



REPRODUCTIVE HEALTH AND EQUITY ISSUE BRIEF


Restrictions on the Right to Travel for Out-of-State Abortion Care

Introduction

Pregnant people in states that ban almost all abortion care frequently travel across state lines to obtain legal abortion services. Laws that restrict pregnant people's ability to travel to obtain abortion services are on the rise across the country. Even before the 2022 *Dobbs* decision that overturned *Roe v. Wade*, [one in ten](#) patients traveled to another state to access abortion care. However, after *Dobbs*, as many as one in five patients traveled out of state for abortion services. In 2023, [171,300](#) pregnant people in states with a total or six-week abortion ban left their state to obtain abortion care. Texas, the largest state with a total abortion ban, saw 35,5000 patients cross state lines to obtain an abortion in 2023, sometimes traveling as far as Washington or Massachusetts.

States with access to abortion have increasingly provided care to out-of-state patients. Colorado, Illinois, Kansas, and New Mexico experienced the greatest rise in nonresident patients seeking abortion care. Illinois experienced the greatest influx as out-of-state patients received 41% of the 90,450 abortions provided in 2023. New Mexico and Kansas experienced a substantial rise in both the number of abortions and the share of abortions provided to out-of-state patients. Abortions in New Mexico increased by 368% between 2019 and 2023, and out-of-state patients received 79% of all clinical abortions in New Mexico in 2023. Kansas experienced the same trend; abortion rates increased by 209% from 2019 to 2023, and 69% of clinical abortions in 2023 were provided to out-of-state patients. These numbers will continue to fluctuate as states restrict or expand access to abortion. For example, [Florida](#) once was a source of abortion care for patients in neighboring states with a total or near-total ban (Georgia, South Carolina, Alabama), but patients in Florida are now subject to a [six-week](#) abortion ban. Pregnant people from states with bans will continue to seek abortion care across state lines.

Anti-abortion proponents are advocating for restricting the ability of pregnant people to obtain out-of-state abortion care. Measures intended to restrict the ability of patients to travel to another jurisdiction to obtain



abortion care have been introduced in legislative bodies across the country. These efforts generally fall into two categories: travel bans and abortion trafficking laws. Additionally, other actors, particularly state Attorneys General, have weaponized existing laws to impede patients' access to out-of-state abortions.

Proposed and passed provisions designed to deter interstate travel for abortion care include:

I. Travel Bans

[Travel bans](#) restrict the use of certain roads or highways to travel to obtain an abortion and are typically considered in states with abortion bans. For example, various municipalities in Texas have considered travel ban ordinances. In October 2023, the Amarillo City Council considered a proposed [ordinance](#) that would prohibit using local streets and highways to obtain an out-of-state abortion. The ordinance also would have extended to individuals who use Amarillo roads to aid and abet the transportation of patients for abortion care, creating the same vigilante private right of action established in the [Texas Heartbeat Act](#), which bans most abortions and allows private citizens to sue anyone who performs or induces an abortion in violation of the law. The Amarillo measure [failed](#) by a vote of 4-1, with Council members concerned that they lacked authority to restrict travel in this manner. Amarillo voters responded to the Council's failure to pass the proposal by gathering enough signatures to place the ordinance on the November 2024 ballot. However, Amarillo voters [rejected](#) the proposal by [close to](#) 20 percentage points. If the ballot measure had passed, Amarillo would have been the [largest city](#) in Texas with a travel ban.

However, Amarillo's rejection of a travel ban is somewhat of an outlier; as of March 2025, at least 14 local jurisdictions in Texas have implemented a travel ban. Mitchell, Goliad, Lubbock, Dawson, Cochran and Jack Counties have ordinances restricting patients' ability to use local roads or highways to obtain abortion care. [Lubbock County](#), the largest Texas county to pass a travel ban, adopted an ordinance that targets the use of Lubbock County roads to transport a patient for an abortion. Like the Texas Heartbeat Act, violations can only be enforced through lawsuits by private vigilantes. The efficacy of a private right to action in these laws has been debated, with advocates and scholars suggesting that the ordinances are intended to [confuse and scare patients](#) and deter travel for an out-of-state abortion, rather than serving as a legitimate enforcement mechanism in court.

The impact of local travel bans is particularly acute in jurisdictions that border a state where abortion care is available. In September 2023, [Cochran County](#), a Texas county that borders New Mexico, became the first local jurisdiction bordering an abortion-permissive state to pass a travel ban. While the county only has 2,500 residents, thousands of Texans travel to New Mexico every year for abortion services. Avoiding Cochran County may add to the burden for pregnant people in Texas seeking abortion care in New Mexico. Travel bans in jurisdictions that border an access state pose a special threat to patients' ability to access out-of-state abortion care.



