

People Traveling to Illinois for Abortion Care after *Roe v. Wade* was Overturned

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In June of 2022, the Supreme Court released its decision in *Dobbs v. Jackson Women’s Health Organization*, overturning both *Roe v. Wade* and *Planned Parenthood v. Casey* and ruling that the U.S. Constitution does not guarantee the right to abortion.¹ As a result, states are now free to regulate abortion as they see fit and 26 states are likely to ban all, or nearly all, abortions.² In the months since *Dobbs* was decided, we have already seen significant increases in interstate abortion travel and greater strain on clinics in states where abortion remains legal.³

This data brief estimates that as a result of these restrictions on access to abortion, between 9,277 and 18,554 more people will travel to Illinois each year for abortion care. Our mid-level scenario estimates that approximately 12,245 more people will travel to Illinois each year for abortion care. Put differently, approximately 1,020 additional people will travel to Illinois each month for an abortion.

This increase in people traveling to the state for abortion care is in the context of a very large increase in people traveling to Illinois before *Dobbs* was decided, because of the large number of abortion

¹ *Dobbs v. Jackson Women’s Health, Org.*, 142 S.Ct. 2228 (June 24, 2022).

² Elizabeth Nash & Lauren Cross, *26 States Are Certain or Likely to Ban Abortion Without Roe: Here’s Which Ones and Why*, Guttmacher Inst. (Oct. 2021), <https://www.guttmacher.org/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why>. Post-*Dobbs*, the current legality of abortion is changing frequently as state legislatures enact more restrictive laws and lawsuits challenging these policies impact which are currently in effect. For the most up-to-date information about abortions laws and lawsuits in each state, see CTR. FOR REPRODUCTIVE RIGHTS, *After Roe Fell: Abortion Laws by State*, <https://reproductiverights.org/maps/abortion-laws-by-state/> (updated in real time).

³ See, e.g., Oriana Gonzalez, *Number of Patients Traveling for Abortion Overwhelmingly Increased Post-Roe*, AXIOS (Aug. 3, 2022), <https://www.axios.com/2022/08/03/abortion-travel-increase-post-dobbs-roe-decision> (stating that the National Abortion Federation reports a 5,100% increase in plane or bus trips and a more than 1,400% rise in hotel room bookings from patients traveling out-of-state for care); Margot Sanger-Katz, Claire Cain Miller, & Josh Katz, *Interstate Abortion Travel Is Already Straining Parts of the System*, N.Y. TIMES (July 23, 2022), <https://www.nytimes.com/2022/07/23/upshot/abortion-interstate-travel-appointments.htm>.

restrictions passed by states in recent years.⁴ When compared with the number of people traveling to Illinois for abortion in 2019, our estimates are that over 14,000 more people will travel to the state for abortion care after *Dobbs* than were coming in 2019.

While our model is based on the best available research and relevant prior research, it is also based on a number of assumptions that are further explained below. Accordingly, our estimate should be used to indicate the order of scale of the number of out-of-state residents traveling to Illinois for abortion services. In other words, the impact will not be that only hundreds of people travel to the state, nor is it likely that multiple tens of thousands will do so.

We also do not anticipate that this impact will be felt all at once. Rather, people will adjust to the dramatic shift in over half of states' abortion laws over time. We anticipate that as criminalization for abortion care increases and as abortion clinics close in many states, the number of people traveling to Illinois will grow. The large number of abortion restrictions that have been passed by state legislatures in the past several years also means that it is likely this level of legislative activity will continue in restrictive states, as will enforcement efforts as new restrictions are passed. This will include attempts to criminalize people who travel out-of-state for abortion care, and those who attempt to assist them—including, but not limited to, friends, family, and health care workers.

Prior Research on Traveling for Abortion Care

Prior research suggests several characteristics of people who currently travel to obtain abortion services, some of which may be relevant to predicting the population who will travel to Illinois for abortion care in the future:

- In terms of demographic and socio-economic characteristics, all types of people will travel to Illinois for abortion services.
- Studies have shown that under the current landscape of state laws and availability of care, women of color, those without insurance, those who live in states without Medicaid expansion, and those with fewer resources are currently more likely to have to travel longer distances.⁵
- Other research suggests that those with greater resources are more likely to travel to obtain abortion care, including white, college-educated people with more economic and social resources.⁶

⁴ See ILL. DEP'T OF PUB. HEALTH, *Vital Statistics: Abortion Statistics* <https://dph.illinois.gov/data-statistics/vital-statistics/abortion-statistics.html> (hereinafter "ILL. DEP'T OF PUB. HEALTH"); Angie Leventis Lourgou, *Nearly 10,000 Women Traveled from out of State to Have an Abortion in Illinois in 2020 – a 29% Increase*, CHICAGO TRIBUNE (Jan. 25, 2022), <https://www.chicagotribune.com/news/breaking/ct-abortion-data-out-of-state-increase-20220125-ppqscjemmffifnvatyqkcm6pa-story.html>.

⁵ Jill Barr-Walker et al., *Experiences of Women who Travel for Abortion: A Mixed Methods Systematic Review*, 14 PLoS ONE (Apr. 2019), <https://doi.org/10.1371/journal.pone.0209991>.

⁶ Liza Fuentes & Jenna Jerman, *Distance Traveled to Obtain Clinical Abortion Care in the United States and Reasons for Clinic Choice*, 28 J. WOMEN'S HEALTH 1623 (Dec. 2019); Rachel K. Jones & Jenna Jerman, *How Far Did US Women Travel for Abortion Services in 2008?*,

- Those aged seventeen and younger may be more likely to travel to Illinois for abortion access, particularly from states with parental consent laws.⁷
- Those with longer gestational lengths and/or greater complications are more likely to travel further for abortion care.⁸
- Those who are seeking specialized or higher-quality care, or who have concerns about privacy, legal concerns, and safety, will be more likely to travel.⁹ This suggests that the efforts by Illinois to serve as a safe haven for reproductive freedom will cause some to travel to the state instead of to closer locations.

LEGAL AND ACCESS LANDSCAPE

Illinois will remain a safe haven for abortion access in a region where abortion is increasingly difficult to access. Illinois has strong legal protections for abortion rights, both in the state's statutes and via a constitutional interpretation by the state's highest court. In 2013 the Illinois Supreme Court held that the due process clause of the state's constitution provides protections for abortion.¹⁰ In 2019, the state codified these legal protections by signing into law the Reproductive Health Act, which provides that every individual has a fundamental right to make decisions about their own reproductive healthcare, including the decision to have an abortion, to use or refuse contraception, and birthing decisions such as having an induction, epidural anesthesia, or cesarean surgery.¹¹ It further requires private health insurance plans within the state to cover abortion care the same way they would any other pregnancy-related care.¹² The law also makes clear that a fertilized egg, embryo, or fetus does not have independent rights under Illinois law.¹³

22 J. OF WOMEN'S HEALTH 706 (Aug. 2013), <https://www.liebertpub.com/doi/10.1089/jwh.2013.4283> (finding that women of color were less likely to travel long distances compared to non-Hispanic white women).

⁷ Barr-Walker et al, *supra* note 5; Fuentes & Jerman, *supra* note 6. See also Amanda Dennis et al., *The Impact of Laws Requiring Parental Involvement for Abortion: A Literature Review*, GUTTMACHER INST. (Mar. 2009), <https://www.guttmacher.org/report/impact-laws-requiring-parental-involvement-abortion-literature-review> ("the clearest documented impact of parental involvement laws is an increase in the number of minors traveling outside their home states to obtain abortion services in states that do not mandate parental involvement or that have less restrictive laws;" two studies of parental involvement laws in Mississippi and Texas found no decline in minor's abortion rate once out-of-state abortions were considered.).

