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Barriers to Medication Abortion Among Massachusetts' Public University Students: Medication Abortion Barriers

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1 **Barriers to Medication Abortion Among Massachusetts' Public University Students**

2
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20 **Abstract**

21 **Objective**

22 Proposed legislation in Massachusetts would require public university health centers to
23 provide medication abortion services on campus. This study assesses need for these services by
24 investigating current travel time, costs, wait times and insurance acceptance at off-campus,
25 abortion-providing facilities nearest to public universities in Massachusetts.

26

27 **Study Design**

28 This investigation projected the total number of medication abortions of students at 13
29 Massachusetts public universities based on campus enrollment figures and age- and state-
30 adjusted medication abortion rates in the state. Using a cross-sectional study design, the research
31 calculated the distance and public transit time from campuses to the nearest abortion-providing
32 facilities. Researchers contacted facilities to determine costs, wait times and insurance
33 acceptance.

34

35 **Results**

36 We estimate 50 to 115 of Massachusetts public university students obtain medication
37 abortion services each month, or 600 to 1,380 each year. Students have to travel between 2 and
38 42 miles to reach the nearest abortion-providing facility, with a population-weighted average
39 distance of 19 miles. Travel time on public transportation to reach the nearest abortion-providing
40 facility takes between 18 and 400 hundred minutes, with a population-weighted average of 103
41 minutes. Average cost of medication abortion was \$680, and average wait time to the first
42 available appointment was 8 days. Eight of 13 abortion-providing facilities did not have weekend

43 appointments. All of the nearest abortion-providing facilities in Massachusetts accepted Mass
44 Health, but one nearest facility was out of state and did not. All accepted multiple private
45 insurance plans.

46

47 **Conclusions**

48 College students face cost, scheduling, and travel barriers to abortion care. Offering
49 medication abortion on campus would reduce these barriers.

50

51 **Implications**

52 The barriers to medication abortion experienced by students attending public universities
53 in Massachusetts fall particularly hard on female and low-income students, who are
54 disproportionately students of color. Offering medication abortion on campus would reduce these
55 barriers and enhance gender and racial equity on campus.

56 Unintended pregnancy and abortion rates are highest among college-aged students (18–
57 24) [1]. Research from the American Association of Community Colleges and the National
58 Association of Education Statistics indicates that student access to abortion healthcare can
59 enhance continued college participation and educational equity for students [2, 3]. Fourteen
60 percent of those who have abortions report interference with education as a reason for seeking
61 the procedure [4]. Abortion healthcare access is also important for the 25% of students who
62 experience sexual assault while in college and may experience pregnancy as a result [5]. Despite
63 the need for abortion, many students face barriers to accessing abortion healthcare.

64 A study by researchers at Advancing New Standards in Reproductive Health (ANSIRH)
65 at the University of California, San Francisco on barriers to medication abortion services in
66 California found that college students faced cost, scheduling, and travel barriers to abortion care
67 [6]. California students and reproductive health organizations used this study to persuade the
68 California legislature to pass the nation’s first law requiring public university health centers to
69 offer medication abortion in 2019 [7].

70 Inspired by California’s law, Massachusetts Representative Lindsay Sabadosa has
71 introduced a bill, H. 3841, to require public university health centers to provide medication
72 abortion services on campus at the state’s 13 public universities [8]. This includes four
73 University of Massachusetts campuses and nine State University campuses, encompassing
74 122,551 students [9].

75 Replicating the California study’s methods, this research assesses the need for this
76 legislation in Massachusetts by investigating the barriers faced by public university students
77 seeking medication abortion health services in Massachusetts and the potential impact of the
78 proposed legislation on student access to these services.

