

Abortion Wait Times in Texas: The Shrinking Capacity of Facilities and the Potential Impact of Closing Non-ASC Clinics

INTRODUCTION

Over the past four years, the [Texas Policy Evaluation Project](#) has closely monitored which facilities providing abortion care in the state are open.¹ Since April 2013, when debate began around the bill that became House Bill 2 (HB2), the number of facilities providing abortion care has dropped from 41 to 18. According to our interviews with facility staff, many of these closures have been related to difficulty obtaining hospital admitting privileges for physicians at the facilities, while others have been related to difficulty complying with the requirement that facilities meet the standards of ambulatory surgical centers (ASCs). This ASC requirement is currently enjoined by the US Supreme Court while it determines if it will consider hearing a legal challenge to HB2 in its next term.^a

To determine how well the existing facilities are meeting the demand for services and if the clinics' capacity to meet the demand differs across the state, we have performed monthly mystery calls to open facilities providing abortion care since November 2013, when the admitting privileges requirement went into effect.

These calls sought to document wait time, defined as the number of days between when the mystery caller telephoned the facility and when the next consultation appointment was available. With a time-sensitive procedure such as abortion, wait times serve as a measure of facility capacity to meet the demand for services.

In this Research Brief, we present the results of our monitoring of abortion wait times since November 2014. Services were disrupted across the state in October 2014 when the ASC requirement was briefly enforced; this Brief focuses on the period after the non-ASC clinics reopened. We particularly focus on wait times at facilities in Dallas and Ft. Worth after a large-volume provider in Dallas closed in June 2015.

We also explore the wait times at the existing nine ASCs in Texas. In early 2014, we found that only 22% of all abortions were being provided by the ASCs.¹ We suggested that it would be difficult for those facilities to increase their capacity sufficiently to meet the demand for all abortions in the state, while proponents of HB2 said that there was no reason to believe that they could not meet this demand.

Finally, we explore what the impact of the closure of all the non-ASC clinics in the state might be in terms of increasing wait times and the resultant increase in second-trimester abortion in Texas.

^aTo learn more about the provisions of HB2, see the Texas Policy Evaluation Project's [HB2 Fact Sheet](#).

RESULTS: Wait Time to First Appointment

Since November 2014, wait times for an abortion appointment have varied in Austin, Dallas and Ft. Worth, while they have been more stable in Houston and San Antonio. Wait times appear to be increasing in Dallas and Ft. Worth after the recent closure of a large-volume provider. Wait times have fluctuated greatly in Austin, where there are only two open facilities. Wait times are also long at some of the ASCs, indicating that they are unable to meet the demand for services among the patients they serve.

Austin

In **Austin**, wait times increased over the summer of 2015 to as long as 23 days at one facility (Figure 1). The average wait time was consistently more than 10 days between July and September 2015. A significant number of women were exposed to these long wait times; between November 2013 and April 2014, 12.2% of all abortions performed in Texas were estimated to have been performed in Austin.¹

Dallas & Ft. Worth

Between November 2013 and April 2014, 28.7% of all abortions performed in Texas were estimated to have been performed in Dallas and Ft. Worth.¹

The mean wait time at the open **Dallas** facilities had been stable at 5 days or less over the past year until a clinic that performed 350-500 procedures per month closed in June 2015 (Figure 2). This left only two open facilities in Dallas. Subsequently, wait times increased to as much as 20 days. In the July 2015 round of mystery calls, one facility was unable to schedule patients at all.

Results of the mystery calls to the two open facilities in **Ft. Worth** have been similar, with wait times increasing to as long as 23 days at one facility since June 2015 (Figure 3). Between December 2014 and February 2015, one of the facilities in Ft. Worth was not providing abortion care, and during that period the wait time increased to 13 days at the one open facility in the city. The increasing wait times in the Dallas-Ft. Worth area are indicative of decreasing capacity to meet demand for abortion services.

