The Economic Impacts of Restricted Abortion Access in Ohio

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Executive Summary

Abandoning almost 50 years of precedent, the U.S. Supreme Court overturned *Roe v. Wade* (1973) and *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992), which upheld the constitutional right to an abortion. In its decision in *Dobbs v. Jackson Women's Health Organization* (2022), the U.S. Supreme Court established "that the Constitution does not confer a right to abortion; and, the authority to regulate abortion is 'returned to the people and their elected representatives.'"[1]

Prior to the *Dobbs v. Jackson Women's Health Organization* decision, Ohio passed and signed into law Senate Bill 23 in 2019, which bans abortion after fetal cardiac activity is detected. Senate Bill 23 was set to become effective on July 11, 2019; however, a U.S. District Court Judge in Columbus issued a preliminary injunction against Senate Bill 23 on July 3, 2019. As a result of *Roe v. Wade* being overturned, the preliminary injunction against Senate Bill 23 was dissolved, allowing the law to take effect. The Hamilton County Court of Common Pleas granted a temporary restraining order against Senate Bill 23 on September 24, 2022 and granted a request for a preliminary injunction against Senate Bill 23 on October 7, 2022. The preliminary injunction granted by the Hamilton County Court of Common Pleas allows abortion up to 22 weeks to remain legal in Ohio while litigation continues.

The purpose of this analysis is to evaluate the economic impacts of restricted abortion access in Ohio, assuming Senate Bill 23 is in effect. The Ohio Department of Health published its *Induced Abortions in Ohio, 2022 Report* in September 2023. Because Senate Bill 23 was in effect for 82 days during 2022, this analysis utilized resident abortion data in Ohio during 2021 to estimate the economic impacts of restricted abortion access in Ohio. This analysis does not attempt to quantify the emotional and mental costs associated with abortion decision making, nor does it provide a comprehensive evaluation of the costs and benefits of abortion. Furthermore, there are additional economic impacts of restricted abortion access in Ohio that are not quantified in this analysis due to data limitations.

The economic impacts evaluated in this analysis refer to the additional costs incurred by women seeking abortion care and the additional costs incurred by the public. The additional costs incurred by women seeking abortion care include transportation costs, lost wages, child care costs, and travel costs associated with traveling out of state to access abortion care as well as lifetime earnings loss and child care costs through 4 years of age associated with being unable to access abortion care and therefore having a child and choosing parenting instead of placing for adoption. The additional costs incurred by the public include maternity medical costs, infant medical costs, child medical costs from ages 1 through 4 years, public assistance costs, and Supplemental Nutrition Assistance Program (SNAP) costs associated with women being unable to access abortion care and therefore having a child and choosing parenting instead of placing for adoption.

Three scenarios were developed to illustrate the potential range of economic impacts associated with restricted abortion access in Ohio. All three scenarios assume that Senate Bill 23 is in effect in Ohio, which bans abortion after fetal cardiac activity is detected.

- Scenario 1: The pregnancies that would have been terminated if Senate Bill 23 was not in effect require travel to another state to access abortion care.
- Scenario 2: The pregnancies that would have been terminated if Senate Bill 23 was not in effect result in a birth.
- Scenario 3: The pregnancies that would have been terminated if Senate Bill 23 was not in effect either result in a birth or require travel to another state to access abortion care.

Table 1 summarizes the outcomes for each scenario based on 20,716 abortions performed for Ohio residents during 2021. It is estimated that approximately 5,725 abortions were performed for Ohio residents with pregnancies with a gestation of six weeks or less. It is estimated that 62 of the abortions performed for Ohio residents would be the result of a risk to the woman's life or a major bodily function and 479 abortions performed for Ohio residents would be the

[1] (Legal Information Institute of Cornell Law School 2022)

result of other physical concerns. Therefore, an estimated 6,266 abortions for Ohio residents would have still occurred during 2021 if Senate Bill 23 was in effect.

Scenario 1 assumes that the remaining 14,450 abortions performed for Ohio residents would require out-of-state travel in order to obtain abortion care. Scenario 2 assumes that the remaining 14,450 abortions performed for Ohio residents would result in a birth. It is estimated that 13,150 of the 14,450 abortions performed for Ohio residents would result in a parenting birth. Scenario 3 assumes that the remaining 14,450 abortions performed for Ohio residents would require out-of-state travel in order to obtain abortion care or would result in a birth. It is estimated that an increase in travel distance up to 100 miles to the nearest abortion provider would result in a total of 3,026 additional births in Ohio. Of those additional births, 2,754 would be a parenting birth. Therefore, the remaining 11,424 abortion performed for Ohio residents would require out-of-state travel in order to obtain abortion care.

Table 1: Abortion Outcomes by Scenario

Outcome	Scenario 1	Scenario 2	Scenario 3
Total abortions completed in Ohio	**6,266**	**6,266**	**6,266**
Gestation of 6 weeks or less	5,725	5,725	5,725
Risk to the woman's life or a major bodily function	62	62	62
Other physical health concerns	479	479	479
Total births resulting from restricted abortion access	**N/A**	**14,450**	**3,026**
Parenting births	N/A	13,150	2,754
Adoption births	N/A	1,300	272
Total abortions requiring out-of-state travel	**14,450**	**N/A**	**11,424**
Total resident abortions	**20,716**	**20,716**	**20,716**

Source: Estimates based on 2021 resident abortion data in Ohio.

Table 2 details the economic impacts of Scenario 1. For the 14,450 abortions completed for Ohio residents during 2021 that would require out-of-state travel under Senate Bill 23, the additional costs incurred by women as a result of having to travel out of state for abortion care ranges from nearly $2.7 million to $3.2 million. This is comprised of transportation costs, lost wages, child care costs, and hotel and travel costs. Transportation costs range from $1.6 million to $2.1 million, lost wages total $861,600, child care costs total $99,200, and hotel and travel costs total $146,200. The average additional cost per abortion requiring out-of-state travel ranges from $184 to $223. In this scenario, there would be no additional costs incurred by the public since all abortions that occurred during 2021 would still result in an abortion.[2]

Table 2: Scenario 1 Economic Impacts, (2021$)

Cost Type	Impact Category	Low	High
Individual Costs	Transportation Costs	$1,553,664	$2,120,104
	Lost Wages	$861,645	$861,645
	Child Care Costs	$99,220	$99,220
	Hotel and Travel Costs	$146,219	$146,219
	Total Individual Costs	**$2,660,748**	**$3,227,189**
Public Costs	**Total Public Costs**	**N/A**	**N/A**
Total Costs and Average Cost	**Total Costs**	**$2,660,748**	**$3,227,188**
	Average Cost per Abortion Requiring Out-of-State Travel	**$184**	**$223**

Source: Estimates based on 2021 resident abortion data in Ohio.

[2] The marginal decrease in taxes associated with lost wages were not calculated due to data limitations.

Table 3 details the economic impacts of Scenario 2. For the 13,150 abortions that would have resulted in a parenting birth under Senate Bill 23, the total additional costs range from $461.8 million to $551.4 million. Approximately $275.8 million to $365.4 million of the total additional costs comprise the costs incurred by women seeking abortion care. This represents between 59.7 percent and 66.3 percent of the total additional costs. The additional costs incurred by women include between $196.8 million to $262.1 million in lifetime earnings loss and between $79.0 million to $103.3 million in child care costs through 4 years of age. The additional costs incurred by the public total $186.0 million, which represents between 33.7 percent and 40.3 percent of the total additional costs. This is comprised of $108.2 million in maternity medical costs and one year of infant medical costs, $71.5 million in child medical costs from ages 1 through 4 years, $1.8 million in public assistance costs, and $4.5 million in SNAP costs. The average additional cost per abortion that results in a parenting birth ranges from $35,120 to $41,931. This is comprised of between $20,975 and $27,789 in costs incurred by women and as well as $14,145 in costs incurred by the public.

Table 3: Scenario 2 Economic Impacts, (2021$)

Cost Type	Impact Category	Low	High
Individual Costs	Lifetime Earnings Loss	$196,771,630	$262,085,968
	Child Care Costs	$79,047,937	$103,335,302
	Total Individual Costs	**$275,819,567**	**$365,421,270**
Public Costs	Maternity Medical Costs and One Year of Infant Medical Costs	$108,183,892	$108,183,892
	Child Medical Costs from Ages 1-4 Years	$71,495,442	$71,495,442
	Public Assistance Costs	$1,796,213	$1,796,213
	Supplemental Nutrition Assistance Program Costs	$4,534,957	$4,534,957
	Total Public Costs	**$186,010,504**	**$186,010,504**
Total Costs and Average Cost	**Total Costs**	**$461,830,071**	**$551,431,774**
	Average Cost per Parenting Birth	**$35,120**	**$41,934**
	Average Individual Costs per Parenting Birth	$20,975	$27,789
	Average Public Costs per Parenting Birth	$14,145	$14,145

Source: Estimates based on 2021 resident abortion data in Ohio.

Table 4 details the economic impacts of Scenario 3. The total additional costs of restricted abortion access in Ohio range from $98.8 million to $118.4 million. Approximately $62.7 million to $82.3 million of the total additional costs comprise the costs incurred by women seeking abortion care. This represents between 63.5 percent and 69.5 percent of the total additional costs. The additional costs incurred by women include between $43.1 million to $57.0 million in lifetime earnings loss, between $1.2 million to $1.7 million in transportation costs, $681,200 in lost wages, between $17.5 million and $22.8 million in child care costs, and $115,600 in hotel and travel costs. The additional costs incurred by the public total $36.1 million, which represents between 30.5 percent and 36.5 percent of the total additional costs. This is comprised of $21.1 million in maternity medical costs and one year of infant medical costs, $13.9 million in child medical costs from ages 1 through 4 years, $322,900 in public assistance costs, and $793,300 in SNAP costs. The average additional cost per abortion requiring out-of-state travel ranges from $184 to $223. The average additional cost per abortion that results in a parenting birth ranges from $35,103 to $42,059. This is comprised of between $21,994 and $28,950 in costs incurred by women and as well as $13,109 in costs incurred by the public.

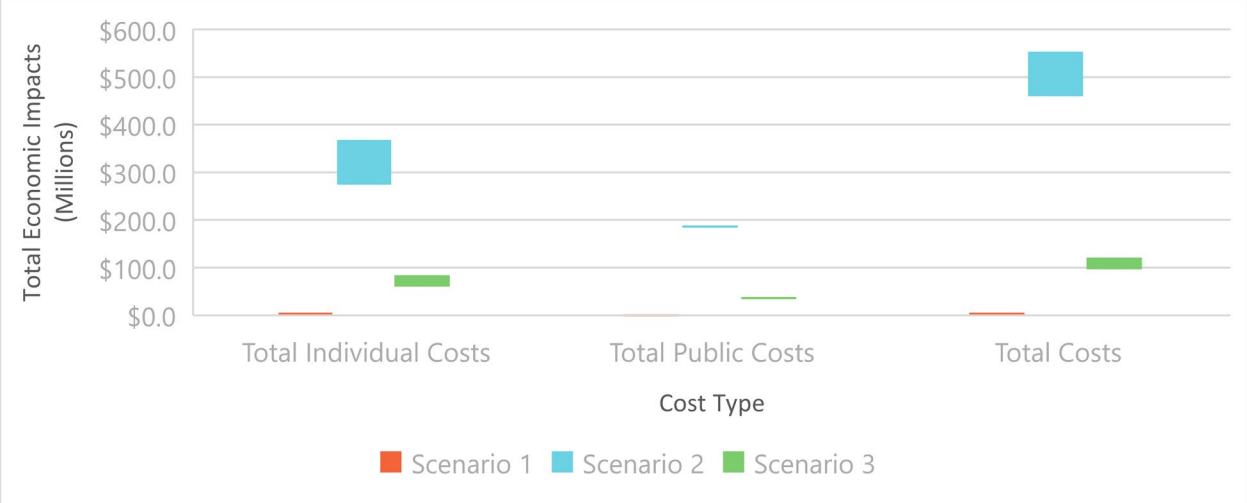
Table 4: Scenario 3 Economic Impacts, (2021$)

Cost Type	Impact Category	Low	High
Individual Costs	Lifetime Earnings Loss	$43,141,867	$56,979,844
	Transportation Costs	$1,228,308	$1,676,129
	Lost Wages	$681,207	$681,207
	Child Care Costs	$17,507,916	$22,826,615
	Hotel and Travel Costs	$115,599	$115,599
	Total Individual Costs	**$62,674,897**	**$82,279,394**
Public Costs	Maternity Medical Costs and One Year of Infant Medical Costs	$21,065,564	$21,065,564
	Child Medical Costs from Ages 1-4 Years	$13,921,590	$13,921,590
	Public Assistance Costs	$322,897	$322,897
	Supplemental Nutrition Assistance Program Costs	$793,341	$793,341
	Total Public Costs	**$36,103,392**	**$36,103,392**
Total Costs and Average Cost	**Total Costs**	**$98,778,289**	**$118,382,786**
	Average Cost per Abortion Requiring Out-of-State Travel	**$184**	**$223**
	Average Cost per Parenting Birth	**$35,103**	**$42,059**
	Average Individual Costs per Parenting Birth	$21,994	$28,950
	Average Public Costs per Parenting Birth	$13,109	$13,109

Source: Estimates based on 2021 resident abortion data in Ohio.

Figure 1 illustrates the potential economic impacts of restricted abortion access in Ohio by scenario and cost type. The total individual costs incurred by women range from $2.7 million to $3.2 million for Scenario 1. There would be no additional costs incurred by the public for Scenario 1 since all abortions that occurred during 2021 would still result in an abortion. For Scenario 2, the total individual costs incurred by women range from $275.8 million to $365.4 million, whereas the total public costs are $186.0 million. For Scenario 3, the total individual costs incurred by women range from $62.7 million to $82.3 million, whereas the total public costs are $36.1 million.

Figure 1: Total Economic Impacts Comparison by Scenario and Cost Type, 2021 (2021$)



Source: Estimates based on 2021 resident abortion data in Ohio.

Reproductive rights in Ohio, especially those related to abortion, are simultaneously undergoing attempts to restrict and protect those rights in the post-*Roe* landscape. The purpose of this analysis is to evaluate the economic impacts of restricted abortion access in Ohio, assuming Senate Bill 23 is in effect. Based on 2021 resident abortion data in Ohio, the potential economic impacts of restricted abortion access in Ohio range from $2.7 million to $551.4 million. Although this analysis does not attempt to quantify the emotional and mental costs associated with abortion decision making nor does it quantify all of the economic impacts of restricted access to abortion due to data limitations, this analysis provides a baseline of comparison to inform legislative decision making.

Introduction

In *Dobbs v. Jackson Women's Health Organization* (2022), the U.S. Supreme Court upheld Mississippi's Gestational Age Act, which banned abortions after 15 weeks except for medical emergencies and in cases of severe fetal abnormality. Abandoning almost 50 years of precedent, the decision in *Dobbs v. Jackson Women's Health Organization* establishes "that the Constitution does not confer a right to abortion; and, the authority to regulate abortion is 'returned to the people and their elected representatives.'"[3] With this decision, the U.S. Supreme Court overturned *Roe v. Wade* (1973) and *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992), which upheld the constitutional right to an abortion.

The Ohio General Assembly passed Senate Bill 23 on April 10, 2019, which was signed into law by Governor DeWine the following day. Ohio Senate Bill 23, known as the "Heartbeat Protection Act", bans abortion after fetal cardiac activity is detected, which can be as early as six weeks into pregnancy. According to the Ohio Attorney General's Office, there are three exceptions to Ohio Senate Bill 23: to prevent the death of the pregnant mother; due to a "serious risk of the substantial and irreversible impairment" of a major bodily function of the pregnant mother; and ectopic pregnancy.[4] Ohio Revised Code 2919.16(K) defines "serious risk of the substantial and irreversible impairment" as: "Any medically diagnosed condition that so complicates the pregnancy of the woman as to directly or indirectly cause the substantial and irreversible impairment of a major bodily function. A medically diagnosed condition that constitutes a 'serious risk of the substantial and irreversible impairment of a major bodily function' includes pre-eclampsia, inevitable abortion, and premature rupture of the membranes, may include, but is not limited to, diabetes and multiple sclerosis, and does not include a condition related to the woman's mental health."

Senate Bill 23 was set to become effective on July 11, 2019; however, a U.S. District Court Judge in Columbus issued a preliminary injunction against Senate Bill 23 on July 3, 2019. On June 24, 2022, the U.S. Supreme Court issued its decision in *Dobbs v. Jackson Women's Health Organization.* As a result of *Roe v. Wade* being overturned, the preliminary injunction against Senate Bill 23 was dissolved, allowing the law to take effect. The Hamilton County Court of Common Pleas granted a temporary restraining order against Senate Bill 23 on September 24, 2022 and granted a request for a preliminary injunction against Senate Bill 23 on October 7, 2022. The preliminary injunction granted by the Hamilton County Court of Common Pleas allows abortion up to 22 weeks to remain legal in Ohio while litigation continues.

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The economic impacts evaluated in this analysis refer to the additional costs incurred by women seeking abortion care and the additional costs incurred by the public. The additional costs incurred by women seeking abortion care include transportation costs, lost wages, child care costs, and travel costs associated with traveling out of state to access abortion care as well as lifetime earnings loss and child care costs through age 4 associated with being unable to access abortion care and therefore having a child and choosing parenting instead of placing for adoption. The additional costs incurred by the public include maternity medical costs, infant medical costs, child medical costs from ages 1 through 4 years, public assistance costs, and Supplemental Nutrition Assistance Program (SNAP) costs

[3] (Legal Information Institute of Cornell Law School 2022)
[4] (Ohio Attorney General's Office 2022)

associated with women being unable to access abortion care and therefore having a child and choosing parenting instead of placing for adoption.

This report includes background on abortion legislation in the United States and Ohio, a literature review, socioeconomic characteristics of women in Ohio between the ages of 15 and 44 years, Ohio abortion statistics, and the economic impacts of restricted abortion access in Ohio. Three scenarios were developed to illustrate the potential range of economic impacts associated with restricted abortion access in Ohio. All three scenarios assume that Senate Bill 23 is in effect in Ohio, which bans abortion after fetal cardiac activity is detected.

