FUNCTIONAL RESTRICTION OF ABORTION ACCESS IN LEGALLY PERMISSIVE U.S. STATES: A SYSTEMS-LEVEL ANALYSIS

Objective: To identify system-level barriers that limit abortion access in legally permissive U.S. states and develop a framework of "functional restriction."

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BACKGROUND

- Abortion access in the United States is often characterized by legal status, but legal permissibility does not necessarily reflect functional accessibility.
- Following the 2022 Dobbs v. Jackson Women's Health Organization decision, abortion care has become increasingly redistributed toward permissive states, altering regional demand and access patterns.

METHODS

- Structured narrative review of U.S. abortion-access literature, 2015–2026.
- PubMed search identified 505 records.
- Dual independent screening yielded 33 included studies.
- Five supplemental references were added through targeted searches.

Literature-Based Comparison of Access-Related Patterns Before and After Dobbs

Domain	Pre-Dobbs	Post-Dobbs
Service Distribution	Already geographically concentrated	Shifted toward permissive states
Cross-State Travel	Present, less central	Increased from restrictive jurisdictions
Gestational Timing	Barriers associated with later care	Later gestational age reported in some permissive settings
Clinic Capacity	Existing provider/capacity limitations	Increased regional demand and potential strain
Self-Managed Medication Abortion	Already present	Increased provision and demand

RESULTS

MECHANISMS OF FUNCTIONAL RESTRICTION

Physician-Level Constraints
- Training gaps
- Administrative barriers
- Privileging requirements
- Legal uncertainty / professional risk

Institutional / Health System Barriers
- Religious or organizational policies
- Service concentration
- Limited operational capacity

Geographic / Economic Burden
- Travel distance
- Transportation / scheduling burden
- Indirect costs
- Insurance limitations

Regulatory / Administrative Friction
- Waiting periods / multiple visits
- Mandatory testing requirements
- Medication dispensing rules

Informational Barriers
- Referral opacity
- Unclear provider availability
- Coverage uncertainty
- Policy knowledge gaps

Downstream Effects
- Later presentation
- Fragmented referral pathways
- Redistribution of demand
- Clinician strain
- Potential ED utilization

IMPLICATIONS

- Legal status alone may overestimate real-world access.
- Restrictions elsewhere can shift demand toward permissive-state health systems.
- Access planning should account for workforce, geography, institutional policy, and referral pathways.

CONCLUSION

Abortion access exists on a continuum rather than as a binary legal condition. Functional accessibility depends on whether patients can identify, reach, finance, and obtain timely care.

Abortion access is not binary. Even where legal, layered system-level barriers may functionally restrict care.

For full manuscript and references :

GEOGRAPHIC DISTRIBUTION OF ABORTION POLICY ENVIRONMENTS

Post-Dobbs restrictions geographically concentrated abortion demand in permissive states, increasing cross-state travel and potential strain on service networks.



