



## Abortion Access and Support Needs in New England

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## Summary

New England has historically been characterized by less restrictive abortion laws and cross-border travel for abortion due to the small geographic region, which includes Connecticut, New Hampshire, Maine, Rhode Island, and Vermont. While the existing legal landscape facilitates access to abortion services, access is not guaranteed for all. New England has a robust network of abortion funds that support people who cannot access abortion due to barriers. After the Dobbs decision of 2022, the region saw a small but growing increase in the number of people traveling from out of state to access care. Providers and supporters, such as abortion funds, in the region have been struggling to ensure access in a timely and affordable manner for all. We present here the current challenges to abortion access in New England, as well as recent trends in abortion access and needs, and needs of abortion funds in the region to continue supporting patients who travel for abortion care. Understanding the current state of access, as well as gaps in access and how organizations are working to address those gaps, is crucial to identifying how policies and organizations can improve abortion in the region.

## INTRODUCTION

New England has historically been characterized by less restrictive abortion laws and cross-border travel for abortion due to the small geographic region in which the six states exist.<sup>1,2</sup> While the existing legal landscape facilitates access to abortion services, access is not guaranteed for all. Barriers due to travel distance, lost wages, transportation, childcare costs, the cost of a procedure, gestational age, and abortion stigma may make abortion inaccessible to some people.

Fortunately, New England has a robust network of abortion funds that support people who cannot access abortion due to barriers.<sup>3</sup> However, the combined rising costs of transportation and lodging due to inflation and the increased number of people needing assistance to travel for an abortion post-Dobbs have created a context where abortion funds are struggling to meet their patients' needs.<sup>4</sup> We present here the current challenges and facilitators to abortion access in New England, including recent trends in abortion access and needs and the current needs of abortion funds in the region to continue supporting patients who travel for abortion care.

## Key Findings

### Abortion Access in New England

Abortion access includes legal and logistical access for all. The World Health Organization (WHO) defines abortion services as accessible when they are timely, affordable, geographically reachable, and provided in a setting where skills and resources are appropriate to medical needs.<sup>5</sup> Here, we outline the status of abortion accessibility in the region.

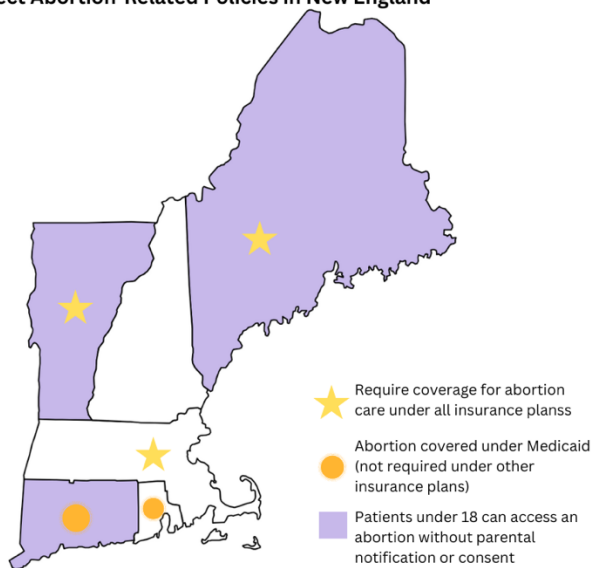
### Legal access<sup>6</sup>

- All states allow abortion up to 24 weeks or viability and under specific indications after that.
- Three states have regulations regarding parental consent/notification in the case of minors.

### Geographical Access

- Average drive times to the nearest clinic are 30 minutes or less, though this varies widely.<sup>7</sup>
- All states allow for telehealth for abortion.<sup>8</sup>
- There are fewer clinics providing abortion after 12 weeks, meaning some people have to drive further to access those procedures.<sup>9</sup>
- Most people who need to access an abortion after 26 weeks are forced to travel outside of the region for these services.

Select Abortion-Related Policies in New England



### Financial Access<sup>10</sup>

- All states except for NH allow state Medicaid funding for abortion.
- Three states (ME, VT, MA) require coverage of abortion in all private and public plans
- Three (CT, RI, NH) do not require coverage of abortion in private or Marketplace plans

SUMMARY: Facilitators and Barriers to Accessing an Abortion in New England	
★	<ul style="list-style-type: none"> <li>+ Abortion legally allowed up to viability in all of New England</li> <li>+ Most states allow for Medicaid coverage of abortion care</li> <li>+ Abortion funds in each state support people who have to travel or cannot pay for care</li> <li>+ Abortion under 9 weeks is available in much of the region through telemedicine or within a 30-minute or less driving distance</li> </ul>
⬡	<ul style="list-style-type: none"> <li>- People in rural areas have less access to clinics, especially clinics providing abortion over 14 weeks</li> <li>- There are no clinics that publicly offer abortion services after 26 weeks</li> <li>- Young people may have trouble accessing abortion due to parental consent and notification laws in 3 states</li> </ul>

### CASE STUDY: In Massachusetts, logistical barriers exist, and many people want more support during the abortion process<sup>11</sup>

A recent survey in Massachusetts of people who accessed abortion in the past 10 years reveals challenges to access that many people in the region face:

- Almost half received financial support for an abortion (1 in 5 used an abortion fund).
- The average out-of-pocket cost of the entire abortion process was \$898, with lost wages and the procedure being the highest costs
- 2/3 reported arranging logistics as a barrier to care (traveling, finding a provider, time for procedure and to recover, cost).
- Over 1/3 traveled over 30 miles or 30 minutes.
- Many respondents reported wanting more support when deciding to have an abortion, during the abortion, or after the abortion.