Background on Abortion Legislation

Nationally

In the United States, abortion was a fact of life for women from the colonial days until the mid-1800s.[5] During this period, abortion was legal until "quickening" referring to when fetal movements could be felt by the mother, often around four months of pregnancy.[6] Reproductive care for women was unregulated but provided by skilled midwives, nurses, and other unlicensed women's health care providers.[7]

The first anti-abortion movement in the United States was led by physicians of the newly formed American Medical Association.[8] In an effort to regulate the medical profession, the male-dominated American Medical Association wanted to take the authority to provide abortions away from the female-dominated profession of midwives.[9] However, members of the American Medical Association lacked expertise in reproductive health and pregnancy as it excluded women and Black individuals from membership at the time of its founding in 1847.[10] The American Medical Association launched a criminalization campaign against abortion in 1857, which resulted in all states in the United States enacting laws to restrict abortion by 1880.[11] Abortion was banned at every stage of pregnancy nationwide by 1910 with only some exceptions to save the patient's life.[12]

In the late 1950s and early 1960s, support for more liberal abortion laws gained traction as thousands of pregnant women took the morning sickness drug thalidomide and the United States experienced a rubella outbreak, both of which caused severe birth defects.[13] In 1966, nine doctors in California were sued for performing abortions on women who had been exposed to rubella.[14] Physicians across the United States spoke out in support in the nine physicians being sued.[15] This resulted in California amending its ban on abortion to allow hospital committees to approve requests for abortion, making it one of the first abortion reforms in the United States.[16] Between 1967 and 1973, abortion bans were repealed entirely in Alaska, Hawaii, New York, and Washington with 13 other states enacting reforms that expanded exceptions to include abortions for pregnancies that were dangerous to the physical or mental health of a patient, pregnancies that resulted from rape or incest, and/or pregnancies with fetal abnormalities.[17]

[5] (Winny 2022); (Planned Parenthood Action Fund n.d. a)
[6] (Winny 2022); (Planned Parenthood Action Fund n.d. a)
[7] (Planned Parenthood Action Fund n.d. a)
[8] (Winny 2022)
[9] (Planned Parenthood Action Fund n.d. a); (Winny 2022)
[10] (Planned Parenthood Action Fund n.d. b); (Winny 2022)
[11] (Planned Parenthood Action Fund n.d. b); (Winny 2022)
[12] (Planned Parenthood Action Fund n.d. b)
[13] (Planned Parenthood Action Fund n.d. b); (Winny 2022)
[14] (Planned Parenthood Action Fund n.d. b)
[15] (Planned Parenthood Action Fund n.d. b)
[16] (Planned Parenthood Action Fund n.d. b)
[17] (Planned Parenthood Action Fund n.d. b)

In the mid-1960s and early 1970s, a series of U.S. Supreme Court cases laid the foundation for the coming changes in abortion law. In *Griswold v. Connecticut* (1965), the U.S. Supreme Court struck down the Barnum Act, which banned the prescription, sale, and use of contraceptives in Connecticut, even for married couples.[18] The U.S. Supreme Court held that the Constitution guarantees a "right to privacy" when individuals make decisions about personal matters such as childbearing.[19] In *United States v. Vuitch* (1971), the U.S. Supreme Court ruled that the District of Columbia's law allowing abortions only to preserve the life or health of the woman should refer to both the physical and mental health of the woman.[20] In *Eisenstadt v. Baird* (1972), the U.S. Supreme Court struck down a Massachusetts law that limited the distribution of contraceptives to married couples, thereby establishing the right to obtain contraceptives for unmarried individuals.[21]

The U.S. Supreme Court issued its decisions for both *Roe v. Wade* and *Doe v. Bolton* on January 22, 1973, which upheld a woman's right to abortion.[22] *Roe v. Wade* challenged a Texas law that banned all abortions except to save the life of the woman. The U.S. Supreme Court invalidated the Texas law because the Due Process Clause of the 14th Amendment implies the right to privacy, which extends to a woman's decision on whether or not to terminate her pregnancy.[23] The U.S. Supreme Court characterized this right as "fundamental" to a woman's "life and future."[24] However, the U.S. Supreme Court held that the state could interfere with abortion decisions if it had a compelling reason for regulation.[25] A compelling reason for regulation could only be asserted after the fetus became viable, usually at the beginning of the last trimester of pregnancy, but even then abortion must be accessible to preserve the life or health of the woman.[26]

Doe v. Bolton challenged a Georgia law that banned abortion except to preserve the life or health of the woman or in cases of fetal abnormalities or rape.[27] The Georgia law also required all abortions to be performed in accredited hospitals; required approval from the physician, two additional physicians, and a hospital committee; and permitted relatives to challenge the abortion decision.[28] The U.S. Supreme Court ruled that the Georgia law was unconstitutional because it violated the constitutional right to abortion by imposing too many restrictions.[29]

The U.S. Supreme Court issued many abortion rulings in the years following *Roe v. Wade*. The cases of particular importance as they relate to the constitutional right to abortion provided in *Roe v. Wade* are detailed. In *Webster v. Reproductive Health Services* (1989), the U.S. Supreme Court upheld a Missouri law that prohibited the use of public employees and facilities from providing abortion counseling or care except in cases to save a woman's life and required physicians to perform tests to determine the viability of fetuses after 20 weeks.[30] Although the U.S. Supreme Court did not use this case as a means to overrule *Roe v. Wade*, it did allow for greater state regulation of abortion.[31]

The U.S. Supreme Court reaffirmed the constitutional right to an abortion in *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992), which challenged a set of abortion restrictions enacted in Pennsylvania between 1989

[18] (Brennan Center for Justice 2022); (American Civil Liberties Union 2003);
[19] (American Civil Liberties Union 2003)
[20] (American Civil Liberties Union 2003); (Brennan Center for Justice 2022)
[21] (American Civil Liberties Union 2003)
[22] (American Civil Liberties Union 1998)
[23] (Brennan Center for Justice 2022); (American Civil Liberties Union 2003)
[24] (American Civil Liberties Union 2003)
[25] (Brennan Center for Justice 2022); (American Civil Liberties Union 2003)
[26] (Brennan Center for Justice 2022); (American Civil Liberties Union 2003)
[27] (American Civil Liberties Union 2003)
[28] (American Civil Liberties Union 2003); (Brennan Center for Justice 2022)
[29] (American Civil Liberties Union 2003); (Brennan Center for Justice 2022)
[30] (C. J. Abboud 2017)
[31] (American Civil Liberties Union 2003)

and 1999.[32] However, the U.S. Supreme Court adopted a new and weaker "undue burden" framework for evaluating restrictive abortion laws.[33] Under the "undue burden" framework, state abortion regulations are deemed constitutional as long as they do not place a "substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus."[34] The Pennsylvania law's requirements on informed-consent, 24-hour waiting period, and consent from at least one parent or guardian for minors were upheld by the U.S. Supreme Court as they did not unduly burden the right to abortion.[35]

In *Stenberg v. Carhart* (2000), the U.S. Supreme Court struck down a Nebraska law banning "partial-birth abortions."[36] "Partial-birth abortion" refers to a dilation and extraction procedure, which is usually performed late in the second trimester.[37] The U.S. Supreme Court argued that the Nebraska law failed to include an exception in the case of a threat to the woman's health and argued that the Nebraska law placed a substantial obstacle in the path of women seeking an abortion because the banned procedure was the most common method of second-trimester abortion.[38] Passed by Congress and signed into law by President George W. Bush in 2003, the Federal Partial Birth Abortion Ban Act banned the dilation and extraction procedure, which may be the safest and best way to protect a woman' health.[39] In *Gonzales v. Carhart* (2007) and *Gonzales v. Planned Parenthood Federation of America* (2007), the U.S. Supreme Court upheld the Federal Partial Birth Abortion Ban Act, which does not include an exception in the case of a threat to the woman' health.[40] With this decision, the U.S. Supreme Court reversed course and effectively overruled that a woman's health must be of the utmost concern in laws that restrict abortion access, which was a key component of *Roe v. Wade*.

In *Whole Women's Health v. Hellerstedt* (2016), the U.S. Supreme Court ruled that two Texas abortion restrictions were unconstitutional because they would cause an "undue burden" to access abortion in Texas by closing nearly all abortion clinics in the state.[41] These two abortion restrictions targeted medical providers by requiring them to obtain admitting privileges to a hospital within 30 miles of where they provide abortion care and to adhere to building requirements set forth to essentially become ambulatory surgical centers.[42] Similarly, the U.S. Supreme Court struck down a Louisiana law requiring medical providers to obtain admitting privileges to a hospital within 30 miles of where they provide abortion care in *June Medical Services v. Russo* (2020).[43]

Passed in 2018, Mississippi's Gestational Age Act, which banned abortions after 15 weeks except for medical emergencies and in cases of severe fetal abnormality, was challenged in *Dobbs v. Jackson Women's Health Organization* (2022).[44] In its appeal of lower court rulings deeming the law unconstitutional, the State of Mississippi asked the U.S. Supreme Court to "either overturn the constitutional right to abortion or to allow states to ban some pre-viability abortions if it does not 'burden a substantial number of women.'"[45] The U.S. Supreme Court upheld the Mississippi law and overturned *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey*.[46] Abandoning almost 50 years of precedent, the decision in *Dobbs v. Jackson Women's Health Organization* establishes

[32] (Planned Parenthood Action Fund n.d. b); (American Civil Liberties Union 2003); (Brennan Center for Justice 2022)
[33] (American Civil Liberties Union 2003); (Planned Parenthood Action Fund n.d. b)
[34] (American Civil Liberties Union 2003)
[35] (Masci and Lupu 2013); (Brennan Center for Justice 2022)
[36] (American Civil Liberties Union 2003)
[37] (Masci and Lupu 2013)
[38] (American Civil Liberties Union 2003)
[39] (Masci and Lupu 2013): (Planned Parenthood Action Fund n.d. b)
[40] (Masci and Lupu 2013)
[41] (Planned Parenthood Action Fund n.d. b)
[42] (Center for Reproductive Rights n.d. b.)
[43] (Center for Reproductive Rights n.d. a)
[44] (Sobel, Ramaswamy and Salganicoff 2022)
[45] (Sobel, Ramaswamy and Salganicoff 2022)
[46] (National Constitution Center 2022); (Legal Information Institute of Cornell Law School 2022)

"that the Constitution does not confer a right to abortion; and, the authority to regulate abortion is 'returned to the people and their elected representatives.'"[47]

Ohio

Passed in April 2007, Ohio Revised Code Section 9.041 states, "It is the public policy of the state of Ohio to prefer childbirth over abortion to the extent that is constitutionally permissible." Ohio has numerous laws related to and restricting abortion such as a 24-hour waiting period, informed consent, parental consent, funding restrictions, medication abortion restrictions, and gestational limits. An overview of these laws provide background on current abortion restrictions in Ohio to contextualize the analysis of the economic impacts of restricted abortion access in Ohio.

Ohio has a mandatory 24-hour waiting period and informed consent for abortion procedures except in cases of medical emergency, as detailed in Ohio Revised Code Section 2317.56. At least 24 hours prior to an abortion procedure, physicians must inform the pregnant woman in-person of the nature and purpose of the abortion as well as the medical risks, the probable gestational age, and the medical risks of continuing the pregnancy and delivering a baby.[48] Additionally, the pregnant woman must be provided the name of the physician who will be performing the abortion, the State of Ohio's fetal development guide, and the State of Ohio's services directory at least 24 hours prior to an abortion procedure.[49] If fetal cardiac activity is detected, the pregnant woman must be informed of the statistical probability of carrying the pregnancy to term, in accordance with Ohio Revised Code Section 2919.194.

Parental consent or a court order is required for unemancipated minors seeking an abortion in Ohio. Unemancipated minors may submit a petition in juvenile court to bypass parental consent.[50] According to Ohio Revised Code Section 2919.121, the court shall grant the petition "if the court finds by clear and convincing evidence that the minor is sufficiently mature and well enough informed to decide intelligently whether to have an abortion" or provide judicial consent "if the court finds by clear and convincing evidence that the abortion is in the best interests of the minor."

According to Ohio Revised Code Section 9.04, nontherapeutic abortion refers to an abortion that is performed when the woman's life is not endangered or when the pregnancy is not the result of rape or incest as reported to a law enforcement agency. Ohio prohibits the use of state and local funds to pay for health insurance provided to elected or appointed officers as well as employees of the state or any political subdivision if the health insurance policy provides coverage, benefits, or services related to nontherapeutic abortion. Ohio prohibits qualified health plans offered through an exchange created under the federal Patient Protection and Affordable Care Act from covering nontherapeutic abortion. Ohio also prohibits the use of Medicaid funds for payment or reimbursement for nontherapeutic abortion.

Ohio regulates medication abortions, specifically the distribution of RU-486 (mifepristone), by limiting its distribution to a clinical setting, requiring the provider to follow the dosage and time limits indicated on the label, and requiring the provider to be physically present at the location when the initial dose of abortion-inducing drugs is consumed.[51] Additionally, Ohio prohibits physician assistants and nurses from prescribing abortion-inducing drugs.[52]

[47] (Legal Information Institute of Cornell Law School 2022)
[48] (Women's Med n.d.)
[49] (Women's Med n.d.)
[50] (Tebben 2023)
[51] (Ohio Policy Evaluation Network 2021)
[52] (Ohio Policy Evaluation Network 2021)

Governor Kasich signed into law a late-term abortion ban in 2011, which prohibits abortions for pregnancies after 20 weeks if a physician determines the fetus is viable.[53] This law does provide an exception if a pregnant woman's life is at risk.[54]

[53] (Guillen 2011)
[54] (Guillen 2011)

Literature Review

Economic Outcomes of Abortion

Evidence from the 1970s Abortion Reforms and Repeals

Levine, et al. (1999) estimated the effects of abortion legalization on fertility rates using data on the legislative history of abortion legalization by state, birth data from the Vital Statistics of the United States, population estimates from the U.S. Census Bureau, and fertility rates by marital status from the 1980 census. To estimate the effects of abortion legalization, this analysis compared births in three groups of states: the five repeal states that legalized abortion prior to *Roe v. Wade* in 1973; 12 reform states that enacted modest abortion reforms prior to *Roe v. Wade*; and 33 states with no change to abortion laws prior to *Roe v. Wade*. The repeal states include Alaska, California, Hawaii, New York, and Washington. The reform states include Arkansas, Colorado, Delaware, Florida, Georgia, Kansas, Maryland, New Mexico, North Carolina, Oregon, South Carolina, and Virginia. Births were compared between 1971 and 1973, between 1974 and 1975, and 1976 and 1980.[55]

Repeal states that legalized abortion prior to *Roe v. Wade* experienced a 4.1 percent decrease in births between 1971 and 1973 compared to states with no change to abortion laws. Specifically, births decreased by 12.1 percent for teens, 2.1 percent for women between the ages of 20 and 34 years, and 7.9 percent for women 35 years of age and older. Additionally, births decreased by 11.6 percent for non-White women and 3.4 percent for White women, indicating the effect for non-White women was more than three times larger than the effect for White women. However, there were no statistically significant differences in births between repeal states and states with no change to abortion laws following national abortion legalization in 1973. Furthermore, repeal states experienced a decrease in births between 1971 and 1973 of 4.5 percent compared to non-repeal states less than 250 miles away and between 250 and 750 miles away as well as a 10.8 percent decrease compared to non-repeal states more than 750 miles away. Non-repeal states refer to reform states and states with no change in abortion laws prior to *Roe v. Wade*.[56]

Angrist and Evans (2000) utilized state abortion reforms between 1967 and 1973 to estimate the effect of teen fertility on schooling and labor market outcomes among unmarried women exposed to abortion reforms. Using 1980 and 1990 Census data, this analysis focused on two cohorts of women born between 1949 and 1959. The first cohort was women born between 1949 and 1954 to measure women exposed as teenagers to state abortion reforms in 15 states, and the second cohort was women born between 1955 and 1959 to measure women exposed as teenagers to national abortion legalization following *Roe v. Wade*. Fifteen states, called reform states, adopted laws making abortion easier to obtain including Alaska, Arkansas, California, Colorado, Delaware, Hawaii, Kansas, Maryland, New Mexico, New York, North Carolina, Oregon, South Carolina, Virginia, and Washington. However, Alaska, Hawaii, New York, and Washington adopted abortion laws with essentially no restrictions, while California adopted laws with liberal access to abortion.[57]

For women born between 1949 and 1954, three years of exposure to state abortion reforms as a teenager reduced the number of births by approximately 5.0 percent for White teenagers and 8.0 to 10.0 percent for Black teenagers. For White women born between 1949 and 1954, there was no statistically significant association between exposure to state abortion reforms on school or labor market outcomes. For Black women born between 1949 and 1954, teen fertility resulted in a decrease of 22.0 to 24.0 percentage points in the probability of graduating high school, a decrease of 23.0 to 27.0 percentage points in the probability of attending college, and a decrease of 25.0 to 28.0 percentage points in the probability of employment. However, national abortion legalization following *Roe v. Wade*

[55] (Levine, et al. 1999)
[56] (Levine, et al. 1999)
[57] (Angrist and Evans 2020)

did not have a statistically significant impact on fertility rates for women born between 1955 and 1959.[58] Other researchers have speculated that this may be due to classifying the 10 reform states the same as the five states with liberal or unrestricted access to abortion.[59]

Kalist (2004) estimated the effect of abortion legalization prior to *Roe v. Wade* on female labor force participation between 1968 and 1972 in five states that legalized abortion in 1970, including Alaska, California, Hawaii, New York, and Washington as well as Washington D.C. Utilizing data from the March Current Population Survey, this analysis is based on a sample of nearly 100,000 females between the ages of 15 and 44. In the states with legalized abortion prior to *Roe v. Wade*, the probability of Black women working 40 or more weeks during the year increased by 5.7 percentage points. However, there were little effects of the probability of White women working 40 or more weeks during the year. Abortion was also allowed in several states, called reform states, prior to *Roe v. Wade* if the mother's health was in danger. However, there was no effect of these abortion reforms on female labor force participation.[60]

Abboud (2023) estimated the effects of abortion access on the age at the start of motherhood and the total number of children as well as the effects on earnings, labor force participation, and hours worked by utilizing the repeal of abortion bans in five states prior to *Roe v. Wade*, referred to as repeal states. The repeal states include Alaska, California, Hawaii, New York, and Washington. Using the 1970, 1980, 1990, and 2000 IPUMS samples of the census, this analysis focuses on three birth cohorts. The three birth cohorts represent women born between 1930 and 1935, who were between the ages of 35 and 40 during the state abortion repeals; women born between 1940 and 1945, who were between the ages of 25 and 30 during the state abortion repeals; and women born between 1950 and 1955, who were between the ages of 15 and 20 during the state abortion repeals.[61]

Access to legal abortion before the age of 21 significantly delayed the start of motherhood for women by six months. However, this effect is restricted to access to legal abortion before the age of 18 for Black women. Access to legal abortion did not have any significant effects on the number of children born for White women but significantly increased the number of children born to Black women. However, Black women with access to legal abortion had husbands with significantly higher earnings that were more likely to have a college degree.[62]

Delaying by one year the age of the start of motherhood had no significant effect on annual earnings for White women but increased annual earnings for Black women by $1,784, or 10.0 percent.[63] Delaying by one year the age of the start of motherhood decreased labor force participation by 3.0 percentage points for both White and Black women; however, the effect for Black women was not as significant. The decrease in labor force participation among White women corresponded to a decrease in the hours worked per work of 2.13 hours. There was no significant effect on hours worked per week for Black women.[64]

Recent Evidence

The Turnaway Study

The Turnaway Study is a longitudinal study completed by the Advancing New Standards in Reproductive Health (ANSIRH) program at the University of California San Francisco. The Turnaway Study followed approximately 1,000 women who sought abortions at one of 30 abortion facilities in 21 states in the United States between 2008 and

[58] (Angrist and Evans 2020)
[59] (Bernstein and Jones 2019)
[60] (Kalist 2004)
[61] (Abboud 2023)
[62] (Abboud 2023)
[63] Reported in 2012 dollars.
[64] (Abboud 2023)

2010.[65] Each abortion facility had the latest gestational limit of providers within 150 miles.[66] Participants were interviewed by phone every six months over a five-year period ending in January 2016.[67] Participants were categorized into three groups: the turnaway group, the near-limit group, and the first trimester group. The turnaway group comprises "women who sought an abortion up to three weeks over the gestational limit and were turned away without receiving an abortion."[68] The near-limit group comprises "women who sought an abortion up to two weeks under the facility's gestational limit and received an abortion."[69] The first trimester group comprises "women who received an abortion in the first trimester of pregnancy."[70]

Foster, et al. (2018) investigated the socioeconomic outcomes of women who received or were denied an abortion using data from the Turnaway Study. This study followed 813 participants who completed a baseline telephone interview one week after receiving or being denied an abortion with follow up interviews every six months for five years. Gestational limit thresholds, either state- or facility-imposed, provide a quasi-experiment with the primary comparison of analysis being women who sought abortion care immediately before a facility's gestational limit and women who sought abortion care immediately after a facility's gestational limit and subsequently give birth.[71]