Figure 1: Austin

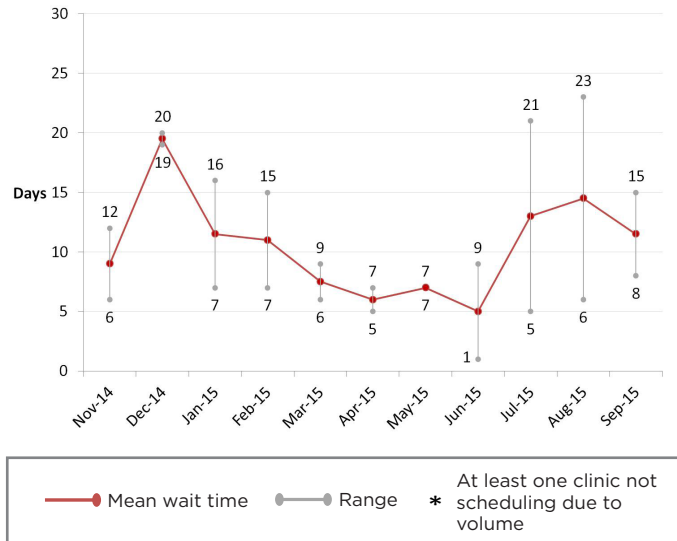


Figure 2: Dallas

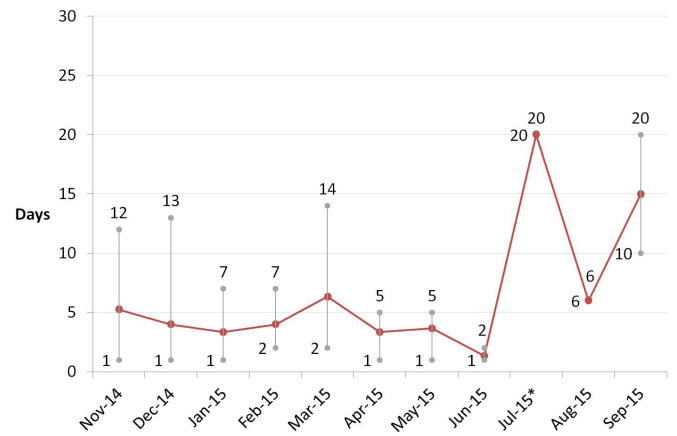
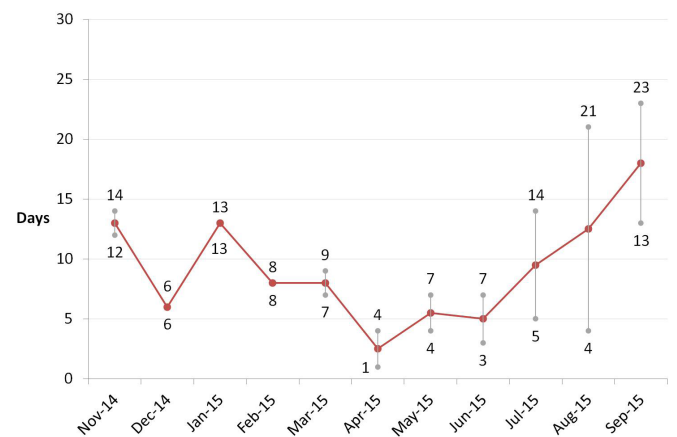


Figure 3: Ft. Worth

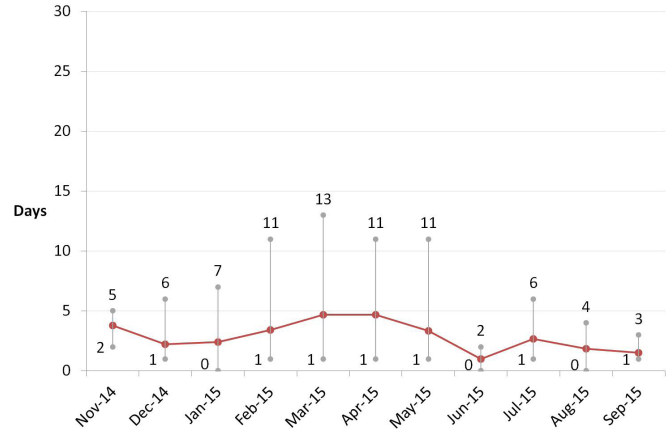


RESULTS, cont.

