

# An Assessment of Burdens and Challenges to Abortion Seekers Resulting from Ohio's Waiting Period and Two-Appointment Requirements

*Ohio Policy Evaluation Network*



## **EXECUTIVE SUMMARY**

Ohio enforces dozens of laws that regulate abortion care. Many of these laws intersect to create barriers to abortion. Several laws (§ 2317.56, § 2919.192, § 2919.194) force pregnant people to have at least two in-person health care appointments to have an abortion, separated by a 24-hour waiting period.<sup>1,2,3</sup> Ohio Policy Evaluation Network's (OPEN's) research studies use surveys, chart review, and in-depth interviews to draw empirical conclusions about the effects of Ohio's mandatory in-person, waiting period laws for abortion care.

OPEN's research shows that for many Ohioans who seek abortion care, the waiting period and two-appointment requirements create challenges to receiving care. Many abortion patients and seekers experience multiple consequences of these laws:

- 24 hours is almost never just 24 hours, as waiting period and two-appointment requirements significantly delay abortion care
- Waiting period and two-appointment requirements increase psychosocial costs and delay emotional resolution for abortion seekers
- Waiting period and two-appointment requirements increase financial costs and logistical challenges for abortion care seekers
- Waiting period and two-appointment requirements constrain patient decision making
- In-person and waiting period requirements conflict with evidence-based medicine

These data establish that Ohio's waiting period and two-appointment requirements are harmful. These laws make it harder for patients to experience timely, safe, and routine health care and result in distressing challenges for abortion seekers. Further, financial, logistical, and psychological burdens are compounded for historically oppressed or marginalized Ohioans, such as people of color, people with low income, and people living in rural areas. OPEN's research on the detrimental impacts of Ohio's mandatory waiting period and two-appointment requirements spans a decade, illuminating the enduring challenges posed by these regulations.

## **BURDENS OF ABORTION RESTRICTIONS**

In 23 US states and Washington, DC, people can obtain an abortion on the day they present for care.<sup>4</sup> For reproductive-aged women who live in a US state that allows abortion, the majority experience no mandatory waiting period for abortion.<sup>4,5</sup> Ohio law, however, requires people to wait at least 24 hours between an in-person consent appointment and the abortion appointment.<sup>1,2,3</sup> The American College of Obstetricians and Gynecologists states that waiting periods and multiple appointment requirements are not medically necessary, delay access to abortion, and threaten patient safety.<sup>6</sup> A considerable body of scholarship demonstrates the harmful and burdensome impact of such laws in the United States.<sup>7-14</sup> Delays in accessing abortion care can increase cost and result in patients being unable to receive care at the facility they choose or within the state they reside.<sup>15-17</sup>