For participants who were denied an abortion and gave birth, the odds of not working at six months were 3.1 times higher compared to participants who received an abortion immediately before the gestational limit. However, there were no statistically significant differences in employment after three years. Additionally, participants who were denied an abortion and gave birth had personal income at six months that was $175 less than participants who received an abortion immediately before the gestational limit. However, there were no statistically significant differences throughout the remainder of the study period.[72]

At six months, participants who were denied an abortion and gave birth were 6.3 times more likely to receive Temporary Assistance for Needy Families (TANF) benefits, 2.5 times more likely to receive SNAP benefits, 47.9 times more likely to receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits, and 2.5 times more likely to have health insurance compared to participants who received an abortion immediately before the gestational limit. Additionally, participants who were denied an abortion and gave birth were 3.8 times more likely to be below the federal poverty level at six months compared to participants who received an abortion immediately before the gestational limit. Statistically significant differences persisted in WIC recipiency for two years, in poverty level for four years, and SNAP recipiency for five years.[73]

At the time of seeking abortion care, 51.0 percent of women were living below 100.0 percent of the federal poverty level and 75.0 percent reported not having enough money to cover food, housing, and transportation costs. The majority of women seeking abortion care reported economic hardship, and the findings of this analysis suggest that women who are denied an abortion and therefore carry their pregnancy to term were more likely to experience economic hardship than women who received an abortion.[74]

Miller, Wherry, and Foster (2023) evaluated changes in financial outcomes for women denied an abortion using data from the Turnaway Study that was linked to annual Experian credit report data from 2006 through 2016. Credit report data covered approximately three years prior to seeking an abortion, the year of actual or potential birth, and five years after seeking an abortion. Financial outcomes were combined and classified into a financial distress index,

[65] (ANSIRH n.d.); (Miller, Wherry and Foster 2023)
[66] (Miller, Wherry and Foster 2023); (Foster, et al. 2018)
[67] (ANSIRH n.d.)
[68] (ANSIRH n.d.)
[69] (ANSIRH n.d.)
[70] (ANSIRH n.d.)
[71] (Foster, et al. 2018)
[72] (Foster, et al. 2018)
[73] (Foster, et al. 2018)
[74] (Foster, et al. 2018)

credit access index, and borrowing index. The financial distress index comprised the debt sent to a collection agency; debt that is 30 days or more past due on open accounts; number of public, credit-related court records; and an indicator for a credit score at or below 600. The credit access index comprised the total credit available on all credit cards; an indicator for a credit score greater than 660; and the actual credit score. The borrowing index comprised a mortgage indicator; number of automobile loans; and total credit card balance.[75]

The denial of an abortion significantly increased the financial distress of women in the year of birth and the subsequent five years with the largest effects experienced in the year of birth and the subsequent three years. The financial distress index increased by 0.1 standard deviations for women in the turnaway group compared to women in the near limit group. Additionally, the denial of an abortion increased the amount of debt 30 days or more past due by $1,750. There is little evidence that the access to credit or the amount borrowed changed significantly for women who were denied an abortion. However, women who were denied an abortion were significantly less likely to have a credit score greater than 660 during the two years following the birth. This analysis provides evidence that the denial of an abortion negatively impacts the financial well-being of women for many years.[76]

Other Studies

Amador (2017) estimated the effects of abortion and contraceptive choices of women between the ages of 18 and 30 on fertility, school, and labor market outcomes using a discrete choice dynamic programming model. This analysis focuses on a sample of women born between 1980 and 1984 that received a high school diploma or GED and used data from the National Longitudinal Survey of Youth for 1997 through 2011 as well as provider and state abortion policies from the Guttmacher Institute.[77]

Assuming perfect enforcement, an abortion ban increases the share of women aged 18 to 30 years using any form of contraception by 9.2 percentage points. This results in a decrease of 14.3 pregnancies per 1,000 women, or 12.1 percent, and an increase of 9.4 births per 1,000 women, or 11.5 percent. Each abortion that would have occurred results in a 0.37 increase in births with the total number of children born in a woman's lifetime increasing by 0.14 births, or 9.9 percent.[78]

Among all women aged 18 to 30 years, an abortion ban results in a 3.1 percent decrease in the average number of additional years of schooling after high school by age 30, a 3.9 percent decrease in the share of women with a college degree, a 0.7 percent decrease in the accumulated labor market experience by age 65, and an $11,069 decrease, or 1.1 percent, in average lifetime earnings by age 65. Among women aged 18 to 30 years who would have had an abortion, an abortion ban results in a 9.5 percent decrease in the average number of additional years of schooling after high school by age 30, a 10.1 percent decrease in the share of women with a college degree, a 2.2 percent decrease in the accumulated labor market experience by age 65, and a $39,173 decrease, or 3.3 percent, in average lifetime earnings by age 65.[79]

Free contraception would increase contraceptive use among women between the ages of 18 and 30 years by 10.2 percentage points resulting in a decrease of 15.7 pregnancies per 1,000 women and a decrease of 11.6 abortion per 1,000 women. This would result in a decrease of 3.6 births per 1,000 women. Additionally, free contraception would result in an increase of 2.9 percent in the average number of additional years of schooling after high school by age 30 and an increase of 3.2 percent in the share of women with a college degree.[80]

[75] (Miller, Wherry and Foster 2023)
[76] (Miller, Wherry and Foster 2023)
[77] (Amador 2017)
[78] (Amador 2017)
[79] (Amador 2017)
[80] (Amador 2017)

Jones (2021) examined the impact of abortion access on births and future economic outcomes for women including years of education, college entry, college completion, employment status, employment in a professional occupation, employment in a managerial role, individual earnings, family income, poverty status, and receipt of SNAP benefits. This analysis utilized state-level data by year on the status of legal access to contraception and abortion as well as individual-level data for more than 18,000 women between the ages of 24 and 45 who were born between 1937 and 1967 from the National Survey of Family Growth (NSFG).[81]

Abortion access reduced the probability among all women of a teen birth or a birth before age 24 by between 12.0 and 17.0 percentage points. Confidential abortion access decreased the probability of a teen birth for all women by 12.2 percentage points and decreased the probability of a teen birth for women with a pregnancy by 15.4 percentage points. For Black women with a pregnancy, confidential abortion access decreased by probability of a teen birth by 51.0 percentage points and decreased the probability of a birth before age 24 by 25.5 percentage points. Additionally, abortion access with parental involvement decreased the probability of a teen birth by 31.8 percentage points for Black women with a pregnancy. For all White women, confidential abortion access and abortion access with parental involvement decreased the probability of a teen birth by 11.6 and 0.83 percentage points, respectively.[82]

For women with a teen pregnancy, abortion access increases the probability of working between the ages of 24 and 45 by 27.0 percentage points, increases the probability of working in a managerial role by 15.0 to 16.0 percentage points, and increases earnings by $11,000 to $15,000 a year.[83] For women with a pregnancy before age 24, access to abortion increases years of education by 0.80, increases the probability of entering college by 21.0 percentage points, increases the probability of completing college by 18.0 percentage points, and increases the probability of a professional occupation by 35.0 to 37.0 percentage points. Among all women, abortion access reduces the probability of living in poverty by 0.5 to 1.0 percentage points.[84]

For Black women with a pregnancy before age 24, abortion access increases the years of education by 2.5 to 3.0 years, increases the probability of entering college by 55.0 to 84.0 percentage points, increases the probability of completing college by 38.0 to 51.0 percentage points, increases the probability of a managerial role by 18.0 to 28.0 percentage points, increases the probability of a professional occupation by 32.0 to 47.0 percentage points, increases earnings by $23,000 to $28,000 a year, increases family income by $48,000 to $52,000 a year, reduces the probability of living in poverty by 36.0 to 42.0 percentage points, and decreases the probability of receiving food stamps by 39.0 to 52.0 percentage points. Additionally, contraceptive access increases years of education by 0.75 to 0.92, increases the probability of college completion by 15.0 to 20.0 percentage points, increases the probability of a professional occupation by 12.0 to 37.0 percentage points, and increases family income by $13,000 to $17,000 a year among Black women.[85]

There are no significant effects of abortion access on education attainment outcomes for White women. For White women with a teen pregnancy, abortion access increases labor force participation by 19.0 to 24.0 percentage points, increases the probability of a managerial role by 21.0 percentage points, and increases earnings by $8,000 to $14,000 a year. For White women with a pregnancy before age 24, abortion access increases the probability of a professional occupation by 39.0 to 41.0 percentage points.[86]

[81] (Jones 2021)
[82] (Jones 2021)
[83] Reported in 2018 dollars.
[84] (Jones 2021)
[85] (Jones 2021)
[86] (Jones 2021)

Impact of Travel Distance to Nearest Abortion Provider

Fisher, Royer, and White (2018) utilized policy changes in Texas between 2011 and 2013 to measure the effects of access to abortion and family planning services on abortions, births, and contraceptive purchases. The three recent policy changes include "first, the Texas Department of State Health Services (TDSHS) cuts in 2011 reduced funding for family planning clinics by 67%; second, the Women's Health Program (WHP) effectively eliminated Medicaid fee-for-service reimbursement of family planning services for Planned Parenthood affiliates in early 2013; and third, later that year, House Bill 2 (HB2) imposed significant regulations on the operation of abortion providers."[87] This analysis uses abortion data from state health departments for 2006 through 2015, birth data from the National Vital Statistics System for 2006 through 2016, and contraceptive use from the Nielson Retail Scanner database for 2006 through 2016.[88]

Abortions decreased by 16.6 percent for counties in Texas with no an abortion clinic within 25 miles, 16.7 percent for counties with no abortion clinic within 50 miles, and 22.1 percent for counties with no abortion clinic within 100 miles compared to having at least one clinic within the specified distance. Births significantly increased by 1.3 percent for counties with no abortion clinic within 50 miles and by 1.7 percent for counties with no abortion clinic within 100 miles compared to having at least one clinic within the specified distance. Specifically, women between the ages of 30 and 39 years and women between the ages of 40 and 44 years with no abortion clinic within 50 miles experienced an increase in births of 2.8 percent and 8.5 percent, respectively. There were no significant effects of changes in abortion access on contraceptive purchases or changes in access to family planning services on abortions, births, or contraceptive purchases.[89]

Enacted in July 2013, Texas House Bill 2 required physicians at abortion clinics to obtain admitting privileges at a hospital within 30 miles and required abortion clinics to meet the standards of an ambulatory surgical center, among other provisions. The admitting privileges requirement became effective on November 1, 2013, which caused nearly half of the abortion clinics in Texas to close. The ambulatory surgical center requirement became effective on October 2, 2014; however, the U.S. Supreme Court blocked this requirement two weeks later. In June 2016, the U.S. Supreme Court issued its decision in *Whole Woman's Health v. Hellerstedt*, which struck down these two provisions of Texas House Bill 2. However, only three clinics that closed as a result of Texas House Bill 2 had reopened as of June 2018.[90]

Lindo, et al. (2020) utilized these policy changes regarding abortion to estimate the effect of increased travel time to the nearest abortion provider on abortion rates. This analysis utilized data on abortion clinic operations, county abortion rates, and county birth rates in Texas and neighboring states from 2009 through 2015. Compared to having the nearest abortion provider within 50 miles, abortions decreased by 16.0 percent if the nearest abortion provider was between 50 and 100 miles away, 28.0 percent if the nearest abortion provider was between 100 and 150 miles away, 38.0 percent if the nearest abortion provider was 150 to 200 miles away, and 44.0 percent if the nearest abortion provider was more than 200 miles away. In the two years after Texas House Bill 2 was enacted, there were estimated to have been 11,900 fewer abortions than if abortion access remained at levels prior to the enactment of Texas House Bill 2.[91]

Using estimates of the causal effects of increases in travel distances on abortion rates in Texas from Lindo, et al. (2020)[92], Myers, Jones, and Upadhyay (2019) estimated the change in travel time and abortion incidence in the year following a potential reversal of *Roe v. Wade*. Two policy scenarios were analyzed: abortion becomes immediately

[87] (Fischer, Royer and White 2018)
[88] (Fischer, Royer and White 2018)
[89] (Fischer, Royer and White 2018)
[90] (Lindo, et al. 2020)
[91] (Lindo, et al. 2020)
[92] Previously published in 2017 as a National Bureau of Economic Research working paper.

illegal in eight states with "trigger bans" and abortion becomes illegal in an additional 13 states with a high risk of banning abortion. The states with "trigger bans" are Arkansas, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, South Dakota, and Tennessee. The additional states that were considered at high risk of banning abortion were Alabama, Arizona, Georgia, Idaho, Indiana, Michigan, Ohio, Oklahoma, South Carolina, Texas, Utah, West Virginia, and Wisconsin.[93]

Women between the ages of 15 and 44 lived an average of 25 miles from the nearest abortion facility in 2019. It is estimated that the average distance to the nearest abortion facility would increase to 33 miles if abortion becomes immediately illegal in eight states with "trigger bans" and further increase to an average of 122 miles if abortion also becomes illegal in an additional 13 high-risk states. The increased distance to the nearest abortion facility is estimated to reduce abortions nationwide by 12.8 percent, which would prevent 118,554 women from obtaining an abortion in the year following a reversal of *Roe v. Wade*. The estimated impacts on travel distance and abortion rates are even greater for regions at high risk of banning abortion. If all 21 states with "trigger bans" or that are high risk ban abortion, the distance to the nearest abortion facility is estimated to increase to 286 miles for women in affected counties.[94]

Ohio was considered a state with high risk of banning abortion. In 2019, the average distance to the nearest abortion facility was 25 miles for women in Ohio. If abortion becomes illegal in all 21 high-risk states, it is estimated to increase the average distance to the nearest abortion facility for women in Ohio to 183 miles and result in a 33.4 percent decline in abortions in Ohio.[95]

Between 2009 and 2017, Wisconsin enacted a variety of targeted restrictions of abortion provider (TRAP) laws. Venator and Fletcher (2021) explored the change in access to abortion services in Wisconsin between 2009 and 2017 during which two of the state's five abortion clinics closed. Based on abortion clinics operating in Wisconsin and surrounding states, this analysis used a generalized difference-in-differences design to measure the effect of increased distance to the nearest abortion clinic on county-level abortion and birth rates between 2009 and 2017, after controlling for county-level unemployment rate, per capita income, age, race, and distance to the nearest Planned Parenthood in Wisconsin. An increase in the distance to the nearest clinic of 100 miles corresponds with a 30.7 percent decrease in the number of annual abortions and a 3.2 percent increase in monthly births. There was no significant effect of congestion at the nearest clinic, measured as the average service population, on annual abortion rates or births. Furthermore, the effect of increased distance to the nearest clinic on abortions is 33.0 percent greater when laws requiring multiple physician visits to obtain an abortion are in place.[96]

Building upon the prior research in Texas and Wisconsin, Myers (2021) utilized data on publicly identifiable abortion facilities operating between 2009 and 2020 and county-level abortion rates published by state health departments to measure the casual effects of travel distance to the nearest abortion facility on abortion and birth rates across the United States. This analysis controlled for the race, ethnicity, and education attainment of women between the ages of 15 and 44; population-wide urbanization rates; county-level unemployment rates, poverty rates, and median household income; and state-level reproductive, health care, and welfare policies.[97]

Consistent with prior research in Texas and Wisconsin, this study found that an increase in travel distance up to 100 miles is estimated to reduce abortions by 20.5 percent and increase births by 2.4 percent. This corresponds to 2.4 fewer abortions per 1,000 women between the ages of 15 and 44. Furthermore, an increase in travel distance between 100 and 200 miles is estimated to reduce abortions by 12.7 percent and increase births by 1.6 percent.[98]

[93] (Myers, Jones and Upadhyay 2019)
[94] (Myers, Jones and Upadhyay 2019)
[95] (Myers, Jones and Upadhyay 2019)
[96] (Venator and Fletcher 2021)
[97] (Myers 2021)
[98] (Myers 2021)

The estimated effects are more pronounced for Black women and women between the ages of 15 and 24. An increase in travel distance up to 100 miles is estimated to increase birth rates by 3.3 percent for Black women compared to 2.1 percent for White women. Furthermore, an increase in travel distance up to 100 miles is estimated to increase birth rates by 5.0 percent for women aged 15 to 19 years and 3.4 percent for women aged 20 to 25 years compared to a 1.4 percent increase for women aged 25 to 29 years.[99]

Rader, et al. (2022) evaluated the change in travel time to the nearest abortion facility in the contiguous United States before and after the *Dobbs v. Jackson Women's Health Organization* decision delivered by the U.S. Supreme Court on June 24, 2022. This analysis utilized data on abortion facility locations from the ANSIRH database and census tract demographic data for females between the ages of 15 and 44 years from the 2016-2020 American Community Survey. The pre-*Dobbs* time period spans 2021, while the post-*Dobbs* time period represents September 2022. The post-*Dobbs* time period assumes that all abortion facilities closed in the 15 states with total or six-week abortion bans in effect as of September 30, 2022. The states with a total abortion ban are Alabama, Arizona, Arkansas, Idaho, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, and Wisconsin, whereas Georgia has a six-week abortion ban. Additionally, it was assumed that abortion facilities in the nine states with court-blocked abortion bans were operating in the post-*Dobbs* period. These states are Arizona, Indiana, Iowa, Montana, North Dakota, Ohio, South Carolina, Utah, and Wyoming.[100]

The median travel time to the nearest abortion facility was 10.9 minutes in the pre-*Dobbs* period and 17.0 minutes in the post-*Dobbs* period, whereas the mean travel time was 27.8 minutes in the pre-*Dobbs* period and 100.4 minutes in the post-*Dobbs* period. Additionally, the share of females between the ages of 15 and 44 years that lived in a census tract more than 60 minutes from the nearest abortion facility increased from 14.6 percent in the pre-*Dobbs* period to 33.3 percent in the post-*Dobbs* period. In states with a total or 6-week abortion ban, the median and mean travel time to the nearest abortion facility increased by 233.8 minutes and 247.2 minutes, respectively.[101]

Chakraborty, et al. (2022) investigated the impact on travel distance to the nearest abortion provider in Ohio following the anticipated overturning or weakening of *Roe v. Wade* as well as anticipated trigger ban legislation and/or legislation allowing "private citizens to sue individuals inducing or aiding in an induced abortion" in Ohio.[102] Three scenarios were evaluated in this analysis: a baseline analysis in February 2022; a post-*Roe* scenario in which abortion is banned in Ohio but remains available in two of the five neighboring states; a post-*Roe* scenario in which abortion is banned in Ohio and all five neighboring states. Ohio is bordered by Indiana, Kentucky, West Virginia, Pennsylvania, and Michigan. Scenario 2 assumes that abortion remains available in Pennsylvania and Michigan. This analysis utilized data on abortion facility locations from the ANSIRH database and county population estimates for females between the ages of 15 and 44 years from the 2019 American Community Survey.[103]

As of February 2022, the median distance in Ohio to the nearest abortion provider was 50 miles with all counties in Ohio having an abortion provider within 99 miles. Assuming *Roe v. Wade* is overturned or weakened and abortion is banned in Ohio, the median distance in Ohio to the nearest abortion provider would increase to 146 miles if abortion remains available in Pennsylvania and Michigan and would further increase to 264 miles if abortion was banned in all neighboring states.[104]