Houston

In contrast, wait times in **Houston**, where there are currently six open facilities, have averaged less than 5 days (Figure 4). Between November 2013 and April 2014, 37.6% of all abortions performed in Texas were estimated to have been performed in Houston or Beaumont.¹ The clinic in Beaumont has since closed, and Houston is the nearest facility for patients to obtain an abortion.

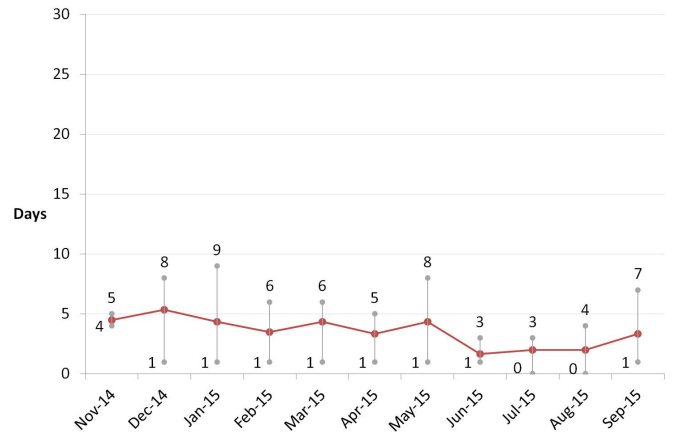
Figure 4: Houston



San Antonio

Over the past year, average wait times also have been consistently less than 5 days in **San Antonio**, where there are three open ASCs providing abortion care (Figure 5). Between November 2013 and April 2014, 13% of all abortions performed in Texas were estimated to have been performed in San Antonio.¹

Figure 5: San Antonio



Wait times have also been short (1 day or less) in **El Paso**, where there has been one open clinic until the end of September; there are now two open clinics in El Paso. In **McAllen**, where there is one open clinic, wait times have fluctuated between 1 and 8 days since this facility reopened in November 2014.

When we examined the wait times at the ASC facilities, we found that these also varied, but at every monthly mystery call, there was at least one ASC with a wait time of longer than 10 days.

- In January 2015, one ASC had a wait time of 13 days
- In July 2015, one ASC had a wait time of 21 days and one had a wait time of 20 days
- In September 2015, one ASC had a wait time of 20 days and one had a wait time of 13 days.

The long wait time at some of the ASCs suggests that these facilities are not meeting the existing demand for services.

RESULTS: Are Wait Times Likely to Increase If All Non-ASC Clinics Close in Texas?

We estimated the number of annual abortions performed per open facility based on the number of procedures performed in each metropolitan area between November 2013 and April 2014 (see Table 1).¹ Based on the number of procedures performed in Dallas-Ft. Worth, with the closure of the clinic in Dallas, the annual number of abortions performed per facility increased from approximately 3,500 to 4,400, resulting in the increased wait times described above.

Assuming that all of the patients who previously obtained abortions in South Texas and El Paso would obtain them in San Antonio if the non-ASC clinics were forced to close, the annual number of abortions performed per facility in San Antonio would be about 4,400. Although it is likely that wait times would increase in San Antonio, since this number of patients per facility is similar to the current situation in Dallas-Ft. Worth, for the modeling that follows, we conservatively assumed that wait times would not increase in San Antonio.

If the non-ASC clinics were to close, the annual number of abortions performed per facility in Austin would increase from about 3,700 to almost 7,500. This ratio in Houston would increase from about 3,900 to over 11,000. If the one non-ASC clinic in Ft. Worth were to close, the ratio in Dallas-Ft. Worth would increase to about 5,900. All of these ratios are much higher than the current ratio in Dallas-Ft. Worth, indicating that if demand remained constant, wait times would be very likely to increase to at least the levels we are currently observing in Dallas and Ft. Worth, if not longer.