II. Abortion Trafficking Laws


States that ban or severely restrict access to abortion care have considered and passed abortion trafficking laws.

[Abortion trafficking](#) laws restrict travel by criminalizing conduct that helps a patient obtain an out-of-state abortion, not limited to aiding in travel. These laws are written broadly such that a wide variety of actions and communications could be considered abortion trafficking, even if the conduct is unrelated to the provision of care. This includes conduct such as ordering an [Uber](#) for your pregnant family member to obtain an abortion in a neighboring state; providing an informational pamphlet on how to secure abortion medication by mail from another state; or securing financial assistance, like lodging or food stipends, for a patient seeking out-of-state abortion care. Abortion trafficking laws generally target individuals who assist minors in obtaining an out-of-state abortion without parental consent, but some measures go further by criminalizing patients for trafficking their fetus across state lines to access out-of-state abortion care.

Idaho and Tennessee have passed abortion trafficking laws, and similar bills have garnered [support](#) in legislatures across the country, including in Alabama, Mississippi, Oklahoma, and Montana. [Idaho's](#) abortion trafficking law, the first of its kind, went into effect in May 2023. The law makes it a felony, punishable by up to five years of incarceration, to engage in abortion trafficking, defined as “recruiting, harboring, or transporting” a minor to obtain an abortion without parental consent. Obtaining medication abortion for a minor by “recruiting, harboring, or transporting the pregnant minor within this state” is also considered abortion trafficking. Under this definition, a person may be charged with abortion trafficking by merely providing information to a minor patient on how to obtain an abortion in another state. Unlike travel bans, the Idaho abortion trafficking law does not grant a private right of action. Only local prosecutors or the Idaho Attorney General may initiate litigation for a violation under this section. Litigation challenging this law is discussed in depth in the next section.

Tennessee's abortion trafficking [statute](#), signed into law in May 2024, has similar language with respect to recruiting, harboring, or transporting a minor for the purpose of procuring an abortion. The law explicitly exempts “common carriers transporting passengers in the course and scope of their business.” However, one provision in the Tennessee law goes much further than the Idaho law; in Tennessee, any person who commits abortion trafficking may also be held civilly liable for the wrongful death of the aborted embryo or fetus. The biological mother or father, as well as the parent or legal guardian of the minor, may sue for economic, noneconomic, and punitive damages. The “recruit” prong of Tennessee’s law was challenged and is discussed in detail in the next section.

Mississippi, Alabama, Oklahoma, and Montana have recently introduced abortion trafficking bills. In its [2024](#) and [2025](#) legislative sessions, the Mississippi legislature considered a bill containing nearly identical language to Idaho’s abortion trafficking law. In February 2024, a bill was introduced in the [Oklahoma legislature](#) that is also nearly identical to Idaho’s law. While this bill is still pending, the others died in committee. [Alabama's](#) bill, the Safeguarding Teens from Out-of-State Abortion Procedures (STOP) Act, provides that to “harbor or transport” or “aid and abet” a minor patient in obtaining an abortion or medication abortion would be a Class A misdemeanor. While the bill did not include the term recruit, the terms aid and abet are used and essentially serve the same purpose—to prohibit providing information, referrals, and financial or emotional support to



pregnant minors. Alabama's STOP Act would also provide parents or legal guardians of the minor with a private right of action. The bill is pending consideration in the Alabama House Judiciary Committee.


Montana's abortion trafficking bill, [House Bill 609](#), takes a different approach. Rather than criminalizing assistance to minors, it criminalizes transporting, aiding, or assisting in the transport of a *fetus* for out-of-state abortion care that is *illegal in Montana*. Anyone convicted of abortion trafficking could face up to five years in prison or a fine of \$1,000. Abortion is [protected](#) under the Montana Constitution and is [permissible](#) before viability (about 24 weeks gestation), but Montana provides very limited exceptions for obtaining an abortion after fetal viability. The only exception to the prohibition of abortion after viability is if the patient's life or health is at risk. If a patient's fetus was diagnosed at 24 weeks with a fatal fetal condition, for example, the patient would not be able to obtain an abortion in Montana. Under Montana's bill, post-viability out-of-state abortion care for a [fatal fetal condition](#) would be illegal in Montana, and an individual, including the patient, could be [prosecuted](#) for trafficking their fetus across state lines. Opponents of the bill argue that it would not only deter patients from seeking necessary later term abortion care but would criminalize those who seek health care out of state.