79 Approved by the FDA for use during the first 10 weeks of gestation, medication abortion
80 uses two types of pills: mifepristone, which interrupts the flow of the hormone progesterone that
81 sustains a pregnancy; and misoprostol, which causes contractions that expel uterine contents.
82 This combination of pills is more than 95% effective and is an extremely safe way to end an
83 early pregnancy [10]. According to the Guttmacher Institute, medication abortion now accounts
84 for 39% of abortions overall and 60% in the first 10 weeks [11]. Patients take mifepristone first,
85 either at a healthcare facility or at home, and then 6 to 72 hours later they take misoprostol at
86 home, where they have uterine contractions and the abortion process ensues. The FDA label
87 strongly recommends a follow-up visit 7 to 14 days later [12]. Follow-up visits may be done
88 remotely, but are still often done in-person by abortion providers in Massachusetts (personal
89 communication).¹

90 This study aimed to measure medication abortion barriers experienced by Massachusetts'
91 public university students. Specifically, we estimated current medication abortion use and travel
92 time, costs, insurance acceptance, and appointment availability at the abortion-providing
93 facilities closest to each of the 13 campuses.

94

95 **Methods**

96 *Medication abortion demand among Massachusetts' public university students*

97 We estimated how many people obtained medication abortion healthcare per month by
98 using college-, age-, and state-adjusted overall abortion rates and then multiplying that number
99 by the estimated percentage of medication abortions compared to all abortions in the state. Age-

¹ Liz Higgins, Director of Clinical Services, Planned Parenthood League of Massachusetts, Springfield, MA, personal communication.

100 specific abortion rates were taken from the Guttmacher Institute’s most recent nationwide
101 projections; the mean of rates for ages 18–19 (1.8%) and 20–24 (2.8%) was used (2.3%) [1]. We
102 then adjusted for higher rates of abortion in Massachusetts using the state-specific abortion rate
103 (1.53%, compared with 1.46% nationally, for an adjustment factor of 1.05) to get a rate of 2.41%
104 [11]. Because these estimates are for all abortion types, we then adjusted for the percent of all
105 abortions which are medication abortions. Nationally, 39% of abortions in 2017 were medication
106 abortions; this figure served as our lower bound [11]. Given increasing popularity of medication
107 abortion and potential higher demand with improved availability, we assumed a high bound of
108 90% of all abortions as medication abortions. Higher demand is likely if medication abortion
109 were to be provided on campus for two reasons. First, quicker access to the service would likely
110 result in more students being eligible to use abortion pills because more would be under the 10-
111 week deadline. Second, more students may choose medication abortion because of increased
112 accessibility in comparison to aspiration abortion (also known as “surgical abortion”), which
113 would require travel off campus. Therefore, we included the possibility that up to 90% of
114 students would opt to have a medication abortion if it was easily available on campus.

115 Enrollment figures and percent of campus population that was female (as a proxy for the
116 percent of students with uteri) were obtained from U.S. News & World Report [9].

117 *Distance and time to closest facility*

118 We identified abortion-providing facilities using Massachusetts NARAL’s list of abortion
119 providers [13] and AbortionFinder.org [14]. We calculated driving distance and time from every
120 campus to every abortion-providing facility in the state and nearby states using the Connect
121 Origins to Destinations tool in ArcGIS Online. We then calculated public transit time from each

122 campus to the nearest facility at a standard day and time (Wednesday at 4 p.m.) using Google
123 Maps.

124 *Facility information*

125 In June of 2021, we made “mystery shopper” calls to abortion-providing facilities nearest
126 to public university campuses in Massachusetts to verify the types of abortion provided, cost of
127 abortion, acceptance of Mass Health insurance (Massachusetts’ Medicare program) and other
128 insurances, wait time until first available medication abortion appointment, and weekend
129 appointment availability. This component of the study was approved by the University of
130 Massachusetts at Amherst’s institutional review board.

131

132 **Results**

133 *Monthly usage estimates*

134 We estimated that in total, Massachusetts public university students obtain between 50 and
135 115 medication abortions each month (see Table) or between 600 and 1,380 each year.