⁸ Fuentes & Jerman, *supra* note 6; Barr-Walker et al., *supra* note 5; ("Gestational age played a role as both an exposure and outcome related to travel in the reviewed studies: women at higher gestational ages often traveled farther distances to access abortion, and women whose limited access to abortion necessitated farther travel distances experienced delays that resulted in higher gestational ages or prevented them from obtaining an abortion altogether"); Jones & Jerman, *supra* note 6 (finding that women of who obtained a second semester abortion were more likely to travel greater distances); Ushma D. Upadhyay et al., Denial of Abortion Because of Provider Gestational Age Limits in the United States, 104 J. OF PUB. HEALTH 1687 (Sept. 2014), <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301378> (finding that needing to raise money for travel is often a reason for seeking an abortion in the second trimester).

⁹ Barr-Walker et al., *supra* note 5.

¹⁰ *Hope Clinic for Women, Ltd. v. Flores*, 991 N.E.2d 745 (Ill. 2013).

¹¹ 775 ILCS 55/1-15 (2019).

¹² *Id.*

¹³ *Id.*

After the draft opinion of *Dobbs* was leaked, Governor J.B. Pritzker affirmed the state's commitment to reproductive rights, stating that "abortion will always be safe and legal here in Illinois."¹⁴ In late July, Chicago Mayor Lori Lightfoot signed an order the city will not help enforce anti-abortion laws from other states.¹⁵

Meanwhile, Illinois is surrounded by states where abortion is already or likely to be banned or severely restricted. Other than Illinois, the only states in the region where abortion will remain accessible are Minnesota (where the state's highest court recognized abortion as a right under the state constitution), Kansas (where voters recently rejected a ballot initiative that would have amended the state constitution to remove protections for abortion rights), and Michigan (where voters recently approved a ballot initiative codifying the right to abortion in the state constitution). While abortion will remain legal, the limitations on capacity for these two states will be discussed in greater detail below.

EXISTING DATA ON TRAVEL TO ILLINOIS FOR ABORTION

Even before *Roe v. Wade* was overturned, significant numbers of abortion patients traveled to Illinois from out-of-state. In 2020, the State Department of Public Health reported that nearly 10,000 people traveled from other states to have an abortion in Illinois, a 29% increase compared with the previous year.¹⁶ In 2019, out-of-state patients comprised 21% of total abortions performed in the state.¹⁷ The most common state people traveled from was Missouri (6,578), followed by Indiana (1,878), Wisconsin (531), Kentucky (142), Tennessee (108), Arkansas (74), Iowa (71), Michigan (56), and Ohio (<50).¹⁸

The number of people traveling from out-of-state to Illinois for abortions will increase as neighboring states enact and enforce new laws restricting, or fully banning, abortion care. According to the Guttmacher Institute, there will be an 8,000% increase in women (an estimated 8.9 million women), whose nearest abortion provider will be in Illinois.¹⁹ In addition, Planned Parenthood estimates that up to 30,000 additional patients could travel to Illinois for abortions over the next year.²⁰

¹⁴ Press Release, Gov. Pritzker Speaks Out Against Overturning of *Roe v. Wade*, Affirms Reproductive Rights (May 3, 2022), <https://www.illinois.gov/news/press-release.24841.html>.

¹⁵ Press Release, Mayor Lightfoot Signs Executive Order Prohibiting City Agencies from Participating in Any Investigation or Proceeding Related to Reproductive Healthcare Initiated by An Anti-Abortion State (July 28, 2022), <https://www.cbsnews.com/chicago/news/lightfoot-signs-order-protecting-those-who-travel-to-chicago-for-abortions-from-states-where-its-illegal/>.

¹⁶ ILL. DEP'T OF PUB. HEALTH, *supra* note 4; Angie Leventis Lourgos, *Nearly 10,000 Women Traveled from out of State to Have an Abortion in Illinois in 2020 – a 29% Increase*, CHICAGO TRIBUNE (Jan. 25, 2022), <https://www.chicagotribune.com/news/breaking/ct-abortion-data-out-of-state-increase-20220125-ppqscjemmffifnvatyokcm6pa-story.html>.

¹⁷ ILL. DEP'T OF PUB. HEALTH, *supra* note 4.

¹⁸ *Id.*

¹⁹ See Mathiew Benhamou et al., *Americans in 26 States Will Have to Travel 552 Miles for Abortions*, BLOOMBERG (June 24, 2022), <https://www.bloomberg.com/graphics/2022-supreme-court-abortion-travel/>.

²⁰ CBS News, *Illinois Abortion Advocates Expect Influx of Patients from Out-of-State: "It reinforces my commitment"*, CBS NEWS (June 27, 2022), <https://www.cbsnews.com/news/illinois-advocates-increase-in-abortion-patients-from-out-of-state/>.

According to AbortionFinder.org, there are 33 abortion providers in Illinois, including two new clinics that have or will open this year.²¹ Most of these providers are in the Chicago area, several in the middle of the state, and two in southern Illinois.²² Two clinics in the southern part of the state—located in Granite City and Fairview Heights—are already preparing for an increase in patients traveling from other states, including Missouri, Texas, and Oklahoma.²³

Since the *Dobbs* decision, abortion providers and funders in Illinois have reported “record-shattering numbers” of patients coming from out-of-state.²⁴ One clinic in the Illinois suburbs of St. Louis saw a 30% increase in abortion seekers from June to August of this year, while a Chicago-based abortion fund said they had hit a record of 4,000 people served already this year, 1,000 more than in 2021.²⁵ The demand is so high that Planned Parenthood will soon open its first-ever mobile abortion clinic at the border of Southern Illinois, near Missouri.²⁶ In October, the Society of Family Planning released its first #WeCount Report measuring increases and decreases in abortion provision by clinicians in each state in order to report on shifts in abortion access following *Dobbs*.²⁷ Their report found that Illinois experienced a 28% increase in abortions provided between April and August 2022, the fourth largest increase after North Carolina, Kansas, and Colorado.²⁸ The overall number of abortions provided in the East North Central region (Illinois, Indiana, Michigan, Ohio, and Wisconsin) did not change significantly, despite abortion being completely unavailable in Wisconsin and restrictive laws in Indiana and Ohio, indicating that people who live in this region are seeking care outside of their states.²⁹

²¹ ABORTIONFINDER.ORG, *Verified Abortion Providers Serving Illinois*, <https://www.abortionfinder.org/abortion-guides-by-state/abortion-in-illinois/providers> (last visited Oct. 28, 2022); see Allison McCann, *Illinois Abortion Clinics Prepare for Rush of Patients After Roe*, N.Y. TIMES (June 29, 2022), <https://www.nytimes.com/interactive/2022/06/29/us/illinois-abortion-roe-wade.html> (reporting opening of two new clinics); CHOICES CTR. FOR REPRO. HEALTH, *May 9, 2022: CHOICES is Proud to Announce That We are Opening a Clinic in Carbondale, Illinois* (May 9, 2022), <https://yourchoices.org/expansion-announcement/>.

²² McCann, *supra* note 21.

²³ *Id.*

²⁴ Rachel Hinton, *Out-of-State Abortions in Illinois Already Breaking Records*, CHICAGO BUSINESS (Sept. 13, 2022), <https://www.chicagobusiness.com/health-care/illinois-abortion-providers-breaking-records-roe-v-wade-reversal>.

