Targeted Regulation of Abortion Provider Laws

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Introduction

Many state laws single out abortion facilities for targeted regulations, which are often referred to as "targeted regulation of abortion provider" or TRAP laws (1). TRAP laws subject abortion-providing facilities to different, more numerous, and more stringent requirements than laws that more generally regulate the provision of procedures, surgeries, or sedation use (office-based surgery or OBS laws) (2). Examples of TRAP laws include those requiring abortions to be performed in Ambulatory Surgery Centers (ASCs) and requiring abortion providers to have hospital admitting privileges.

TRAP laws are often passed with the stated purpose of protecting the health and safety of abortion patients. However, research has shown that abortion is safe, and a consensus report by the National Academies of Science, Engineering, and Medicine (NASEM) concluded that there is no evidence that laws are needed to improve abortion patient safety (3). The NASEM report also concluded that these laws create barriers to abortion care by reducing the quality of abortion services, including their availability (3).

ANSIRH investigators in collaboration with researchers at other universities and research groups conducted research related to the impacts of these requirements on different elements of patient safety and experience. This fact sheet summarizes this body of research.

Patient Safety

- Abortion is safe. Fewer than one quarter of one percent (0.23%) of all abortions have a major complication; about 2.1% of abortions result in a complication (4). In general, there is no difference in patient safety for outpatient procedures performed in ASCs vs. office-based settings (5). There is also no difference in rates of complications after having an abortion in an ASC compared to having an abortion in an office-based setting (6).

- Procedures used to treat miscarriages are similar to those used in abortion care. There is also no significant difference in rates of complications after having a miscarriage treated with a procedure in an ASC compared to in an office based setting (7). Importantly, rates of miscarriage-related complications are higher than rates of abortion-related complications (7).

- Admitting privileges laws do not change how the few abortion patients who need hospital-based care receive it. They are also not relevant when patients seek hospital-based care, because patients go to the emergency department nearest their home, almost always at a hospital different from where the abortion provider has admitting privileges (8).

Service Availability and Patient Experience

Texas provides a unique case study to understand the impacts of TRAP laws on service availability and patient experience. Texas's Admitting Privileges law was likely the main contributor to nineteen of the state's 41 abortion clinics closing (9).

For some Texas women, TRAP laws made legal abortion unattainable (10) . For others, TRAP laws created nearly insurmountable barriers, including:

1

Increased travel distance, compelling women to travel four times the distance they would have otherwise to reach an open clinic, resulting in between 50 and 200 extra miles traveled (11,13). Women living in the Rio Grande Valley had to travel at least 250 miles to reach an open abortion facility (9).

2

Financial obstacles, such as requiring women to spend more money (on average an extra $100 out of pocket) and time on abortion care and travel-related costs, sometimes needing to delay an appointments by several weeks in order to make these arrangements (11-13).

3

Social and informational burdens, including receiving conflicting information from clinics about when and where they can seek care (11, 12), and disclosing the abortion to more people than they intended to seek logistical assistance in obtaining an abortion (11).

4

Obstacles to obtaining a preferred abortion method, obliging some women to obtain a type of abortion (surgical instead of medical) that they did not prefer (11, 12).

Regulating abortion facilities like other facilities providing outpatient procedures:

Facility standards that single out a specific procedure rather than applying standards based on health-related risks of outpatient procedures (such as due to level of sedation) appear unique to abortion (2). TRAP laws also are more common and more onerous than laws that apply to office-based procedures in general (2).

In contrast to state laws that apply only to facilities that provide abortion, facility standards for other outpatient procedures are typically set by clinicians involved in professional associations or accreditation organizations. Research on specific facility requirements – for any type of outpatient procedures – is quite limited. In the absence of research evidence, these committees rely on their clinical expertise and the guidelines of other expert organizations. They focus on ensuring that standards are not more burdensome than the procedure requires (1).

Conclusion

Multiple states single out abortion facilities for targeted regulations that are more numerous and onerous than laws regulating other health care facilities. Laws that single out abortion facilities for targeted regulations are not based in the best available research evidence, and adversely impact abortion service availability and patient experience.

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