



‘Thrown into chaos.’ The shifting abortion landscape in post-Dobbs America

Dispatcher: 911, what’s your emergency?

Caller: America’s healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on America’s callous healthcare system, how it hurts us and what we can do about it. I’m your host, **Brenda Gazzar**. This time on Code WACK! What are some of the most devastating ramifications for those seeking abortions in the U.S. since **Roe vs. Wade** was overturned in June? How is this affecting both patients and medical providers in America? To find out, we spoke to **Cat Duffy**, a policy analyst in the **National Health Law Program’s** Washington, DC office. She works on reproductive and sexual healthcare access and services with a particular focus on abortion coverage and access.

Hi Cat. Welcome to Code WACK!

(00:51):

Duffy: Thanks. I’m really excited to be here.

(00:54):

Q: We're excited to have you. Can you briefly give us some background on the National Health Law Program? What is its mission and what does it do?

(01:03):

Duffy: For sure. So for the last 50 years, the National Health Law Program has worked to protect and advance the health rights of people with low incomes and other underserved individuals and families. We work on both the state and federal level to advocate, educate, and litigate to improve the health and civil rights in the U.S. and that looks like we try to pass better laws and policies to expand access to health care, ensure health care is affordable and prevent discrimination and protect consumer rights.

(01:36):

Q: Very important work. Great, thank you. Now, how about you? Who are you and how did you come to care about the issue of reproductive health?

(01:45):

Duffy: Yeah, so I'm currently a policy analyst on the reproductive and sexual health team here at the National Health Law Program or NHeLP as I'll likely refer to it from now on. And I work primarily on abortion policy, both at the state and federal level, and I've been really interested in healthcare access work basically since the debates over the Affordable Care Act in 2009, but reproductive healthcare in particular is very personal to me. I had my abortion at a Planned Parenthood health center in North Carolina when I was in grad school and it was a really radicalizing experience for me cuz while my abortion experience was super privileged in a lot of ways - I had insurance that covered it, the health center was only 20 minutes away, I got an

appointment like within a week of calling - but even within that, I had to deal with just so many obstacles created by the North Carolina Legislature, including like a deeply invasive transvaginal ultrasound, a 24-hour waiting period and this incredibly demeaning informed consent process and so I wanted to make sure that I sort of spent my professional career ensuring that people have access to abortion when they need it, no matter who they are, how much money they make or where they live.

(03:00):

Q: Wow. Thank you for sharing that story with us. It's interesting that you acknowledge that your experience was privileged in many ways, but yet you still faced major barriers and hurdles to getting the health care you needed. In June of this year, the U.S. Supreme Court ended the constitutional right to abortion by overturning Roe vs. Wade in its landmark Dobbs vs. Jackson Women's Health Organization ruling. Since then, many states have banned or put severe restrictions on abortion. What are the implications of this ruling for women seeking reproductive care across the United States?

(03:38):

Duffy: Yeah. So I just want to acknowledge that it's actually not just women who need abortion access. It's anyone who is capable of becoming pregnant, so that includes trans men and non-binary folks. They all need and deserve abortion access just the same as CIS women and so the abortion landscape in this post-Dobbs world has sort of been thrown into chaos and will affect people seeking abortion and reproductive health care in every state, not just people who are living in states that have banned abortion. People who are living in hostile states will have to travel further and further to seek care, which will dramatically increase the costs associated with seeking an abortion as people are now facing skyrocketing gas prices for now like even longer drives than what they were facing before, potentially airfare in some instances. If they have to travel particularly long distances, they

might have to cover hotel costs, having to arrange time off work, potentially without pay if you don't have paid leave.

(04:43):

They might need to arrange childcare as we know that over half of the people who seek an abortion already have a kid and so there are just these like escalating escalating costs and there's also a lot of issues for people who are living in states where abortion is protected. They'll likely encounter delays when they go to seek care now as the provider networks in those states are being inundated with out-of-state patients and while a lot of these states are doing what they can to enact proactive policies to expand access in a world where if we end up with half the country restricting access to abortion, it's an unsustainable burden on these states and the existing provider network.

(05:27):

Q: Wow. Abortion is still legal in California, but I hadn't thought of how this case could cause delays for people seeking abortions here. Do you know what the wait times are now by chance?