²⁵ *Id.*

²⁶ Sarah McCammon, *Planned Parenthood Mobile Clinic Will Take Abortion to Red-State Borders*, NPR (Oct. 3, 2022), <https://www.npr.org/2022/10/03/1125797779/planned-parenthood-mobile-clinic-will-take-abortion-to-red-state-borders>.

²⁷ SOC. FOR FAMILY PLANNING, #WECOUNT REPORT (Oct. 28, 2022), https://www.societyfp.org/wp-content/uploads/2022/10/SFPWeCountReport_AprtoAug2022_ReleaseOct2022-1.pdf (hereinafter “#WECOUNT REPORT”).

²⁸ *Id.* at 3.

²⁹ *Id.* at 4.

METHODOLOGY

We base our estimates on the following:

Post-*Dobbs*, the Center for Reproductive Rights has maintained an up-to-date map of abortion laws by state.³⁰ Examining laws, constitutions, and court decisions on abortion, the map characterizes all states into one of five categories: expanded access, protected, not protected, hostile, and illegal. Our estimate is based on these characterizations, assuming that states where laws are hostile or illegal (a total of 26 states) will ban or severely restrict abortion. (See Tables I, II, and IV).

We use estimates from a 2022 study published in *The Lancet Regional Health – Americas* for the number of abortions among state residents in each of these twenty-six states.³¹ Using the same study, we subtract those who are already leaving their states for abortion care.³² (See Tables I and II). The *Lancet* study found that in 2017 “an average of 8% of patients left their state of residence for abortion care.”³³ We assume that people who are already leaving their states for Illinois are reflected in the current number of abortions being performed in Illinois (i.e., they will not be part of an increase in people traveling to Illinois for abortion services post-*Dobbs*).

In addition, we relied on data from the Illinois Department of Public Health (DPH)³⁴ and the Centers for Disease Control and Prevention (CDC)³⁵ to identify the states where additional people are most likely to travel from for abortion care after the *Dobbs* decision and calculate the number of patients who were already traveling to Illinois from those states in 2019. Illinois DPH reported that in 2019, the states that abortion patients were most likely to travel from were Missouri, Indiana, Wisconsin, Tennessee, Kentucky, Iowa, Michigan, Arkansas, and Ohio.³⁶ For five of these nine states,³⁷ we

³⁰ CTR. FOR REPRODUCTIVE RIGHTS, *After Roe Fell: Abortion Laws by State*, <https://reproductiverights.org/maps/abortion-laws-by-state/> (updated in real time).

³¹ Mikaela H. Smith et al., *Abortion Travel Within the United States: An Observational Study of Cross-State Movement to Obtain Abortion Care in 2017*, 10 *THE LANCET REGIONAL HEALTH – AMERICAS* (Mar. 2022), <https://www.sciencedirect.com/science/article/pii/S2667193X2200031X?via%3Dihub#>.

³² *Id.*

³³ *Id.* The percent leaving varied widely by state. For example, 74% left Wyoming, 57% left South Carolina, and 56% left Missouri, while thirteen states had fewer than 4% of patients leaving.

³⁴ ILL. DEP’T OF PUB. HEALTH, *supra* note 4.

³⁵ Katherine Kortsmitt et al., *Abortion Surveillance – United States, 2019*, 70 *MMWR SURVEILLANCE SUMMARIES* 1 (Nov. 26, 2021), <https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm> (hereinafter “CDC Abortion Surveillance 2019”).

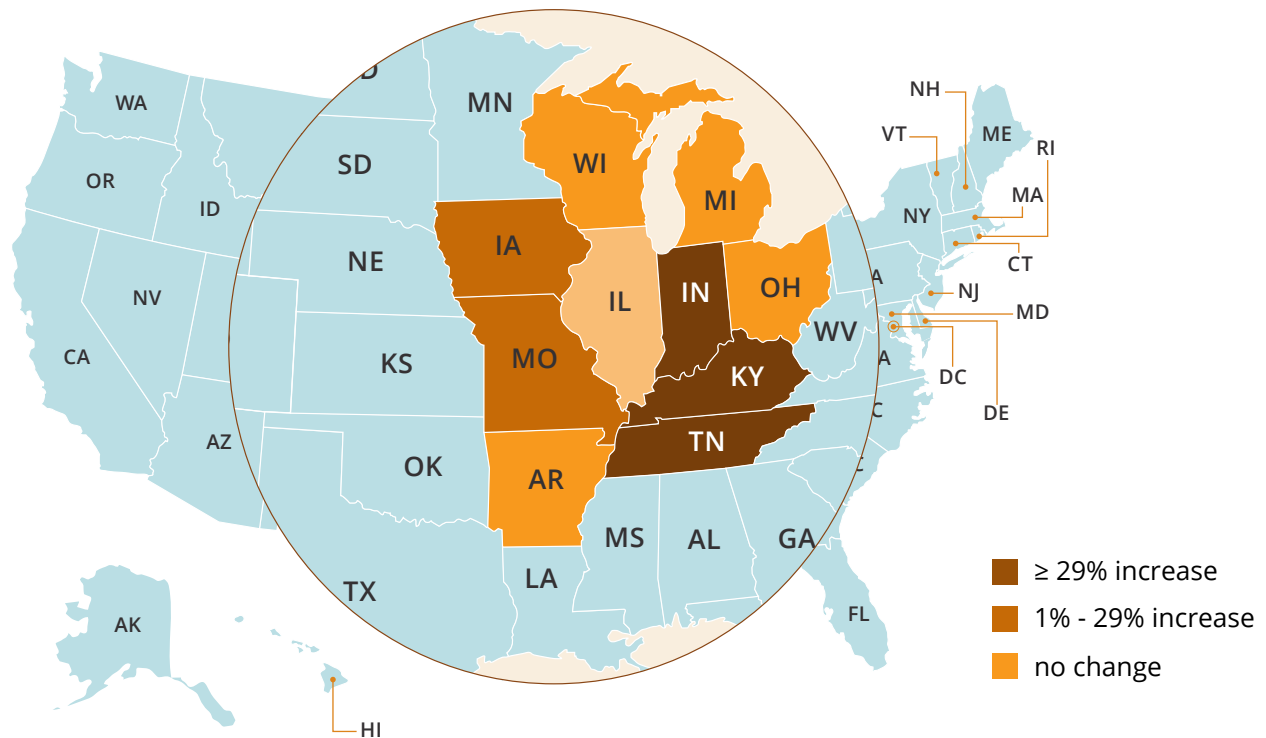
³⁶ ILL. DEP’T OF PUB. HEALTH, *supra* note 4.

³⁷ Michigan was excluded because following the passage of Prop 3 in November 2022, abortion will remain legal in Michigan. Ohio and Arkansas are both included in the Illinois Department of Public Health’s list of the top nine states from which people traveled to obtain abortions in Illinois in 2019. However, the data from DPH only indicates that fewer than 50 patients from those states traveled to Illinois, while the CDC data reports 0 patients traveling between the states. As a result, we estimated that 25% of people leaving these states for abortion will come to Illinois, in line with estimates for geographically proximate states, and reflecting the fact that people in Ohio and Arkansas previously traveled to states for abortion care which will no longer provide such care: in 2019, 1,705 people from

calculated the percentage of patients traveling out-of-state for abortion care who are traveling to Illinois. (See Table III). For those people who previously traveled from those states to states which have since banned abortion, we redistributed those people to the other state destinations, assuming the same percentage of these people will now travel to Illinois.³⁸ We used this real-world data as our estimate of how many people from those states will travel to Illinois for care in calculating our estimates. (See Table IV).

