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BEFORE THE HOUSE COMMITTEE ON
OVERSIGHT AND REFORM

"A STATE OF CRISIS: EXAMINING THE URGENT NEED TO PROTECT AND EXPAND ABORTION RIGHTS AND ACCESS"
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Thank you for the opportunity to appear before you. I am here today to explain how the right to abortion is in peril, and why there has never been a more urgent need to protect access.

My name is Melissa Murray. I am a Professor of Law at New York University School of Law, where I teach constitutional law, family law, and reproductive rights and justice and serve as a faculty co-director of the Birnbaum Women's Leadership Network. Prior to my appointment at New York University, I was the Alexander F. and May T. Morrison Professor of Law at the University of California, Berkeley, where I taught for twelve years and served as Faculty Director of the Berkeley Center on Reproductive Rights and Justice and as the Interim Dean of the law school.

In 1973's *Roe v. Wade*, the United States Supreme Court recognized that the Fourteenth Amendment's guarantee of liberty protects an individual's right to determine whether to bear or beget a child.[1] Since then, the Supreme Court has consistently affirmed the right to abortion as an essential aspect of the Constitution's guarantees of liberty and equality. In so doing, the Court has held that states may not restrict the abortion right in ways that are unduly burdensome. More precisely, states may not enact legislation that has the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion. And the Court has always made clear that a state cannot ban abortion prior to viability.

Despite these long-standing precedents, state legislatures have continued to test the Constitution's limits by enacting increasingly restrictive abortion laws. These laws make abortion less accessible and more costly. Ostensibly intended to promote and protect women's health, these laws are part of a larger effort to legislate abortion out of existence through piecemeal attacks.

Recent changes in the composition of the Supreme Court and the lower federal courts have further emboldened those seeking to limit a woman's right to abortion. In the last year, efforts to restrict abortion have taken on a more aggressive and extreme posture, flouting the limits that the Supreme Court has consistently recognized. Those responsible for these laws have made their intentions clear. No longer content to chip away at the abortion right through piecemeal legislation, these more recent laws are an obvious provocation designed to relitigate, and ultimately overturn, *Roe v. Wade*.

And abortion opponents now have their opportunity. For the first time since the Supreme Court issued its decision in *Planned Parenthood of Southeastern Pennsylvania v. Casey*[2] nearly thirty years ago, this term, the Court will consider a case that presents an opportunity to either fully overturn *Roe*, or hollow it out so much, that the abortion right will be functionally a nullity. For people in Texas, the Supreme Court has effectively already done this by greenlighting a draconian abortion ban that eliminates almost all abortion care in that state. Signals from the Supreme Court suggest that there is

a majority of Justices who are willing and eager to decimate the constitutional right to abortion. Their actions are already hurting so many in Texas, and I fear what is yet to come. Individuals who already face barriers to health care and economic security, including communities of color, rural families, and LGBTQ individuals, have been and will be particularly impacted. I urge this Committee to keep these communities in mind as you consider ways to support and protect the constitutional right to abortion.

I. The Constitution's Protection of Personal Liberty, Including Access to Contraception and the Right to Abortion, is Central to Individual Dignity and Equality and to Other Important Rights.

The Fourteenth Amendment guarantees all of us liberty and equality. These guarantees cannot exist without recognition of the dignity afforded every member of society as an autonomous individual. For that reason, the Constitution protects an individual's right to make certain personal decisions about intimacy, marriage, and procreation.

The Supreme Court has specifically recognized that an individual has the right to make her own decision about whether to have an abortion.[3] Indeed, according to the Court "[f]ew decisions are more personal and intimate, more properly private, or more basic to individual dignity and autonomy than a woman's decision . . . whether to end her pregnancy."[4] The exercise of this right without undue hindrance from the State is essential to dignity as an individual and status as an equal citizen.

Reproductive autonomy is rooted in the deeply personal nature of decisions about bearing children and expanding a family. However, the decision of "whether to bear or beget a child" has ramifications beyond the home and family. As the Court has recognized, women's ability "to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives."[5]

The Supreme Court's decision in *Roe v. Wade*, recognizing the right to abortion, does not stand on its own; it is part of a long line of cases that recognize the constitutional right to privacy and liberty, including personal decisions essential to an individual's autonomy. These decisions include the right to contraception—first recognized in *Griswold v. Connecticut* (1965)[6]—and the right to procreate—first recognized in *Skinner v. Oklahoma* (1942).[7] The Court relied on these core precedents in deciding *Roe v. Wade* (1973), and in *Carey v. Population Services* (1977),[8] it relied on *Roe* in turn for its central holding that "the Constitution protects individual decisions in matters of childbearing from unjustified intrusion by the State."[9]

Critically, the right to personal liberty is not limited to reproductive rights. It includes the right to marry, first recognized in *Loving v. Virginia* (1967),[10] and reaffirmed in 2015 in *Obergefell v. Hodges* (2015).[11] It includes the right of parents to direct the upbringing of their children, first recognized in two 1920s cases *Meyer v. Nebraska* (1923)[12] and *Pierce v. Society of Sisters* (1925).[13] It includes the right to maintain family relationships, including relationships that go beyond the traditional nuclear family.[14] And *Roe* has also influenced the Supreme Court's decision to recognize the right to form intimate relationships,[15] and the right to personal control of medical treatment.[16]

Roe is inextricably bound to this constellation of privacy and personal liberty rights. If *Roe* is dismantled or otherwise eroded, these other rights are threatened, too.

II. The United States Supreme Court Has Consistently Upheld and Protected the Right Recognized in *Roe v. Wade*

For nearly 50 years, the U.S. Supreme Court has upheld the core principles of *Roe v. Wade*, in case after case. Over that time, the right to abortion has faced numerous threats, and the Court has allowed states to impose some restrictions on the right. But it has never strayed from its core holding that the individual has the right to decide whether to continue a pregnancy before viability.

