

Changes in Facility-Based Abortion Care Among Texas Resident Minors and Young Adults After a 2021 Abortion Ban: September 2020–May 2022

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Objectives. To compare changes in the number of facility-based abortions among Texas residents in different age groups following the state's 2021 law prohibiting abortion after detection of embryonic cardiac activity.

Methods. We obtained data from Texas and 6 surrounding states on Texas residents' age at abortion from state vital statistics and data provided directly by out-of-state abortion facilities. Using negative binomial regression, we estimated the percentage change in abortions before (September 2020–May 2021) and after (September 2021–May 2022) the law went into effect.

Results. After the law's implementation, total (in-state and out-of-state) facility-based abortions decreased by 26.1% (95% confidence interval [CI] = –32.7%, –18.8%) among Texans younger than 18 years, by 19.6% (95% CI = –21.4%, –17.7%) among young adult Texans aged 18 to 24 years, and by 17.0% (95% CI = –19.1%, –14.8%) among Texans aged 25 to 29 years.

Conclusions. Texas's law disproportionately affected access to facility-based abortion care among Texans aged 24 years and younger.

Public Health Implications. State laws prohibiting abortions in early pregnancy disproportionately affect young people's reproductive autonomy, likely by compounding long-standing financial and logistical barriers to facility-based care. (*Am J Public Health*. Published online ahead of print November 13, 2025:e1–e4. <https://doi.org/10.2105/AJPH.2025.308289>)

On September 1, 2021, Texas implemented Senate Bill 8 (SB8), which prohibited abortion upon detection of embryonic cardiac activity—which occurs approximately 5 to 6 weeks after a pregnant person's last menstrual period. Following SB8's implementation, the total number of facility-based abortions that Texas residents obtained in Texas and surrounding states decreased

significantly.¹ Compared with pregnant Texans aged 25 years and older, those younger than 18 years (i.e., minors) and those aged 18 to 24 years (i.e., young adults) may have been less likely to obtain facility-based care following bans on abortion in early pregnancy because of social, financial, and logistical barriers that disproportionately affect young people.^{2–5} However, few studies have

reported on age group-specific changes in total abortions after recent bans have gone into effect.⁶

In this analysis, we assessed changes in the number of abortions among Texas residents younger than 25 years compared with residents aged 25 years and older following implementation of SB8. We also examined out-of-state travel patterns according to state

parental involvement requirements for minors (e.g., parental consent), which create additional barriers to care.⁷

METHODS

For the period September 2020 through May 2021 (before SB8's implementation), we obtained data on Texas residents' age at abortion from publicly available state vital statistics data and age group-specific totals provided by state health departments in Texas and 6 surrounding states (Appendix, available as a supplement to the online version of this article at <http://www.ajph.org>). Age group-specific information on Texans who obtained abortions in Arkansas and Kansas before SB8 was not available; we estimated this using information from each state's 2020 vital statistics report on the age distribution of all abortions and applied that distribution to the reported Texas resident total. For September 2021 through May 2022 (after the law's implementation), we used state health department data for Texas, Colorado, and Louisiana. Additionally, all abortion facilities in Arkansas and Oklahoma provided individual-level data on Texas residents; in Kansas and New Mexico, high-volume providers in each area of the state with abortion facilities (8 of 11 total facilities) provided individual-level data, thereby including the majority of Texas resident abortions.¹ Focusing on the 9-month periods between September and May enabled us to minimize the suppression of small values from any 1 state, account for abortion seasonality, and isolate changes associated with SB8 before Oklahoma abortion facilities suspended services in May 2022.

We calculated the number of Texas resident in-state, out-of-state, and total abortions by age group before and

after SB8. We used negative binomial regression and Stata version 18 (Stata-Corp LP, College Station, TX) to estimate age group-specific percentage change for in-state, out-of-state, and total abortions after SB8 compared with before. In models including data from all age groups, we used age group \times period interactions to assess whether changes among minors and young adults were significantly different from changes among those aged 25 to 29 years. Given the short time period for the study, we assumed a stable population and did not include a population offset. We considered 2-sided P less than .05 significant.

We used the χ^2 test to compare the percentage of minors who traveled to states with and without parental involvement requirements (consent or notification) before and after SB8, when minors' chances were low of obtaining in-state care without parental involvement (i.e., via judicial bypass) before detectable embryonic cardiac activity. Of the 6 surrounding states, only New Mexico did not require parental involvement, but facilities in other states were closer for residents in most Texas cities.⁸

RESULTS

Comparing the periods before and after SB8, the number of in-state facility-based abortions decreased among Texas minors (from 954 to 385), young adult Texans (from 15 422 to 8306), and Texans aged 25 to 29 years (from 12 149 to 7077; Table 1). The percentage decrease among minors (-59.6% ; 95% confidence interval [CI] = -64.1% , -54.6%) and young adults (-46.1% ; 95% CI = -47.6% , -44.7%) was significantly greater than the decrease among those aged 25 to 29 years (-41.7% ;

95% CI = -43.4% , -40.0% ; for age \times period interactions: $P < .001$). The number of Texas minors who obtained out-of-state abortions increased from 62 before SB8 to 366 after SB8, from 834 to 4762 among young adult Texans, and from 577 to 3489 among Texans aged 25 to 29 years; the percentage change among minors and young adults was not significantly different from the percentage change among Texans aged 25 to 29 years ($P > .05$).