136

137 Table: Campus-level enrollment, medication abortion estimates, travel, and closest facility
138 information (in Massachusetts in 2021)

139 [insert Table here]

140

141 *Distance and time to closest facility*

142 The driving distance from campuses to the nearest abortion-providing facilities ranged
143 from 2 to 42 miles one way, with a population-weighted average of 19 miles. Nine campuses
144 (70%) were 14 or more miles from the nearest abortion-providing facility. The travel time via
145 public transit ranged from 18 to 400 minutes one-way, with a population-weighted average of

146 103 minutes. Eleven campuses (85%) were 40 or more minutes from the nearest abortion
147 provider via public transit. Given that two visits are recommended for medication abortion [12],
148 population-weighted average total driving distance round trip was 72 miles and population-
149 weighted average total public transit time round trip was 388 minutes or 6 hours and 28 minutes
150 travel time.

151 The average cost of medication abortion at the facilities closest to campuses was \$680.

152 All in-state facilities closest to campuses accepted Mass Health insurance; one out-of-state
153 facility that was closer to one campus (UMass Dartmouth) than the in-state facility did not accept
154 Mass Health (public transportation time to the out-of-state facility was 90 minutes faster than to
155 the in-state facility). Average wait time until first available appointment was 8 days (range 4–21
156 days). Eight of the 13 facilities closest to campus (62%) were not open on weekends.

157

158 **Discussion**

159 This research suggests that many public university students in Massachusetts need access
160 to medication abortion healthcare each year but face obstacles to obtaining this service. Public
161 universities in Massachusetts do not provide medication abortion, so students have to find off-
162 campus providers for this service. To reach these providers, many students have to travel long
163 distances, which can be a daunting barrier to abortion care [15]. Students who do not have access
164 to cars may have to rely on public transportation, which can take significant time. For example,
165 only 21 percent of students at the largest University of Massachusetts campus (in Amherst) own
166 cars [9], yet the nearest abortion facility—Planned Parenthood of Western Massachusetts—is 25
167 miles away and takes 2 hours and 18 minutes one way to reach by public transportation.
168 Traveling to the abortion provider, obtaining the needed healthcare, and traveling home by bus

169 takes many hours—time students may not have to spare between classes, jobs and other
170 activities. Eight of the 13 nearest abortion-providing facilities to campus are not open on
171 weekends so students have to go on weekdays, which increases the likelihood of missing classes
172 or employment. While many facilities accept a wide range of insurance plans, students may
173 experience burdens having to negotiate insurance coverage for this service, and they may face
174 high deductibles or co-pays (personal communication).² The logistics of obtaining this healthcare
175 off campus may delay access to medication abortion, extending the duration of negative
176 symptoms of early pregnancy such as nausea and vomiting and potentially pushing students past
177 the 10-week limit for obtaining medication abortion, in which case they have to obtain a more
178 invasive aspiration abortion procedure, which is more expensive later in pregnancy [13].

179 Lack of on-campus access to medication abortion burdens students in other ways too.
180 Navigating the healthcare system as a college student can be challenging. Despite the fact that
181 abortion is legal, access is limited. Staff at on-campus healthcare centers vary in the amount of
182 information they provide to students about where to find abortion healthcare, which leaves some
183 students in the position of having to figure out how to obtain this care on their own (personal
184 communications).³ This puts students at an increased risk of reaching out to anti-abortion centers
185 (also known as “crisis pregnancy centers”), which can subject them to shaming, misinformation,
186 and delays in accessing to real healthcare [16, 17, 18]. Requiring students to travel off campus
187 may increase students’ already-high levels of stress [19] by requiring them to navigate unfamiliar
188 off-campus abortion care, potentially-delayed access to care and having to continue an unwanted

² Derek Siegel, Intake Coordinator, Abortion Rights Fund of Western Massachusetts, personal communication, November 9, 2021.

³ Leora Cohen-McKeon, Staff Physician, University Health Services, University of Massachusetts, Amherst, personal communication; Derek Siegel, Intake Coordinator, Abortion Rights Fund of Western Massachusetts, personal communication.

189 pregnancy until care is obtained. For the one in four students who experience sexual assault
190 during college [5], abortion access on college campuses could serve as an important resource for
191 recovery from the assault. Parental consent would not be a barrier for offering medication
192 abortion on college campuses in Massachusetts because the state eliminated its parental consent
193 requirement for people over the age of 16 in December 2020 [20].