In *Roe*, the Supreme Court held that the constitutional right to privacy includes the right to decide whether to have an abortion.[17] The Court made clear that the right to privacy is "fundamental," meaning that governmental attempts to interfere with the right are subject to strict scrutiny.[18] To withstand strict scrutiny, the government must show that its law or policy is necessary to achieve a compelling interest. The law or policy must also be narrowly tailored to achieve the interest and must be the least restrictive means for doing so.[19]

The Court identified those state interests as protecting women's health and protecting the "potentiality" of life.[20] The Court developed a trimester framework to balance the individual's right to abortion against these governmental interests: during the first trimester, the decision must be left completely to the individual and her doctor; during the second trimester, a state could only regulate abortion if necessary to protect a woman's health; in the third trimester, generally after fetal viability, a government could regulate and even ban abortion to further its interest in the potentiality of life, but it must safeguard the patient's life and health.[21]

In the years after *Roe*, the Court struck down most attempts to restrict the right to decide whether to have an abortion,[22] facilitating a woman's ability to control her reproduction, her health, and indeed the course of her life itself.

However, the Court's 1992 ruling in *Planned Parenthood of Southeastern Pennsylvania v. Casey* gave momentum to the strategy of chipping away at the constitutional right to abortion. In *Casey*, the Court was given the opportunity to overturn *Roe*. It declined to do so. Instead, the Court expressly reaffirmed *Roe*'s "essential holding"[23] that the Due Process Clause's guarantee that no individual shall be deprived of "liberty" applies to the decision of whether or not to have an abortion before viability.[24] Although it retained *Roe*'s essential holding, the *Casey* Court announced a new standard of review for abortion restrictions (other than pre-viability bans, which are per se unconstitutional). Instead of "strict scrutiny," the most rigorous standard of review, post-*Casey*, courts must review abortion restrictions under the "undue burden" standard.[25] On this account, states may regulate abortion so long as the regulation does not have the purpose or effect of imposing a substantial obstacle in the path of a person seeking to terminate a pregnancy. Additionally, the *Casey* Court abandoned the trimester framework, and instead adopted the viability framework and gave more weight to the government's interest in protecting "potential life."

After *Casey*, many state legislatures passed burdensome new restrictions on abortion intended to shame, pressure, and punish women who have decided to have an abortion. The stated intent of these laws was to promote potential life and ensure women's health, but the practical impact was to make it more difficult to obtain an abortion.[26]

In 2016, the Court addressed these efforts to make abortion care less accessible, by invalidating some of the most restrictive abortion regulations in *Whole Woman's Health v. Hellerstedt*. In that case, the

Court issued a 5-3 ruling, holding that a Texas law that created medically unnecessary, burdensome facility and staffing restrictions was an unconstitutional undue burden.[27] The Court once again made clear that the Constitution guarantees each individual the liberty and autonomy to decide whether to continue a pregnancy before viability, and, for that right to have any meaning, that individual must have access to abortion in practice.[28]

In concluding that the challenged Texas laws violated the Constitution, the Court emphasized that when considering whether a law imposes an undue burden, courts must conduct a thorough examination of whether abortion restrictions deliver benefits that outweigh their real-world burdens, and that they must strike down restrictions that do not.[29] The Court also made clear that courts must consider not only one single law or regulation, but rather the cumulative burden imposed by the whole regulatory environment imposed by the state.[30] Although only one of the challenged laws had gone into effect in Texas while the litigation was pending, that single law had the effect of shuttering 54% of Texas facilities—reducing the number of clinics from 41 licensed facilities to 19.[31] A study by the Texas Policy Evaluation Project showed the clinic closures caused the average one-way distance to the nearest abortion provider to increase, and for 44% of this group, the new distance exceeded 50 miles.[32] As the Court noted, the restrictions posed an undue burden because they had the effect of shuttering clinics, increasing wait times and travel distances, and imperiling women's health.[33]

Further, in invalidating the challenged restrictions, the Supreme Court majority specifically noted that the undue burden standard was not a permissive endorsement of the state's purported rationales.[34] Instead, reviewing courts were obliged to review the state's purported justifications and determine if the challenged restriction reflected appropriate measures to achieve these legislative ends.[35] In the case of the challenged Texas laws, the Court was emphatically clear that the state had failed to support its supposed "legitimate interest" in promoting women's health with any concrete evidence that the challenged laws served women's health.[36]

This decisive rejection of medically unnecessary and unduly burdensome abortion laws in *Whole Woman's Health*, however, has not stopped state legislators from enacting such restrictions, even during a pandemic.[37] And the decision in *Whole Woman's Health* was quickly undermined just four years later in *June Medical Services v. Russo*, after changes in the Court's composition.

In 2018, just two years after *Whole Woman's Health*, the U.S. Court of Appeals for the Fifth Circuit defied the Court's decision and upheld a Louisiana restriction that was virtually identical to one of the unduly burdensome regulations invalidated in *Whole Woman's Health*.[38] In October 2019, the Supreme Court agreed to hear the case.[39]

Although the Court ultimately voted 5-4 to invalidate the challenged law,[40] the Justices were fractured in their reasoning and in the guidance they provided to lower courts judging future abortion restrictions.[41] Indeed, one of the few points of agreement among all nine Justices was that principles of stare decisis dictated the outcome in the instant case.[42] It is perhaps unsurprising that all of the opinions in *June Medical Services* focused heavily on stare decisis and fidelity to precedent.[43]

On review of the Louisiana law, the Court considered whether the challenged admitting privileges law was an undue burden on the abortion right.[44] Writing for himself and Justices Ginsburg, Sotomayor, and Kagan, Justice Breyer, the author of *Whole Woman's Health*, applied "the constitutional standards set forth in our earlier abortion-related cases, and in particular in *Casey* and *Whole Woman's Health*."[45] Although Chief Justice Roberts joined in the Court's judgment invalidating the Louisiana admitting

privileges law, he did not join the plurality opinion, choosing instead to write separately.[46] And although he wrote only for himself, Chief Justice Roberts's concurrence has had an outsized impact. Indeed, Chief Justice Roberts's concurrence has already been adopted as the controlling opinion by some lower courts.[47]

While Chief Justice Roberts joined in the judgment,[48] his concurrence was meaningfully different from the plurality opinion. Almost immediately, the Chief Justice made clear that, even as he joined the plurality to strike down the Louisiana law, he continued to harbor misgivings about abortion rights—he specifically noted that he "joined the dissent in *Whole Woman's Health* and continue[d] to believe that the case was wrongly decided."[49] But despite his skepticism of abortion rights more generally, and *Whole Woman's Health* in particular, other values counseled in favor of invalidating the Louisiana law. As Chief Justice Roberts explained, "[t]he legal doctrine of stare decisis requires us, absent special circumstances, to treat like cases alike."[50] Because the Louisiana law imposed "as severe" a burden on abortion access as did the Texas law invalidated in *Whole Woman's Health*, the Chief Justice concluded that it "cannot stand under our precedents."[51]

