

# EXECUTIVE SUMMARY

## AFTER *DOBBS*:

### Implications for Health, Equity, and Health Services Research

The aftershocks of the *Dobbs v. Jackson Women's Health* decision overturning the constitutional right to abortion continue to reverberate through the U.S. health care system as patients and clinicians navigate the uncertain, politically charged, and changing terrain of reproductive and maternal health care. Since the June 2022 U.S. Supreme Court reversal of *Roe v. Wade*—the landmark case that had assured a constitutional right to abortion for nearly a half-century—judges and lawyers, rather than pregnant people in consultation with their physicians, increasingly are deciding what care pregnant people can receive in some states. Fear of prosecution hangs over clinicians and patients if they misstep among the landmines of varying and vague state abortion bans and restrictions and other laws affecting pregnant people. While *Dobbs* altered reproductive rights for all pregnant people and their families, those most adversely affected include people with low incomes, racial and ethnic minorities, adolescents, and people living in rural areas—all of whom already face significant health disparities and inequities.<sup>1</sup>

**Almost 1 in 3 women of reproductive age—an estimated 21.5 million women—now live in states that either totally ban abortion or after six weeks.<sup>2</sup>**

Beyond enabling states to criminalize abortion, which the American College of Obstetricians and Gynecologists characterizes as “an essential component of comprehensive medical care,”<sup>3</sup> the *Dobbs* decision is impacting access to cancer and other care more broadly for pregnant people and women of reproductive age, as well as

hindering obstetric training among medical residents. To examine post-*Dobbs* impact on health and equity, [AcademyHealth](#), supported by [The Commonwealth Fund](#), convened researchers, clinicians, and legal and policy experts in late 2023 to:

- Foster a common understanding of the myriad consequences of *Dobbs*, including and beyond the immediate impacts on abortion access and reproductive health.
- Encourage dialogue, understanding, and partnerships among reproductive health researchers, community partners, other stakeholders, and the broader health services research (HSR) community.
- Highlight ethical and other challenging aspects of conducting and reporting research on abortion access and related health impacts and potential ways to resolve these challenges.
- Center equity in all aspects of research given the disproportionate burden of *Dobbs* on low-income populations, communities of color, and other historically excluded communities.

As of November 2023, 14 states had banned abortion outright, while others were trying to ban or severely curtail access to abortion, according to the Kaiser Family Foundation (KFF) [Abortion Policy Tracker](#). Nearly all state abortion bans include some exceptions that generally fall into four categories: to prevent the pregnant person's death; when there are risks to the pregnant person's health; when pregnancy results from rape or incest; and presence of a lethal fetal anomaly.<sup>4</sup> In practice, however, the exceptions often are vague and unclear, creating uncertainty for clinicians and hospitals about what interventions are legal—even in an emergency.

The full report—**After *Dobbs*: Implications for Health, Equity, and Health Services Research**—summarizes the November discussion, including the legal context and background of access to abortion; the broad and sometimes unintended consequences of *Dobbs*; the role of state policy in access to reproductive and other health care for pregnant people and those of reproductive age; research considerations; and priority research topics. Key report highlights include:

## Documenting the Ripple Effects of *Dobbs*

In the world’s wealthiest country, being pregnant or a newborn, especially for Black, Hispanic/Latino, and American Indian or Alaska Native people, is increasingly dangerous.<sup>5</sup> Poverty, violence, and inadequate and inequitable access to high-quality maternal, newborn, and postpartum care collide in dangerous ways all too often for women and children. In America, homicide is the most frequent cause of death for pregnant and postpartum women—more than twice as likely as other causes, including hypertension, hemorrhage, and infection.<sup>6</sup>

The U.S. maternal death rate is more than double that of other high-income countries, and significant inequities exist by race, ethnicity, and other demographic and socioeconomic characteristics.<sup>7</sup> Between 2018 and 2021—before *Dobbs*—overall U.S. maternal mortality nearly doubled from 17.4 deaths to 32.9 deaths per 100,000 births, with particularly large increases among Black and American Indian or Alaska Native women.<sup>8</sup> Additionally, for every major racial or ethnic group, pre-*Dobbs* maternal death rates were higher in states with restrictive abortion policies compared to states with less restrictive policies. Similarly, abortion-restriction states have fewer maternity care providers, more maternity care “deserts,” higher overall death rates for women of reproductive age, and greater racial inequities across their health care systems.<sup>9</sup>

***Beyond the Right to Choose.*** While people may perceive the *Dobbs* decision as primarily affecting a woman’s right to choose an abortion, the impacts on women extend to treatment during pregnancy that might threaten the fetus; other medical care like cancer treatment for women of reproductive age; clinician training and practice in states with abortion restrictions; and accurate data collection. Quality and access to care problems are exacerbated in low-income communities and for Black, Native American, and Hispanic/Latino populations, which already experience worse access to care, poorer outcomes, and discrimination due to poverty and race, and are more likely to live in states with abortion restrictions. Some states with the most restrictive abortion laws also have higher rates of poverty, creating even greater barriers to the ability to seek abortion care out of state.

