

## Extended Abstract

# Borderline Rights: The Effect of Neighbor Restrictions on Border County Abortion Provision in Illinois

*This proposed poster reflects the work of the Reproductive Health Barriers Group (RBG), a group of very promising undergraduate students at the University of Illinois, Urban-Champaign, who are interested in the study of women's health in the United States. Trained in population and health seminars through the UIUC's Grand Challenge Learning initiative, this newly formed group is presently working with Planned Parenthood of Illinois and the Illinois Department of Health on the issue of abortion patterns across time and county in the state of Illinois. While our proposal is based on preliminary work, we are confident our findings will be of interest to scholars of reproductive health and public policy. Experience working on this poster and paper, and ideally attending the 2019 PAA meetings, will provide valuable professionalization experience and insights into graduate training for these promising young demographers.*

In 1973 Supreme Court decision in *Roe v. Wade* declared the criminalization of abortion unconstitutional due to violations of the due process clause of the 14<sup>th</sup> amendment. The opinion preserved space for states to exert interests in regulating abortion, particularly as pregnancies developed. Over the following decades states have constructed “a lattice work of abortion law, codifying, regulating and limiting” women’s access to abortion (Guttmacher). Over the past decades states have sought to exert their interests through a variety of requirements on care facilities, care providers, type of procedure, public and insurance funding, counseling restrictions, waiting periods, and mandatory agreement from those other than women themselves (parents, husbands, male partners). In the Mid-West, only the state of Illinois is recognized as a protected access state in terms of abortion. Neighboring states of Wisconsin, Indiana, Kentucky, and Missouri are classified as severely restricting access, and Iowa recently passed one of the most restrictive abortion laws to date (while overturned, its regulations have yet to be rescinded<sup>1</sup>).

Do abortion restrictions in neighboring states tend to raise the number of abortions provided in Illinois? If so, do increases tend to cluster within border counties? We construct a legislative date base documenting the timing of abortion restrictions in the states bordering Illinois: Wisconsin, Indiana, Kentucky, Missouri and Iowa to document the timeline of restrictions and calculate their intensity. Using data from the Illinois State Department of Health, we then evaluate general trends in abortion provided in Illinois and the recorded numbers provided to women out of state or of unknown residence, and trace the numbers of reported abortion performed at the county level from 1998 to the present to assess the extent to which effects are clustered within border counties with abortion providers. Our findings contribute to our understanding of circumvention opportunities for women residing in restrictive states, add importance to the idea of “spill over” costs to restrictions typically framed within state rights, and provide important insights into the analyses of health outcomes associated with abortion restrictions.

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<sup>1</sup> <https://www.kff.org/interactive/abortion-coverage/>

Figure One. Abortion Restrictions by State in the United States

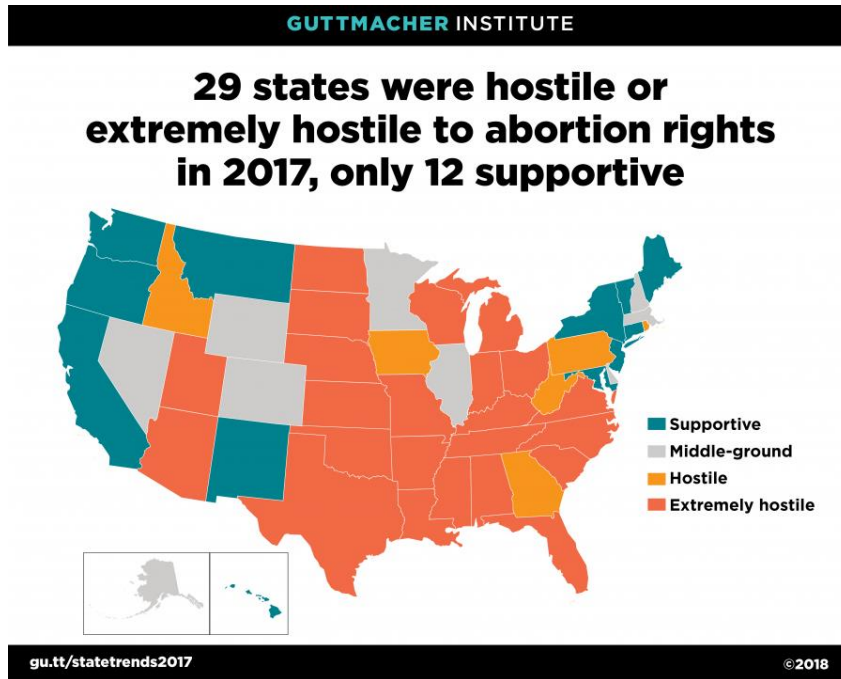
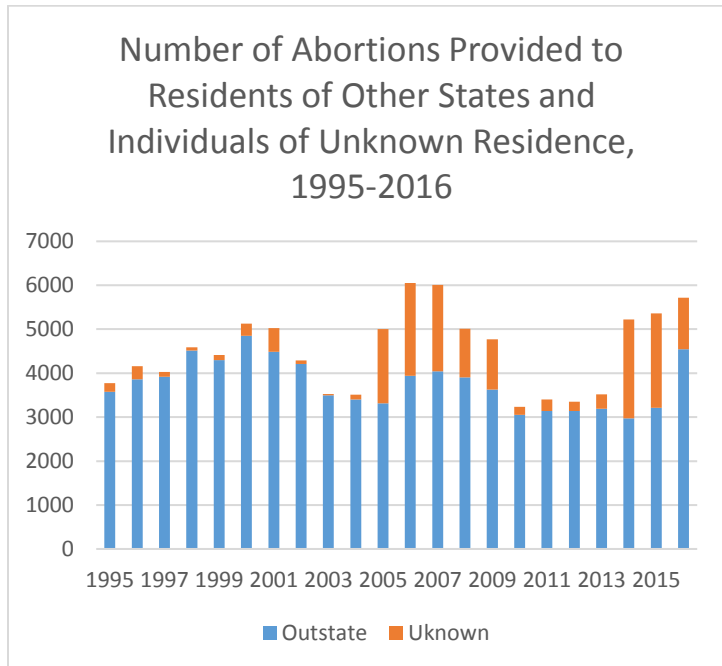


Figure Two. Number of Abortions in the State of Illinois for Non-Residents and Individuals of Unknown Residence, 1995-2016



Source: Illinois Department of Health

Figure Three. Total Number of Abortions Performed in Illinois, by Residence, 1995-2016