On this point, the Chief Justice's antipathy for *Whole Woman's Health*—and the precariousness of his commitment to stare decisis—came into sharp focus. According to Chief Justice Roberts, although the majority in *Whole Woman's Health* "faithfully recit[ed]" *Casey*'s substantial obstacle standard,[52] the decision to invalidate the Texas admitting privileges law also had, in his view, gone beyond *Casey* to "require[] that courts consider the burdens a law imposes on abortion access together with the benefits those laws confer."[53] But "[n]othing about *Casey* suggested that a weighing of costs and benefits of an abortion regulation was a job for the courts."[54] As Chief Justice Roberts explained, if *Casey* required any consideration of the benefits of an abortion regulation, it was only in establishing the "threshold requirement that the State have a 'legitimate purpose' and that the law be 'reasonably related to that goal.'"[55]

On this telling, *Whole Woman's Health* was precedential only to the extent that it reiterated *Casey*'s substantial obstacle standard.[56] By contrast, its directive to reviewing courts to weigh the benefits of an abortion regulation against its burdens was, in Chief Justice Roberts's view, a distortion of *Casey*'s logic and holding.[57] Accordingly, if stare decisis dictated the outcome in *June Medical Services*, the precedent to be followed was not the full decision in *Whole Woman's Health*, as the plurality maintained, but rather only those aspects of *Whole Woman's Health* that reiterated the more limited standard first identified in *Casey*.

But the issue is not simply that Chief Justice Roberts believes that *Casey* alone prescribes the appropriate standard for judging abortion restrictions;[58] it is that in following only those aspects of *Whole Woman's Health* that, in his view, cohere with *Casey*, Chief Justice Roberts transformed the meaning of *Whole Woman's Health*—and indeed, what it means to "follow" precedent. In a separate dissent, Justice Gorsuch noted precisely these incongruities in Chief Justice Roberts's position.[59] As Justice Gorsuch explained, though Chief Justice Roberts insisted that he was following *Whole Woman's Health*, Chief Justice Roberts's claims to respect precedent were wholly unfounded in light of his rejection of *Whole Woman's Health*'s benefits-burdens balancing test.[60] As Justice Gorsuch archly underscored, "whatever else respect for stare decisis might suggest, it cannot demand allegiance to a nonexistent ruling inconsistent with the approach actually taken by the Court."[61]

In the name of preserving and following precedent, Chief Justice Roberts purported to maintain *Whole Woman's Health* but utterly transformed the case's meaning. When all was said and done, five Justices

were clear that *Whole Woman's Health* and its robust protections for abortion rights should be abandoned[62]—a point that did not go unnoticed by other members of the *June Medical Services* Court. Surveying the jurisprudential landscape, dissenting Justice Kavanaugh observed that "[t]oday, five Members of the Court reject the *Whole Woman's Health* cost-benefit standard."[63] In this regard, Chief Justice Roberts's efforts to follow precedent led, curiously, to a result in which the conservative wing of the Court rejected the substance of *Whole Woman's Health*, even as a shell of the decision stands as an "homage"[64] to stare decisis. That is, Chief Justice Roberts's defense of stare decisis was also a departure from it—an effort to preserve precedent while simultaneously transforming it. Going forward, as a practical matter, receptive courts have adopted this 5-4 rejection of *Whole Woman's Health*'s benefits-burdens balancing test, and others will likely follow this approach as the "precedent" established in *June Medical Services*.[65]

The impact of the Chief Justice's concurrence cannot be overstated as multiple legal challenges to abortion restrictions make their way through various circuit courts.[66] It has prompted confusion among lower federal courts as to the precise standard to be applied in reviewing abortion restrictions, and at least one circuit judge has openly called on the Court to reconsider *Roe* given this confusion about the status of abortion jurisprudence.[67] Providing an opportunity for the Court to overturn *Roe* has always been the goal of abortion opponents, whether it is by rendering the undue burden standard invalid or by presenting a case that will challenge *Roe* head on. This term, the Court will have that opportunity.

III. The Dramatically Changed Composition of the Federal Judiciary has Emboldened the Anti-Abortion Movement to Strike at the Core of *Roe*, Imperiling Fundamental Rights Protecting Privacy and Equal Citizenship

The changed composition of the Supreme Court, and that of federal courts around the country, have emboldened anti-abortion policymakers across the country to pass increasingly extreme, deliberately unconstitutional, bans on abortion in hopes that these laws will be challenged all the way to the Supreme Court, prompting a reappraisal, and eventual overruling, of *Roe v. Wade*.

Anti-abortion lawmakers in several states—including Georgia, Louisiana, Alabama, Mississippi, and Missouri—passed radical abortion bans, marking a dramatic escalation in the scope and tenor of abortion restrictions.[68] Whereas earlier abortion restrictions sought to undermine the abortion right by making health care services less accessible and more procedurally cumbersome, these most recent laws are more forthright in their aim to launch a frontal attack on *Roe v. Wade*. Buoyed by their sense that the federal judiciary is more amenable to their cause, the proponents of these laws nakedly announce their true intent—to prompt the Supreme Court to overturn *Roe v. Wade*.

The effort reflects the determination by anti-abortion legislators and advocates that now is the moment they have been building towards for over forty-five years. With three of President Trump's nominees skewing the Court further right, the abortion opponents have determined that this is the moment to once and for all overturn *Roe v. Wade*. The newly constituted Supreme Court's treatment of a petition involving Texas SB8 suggests that it is amenable to this prospect. Texas SB8 is a draconian abortion ban that bans abortion at six weeks of pregnancy, flagrantly defying the Court's holdings in *Roe* and *Casey*, which preclude states from prohibiting abortion before viability.[69] The law deputizes private citizens to sue providers and anyone else who "aids and abets the performance or inducement of an abortion" in Texas in violation of the ban,

incentivizing private bounty hunters with monetary rewards of at least $10,000 and the promise of attorney fees.[70] Noting the law's procedural irregularities, while sidelining nearly five decades' worth of precedent, five Justices allowed this ban to take effect, effectively overturning the legal right to abortion in Texas.