In comparison, the average distance in Ohio to the nearest abortion provider was 26 miles as of February 2022. Assuming *Roe v. Wade* is overturned or weakened and abortion is banned in Ohio, the average distance in Ohio to the nearest abortion provider would increase to 157 miles if abortion remains available in Pennsylvania and Michigan

[99] (Myers 2021)
[100] (Rader, et al. 2022)
[101] (Rader, et al. 2022)
[102] (Chakraborty, et al. 2022)
[103] (Chakraborty, et al. 2022)
[104] (Chakraborty, et al. 2022)

and would further increase to 269 miles if abortion was banned in all neighboring states. Specifically, the average distance in Ohio to the nearest abortion provider would increase by 152 to 260 miles for Asian women, 144 to 255 miles for Black women, and 145 to 244 miles for Pacific Islander women compared to an increase of 127 to 240 miles for White women.[105]

Public Costs of Unintended Pregnancies

Monea and Thomas (2011) measured the costs and savings to taxpayers for the provision of Medicaid- and Children's Health Insurance Program-financed medical care associated with women who experience unintended pregnancies and infants born as a result of unintended pregnancies. Assuming all pregnancies ending in abortion were unintended, 168,601 abortions were publicly financed in fiscal year 2001. The authors estimate 200,169 fetal losses and 782,394 births were publicly financed and resulted from an unintended pregnancy in 2001. Additionally, the authors estimate that 884,336 infants whose births resulted from an unintended pregnancy received publicly financed medical care in 2001.[106]

The average cost per incident was $576 for an abortion, between $730 and $1,522 for a fetal loss, between $5,070 and $8,697 for a birth, and $6,100 for a year of infant medical care.[107] Given the incidence of unintended pregnancies, this means that an unintended pregnancy that was publicly financed in 2001 had an average cost that ranged from $7,664 to $10,056. Collectively, the cost of publicly financed, unintended pregnancies in the United States during 2001 totaled between $9.6 billion and $12.6 billion.[108]

Preventing unintended pregnancies saves taxpayers money. However, the savings are less than the public costs of unintended pregnancies, on average, because some prevented pregnancies are merely delayed until a more ideal time. The authors assume that an abortion and a fetal loss cannot be mistimed; therefore, the public savings equate to the public costs. Approximately 71.0 percent of births to teenagers and 54.0 percent of births to adults that result from an unintended pregnancy are mistimed. Therefore, the prevention of an unintended pregnancy would result in between $2,429 and $4,166 in savings associated with publicly financed births and $2,922 in savings associated with publicly financed infant medical care. The average savings to taxpayers per unintended pregnancy that was publicly financed ranged from $3,773 to $4,984. This results in total cost savings to taxpayers in 2001 that totaled between $4.7 billion and $6.2 billion.[109]

Sonfield, Kost, and Benson Gold, et al. (2011) evaluated the costs of births resulting from unintended pregnancies that were paid for by Medicaid or the Children's Health Insurance Program (CHIP) during 2006. The costs included prenatal care, labor and delivery, post-partum care, and one year of infant medical care. In comparison to Monea and Thomas (2011), this analysis does not make a distinction between unintended births resulting from unwanted pregnancies versus mistimed pregnancies. [110]

Nationally, approximately 64.0 percent of the estimated 1.6 million births resulting from unintended pregnancies were publicly financed in 2006. The cost per publicly funded birth was $11,647, which results in a total cost of publicly funded births resulting from unintended pregnancies of $11.1 billion during 2006.[111] This equates to an average public cost of $180 per woman between the ages of 15 and 44 years. In Ohio, there were an estimated 70,300 births resulting from unintended pregnancies in 2006, of which 61.6 percent were publicly financed. The average cost of a publicly funded birth was $11,059 in Ohio during 2006. In total, publicly funded births in Ohio resulting from

[105] (Chakraborty, et al. 2022)
[106] (Monea and Thomas 2011)
[107] Reported in 2008 dollars.
[108] (Monea and Thomas 2011)
[109] (Monea and Thomas 2011)
[110] (Sonfield, Kost and Benson Gold, et al. 2011)
[111] Reported in 2006 dollars.

unintended pregnancies had a total cost of $478.8 million during 2006. This equates to an average public cost of $206 per woman in Ohio between the ages of 15 and 44 years.[112]

Sonfield and Kost (2013) evaluated the public costs and savings of births resulting from unintended pregnancies that were paid for by Medicaid, the Children's Health Insurance Program (CHIP), or the Indian Health Service (IHS) during 2008. The costs included prenatal care, labor and delivery, post-partum care, and one year of infant medical care. The 2008 estimates included births paid for by the Indian Health Service, which was not included in the estimates from 2006 in Sonfield, Kost, and Benson Gold, et al. (2011).[113]

Nationally, approximately 64.5 percent of the estimated 1.7 million births resulting from unintended pregnancies were publicly financed in 2008. The average cost per publicly funded birth was $12,613 in 2008. This results in a total cost of publicly funded births resulting from unintended pregnancies of $12.5 billion during 2008, which equates to an average of $201 per woman between the ages of 15 and 44 years.[114] In Ohio, approximately 56.9 percent of the 71,000 births resulting from unintended pregnancies were publicly financed in 2008. The average cost of a publicly funded birth in Ohio was $11,977 during 2008. In total, publicly funded births in Ohio resulting from unintended pregnancies had a total cost of $483.5 million during 2008, which equates to an average of $213 per woman in Ohio between the ages of 15 and 44 years.[115]

Updating and expanding upon prior work, Sonfield and Kost (2015) conducted a similar analysis to evaluate the public costs and savings of births resulting from unintended pregnancies that were paid for by Medicaid, the Children's Health Insurance Program (CHIP), or the Indian Health Service (IHS) during 2010. The costs included prenatal care, labor and delivery, post-partum care, and five years of medical care for the child as well as the costs of abortions and miscarriages. The 2010 estimates are not comparable to estimates from 2006 in Sonfield, Kost, and Benson Gold, et al. (2011) and estimates from 2008 in Sonfield and Kost (2013), as the prior estimates included only one year of infant care and did not include the costs of abortions and miscarriages.[116]

Nationally, there were an estimated 1.5 million births resulting from unintended pregnancies during 2010, of which 67.8 percent were publicly funded. The average cost per publicly funded birth totaled $20,716, which comprised $12,770 for maternity care and the first year of infant medical care as well as $7,947 for the next four years of medical care for the child.[117] The average cost per publicly funded miscarriage was $1,252. Unintended pregnancies resulted in $21.0 billion in public costs nationally during 2010, or approximately $336 per woman between the ages of 15 and 44 years. It is estimated that 73.3 percent of publicly funded births resulting from unintended pregnancies would save costs if prevented. This accounts for the likelihood that some of the prevented unintended pregnancies would later result in a wanted pregnancy, thereby delaying the public costs rather than avoiding them. The prevention of unintended pregnancies in 2010 would have resulted in cost savings of $15.5 billion nationally.[118]

In Ohio, there were an estimated 65,300 births resulting from unintended pregnancies in 2010, of which 68.7 percent were publicly funded. The average cost per publicly funded birth in Ohio totaled $18,144 during 2010, which comprised $10,925 for maternity care and the first year of infant medical care as well as $7,220 for the next four years of medical care for the child. The average cost per publicly funded miscarriage in Ohio was $1,071 during 2010. In total, unintended pregnancies in Ohio that were publicly funded had a total cost of $824.6 million during 2010.

[112] (Sonfield, Kost and Benson Gold, et al. 2011)
[113] (Sonfield and Kost 2013)
[114] Reported in 2008 dollars.
[115] (Sonfield and Kost 2013)
[116] (Sonfield and Kost 2015)
[117] Assumed to be reported in 2010 dollars.
[118] (Sonfield and Kost 2015)

This equates to an average public cost of $369 per woman in Ohio between the ages of 15 and 44 years. The associated cost savings of the prevention of unintended pregnancies in Ohio was $607.6 million during 2010.[119]

Individual Costs of Abortion Care

Van Bebber, et al. (2006) evaluated the patients costs of medication abortion following the evidence-based regimen of 200 mg mifepristone followed by 800 mcg vaginal misoprostol 24 to 72 hours later. This analysis focuses on a survey of 212 women from a convenience sample of five health care clinics in different states that were participating in a larger study on provider costs of medication abortion. The patient costs evaluated include direct medical costs, direct nonmedical costs, and productivity losses. Direct medical costs included pregnancy test charges and charges paid by women for medication abortion. Direct nonmedical costs include childcare costs, travel costs, and accommodation costs. Productivity losses include the value of time away from work and nonwork activities.[120]

Approximately 34.0 percent of respondents reported paying for the medication abortion themselves, 23.0 percent of respondents reported that the medication abortion was paid for by another person, 28.0 percent of respondents reported splitting the cost of the medication abortion with another person, and 16.0 percent of respondents did not report a payer. Approximately 44.3 percent of respondents reported travel costs, 3.8 percent of respondents reported additional costs for childcare, and 1.4 percent of respondents reported overnight accommodation costs. Total patient costs for medication abortion ranged from $0 to $1,140.[121] The average and median total patient costs for medication abortion were $351 and $377, respectively. Direct medical costs represented approximately 75.0 percent of the total patient costs for medication abortion.[122]

Jones, Upadhyay, and Weitz (2013) utilized survey data from 639 abortion care patients to determine the cost of abortion care as well as the ancillary expenses associated with abortion services. The survey was conducted between May and July 2011 at six abortion facilities in Arkansas, California, Georgia, Illinois, New Jersey, and Texas. The survey sample contains an overrepresentation of poor women, Black/African American women, and women obtaining second-trimester abortions. However, the survey sample matched the representation of abortion patients nationally with regard to age, education, number of prior births, and type of insurance coverage.[123]

Approximately 41.0 percent of abortion patients reported that paying for abortion care was somewhat or very difficult, while 50.2 percent of abortion patients reported receiving help to pay for abortion care. Women obtaining abortion care paid the abortion facility an average of $382, which ranged from $319 for first-trimester patients to $652 for second-trimester patients.[124] After excluding respondents who reported no out-of-pocket cost, the average cost of abortion care increased to $485, which ranged from $397 for first-trimester patients to $854 for second-trimester patients.[125]

In addition to the cost of abortion care, ancillary expenses on transportation, lost wages, child care, and hotel and related travel costs may be incurred. Approximately 66.7 percent of patients reported additional transportation expenses, 25.0 percent reported lost wages, 10.0 percent reported additional child care expenses, and 6.0 percent reported additional hotel and travel expenses. The average ancillary expense was $44 for transportation, $198 in lost wages, $57 for child care, and $140 on hotel and travel. Additionally, approximately 33.3 percent of patients

[119] (Sonfield and Kost 2015)
[120] (Van Bebber, et al. 2006)
[121] Reported in 2004 dollars.
[122] (Van Bebber, et al. 2006)
[123] (Jones, Upadhyay and Weitz 2013)
[124] Assumed to be reported in 2011 dollars.
[125] (Jones, Upadhyay and Weitz 2013)

reported delaying or foregoing payment of bills such as electricity, insurance, car payments, food, and rent to cover these costs.[126]

Upadhyay, et al. (2022) analyzed the out-of-pocket abortion costs for medication abortion, first-trimester procedural abortion, and second-trimester abortion in the United States between 2017 and 2020. Data for this analysis were obtained from the ANSIRH Abortion Facility Database, which was updated through web searches and anonymous calls to the facilities. Between 2017 and 2020, the median out-of-pocket cost increased from $495 to $560 for medication abortion and from $475 to 575 for first-trimester procedural abortion, after adjusting for inflation.[127] This corresponds to a 13.1 percent increase for medication abortion and a 21.1 percent increase for first trimester procedural abortion. In comparison, health care inflation was 8.0 percent between 2017 and 2020. After adjusting for inflation, the median out-of-pocket cost for second trimester abortion decreased from $935 in 2017 to $895 in 2020, representing a 4.3 percent decrease. In 2020, the median out-of-pocket costs in Ohio were $588 for medication abortion, $625 for first trimester procedural abortion, and $820 for second trimester abortion.[128]

Impact of Reproductive Restrictions on Medical Providers

Field, et al. (2022) conducted focus groups and in-depth interviews with 35 obstetrician-gynecologists (ob-gyns) who practiced in Ohio for at least six months between 2010 and 2020 and who did not work in a freestanding abortion clinic to assess their experiences and perspectives on the effects of abortion regulations in Ohio. The key themes of this qualitative analysis are that abortion and the physicians that perform them are separate from other medical practices and physicians; institutional interpretation of abortion regulation varies widely and undermines physician expertise; and ob-gyns face ethical dilemmas as abortion regulations, institutional interpretations, and perceived inability to exercise professional judgment limit abortion access and increase risk to patients.[129]

Participants felt that Ohio regulates abortion care more strictly than other types of health care, which signals that abortion is distinct from standard health care and that physicians who perform abortions are different from other physicians. This separation creates a stigma around abortion and the physicians who perform them. Additionally, this type of legislation increases the difficulty for ob-gyns to provide comprehensive reproductive care.[130]

Participants discussed the variations in institutional interpretation and communication of abortion regulations. Many participants indicated that the legal counsel for their hospital determined when abortion was medically necessary, undermining physician expertise. Abortion regulations and institutional interpretation of those regulations kept ob-gyns from providing beneficial services to patients as well as resulted in additional burdens for patients.[131]

Participants reported ethical dilemmas when navigating vague, non-evidence-based abortion regulations as well as ethical practice guidelines and institutional policies. Participants felt that their duty to not harm and maximize the benefit to the patients was at odds with abortion regulations and the interpretation of those regulations by institutions. These ethical dilemmas undermine physician expertise, limit access to abortion care, and risk the health and lives of patients.[132]

Given that the Accreditation Council for Graduate Medical Education requires abortion training for all obstetrics and gynecology residents, Vinekar, et al. (2022) examined the potential implications on the availability of abortion training in obstetrics and gynecology residency programs following a reversal of *Roe v. Wade*. Conducted prior to

[126] (Jones, Upadhyay and Weitz 2013)
[127] Assumed to be reported in 2020 dollars.
[128] (Upadhyay, et al. 2022)
[129] (Field, et al. 2022)
[130] (Field, et al. 2022)
[131] (Field, et al. 2022)
[132] (Field, et al. 2022)

the *Dobbs v. Jackson Women's Health Organization* decision, this analysis relies on a policy analysis from the Guttmacher Institute that specifies that 21 states are certain to ban abortion and five states are likely to ban abortion if *Roe v. Wade* is overturned, as of October 2021. The states that are certain to ban abortion are Alabama, Arizona, Arkansas, Georgia, Idaho, Iowa, Kentucky, Louisiana, Michigan, Mississippi, Missouri, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wisconsin. The states that are likely to ban abortion are Florida, Indiana, Montana, Nebraska, and Wyoming.[133]

The United States had a total of 286 obstetrics and gynecology residency programs with 6,007 current residents, as of December 2021. Approximately 44.8 percent of these residency programs and 43.9 percent of residents in these programs were in states that are certain or likely to ban abortion. If *Roe v. Wade* is overturned, it is estimated that the percent of obstetrics and gynecology residents who would have access to abortion training would drop from 92.0 percent in 2020 to at most 56.0 percent. In addition to being a requirement for obstetrics and gynecology residents, abortion training improves general skills and confidence in uterine evacuation and miscarriage management as well as improves procedural, ultrasonography, and pregnancy related counseling skills.[134]

Orgera, Mahmood, and Grover (2023) examined residency application data following the U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* to understand changes in training location preferences among U.S. medical school graduates. Overall, the unique number of U.S. medical school graduates who applied to residency program during the 2022-23 application cycle declined by 1.8 percent. In comparison, states with an abortion ban experienced a 3.0 percent decline, whereas states with a gestational limit and states without a ban or gestational limit both experienced a 1.9 percent decline.[135]

Emergency medicine (21.4%) and obstetrics and gynecology (5.2%) experienced the largest declines in applicants among specialties whose patients are most likely to be affect by abortion access. Specifically, obstetrics and gynecology applicants decreased by 10.5 percent in states with an abortion ban, decreased by 6.4 percent in states with a gestational limit, and decreased by 5.3 percent in states without a ban or gestational limit. Although the effects are small, restrictions on abortion access may disproportionately decrease the likelihood that medical school graduates apply for residencies in states with the most restrictions.[136]

Additional analysis of Ohio was provided by the authors at the request of the Women's Fund. This analysis showed a 2.0 percent decrease in the number of applicants who applied to residency programs in Ohio during the 2022-23 application cycle. Obstetrics and gynecology applicants to residency programs in Ohio declined by 8.6 percent, which is a 3.4 percentage point greater decline than experienced nationally.[137]

Bernstein, et al. (2023) utilized a survey of physicians and trainees, who were recruited via social media, to examine the location preferences to train or work in states with abortion restrictions. The survey was conducted between August 12 and August 23, 2022.[138] Of the 2,063 respondents, 82.3 percent reported preferring to apply to train or work in states with preserve abortion access with 76.4 percent of respondents reporting they would not apply to states with legal consequences for providing abortion care. These preferences were stronger among physicians and trainees living in states without an abortion ban and among abortion care providers.[139]

[133] (Vinekar, et al. 2022)
[134] (Vinekar, et al. 2022)
[135] (Orgera, Mahmood and Grover 2023)
[136] (Orgera, Mahmood and Grover 2023)
[137] (Orgera, Mahmood and Grover 2023)
[138] Survey respondent did not reflect a nationally representative sample of physicians and trainees.
[139] (Bernstein, et al. 2023)

Socioeconomic Characteristics of Women Aged 15-44 Years in Ohio

This section details the socioeconomic characteristics of women in Ohio between the ages of 15 and 44 years by race. Other race includes all races that are not Black/African American or White, regardless of ethnicity. Table 5 details the age range of women between the ages of 15 and 44 years by race in Ohio during 2021. Approximately 76.6 percent of women in Ohio between the ages of 15 and 44 years were White, while 13.8 percent were Black/African American and 9.6 percent were of other races. The distribution of women between the ages of 15 and 44 years was relatively uniform by age range, with each five-year age range representing approximately 16.7 percent of women in Ohio between the ages of 15 and 44 years.

Table 5: Age Range for Women between the Ages of 15 and 44 Years by Race in Ohio, 2021

Age Range	Black/African American	White	Other	Total
15 to 19 years	51,408	284,510	43,625	**379,543**
20 to 24 years	52,847	280,753	36,572	**370,172**
25 to 29 years	59,012	293,203	36,251	**388,466**
30 to 34 years	51,898	288,705	36,423	**377,026**
35 to 39 years	49,656	283,491	32,992	**366,139**
40 to 44 years	43,548	277,663	28,112	**349,323**
Total	**308,369**	**1,708,325**	**213,975**	**2,230,669**

Source: Analysis of IPUMS data (2021, 5-year estimates).

The marital status of women between the ages of 15 and 44 years by race in Ohio during 2021 is detailed in Table 6. Among all women, approximately 55.3 percent were single (never married), 34.7 percent were married with the spouse present, 6.3 percent were divorced, 1.8 percent were separated, 1.4 percent were married with the spouse absent, and 0.4 percent were widowed. Approximately 75.9 percent of Black/African American women were single (never married) compared to 51.5 percent of White women and 56.3 percent of women of other races. This indicates that Black/African American women between the ages of 15 and 44 years were between 1.3 and 1.5 times more likely to be single (never married) than White women or women of other races. Approximately 14.2 percent of Black/African American women were married with the spouse present compared to 38.4 percent of White women and 35.1 percent of women of other races. This indicates that Black/African American women between the ages of 15 and 44 years were more than 2.5 times less likely to be married with the spouse present than White women or women of other races.