Abortion trafficking laws have been challenged in court, with some provisions temporarily blocked by federal courts.

In July 2023, the Northwest Abortion Access Fund, the Indigenous Idaho Alliance, and others [challenged](#) Idaho's abortion trafficking law. In [Matsumoto v. Labrador](#), the plaintiffs argued that the Idaho law violates the First, Fifth and Fourteenth Amendments to the United States Constitution. Specifically, plaintiffs argued (1) the terms recruiting and harboring are too vague in violation of the Fifth Amendment; (2) the ban on transporting infringes on the right to inter- and intrastate travel; and (3) the ban on recruiting infringes on First Amendment rights to association and speech. The U.S. District Court for the District of Idaho granted a preliminary injunction, finding that Idaho's law (1) is too vague under the Due Process Clause of the Fifth Amendment; (2) violates the First Amendment right to association; and (3) violates the First Amendment right to free speech. The court dismissed the claim that the law violated the right to travel.

Attorney General Labrador appealed the district court's preliminary injunction and in December 2024, a three-judge panel of the Ninth Circuit Court of Appeals [reversed](#) the lower court's findings on the void for vagueness claim and the right to association claim. The panel affirmed the district court's decision regarding the free speech claim, which applied to the recruiting component of the statute. The court explained that the ban on recruiting would prohibit informational, logistical, financial, and practical assistance to patients, such as helping patients make clinic appointments, booking bus or plane tickets, or providing lodging. Legal advice, emotional support, and encouragement, like giving out a pamphlet about abortion or having a pro-choice bumper sticker, could fall under the recruiting provision. The court affirmed the rest of the preliminary injunction after concluding that the recruiting provision could be severed from the rest of the law.

While most of the statute remains enforceable pending further proceedings in the district court, lawyers, practitioners, advocates, and individuals may provide encouragement, counseling, and emotional support to minors, even without parental consent. Both sides considered the decision a [victory](#); Idahoans may continue to provide information to pregnant minors, and the State may enforce the rest of the statute related to harboring and transporting a pregnant minor without parental consent.



In [Welty v. Dunaway](#), plaintiffs [challenged](#) the recruit provision of Tennessee's abortion trafficking law, making freedom of speech arguments similar to those raised in the Idaho case. In September 2024, the U.S. District Court for the Middle District of Tennessee [granted](#) a preliminary injunction against the recruit provision, blocking its enforcement. The court declared that Tennessee "cannot make it a crime to communicate freely" about legal abortions in another state. The court also found no legitimate interest in regulating care provided beyond Tennessee's border. Moreover, the recruit prong failed to further the State's alleged interest in safeguarding the children: "the best interests of the pregnant child are not merely a secondary consideration, but unworthy of particularized consideration at all." Because the September 2024 decision was preliminary, the parties are now preparing additional motions and a trial. As of April 2025, a trial date has not been scheduled.

III. The Weaponization of Existing Laws


In some states, public officials and advocates opposed to abortion have used existing laws to restrict out-of-state travel for abortion care.

Abortion Bans and Wrongful Death Laws

In May 2024, a Texas woman who traveled to Colorado for an abortion was [threatened](#) with legal action by her ex-boyfriend, Collin Davis. Davis is represented by attorney Jonathan Mitchell, a legal strategist who developed Texas's abortion ban that allows private actors to sue anyone who allegedly aids and abets an illegal abortion. The lawsuit seeks to extend both the Texas abortion ban and a Texas wrongful death law to abortions that occur in another state. Mitchell stated, "fathers of aborted fetuses can sue for wrongful death in states with abortion bans, *even if the abortion occurs out-of-state*." Davis [asked](#) a court for permission to investigate individuals involved in the out-of-state abortion, seeking to obtain the identity of the doctor who performed the abortion and the source of any financial support provided to his ex-girlfriend. Attorneys for the patient believe the request to be without merit and nothing more than a "fear tactic." There is no evidence the court awarded Davis access to the information and he has not filed suit against his ex-girlfriend as of April 2025. Texas law does not make it illegal to obtain or help someone obtain a legal abortion in another state. The threat of lawsuits like this may confuse and scare patients into continuing an unwanted or unsafe pregnancy in states with an abortion ban.