The Supreme Court's action in the SB8 case is an ominous harbinger of things to come, as the Court prepares to reconsider—and perhaps formally overrule—the constitutional right to abortion. In December, the Supreme Court will hear *Dobbs v. Jackson Women's Health Organization*,[71] a challenge to Mississippi HB 1510, which bans abortion after 15 weeks, in defiance of *Roe* and *Casey*. In its brief before the Court, Mississippi not only entreats the Court to uphold its unconstitutional abortion ban, but also explicitly invites the Court to overturn *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey*.[72]

If the Court were to overturn *Roe* outright, the practical effects would be staggering. Current events in Texas already provide a glimpse of the post-*Roe* landscape. Because SB8 has been permitted to go into effect, those seeking abortion services in Texas must travel hundreds of miles—assuming that they are able to take time off work, find child care, secure transportation, pay for any lodging, and find the funds to pay for the care—to access constitutionally-protected health care.[73] For many, the distance and burdens of traveling out of state are too prohibitive, and people are continuing pregnancies they did not want or are turning to other measures to terminate their pregnancies.[74] Moreover, clinics outside of Texas are experiencing a surge in demand from out-of-state patients. The dramatic rise in patient loads is complicating access to abortion not only for Texans, but also for non-Texans who are seeking care.[75] And since clinics providing abortion care also typically provide a range of necessary reproductive health care services, like pap smears and mammograms, the sharp increase in demand compromises access to other necessary care.

If the Court overruled *Roe*, as Mississippi requests, twenty-two states would be at high risk for quickly making abortion illegal.[76] People could be criminalized and punished in this country for having an abortion or providing an abortion.[77] Abortion access in this country would be further eroded. Indeed, the country would be split between those states that provide abortion access and those that do not. Those with resources and those living in particular states would have access, but others, especially those living in large swaths of the South and Midwest would be foreclosed from accessing abortion—and this burden would weigh most heavily on women of color, women struggling to make ends meet, young women, immigrant women, and rural women.

The fact that women would have to flee to other jurisdictions in order to access abortion highlights the degree to which overturning *Roe* would render women reproductive refugees who have been stripped of their dignity and equality as citizens.

Yet even if the Supreme Court does not oblige Mississippi's request to overturn *Roe* as a formal matter, it could nonetheless revisit precedent that pre-viability abortion bans are per se unconstitutional. This would be a staggering blow to one of *Roe's* core holdings—and a staggering blow to people's health, lives, and futures.

It would also jeopardize rights beyond abortion. If the Supreme Court guts or overturns *Roe*, other fundamental rights would be impacted. Tellingly, an amicus brief filed in support of Mississippi seeks this outcome, inviting the Court to not only overrule *Roe* and *Casey*, but also *Lawrence v. Texas*[78] and *Obergefell v. Hodges*,[79] two major LGBTQ equality decisions.[80] If the Court tugs at the threads that

undergird *Roe*, many other rights—from the fundamental right to marry who you love to the ability to decide if and when to become pregnant—will be at grave risk as well.

IV. Abortion Restrictions and Bans Disproportionally Impact Communities that Already Face Barriers to Health Care, Economic Security, and Social and Political Equality.

State laws that restrict or ban abortion access disproportionately impact individuals struggling to make ends meet, women of color (particularly Black, Latinx/Latina, Asian American and Pacific Islander (AAPI), and Native people), rural women, immigrant women, individuals in the LGBTQ community, parents who already have children, and young people. However, the impact of restrictions on abortion on underserved communities cannot be understood in a vacuum. These communities already face multiple barriers to economic opportunity, health care and reproductive health care in particular. Thus, restrictions on abortion—and associated costs that such restrictions impose—make it difficult, and sometimes impossible, for a person in such communities to obtain an abortion. These restrictions jeopardize an individual's long-term economic security and have a negative impact on a person's equal participation in social and economic life by threatening financial well-being, job security, workforce participation, and educational attainment. In practice, these types of restrictions already mean that *Roe* is merely a hollow promise, not a reality, for many living in these underserved communities.

For these most impacted communities, the consequences of being denied an abortion can be dire. Those who are denied access to abortion care have been found to suffer adverse physical and mental health consequences. For example, women denied abortion care are more likely to experience serious medical complications during the end of pregnancy.[81] They are also more likely to remain in relationships where interpersonal violence is present and are more likely to suffer anxiety.[82] Further, studies show that a woman who wants to get an abortion but is denied is more likely to fall into poverty than one who is able to obtain an abortion.[83] Therefore, the brutal reality is that those who face the biggest hurdles to health care and income security are the very individuals who will be most harmed by the state laws that restrict or even ban abortion access. And the impact of being denied such care further exacerbates the health and economic insecurity threats they face.

Taken together, the impact of these barriers results in a range of negative health outcomes. Take, for example, the crisis of preventable maternal mortality and morbidity that disproportionately affects Black and Native women. Black women in the United States die from pregnancy-related complications at a rate more than 3 times greater than that for white women, and American Indian and Alaskan Native women die at a rate of 2.5 times greater than that for white women.[84] There is a strong correlation between these negative health outcomes and state support for reproductive rights.[85] Many of the same states that have recently enacted extreme restrictions on abortion, including Mississippi, Louisiana, Georgia, Missouri, and Arkansas, have some of the highest maternal mortality ratios in the United States. Eliminating health care options for pregnant persons in these states will only exacerbate this crisis.[86] In fact, one study shows that pregnancy-related mortality would increase 33% for Black women in the first year of a total abortion ban.[87]

Barriers to health care and reproductive care go hand in hand with economic insecurity. The affordable housing crisis, food insecurity, the lack of clean water, the lack of affordable child care, the wage gap (a gap that widens significantly for women of color), the lack of paid family leave, a stagnant

minimum wage, all of these issues lead to and compound economic insecurity for underserved communities across the country.

Only with a more fulsome picture of these multiple, intersectional, and compounding barriers to health and economic security can one fully understand the impact of abortion restrictions and bans on people of color. An individual seeking abortion care in states that have enacted restrictive abortion laws must navigate a state-created obstacle course. One study found that over 11.3 million women of reproductive age live over an hour from an abortion clinic.[88] That's over two hours round trip. And in many places the travel time is even greater. Devastatingly, following SB8 taking effect, data shows that the average one-way distance for a Texas woman of reproductive age to reach the nearest clinic is now 230 miles farther, increasing from 17 miles to 247 miles.[89] What if you have kids and cannot get child care at a moment's notice? What if you cannot get the time off work? What if you do not have a car? This is what people are forced to manage, just to exercise their fundamental right to basic health care.

