. In abortion-hostile states, patients may be able to obtain a prescription using telehealth services, which is then filled at an out-of-state pharmacy to be mailed to or picked up by the patient in an abortion-protective state.

COVERAGE:
Pregnant individuals up to 10 weeks gestation, with potential off-label prescribing through 12 weeks.

CAVEATS:
The FDA recently modified its previously stringent controls on mifepristone, but some restrictions are still in place. Notably, retail pharmacies may now dispense the drug, but must be certified with the FDA before doing so. The modifications are subject to ongoing litigation. Drugs may only be available in states legalizing abortion, subject to litigation.
**PATHWAY:**
Private organizations including Just the Pill & Planned Parenthood may operate mobile clinics inside vehicles located near abortion-hostile state borders for medical & surgical abortion options (in limited cases). Access is currently available in CO, in development in IL, and there are plans to extend access in CA, NM, NY, PA. & WA.

**COVERAGE:**
Varies depending on site, provider & state law.

**CAVEATS:**
Uncertain interstate criminal or civil liability. Limited availability of mobile clinics. Patient & staff safety concerns & travel costs.
PATHWAY:
Dozens of countries have legalized abortion access, including Canada, which has offered to serve as a “safe haven” for Americans to access abortion. Discreet clinics in Mexico (e.g., Tijuana) are providing access as well. Aid Access, based in the Netherlands, ships abortion medications to patients in need around the world from a pharmacy based in India.

COVERAGE:
Varies depending upon country of access; can cover pregnant individuals up to 24 weeks gestation, depending on method.

CAVEATS:
Patients must cover travel & procedure costs in full. There are extensive waitlists & mailing internationally adds shipping delays. Some state laws ban mailing abortion pills, subjecting patients to criminal enforcement.
Minors’ Access Opportunities

PATHWAY:
Many states require parental consent or notification before a minor can access abortion care. 15 states (CA, IL, NM, WA, etc.) & Washington, D.C. do not require parental consent for abortion for minors. "Judicial bypass," court approval for abortion access in place of parental consent, may be an option in 35 states.

COVERAGE:
Pregnant minors under the age of 18.

CAVEATS:
Parental & minor consent requirements vary; travel access & costs; judicial bypass laws vary across the states; liability concerns.
PATHWAY:
In a September 2022 memorandum from the Department of Veterans Affairs (VA), the VA clarified its Interim Rule allowing its employees to provide abortion services to VA beneficiaries in select circumstances, i.e., “when the life or health of the pregnant individual would be endangered if the pregnancy were carried to term or when the pregnancy is the result of rape or incest.”

COVERAGE:
Covered abortions for pregnant veterans & VA beneficiaries.

CAVEATS:
Ongoing litigation and jurisdictional issues; since the VA had not provided abortion services prior to its issuance of the Interim Rule, it will take time to implement infrastructure to facilitate provision.
Enforcement Discretion

PATHWAY:
Prosecutors have near-absolute discretion over when to prosecute individuals for abortion-related crimes. Post-\textit{Dobbs}, 90+ elected state prosecutors have pledged not to enforce their states’ abortion bans or restrictions. Some police chiefs & city councils have also issued memos providing for the de-prioritization of police enforcement of abortion bans.

COVERAGE:
Highly variable & dependent on jurisdiction.

CAVEATS:
Governors can suspend prosecutors for refusing to prosecute abortions. Prosecutors are elected officials with fixed or limited terms—newly elected prosecutors may take different stances from their predecessors. New state laws may target prosecutorial discretion.
PATHWAY:
State governors who disagree with state laws limiting or criminalizing abortion may pardon or grant clemency to individuals found in violation of these laws. Wisconsin Governor Tony Evers offered to grant clemency to physicians prosecuted for providing abortions in the state.

COVERAGE:
Highly variable; dependent on where one lives.

CAVEATS:
Newly elected governors may choose not to grant pardons. If efforts to ban abortion succeed at the federal level, state governors would not be able to grant pardons as governors are not able to pardon federal crimes.
PATHWAY:
Post-Dobbs, the number of individual pharmacists refusing to dispense certain medications has increased, due to both personal beliefs & fears of prosecution under strict abortion bans. However, federal civil rights laws ensure access to comprehensive reproductive health care services. Under Affordable Care Act § 1557 & Rehabilitation Act § 504, pharmacies cannot discriminate against persons by refusing to dispense medication as prescribed by their physicians.