Table 6: Marital Status for Women between the Ages of 15 and 44 Years by Race in Ohio, 2021

Marital Status	Black/African American	White	Other	Total
Never married/single	233,979	880,119	120,492	**1,234,590**
Married, spouse present	43,666	655,476	75,072	**774,214**
Married, spouse absent	6,309	20,815	4,540	**31,664**
Separated	8,233	27,863	4,278	**40,374**
Divorced	14,653	116,944	9,075	**140,672**
Widowed	1,529	7,108	518	**9,155**
Total	**308,369**	**1,708,325**	**213,975**	**2,230,669**

Source: Analysis of IPUMS data (2021, 5-year estimates).

Table 7 details the number of children for women between the ages of 15 and 44 years by race in Ohio during 2021. Approximately half (54.7%) of all women between the ages of 15 and 44 years had no children during 2021, meaning 45.3 percent of women had at least one child. Specifically, 15.4 percent of women had one child, 17.4 percent of women had two children, 8.3 percent of women had three children, and 4.2 percent of women had four or more children. Relative to White women and women of other races, Black/African American women represented a higher proportion with one child, three children, and four or more children.

Table 7: Number of Children for Women between the Ages of 15 and 44 Years by Race in Ohio, 2021

Number of Children	Black/African American	White	Other	Total
0 children	160,119	936,012	124,499	**1,220,630**
1 child	56,822	254,562	32,672	**344,056**
2 children	46,607	306,027	35,475	**388,109**
3 children	27,796	141,808	15,404	**185,008**
4 or more children	17,025	69,916	5,925	**92,866**
Total	**308,369**	**1,708,325**	**213,975**	**2,230,669**

Source: Analysis of IPUMS data (2021, 5-year estimates).

Table 8 details the number of children under the age of 5 years for women between the ages of 15 and 44 years by race in Ohio during 2021. Approximately 21.0 percent of women between the ages of 15 and 44 years had at least one child under the age of 5 years during 2021. Specifically, 15.0 percent of women had one child under the age of 5 years, 5.2 percent of women had two children under the age of 5 years, 0.7 percent of women had three children under the age of 5 years, and 0.1 percent of women had four or more children under the age of 5 years. The distribution of women with children under the age of 5 years was relatively uniform by race.

Table 8: Number of Children Under 5 Years of Age for Women between the Ages of 15 and 44 Years by Race in Ohio, 2021

Number of Children Under 5 Years of Age	Black/African American	White	Other	Total
0 children	240,877	1,350,969	170,568	**1,762,414**
1 child	50,530	250,018	34,776	**335,324**
2 children	14,104	94,697	7,714	**116,515**
3 children	2,417	11,860	894	**15,171**
4 or more children	441	781	23	**1,245**
Total	**308,369**	**1,708,325**	**213,975**	**2,230,669**

Source: Analysis of IPUMS data (2021, 5-year estimates).

The educational attainment of women between the ages of 15 and 44 years by race in Ohio during 2021 is detailed in Table 9. Among all women between the ages of 15 and 44 years, approximately 16.9 percent had less than a high school diploma, 22.7 percent had a high school diploma or GED, 23.2 percent had some college, 8.6 percent had an associate's degree, and 28.6 percent had a bachelor's degree or higher. Approximately 15.9 percent of Black/African American women had a bachelor's degree or higher compared to 30.6 percent of White women and 31.2 percent of women of other races. This indicates that Black/African American women between the ages of 15 and 44 years were approximately 2.0 times less likely to have a bachelor's degree or higher than White women or women of other races.

Table 9: Educational Attainment for Women between the Ages of 15 and 44 Years by Race in Ohio, 2021

Educational Attainment	Black/African American	White	Other	Total
Less than high school graduate	61,656	271,254	44,194	**377,104**
High school graduate or GED	81,713	378,008	46,301	**506,022**
Some college	89,926	383,380	44,474	**517,780**
Associate's degree	26,116	152,682	12,295	**191,093**
Bachelor's degree or higher	48,958	523,001	66,711	**638,670**
Total	**308,369**	**1,708,325**	**213,975**	**2,230,669**

Source: Analysis of IPUMS data (2021, 5-year estimates).

Table 10 details the employment status of women between the ages of 16 and 44 years by race in Ohio during 2021.[140] During 2021, approximately 70.0 percent of women between the ages of 16 and 44 years were employed and 4.7 percent were unemployed. This indicates that approximately 74.7 percent of women between the ages of 16 and 44 years were in the labor force. The unemployment rate, defined as the number of unemployed people as a percentage of the labor force, was 6.3 percent during 2021 among all women between the ages of 16 and 44 years. The unemployment rate was 11.5 percent for Black/African American women, 5.1 percent for White women, and 8.3 percent for women of other races.

Table 10: Employment Status for Women between the Ages of 16 and 44 Years by Race in Ohio, 2021

Employment Status	Black/African American	White	Other	Total
Employed	200,885	1,179,470	128,447	**1,508,802**
Unemployed	26,033	63,213	11,683	**100,929**
Not in labor force	70,243	411,450	64,629	**546,322**
Total	**297,161**	**1,654,133**	**204,759**	**2,156,053**

Source: Analysis of IPUMS data (2021, 5-year estimates).

Table 11 details the personal income of women between the ages of 15 and 44 years by race in Ohio during 2021. Among all women between the ages of 15 and 44 years, approximately 39.3 percent had personal income less than $10,000, 7.2 percent had personal income between $10,000 and $14,999, 12.4 percent had personal income between $15,000 and $24,999, and 11.4 percent had personal income between $25,000 and $34,999. This indicates that nearly three-fourths of women between the ages of 15 and 44 years had income below $35,000 during 2021. Additionally, 12.0 percent of women between the ages of 15 and 44 years had personal income between $35,000 and $49,999, 10.8 percent had personal income between $50,000 and $74,999, and 6.9 percent had personal income of $75,000 or more during 2021.

The personal income for women in Ohio between the ages of 15 and 44 years averaged $22,476 for Black women, $28,505 for White women, and $24,926 for women of other races during 2021. This indicates that White women had personal income that averaged $6,029 more than that for Black/African American women and $3,579 more than that for women of other races during 2021.

[140] Employment status is not available for individuals 15 years of age.

Table 11: Personal Income for Women between the Ages of 15 and 44 Years by Race in Ohio, 2021 (2021$)

Income Range	Black/African American	White	Other	Total
Less than $10,000	122,570	653,309	100,283	**876,162**
$10,000 to $14,999	26,999	120,700	13,513	**161,212**
$15,000 to $24,999	46,586	204,173	26,640	**277,399**
$25,000 to $34,999	42,978	189,515	21,241	**253,734**
$35,000 to $49,999	37,241	211,048	18,376	**266,665**
$50,000 to $74,999	21,652	201,027	18,727	**241,406**
$75,000 to $99,999	5,711	71,809	7,398	**84,918**
$100,000 to $149,999	2,770	40,509	4,942	**48,221**
$150,000 to $199,999	1,138	8,289	1,424	**10,851**
$200,000 or more	724	7,946	1,431	**10,101**
Total	**308,369**	**1,708,325**	**213,975**	**2,230,669**
Average	**$22,476**	**$28,505**	**$24,926**	**$27,328**

Source: Analysis of IPUMS data (2021, 5-year estimates).

The poverty status of women between the ages of 15 and 44 years by race in Ohio during 2021 is detailed in Table 12. Among all women between the ages of 15 and 44 years, 8.8 percent had income less than 50 percent of the federal poverty level (FPL), 17.4 percent had income less than 100 percent of FPL, 26.1 percent had income less than 150 percent of FPL, and 35.4 percent had income less than 200 percent of FPL. Approximately 31.0 percent of Black/African American women, 14.5 percent of White women, and 20.5 percent of women of other races had income less than 100 percent of FPL. Furthermore, approximately 57.5 percent of Black/African American women, 30.8 percent of White women, and 20.5 percent of women of other races had income less than 200 percent of FPL. Compared to White women, Black/African American women were 2.1 times more likely to have income less than 100 percent of FPL and 1.6 times more likely to have income less than 200 percent of FPL.

Table 12: Poverty Status for Women between the Ages of 15 and 44 Years by Race in Ohio, 2021

Poverty Range	Black/African American	White	Other	Total
Less than 50% of federal poverty level	46,618	120,991	22,966	**190,575**
Between 50% and 99% of federal poverty level	46,422	118,327	19,570	**184,319**
Between 100% and 149% of federal poverty level	40,116	129,154	20,477	**189,747**
Between 150% and 199% of federal poverty level	39,469	140,973	20,332	**200,774**
200% or more of federal poverty level	127,687	1,143,346	123,711	**1,394,744**
Total[141]	**300,312**	**1,652,791**	**207,056**	**2,160,159**

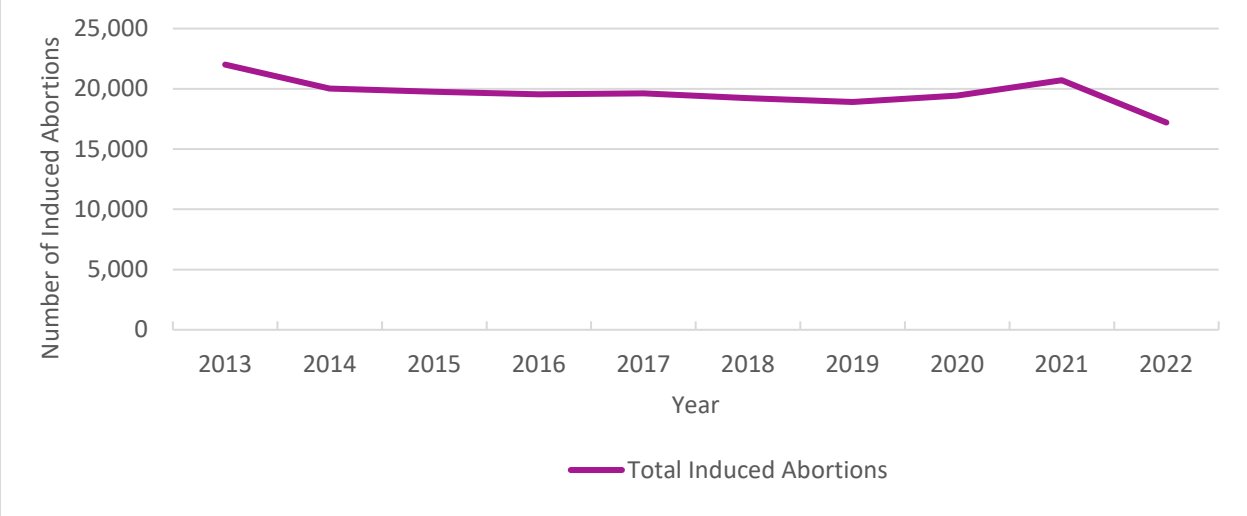
Source: Analysis of IPUMS data (2021, 5-year estimates).

[141] Population of women between the ages of 15 and 44 years for whom poverty status is determined.

Ohio Abortion Statistics

The Ohio Department of Health publishes annual abortion statistics compiled from *Confidential Abortion Reports* and *Post-Abortion Care Reports for Complications* submitted by physicians. Figure 2 illustrates the total number of induced abortions for Ohio residents performed in Ohio between 2013 and 2022. Between 2013 and 2022, an average of 19,643 abortions were performed for Ohio residents in Ohio. After the reversal of *Roe v. Wade* on June 24, 2022, Senate Bill 23 went into effect for 82 days until a temporary restraining order was granted against Senate Bill 23 on September 14, 2022. The number of abortions performed for Ohio residents decreased by 17.0 percent from 20,716 during 2021 to 17,201 during 2022. This represents the largest percent decline in abortions performed for Ohio residents over the past 10 years. Compared to 2021, 3,515 fewer abortions were performed for Ohio residents during 2022. Between 2013 and 2014, the number of abortions performed for Ohio residents decreased by 9.1 percent from 22,011 during 2013 to 20,018 during 2014. This indicates that the decline in abortions performed for Ohio residents during 2022 was 7.9 percentage points higher than the second largest decline over the past 10 years.

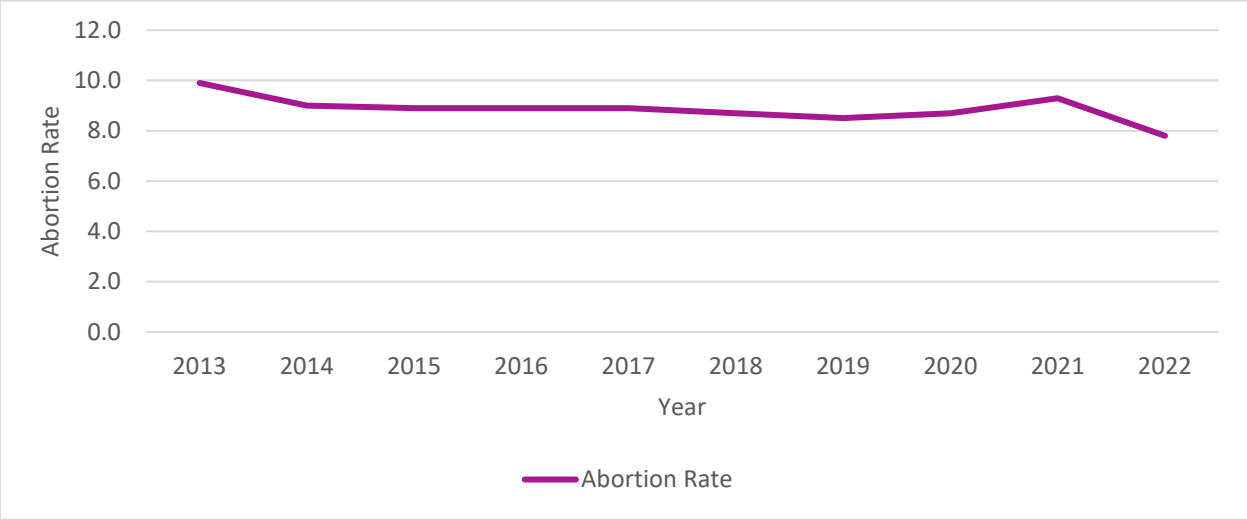
Figure 2: Induced Abortions for Ohio Residents Performed in Ohio, 2013-2022



Source: Ohio Department of Health.

Figure 3 illustrates the abortion rate per 1,000 women in Ohio between the ages of 15 and 44 years. Between 2013 and 2022, the abortion rate for Ohio residents averaged 8.9 per 1,000 women. The abortion rate for Ohio residents reached a high of 9.9 per 1,000 women during 2013 and a low of 7.8 during 2022. The abortion rate for Ohio residents decreased from 9.3 per 1,000 women during 2021 to 7.8 per 1,000 women during 2022. This represents a 1.5-point decrease in the abortion rate per 1,000 women in Ohio between the ages of 15 and 44 years.

Figure 3: Abortion Rate per 1,000 Women Aged 15-44 Years in Ohio, 2013-2022



Source: Ohio Department of Health.

Table 13 details the number of induced abortions for Ohio residents performed in Ohio during 2021. Of the 20,716 abortions performed for Ohio residents, approximately 44.6 percent were for Black/African American women, 38.8 percent were for White women, and 16.6 percent were for women of other or unknown races. The majority of abortions for Ohio residents were for women between the ages of 25 and 29 years (29.9%) and women between the ages of 20 and 24 years (29.3%). Approximately 20.3 percent of abortions for Ohio residents were for women between the ages of 30 and 34 years, 9.2 percent were for women between the ages of 35 and 39 years, and 8.3 percent of abortions were for women between the ages of 15 and 19 years. The remaining 3.0 percent of abortions were for women under the age of 15 years or for women 40 years of age and above.

Table 13: Induced Abortions for Ohio Residents Performed in Ohio by Race and Age, 2021

Age	Black/African American	White	Other/ Unknown	Total
Less than 15 years	24	21	9	54
15 to 19 years	784	645	299	1,728
20 to 24 years	2,656	2,444	972	6,072
25 to 29 years	2,915	2,297	974	6,186
30 to 34 years	1,979	1,501	722	4,202
35 to 39 years	695	831	373	1,899
40 to 44 years	174	284	88	546
More than 45 years	7	13	9	29
Total	**9,234**	**8,036**	**3,446**	**20,716**

Source: Ohio Department of Health.

Impacts of Restricted Abortion Access in Ohio

The economic impacts evaluated in this analysis refer to the additional costs incurred by women seeking abortion care and the additional costs incurred by the public. The additional costs incurred by women seeking abortion care include transportation costs, lost wages, child care costs, and travel costs associated with traveling out of state to access abortion care as well as lifetime earnings loss and child care costs through 4 years of age associated with being unable to access abortion care and therefore having a child and choosing parenting instead of placing for adoption. The additional costs incurred by the public include maternity medical costs, infant medical costs, child medical costs from ages 1 through 4 years, public assistance costs, and SNAP costs associated with women being unable to access abortion care and therefore having a child and choosing parenting instead of placing for adoption. The Ohio Department of Health published its *Induced Abortions in Ohio, 2022 Report* in September 2023. Because Senate Bill 23 was in effect for 82 days during 2022, this analysis utilized resident abortion data in Ohio during 2021 to estimate the economic impacts of restricted abortion access in Ohio.

Three scenarios were developed to illustrate the potential range of economic impacts associated with restricted abortion access in Ohio. All three scenarios assume that Senate Bill 23 is in effect in Ohio, which bans abortion after fetal cardiac activity is detected.

- Scenario 1: The pregnancies that would have been terminated if Senate Bill 23 was not in effect require travel to another state to access abortion care.
- Scenario 2: The pregnancies that would have been terminated if Senate Bill 23 was not in effect result in a birth.
- Scenario 3: The pregnancies that would have been terminated if Senate Bill 23 was not in effect either result in a birth or require travel to another state to access abortion care.

The analysis for each scenario includes assumptions regarding abortion outcomes if Senate Bill 23 was in effect as well as assumptions for the additional costs incurred by women seeking abortion care and the additional costs incurred by the public. The assumptions and data utilized for each component of the analysis are detailed in this section.

Methodology

Abortion Outcomes

The weeks of completed gestation are utilized as a proxy for the detection of fetal cardiac activity. The Ohio Department of Health's abortion statistics aggregate all abortions for pregnancies less than nine weeks of completed gestation. However, according to the U.S. Centers for Disease Control and Prevention, approximately 27.6 percent of abortions in Ohio during 2020 were for pregnancies with a gestation of six weeks or less.[142] This percent was applied to the total abortions performed for Ohio residents during 2021. It is assumed that the distribution of abortions for pregnancies with a gestation of six weeks or less is uniform by race. All abortions completed for pregnancies with a gestation of six weeks or less are assumed to be legally available in Ohio under Senate Bill 23.

In an analysis of eight states that report the reason for an abortion, approximately 0.3 percent of abortions are due to rape or incest; 0.3 percent are due to the risk to the woman's life or a major bodily function; 1.1 percent are due to fetal anomalies; 2.3 percent are due to other physical concerns; and the remaining 96.0 percent are elective or have an unspecified reason.[143] It is assumed that abortions due to the risk to the woman's life or a major bodily

[142] (Kortsmit, et al. 2022)

[143] (Arizona Department of Health Services 2022); (Florida Agency for Health Care Administration 2023); (Louisiana Department of Health 2023); (Minnesota Department of Health 2023); (Nebraska Department of Health and Human Services 2022); (Oklahoma State Department of Health 2023); (South Dakota Department of Health 2023); (Utah Department of Health and Human Services 2022)

function as well as abortions due to other physical concerns would be legally available in Ohio through the exceptions provided by Senate Bill 23. It is also assumed that the distribution of the reason for an abortion is uniform by race.