These obstacles are further compounded by the impact of health care insecurity and economic insecurity. Take for example, a woman who works a minimum wage job that provides neither paid leave nor health care. To seek an abortion in a state with a legislatively-imposed waiting period and only one clinic, she must take multiple days off from work at her own expense, identify child care for her children, and pay out of pocket for the abortion and associated travel costs to access a provider. Not surprisingly, these kinds of pressures are a strong deterrent to those seeking abortion care. For undocumented persons, many of whom cannot travel for fear of detention and deportation, there are even fewer options. Similarly, young people may be forced to go through judicial bypass procedures, forcing them to take additional time to appear in front of a judge before being allowed to access abortion care services—or they may be denied access altogether if a judge does not approve the decision to terminate a pregnancy.

Finally, it should be noted that our country is in the throes of a pandemic that has exposed—and exacerbated—the multiple difficulties that marginalized communities face in accessing healthcare, including reproductive care. That the anti-abortion movement's decades-long strategy to overturn the right to abortion is coming to fruition in the middle of traumatic and ongoing intersecting public and economic crises is simply cruel. Cruel to the communities most impacted and cruel to a nation that has been battered by the challenges of the past eighteen months.

These dire scenarios all show that these structural barriers to health care and economic security heighten the pressures that restrictive abortion laws and bans impose on underserved communities. Indeed, in moving to restrict or ban abortion, anti-abortion legislators make clear that they have no intention of addressing the structural barriers that impair the autonomy, dignity, and equality of these vulnerable communities. Instead, they have pursued a legislative agenda that exacerbates these hardships.

Conclusion

Reproductive rights are imperiled in the United States. Anti-abortion forces have set their sights on overturning *Roe v. Wade* with renewed vigor, confident that they will find a receptive audience in the Supreme Court. But even if the Court declines this invitation to overrule *Roe v. Wade*, unduly burdensome abortion restrictions continue to stymie and strangle access to abortion care. These issues are compounded for our most vulnerable communities.

This dire public health crisis requires government action to protect this fundamental right and those who seek to exercise it. If state legislators will not abandon their efforts to undermine and overrule *Roe v. Wade*, then Congress must act to secure the right to abortion for all.

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[1] Roe v. Wade, 410 U.S. 113, 169–70 (1973)
[2] 505 U.S. 833, 834 (1992).
[3] *See* Roe v. Wade, 410 U.S. 113 (1973).
[4] Thornburgh v. Am. College Obstetricians & Gynecologists, 476 U.S. 747, 772 (1986).
[5] Planned Parenthood of Se. Pa. v. Casey, 505 U.S. 833, 556 (1992).
[6] 381 U.S. 479 (1965).
[7] 316 U.S. 535 (1942).
[8] 431 U.S. 678 (1977).
[9] Carey v. Population Servs. Int'l, 431 U.S. 678, 687 (1977).
[10] 388 U.S. 1, 12 (1967).
[11] 135 S. Ct. 2584, 2604–05 (2015).
[12] 262 U.S. 390 (1923).
[13] 268 U.S. 510 (1925).
[14] *See, e.g.*, Moore v. East Cleveland, 431 U.S. 494, 500–06 (1977).
[15] *See, e.g.*, Lawrence v. Texas, 539 U.S. 558, 564 (2003).
[16] *See, e.g.*, Cruzan v. Dir., Mo. Dep't of Health, 497 U.S. 261, 342 (1990) (Stevens, J., dissenting); Planned Parenthood of Cent. Mo. v. Danforth, 428 U.S. 52, 71 (1976) (invalidating a requirement that a married woman obtain her husband's consent for an abortion).
[17] 410 U.S. 113, 153 (1973).
[18] 410 U.S. 113, 155 (1973).
[19] 410 U.S. 113, 155–56 (1973).
[20] *Id.* at 162.
[21] A case that accompanied *Roe*, *Doe v. Bolton*, explained that "health" must be understood "in light of all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well-being of the patient. All these factors may relate to health." Doe v. Bolton, 410 U.S. 179, 192 (1973).
[22] *See, e.g.*, Planned Parenthood of Cent. Mo. v. Danforth, 428 U.S. 52 (1976) (invalidating a husband consent requirement, a requirement that physicians preserve the life and health of the fetus at every stage of pregnancy, and a prohibition on a particular method of abortion); City of Akron v. Akron Ctr. for Reprod. Health, 462 U.S. 416 (1983) (invalidating a requirement that physicians give women anti-abortion information, a 24-hour mandatory delay requirement, a requirement that all abortions after the first trimester be performed in a hospital, a parental consent requirement, and a requirement related to the disposal of fetal remains).
[23] Planned Parenthood of Se. Pa. v. Casey, 505 U.S. 833, 834 (1992).
[24] *Id.* at 846 (providing that "Constitutional protection of the woman's decision to terminate her pregnancy derives from the Due Process Clause of the Fourteenth Amendment…The controlling word in the cases before us is 'liberty.'").
[25] *Id.* at 837.
[26] *See generally* GUTTMACHER INST., AN OVERVIEW OF ABORTION LAWS (2021), https://www.guttmacher.org/state-policy/explore/overview-abortion-laws.
[27] Whole Woman's Health v. Hellerstedt, 136 S. Ct. 2292, 2318 (2016)
[28] *Whole Woman's Health,* 136 S. Ct at 2300.
[29] *Whole Woman's Health,* 136 S. Ct at 2310.
[30] *Whole Woman's Health,* 136 S. Ct at 2309.
[31] Caitlin Gerdts, Liza Fuentes, Daniel Grossman, Kari White, Brianna Keefe-Oates, Sarah E. Baum, Kristine Hopkins, *Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas,* 106 AM. J. PUBLIC HEALTH 857, 857 (2016), https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303134 (discussing survey results from Texas-resident women assessing travel burdens after the introduction of Texas House Bill 2 in 2013).
[32] *Id.*
[33] *See* Whole Woman's Health v. Hellerstedt, 136 S. Ct. 2292, 2316 (2016) (underscoring how "[a]t the same time, the record provides adequate evidentiary support for the District Court's conclusion that the surgical-center requirement places a substantial obstacle in the path of women seeking an abortion. The parties stipulated that the requirement would further