(05:38):

Duffy: You know, I don't know offhand, but I know that we've seen since the implementation of (Texas' Senate Bill 8) last September, that wait times in the states where abortion was still legal surrounding Texas increased dramatically and I know that wait times have increased even since Dobbs came down and it's likely to only get worse, to be honest. And so I think there's like a false sense of security for some people who live in like the Californias and the New Yorks of the world, but your access to care will be impacted as well.

(06:07):

Q: What kind of toll will that take on those seeking abortion if they have to wait days or even weeks?

(06:13):

Duffy: Yeah, I mean, so it sort of depends on where you live and where you're trying to go to get access to care cuz like abortion is a time-sensitive health intervention. Like you want to end the pregnancy once you've made that decision and the further you get into a pregnancy, the more costly it is to obtain that abortion and so if it takes you a long time to get the money together, you might have to travel further to a state that has later gestational age limits than your original plan and so the effects are really cascading.

(06:51):

Q: It sounds like it can potentially contribute to medical debt, too.

(06:55):

Duffy: Oh, I mean, yeah. So the average cost of an abortion is about \$500 for a medication abortion and there are studies that have shown that a \$400 cost is like catastrophic for the majority of households that are living at the federal poverty line and so these are just like costs that folks can't cover out of pocket, particularly if they're not planned for and no one plans to get pregnant on accident.

(07:27):

Q: Right and if you have to book a flight, drive a few states away and book a hotel room that affects the most vulnerable especially, which leads us to our next question. What was the reality for those seeking access to abortion before Roe vs. Wade was overturned? And how does the Dobbs decision further impact our nation's most vulnerable, including poorer people and people of color?

(07:52):

Duffy: Yeah, so people are talking a lot now about how we are in this abortion access crisis, but let's be super clear. We've been in an abortion access crisis for many years. Roe was never enough. It just guaranteed the legal right to abortion, but having a legal right doesn't mean very much if there's no access in your state, if there are no providers who actually provide this service, if you don't have the means to travel far enough to get to that provider. Prior to Dobbs, there were at least six states that only had one abortion provider.

In 2021, for the first time ever, states enacted over a hundred abortion restrictions in a single year and over 1200 restrictions have been enacted since Roe was decided, but 40% of those have been in the last decade. So there's been a huge increase in the attacks on abortion access and states who are hostile to abortion access were really intentionally designing restrictions to force health centers that provided abortion services to shut down.

(08:57):

They enacted medically unnecessary waiting periods that might force people to have to go to a health center two times as opposed to one time. They create these like stigmatizing informed consent procedures that are incredibly biased and often include misinformation and do things like the mandatory ultrasound that I had to go through to make the process as demeaning and onerous for patients as possible and we know that abortion restrictions disproportionately harm the people who already face structural barriers to care, including Black, Indigenous and other people of color, people with low incomes, LGBTQ-plus individuals, young adults and others. Abortion bans are a part of the entwined systems of oppression that deny people of color access to their rights and are rooted in anti-Black racism and these bans can force people who can't afford to travel out of state to carry an unwanted pregnancy to term.

(10:00):

There's a really great study called [The Turnaway Study](#) that shows the lasting negative consequences of being denied an abortion. It was a longitudinal study that compared people who were denied an abortion versus people who successfully obtained one and the results show how abortion restrictions deepen existing inequities and that being denied an abortion resulted in poorer health outcomes and made people more likely to experience poverty and sustained economic insecurity. And so Dobbs is just going to make this existing abortion access even worse as it is massively restricting access across like the middle of the country and the Southern portion of the country and it's just erecting more and more barriers to accessing care.

(10:48):

Q: Wow. Thank you for that context, Cat. It's like the steady erosion of care has been capped by this recent Supreme Court decision and I can only imagine the mental health implications of having to go through these increased barriers and hurdles. Do you want to say anything about that?

(11:04):

Duffy: The Turnaway Study looked at folks' mental health and found increased anxiety and depression among folks who are denied access to care. I mean I remember when I found out that I was pregnant and how panicked I was because I was in grad school. I did not make very much money and I didn't want to have a kid and the thought of having to carry a pregnancy to term when you do not want it is horrifying to me and it's just going to have tremendous impacts on people who are going to be denied care as a result of this decision.

