

Oppose HB 562 – Trust Patients’ Decisions and Do Not Install an Abortion Waiting Period

Bill Summary: HB 562 would require all patients seeking abortions to wait 24 hours before any medical intervention. The proposed legislation also contains misinformation regarding medication abortion and shames patients by making assumptions about their decision making capabilities. Ultimately, the bill functions as a road block for providers to provide the best quality of care.

Waiting periods prevent individuals from obtaining abortions. In New Hampshire, 60 percent of counties do not have an abortion clinic.ⁱ Adding further barriers to accessing abortion, like waiting periods, will only make it more difficult for individuals seeking timely and safe reproductive health care. In fact, a nationwide study found waiting period laws were significantly associated with a longer time between to making an appointment and receiving abortion services.ⁱⁱ

Forcing patients to attend two appointments brings added, medically unnecessary costs to abortion care. Patients will endure potential additional co-pays and need to arrange to take extra time off from work, potentially jeopardizing jobs they cannot afford to lose; find additional child care; and scrape together money for the travel and lodging costs generated by the mandatory delay. For those with demanding work schedules or childcare obligations, or who live in rural areas where doctors cannot provide abortions consistently, difficulties in scheduling a second appointment may push an abortion out to later in pregnancy, which can add significant additional costs. For example, the average cost of an abortion at 10 weeks is about \$500 and increases to an average of \$1,195 at 20 weeks.ⁱⁱⁱ In addition, the costs of these visits vary greatly depending on the degree of health coverage one has. Studies show that for individuals seeking abortion who had to pay out of pocket, abortion costs were equivalent to more than one-third of their monthly personal income, rising to two thirds of personal income among those receiving later abortions.^{iv} This bill will hit hardest those that are already the most vulnerable.^v

Mandated delays increase medical risks. Many of the patients who do manage to overcome the obstacles imposed by medically unnecessary mandatory-delay laws are forced to seek later abortions. For example, after a waiting period was installed in Mississippi, the proportion of abortions performed after the first trimester increased by 39 percent.^{vi} Pushing an abortion into the second trimester makes what would have been a routine procedure more complicated and risky.^{vii} According to the American College of Obstetricians and Gynecologists, “Laws requiring waiting periods, multiple visits, and other barriers to accessing abortion in a timely manner increase risk and threaten patient safety. The risk of death associated with abortion increases from 0.3 out of every 100,000 abortions at or before eight weeks to 6.7 out of 100,000 abortions at 18 weeks or later.”^{viii} While abortion remains an extremely safe procedure, this legislation would create medically unnecessary risks for those seeking abortion care.

Mandatory delays disproportionately hurt minors. Teenagers must already overcome formidable barriers to exercise their right to choose abortion; mandatory-delay laws create yet another obstacle. For many reasons, young people tend to have abortions later than adults. Many teenagers have irregular menstrual cycles and take longer to recognize the signs of pregnancy. Pregnant teens often experience denial, shame, and fear, and may delay seeking the help they need. Minors also may have difficulty raising the money for an abortion (especially a second-trimester abortion), leaving school and/or jobs, and finding transportation to the clinic. Young people in New Hampshire must also fulfill laws mandating that either they involve their parents in their abortion decision or they go to court and seek a judicial waiver of this requirement. These parental involvement laws already delay teens' abortions. Any additional loss of time caused by government-mandated delays can make an abortion unobtainable.

Mandated delays demean pregnant individuals. The proposed statute would mandate delays and is coupled with requirements that would force doctors to provide every patient with medically inaccurate information about medication abortion intended to influence their decision. The mandatory delay ostensibly exists so that a pregnant individual has time to "think over" this information. For some, the mandated delay is more than insulting. It is cruel to tell someone ending a pregnancy because their fetus has a condition incompatible with life or an individual who has become pregnant through rape or incest that they must wait at least 24 hours to reconsider her decision. Other medical procedures, even much more dangerous and complicated surgeries, do not have legally required waiting periods. Mandating delays for abortion implies that patients who seek abortions do so without adequate reflection and are incapable of making reasoned, moral decisions regarding their health and future.

The vast majority of Granite Staters support safe, legal abortion. Seventy-two percent of polled Granite Staters identified as pro-choice in 2022^{ix}, while data from 2021 shows sixty-six percent support keeping abortion legal in all/most cases, rejecting the idea that bodies are public property to be regulated by government officials.^x In fact, only three states have a higher percentage of residents who support safe, legal abortion access.^{xi} As this polling makes clear, Granite Staters don't appreciate government intervention into their private health care decisions.

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ⁱ New Hampshire Women's Foundation, *Gender Matters: Abortion Rights in New Hampshire*, 2022, Issue 2, available at <https://nhwomensfoundation.org/research-item/gm2022-issue-2-abortion-rights-in-new-hampshire/>

ⁱⁱ Jones RK and Jerman J, *Time to Appointment and Delays in Accessing Care among U.S. Abortion Patients*, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/delays-in-accessing-care-among-us-abortion-patients>.

ⁱⁱⁱ Cindy George, *How Much Does an Abortion Cost Without Health Insurance?*, May 16, 2022, GoodRx Health, available at <https://www.goodrx.com/conditions/abortion/how-much-does-an-abortion-cost-without-insurance>

^{iv} Roberts, Sarah CM, et al. "Out-of-pocket costs and insurance coverage for abortion in the United States." *Women's Health Issues* 24.2 (2014): e211-e218., available at <https://pubmed.ncbi.nlm.nih.gov/24630423/>

^vAlso see Karasek, Deborah, Sarah CM Roberts, and Tracy A. Weitz. "Abortion patients' experience and perceptions of waiting periods: survey evidence before Arizona's two-visit 24-hour mandatory waiting period law." *Women's health issues* 26.1 (2016): 60-66. available at

<https://www.sciencedirect.com/science/article/abs/pii/S1049386715001619>

In an observational study examining the effects of wait period policies in Arizona, a majority of participants reported that requiring extra visits prompted additional financial and logistical hardships and delay in having an abortion, and more than one-half reported that the waiting period would have a negative effect on emotional well-being.

^{vi} Joyce, Theodore, Stanley K. Henshaw, and Julia DeClerque Skatrud. "The impact of Mississippi's mandatory delay law on abortions and births." *JAMA* 278.8 (1997): 653-658. available at

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7402852/#CIT0060>

^{vii} Upadhyay UD et al., Incidence of emergency department visits and complications after abortion, *Obstetrics & Gynecology*, 2015, 125(1):175–183.

^{viii} ACOG, "Abortion Access Fact Sheet, Evidence-Based Talking Points," 2023, available at <https://www.acog.org/advocacy/abortion-is-essential/come-prepared/abortion-access-fact-sheet>

^{ix} Neil Levesque, *A Survey of Registered New Hampshire Voters, August 9-11, 2022*, New Hampshire Institute of Politics, Saint Anselm College, available at,

https://www.anselm.edu/sites/default/files/Documents/NHIOP/Polls/SACSC_NHSW_0822_Book1.pdf

^x Jeff Diamant & Aleksandra, *Do state laws on abortion reflect public opinion?*, Pew Research Center, Jan. 21, 2020, available at <https://www.pewresearch.org/fact-tank/2020/01/21/do-state-laws-on-abortion-reflect-public-opinion/>.

^{xi} Jeff Diamant & Aleksandra, *Do state laws on abortion reflect public opinion?*, Pew Research Center, Jan. 21, 2020, available at <https://www.pewresearch.org/fact-tank/2020/01/21/do-state-laws-on-abortion-reflect-public-opinion/>.