194 This study is limited by several assumptions. First, we assume that the closest abortion
195 facility is the one from which students obtain medication abortion, but there may be other
196 providers to which health centers refer students. Second, estimates of the numbers of medication
197 abortions are projections based on general population data. Actual abortion rates may differ for
198 this population. Third, this study focuses on barriers related to distance, transportation,
199 scheduling and cost of accessing medication abortion healthcare, but there may be other barriers
200 that college students face in seeking this service. Fourth, the proposed legislation applies only to
201 medication abortion, not aspiration abortion. Some students prefer an aspiration abortion or are
202 not sure what type of abortion they want, so off-campus facilities may still be necessary for
203 students in these situations. Both medication and aspiration abortion could be offered at student
204 health centers, which would remove artificial constraints on student choice about which option to
205 use. Finally, as a result of the FDA lifting restrictions on in-person mifepristone prescribing for
206 the duration of the COVID-19 public health emergency, telemedicine abortion has become
207 increasingly available in Massachusetts, enabling patients to obtain medication abortion without
208 an in-clinic visit [21]. While this option increases availability of medication abortion and could
209 reduce the need for students to travel to obtain in-clinic care, young college students may prefer
210 the reassurance of seeing a provider in-person.

211 Massachusetts’ proposed bill to require public university health centers to provide
212 medication abortion services on campus at the state’s 13 public universities would greatly reduce
213 the barriers to abortion healthcare by decreasing the travel, logistical, and cost burdens to
214 students seeking abortion. Requiring students to leave campus for abortion when other health
215 services can be obtained on campus disproportionately burdens students who require abortion
216 care and those who may struggle to cover the cost of abortion, the cost of travel, and lost time
217 away from employment. These burdens fall only on people who can get pregnant—mostly
218 female students—and they fall particularly hard on lower-income students, who are
219 disproportionately students of color [22, 23]. Low-income students with work and family
220 responsibilities that place demands on their time and finances may find obtaining off-campus
221 healthcare particularly burdensome because of financial and time constraints. Offering
222 medication abortion on campus would reduce these burdens and enhance gender and racial
223 equity as well as economic justice on campus.

224

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311 **Table: Campus-level enrollment, medication abortion estimates, travel, and closest facility information (in Massachusetts in 2021)**

Campus type and name	Campus enrollment		Medication abortions per month		Travel to closest provider	Public transit (minutes)	Closest facility information	Weekend appointment availability	Cost of medication abortion
	Total	% Female	Low estimate	High estimate	Driving (miles)		First available appt (days)		
University of Massachusetts Campuses									
Amherst	31,350	50	12	28	25	138	6	No	700
Boston	15,989	55	7	16	6	57	8	Yes	700
Lowell	18,355	40	6	13	14	40	6	No	650
Dartmouth*	8,154	50	3	7	31	189	21	Yes	600
Massachusetts State University Campuses									
Bridgewater	10,881	59	5	12	21	163	6	Yes	675
Fitchburg	7,252	53	3	7	28	99	11	No	700
Framingham	5,456	56	2	6	17	105	5	No	700
MassArt	2,095	73	1	3	2	18	8	Yes	700
MCLA	1,507	60	1	2	38	**	***	No	***
Maritime Academy	1,792	13	0	0	42	400	6	Yes	675
Salem	7,706	62	4	9	4	73	4	No	650
Westfield	5,810	55	3	6	17	105	6	No	700
Worcester	6,204	62	3	7	2	18	11	No	700
Combined results: total or population-weighted average									
	Total	Population-weighted average	Total	Total	Population-weighted average	Population-weighted average	Population-weighted average		Population-weighted average
UMass campuses	73,848	49	28	65	18	102	8		677
State University campuses	48,703	57	22	50	16	105	7		685
All campuses	122,551	52	50	115	18	103	8		680

312 *There is a nearer abortion-providing facility out of state, which is 28 miles away and takes 99 minutes to reach by public transportation.
 313 **There is no public transportation from MCLA to the nearest abortion-providing facility.
 314 ***Facility would not provide cost or appointment date without prior blood test.
 315