Table 1. Number of Annual Abortions per Facility in Texas Metropolitan Areas at Different Time Points

Metropolitan area	Estimated number of abortions per year ¹	Current number of open facilities ^a	Current ratio of number of annual abortions per facility	Number of open ASCs if non-ASC clinics close	Ratio of number of annual abortions per ASC
Austin	7,488	2	3,744	1	7,488
Dallas-Ft. Worth	17,660			3	5,887
<i>Prior to June 2015 closure</i>		5	3,532		
<i>After June 2015 closure</i>		4	4,415		
Houston	23,168	6	3,861	2	11,584
San Antonio	13,284 ^b	3	4,428	3	4,428

^a There are also two open clinics in El Paso and one open clinic in McAllen. These non-ASC clinics are not included here.

^b We assume that abortions that had previously been provided in South Texas (Corpus Christi and now McAllen) and in El Paso would be provided in San Antonio if the non-ASC clinics were to close.

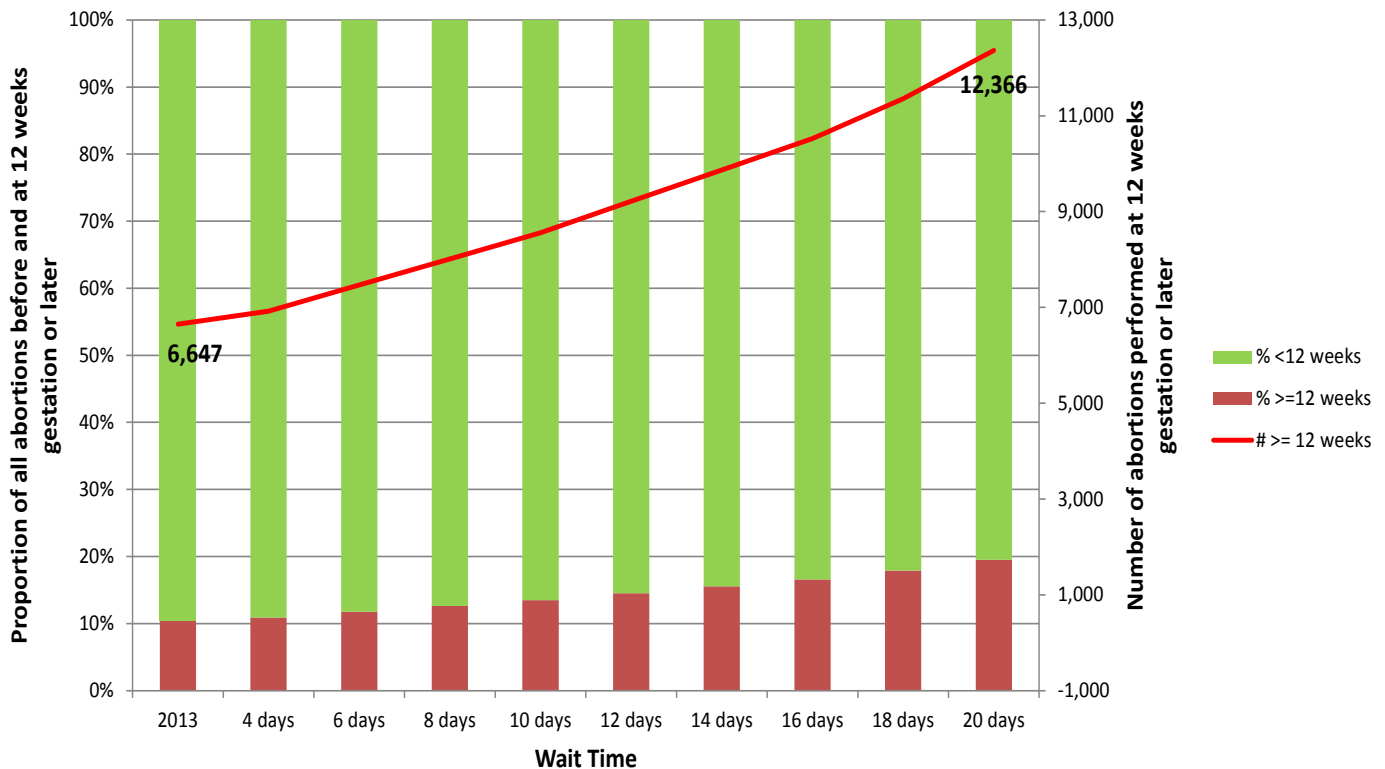
RESULTS: Estimating the Impact of Wait Times on Second-Trimester Abortion