***The Role of State Legislators and Research.*** While the states have long been the locus of anti-abortion and other efforts to curtail reproductive health care access, including gender-affirming care, the overturning of the constitutional right to abortion means state legislatures are now the sole forum for deciding what medical care,

including abortion, is accessible to people. This creates an imperative for health services researchers to develop and advance evidence on the impact of the *Dobbs* decision and related state laws for state policy decisionmakers.

***Existing and Evolving Abortion-Related Research.*** Current research efforts generally focus on five broad domains: abortion incidence, abortion access, workforce impacts, provider behavior; and broader health and social impacts. Three major research efforts are underway to collect abortion incidence data and document shifts in access to abortion care: the Society of Family Planning [#WeCount](#) project; the Guttmacher Institute [Monthly Abortion Provision Study](#); and the University of Texas at Austin [Project SANA](#), the Self-managed Abortion Needs Assessment Project. On the access front, the [Abortion Access Dashboard](#) uses geographic information system software and mapping to report publicly on a range of metrics related to U.S. abortion care facilities. Other research centers studying local, regional, and national abortion access include [Resound Research for Reproductive Health](#); [OPEN, the Ohio Policy Evaluation Network](#); [RISE, the Center for Reproductive Research in the Southeast](#) at Emory University; [CONVERGE](#) at the University of Pittsburgh; and [CORE, the Collaborative for Reproductive Health Equity](#) at the University of Wisconsin.

***Community-Engaged Research Critical in Reproductive and Maternal Care.*** Community engagement takes place along a continuum, commonly ranging from seeking input for a discrete part of a research study, such as recruiting participants, to community-based participatory research where researchers and community members collaborate on all aspects of the research. By enabling the voices of low-income and marginalized individuals, successful community engagement produces better and more actionable evidence to inform reproductive and maternal health policy and includes respecting community knowledge and understanding community characteristics, differences, and needs.

***Conflicting Legal and Ethical Obligations to Protect Patient Privacy.*** Health care providers must both accurately capture and record medical details, including reproductive care, in legal medical records and only disclose health information as authorized by federal law. At the same time, patients need to know their confidential information will be protected by physicians, hospitals, and other providers.

***Identifying Research Priorities.*** Conducting rigorous research to understand and document the range of consequences stemming from *Dobbs* will be critical to informing evidence-based policies related to reproductive and maternal health care. To begin the work of setting research priorities for the field and drawing on the breadth and depth of the day’s discussion, the approximately 80 participants identified research priorities across six domains:

- Access, availability, and safety of abortion services.
- Other reproductive health care, including maternal and perinatal care and outcomes.

## ENDNOTES

- Non-reproductive health care and outcomes, including mental and behavioral health, disability, and chronic disease.
- Health care workforce implications, including training impacts, reproductive health deserts, and clinician burnout.
- Care financing and delivery issues, including Medicaid, safety-net providers such as federally qualified health centers, and data privacy.
- Broader societal impacts, including employment, education, and poverty.

Health services researchers can contribute meaningfully to the evidence base regarding the impact of the *Dobbs* decision, leveraging the field's multidisciplinary and methodologic strengths and expertise in analyzing large datasets—in particular for the study of research questions in the domains of health care workforce and care financing and delivery. Sample research questions ripe for HSR in these domains include:

- What is the impact of *Dobbs* on health care workforce shortages?
- Does abortion provision via telehealth/telemedicine help with physician burnout and access?
- What is the impact of *Dobbs* on federal and state level financing for sexual and reproductive health care?
- What excess costs is *Dobbs* creating in the health care system (due to lack of abortion access)?
- What is the impact of *Dobbs* on interpersonal violence (IPV)?
- How, collectively, do state laws shape economic and other forms of equity between genders?

The research agenda emphasizes the importance of applying an equity lens to the conduct of research on the questions identified. To conduct this research effectively and responsibly, forming partnerships among health services researchers and communities (i.e., via community-led or community-engaged research), as well as with researchers in reproductive health and rights who are expert in the unique considerations for conducting abortion-related research, is essential. The research agenda at the end of the full brief provides a starting point for future collaboration among these research communities to explore the myriad impacts of *Dobbs* on health, equity, and society.

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7. Eugene Declercq, et al. The U.S. Maternal Health Divide: The Limited Maternal Health Services and Worse Outcomes of States Proposing New Abortion Restrictions. The Commonwealth Fund. Dec. 2022, <https://doi.org/10.26099/z7dz-8211>.
8. David C. Radle, et al. The Commonwealth Fund 2023 Scorecard on State Health System Performance: Americans' Health Declines and Access to Reproductive Care Shrinks, But States Have Options. The Commonwealth Fund, June 2023, <https://doi.org/10.26099/fcas-cd24>.
9. Eugene Declercq, et al. The U.S. Maternal Health Divide: The Limited Maternal Health Services and Worse Outcomes of States Proposing New Abortion Restrictions. The Commonwealth Fund. Dec. 2022, <https://doi.org/10.26099/z7dz-8211>.