When surveying people who may get pregnant or who already were pregnant in Massachusetts, the study also found that those in *rural areas are significantly less likely than urban areas to know where to get an abortion, be aware of abortion funds and doulas, and know that OB/GYNs provide abortion services.* Finally, among those who considered an abortion, understanding health insurance information and the cost of the procedure are primary barriers.

## Abortion Access in New England After Dobbs

Estimated clinician-provided abortion in New England, 2023		
State:	# of estimated clinician-provided abortions:	% estimated to out-of-state patients:
Maine <sup>13</sup>	2,502	6.3%
New Hampshire <sup>14</sup>	2,500	14%
Vermont <sup>14</sup>	1,500	26%
Connecticut <sup>14</sup>	14,800	5.7%
Massachusetts <sup>15</sup>	24,355	7.4%
Rhode Island <sup>14</sup>	3,000	11.7%

*Data from each state are reported based on publicly available statistics from each state's department of health when available for 2023. In cases where states have not reported their data, we used estimates from the Guttmacher Institute's Monthly Abortion Provision Study.*

Since the Supreme Court Dobbs decision, many people who would have otherwise been able to access abortion in their state before the decision have had to make choices about whether and how to access abortion, including traveling to other states.<sup>12</sup> Recent data has documented an increase in travel for abortion to New England states, while there is also broad support for the legality of abortion. While some people are traveling from outside of New England, most interstate travel for abortion services occurs within New England.

### **Data demonstrate an increased need for abortion funding and support after Dobbs.**

Recent studies following the Dobbs decision have found an increase in people traveling from out-of-state, and an increased need for abortion fund supports. Notable findings from three different studies include:

A study using data from the Planned Parenthood League of Massachusetts found that:<sup>16</sup>

- In the first 4 months following Dobbs, there was a 37% increase in out-of-state patients.
- There was also an increase in the use of charitable funding: The estimated percentage of out-of-state travelers receiving funding increased significantly more than those in-state, from 8.4% of out-of-state travelers receiving funding before Dobbs to 18.3% after Dobbs.

A survey of birthing people in Massachusetts found:<sup>11</sup>

- There is overwhelming support for the legality of abortion regardless of experience with abortion.
- Only 1 in 4 were knowledgeable about Dobbs vs. Jackson.

In a study of patients in Illinois and Massachusetts after Dobbs:<sup>17</sup>

- There were no demographic differences between in-state residents and out-of-state travelers.
- Out-of-state participants were more likely to lose at least one day of wages due to abortion-related travel (56.7% vs 40.6%)
- The average out-of-pocket travel cost for abortion care was \$33.32 for those in-state compared to \$294.50 for out-of-state travelers.
- For out-of-state travelers, airfare contributed to the largest share of expenses (41.3%), followed by accommodations (17.5%) and gas and parking (16.6%).

In the Eastern Massachusetts Abortion Fund report, the organization reported that after Dobbs, in FY 2023-2024:<sup>4</sup>




- The need for practical support nearly tripled
- The number of people calling the hotline increased by 291%
- Despite the increased need, individual donations have decreased

## **Facilitating abortion access in New England through Abortion Funds**

According to the National Network of Abortion Funds, abortion funds are “organizations that directly support people seeking abortions. Some funds provide money for abortion procedures; others help arrange travel, childcare, food, and supplies. Many abortion funds offer other services related to reproductive health and justice in their communities”.<sup>3</sup> New England currently has nine local abortion funds, at least one in each state and three in Massachusetts. These funds offer crucial logistical, financial, and emotional support to patients in or traveling to their states.

In 2024, we conducted a survey and community convening with six abortion funds to understand the funds' offerings, their experiences with providing abortion support in the past year, and ways that they could coordinate to offer care across the region in the future.

### ***Key Findings from the New England abortion fund survey and community convening:***

-  In addition to providing funds to pay for the cost of an abortion, all funds provided at least one other practical support service such as financial or logistical support with transportation, wage/food/childcare reimbursement, and/or emotional support in the form of abortion doulas before, during, or after the procedure.
-  Funds supported anywhere between 150 and 1,650 people per year, with the average level of support between \$250 and \$650 per person.
-  Most funds are reporting a decrease in funding in FY 2024, leading them to restrict the amount that they fund each caller and/or limit the amount of funding they can provide weekly or monthly.

## **Recommendations**

Based on the abortion fund convening and data and policy analyses, we share recommendations to improve support for people accessing abortion in New England. First, it is crucial to recognize the legal, financial, and logistical barriers to care and support people in overcoming those barriers. Secondly, it is vital to realize that people with fewer economic resources, those who are younger, and those who are later in gestation are more likely to encounter barriers and have fewer options for accessing an abortion in the region. Abortion care could be made more accessible in the region by:

- **Expanding support for abortion funds** to provide both practical and financial support for patients. Increased coordination between funds can help support people traveling out of their state.
- **Increasing the availability of clinics and providers** providing abortion after the first trimester across all states, beginning with legal guidance for providers on exemptions later in pregnancy.
- **Removing parental consent/notification laws** to reduce barriers for young people.
- **Expanding insurance coverage by extending** Medicaid coverage for abortion care in New Hampshire and requiring all private and public insurance plans in the region to cover abortion services.
- **Increase educational outreach** about abortion resources and legal rights to care in the region, especially in rural areas and for people traveling from out of state, to ensure all individuals are aware of their options for care and support.

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