(11:43):

Q: So you think it will result in people having babies that they don't want to have?

(11:47):

Duffy: Absolutely, the people who have the means who live in states that have banned abortion are traveling to seek care, but there are going to be people who aren't going to be able to afford to travel out of their state or there are young people, minors who won't be able to travel and there are just going to be people who are going to be forced to carry pregnancies that they do not want to term.

(12:12):

Q: *So what will the impact of that be?*

(12:16):

Duffy: (Sigh) I mean, I think that it's instructive to look at The Turnaway Study, cuz it like literally showed the impacts and there are mental health impacts, there are economic impacts and these impacts not just manifested in the women who were denied an abortion – and this study focused on women, which is why I use that language – but also had impacts on their children, like lasting economic impacts and so it's just, it is abhorrent the way people will be denied care and how it will affect people's lives.

(12:50):

Q: *Wow. So unfortunate. Do you know of any clinics or other organizations that have filed lawsuits to protect abortion access after this ruling?*

(12:59):

Duffy: Yeah, so there are a variety of organizations that are doing incredible work to preserve access in states via litigation ranging from like independent abortion providers and abortion funds, Planned Parenthood's National Office and Planned Parenthood affiliates, the ACLU, the Center for Reproductive Rights and others have all filed lawsuits challenging a lot of the trigger laws or previously blocked laws that hostile states were trying to enact. For example, in Michigan – Michigan is a state that has what's called a pre-Roe ban, so it's an antiquated law that was enacted in

1931 that criminalized all abortion that was blocked by Roe since that decision was handed down in 1973. But now that Roe no longer exists to block this law, it's sort of an open question whether or not it will go back into effect and so Planned Parenthood and actually Governor (Gretchen) Whitmer have each filed lawsuits challenging this pre-Roe ban and it is currently blocked as that litigation is sort of moving through the courts and there are a variety of other examples. I think there's like at least 10 states that have litigation pending right now and it's sort of a constantly shifting landscape as injunctions are going in and out of effect. But this work is like incredibly vital to preserve access where we can.

(14:20):

Q: Uh-huh. Got it. So how is this decision affecting medical providers, such as doctors, hospitals and clinics?

(14:27):

Duffy: Yeah, so these abortion bans have a chilling effect on the way that doctors provide care. Even when these abortion bans include exceptions for cases of life endangerment, we've seen especially as the penalties associated with these bans have become more and more extreme doctors feel like they have to wait until a patient with, for example, an ectopic pregnancy, which cannot survive and threatens the pregnant person's life, unless it is removed "visibly worsens" – until the patient visibly worsens so that the doctor has a clear justification for acting under the life endangerment exception. These doctors are understandably afraid of prosecution and having sort of an overzealous state agency overrule their interpretation of what a life endangerment situation is. But it's resulting in a lot of patients are going to pay the price in these states.

(15:24):

Q: Oh my goodness, that sounds horrific. So they have to wait, even if the mother's health may be in danger until she looks like she's worse?

(15:32):

Duffy: What constitutes a life endangerment situation is very vague. Like it's not really defined in the federal law that protects emergency care – it's called EMTALA (Emergency Medical Treatment and Active Labor Act) – and the White House actually recently issued guidance around this and the obligations that hospitals and providers have to provide emergency medical care, including terminating a pregnancy when that's like the proper stabilizing treatment and the law says that it is up to the medical provider to determine and assess whether an emergency medical condition exists and goes so far as to say that doctors have an obligation to provide stabilizing treatment in the instance where an emergency medical condition like an ectopic pregnancy has been diagnosed but doctors are really concerned that if they, for instance, terminate an ectopic pregnancy before it has ruptured, that they'll be open to prosecution because it wasn't necessarily a life endangerment situation yet. So it's just this like very murky gray area and providers are sort of notoriously cautious as a profession and so it's a really tough situation for everyone involved.

(16:47):

Q: This sounds like it could result in more deaths among those who are pregnant.

(16:51):

Duffy: It certainly could.

(16:58):

(5-minute stinger)

Thank you, Cat Duffy. Tune in next time when we continue our discussion with Cat about the far reaching implications of the Dobbs decision on abortions in America.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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