For the remainder of the states, we use geographic proximity as well as the additional factors described below to create different assumptions for different sets of states about what percentage of abortion patients will travel to Illinois for care. (See Table IV).

Figure 1. Change in people traveling to Illinois for abortion services



Ohio left the state for abortion care, including 453 to Pennsylvania, and 67 to West Virginia; that same year, 732 people left Arkansas for abortion care, including 170 to Louisiana, 141 to Oklahoma, and 332 to Tennessee. See Tables III and IV. For Tennessee, we estimated that the same percentage of people would travel to Illinois to care as in Kentucky, given regional similarities and limitations of the prior data, as will be explained in greater detail below.

³⁸ For example, in 2019, 1,949 people traveled from Indiana to Illinois for abortion care, and an additional 1,990 traveled to other states for abortion care, including 318 to Kentucky, and 271 to Ohio. However, abortion will no longer be accessible in these states, and so we subtracted these people from the number of patients who were went out of state for an abortion and instead counted them alongside those who were previously obtaining care in Indiana, as both groups will now need to seek alternative options for abortion care. The result is that the percentage of those leaving the state for abortion care who will now seek care in Illinois has increased for Missouri, Indiana, Wisconsin, Tennessee, Kentucky, and Iowa. See Tables III and IV.

Individuals in states that will ban or restrict abortion will respond in several ways, including by increasing use of contraception,³⁹ carrying pregnancies to term,⁴⁰ engaging in self-managed abortion,⁴¹ seeking medication abortion in increasing proportions, and traveling out-of-state for abortion care.⁴² For example, when Texas made abortion care after 16 weeks gestation more difficult to obtain, “the effect was immediate and dramatic. The number of abortions performed in Texas at or after 16 weeks gestation dropped 88 percent, from 3,642 in 2003 to 446 in 2023, while the number of residents who left the state for a late abortion almost quadrupled.”⁴³ Early data indicates that since the *Dobbs* decision the demand for self-managed abortion care has notably increased: Aid Access, a nonprofit online telemedicine service providing self-managed medication abortion, has seen significant increases in requests for pills, reporting over 6,500 more requests for medication abortion in July and August compared to an April 2022 baseline.⁴⁴ Other sources have reported that 2,830 abortions were provided by virtual-only clinics in April 2022, indicating a 33% increase in the number of abortions provided via telemedicine since *Dobbs*.⁴⁵

³⁹ Josephine Jacobs & Maria Stanfors, *State Abortion Context and U.S. Women’s Contraceptive Choices, 1995-2010*, 47 PERSPECTIVES ON SEXUAL AND REPRO HEALTH 71 (June 2015), <https://www.jstor.org/stable/48576720> (finding that women who live in states where abortion access was low or in states characterized by abortion hostility were more likely than women living in a state with greater access or states with less hostility to use highly effective contraceptives rather than no method).

⁴⁰ Elizabeth A. Pleasants, Alice F. Cartwright, & Ushma D. Upadhyay, *Association Between Distance to an Abortion Facility and Abortion or Pregnancy Outcome Among a Prospective Cohort of People Seeking Abortion Online*, 5; JAMA NETWORK OPEN (2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792291>; Joanna Venator & Jason Fletcher, *Undue Burden Beyond Texas: An Analysis of Abortion Clinic Closures, Births, and Abortions in Wisconsin*, 40 J. OF POL’Y ANALYSIS & MANAGEMENT 774 (Nov. 2020), <https://doi.org/10.1002/pam.22263> (estimate the impacts of abortion clinic closures in Wisconsin and finding that a 100-mile increase in distance to the nearest clinic is associated with 30.7 percent fewer abortions and 3.2 percent more births); *but see* Dennis et al., *supra* note 7 (many studies of the impact of parental involvement laws find that a decline in minor’s abortion rate, but most did not measure out-of-state abortions; two that did found no impact on the abortion rate; further, several studies found no short-term impact on pregnancy rates).

⁴¹ Lauren Ralph et al., *Prevalence of Self-Managed Abortion Among Women of Reproductive Age in the United States*, 3 JAMA NETWORK OPEN (Dec. 2020), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774320> (finding that as abortion becomes more restriction, self-managed abortion may become more common).

⁴² Dennis et al., *supra* note 7 (“the clearest documented impact of parental involvement laws is an increase in the number of minors traveling outside their home states to obtain abortion services in states that do not mandate parental involvement or that have less restrictive laws.”).

⁴³ Silvie Colman & Ted Joyce, *Regulating Abortion: Impact on Patients and Providers in Texas*, 30 J. OF POL’Y ANALYSIS & MGMT 775 (July 2011), <https://onlinelibrary.wiley.com/doi/10.1002/pam.20603>.

⁴⁴ Maggie Koerth & Amelia Thomson-DeVeaux, *As States Banned Abortion, Thousands More Americans Got Pills Online Anyway*, FIVETHIRTYEIGHT (Nov. 1, 2022), <https://fivethirtyeight.com/features/medication-abortion-after-dobbs/> (describing Abigail Aiken et al., *Requests for Self-Managed Medication Abortion Provided Using Online Telemedicine in 30 US States Before and After the Dobbs v Jackson Women’s Health Organization Decision*, 328 JAMA 1768 (Nov. 2022), <https://jamanetwork.com/journals/jama/article-abstract/2797883>).

⁴⁵ #WECOUNT REPORT, *supra* note 27, at 2.

Thus, in our model, we use a low, middle, and high scenario, assuming that 25%, 33%, or 50% of those who would have had an abortion in their home state will travel out of state now that *Roe* has been overturned. (See Table V).

Prior research suggests that travel distance is a primary determinant of where people go to have an abortion.⁴⁶ A study published in 2019 found that, “the provider being the closest was a main reason abortion patients chose their facility and that nearly half of all abortion patients traveled to their nearest provider, indicating that distance is an important determinant of abortion access.”⁴⁷

Prior research also suggests that people, when forced to do so, will travel longer distances to get the care they need⁴⁸ and that when states restrict abortion, people travel greater distances to seek abortion care, including out of state.⁴⁹ For example, a 2019 systematic review of the literature on women’s experiences traveling for abortion⁵⁰ considered fifty-nine studies and found that “legal restrictions and the limited availability of abortion providers “resulted in women needing to travel long distances for abortion services, often crossing state or country borders to seek care . . . [s]tudies describe the substantial distances that women often need to travel in order to obtain abortion services; in these studies, many participants traveled over 50, 100, or even 200 miles to reach an abortion provider.”⁵¹

In terms of out-of-state travel, one study found that 6.4% of people were already traveling out of state to obtain abortion care in 2014 before hundreds of recent abortion restrictions had been enacted and that 17% of those seeking abortion (estimated to be 155,000 people) traveled 50 miles or more for abortion care.⁵² Moreover, it found that for those who live outside of urban areas (in non-MSA regions), 36% of patients traveled more than 100 miles for abortion services.⁵³ It also found that “among abortion patients aged 17 and younger, 11% of those in parental involvement states traveled more than 100 miles compared with 2% in states with no such law.”⁵⁴ The Lancet study described above found that “states with more restrictive laws averaged 12% of patients leaving the state for abortion care while states with middle ground or supportive laws averaged 10% and 3% leaving, respectively.”⁵⁵

⁴⁶ Fuentes & Jerman, *supra* note 6 (“travel distance is an important determinant of abortion care access in the United States”).