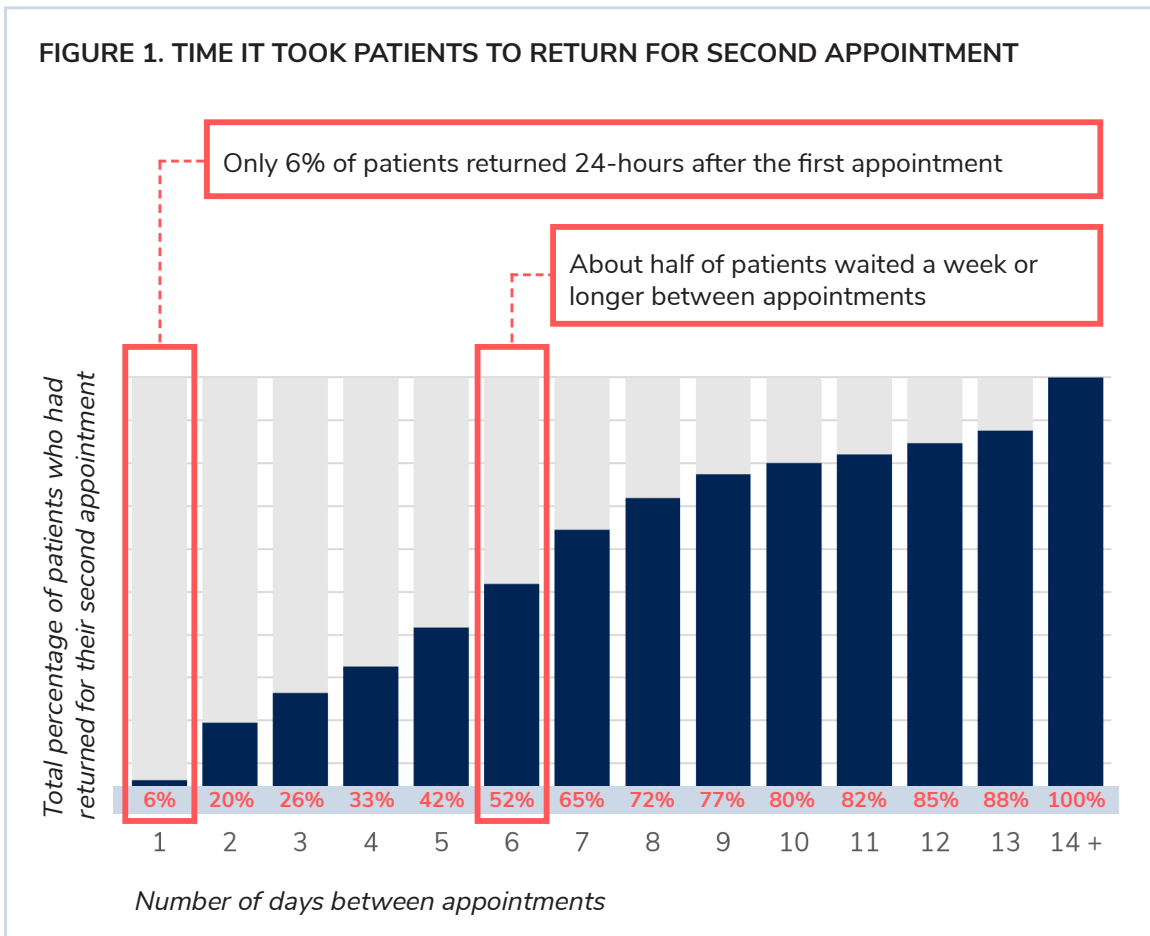
## OHIO'S RESTRICTIVE ABORTION LANDSCAPE

Several Ohio laws mandate patients wait a minimum of 24 hours from the time of providing informed consent in-person until having an abortion.<sup>1,2,3</sup> At this first informed consent appointment, physicians must deliver state-directed counseling (using state-generated materials) and perform a state-mandated check for embryonic cardiac activity, usually via ultrasound. Each of these steps is required before a patient provides their consent for an abortion. No medical evidence suggests the mandated counseling, materials, or embryonic cardiac activity check advance individual health.<sup>18</sup> Doctors and patients in Ohio may not opt out of these activities. While the medical standard-of-care is that people can have an abortion during their initial appointment, Ohio's mandatory 24-hour waiting period means that after the first in-person appointment, people must wait for a second appointment for their abortion procedure or to receive medication abortion pills.

### OHIO-SPECIFIC FINDINGS: WAITING PERIOD AND TWO-APPOINTMENT REQUIREMENTS CREATE AND COMPOUND BURDENS

#### *1) 24 hours is almost never just 24 hours, as waiting period and two-appointment requirements significantly delay abortion care*

Only 6% of abortion patients were able to have their abortion 24 hours after their first appointment, based on OPEN's systematic analysis of abortion patient charts from 2014-2018. The rest, 94%, waited longer than 24 hours to have an abortion, with some waiting much longer. Nearly half of Ohio abortion patients (48%) waited a week or more from their first appointment to their abortion appointment. More than 1 in 10 patients waited two weeks or longer between their first appointment and their abortion care. Overall, OPEN's chart review research documents that patients who had abortions in Ohio waited an average of 7.5 days between their first in-person appointment and their abortion care.