According to Myers (2021), an increase in travel distance up to 100 miles to the nearest abortion provider is estimated to increase births by 2.4 percent overall.[144] Specifically, the estimated increase in births is 3.3 percent for Black women and 2.1 percent for White women.[145] According to data retrieved from the Ohio Public Health Information Warehouse, there were 129,604 births in Ohio for women between the ages of 15 and 44 years during 2021.[146] This is comprised of 23,252 births for Black/African American women, 97,914 births for White women, and 8,438 birth for women of other races.[147] As detailed in Table 14, an increase in travel distance up to 100 miles to the nearest abortion provider would result in an additional 767 births for Black/African American women, 2,056 births for White women, and 203 births for women of other races. The overall increase in births of 2.4 percent was utilized to calculate the increase in births for women of other races.

Table 14: Estimated Increase in Births in Ohio Due to an Increase in Travel Distance Up to 100 Miles to the Nearest Abortion Provider by Race, 2021

	Black/African American	White	Other	Total
Births for Women Aged 15-44 Years (2021)	23,252	97,914	8,438	**129,604**
Births for Women Aged 15-44 Years if Distance to the Nearest Abortion Provider Increases Up to 100 Miles	24,019	99,970	8,641	**132,630**
Estimated Increase in Births for Women Aged 15-44 Years if Distance to the Nearest Abortion Provider Increases Up to 100 Miles	**767**	**2,056**	**203**	**3,026**

Source: Analysis of births from the Ohio Public Health Information Warehouse and increases in birth rates from Myers (2021).

Travel Costs

According to Chakraborty, et al. (2022), a scenario in which abortion is banned in Ohio, Indiana, Kentucky, and West Virginia but remains available in Michigan and Pennsylvania would result in a median increase of 96 miles and an average increase of 131 miles to the nearest abortion provider for individuals in Ohio. The federal mileage reimbursement rate was $0.56 during 2021.[148] This means that the round-trip additional transportation costs would range from $108 to $147 per person. The low estimates utilize the median annual costs, whereas the high estimates utilize the average annual costs.

In a 2011 survey of abortion patients at six facilities across the United States, 25.0 percent of respondents reported lost wages, 10.0 percent of respondents reported additional child care costs, and 6.0 percent of respondents reported incurring hotel and travel costs associated with obtaining abortion care.[149] The average value of lost wages reported was $198, the average value of additional child care costs was $57, and the average value of hotel and travel costs was $140, assumed to be reported in 2011 dollars.[150] After converting to 2021 dollars using the Consumer Price Index for All Items, the average value of lost wages, additional child care costs, and hotel and travel costs are $239, $69, and $169, respectively. The marginal decrease in taxes associated with lost wages was not calculated due to data limitations.

[144] (Myers 2021)
[145] (Myers 2021)
[146] (Ohio Public Health Information Warehouse 2023a)
[147] Other races include Chinese, Filipino, Japanese, Native American, Native Hawaiian and other Pacific Islander, and other Asian.
[148] (U.S. Internal Revenue Service 2023)
[149] (Jones, Upadhyay and Weitz 2013)
[150] (Jones, Upadhyay and Weitz 2013)

Lifetime Earnings Loss

According to Finer and Zolna (2014), the national rate of unintended pregnancy per 1,000 women between the ages of 15 and 44 years was 137 for women with income less than 100 percent of the federal poverty level (FPL), 85 for women with income between 100 and 199 percent of FPL, and 26 for women with income greater than equal to 200 percent of FPL during 2008.[151] The national rate of unintended pregnancy was higher for Black women than White women for every income range during 2008, as detailed in Table 15.

Table 15: Rate of Unintended Pregnancy per 1,000 Women Aged 15 to 44 Years in the United States by Race and Income, 2008

Income	Black, Non-Hispanic	White, Non-Hispanic	Overall
Less than 100% of federal poverty level	163	110	137
Between 100% and 199% of federal poverty level	99	73	85
200% or more of federal poverty level	51	20	26

Source: Finer and Zolna (2014).

The national rates of unintended pregnancy by race and income from 2008 were applied to the respective population of women between the ages of 15 and 44 in Ohio during 2021. The overall rate of unintended pregnancy by income was utilized for women of other races. The distribution of unintended pregnancy by income was calculated for each race, as detailed in Table 16. The distribution was then applied to the estimated number of abortions that would have resulted in a parenting birth under Senate Bill 23.

Table 16: Percent of Unintended Pregnancies in Ohio by Race and Income, 2021

Income	Black/African American	White	Other
Less than 100% of federal poverty level	51.3%	38.2%	46.6%
Between 100% and 199% of federal poverty level	26.7%	28.6%	27.7%
200% or more of federal poverty level	22.0%	33.2%	25.7%
Total	**100.0%**	**100.0%**	**100.0%**

Source: Analysis of IPUMS data (2021, 5-year estimates) utilizing unintended pregnancy rates by race and income from Finer and Zolna (2014).

The age categories in the Ohio Department of Health's *Induced Abortions in Ohio, 2021* report include aggregate abortion counts for ages less than 15 years; single age abortion counts for 15 years through 21 years; aggregate abortion counts beginning for 20 to 24 years and ending with 40 to 44 years; and aggregate abortion counts for 45 years of age and older. It is assumed that the abortions that would have resulted in a parenting birth by income and race as a result of Senate Bill 23 being in effect followed the same age distribution as all resident abortions by race during 2021.

After determining the number of abortions that would have resulted in a parenting birth by income and race, lifetime earnings by income and race were estimated for women in Ohio between the ages of 18 and 30 years by utilizing 2021, five-year IPUMS data from the U.S. Census Bureau's American Community Survey. IPUMS data consists of integrated, high-precision samples of the American population drawn from federal censuses.

The weighted average of wage and salary income was calculated for women at every age between 18 and 64 years and was broken out by race (Black/African American, White, and Other) and income (less than 100% of FPL, between

[151] (Finer and Zolna 2014)

100-199% of FPL, and greater than or equal to 200% of FPL).[152] Wage and salary income was then summed for the remaining years in the workforce, after accounting for the mortality rate of women in Ohio by age and race. Mortality data was retrieved from the Ohio Public Health Data Warehouse.[153]

Because portions of the abortion statistics from the Ohio Department of Health are aggregated into five-year age ranges, two estimates were developed to calculate lifetime earnings. The low estimates assume that all abortions in a given age range were for women of the highest age in the age range. The high estimates assume that all abortions in a given age range were for women of the lowest age in the age range. For example, all abortions for women between the ages of 25 and 29 years were assumed to be 29 years of age for the low estimates and 25 years of age for the high estimates.

Amador (2017) estimated the effects of abortion and contraceptive choices of women between the ages of 18 and 30 on fertility, school, and labor market outcomes using a discrete choice dynamic programming model. The model estimates that an abortion ban would result in a decrease in average lifetime earnings by age 65 of $39,173, or 3.3 percent, for women between the ages of 18 and 30 years who would have had an abortion, after accounting for education.[154] The percent decrease in lifetime earnings due to an abortion ban was then applied to the estimates of lifetime earnings calculated for women in Ohio between the ages of 18 and 30 by income and race who would have had a parenting birth if Senate Bill 23 was in effect. There are further costs to the public in the form of lost tax revenue as a result of the lifetime earnings loss. However, lost tax revenue is not included in the analysis due to data limitations on when the earnings loss would occur.

Child Care Costs

Table 17 details the utilization and costs of early care and education in the United States by age of the child and income based on the National Survey of Early Care and Education conducted in 2012.[155] The aggregate child care costs are estimated for the percent of children with any regular early care and education for whom the parents have out-of-pocket costs. The aggregate child care costs reflect costs for children between 0 months and 60 months, or up to 5 years of age. The annual cost estimates reflect the weekly cost of care in 2012 multiplied by 52 weeks per year. The weekly cost of care represents the direct weekly charges plus any copay amount minus any subsidies paid directly to the household. Data for 200 percent or more of FPL reflect a weighted average of data for 200 to 299 percent of FPL and data for 300 percent or more of FPL. Therefore, the median annual cost does not reflect a true median but instead reflects a weighted average. All cost estimates are regionally adjusted to Ohio and converted to 2021 dollars. The low estimates utilize the median annual costs, whereas the high estimates utilize the average annual costs.

[152] Other races include all races that are not Black/African American or White, regardless of ethnicity.
[153] (Ohio Public Health Information Warehouse 2023b)
[154] (Amador 2017)
[155] (National Survey of Early Care and Education Project Team 2018)

Table 17: Utilization and Costs of Early Care and Education by Age of the Child and Income in the United States, 2012 (2021$)

Income	Age Range	Percent of Children with Any Regular Care	Percent of Children with Regular Care for Whom Parents Have Zero Out-of-Pocket Costs	Median Annual Cost	Average Annual Cost
Less than 100% of federal poverty level	0-35 Months	42.4%	69.9%	$3,813	$4,848
	36-71 Months	51.5%	63.3%	$2,858	$3,887
Between 100% and 199% of federal poverty level	0-35 Months	41.2%	52.4%	$4,528	$6,763
	36-71 Months	56.1%	45.7%	$3,350	$4,413
200% or more of federal poverty level	0-35 Months	57.9%	31.7%	$6,268	$7,652
	36-71 Months	69.5%	21.4%	$5,273	$6,991

Source: Analysis of data from the National Survey of Early Care and Education Project Team (2018).

Medical Costs

The Medicaid status of women between the ages of 15 and 44 years who had a birth in the past year was calculated utilizing 2021, five-year IPUMS data and was broken out by race and income.[156] Table 18 details the percentage of women between the ages of 15 and 44 years who had a birth in the past year and had Medicaid health insurance by race and income. The percentages with Medicaid health insurance were then applied to the estimated abortions that would have resulted in a parenting birth by race and income to determine what portion of parenting births would have been publicly funded. Medicaid health insurance was utilized as a proxy for publicly funded births.

Table 18: Percent of Women Aged 15 to 44 Years Who Had a Birth in the Past Year and Had Medicaid Health Insurance by Race and Income in Ohio, 2021

Income	Black/African American	White	Other
Less than 100% of federal poverty level	87.0%	79.2%	68.2%
Between 100% and 199% of federal poverty level	60.5%	46.4%	49.4%
200% or more of federal poverty level	24.0%	9.7%	12.7%

Source: Analysis of IPUMS data (2021, 5-year estimates).

Sonfield and Kost (2015) evaluated the public costs of births resulting from unintended pregnancies that were paid for by Medicaid, the Children's Health Insurance Program (CHIP), or the Indian Health Service (IHS) during 2010. The average cost per publicly funded birth in Ohio totaled $18,144 during 2010, assumed to be reported in 2010 dollars.[157] This comprises $10,925 for prenatal care, labor and delivery, post-partum care, and the first year of infant medical care as well as $7,220 for the next four years of medical care for the child.[158] After converting to 2021 dollars using the Consumer Price Index for Medical Care, the average cost per publicly funded birth in Ohio totaled $24,538. This comprises $14,774 for prenatal care, labor and delivery, post-partum care, and the first year of infant medical care as well as $9,764 for the next four years of medical care for the child.

[156] Other races include all races that are not Black/African American or White, regardless of ethnicity.
[157] (Sonfield and Kost 2015)
[158] (Sonfield and Kost 2015)

Social Assistance Costs

The 2021, five-year IPUMS data from the U.S. Census Bureau's American Community Survey were analyzed to determine the utilization rates of public assistance and SNAP as well as the amount of public assistance received for women in Ohio between the ages of 15 and 44 years by race and fertility status. Public assistance, as defined in IPUMS data, refers to federal/state Supplemental Security Income (SSI) payments to elderly (age 65+), blind, or disabled persons with low incomes; Aid to Families with Dependent Children (AFDC); and General Assistance (GA).

As detailed in Table 19, the utilization rate of public assistance for women in Ohio between the ages of 15 and 44 years who had a birth in the past year was 10.3 percent for Black/African American women, 4.2 percent for White women, and 3.8 percent for women of other races during 2021.[159] In comparison, the utilization rate of public assistance for women in Ohio between the ages of 15 and 44 years who did not have a birth in the past year was 4.4 percent for Black/African American women, 1.9 percent for White women, and 2.3 percent for women of other races during 2021. This means that having a birth in the past year increased the utilization rate of public assistance by 6.0 percentage points for Black/African American women, 2.2 percentage points for White women, and 1.5 percentage points for women of other races. For women in Ohio between the ages of 15 and 44 years who had a birth in the past year, the amount of public assistance received averaged $3,639 for Black/African American women, $3,926 for White women, and $2,292 for women of other races.

Table 19: Utilization Rate of Public Assistance for Women Aged 15 to 44 Years by Race and Fertility Status in Ohio, 2021

Fertility Status	Black/African American	White	Other
With a birth in the past year	10.3%	4.2%	3.8%
Without a birth in the past year	4.4%	1.9%	2.3%

Source: Analysis of IPUMS data (2021, 5-year estimates).

As detailed in Table 20, the utilization rate of SNAP for women in Ohio between the ages of 15 and 44 years who had a birth in the past year was 52.4 percent for Black/African American women, 20.1 percent for White women, and 25.8 percent for women of other races during 2021.[160] In comparison, the utilization rate of SNAP for women in Ohio between the ages of 15 and 44 years who did not have a birth in the past year was 34.3 percent for Black/African American women, 12.4 percent for White women, and 17.9 percent for women of other races during 2021. This means that having a birth in the past year increased the utilization rate of SNAP by 18.1 percentage points for Black/African American women, 7.7 percentage points for White women, and 7.9 percentage points for women of other races. According to the Ohio Department of Job and Family Services, the annual SNAP benefit amount per person averaged $2,788 during 2021.[161]

Table 20: Utilization Rate of the Supplemental Nutrition Assistance Program for Women Aged 15 to 44 Years by Race and Fertility Status in Ohio, 2021

Fertility Status	Black/African American	White	Other
With a birth in the past year	52.4%	20.1%	25.8%
Without a birth in the past year	34.3%	12.4%	17.9%

Source: Analysis of IPUMS data (2021, 5-year estimates).

[159] Other races include all races that are not Black/African American or White, regardless of ethnicity.
[160] Other races include all races that are not Black/African American or White, regardless of ethnicity.
[161] (Ohio Department of Job and Family Services 2023)

Scenario 1

Scenario 1 assumes that Senate Bill 23 is in effect meaning that abortion is legally available in Ohio until fetal cardiac activity is detected and assumes that any pregnancy after fetal cardiac activity is detected requires travel to another state for abortion care. According to the Ohio Department of Health's abortion statistics, Ohio residents received 20,716 abortions during 2021.[162] It is estimated that approximately 5,725 abortions were performed for Ohio residents with pregnancies with a gestation of six weeks or less. It is estimated that 62 of the abortions performed for Ohio residents would be the result of a risk to the woman's life or a major bodily function and 479 abortions performed for Ohio residents would be the result of other physical concerns. Therefore, an estimated 6,266 abortions for Ohio residents would have still occurred during 2021 if Senate Bill 23 was in effect. This means that the remaining 14,450 abortions performed for Ohio residents would require out-of-state travel in order to obtain abortion care. Of the abortions performed for Ohio residents that would require out-of-state travel in order to obtain abortion care, 6,441 are for Black/African American women, 5,605 are for White women, and 2,404 are for women of other races. Table 21 summarizes the outcomes for Scenario 1 by race based on the abortions performed for Ohio residents during 2021.

Table 21: Scenario 1 Abortion Outcomes by Race

Outcome	Black/African American	White	Other	Total Abortions
Total abortions completed in Ohio	**2,793**	**2,431**	**1,042**	**6,266**
Gestation of 6 weeks or less	2,552	2,221	952	**5,725**
Risk to the woman's life or a major bodily function	28	24	10	**62**
Other physical health concerns	213	186	80	**479**
Total abortions requiring out-of-state travel	**6,441**	**5,605**	**2,404**	**14,450**
Total resident abortions	**9,234**	**8,036**	**3,446**	**20,716**

Source: Estimates based on 2021 resident abortion data in Ohio.

Table 22 details the low estimates of the economic impacts of Scenario 1, which are based on the median increase in miles traveled to the nearest abortion provider. For the 14,450 abortions completed for Ohio residents during 2021 that would require out-of-state travel under Senate Bill 23, the additional costs incurred by women as a result of having to travel out of state for abortion care totals nearly $2.7 million. This is comprised of nearly $1.6 million in transportation costs, $861,600 in lost wages, $99,200 in child care costs, and $146,200 in hotel and travel costs. The average additional cost to women is $184 per abortion requiring out-of-state travel under Senate Bill 23. In this scenario, there would be no additional costs incurred by the public since all abortions that occurred during 2021 would still result in an abortion.[163] Of the total additional costs incurred by women as a result of having to travel out of state for abortion care, approximately $1.2 million represents the additional costs for Black/African American women, more than $1.0 million represents the additional costs for White women, and approximately $442,700 represents the additional costs for women of other races.

[162] (Ohio Department of Health 2022)

[163] The marginal decrease in taxes associated with lost wages were not calculated due to data limitations.

Table 22: Scenario 1 Economic Impacts by Race (Low), (2021$)

Cost Type	Impact Category	Black/African American	White	Other	Total
Individual Costs	Transportation Costs	$692,536	$602,650	$258,478	$1,553,664
	Lost Wages	$384,073	$334,223	$143,349	$861,645
	Child Care Costs	$44,227	$38,486	$16,507	$99,220
	Hotel and Travel Costs	$65,176	$56,717	$24,326	$146,219
	Total Individual Costs	**$1,186,012**	**$1,032,076**	**$442,660**	**$2,660,748**
Public Costs	**Total Public Costs**	**N/A**	**N/A**	**N/A**	**N/A**
Total Costs and Average Cost	**Total Costs**	**$1,186,012**	**$1,032,076**	**$442,660**	**$2,660,748**
	Average Cost per Abortion Requiring Out-of-State Travel	**$184**	**$184**	**$184**	**$184**

Source: Estimates based on 2021 resident abortion data in Ohio.

Table 23 details the high estimates of the economic impacts of Scenario 1, which are based on the average increase in miles traveled to the nearest abortion provider. Based on the 14,450 abortions completed for Ohio residents during 2021 that would require out-of-state travel under Senate Bill 23, the additional costs incurred by women as a result of having to travel out of state for abortion care totals more than $3.2 million. This is comprised of $2.1 million in transportation costs, $861,600 in lost wages, $99,200 in child care costs, and $146,200 in hotel and travel costs. The average additional cost to women is $223 per abortion requiring out-of-state travel under Senate Bill 23. In this scenario, there would be no additional costs incurred by the public since all abortions that occurred during 2021 would still result in an abortion.[164] Of the total additional costs incurred by women as a result of having to travel out of state for abortion care, approximately $1.4 million represents the additional costs for Black/African American women, nearly $1.3 million represents the additional costs for White women, and approximately $536,900 represents the additional costs for women of other races.