⁴⁷ *Id.* (“travel distance is an important determinant of abortion care access in the United States”).

⁴⁸ See e.g., Caitlin Gerds, et al., *Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas*, 106 AM. J. OF PUB HEALTH 857 (May 2016), <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2016.303134>.

⁴⁹ Barr-Walker et al., *supra* note 5 (“When stated, almost all reasons were framed in the contexts of increased legal restrictions that limited women’s access to clinics or where residence in regions in which legal barriers to care necessitated travel, including presenting beyond gestational age limits for termination.”).

⁵⁰ *Id.*

⁵¹ *Id.*

⁵² Fuentes & Jerman, *supra* note 6. *Id.*

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ Smith et al., *supra* note 31.

A more recent study⁵⁶ analyzed the impact of Texas Senate Bill 8 (SB 8), which bans abortion upon detection of embryonic cardiac activity, which can take place as early as 5 to 6 weeks after a person's last menstrual period and before many people know that they are pregnant.⁵⁷ The study found that "[m]any pregnant Texans have been traveling to neighboring states to obtain abortion care, and some have traveled as far as Illinois, Maryland, and Washington."⁵⁸ More specifically, in just looking at 34 of the 44 open abortion facilities in seven nearby states (Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, and Oklahoma), the study found that the number of abortions for Texas residents jumped from 235 a month to an average of 1,391 a month. In other words, an increase of over 1,156 travelers per month.⁵⁹

Research also suggests that those who do travel out of state for abortion care are more likely to travel to a neighboring state when compared to nearby, but not neighboring, states. The study on the impact of Texas's SB 8 found that, among seven nearby states, 75% of Texans traveled to just two states: Oklahoma (45%) and New Mexico (27%).⁶⁰ (Notably, Oklahoma recently enacted an abortion ban that is now the strictest in the nation,⁶¹ which means Texans and people from other states no longer have an incentive to travel there.) Similarly, an earlier study that looked at the impact of Texas limiting abortions performed after 16 weeks gestation and tracked Texans traveling to nine neighboring states, found that 99% of people traveled to the five closest of those nine states.⁶²

It is also important to keep in mind that "travel" isn't simply measured by looking at a map or the "straight distance" between states, counties, or abortion clinics. People will travel by car, public transportation, and airplane to seek abortion care.⁶³ Transportation routes, travel time, and a full

⁵⁶ Kari White et al., *Out-of-State Travel for Abortion Following Implementation of Texas Senate Bill 8*, TEXAS POL'Y EVAL. PROJECT (Mar. 2022), <https://sites.utexas.edu/txpep/files/2022/03/TxPEP-out-of-state-SB8.pdf>.

⁵⁷ *Id.*

⁵⁸ *Id.*

⁵⁹ *Id.* These data undercount the total number of Texans receiving care out of state since it did not obtain data from ten facilities in these states, and it does not include Texans who have traveled to other states.

⁶⁰ *Id.*

⁶¹ ASSOCIATED PRESS, *Oklahoma governor signs the nation's strictest abortion ban*, NPR (May 26, 2022), <https://www.npr.org/2022/05/26/1101428347/oklahoma-governor-signs-the-nations-strictest-abortion-ban/oklahoma-governor-signs-the-nations-strictest-abortion-ban>.

⁶² Colman & Joyce, *supra* note 43 ("Almost all women who left Texas for a late termination in 2004 went to a neighboring state. Of the 736 abortions by Texas residents recorded by state health departments in nine nearby states, 726 (99 percent) occurred in the five neighboring states (Arkansas, Kansas, Louisiana, Oklahoma, and New Mexico). The remaining ten abortions (1 percent) obtained out of state occurred in Colorado (9) and Missouri (1). Data collected from Mississippi and Tennessee indicated that there were no abortions after 15 weeks' gestation by Texas residents in those states from 2004 to 2006. Given the very small number of women who traveled beyond the five neighboring states for a late abortion, we are confident that our results are not affected by the lack of data on abortions to residents of Texas obtained from other states.").

⁶³ Barr-Walker et al., *supra* note 5 ("Almost all studies in this review contained descriptions of the modes of transportation women used when traveling for abortion services. Participants described traveling for abortion via airplane, private car, and public transportation.").

consideration of transportation and other costs need to be accounted for when considering the burden of travel.⁶⁴ For these reasons, The World Health Organization recommends using travel time, rather than travel distance, as a measure of accessibility for health care access.⁶⁵

Chicago, Illinois serves as a major hub for airlines and is home to two airports, including O'Hare, the fourth busiest airport in the world.⁶⁶ With frequent flights and several discount airlines serving the area, we anticipate that Chicago will be easier to access than smaller cities or cities in other states in the region without large travel hubs where abortion will remain legal. However, because flying is usually more expensive than driving, the proportion of people who will choose to fly may depend in large part on how much financial support they receive from abortion funds or other resources. To the extent that such funds are available and are widely known, and for those who can afford it without such help, the best choice for a person in Texas might be to fly to Illinois as opposed to driving or taking a bus or train to a clinic in a closer state.

One study found that most people will consider multiple clinics and take into account the reputation of the clinic, wait times, online reviews, references from people they know, privacy concerns, legal concerns, and safety.⁶⁷ This indicates that people may be willing to travel further to access clinics in Illinois and that those preferences will be shaped by the extent to which the state and county are affirmatively creating safe havens for abortion care. For example, when Poland recently prohibited abortion, affirmative outreach and support efforts by organizations and countries in the Europe Union led to the assistance of over 1,000 people who traveled to clinics outside of Poland.⁶⁸

⁶⁴ *Id.*

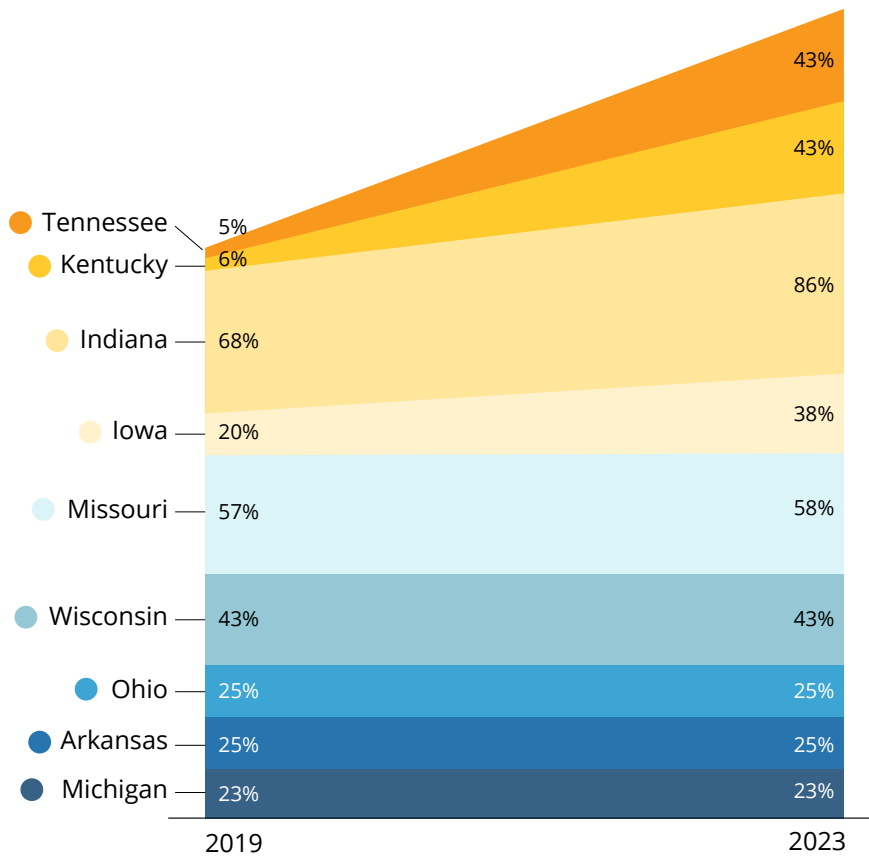
⁶⁵ WORLD HEALTH ORG., BACKGROUND PAPER FOR THE TECHNICAL CONSULTATION ON EFFECTIVE COVERAGE OF HEALTH SYSTEMS (2001).