OPEN's in-depth interviews with abortion seekers from 2018 through the present reveal numerous reasons the waiting periods between the two appointments were so much longer than 24 hours. The waiting period and two appointment requirements were often what drove the long delay between the first and second appointments. Ohioans reported challenges in securing time for another day off work or needing to wait for their next day off. They described the difficulty of arranging another day of care for their children. They noted limited clinic capacity to schedule a second appointment. They articulated that dependence on others for a second trip to and from their appointments contributed to their delay. In some cases, abortion seekers had to delay care to secure funding for their abortion, including the increased expenses resulting from two trips or two days of lost pay, further exacerbating their challenges. Delays threaten patient safety: although abortion is very safe, risk increases with length of gestation.<sup>18</sup>

## ***II) Waiting period and two-appointment requirements increase psychosocial costs and delay emotional resolution for abortion seekers***

Through in-depth interviews, research participants revealed how Ohio's mandatory two in-person appointments with waiting period requirements could increase the psychosocial costs associated with seeking care.<sup>19</sup> Psychosocial burdens sometimes resulted from efforts to manage the increased costs of two appointments. In many cases, the two-appointment requirement also increased abortion seekers' exposure to anti-abortion protesters at the clinics. Additionally, multiple appointments could threaten abortion seekers' privacy around the pregnancy and/or abortion.

Leila,\* a young Asian immigrant and mother, needed abortion care in her second trimester: this procedure required one appointment for the placement of cervical dilators and another to complete the procedure. Inclusive of the required in-person counseling appointment, Leila had to make three separate appointments for care, which she found difficult: *"Every time I had to go, I had to get a babysitter. I had to ... [think about] the privacy issues, like, oh my gosh, what if somebody sees me here? What would the protesters do? ... And I had to go three times. And also ... in my house, I didn't want anyone to know ... I had to schedule the earliest appointment when everyone was sleeping."*<sup>20</sup> Each abortion appointment risked Leila's ability to maintain her privacy and confidentiality of care. Similarly, some abortion seekers reported difficulty managing their pregnancy symptoms (such as nausea or "morning sickness") during the waiting period, undermining their ability to decide when and to whom they would disclose their pregnancy.

Most people who have abortions are certain of their decision to do so, with relief as the predominant feeling after the abortion.<sup>18,21-25</sup> A 2021 peer-reviewed study shows waiting periods do not increase certainty: abortion seekers who reside in a state with a waiting period or two-appointment mandate were not more certain in their decision than those who lived in a state without those requirements.<sup>26</sup> In OPEN interviews, Ohio abortion seekers described having taken time to consider whether abortion was right for them before seeking care. Most people called to make an appointment only after they made up their mind. Once they had decided to terminate a pregnancy, most described wanting to secure their abortion care quickly so they could move on with their lives. Some abortion seekers disclosed that Ohio's mandatory waiting period and two-appointment requirements had two emotional burdens. The requirements made them worry they might have to stay pregnant. The requirements also delayed emotional resolution by forcing them to postpone the relief they anticipated they would feel after the abortion.

### **SPOTLIGHT: NORAH'S STORY**

Norah is a white woman in her twenties. Because she was in graduate school, Norah panicked when she had a positive pregnancy test in October 2022. She called to schedule an appointment at an Ohio abortion clinic close to where she lives but learned that, due to the clinic seeing a large volume of patients from out of state, the only available appointments were three to four weeks away. Norah felt even more panicked when she discovered this. She did not want to continue experiencing pregnancy symptoms, and she worried about missing classes and completing her upcoming exams on time.

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...Norah's story continued

Norah was able to schedule at another Ohio clinic located an hour away from her home. Because of Ohio's laws, though, she had to travel to the clinic two times. Norah had to rent a car to travel to her appointments. The rental car cost more than \$100 per day, and Norah put the expenses on her credit card. As a student with a tight budget, she stressed about paying off such a large, unanticipated expense. She also paid nearly \$100 in gas to travel to the clinic twice.

At Norah's first appointment, there was no detectable embryonic cardiac activity on ultrasound. She was told that if it was found at her second appointment, she would not be able to have the abortion that day, and she would have to return for a third appointment. Norah was relieved on the day of her second appointment to find there was no embryonic cardiac activity. She could have the abortion, and she would not have to travel for a third day and extend (and pay more for) her car rental.

Of having to travel to the clinic twice, Norah said, "It was tiring. It was stressful." Because she had a medication abortion, she shared that traveling to pick up her abortion pills, "...was annoying. I was like 'well, I guess I have to come back, just to get a set of pills and be on my way.' Yeah, I mean, just inconvenience."