reduce the number of abortion facilities available to seven or eight facilities, located in Houston, Austin, San Antonio, and Dallas/Fort Worth.").
[34] *Whole Woman's Health,* 136 S. Ct at 2311–13.
[35] *Id.* at 2310.
[36] *Id.* at 2311 (determining that "[w]e have found nothing in Texas' record evidence that shows that . . . the new law advanced Texas' legitimate interest in protecting women's health.").
[37] GUTTMACHER INST, 2021 IS ON TRACK TO BECOME THE MOST DEVASTATING ANTIABORTION STATE LEGISLATIVE SESSION IN DECADES (2021), https://www.guttmacher.org/article/2021/04/2021-track-become-most-devastating-antiabortion-state-legislative-session-decades; CTR. FOR AM. PROGRESS, STATE ACTIONS UNDERMINING ABORTION RIGHTS IN 2020 (2020), https://www.americanprogress.org/issues/women/reports/2020/08/27/489786/state-actions-undermining-abortion-rights-2020/; GUTTMACHER INST., STATE POLICY TRENDS 2019: A WAVE OF ABORTION BANS, BUT SOME STATES ARE FIGHTING BACK (2019), https://www.guttmacher.org/article/2019/12/state-policy-trends-2019-wave-abortion-bans-some-states-are-fighting-back.
[38] June Medical Servs. v. Gee, 905 F.3d 787, 815 (5th Cir. 2018).
[39] Gee v. June Med. Servs. L.L.C., 140 S. Ct. 35 (2019) (mem.).
[40] *June Med. Servs.,* 140 S. Ct. at 2133 (plurality opinion); *id.* at 2142 (Roberts, C.J., concurring in the judgment).
[41] Despite concurring in the judgment, Chief Justice Roberts seemed to invite a future opportunity to revisit *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992), the undue burden standard, and echoed the dissenters' disdain for *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292 (2016). *See* Gretchen Borchelt, *Symposium: June Medical Services v. Russo: When a "Win" Is Not a Win*, SCOTUSBLOG (June 30, 2020, 12:31 PM), https://www.scotusblog.com/2020/06/symposium-june-medical-services-v-russo-when-a-win-is-not-a-win [https://perma.cc/BD42-VXK7].
[42] In his plurality opinion, Justice Breyer, joined by Justices Ginsburg, Sotomayor, and Kagan, noted the similarity of *June Medical Services* to *Whole Woman's Health* and argued that in such nearly identical cases "the law must consequently reach a similar conclusion." *June Med. Servs.*, 140 S. Ct. at 2133 (plurality opinion). In his concurrence, Chief Justice Roberts noted that "[s]tare decisis instructs us to treat like cases alike," *id.* at 2141 (Roberts, C.J., concurring in the judgment), and that the result in *June Medical Services* was dictated by past precedent, *id.* at 2141–42. In his dissent, Justice Alito, joined in full by Justice Gorsuch and in part by Justices Thomas and Kavanaugh, argued that the plurality and concurrence misapplied stare decisis and failed to consistently adhere to precedent. *Id.* at 2153 (Alito, J., dissenting).
[43] *See generally*, June Medical Servs. v. Russo, 140 S. Ct. 2103 (2020) (providing in both plurality and concurring opinions that adherence to the principles of stare decisis largely influenced the case outcome).
[44] *June Med. Servs.*, 140 S. Ct. at 2120 (plurality opinion). The Court also considered whether the abortion providers, as opposed to patients, were the appropriate parties to challenge the Louisiana law. *Id.* at 2117–20. On that point, the plurality concluded that Louisiana had "waived [the standing] argument," *id.* at 2117, and that "a long line of well-established precedents foreclose[d] [this] belated challenge to the plaintiffs' standing," *id.* at 2120.
[45] *June Med. Servs.*, 140 S. Ct. at 2120.
[46] *June Med. Servs.*, 140 S. Ct. at 2133 (Roberts, C.J., concurring in the judgment).
[47] Some lower courts have concluded that under *Marks v. United States*, the opinion of Justice Roberts in *June Medical Services* is the "narrowest grounds" supporting the judgment. 430 U.S. 188, 193 (1977) ("When a fragmented Court decides a case and no single rationale explaining the result enjoys the assent of five Justices, 'the holding of the Court may be viewed as that position taken by those Members who concurred in the judgments on the narrowest grounds.'") (quoting *Gregg v. Georgia*, 428 U.S. 153, 169 n.15 (1976) (plurality opinion)); *see also Ramos v. Louisiana*, 140 S. Ct. 1390, 1403 (2020) (plurality opinion) (discussing the *Marks* rule). Other courts have rejected this view, thus creating a circuit split on the issue. *See infra* notes 65–67.
[48] June Medical Servs. v. Russo, 140 S. Ct. 2103, 2133 (2020) (Roberts, C.J., concurring in the judgment).
[49] *June Med. Servs.*, 140 S. Ct. at 2133 (Roberts, C.J., concurring in the judgment).
[50] *June Med. Servs.*, 140 S. Ct. at 2134 (Roberts, C.J., concurring in the judgment).
[51] *June Med. Servs.*, 140 S. Ct. at 2134 (Roberts, C.J., concurring in the judgment).
[52] *June Med. Servs.*, 140 S. Ct. at 2135 (Roberts, C.J., concurring in the judgment).
[53] *June Med. Servs.*, 140 S. Ct. at 2135 (Roberts, C.J., concurring in the judgment) (quoting *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292, 2309 (2016)).
[54] *June Med. Servs.*, 140 S. Ct. at 2136 (Roberts, C.J., concurring in the judgment).
[55] *June Med. Servs.*, 140 S. Ct. at 2138 (Roberts, C.J., concurring in the judgment) (quoting *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 878, 882 (1992) (plurality opinion).
[56] *See* June Medical Servs. v. Russo, 140 S. Ct. 2103, 2139 (2020) (Roberts, C.J., concurring in the judgment) (noting that *Casey*'s "substantial obstacle" test was a sufficient basis for the decision in *Whole Woman's Health*).