⁶⁶ AIRPORT COUNCIL INT'L, *The Top 10 Busiest Airports in the World Revealed* (April 11, 2022), <https://aci.aero/2022/04/11/the-top-10-busiest-airports-in-the-world-revealed/>.

⁶⁷ Orlaith Heymann et al., *Selecting an Abortion Clinic: The Role of Social Myths and Risk Perception in Seeking Abortion Care*, 63 J HEALTH SOC. BEHAV. 90 (2021), <https://pubmed.ncbi.nlm.nih.gov/34605701/>. In another study, women reported traveling to the United States for abortion care because of perceived lack of safety of the procedure in Mexico (their country of residence). See Barr-Walker et al., *supra* note 5.

⁶⁸ WOMEN HELP WOMEN, *Abortion Without Borders Helps More Than 34,000 People in Poland Access Abortions* (Oct. 21, 2021), <https://womenhelp.org/en/page/1363/abortion-without-borders-helps-more-than-34-000-people-in-poland>.

Figure 2. Change in people traveling to Illinois for abortion services by state



In sum, for those states from which the highest number of abortion patients are already traveling to Illinois, we use the existing data to calculate the percentage of those who will travel to Illinois for care and assume that patients will continue to travel at these rates. For the remainder of the states, we use geographic proximity as well as the factors described above to create different assumptions for different sets of states about what percentage of people will travel to Illinois to have an abortion. (See Table IV):

- Indiana** – We calculated an updated estimate of the percentage of out-of-state abortions from Indiana that will take place in Illinois by redistributing the people who had previously been traveling to other states where abortion will no longer be legal into the category who will now need to seek new options for abortion care. In 2019, 68% of people leaving Indiana for abortions traveled to Illinois, but 20.5% of those who traveled out of state for an abortion that year went to states where abortion will now be banned (Kentucky and Ohio). As a result of our calculations, we estimate that 85.5% of people who travel outside of Indiana for abortions going forward will travel to Illinois. Indiana shares a long border with Illinois and the travel pattern is well-established.

- **Wisconsin** – For Wisconsin, we use the percentage of out-of-state abortions already obtained in Illinois based on 2019 figures. According to the CDC, 43% of people leaving Wisconsin for abortion care in 2019 traveled to Illinois. Wisconsin shares a border with Illinois and the travel pattern is well-established. We note that Wisconsin also shares a border with Minnesota, where abortion will remain legal. However, Minnesota has only eight abortion clinics and providers are already reporting capacity problems and that legal and practical barriers are forcing patients in the state to travel out-of-state for care.⁶⁹
- **Missouri** – We calculated an updated percentage estimate for Missouri based on prior travel to states where abortion will no longer be available. In 2019, 56.7% of people leaving Missouri for abortions traveled to Illinois and 2% traveled to states where abortion will now be banned (Arkansas and Oklahoma). As a result of our calculations, we estimate that 57.9% of people who travel outside of Missouri for abortions going forward will travel to Illinois. Missouri shares a long border with Illinois and the travel pattern is well-established. We note that Missouri also shares a border with Kansas, where abortion will remain legal. The travel pattern from Missouri to Kansas is already well-established, and almost half of abortions that are performed in Kansas are for residents of Missouri.⁷⁰ However, Kansas has only four abortion clinics, so the state’s capacity to take on additional patients from Missouri will be limited.⁷¹
- **Iowa** – We calculated an updated percentage estimate for Iowa based on prior travel to states where abortion will no longer be available. In 2019, 20.3% of people leaving Iowa for abortions traveled to Illinois and 46.9% traveled to a state where abortion will now be banned (Nebraska). As a result of our calculations, we estimate that 38.3% of people who travel outside of Indiana for abortions going forward will travel to Illinois. Iowa shares a border with Illinois, and the travel pattern is well established. We note that Iowa also shares a border with Minnesota, but note that the state’s eight clinics are already reporting capacity problems post-*Dobbs*.⁷²
- **Kentucky** – We calculated an updated percentage estimate for Kentucky based on prior travel to states where abortion will no longer be available. In 2019, only 5.9% of people leaving Kentucky for abortions traveled to Illinois, but 85.9% traveled to states where abortion will now be banned (Indiana, Ohio, Tennessee, and West Virginia). As a result of our calculations, we estimate that 43.6% of people who travel outside of Kentucky for abortions going forward will travel to Illinois. Kentucky shares a border with Illinois, and Illinois DPH data shows that

⁶⁹ Rachana Pradhan & Christian Saint Louis, *With Just 8 Abortion Clinics, Minnesota May Struggle to Meet Out-of-State Demand*, NPR (June 25, 2022), <https://www.npr.org/sections/health-shots/2022/06/25/1107542054/with-just-8-abortion-clinics-minnesota-may-struggle-to-meet-out-of-state-demand>.

⁷⁰ Josh Merchant, *Nearly Half of Abortions in Kansas are for Missouri Residents, but Voters Could End That*, KCUR (Nov. 20, 2022), <https://www.kcur.org/news/2021-11-20/nearly-half-of-abortions-in-kansas-are-for-missouri-residents-but-voters-could-end-that>.

⁷¹ GUTTMACHER INST., *State Facts About Abortion: Kansas* (May 2022), <https://www.guttmacher.org/sites/default/files/factsheet/sfaa-ks.pdf>.

⁷² Pradhan & Saint Louis, *supra* note 69.

Kentucky is one of the top nine states from which out-of-state abortion patients come. Kentucky also borders Virginia, where abortion will remain legal, but the state does not have strong legal protections (the Center for Reproductive Rights characterizes abortion in the state as “not protected.”).⁷³ Restrictions and barriers such as method prohibitions, minor consent laws, and reporting requirements may make it more difficult to obtain an abortion in Virginia compared to Illinois.⁷⁴

- **Tennessee** – We estimated that the same percentage of people who travel outside of Tennessee for abortion will travel to Illinois as are traveling from Kentucky: 43.6%. According to the CDC, in 2019, only 4.6% of people leaving Tennessee for abortions traveled to Illinois and 91.7% traveled to states where abortion will now be banned (Alabama, Arkansas, Georgia,⁷⁵ Indiana, Kentucky, Louisiana, and North Carolina). As a result, Illinois is the only state where people from Tennessee previously traveled for abortion and where abortion will remain available. Thus, we adopted an estimate based on Kentucky’s calculations given regional similarities and other options for abortion care that were previously not accessed by residents of Tennessee, such as Virginia, Florida, and other states on the East Coast.
- **Ohio, Arkansas, Nebraska, North Dakota, and South Dakota** – We assume that 25% of those who travel out of state for abortion services from these states will travel to Illinois. While these states are close to Illinois, we note that Nebraska borders Kansas and Colorado, North Dakota borders Minnesota and Canada, and South Dakota borders Minnesota, Kansas, and Colorado, all jurisdictions where abortion will remain legal. However, as noted above, Minnesota’s eight clinics have already reported difficulty meeting the needs of all of the patients seeking abortions post-*Dobbs*,⁷⁶ and half of the patients at Kansas’ four clinics were already from out-of-state before the ruling.⁷⁷ Colorado clinics similarly reported extended wait times in the month after the Supreme Court ruling due to strain from out-of-state patients.⁷⁸ Patients in Ohio may travel to New York, Maryland, and Virginia, while patients from Arkansas could travel to Kansas, but Illinois DPH reports a well-established travel pattern from these states to Illinois, with Ohio and Arkansas in the top nine states from which out-of-state abortion patients travel to Illinois.