### III) Waiting period and two-appointment requirements create increased financial costs and logistical challenges for abortion care seekers

Researchers from OPEN surveyed 1,361 Ohio residents seeking abortion care in Ohio in 2020 - 2021. Nearly a third (30%) said the two-appointment requirement was a challenge to navigate. Importantly, only people who made it to a clinic were part of the survey: Ohioans who left the state for care because of the two-appointment requirement or who were unable to obtain care at all are not included in this analysis. The true number of Ohioans who found the mandatory waiting period and two-appointment requirement a challenge may be much higher. In their responses to OPEN's survey, the abortion seekers who considered the two-appointment requirement a challenge were also more likely to report financial challenges, difficulty scheduling an appointment or finding a clinic, and maintaining their privacy.

The two-appointment requirement increased costs for many abortion seekers in Ohio: doubled gas expenses, doubled child-care costs, and doubled lost pay. Occasionally, abortion seekers incurred the price of a hotel room so they could take the next possible appointment and avoid making two round trips. Michaela, an OPEN interview participant, was a 27-year-old Black woman with a household income of less than \$9,999 who lived about two and a half hours away from an abortion facility. She had no money to spare and had to decide between paying for a hotel room or spending a total of ten hours on the road for her two in-person appointments. When asked about the impact of mandatory waiting periods, Michaela responded, "I'd prefer to do it all in one day. It's stressful."<sup>19</sup>

### RESTRICTIONS TO CARE ARE EXPERIENCED INEQUITABLY

People with the fewest resources or the most structural disadvantages find barriers to care the most challenging to navigate.<sup>27-29</sup>

Those who reported the two-visit requirement to be a challenge were more likely to face additional barriers to care, such as:



Financial challenges, like delaying other expenses



Finding a clinic



Scheduling their appointments



Encountering protesters outside of clinics



Maintaining the privacy of pregnancy or abortion

The doubled expenses necessitated by Ohio's waiting period and two-appointment requirements place an inequitable economic burden on abortion seekers, especially considering that, like Michaela, most abortion patients in the U.S. are low-income or poor.<sup>30,31</sup>

Some abortion seekers who participated in interviews reported the 24-hour waiting period and two-appointment requirements were so burdensome that they chose to leave the state for care rather than try to navigate Ohio's legal landscape. Notably, rural Ohioans, who usually live further from an abortion-providing facility, described considerable financial and logistical challenges as they pursued care. Rural Ohioans have lower rates of abortion than urban Ohioans, indicating that many rural people are unable to overcome the challenges of obtaining care.<sup>32</sup>

#### **IV) Waiting period and two-appointment requirements constrain patient decision making**

While one rationale for waiting periods is to provide pregnant people with more time to consider their options, evidence from OPEN studies found that for some abortion seekers, the opposite is true. They instead worried that the additional time mandated by the state would make them unable to obtain care, especially considering Ohio's gestational bans.

In qualitative interviews, some abortion seekers described feeling worried about their ability to obtain care. Fearing they would be timed out of care, a few described rushing to make an appointment or not even considering trying to secure an appointment in Ohio, choosing instead to leave the state for care. In these ways, waiting period and two-appointment requirements constrained Ohioans' ability to obtain care without feeling rushed and to obtain care under their preferred conditions in their home state.

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*"So, the majority of the patients that we see that are considering termination...their process begins on an ultrasound anomaly. Most people aren't having anatomy scans in their OB/GYN office until about 20 weeks. So, by the time they come to us and we diagnose that there is indeed something wrong with their baby and they are considering termination, they're out of that window. Before, when the state law was 24 weeks, that four weeks really did make a difference. Those families wouldn't have a lot of time, but at least we'd have some time to consider their options and to be able to make the decision that was right for them and for their family. Now, when we have these discussions, we don't even talk about termination in Ohio because it's not an option for them. We talk about termination in other states – travel that goes along with that, the changes in insurances coverage, (and) I feel like it adds to the stigma as well that this is something that I'm doing that I [the patient] have to leave the state for. All of those things impact the discussions that we have."*

- Ohio Genetic Counselor<sup>33</sup>  
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Echoing abortion seekers, focus groups and interviews with genetic counselors and OBGYNs who work in Ohio hospitals poignantly reinforced this finding of constrained decision making for pregnant people who received prenatal testing results close to Ohio's gestational limit. Cynthia, a genetic counselor, described the decision-making context of her patient who learned about a fetal anomaly: *"A patient who is 21 weeks' gestation... and only has pretty much five days to make that decision [about abortion], assuming scheduling was fine [and] because there's the 24-hour waiting period – me telling them, you only have this amount of time, but I support you in all of your decisions, and you should take time to think about this. Even when you're trying to be non-directive about the counseling, you're giving a timeline, I feel like it automatically makes it directive."*<sup>33</sup>