[57] *June Med. Servs.*, 140 S. Ct. at 2136 (Roberts, C.J., concurring in the judgment); *see also id.* at 2139 ("In neither [*June Medical Services* nor *Whole Woman's Health*], nor in *Casey* itself, was there call for consideration of a regulation's benefits, and nothing in *Casey* commands such consideration.").
[58] *June Med. Servs.*, 140 S. Ct. at 2138 ("[S]o long as that showing [that the law has a legitimate purpose and a reasonable relation to that goal] is made, the only question for a court is whether a law has the 'effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus.'" (quoting *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 877 (1992) (plurality opinion))); *see also id.* at 2179 (Gorsuch, J., dissenting) ("[A]s today's concurrence recognizes, the legal standard the plurality applies when it comes to admitting privileges for abortion clinics turns out to be exactly the sort of all-things-considered balancing of benefits and burdens this Court has long rejected.").
[59] June Medical Servs. v. Russo, 140 S. Ct. 2103, 2180 (2020) (Gorsuch, J., dissenting) ("Start with the concurrence's discussion of *Whole Woman's Health*. Immediately after paying homage to stare decisis, the concurrence refuses to follow the all-things-considered balancing test that decision employed when striking down Texas's admitting privileges law.").
[60] *June Med. Servs.*, 140 S. Ct. at 2181 (Gorsuch, J., dissenting).
[61] *June Med. Servs.*, 140 S. Ct. at 2181 (Gorsuch, J., dissenting).
[62] *See, e.g.,* Linda Greenhouse & Reva B. Siegel, *The Difference a Whole Woman Makes: Protection for the Abortion Right After Whole Woman's Health*, 126 YALE L.J.F. 149, 150 (2016) ("[*Whole Woman's Health*] decisively reaffirms robust judicial protection for the right declared two generations ago and under relentless attack for much of the time since.").
[63] *June Med. Servs.*, 140 S. Ct. 2103, 2182 (2020) (Kavanaugh, J., dissenting).
[64] *June Med. Servs.*, 140 S. Ct. at 2180 (Gorsuch, J., dissenting).
[65] For example, a few weeks after *June Medical Services*, the State of Texas filed a brief before the Fifth Circuit in a case challenging a law prescribing specific guidelines for the disposal of embryonic and fetal tissue, arguing that "Chief Justice Roberts' concurrence in *June Medical* is controlling and explicit: There is no balancing test. . . . As the Chief Justice noted, the *Whole Woman's Health* majority stated that it was applying *Casey*, not changing it." Supplemental Letter Brief at 4, *Whole Woman's Health v. Smith*, No. 18-50730 (5th Cir. July 10, 2020), https://www.texasattorneygeneral.gov/sites/default/files/images/admin/2020/Press/SuppLtrBrf_FM.pdf [https://perma.cc/NBJ9-NMCQ].
[66] Compare *Planned Parenthood of Ind. & Ky., Inc. v. Box*, 991 F.3d 740, 741 (7th Cir. 2021), petition for cert. filed, No. 20-1375 (Mar. 29, 2021) and *Reproductive Health Services v. Strange*, 3 F.4th 1240, 1259 (11th Cir. 2021), with *Hopkins v. Jegley*, 968 F.3d 912 (8th Cir. 2020), *EMW Women's Surgical Ctr., P.S.C. v. Friedlander*, 978 F.3d 418 (6th Cir. 2020), and *Whole Women's Health v. Paxton*, No. 17-51060 (5th Cir. Aug. 18, 2021).
[67] Judge Thapar, concurring in judgment in part and dissenting in part, urged the Supreme Court to reconsider *Roe v. Wade*, referencing a circuit split in regard to which opinion from *June Medical Services v. Russo* controls—the plurality opinion applying the balancing test utilized in *Whole Woman's Health* or Chief Justice Roberts's concurrence rejecting this analysis. Judge Thapar claimed that "today—nearly fifty years after Roe—litigants and jurists remain in limbo over the proper constitutional standard." *Memphis Ctr. for Reprod. Health v. Slatery*, No. 20-5969, 2021 WL 4127691, at *35 (6th Cir. Sept. 10, 2021) (comparing *EMW Women's Surgical Ctr.*, 978 F.3d at 437, and *Hopkins v. Jegley*, 968 F.3d 912, 915 (8th Cir. 2020), with *Reprod. Health Servs.*, 3 F.4th at 1259, and *Planned Parenthood v. Box*, 991 F.3d 740, 752 (7th Cir. 2021)).
[68] Adam Liptak, *Path to Nullify* Roe v. Wade *a Little Bit at a Time,* N.Y. TIMES, May 16, 2019, at A1.
[69] Roni Caryn Rabin, *Answers to Questions About the Texas Abortion Law*, N.Y. TIMES (Sept. 1, 2021), https://www.nytimes.com/2021/09/01/health/texas-abortion-law-facts.html.
[70] Roni Caryn Rabin, *Answers to Questions About the Texas Abortion Law*, N.Y. TIMES (Sept. 1, 2021), https://www.nytimes.com/2021/09/01/health/texas-abortion-law-facts.html.
[71] *Dobbs v. Jackson Women's Health Org.*, 209 L. Ed. 2d 748 (May 17, 2021) (No. 19-1392).
[72] Br. of the State of Mississippi, *Dobbs v. Jackson Women's Health Org.*, 209 L. Ed. 2d 748, at 14 (May 17, 2021) (No. 19-1392), https://www.supremecourt.gov/DocketPDF/19/19-1392/184703/20210722161332385_19-1392BriefForPetitioners.pdf ("This Court should overrule *Roe* and *Casey*").
[73] *See generally* Br. of Amici Curiae National Women's Law Center and 47 Addition Organizations Committed to Equality and Economic Opportunity for Women in Supp. of Pet'rs at 14–15, *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292 (2016) (No. 15-274), https://nwlc.org/wp-content/uploads/2016/01/RRH_Whole-Womens-Health-Amicus-Brief_1.4.16.pdf, (describing how abortion restrictions create logistical and financial barriers for patients seeking care).
[74] Shefali Luthra, *After new law, a look inside one of South Texas' last abortion clinics*, THE 19TH* (Sept. 27, 2021), https://19thnews.org/2021/09/new-law-inside-south-texas-abortion-clinic/.
[75] Janet Shamlian, *After Texas' new abortion law, some clinics in nearby states can barely keep up with demand*, CBS NEWS (Sept. 21, 2021), https://www.cbsnews.com/news/texas-abortion-law-pushes-women-to-clinics-in-other-states/; Rosemary

Westwood, *Louisiana Abortion Clinics See Influx Of Patients After Texas Ban, Houston Public Media*, HOUSTON PUB. MEDIA (Sept. 23, 2021) https://www.houstonpublicmedia.org/articles/news/health-science/2021/09/23/409221/louisiana-abortion-clinics-see-influx-of-patients-after-texas-ban/; Elizabeth Findell, *Texas Abortion Law Prompts Women to Seek Out-of-State Clinics*, WALL ST. J. (Sept. 22, 2021), https://www.wsj.com/articles/texas-abortion-law-prompts-women-to-seek-out-of-state-clinics-11632315616; Sabrina Tavernise, *With Abortion Largely Banned in Texas, an Oklahoma Clinic is Inundated*, N.Y. TIMES (Sept. 26. 2021), https://www.nytimes.com/2021/09/26/us/oklahoma-abortion.html?searchResultPosition=1.