COVERAGE:
Any patient who has been prescribed misoprostol, mifepristone, or methotrexate.

CAVEATS:
Litigation ensued regarding HHS’ guidance on pharmacies’ nondiscrimination obligations. Additional litigation questions whether anti-discrimination protections in the Civil Rights Act Title VII support providers’ refusals to prescribe contraception or medications used to induce abortions based on religious beliefs. Persons (including corporations) may also assert anti-discrimination protections under federal or state Religious Freedom Restoration Acts.
PATHWAY: EMTALA requires most U.S. hospitals to provide screening & stabilizing emergency care. On July 11, 2022, HHS confirmed that physicians may conclude life-saving abortion care is necessary under EMTALA when pregnant patients present with an “emergency medical condition” (EMC). EMTALA expressly preempts conflicting state laws.

COVERAGE: Pregnant patients with an EMC necessitating abortion as treatment at most hospitals.

CAVEATS: Litigation may determine what is considered an EMC or how state & federal laws intersect. In select challenges (TX, ID), federal courts have issued contradictory opinions.
Active Military Access

PATHWAY:
The Under Secretary of Defense released a memo on June 28, 2022, stating that service members, dependents, other beneficiaries & Department of Defense civilian employees may continue to access “covered abortions” (e.g., if the life of the mother would be endangered if the fetus were carried to term, or if the pregnancy is the result of rape or incest). On February 16, 2023, DoD announced new policies consistent with a previous memo released by the Secretary of Defense stating the Department would cover travel costs for active-duty service members who may travel to receive abortion care, not limited to covered abortions.

COVERAGE:
Service members seeking “covered” abortions or traveling for abortions.

CAVEATS:
The military installation may not have a medical facility capable of performing abortion services. Service members must seek leave to travel for abortions not covered under federal law or where the installation is incapable of providing an abortion. Obtaining leave can be difficult, and TRICARE is only available for covered abortions. Thus, even if granted leave and travel funds, there are still great financial barriers in abortion service expenses.
**EUA/PREP Declaration**

**PATHWAY:**
HHS may have authority to issue an abortion-related Public Readiness & Emergency Preparedness (PREP) Act Declaration. A PREP Act declaration could convert misoprostol into a covered countermeasure. FDA may issue an emergency use authorization (EUA) to allow unapproved uses of approved drugs, like using misoprostol to induce abortions (rather than its approved use for preventing NSAID-induced gastric ulcers). A PREP Act Declaration & EUA may provide strong liability protections for losses due to the covered countermeasure as well as protections for persons or entities administering or providing the countermeasure.

**COVERAGE:**
Pregnant patients potentially seeking to use misoprostol up to 10 weeks gestation.

**CAVEATS:**
HHS & FDA have not issued a PREP declaration or EUA. Because a PREP Act & EUA would provide a federal liability shield, there may be state litigation regarding the extent of the liability protection under the Act. Since mifepristone is already FDA-approved for abortion, it is less likely to receive potential EUA and PREP Act coverage. However, current litigation seeks to invalidate FDA’s approval of mifepristone, which could impact the PREP analysis.
PATHWAY:
While not a pathway or substitute for abortion access, Americans still maintain a fundamental right to use birth control. FDA has approved 4 emergency contraception products (e.g., Plan B, ella, certain oral contraceptives and IUDs) which can be taken shortly after unprotected sex to prevent pregnancy. While most require a prescription, Plan B is sold over-the-counter. The Affordable Care Act (ACA) requires most private health plans to cover FDA-approved emergency contraceptives. Online platforms allow individuals to obtain emergency contraception without an in-person appointment.

COVERAGE:
Individuals who have had unprotected sex in the last 3-5 days.

CAVEATS:
Some states have restricted emergency contraceptive access; litigation may ensue regarding contraception-abortion definitions.
PATHWAY: Many states have interpreted their constitutions to protect abortion or passed ballot initiatives to legalize abortion.

COVERAGE: Protects those in applicable states, depending on state supreme court interpretations and language in initiatives.

CAVEATS: Some states have also amended their constitutions to reject a right to abortion.
Ask the Network regarding questions or comments:

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