Parental Consent or Notification Laws

On February 29, 2024, Missouri Attorney General Andrew Bailey [sued](#) Planned Parenthood Great Plains (PPGP) under the State's 2005 [parental consent law](#), which prohibits intentionally causing, aiding, or assisting a minor in obtaining an abortion without parental consent. Attorney General Bailey argued that PPGP was "trafficking minors out of state" for abortion care and without parental consent when the organization allegedly provided instructions to and facilitated transportation, lodging, and financial support for a 13-year-old patient seeking abortion care at a Planned Parenthood clinic in Kansas. The Missouri Attorney General essentially [expanded](#) the parental consent statute to apply to out-of-state abortions, despite the statute remaining silent on abortion care legally provided in another state. Missouri's position is that the law applies when a person helps a minor obtain an abortion without parental consent, "*even if the abortion occurs across state lines and is legal in that other State*." This is an expansive view of Missouri's parental consent law. If this interpretation is applied to other laws that restrict abortion, patients in Missouri will be restricted in traveling out of state to access safe and timely abortion care. Moreover, Missouri is one of [thirty-six](#) states that require parental consent or parental



notice for minors to obtain an abortion. Missouri, in weaponizing its parental consent law to impede out of state travel, may have provided a blueprint for other states, especially those with an abortion ban, to do the same.

Conspiracy and Accessory Laws

In September 2022, shortly after the *Dobbs* decision, Alabama Attorney General Steve Marshall [suggested](#) that his office would use Alabama’s conspiracy and accessory laws to prosecute any individual who aids and abets a patient in obtaining abortion care in another state. Alabama’s total abortion [ban](#) does not limit interstate travel, but Attorney General Marshall stated that the office would look “closely” at individuals or groups that assist patients in obtaining out-of-state abortion care. In response, two groups, [Yellowhammer Fund](#) and the [West Alabama Women’s Health Center](#), filed separate suits to stop the Attorney General from following through on his threats. The plaintiffs argued that the threats are inconsistent with the right to travel. The lawsuits were consolidated, and, on November 9, 2023, the U.S. Department of Justice filed a [statement of interest](#) in support of the plaintiffs. The federal government’s statement demonstrated its commitment to protecting the right to travel, particularly to obtain reproductive health care protected in another state, explaining that “Alabama may not infringe the constitutional right to travel in order to meet its policy goals.”


On May 6, 2024, a federal court [ruled](#) that the plaintiffs’ suit against Attorney General Marshall could continue. In August 2024, the U.S. Department of Justice sought to [participate](#) in the litigation and, although it is unlikely that the plaintiffs will receive continued support from the federal government under the Trump Administration, no specific action to withdraw the government’s support has been filed as of this writing. In April 2025, a federal district court [held](#) that Attorney General Marshall’s threats of criminal prosecution violate the right to travel, the First Amendment, and the Due Process Clause. The court was clear: the right to travel includes the right to do what is lawful in another state and the prosecution of an individual or organization that facilitates a legal out-of-state abortion would violate that right. As of this writing, the decision has not been appealed.

III. Right to Travel Restrictions on Tribal Lands

Even before the *Dobbs* decision, Native American communities had scant access to abortion care. Since 1976, the Hyde Amendment has restricted access by prohibiting abortion services at Indian Health Service (IHS) clinics, which are vital for Native American healthcare. Krystal Curley, Executive Director of Indigenous Lifeways, [a Native American advocacy organization, stated](#), “it is sad to say that we’re kind of used to these types of policies being passed and implemented.” Following the *Dobbs* decision, tribal communities have been cautious about establishing safe havens for abortion on their lands. Oklahoma, recognized for its stringent laws and home to one of the largest Cherokee tribes, has [warned tribal members](#) against establishing abortion facilities on tribal land for Native and non-Native individuals, despite their autonomy under tribal governance. Navigating such a scenario would require patients and providers to tackle a complex patchwork of tribal, state, and federal jurisdictions. Additionally, tribal communities will need to explore funding options for creating safe havens, as the Hyde Amendment excludes abortions from their health care services. Private funding would be the most viable option if tribes choose to establish abortion clinics. These challenges also raise critical questions about tribal members traveling to other states for abortion care. Whether tribal nations are subject to state travel bans is also an open question of law.

Conclusion: Looking Forward

In *Dobbs*, Justice Kavanaugh was explicit in his concurring opinion: “May a state bar a resident of that state from traveling to another state to obtain an abortion? In my view, the answer is no based on the constitutional



right to interstate travel.” This declaration is considered dicta—language that is not binding—and may soon be put to the test. While there are currently no state or federal laws that directly prohibit individuals from traveling across state lines for abortion care, legal threats that intend to confuse and scare patients, advocates, and practitioners persist. If allowed to stand, these measures would gravely impact the tens of thousands of patients who cross state lines every year to obtain lawful, out-of-state abortion care.

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