[76] *See* CTR. REPROD. RTS., WHAT IF ROE FELL?, https://www.reproductiverights.org/what-if-roe- fell (last accessed Sept. 27, 2021) (providing a state-by-state comparison of state laws threatening abortion rights).

[77] *See* SIA LEGAL TEAM, ROE'S UNFINISHED PROMISE: DECRIMINALIZING ABORTION ONCE AND FOR ALL 1–2 (2018), https://www.sialegalteam.org/roes-unfinished-promise.

[78] *Lawrence v. Texas*, 539 U.S. 558, 573–74 (2003) (describing how *Casey* precedent affirmed that "the substantive force of the liberty protected by the Due Process Clause… afford[s] constitutional protection to…the most intimate and personal choices a person may make…[and] [p]ersons in a homosexual relationship may seek autonomy for these purposes, just as heterosexual persons do.") (citing *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833, 923–24 (1992) (internal quotations marks omitted).

[79] *Obergefell v. Hodges*, 576 U.S. 644, 675 (2015) (finding that "the right to marry is a fundamental right inherent in the liberty of the person, and under the Due Process and Equal Protection Clauses of the Fourteenth Amendment couples of the same-sex may not be deprived of that right and that liberty.").

[80] Br. of Texas Right to Life as Amicus Curiae in Support of the Pet'rs at 24–25, *Dobbs v. Jackson Women's Health Org.*, 2021 WL 1951792 (2021) (No. 19-1392), (arguing that "court-invented rights to homosexual behavior and same-sex marriage [established in *Lawrence* and *Obergefell*]…like the right to abortion from *Roe*, are judicial concoctions, and there is no other source of law that can be invoked to salvage their existence."), https://www.supremecourt.gov/DocketPDF/19/19-1392/185344/20210729162610813_Dobbs%20Amicus%20FINAL%20PDFA.pdf.

[81] *See* UNIV. OF CALIFORNIA-SAN FRANCISCO, TURNAWAY STUDY, (last visited Sept. 27, 2021) (detailing a prospective longitudinal study examining the mental health, physical health, and socioeconomic consequences of unintended pregnancy), https://www.ansirh.org/research/turnaway-study.

[82] *Id.*

[83] UNIV. OF CALIFORNIA-SAN FRANCISCO, TURNAWAY STUDY, (last visited Sept. 27, 2021), https://www.ansirh.org/research/turnaway-study; *see also* NAT'L LATINA INST. REPRODUCTIVE HEALTH, ¡SIN SEGURO, NO MÁS! WITHOUT COVERAGE, NO MORE: LATINXS ACCESS TO ABORTION UNDER HYDE 2 (2018), https://latinainstitute.org/sites/default/files/NLIRH_Hyde%20Amendment18_Eng_R3.pdf ("Research shows that one in four low-income women on Medicaid who seek abortion care is unable to afford to pay out-of-pocket cost and is forced to carry the pregnancy to term. A woman who wants to get an abortion but is denied is more likely to fall into poverty than one who can get an abortion.").

[84] Patti Neighmond, *Why Racial Gaps in Maternal Mortality Persist*, NAT'L PUB. RADIO (May 10, 2019), https://www.npr.org/sections/health-shots/2019/05/10/722143121/why-racial-gaps-in-maternal-mortality-persist; *see also* Br. of Amici Curiae Birth Equity Organizations and Scholars in Support of Respondents, *Dobbs v. Jackson Women's Health Org.*, 209 L. Ed. 2d 748 (May 17, 2021) (No. 19-1392), https://www.supremecourt.gov/DocketPDF/19/19-1392/193076/20210920174752687_19-1392bsacBirthEquityOrganizationsAndScholars.pdf; Br. Of Amici Curiae Cecelia Fire Thunder, National Indigenous Women's Resource Center, The Native American Community Board, and Additional Advocacy Organizations and Individuals in Support of Respondents, *Dobbs v. Jackson Women's Health Org.*, 209 L. Ed. 2d 748 (May 17, 2021) (No. 19-1392), https://www.supremecourt.gov/DocketPDF/19/19-1392/192846/20210917173106773_NIWRC%20Main%20EFILE%20Sep%2017%2021.pdf.

[85] CTR. REPROD. RTS. & IBIS REPROD. HEALTH, EVALUATING PRIORITIES: MEASURING WOMEN'S AND CHILDREN'S HEALTH AND WELL-BEING AGAINST ABORTION RESTRICTIONS IN THE STATES 2017 RESEARCH REPORT 3, 16, 25 (2017), https://reproductiverights.org/sites/default/files/documents/USPA-Ibis-Evaluating-Priorities-v2.pdf.

[86] MATERNAL MORTALITY IN MISSISSIPPI, AM.'S HEALTH RANKINGS (2019), https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/MS?edition-year=2019.

[87] AMANDA JEAN STEVENSON, A RESEARCH NOTE ON THE MORTALITY CONSEQUENCES OF DENYING ALL WANTED INDUCED ABORTIONS (2021) https://doi.org/10.31235/osf.io/sb5f2.

[88] K.K. Rebecca Lai & Jugal K. Patel, *For Millions of American Women, Abortion Access Is Out of Reach*, N.Y. TIMES (May 31, 2019), https://www.nytimes.com/interactive/2019/05/31/us/abortion-clinics-map.html?action=click&module=Top%20Stories&pgtype=Homepage (discussing research from the Advancing New Standards in Reproductive Health project at the University of California, San Francisco).

[89] GUTTMACHER INSTITUTE, IMPACT OF TEXAS' ABORTION BAN: A 14-FOLD INCREASE IN DRIVING DISTANCE TO GET AN ABORTION (2021), https://www.guttmacher.org/article/2021/08/impact-texas-abortion-ban-14-fold-increase-driving-distance-get-abortion.