Total (combined in-state and out-of-state) facility-based abortions decreased 26.1% (95% CI = -32.7% , -18.8%) after SB8 among Texas resident minors, compared with a 17.0% (95% CI = -19.1% , -14.8%) decrease among Texans aged 25 to 29 years (age \times period interaction: $P = .02$). Among young adult Texans, total facility-based abortions declined by 19.6% (95% CI = -21.4% , -17.7%) after SB8 ($P = .07$).

After SB8, 64% (234/366) of Texas minors obtained out-of-state abortion care in states with parental involvement requirements, compared with 53% (33/62) before SB8 ($P = .11$).

DISCUSSION

SB8 was associated with larger decreases in in-state facility-based abortions among Texas minors and young adult Texans compared with Texans aged 25 to 29 years. Before widespread implementation of abortion bans, young people faced unique barriers to abortion care.⁴ That Texans younger than 25 years were less likely to obtain in-state care may be related to the challenges of overcoming multiple barriers before embryonic cardiac activity could be detected, for example, not recognizing pregnancy early, not knowing where to obtain an abortion,

TABLE 1— Number and Percentage Change in Facility-Based Abortions Obtained by Texas Residents in Texas and Out of State After Implementation of SB8, by Age Group: September 2020–May 2022

Age, y	Before SB8 (September 2020–May 2021), No. Abortions	After SB8 (September 2021–May 2022), No. Abortions	% Change (95% CI) ^a
Texas facilities			
<18	954	385	−59.6 (−64.1, −54.6)
18–24	15 422	8 306	−46.1 (−47.6, −44.7)
25–29	12 149	7 077	−41.7 (−43.4, −40.0)
30–34	8 284	4 776	−42.3 (−44.4, −40.3)
≥35	5 912	3 459	−41.5 (−43.9, −39.0)
Out-of-state facilities ^b			
<18	62	366	590.3 (451.0, 772.7)
18–24	834	4 762	571.0 (530.5, 614.6)
25–29	577	3 489	604.7 (553.7, 660.4)
30–34	334	2 273	680.5 (606.7, 763.4)
≥35	222	1 585	714.0 (620.4, 821.6)
Total			
<18	1 016	751	−26.1 (−32.7, −18.8)
18–24	16 256	13 068	−19.6 (−21.4, −17.7)
25–29	12 726	10 566	−17.0 (−19.1, −14.8)
30–34	8 618	7 049	−18.2 (−20.7, −15.6)
≥35	6 134	5 044	−17.8 (−20.8, −14.6)

Note. CI = confidence interval; SB8 = Texas Senate Bill 8. We obtained data on Texas residents' age at abortion from publicly available state vital statistics data and age group-specific totals provided by state health departments in Texas and 6 surrounding states.

^aWe estimated % changes and 95% CIs from negative binomial regression models, including all age groups and age group × period interactions.

^bOut-of-state facilities were located in Arkansas, Colorado, Kansas, Louisiana, New Mexico, and Oklahoma.

having to disclose their pregnancy to family members to travel and pay for care, and experiencing difficulties independently making these arrangements.^{2,4,5,9}

Our findings further suggest that restrictive abortion laws disproportionately affect minors, who had the largest decrease in total facility-based abortions as well as greater increases in births after SB8's implementation.¹⁰ These outcomes could be related, in part, to parental involvement laws that were in place in Texas and most surrounding states when SB8 was in effect. Minors who did not have parental consent were unlikely to obtain a judicial bypass and secure in-state care before detectable embryonic cardiac activity. Although most minors obtained care

in states with parental involvement requirements after SB8, they may have done so because these facilities were closer to Texas's major metropolitan areas.⁸ Parental involvement requirements also create financial and logistical obstacles for families and may delay care.^{7,11}

A limitation of this study is that we did not obtain data from all out-of-state facilities, and some abortions may not be reported to state health departments; however, our data included the majority of abortions.¹ We also lacked information on gestational duration that could have provided insights into SB8's impact on care delays and people's need to travel to states that provide abortion later in pregnancy.

PUBLIC HEALTH IMPLICATIONS

Since the June 2022 Supreme Court decision in *Dobbs v Jackson Women's Health Org.* (597 US 215), 18 states have implemented laws that either prohibit abortion entirely or prohibit abortion after approximately 6 weeks' gestation; laws are currently in effect in 16 states. These restrictions may make it especially difficult for young people facing long travel distances to obtain abortion care—difficulties that could be greater for those younger than 18 years because some states have proposed or implemented laws restricting minors' out-of-state travel for abortion.¹² To support young people's reproductive autonomy,

additional research is needed on their sources of abortion information to tailor efforts that ensure that they have accurate knowledge about how and where to obtain abortion care and how to access the financial, logistical, and legal support that they need.⁵ States where abortion remains legal could remove parental involvement laws so minors can obtain confidential care, as professional medical associations recommend.¹¹ **AJPH**

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K. White wrote the initial draft of the article. K. White and G. Sierra analyzed the data. K. White, K. Tocce, and V. Goyal acquired the data. K. White and S. L. Dickman conceptualized and designed the study. G. Sierra and B. Whitfield contributed to data management. All authors interpreted the data, critically reviewed the article, and approved the final version.

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CONFLICTS OF INTEREST

S. L. Dickman was a named plaintiff in the case *Planned Parenthood of Montana v State of Montana*, a lawsuit challenging abortion restrictions in Montana. The other authors have no conflicts of interest relevant to this article to disclose.

HUMAN PARTICIPANT PROTECTION

The University of Texas at Austin institutional review board approved study procedures.

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