⁷³ CTR FOR REPRODUCTIVE RIGHTS, *Virginia* (last visited Aug. 30, 2022), <https://reproductiverights.org/maps/state/virginia/>.

⁷⁴ *Id.*

⁷⁵ At the time of publication, Georgia’s six-week abortion ban had been struck down by a state court. However, that court ruled against the law based on the reasoning that it was invalid when enacted in 2019 because *Roe v. Wade* was then still the law of the land. See *SisterSong v. Georgia*, 2022-CV-367796 (Ga. Sup. Ct. Nov. 15, 2022). Given the political makeup of Georgia and remaining restrictions on abortion in the state, we ultimately expect Georgia to remain an abortion hostile state.

⁷⁶ Pradhan & Saint Louis, *supra* note 69.

⁷⁷ Merchant, *supra* note 70.

⁷⁸ Matt Bloom and Bente Birkeland, *Wait Times at Colorado Abortion Clinics Hit 2 Weeks as Out-of-State Patients Strain System*, CPR NEWS (July 28, 2022), <https://www.cpr.org/2022/07/28/colorado-abortion-clinic-wait-times-spike/>.

- **Other states in nearby Census regions and divisions** – We next consider additional states in the nearby U.S. Census Bureau Divisions⁷⁹ that have or are likely to ban abortion. In the South: East South Central (which also includes Kentucky and Tennessee, see above), Mississippi and Alabama will also ban abortion. We assume that 10% of those who will travel from these states will come to Illinois. We note that these states are closer to Florida, where abortion will remain legal. In the South: West South Central (which also includes Arkansas, see above), Louisiana, Oklahoma, and Texas will all ban abortion. Some of these residents may travel to closer states where abortion will remain legal, including Kansas, Colorado, and New Mexico. However, as we have noted, these states have limited numbers of clinics and capacity issues; clinics in New Mexico have seen a significant influx of patients from Texas, despite already serving 27% of Texans seeking abortion care since SB 8 was enacted.⁸⁰
- **Remaining states that will ban abortion** – For all other states that will ban abortion, falling in the West, Northeast, and South Atlantic, we assume that only 5% of those who travel out of state for abortion care will travel to Illinois. Residents of these states have options on the East and West Coasts. However, we assume that some will travel to Illinois because it is a major travel hub, the sixth most populous state in the country, and home to Chicago, the third most populous city in the country.⁸¹ Further, some patients will be forced to travel farther distances due to clinics' limited capacity to handle out-of-state residents.
- **Remaining states that will not ban abortion** – We do not assume any increase in people traveling to Illinois from other states that will continue to permit abortion over the number who are already traveling to Illinois. As of November 2022, this list includes Michigan, following the passage of a ballot initiative enshrining the right to abortion in the state's constitution.

⁷⁹ U.S. CENSUS BUREAU, *Census Regions and Divisions of the United States*, https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf (last visited Aug. 30, 2022).

⁸⁰ See Jolie McCullough, *Calls Flood New Mexico Abortion Clinic from Texas, Wait Times for Appointments Grow*, ABC 7 NEWS (July 1, 2022), <https://abc7amarillo.com/news/local/calls-flood-new-mexico-abortion-clinic-from-texas-wait-times-for-appointments-grow>; White et al., *supra* note 56.

⁸¹ U.S. CENSUS BUREAU, *State Population Totals and Components of Change: 2020-2021* (Dec. 21, 2021), <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html>; U.S. CENSUS BUREAU, *City and Town Population Totals: 2020-2021* (May 16, 2022), <https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-cities-and-towns.html>.

LIMITATIONS

Because this publication represents an attempt to predict the future behavior of a group of diverse people across a large and populous country, it necessarily includes uncertainty. We note the following limitations to our analysis. First, we are facing a dramatic and unprecedented change in the legality of abortion in the United States. Some changes will happen right away, and others will happen over time. People who are in urgent need of abortion care may find creative and unanticipated ways to access abortion. For example, there exists uncertainty concerning the extent to which people in newly restrictive states will pursue legal and extralegal access to medication abortion, which may or may not require travel. With so many states changing their laws, we do not yet know what this landscape will seem like for people, and whether, for example, abortion patients will turn to countries like Canada and Mexico in hopes of avoiding penalties altogether, or whether states like Illinois will succeed in creating what is perceived as a truly safe destination. Additionally, we do not know what this significant legal shift may inspire in terms of new laws, policies, and elected lawmakers seeking to address this unprecedented restriction on access to abortion in the U.S. Nevertheless, we offer an estimate based on assumptions grounded in current data and literature, in the hopes of providing some sense of the scale of what Illinois may face in the coming months and years.

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APPENDIX

Table I. Number of state residents seeking abortions in-state that will lose access if *Roe v. Wade* is overturned; states closest to Illinois

State of residence	All or almost all abortions restricted	No. abortions among state residents	% of abortions obtained out of state	No. abortions obtained out of state	No. accessing in state abortion currently who will no longer have access to in state abortion
Midwest: East North Central					
Illinois	N				
Michigan	N				
Wisconsin	Y	7,540	18.2%	1,375	6,125
Indiana	Y	10,270	30.8%	3,159	7,111
Ohio	Y	20,560	5.8%	1,192	19,368
Midwest: West North Central					
Minnesota	N				
Kansas	N				
Iowa	Y	3,650	10.7%	389	3,261
Missouri	Y	9,690	56.1%	5,440	4,250
Nebraska	Y	2,250	19.7%	444	1,806
North Dakota	Y	970	13.1%	127	843
South Dakota	Y	750	43.2%	324	426
South: East South Central					
Kentucky	Y	4,780	5.6%	1,994	2,786
Tennessee	Y	11,060	12.3%	1,361	9,699
Mississippi	Y	4,930	50.8%	2,505	2,425
Alabama	Y	7,660	31.3%	2,397	5,263
South: East South Central					
Arkansas	Y	3,710	23.6%	876	2,834
Louisiana	Y	9,280	8.2%	764	8,516
Oklahoma	Y	4,780	7.0%	333	4,447
Texas	Y	56,340	3.8%	2,122	54,218

State of residence	All or almost all abortions restricted	No. abortions among state residents	% of abortions obtained out of state	No. abortions obtained out of state	No. accessing in state abortion currently who will no longer have access to in state abortion
All Other Regions					
Remainder of states that will ban all or almost all abortions (see Table II)	Y	125,560	13.7%	17,221	108,339
TOTAL		283,780		42,023	241,757

Source: <https://www.sciencedirect.com/science/article/pii/S2667193X2200031X?via%3Dihub>

Source: <https://reproductiverights.org/maps/abortion-laws-by-state/>

Table II. Number of state residents seeking abortions in-state that will lose access if *Roe v. Wade* is overturned; states father from Illinois