Table 23: Scenario 1 Economic Impacts by Race (High), (2021$)

Cost Type	Impact Category	Black/African American	White	Other	Total
Individual Costs	Transportation Costs	$945,024	$822,366	$352,715	$2,120,104
	Lost Wages	$384,073	$334,223	$143,349	$861,645
	Child Care Costs	$44,227	$38,486	$16,507	$99,220
	Hotel and Travel Costs	$65,176	$56,717	$24,326	$146,219
	Total Individual Costs	**$1,438,500**	**$1,251,792**	**$536,897**	**$3,227,189**
Public Costs	**Total Public Costs**	**N/A**	**N/A**	**N/A**	**N/A**
Total Costs and Average Cost	**Total Costs**	**$1,438,500**	**$1,251,792**	**$536,897**	**$3,227,188**
	Average Cost per Abortion Requiring Out-of-State Travel	**$223**	**$223**	**$223**	**$223**

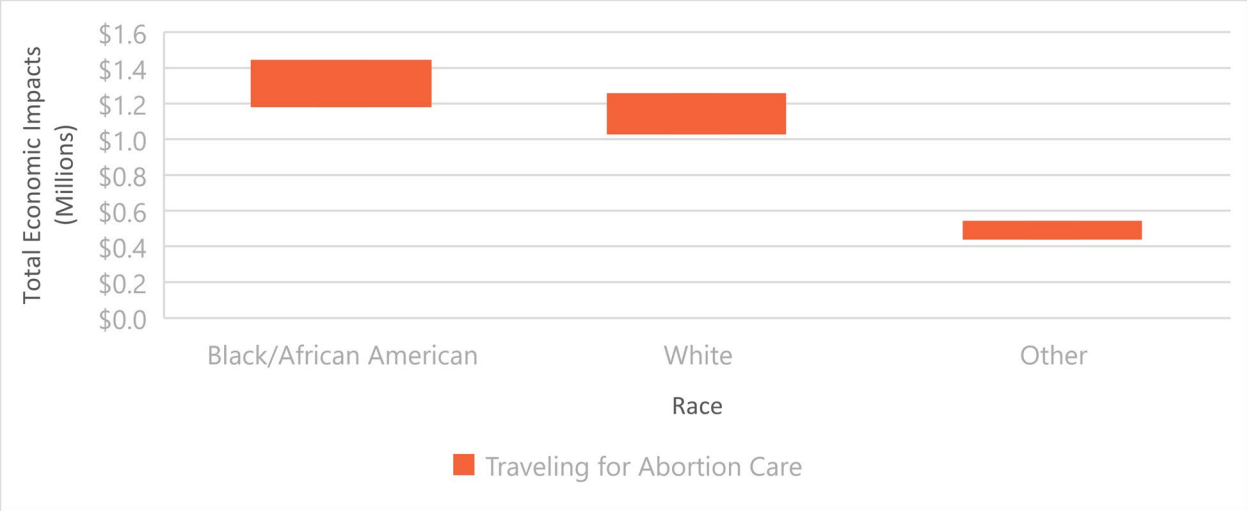
Source: Estimates based on 2021 resident abortion data in Ohio.

Figure 4 illustrates the economic impacts of restricted abortion access in Ohio for Scenario 1 by race. For women forced to travel out of state to access abortion care, the economic impacts range from $1.2 million to $1.4 million for Black/African American women, $1.0 million to $1.3 million for White women, and $442,700 to $536,900 for

[164] The marginal decrease in taxes associated with lost wages were not calculated due to data limitations.

women of other races. Collectively, the economic impacts of restricted abortion access in Ohio range from $2.7 million to $3.2 million for Scenario 1.

Figure 4: Scenario 1 Economic Impacts Comparison by Race, 2021 (2021$)



Source: Estimates based on 2021 resident abortion data in Ohio.

Scenario 2

Scenario 2 assumes that Senate Bill 23 is in effect meaning that abortion is legally available in Ohio until fetal cardiac activity is detected and assumes that any pregnancy after fetal cardiac activity is detected results in a birth. According to the Ohio Department of Health's abortion statistics, Ohio residents received 20,716 abortions during 2021.[165] It is estimated that approximately 5,725 abortions were performed for Ohio residents with pregnancies with a gestation of six weeks or less. It is estimated that 62 of the abortions performed for Ohio residents would be the result of a risk to the woman's life or a major bodily function and 479 abortions performed for Ohio residents would be the result of other physical concerns. Therefore, an estimated 6,266 abortions for Ohio residents would have still occurred during 2021 if Senate Bill 23 was in effect. This means that the remaining 14,450 abortions performed for Ohio residents would result in a birth. According to Sisson, et al. (2017), approximately 91.0 percent of women denied an abortion who gave birth chose parenting instead of adoption.[166] Therefore, 13,150 of the 14,450 abortions performed for Ohio residents would result in a parenting birth, assuming women denied an abortion in Ohio would make similar decisions. Of the abortions performed for Ohio residents that would result in a parenting birth, 5,861 are for Black/African American women, 5,101 are for White women, and 2,188 are for women of other races. Table 24 summarizes the outcomes for Scenario 2 by race based on the abortions performed for Ohio residents during 2021.

[165] (Ohio Department of Health 2022)
[166] (Sisson, et al. 2017)

Table 24: Scenario 2 Abortion Outcomes by Race

Outcome	Black/African American	White	Other	Total Abortions
Total abortions completed in Ohio	**2,793**	**2,431**	**1,042**	**6,266**
Gestation of 6 weeks or less	2,552	2,221	952	**5,725**
Risk to the woman's life or a major bodily function	28	24	10	**62**
Other physical health concerns	213	186	80	**479**
Total births resulting from restricted abortion access	**6,441**	**5,605**	**2,404**	**14,450**
Parenting births	5,861	5,101	2,188	**13,150**
Adoption births	580	504	216	**1,300**
Total resident abortions	**9,234**	**8,036**	**3,446**	**20,716**

Source: Estimates based on 2021 resident abortion data in Ohio.

For the 13,150 abortions performed for Ohio residents during 2021 that would have resulted in a parenting birth if Senate Bill 23 were in effect, the low estimate of the additional costs incurred by women and the public totals $461.8 million, as detailed in Table 25. This is comprised of $275.8 million in additional costs incurred by women as well as $186.0 million in additional costs incurred by the public. The additional costs incurred by women include $196.8 million in lifetime earnings loss and $79.0 million in child care costs through 4 years of age. The additional costs incurred by the public include $108.2 million in maternity medical costs and one year of infant medical costs, $71.5 million in child medical costs from ages 1 through 4 years, $1.8 million in public assistance costs, and $4.5 million in SNAP costs.

Of the total additional costs incurred by women and the public, approximately $213.8 million represents the additional costs for Black/African American women, $178.0 million represents the additional costs for White women, and approximately $70.1 million represents the additional costs for women of other races. The average additional costs of abortions performed for Black/African American women that would have resulted in a parenting birth if Senate Bill 23 were in effect is $36,471, which is comprised of $19,539 in individual costs and $16,932 in public costs. The average additional costs of abortions performed for White women that would have resulted in a parenting birth if Senate Bill 23 were in effect is $34,898, which is comprised of $23,126 in individual costs and $11,772 in public costs. The average additional costs of abortions performed for women of other races that would have resulted in a parenting birth if Senate Bill 23 were in effect is $32,020, which is comprised of $19,807 in individual costs and $12,214 in public costs.

Table 25: Scenario 2 Economic Impacts by Race (Low), (2021$)

Cost Type	Impact Category	Black/African American	White	Other	Total
Individual Costs	Lifetime Earnings Loss	$82,485,833	$83,813,213	$30,472,584	$196,771,630
	Child Care Costs	$32,030,161	$34,153,631	$12,864,145	$79,047,937
	Total Individual Costs	**$114,515,994**	**$117,966,844**	**$43,336,729**	**$275,819,567**
Public Costs	Maternity Medical Costs and One Year of Infant Medical Costs	$57,203,726	$35,227,481	$15,752,685	$108,183,892
	Child Medical Costs from Ages 1-4 Years	$37,804,202	$23,280,770	$10,410,470	$71,495,442
	Public Assistance Costs	$1,269,720	$450,565	$75,928	$1,796,213
	Supplemental Nutrition Assistance Program Costs	$2,960,710	$1,089,988	$484,259	$4,534,957
	Total Public Costs	**$99,238,358**	**$60,048,804**	**$26,723,342**	**$186,010,504**
Total Costs and Average Cost	**Total Costs**	**$213,754,352**	**$178,015,648**	**$70,060,071**	**$461,830,071**
	Average Cost per Parenting Birth	**$36,471**	**$34,898**	**$32,020**	**$35,120**
	Average Individual Costs per Parenting Birth	$19,539	$23,126	$19,807	$20,975
	Average Public Costs per Parenting Birth	$16,932	$11,772	$12,214	$14,145

Source: Estimates based on 2021 resident abortion data in Ohio.

For the 13,150 abortions performed for Ohio residents during 2021 that would have resulted in a parenting birth if Senate Bill 23 were in effect, the high estimate of the additional costs incurred by women and the public totals $551.4 million, as detailed in Table 26. This is comprised of $365.4 million in additional costs incurred by women as well as $186.0 million in additional costs incurred by the public. The additional costs incurred by women include $262.1 million in lifetime earnings loss and $103.3 million in child care costs through 4 years of age. The additional costs incurred by the public include $108.2 million in maternity medical costs and one year of infant medical costs, $71.5 million in child medical costs from ages 1 through 4 years, $1.8 million in public assistance costs, and $4.5 million in SNAP costs.

Of the total additional costs incurred by women and the public, approximately $252.4 million represents the additional costs for Black/African American women, $214.3 million represents the additional costs for White women, and approximately $84.7 million represents the additional costs for women of other races. The average additional costs of abortions performed for Black/African American women that would have resulted in a parenting birth if Senate Bill 23 were in effect is $43,063, which is comprised of $26,131 in individual costs and $16,932 in public costs. The average additional costs of abortions performed for White women that would have resulted in a parenting birth if Senate Bill 23 were in effect is $42,015, which is comprised of $30,243 in individual costs and $11,772 in public costs. The average additional costs of abortions performed for women of other races that would have resulted in a parenting birth if Senate Bill 23 were in effect is $38,721, which is comprised of $26,508 in individual costs and $12,214 in public costs.

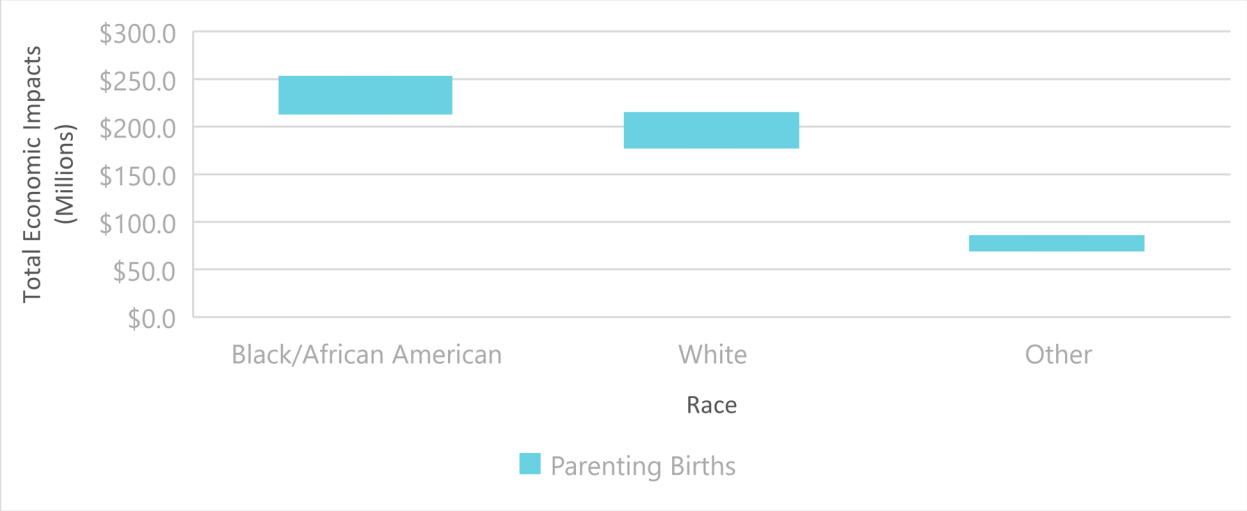
Table 26: Scenario 2 Economic Impacts by Race (High), (2021$)

Cost Type	Impact Category	Black/African American	White	Other	Total
Individual Costs	Lifetime Earnings Loss	$111,152,657	$109,767,678	$41,165,633	$262,085,968
	Child Care Costs	$41,999,968	$44,502,289	$16,833,045	$103,335,302
	Total Individual Costs	**$153,152,625**	**$154,269,967**	**$57,998,678**	**$365,421,270**
Public Costs	Maternity Medical Costs and One Year of Infant Medical Costs	$57,203,726	$35,227,481	$15,752,685	$108,183,892
	Child Medical Costs from Ages 1-4 Years	$37,804,202	$23,280,770	$10,410,470	$71,495,442
	Public Assistance Costs	$1,269,720	$450,565	$75,928	$1,796,213
	Supplemental Nutrition Assistance Program Costs	$2,960,710	$1,089,988	$484,259	$4,534,957
	Total Public Costs	**$99,238,358**	**$60,048,804**	**$26,723,342**	**$186,010,504**
Total Costs and Average Cost	**Total Costs**	**$252,390,983**	**$214,318,771**	**$84,722,020**	**$551,431,774**
	Average Cost per Parenting Birth	**$43,063**	**$42,015**	**$38,721**	**$41,934**
	Average Individual Costs per Parenting Birth	$26,131	$30,243	$26,508	$27,789
	Average Public Costs per Parenting Birth	$16,932	$11,772	$12,214	$14,145

Source: Estimates based on 2021 resident abortion data in Ohio.

Figure 5 illustrates the economic impacts of restricted abortion access in Ohio for Scenario 2 by race. For women who would have had an abortion but have a parenting birth as a result of Senate Bill 23 being in effect, the economic impacts range from $213.8 million to $252.4 million for Black/African American women, $178.0 million to $214.3 million for White women, and $70.1 million to $84.7 million for women of other races. Collectively, the economic impacts of restricted abortion access in Ohio range from $461.8 million to $551.4 million for Scenario 2.

Figure 5: Scenario 2 Economic Impacts Comparison by Race, 2021 (2021$)



Source: Estimates based on 2021 resident abortion data in Ohio.

Scenario 3

Scenario 3 assumes that Senate Bill 23 is in effect meaning that abortion is legally available in Ohio until fetal cardiac activity is detected and assumes that any pregnancy after fetal cardiac activity is detected either results in a birth or requires travel to another state for abortion care. According to the Ohio Department of Health's abortion statistics, Ohio residents received 20,716 abortions during 2021.[167] It is estimated that approximately 5,725 abortions were performed for Ohio residents with pregnancies with a gestation of six weeks or less. It is estimated that 62 of the abortions performed for Ohio residents would be the result of a risk to the woman's life or a major bodily function and 479 abortions performed for Ohio residents would be the result of other physical concerns. Therefore, an estimated 6,266 abortions for Ohio residents would have still occurred during 2021 if Senate Bill 23 was in effect.

This means that the remaining 14,450 abortions performed for Ohio residents would require out-of-state travel in order to obtain abortion care or would result in a birth. According to Myers (2021), an increase in travel distance up to 100 miles to the nearest abortion provider is estimated to increase births by 2.4 percent overall.[168] Specifically, the estimated increase in births is 3.3 percent for Black women and 2.1 percent for White women.[169] This would result in an additional 767 births for Black/African American women, 2,056 births for White women, and 203 births for women of other races, given the births in Ohio by race among women between the ages of 15 and 44 years during 2021. An increase in travel distance up to 100 miles to the nearest abortion provider would result in a total of 3,026 additional births in Ohio. According to Sisson, et al. (2017), approximately 91.0 percent of women denied an abortion who gave birth chose parenting instead of adoption.[170] Therefore, 2,754 of the 3,026 abortions performed for Ohio residents would result in a parenting birth, assuming women denied an abortion in Ohio would make similar decisions.

Therefore, the remaining 11,424 abortions performed for Ohio residents would require out-of-state travel in order to obtain abortion care. Of the abortions performed for Ohio residents that would require out-of-state travel in order to obtain abortion care, 5,674 are for Black/African American women, 3,549 are for White women, and 2,201 are for women of other races. Table 27 summarizes the outcomes for Scenario 3 by race based on the abortions performed for Ohio residents during 2021.

Table 27: Scenario 3 Abortion Outcomes by Race

Outcome	Black/African American	White	Other	Total Abortions
Total abortions completed in Ohio	**2,793**	**2,431**	**1,042**	**6,266**
Gestation of 6 weeks or less	2,552	2,221	952	**5,725**
Risk to the woman's life or a major bodily function	28	24	10	**62**
Other physical health concerns	213	186	80	**479**
Total births resulting from restricted abortion access	**767**	**2,056**	**203**	**3,026**
Parenting births	698	1,871	185	**2,754**
Adoption births	69	185	18	**272**
Total abortions requiring out-of-state travel	**5,674**	**3,549**	**2,201**	**11,424**
Total resident abortions	**9,234**	**8,036**	**3,446**	**20,716**

Source: Estimates based on 2021 resident abortion data in Ohio.

[167] (Ohio Department of Health 2022)
[168] (Myers 2021)
[169] (Myers 2021)
[170] (Sisson, et al. 2017)

For the 11,424 abortions completed for Ohio residents during 2021 that would require out-of-state travel under Senate Bill 23, the low estimate of the additional costs incurred by women as a result of having to travel out of state for abortion care totals $2.1 million, as detailed in Table 28. This is comprised of $1.2 million in transportation costs, $681,200 in lost wages, $78,400 in child care costs, and $115,600 in hotel and travel costs. The average additional cost to women is $184 per abortion requiring out-of-state travel under Senate Bill 23. In this scenario, there would be no additional costs incurred by the public since all abortions that occurred during 2021 would still result in an abortion.[171] Of the total additional costs incurred by women as a result of having to travel out of state for abortion care, approximately $1.0 million represents the additional costs for Black/African American women, $653,500 represents the additional costs for White women, and $405,300 represents the additional costs for women of other races.

Table 28: Scenario 3 Economic Impacts of Traveling for Abortion Care by Race (Low), (2021$)

Cost Type	Impact Category	Black/African American	White	Other	Total
Individual Costs	Transportation Costs	$610,068	$381,588	$236,652	$1,228,308
	Lost Wages	$338,338	$211,625	$131,244	$681,207
	Child Care Costs	$38,960	$24,369	$15,113	$78,442
	Hotel and Travel Costs	$57,415	$35,912	$22,272	$115,599
	Total Individual Costs	**$1,044,781**	**$653,494**	**$405,281**	**$2,103,556**
Public Costs	**Total Public Costs**	**N/A**	**N/A**	**N/A**	**N/A**
Total Costs and Average Cost	**Total Costs**	**$1,044,781**	**$653,494**	**$405,281**	**$2,103,556**
	Average Cost per Abortion Requiring Out-of-State Travel	**$184**	**$184**	**$184**	**$184**

Source: Estimates based on 2021 resident abortion data in Ohio.

For the 11,424 abortions completed for Ohio residents during 2021 that would require out-of-state travel under Senate Bill 23, the high estimate of the additional costs incurred by women as a result of having to travel out of state for abortion care totals nearly $2.6 million, as detailed in Table 29. This is comprised of nearly $1.7 million in transportation costs, $681,200 in lost wages, $78,400 in child care costs, and $115,600 in hotel and travel costs. The average additional cost to women is $223 per abortion requiring out-of-state travel under Senate Bill 23. In this scenario, there would be no additional costs incurred by the public since all abortions that occurred during 2021 would still result in an abortion.[172] Of the total additional costs incurred by women as a result of having to travel out of state for abortion care, approximately $1.3 million represents the additional costs for Black/African American women, $792,600 represents the additional costs for White women, and $491,600 represents the additional costs for women of other races.

[171] The marginal decrease in taxes associated with lost wages were not calculated due to data limitations.
[172] The marginal decrease in taxes associated with lost wages were not calculated due to data limitations.