#### **SPOTLIGHT: MONICA'S STORY**

Monica is a young white woman who chose to travel to over an hour to Pennsylvania despite living only 30 mins away from an Ohio abortion clinic. Since Pennsylvania does not have the same restrictive laws as Ohio, Monica said she experienced the long one-time drive for care as less stressful and burdensome than having to attend two appointments at the closer Ohio clinic. *"I feel as though if I could have had it done here [in Ohio], kind of under the same way they do it there [in Pennsylvania], I could have had it done sooner and it just would have been a lot less planning and stress and everything else."*<sup>19</sup>

Patients were rushed to make health care decisions when Ohio's abortion gestational limit intersected with its mandatory waiting period and two-appointment laws. These situations ultimately forced many patients to travel out-of-state for care.

#### **V) In-person and waiting period laws conflict with evidence-based medicine**

Healthcare providers seeking to practice evidence-based, patient-centered standards of care are stymied by restrictive Ohio laws. Ohio's abortion policies make non-evidence-based requirements that limit the ability of health care providers to take advantage of scientific developments and tailor care to individual patient needs.

For example, maintaining the option of care via telehealth is the standard-of-care because it increases access for people for whom travel is a burden; during the COVID-19 pandemic, providing the option of telehealth was in accordance with pandemic-related guidance from medical societies.<sup>34-38</sup> However, Ohio law specifies that the pre-abortion counseling appointment must be in-person, precluding the use of telehealth appointments, even when such care is best practice.

Additionally, counselors and doctors are forced to impose the state's non-evidenced based timeline on patients in ways that pressure patients. Cynthia, the genetic counselor, continued her observations about the impact of constrained decision times on her professional practice: *"I want to be non-directive, but the timeline has made me a directive counselor, and I shouldn't have to be."*<sup>33</sup> The mandatory waiting periods and two-appointment requirements preclude providers' ability to provide the standard of non-directive care.

### **CONCLUSIONS**

Ohio's mandatory 24-hour waiting period and two-appointment requirements add unnecessary barriers for a safe, routine form of health care. These are not evidence-based requirements. They result in:

- patients waiting an average of more than a week from first appointment to abortion appointment,
- psychological costs for some abortion seekers,
- double the travel and associated social and economic burdens,
- some patients being rushed in decision making, and
- precluding some health care providers from following best practices.

Overall, the challenges Ohio's waiting period and two-appointment requirements create result in lasting burdens, especially economic hardship for those seeking abortion care. OPEN's research findings align with what has been demonstrated elsewhere in the US. An existing body of research shows that some abortion seekers are not able to access abortion at all because delays in care increase cost, making abortion unaffordable, or because their gestation at the return appointment exceeds gestational ban limits.<sup>17,39</sup> OPEN's research studies cited here were not designed to show the number of Ohioans who wanted abortion care but were unable to secure it.

Research indicates that the state's restrictive abortion laws force most Ohioans to wait more than 24 hours between appointments with abortion clinics. Their impact is thus far greater than their stated temporal requirement. The abortion seekers who found the mandatory waiting period and two-appointment requirements harmful were clear about the impacts on their lives. The laws compound financial burden, which is often greater for people who must travel further from rural areas and those with low income.

OPEN's research cumulatively demonstrates that Ohioans experience the state's 24-hour waiting period and two-appointment requirements, and their consequences, as burdensome obstacles to care. Given this evidence and the absence of these mechanisms from evidence-based medical guidelines, the laws that create the requirements lead to penalties without additional benefits for abortion seekers.

\*All names of abortion seekers and health care providers in this document are pseudonyms.

## SUGGESTED CITATION

Ohio Policy Evaluation Network (2024) An Assessment of Burdens and Challenges to Abortion Seekers Resulting from Ohio's Waiting Period and Two-Appointment Requirements. Retrieved from: [open.osu.edu/an-assessment-of-burdens-may-2024](https://open.osu.edu/an-assessment-of-burdens-may-2024).

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