Figure 6 shows the estimated proportion of abortions performed after 12 weeks as a result of the wait times increasing in cities (other than San Antonio) if the non-ASC clinics close because of HB2. As wait times increase, the estimated proportion of abortions performed in the second trimester increases. For example, if the average wait time in Austin, Dallas-Ft. Worth and Houston were to increase to 10 days, the proportion of abortion performed in the second trimester would increase from 10.5% to 13.5%.

This means that compared to 2013, there would be nearly 2,000 more abortions performed in the second trimester instead of in the first trimester if wait times increased to 10 days in these three metropolitan areas under the restrictive conditions that the ASC law imposes.

If the wait time increased to 20 days, which is not unreasonable based on the findings from our mystery calls in Dallas and Ft. Worth, the proportion of abortions performed in the second trimester would increase from 10.5% to 19.5%. This translates to about 5,700 more abortions delayed to the second trimester due to increased wait times.

Figure 6: Estimated Increase in Second-Trimester Abortion Given Increased Wait Times Compared to Pre-HB2



CONCLUSIONS

- There is evidence of constraints in service supply in Dallas and Ft. Worth that appear to be related to the recent closure of a high-volume provider. There is also intermittent reduced supply of abortion services in Austin that may be related to limited physician availability. The small number of facilities and small number of physicians with admitting privileges makes the supply of abortion care in these cities very sensitive to the availability of an individual physician.
- At least some of the ASCs providing abortion care do not appear to have capacity to increase the number of procedures they perform, since several of them consistently have long wait times to meet the existing need for services.
- If the remaining non-ASC clinics were forced to close because of HB2 and if demand for services remained constant, our analysis indicates that it is very likely that wait times would increase at the remaining ASCs—at least at those facilities in Dallas, Ft. Worth, Austin and Houston.
- As wait times increase across Texas, the proportion of abortions performed in the second trimester would increase. If wait times increased to 20 days, which we are currently seeing in Dallas and Ft. Worth, we estimate that the number of abortions performed in the second trimester in the state would nearly double.
- The increase in second-trimester abortion is concerning from a public health perspective, since later abortions, although very safe, are associated with a higher risk of complications compared to early abortions.^{2,3} Later abortion procedures are also significantly more costly to women.⁴

METHODS

Mystery Call Methods:

From November 2013 to September 2015, mystery calls were conducted monthly to all licensed abortion facilities that were open when the Texas Legislature passed HB2 in July 2013 (n=34; seven clinics closed between April and July 2013). Each mystery caller posed as a woman seeking abortion care in the first trimester (approximately six weeks gestation from last menstrual period [LMP]) and living in the same zip code as the clinic. Calls were conducted during open business hours. If the call was not answered, we called three more times that day. If there was still no answer, we called again on the following day.

A facility was determined to be closed if it had a recorded message confirming its closure, if the mystery caller spoke with a staff person who confirmed the closure, or if there was no answer and other key informants in the city, such as the clinic owner or other providers, confirmed that the facility was closed. Each month, the open or closed status for each facility was recorded. For each open facility, three additional pieces of information were documented: 1) date of the first available consultation appointment; 2) availability and cost of medical abortion; and 3) cost of surgical abortion at six weeks gestation. For each closed facility, referral to an alternative clinic or location of a forwarded call was documented, if applicable. This study was determined exempt from review by the Institutional Review Board at the University of Texas at Austin.