Table 29: Scenario 3 Economic Impacts of Traveling for Abortion Care by Race (High), (2021$)

Cost Type	Impact Category	Black/African American	White	Other	Total
Individual Costs	Transportation Costs	$832,489	$520,709	$322,931	$1,676,129
	Lost Wages	$338,338	$211,625	$131,244	$681,207
	Child Care Costs	$38,960	$24,369	$15,113	$78,442
	Hotel and Travel Costs	$57,415	$35,912	$22,272	$115,599
	Total Individual Costs	**$1,267,202**	**$792,615**	**$491,560**	**$2,551,377**
Public Costs	**Total Public Costs**	**N/A**	**N/A**	**N/A**	**N/A**
Total Costs and Average Cost	**Total Costs**	**$1,267,202**	**$792,615**	**$491,560**	**$2,551,377**
	Average Cost per Abortion Requiring Out-of-State Travel	**$223**	**$223**	**$223**	**$223**

Source: Estimates based on 2021 resident abortion data in Ohio.

For the 2,754 abortions performed for Ohio residents during 2021 that would have resulted in a parenting birth if Senate Bill 23 were in effect, the low estimate of the additional costs incurred by women and the public totals $96.7 million, as detailed in Table 30. This is comprised of $60.6 million in additional costs incurred by women as well as $36.1 million in additional costs incurred by the public. The additional costs incurred by women include $43.1 million in lifetime earnings loss and $17.4 million in child care costs through 4 years of age. The additional costs incurred by the public include $21.1 million in maternity medical costs and one year of infant medical costs, $13.9 million in child medical costs from ages 1 through 4 years, $322,900 million in public assistance costs, and $793,300 million in SNAP costs.

Of the total additional costs incurred by women and the public, approximately $25.5 million represents the additional costs for Black/African American women, $65.3 million represents the additional costs for White women, and approximately $5.9 million represents the additional costs for women of other races. The average additional costs of abortions performed for Black/African American women that would have resulted in a parenting birth if Senate Bill 23 were in effect is $36,471, which is comprised of $19,539 in individual costs and $16,932 in public costs. The average additional costs of abortions performed for White women that would have resulted in a parenting birth if Senate Bill 23 were in effect is $34,898, which is comprised of $23,126 in individual costs and $11,772 in public costs. The average additional costs of abortions performed for women of other races that would have resulted in a parenting birth if Senate Bill 23 were in effect is $32,020, which is comprised of $19,807 in individual costs and $12,214 in public costs.

Table 30: Scenario 3 Economic Impacts of Parenting Births by Race (Low), (2021$)

Cost Type	Impact Category	Black/African American	White	Other	Total
Individual Costs	Lifetime Earnings Loss	$9,823,428	$30,741,918	$2,576,521	$43,141,867
	Child Care Costs	$3,814,546	$12,527,238	$1,087,690	$17,429,474
	Total Individual Costs	**$13,637,974**	**$43,269,156**	**$3,664,211**	**$60,571,341**
Public Costs	Maternity Medical Costs and One Year of Infant Medical Costs	$6,812,524	$12,921,117	$1,331,923	$21,065,564
	Child Medical Costs from Ages 1-4 Years	$4,502,190	$8,539,173	$880,227	$13,921,590
	Public Assistance Costs	$151,214	$165,263	$6,420	$322,897
	Supplemental Nutrition Assistance Program Costs	$352,598	$399,798	$40,945	$793,341
	Total Public Costs	**$11,818,526**	**$22,025,351**	**$2,259,515**	**$36,103,392**
Total Costs and Average Cost	**Total Costs**	**$25,456,500**	**$65,294,507**	**$5,923,726**	**$96,674,733**
	Average Cost per Parenting Birth	**$36,471**	**$34,898**	**$32,020**	**$35,103**
	Average Individual Costs per Parenting Birth	$19,539	$23,126	$19,807	$21,994
	Average Public Costs per Parenting Birth	$16,932	$11,772	$12,214	$13,109

Source: Estimates based on 2021 resident abortion data in Ohio.

For the 2,754 abortions performed for Ohio residents during 2021 that would have resulted in a parenting birth if Senate Bill 23 were in effect, the high estimate of the additional costs incurred by women and the public totals $115.8 million, as detailed in Table 31. This is comprised of $79.7 million in additional costs incurred by women as well as $36.1 million in additional costs incurred by the public. The additional costs incurred by women include $57.0 million in lifetime earnings loss and $22.7 million in child care costs through 4years of age. The additional costs incurred by the public include $21.1 million in maternity medical costs and one year of infant medical costs, $13.9 million in child medical costs from ages 1 through 4 years, $322,900 million in public assistance costs, and $793,300 million in SNAP costs.

Of the total additional costs incurred by women and the public, approximately $30.1 million represents the additional costs for Black/African American women, $78.6 million represents the additional costs for White women, and approximately $7.2 million represents the additional costs for women of other races. The average additional costs of abortions performed for Black/African American women that would have resulted in a parenting birth if Senate Bill 23 were in effect is $36,471, which is comprised of $19,539 in individual costs and $16,932 in public costs. The average additional costs of abortions performed for White women that would have resulted in a parenting birth if Senate Bill 23 were in effect is $34,898, which is comprised of $23,126 in individual costs and $11,772 in public costs. The average additional costs of abortions performed for women of other races that would have resulted in a parenting birth if Senate Bill 23 were in effect is $32,020, which is comprised of $19,807 in individual costs and $12,214 in public costs.

Table 31: Scenario 3 Economic Impacts of Parenting Births by Race (High), (2021$)

Cost Type	Impact Category	Black/African American	White	Other	Total
Individual Costs	Lifetime Earnings Loss	$13,237,426	$40,261,777	$3,480,641	$56,979,844
	Child Care Costs	$5,001,873	$16,323,031	$1,423,269	$22,748,173
	Total Individual Costs	**$18,239,299**	**$56,584,808**	**$4,903,910**	**$79,728,017**
Public Costs	Maternity Medical Costs and One Year of Infant Medical Costs	$6,812,524	$12,921,117	$1,331,923	$21,065,564
	Child Medical Costs from Ages 1-4 Years	$4,502,190	$8,539,173	$880,227	$13,921,590
	Public Assistance Costs	$151,214	$165,263	$6,420	$322,897
	Supplemental Nutrition Assistance Program Costs	$352,598	$399,798	$40,945	$793,341
	Total Public Costs	**$11,818,526**	**$22,025,351**	**$2,259,515**	**$36,103,392**
Total Costs and Average Cost	**Total Costs**	**$30,057,825**	**$78,610,159**	**$7,163,425**	**$115,831,409**
	Average Cost per Parenting Birth	**$43,063**	**$42,015**	**$38,721**	**$42,059**
	Average Individual Costs per Parenting Birth	$26,131	$30,243	$26,508	$28,950
	Average Public Costs per Parenting Birth	$16,932	$11,772	$12,214	$13,109

Source: Estimates based on 2021 resident abortion data in Ohio.

The total additional costs of restricted abortion access in Ohio range from $98.8 million to $118.4 million for Scenario 3. The additional costs incurred by women range from $62.7 million to $82.3 million, whereas the additional costs incurred by the public are $36.1 million, as detailed in Table 32. The additional costs incurred by women range from $14.7 million to $19.5 million for Black/African American women, $43.9 million to $57.4 million for White women, and $4.1 million to $5.4 million for women of other races. The additional costs incurred by the public are $11.8 million for Black/African American women, $22.0 million for White women, and $2.3 million for women of other races. Of the total economic impacts of restricted abortion access in Ohio for Scenario 3, individual costs incurred by women represent between 63.5 percent and 69.5 percent, whereas costs incurred by the public represent between 30.5 and 36.5 percent.

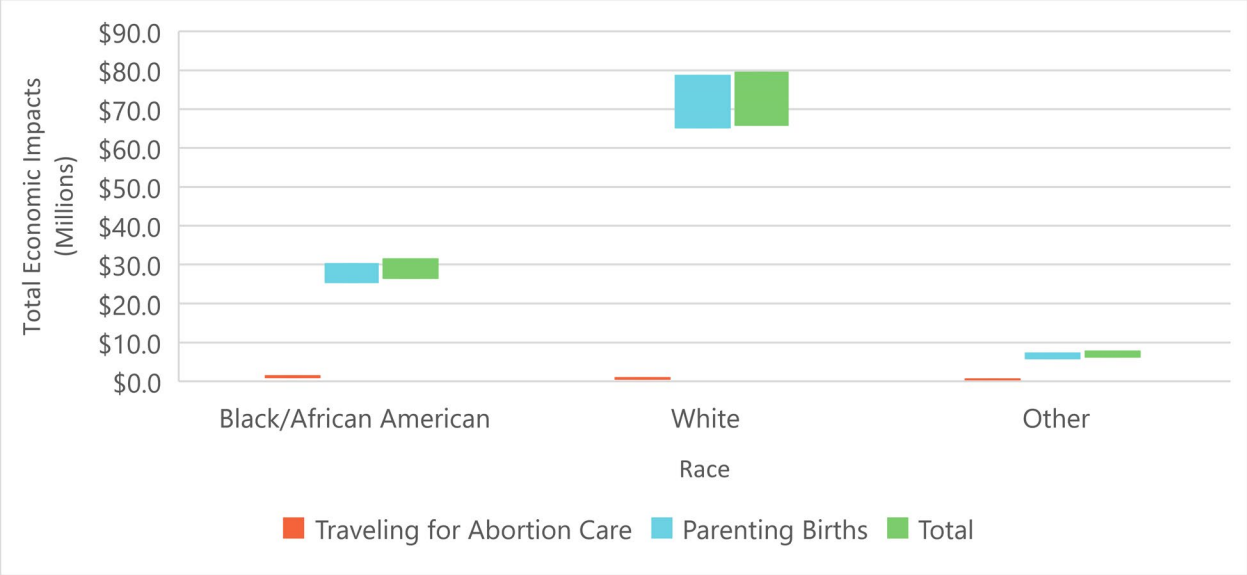
Table 32: Scenario 3 Economic Impacts Summary by Race, (2021$)

Estimate Type	Cost Type	Black/African American	White	Other	Total
Low	Total Individual Costs	$14,682,755	$43,922,650	$4,069,492	$62,674,897
	Total Public Costs	$11,818,526	$22,025,351	$2,259,515	$36,103,392
	Total Costs	**$26,501,281**	**$65,948,001**	**$6,329,007**	**$98,778,289**
High	Total Individual Costs	$19,506,501	$57,377,423	$5,395,470	$82,279,394
	Total Public Costs	$11,818,526	$22,025,351	$2,259,515	$36,103,392
	Total Costs	**$31,325,027**	**$79,402,774**	**$7,654,985**	**$118,382,786**

Source: Estimates based on 2021 resident abortion data in Ohio.

Figure 6 illustrates the economic impacts of restricted abortion access in Ohio for Scenario 3 by race. The economic impacts of restricted abortion access in Ohio comprise the economic impacts for women forced to travel out of state to access abortion care as a result of Senate Bill 23 being in effect as well as the economic impacts for women who would have had an abortion but have a parenting birth as a result of Senate Bill 23 being in effect. For women forced to travel out-of-state to access abortion care, the economic impacts range from $1.0 million to $1.3 million for Black/African American women, $653,500 to $792,600 for White women, and $405,300 to $491,600 for women of other races. For women who would have had an abortion but have a parenting birth, the economic impacts range from $25.5 million to $30.1 million for Black/African American women, $65.3 million to $78.6 million for White women, and $5.9 million to $7.2 million for women of other races. The total economic impacts range from $26.5 million to $31.3 million for Black/African American women, $65.9 million to $79.4 million for White women, and $6.3 million to $7.7 million for women of other races. Collectively, the economic impacts of restricted abortion access in Ohio range from $98.9 million to $118.4 million for Scenario 3.

Figure 6: Scenario 3 Economic Impacts Comparison by Outcome and Race, 2021 (2021$)



Source: Estimates based on 2021 resident abortion data in Ohio.

Comparison

The economic impacts evaluated in this analysis refer to the additional costs incurred by women seeking abortion care and the additional costs incurred by the public. Three scenarios were developed to illustrate the potential range of economic impacts associated with restricted abortion access in Ohio. All three scenarios assume that Senate Bill 23 is in effect in Ohio, which bans abortion after fetal cardiac activity is detected. Table 33 summarizes the potential economic impacts of restricted abortion access in Ohio by scenario and cost type.

Scenario 1 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect require travel to another state to access abortion care. This scenario represents the lower bound of the potential economic impacts associated with restricted abortion access in Ohio. For the 14,450 abortions that would have required out-of-state travel under Senate Bill 23, the total additional costs range from $2.7 million to $3.2 million. All of the additional costs represent costs incurred by women seeking abortion care. The average additional cost per abortion requiring out-of-state travel ranges from $184 to $223.

Scenario 2 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect result in a birth. This scenario represents the upper bound of the potential economic impacts associated with restricted

abortion access in Ohio. For the 13,150 abortions that would have resulted in a parenting birth under Senate Bill 23, the total additional costs range from $461.8 million to $551.4 million. Approximately $275.8 million to $365.4 million of the total additional costs comprise the costs incurred by women seeking abortion care. This represents between 59.7 percent and 66.3 percent of the total additional costs. The additional costs incurred by the public total $186.0 million, which represents between 33.7 percent and 40.3 percent of the total additional costs. The average additional cost per abortion that results in a parenting birth ranges from $35,120 to $41,931. This is comprised of between $20,975 and $27,789 in costs incurred by women and as well as $14,145 in costs incurred by the public.

Scenario 3 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect either result in a birth or require travel to another state to access abortion care. This scenario represents the more realistic potential economic impacts associated with restricted abortion access in Ohio. For this scenario, 11,424 abortions would have required out-of-state travel under Senate Bill 23 and 2,754 abortions would have resulted in a parenting birth. The total additional costs of restricted abortion access in Ohio range from $98.8 million to $118.4 million. The additional costs incurred by women seeking abortion care range from $62.7 million to $82.3 million, whereas the additional costs incurred by the public are $36.1 million. The average additional cost per abortion requiring out-of-state travel ranges from $184 to $223. The average additional cost per abortion that results in a parenting birth ranges from $35,103 to $42,059. This is comprised of between $21,994 and $28,950 in costs incurred by women as well as $13,109 in costs incurred by the public.

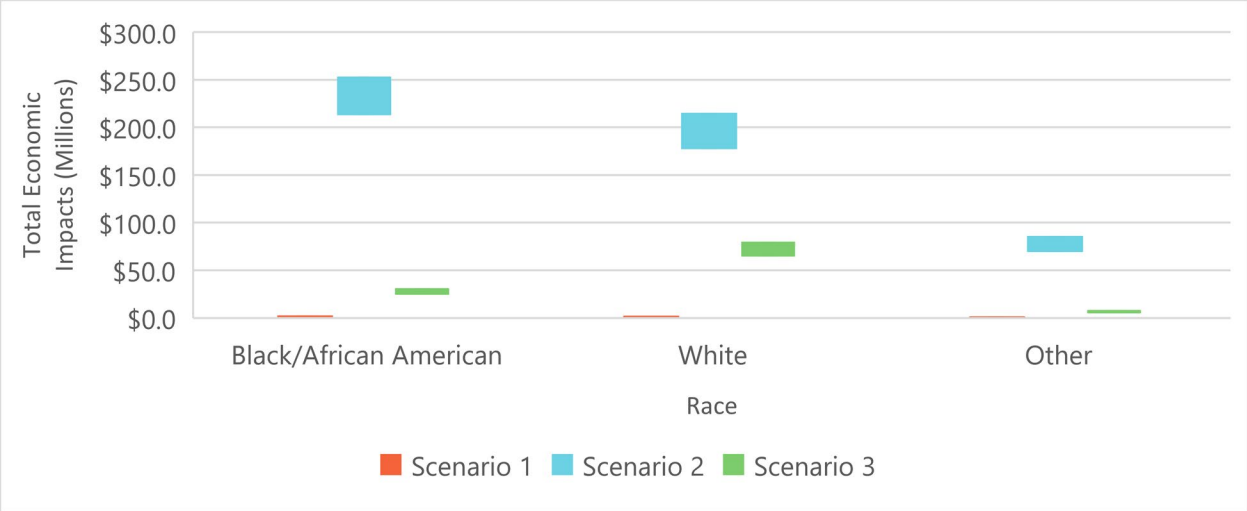
Table 33: Economic Impacts Comparison by Scenario and Cost Type, 2021 (2021$)

Estimate Type	Cost Type	Scenario 1	Scenario 2	Scenario 3
Low	Total Individual Costs	$2,660,748	$275,819,567	$62,674,897
	Total Public Costs	N/A	$186,010,504	$36,103,392
	Total Costs	**$2,660,748**	**$461,830,071**	**$98,778,289**
High	Total Individual Costs	$3,227,189	$365,421,270	$82,279,394
	Total Public Costs	N/A	$186,010,504	$36,103,392
	Total Costs	**$3,227,189**	**$551,431,774**	**$118,382,786**

Source: Estimates based on 2021 resident abortion data in Ohio.

Figure 7 illustrates the potential economic impacts of restricted abortion access in Ohio by scenario and race. For Scenario 1, the economic impacts range from $1.2 million to $1.4 million for Black/African American women, $1.0 million to $1.3 million for White women, and $442,700 to $536,900 for women of other races. For Scenario 2, the economic impacts range from $213.8 million to $252.4 million for Black/African American women, $178.0 million to $214.3 million for White women, and $70.1 million to $84.7 million for women of other races. For Scenario 3, the economic impacts range from $26.5 million to $31.3 million for Black/African American women, $65.9 million to $79.4 million for White women, and $6.3 million to $7.7 million for women of other races. Collectively, the potential economic impacts of restricted abortion access in Ohio range from $1.2 million to $252.4 million for Black/African American women, $1.0 million to $214.3 million for White women, and $442,700 to $84.7 million for women of other races.

Figure 7: Total Economic Impacts Comparison by Scenario and Race, 2021 (2021$)



Source: Estimates based on 2021 resident abortion data in Ohio.

Conclusion

Reproductive rights in Ohio, especially those related to abortion, are simultaneously undergoing attempts to restrict and protect those rights in the post-*Roe* landscape. The purpose of this analysis is to evaluate the economic impacts of restricted abortion access in Ohio, assuming Senate Bill 23 is in effect. Three scenarios were developed to illustrate the potential range of economic impacts based on 2021 resident abortion data in Ohio.

Scenario 1 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect require travel to another state to access abortion care. This scenario represents the lower bound of the potential economic impacts associated with restricted abortion access in Ohio. For the 14,450 abortions that would have required out-of-state travel under Senate Bill 23, the total additional costs range from $2.7 million to $3.2 million.

Scenario 2 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect result in a birth. This scenario represents the upper bound of the potential economic impacts associated with restricted abortion access in Ohio. For the 13,150 abortions that would have resulted in a parenting birth under Senate Bill 23, the total additional costs range from $461.8 million to $551.4 million.

Scenario 3 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect either result in a birth or require travel to another state to access abortion care. This scenario represents the more realistic potential economic impacts associated with restricted abortion access in Ohio. For this scenario, 11,424 abortions would have required out-of-state travel and 2,754 abortions would have resulted in a parenting birth. The total additional costs of restricted abortion access in Ohio range from $98.8 million to $118.4 million.

Although this analysis does not attempt to quantify the emotional and mental costs associated with abortion decision making nor does it quantify all of the economic impacts of restricted access to abortion due to data limitations, this analysis provides a baseline of comparison to inform legislative decision making.

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