



U.S. SENATOR MARIA CANTWELL

WASHINGTON

SNAPSHOT: Abortion Care in the State of Washington on the 51st Anniversary of *Roe v. Wade*

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Today, when the nation should have been celebrating the upcoming 51st anniversary of *Roe v. Wade*, abortion patients and providers in Washington state are instead continuing to grapple with the downstream effects of the devastating *Dobbs v. Jackson Women's Health Organization* decision that overturned the constitutional right to abortion.

- **On average, Washington providers perform 201 more abortions per month**
- **Number of out-of-state abortion patients is up 46%**
- **Abortion care providers “face unique threats and harassment given our close proximity to Idaho,” says Planned Parenthood CEO**
- **Planned Parenthood in WA and ID currently pays to fly six nurses in from other regions because people are afraid to perform abortions where they live**
- **11.7% of abortions are now prescribed virtually, up from 8% immediately post-*Dobbs***

In the year and a half since the *Dobbs* decision, Washington state providers have performed significantly more abortions and seen more out-of-state patients – especially in Eastern Washington. This is changing care for all patients; for example, it has led to increased reliance on telehealth. It's also increasing the pressure on Washington's hard-working medical staff, who are grappling with more harassment from anti-choice zealots.

This document provides an overview of the effects of the *Dobbs* decision on abortion patients

and providers in Washington state and a summary of the legislative actions U.S. Senator Maria Cantwell (D-WA) has taken in response to protect abortion access for people across the country.

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Dobbs Decision Drives More Patients to Washington State

More Abortions Performed Overall in Washington State

Today, 21 states ban or severely restrict abortion. That means that more and more people in need of abortion care are coming to Washington state, a safe haven for patients and providers.

[According](#) to the Washington State Department of Health, the number of abortions provided in Washington state rose by 23% in 2022. The [monthly](#) average number of abortions provided in

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Washington state before the *Dobbs* decision was 1,735. The monthly average number of abortions provided in Washington state after *Dobbs* was 1,936 – an average increase of 201 abortions per month.

Washington's Providers Continue to Care for Patients Fleeing Anti-Choice States

In Washington state, the number of patients from out of state is up by nearly one-half: the Washington State Department of Health [reports](#) that the number of abortions provided in Washington state to people from other states has increased by 46%.

According to Karl Eastlund, the President and CEO of Planned Parenthood of Greater Washington and North Idaho, **“Patients come from across the country to access care in Washington. It’s a common misconception that people are able to just go to the next closest state to them for reproductive health care. Factors like having family or friends close by, health centers having available appointments and cost to travel can all impact where patients go. We’ve seen patients from places like Texas, Florida, and others.”** Wait times in Spokane for abortion tend to be significantly shorter than wait times in other large cities like Denver, making it a more realistic option for people in desperate need of care. There is a direct flight from Spokane to Dallas, and out-of-state patients use that flight for abortion care.

The strain of out-of-state patients has been felt especially acutely in Eastern Washington due to the numerous abortion bans passed in Idaho. As Sen. Cantwell said at an event on Jan. 17 commemorating the *Roe* anniversary, **“The Washington-Idaho border is the epicenter of this discussion.”**

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A new clinic in Ontario, Oregon, has alleviated some of the pressure on Washington’s clinics, because patients from nearby Boise can receive care there. However, the Ontario clinic only provides abortions through the first trimester. That means patients further along in

their pregnancies are still more likely to seek care in Washington state. And patients coming from anti-choice states are especially likely to seek abortion care later in their pregnancies, because of the time it takes for them to gather travel money, obtain child care, and secure an abortion appointment.

The Northwest Abortion Access Fund, which assists people in accessing abortion across Washington, Oregon, Idaho, and Alaska, [reports](#) that 45% of the individuals they served from the third quarter of 2022 through the first quarter of 2023 were non-Washingtonians traveling to Washington for abortion services. The number of callers they serve who had to travel outside their state has almost doubled since *Dobbs*. Since the *Dobbs* decision, they report that the median grant size to callers has increased by 27%, partially because pregnant people are now forced to travel longer distances for care.

More Patients Means Fewer In-Person Appointments

Because of the increase in patients, more abortions are now being provided via telehealth in Washington state. According to Planned Parenthood, Washington state's providers are increasing their number of telehealth appointments to free up in-clinic appointments for people traveling to Washington state from other states for abortions. Pre-*Dobbs*, [about](#) 8% of abortions in the state were prescribed through virtual clinics; by March 2023, 11.7% of Washington's abortions were being prescribed through virtual clinics.

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Aftermath of *Dobbs* Creates Chilling Effect on Washington State Providers

Staffing Shortages

According to Planned Parenthood's Eastlund, "**As abortion providers in Washington, our staff face unique threats and harassment given our close proximity to Idaho, which has one of the strictest abortion bans in the country.**" In Spokane and Pullman, abortion providers face in-person protests and threats. The fire-bombing of Planned Parenthood's Pullman clinic in 2015 continues to generate fear.

This exacerbates the emotional toll on a community that's already coping with legal attacks on their profession and new patients coming from across the country. At a July 2022 press conference hosted by Sen. Cantwell, Dr. Barbara A. Goff, Chair of

Obstetrics and Gynecology at UW Medicine, [said](#) that OB/GYNs in Washington state were concerned about the potential of criminal punishment and vigilante attacks.