State of Residence	No. abortions among state residents	No. abortions obtained out of state	% abortions obtained out of state
Arizona	13,270	1,065	8.0%
Georgia	32,520	1,618	5.0%
Idaho	1,790	550	30.7%
Montana	1,510	78	5.2%
North Carolina	25,060	1,030	4.1%
Pennsylvania	33,910	4,501	13.3%
South Carolina	11,380	6,536	57.4%
Utah	3,020	198	6.6%
West Virginia	2,380	1,109	46.6%
Wyoming	720	536	74.4%
TOTAL	125,560	17,221	13.7%

Source: <https://www.sciencedirect.com/science/article/pii/S2667193X2200031X?via%3Dihub>

Source: <https://reproductiverights.org/maps/abortion-laws-by-state/>

Table III. Top states with patients coming to Illinois for abortion in 2019

State of residence	Total abortions	No. of in-state abortions	Total out-of-state abortions	No. of out-of-state abortions in states where care is still available	No. of abortions in Illinois from state	Estimated % of out-of-state abortions that will take place in Illinois
Midwest: East North Central						
Illinois						
Michigan						
Wisconsin	7,524	6,372	1,152	1,152	495	43.0%
Indiana	9,887	7,019	2,868	2,279	1,949	85.5%
Ohio	20,618	18,913	1,795	1,185	0	25.0%
Midwest: West North Central						
Minnesota						
Kansas						
Iowa	3,509	3,076	433	230	88	38.3%
Missouri	9,266	1,343	7,923	7,756	4,494	57.9%
Nebraska	1,880	1,801	79			25.0%
North Dakota	931	832	99			25.0%
South Dakota	668	332	336			25.0%
South: East South Central						
Kentucky	4,701	3,021	1,680	227	99	43.6%
Tennessee	10,422	7,883	2,539	116	116	43.6%
Mississippi	4,967	2,859	2,108			10.0%
Alabama	7,891	4,969	2,922			10.0%
South: West South Central						
Arkansas	3,357	2,625	732	89		25.0%
Louisiana	7,745	6,780	965			10.0%
Oklahoma	4,634	4,424	210			10.0%
Texas	57,168	55,966	1,202			10.0%

Source: Abortions-Distributed-By-State-2019, CDC Excel Sheet.

Table IV. Legal and geographic considerations

State of residence	All or almost all abortions restricted	Borders Illinois	Other bordering/ near bordering states with abortion access	Borders Mexico	Borders Canada	% going out of state for abortions who traveled to Illinois in 2019 (SOURCE: CDC)	No. of patients who previously traveled to other states where abortion is no longer available (based on 2019 CDC numbers)	% of out-of-state abortion patients who traveled to state where abortion will no longer be available	Estimate percent going out of state for abortions who will travel to IL
Central									
Illinois	N								
Michigan	N								
Wisconsin	Y	Y	Minnesota, Michigan		Y	43.0%			43.0%
Indiana	Y	Y	Michigan			68.0%	318 to Kentucky, 271 to Ohio	20.5%	85.5%
Ohio	Y		Pennsylvania, Michigan				453 to Pennsylvania, 67 to West Virginia		25.0%
Midwest: West North Central									
Minnesota	N								
Kansas	N								
Iowa	Y	Y	Minnesota, Kansas			20.3%	203 to Nebraska	46.9%	38.3%
Missouri	Y	Y	Kansas			56.7%	67 to Arkansas, 100 to Oklahoma	2%	57.9%
Nebraska	Y		Kansas, Colorado						25%
North Dakota	Y		Minnesota		Y				25%
South Dakota	Y		Minnesota, Kansas, Colorado						25%
South: East South Central									
Kentucky	Y	Yes	Virginia			5.9%	387 to Indiana, 713 to Ohio, 272 to Tennessee, 71 to West Virginia	85.9%	43.6%

State of residence	All or almost all abortions restricted	Borders Illinois	Other bordering/ near bordering states with abortion access	Borders Mexico	Borders Canada	% going out of state for abortions who traveled to Illinois in 2019 (SOURCE: CDC)	No. of patients who previously traveled to other states where abortion is no longer available (based on 2019 CDC numbers)	% of out-of-state abortion patients who traveled to state where abortion will no longer be available	Estimate percent going out of state for abortions who will travel to IL
South: East South Central									
Tennessee	Y		Virginia			4.6%	326 to Alabama, 139 to Arkansas, 1393 to Georgia, 80 to Indiana, 236 to Kentucky, 804 to Louisiana, 129 to North Carolina	91.7%	43.6%
Mississippi	Y		Florida						10%
Alabama	Y		Florida						10%
South: West South Central									
Arkansas	Y		Kansas				170 to Louisiana, 141 to Oklahoma, 332 to Tennessee		25%
Louisiana	Y		Kansas						10%
Oklahoma	Y		Kansas, Colorado, New Mexico						10%
Texas	Y		New Mexico, Colorado, Kansas	Y					10%
All Other Regions									
Remainder of states that will ban all or almost all abortions (see Table II)	Y		Multiple						5%

Source: Elizabeth Nash & Lauren Cross, 26 States Are Certain or Likely to Ban Abortion Without Roe: Here’s Which Ones and Why, GUTTMACHER INST. (Oct. 2021), <https://www.guttmacher.org/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why>.

Source: <https://reproductiverights.org/maps/abortion-laws-by-state/>

Table V. Estimate of people traveling to Illinois post-*Dobbs*

State of residence	No. accessing in state abortions currently who will no longer have access to in state abortion www.sciencedirect.com/science/article/pii/S2667193X2200031X?via%3Dihub	% traveling out of state who will travel to CA	Low scenario: 25% of those losing access to abortion will travel out of state to any state	Middle scenario: 33% of those losing access to abortion will travel out of state to any state	High scenario: 50% of those losing access to abortion will travel out of state to any state
Midwest: East North Central					
Illinois					
Michigan					
Wisconsin	6,165	43.0%	663	875	1,325
Indiana	7,111	85.5%	1,520	2,006	3,040
Ohio	19,368	25.0%	1,211	1,598	2,421
Midwest: West North Central					
Minnesota					
Kansas					
Iowa	3,261	38.3%	312	412	624
Missouri	4,250	57.9%	615	812	1,230
Nebraska	1,806	25%	113	149	226
North Dakota	843	25%	53	70	105
South Dakota	426	25%	27	35	53
South: East South Central					
Kentucky	2,786	43.6%	304	401	607
Tennessee	9,699	43.6%	1,057	1,395	2,114
Mississippi	2,425	10%	61	80	121
Alabama	5,263	10%	132	174	263
South: West South Central					
Arkansas	2,834	25.0%	177	234	354
Louisiana	8,516	10%	213	281	426
Oklahoma	4,447	10%	111	147	222
Texas	54,218	10%	1,355	1,789	2,711

State of residence	No. accessing in state abortions currently who will no longer have access to in state abortion www.sciencedirect.com/science/article/pii/S2667193X2200031X?via%3Dihub	% traveling out of state who will travel to CA	Low scenario: 25% of those losing access to abortion will travel out of state to any state	Middle scenario: 33% of those losing access to abortion will travel out of state to any state	High scenario: 50% of those losing access to abortion will travel out of state to any state
All Other Regions					
Remainder of states that will ban all or almost all abortions (see Table II)	108,339	5%	1,354	1,788	2,708
TOTAL	198,953		9,277	12,245	18,554