Estimating the Impact of Increasing Wait Times on Second-Trimester Abortion Methods:

In order to estimate the impact of constrained access to abortion care on gestational length of abortions in Texas, we simulate the expected change in abortions after 84 days (12 weeks) LMP, based on published vital statistics from 2013, given an increase in wait times. We assume that in 2013 women in Texas waited 3 days from the time they attempted to make an appointment until they obtained the appointment for abortion consultation. We made this assumption based on the similarly short wait times observed in Dallas before the recent closure, as well as observed wait times in Houston and San Antonio. We estimate the number of abortions at each number of days gestation by distributing the number of abortions for each category of gestational length published in Table 36 of the 2013 Texas Vital Statistics.⁵ In order to estimate the distribution of abortions by day within the ranges of weeks provided in the published data, we distributed the abortions according to their proportional weekly distributions based on our analysis of abortions by weeks gestation in Texas in 2012.⁶

In order to simulate the effect of increased wait times on the timing of abortions, we added the number of additional days beyond three days to her gestational length for each total wait time. That is, the gestational length was increased by 1 day for a 4-day wait, by 2 days for a 5-day wait, and so on. All abortions that were advanced past 22 weeks LMP were dropped and assumed not to be performed because of the ban on abortion care after 22 weeks LMP.

We made the further assumption that women receiving abortion care in San Antonio will not be subject to the same constrained supply of abortion services as women in the rest of Texas since there are already three ASCs providing abortions with short wait times, and no facilities would close in San Antonio if the ASC requirement goes into effect. According to data we collected in early 2014, we estimated that 13.1% of abortions in Texas were performed in San Antonio. We further estimated that 2.6% of abortions were performed in El Paso, and 5.9% of abortions were performed by a now-closed provider in Corpus Christi in early 2014. In order to make a conservative estimate, we assume that all of these patients would travel to San Antonio and therefore 21.6% of abortions in the state will not experience increasing wait times if all non-ASC clinics are forced to close.

REFERENCES

¹Grossman D, Baum S, Fuentes L, White K, Hopkins K, Stevenson A, Potter JE. Change in abortion services after implementation of a restrictive law in Texas. *Contraception* 2014;90(5):496-501.

²Zane S, Creanga AA, Berg CJ, Pazol K, Suchdev DB, Jamieson DJ, Callaghan WM. Abortion-Related Mortality in the United States: 1998-2010. *Obstet Gynecol* 2015;126(2):258-65.

³Grossman D, Blanchard K, Blumenthal P. Complications after second trimester surgical and medical abortion. *Reprod Health Matters* 2008;16(31 Suppl):173-82.

⁴Jerman J, Jones RK. Secondary measures of access to abortion services in the United States, 2011 and 2012: gestational age limits, cost, and harassment. *Women's Health Issues* 2014 Jul-Aug;24(4):e419-24.

⁵Texas Department of State Health Services. Table 36 Induced Terminations of Pregnancy by Procedure and Length of Gestation Texas. Available at <http://www.dshs.state.tx.us/chs/vstat/vs13/t36.aspx>. Accessed September 20, 2015.

⁶Custom tabulation based on our microdata from the Texas Department of State Health Services.

The Texas Policy Evaluation Project, or TxPEP, is a five-year comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the 82nd and 83rd Texas Legislatures. The project team includes researchers at the University of Texas Population Research Center, the University of California San Francisco, Ibis Reproductive Health, and the University of Alabama-Birmingham. The project is supported by grants from the Susan Thompson Buffett Foundation and the Society of Family Planning. Infrastructure support for the Population Research Center is provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

<http://www.utexas.edu/cola/orgs/txpep>