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That makes it even harder for abortion clinics to recruit staff. While staffing shortages are a problem for all health care providers, abortion clinics are especially hard-hit. Eastlund notes, "**The overturn of *Roe* forced many providers to look at the potential risks now associated with giving care that all people deserve access to. To make sure we're keeping up with increased demand for care in our state, we're working with providers**

that are no longer comfortable practicing in the state they live.” Currently, Planned Parenthood of Greater Washington and North Idaho has to pay to fly six nurse practitioners from other regions into Eastern Washington because they can’t find enough providers in the area.

Planned Parenthood’s commitment to serving out-of-state abortion patients makes it harder for it to maintain essential non-abortion services. In 2022, Planned Parenthood clinics across Washington state administered 9,298 cervical cancer screenings, conducted 80,680 chlamydia tests, performed 7,316 breast exams, and provided 85,074 patients with birth control services. When more medical staff are redirected towards abortion care, it is difficult to backfill positions focused on non-abortion services.

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New Legal Challenges Threaten Abortion Access in Washington

Idaho and Emergency Care

On January 5, 2024, the Supreme Court [announced](#) that it will allow Idaho to enforce its total abortion ban even in medical emergencies while litigation continues – despite a potential conflict with the federal Emergency Medical Treatment and Labor Act (EMTALA). That means that Idaho doctors who treat pregnant patients experiencing serious risks to their health or lives will face prison terms of up to five years and the loss of their medical license if the care they provide is deemed inappropriate by the state’s law enforcement officials.

This dire situation is compounded by the fact that [multiple](#) hospital labor and delivery wards in

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Idaho have closed over the past year, with some citing the state’s increasingly hostile climate for pregnant people and OB/GYNs. For example, four OB/GYNs who moved away from Idaho to practice in states with abortion access [said](#) that Idaho’s abortion ban contributed to their decisions to leave.

Pregnant patients in Idaho are now more likely to go to Washington for both abortion care and labor and delivery services, especially in emergency situations. Because of the closures, hospitals in Eastern Washington – and even Central Washington – are serving as overflow maternity wards for the state of Idaho.

Legal procedures performed on Idaho patients in Washington state hospitals could put our health providers in legal jeopardy if some Republicans have their way. In July, Idaho’s Raúl Labrador [joined](#) 18 other Republican attorneys general in opposition to revised health care privacy protections. If successful, their opposition would make it easier for courts in Idaho to investigate abortions performed in Washington state and prosecute patients and providers.

So in July, Sen. Cantwell [sent](#) a letter to U.S. Department of Health and Human Services (HHS)

Secretary Xavier Becerra urging the agency to adopt stronger privacy regulations for Americans' protected health information (PHI), including a warrant requirement for the release of medical records in the revised Health Insurance Portability and Accountability Act (HIPAA) privacy rule regulation.

Medication Abortion Access

Separately, conservatives are attacking mifepristone, a key abortion medication. In a [case](#) that is currently before the Supreme Court, anti-choice activists are attempting to make mifepristone harder to access. These changes would apply across the country, including in Washington state. As Sen. Cantwell has said, mifepristone “**has provided essential health care to over five million women. More than half of all abortions are performed using medication abortion. This ruling will affect abortion care in the State of Washington, where a majority of citizens voted to protect abortion rights over 30 years ago.**”

In response to the ongoing litigation, Senator Cantwell has filed [multiple amicus briefs](#) with other members of Congress in support of the Food and Drug Administration's longstanding approval of mifepristone.

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Bills Cosponsored by Sen. Cantwell

Since a draft of what became the *Dobbs* decision was leaked in 2022, indicating that the Supreme Court intended to overturn the reproductive health care precedent established by *Roe v. Wade*, Sen. Cantwell has been focused on identifying legislative solutions to protect abortion access and choice for women across the country. Bills Sen. Cantwell has introduced or cosponsored include the following:

- **Women's Health Protection Act:** Would [protect](#) the right to abortion nationwide.
- **EACH Act:** Would [allow](#) federal funding for abortion services, including for WA's Medicaid, Medicare, and TRICARE patients.
- **Let Doctors Provide Reproductive Health Care Act:** Would [ensure](#) that doctors won't face prosecution in other states for performing legal abortions in WA.
- **Protecting Service Members and Military Families' Access to Health Care Act:** Would [help](#) military enlistees access abortion no matter what state they're stationed in by granting them access to administrative leave and travel and transportation allowances.
- **My Body, My Data Act:** Would [help](#) keep digital reproductive data private, preventing harassment or abuse of pregnant people or the use of the data to initiate litigation.
- **Affordability is Access Act:** Would [require](#) health plans to cover all FDA-approved over-the-counter contraception.

- **Right to Contraception Act:** Would [codify](#) the right to use contraception into law, effectively preserving the Supreme Court’s longstanding ruling in *Griswold v. Connecticut*. While this precedent is even older than *Roe*, Justice Clarence Thomas’s alarming concurring opinion in *Dobbs* urged the Court to “reconsider” its substantive due process precedents, including *Griswold*.
- **Freedom to Travel for Health Care Act:** Would [ensure](#) people who cross state lines to get an abortion can’t be prosecuted in their home state for doing so.
- **Convenient Contraception Act:** Would [require](#) private insurers to let people pick up a full year’s supply of contraception at once.