

To: Governor Brian Kemp

Re: Increased Abortion Access for Women in Georgia

Date: November 26th, 2024

From: Melissa Milliron

Problem Statement:

Women in the state of Georgia struggle to access necessary abortion resources. Georgia has one of the most restrictive laws on abortion in the United States, topped only by the states with total bans. In Georgia, abortion is banned after 6 week gestation, with exceptions for rape, incest, and possibility of death or physical harm to the mother (Kaiser Family Foundation, 2024). These restrictive laws make it difficult, and sometimes impossible, for women to get the reproductive care they need and desire. Forcing women into having children they don't want is no way to encourage them to have faith in their government. Therefore, should Governor Kemp support an expansion of abortion access in the state of Georgia? What can Governor Kemp do to help women feel secure and supported in their reproductive decisions?

Background:

The monumental ruling of Roe v. Wade was passed on January 22nd, 1973 (HISTORY, 2018). In this case, the United States Supreme Court overturned a previous ban on abortion from a statute in Texas. This legalized abortion across the United States when it had been illegal since the late 19th century. The Supreme Court made this decision by consulting the 14th Amendment to the constitution, which guarantees privacy rights ((HISTORY, 2009). These rights were also established in the Griswold v. Connecticut case in 1965, which established the right to privacy involving medical procedures, which set a prescient for the Roe v. Wade ruling (HISTORY,

2009). In 1992, this decision was revisited in *Casey v. Planned Parenthood*, where three main pillars were reaffirmed: women have the right to abort pre-viability without undue interference from the states, the state may restrict abortion post-viability, and the state has a legitimate interest in protecting women's health and the life of the fetus.

Abortion was first banned in the U.S. by the Catholic Church in 1869 because doctors were afraid of the competition created by midwives and homeopaths. There were nationalist fears that if women continued to abort US-native born babies, the influx of immigrants would outnumber them (HISTORY, 2018). The ideology in banning abortion has changed significantly since the 1800s and 1900s. In more recent years, banning abortion has become a debate about murder versus autonomy and the ability to control the actions of women.

Almost 50 years later, on June 24th, 2022, the *Roe v. Wade* decision was overturned, leaving abortion policies in the hands of each individual state (PubMed, 2022). This overturning took away the constitutionally affirmed right to abortion (PubMed, 2022). The state of Georgia currently has "Very Restrictive" abortion policies according to the Guttmacher Institute (Guttmacher Institute, 2024). These very restrictive policies include abortion banned at 6 weeks, a 24 hours counseling hold for those receiving abortions, required parental notice for minors, restricted provider qualifications, and limited state Medicaid coverage (Guttmacher Institute, 2024). Although Georgia does not have a full abortion ban like 17 other states currently do, it is still one of the most restrictive places to receive abortion care in the country (Guttmacher Institute, 2024). This affects the state as a whole, but disproportionately affects Black and Hispanic women, as well as those of lower socioeconomic status who have historically struggled to access healthcare (Guttmacher Institute, 2024).

Options:

I have analyzed three policy options for expanding abortion care in the state of Georgia. As you read them, I urge you to think about the very real women and girls who are affected by the incredibly restrictive abortion policies in this state. Each policy option will be evaluated through the follow criteria: How much will it cost to implement? How effective will it be at increasing access to abortion care in Georgia? How difficult will it be to implement administratively?

Option 1 Expand telehealth abortion services: Governor Kemp should encourage Georgia Congress to pass a law that expands telehealth services to offer medication abortions. Since the overturning of *Roe v. Wade* in 2022, many states where abortion remains legal have been receiving an influx of out of state patients from places where abortion has been made illegal (PubMed, 2023). Abortion is currently illegal in 14 states across the U.S., with many of the most restrictive surrounding Georgia, creating an influx of nonresident patients into the already strained Georgia clinic system (Guttmacher Institute, 2024). Parts of Georgia are very rural with limited access to all kinds of medical care, but specifically abortion clinics. There are only 13 in-person abortion providers in Georgia, making getting an abortion unnecessarily difficult if you don't live near one of the few clinics (Abortion Finder, 2024). This decreased access often leads to worse health outcomes among those who live in rural areas.

Telehealth, which has grown in national acceptance since the COVID-19 pandemic in 2020, could be an excellent tool in combating these inequities in abortion care. By expanding telehealth services in Georgia to provide medication abortions, more women would be able to access abortion care. Through expanded telehealth abortion services, women who live far from the nearest clinic or don't have access to the necessary transportation would be able to access care quickly and easily through online providers. This option would also help women of lower socioeconomic status who work long hours and don't have the time to see an in-person provider.

They would be able to have an appointment while on their break at work, and still be able to receive comprehensive medical care. Once having a telehealth appointment, the patient would be able to fill the prescription for mifepristone and misoprostol at their local pharmacy or receive the medication by mail (Drugs.com, 2024). The cost of this option would be low to the Georgia government, since the telehealth platform has already been created and payment for services are not made with state funds. The effectiveness of this option would be medium because abortion access would still be difficult for women lacking the funds necessary. The base price for a medication abortion is \$500, which is more than many women can afford (Planned Parenthood, 2024). The administrative ease of this option would be medium because of the need for more telehealth providers. Clinics would have to delegate more time to virtual appointments, which means they would need to create new schedules and/or hire more providers.

Option 2 Increase funding for abortion clinics: The second option would be for Governor Kemp to increase state funding for abortion clinics and services. Cost is one of the biggest barriers to healthcare in the United States. Many people end up forgoing medical care because they simply cannot afford it. Abortion care can be expensive, as previously stated the base price for a medication abortion is \$500 and surgical abortions can cost up to \$2300 (Planned Parenthood, 2024). These prices can make it impossible for people of lower socioeconomic status, those without insurance, or young people to receive the abortion care they may need or desire. There are a few state and national abortion funds that already exist to help women receive abortion care, but there are many stipulations to qualify for financial support, and none that are funded by the state of Georgia (Abortion Finder, 2024). 17 states not including Georgia allow Medicaid to help pay for abortion services (National Network of Abortion Funds, 2024). By increasing the state funding of abortion clinics and services in Georgia, more underserved

women and girls will be able to receive the help they need without having to worry about jeopardizing their financial stability. The cost of this option would be high, since the funding of care would come out of the state's budget. However, the effectiveness of this option would also be high because cost is one of the biggest barriers to receiving abortion care. The administrative ease would be medium because the state budget would have to be reworked to account for the new allocation of funds to abortion services.

Option 3: Extend length of gestation that abortion is legal: The third option is for Governor Kemp to extend the period that women are legally allowed to receive an abortion in Georgia. Current policies ban abortion in Georgia at 6 weeks gestation (Guttmacher Institute, 2024). This policy is too restrictive because many women may not know they are pregnant at 6 weeks gestation due to the unpredictability of the menstrual cycle. Because of this, many women in Georgia are unable to get the abortion services that they need or desire within this allotted time frame. We must extend the length of gestation that women are allowed to receive abortion care to at least 8 weeks gestation. Two thirds of all abortions occur at or before 8 weeks of pregnancy (National Abortion Federation, 2020). Extending abortion access by just 2 weeks will allow more women receive the care they need since they will have more time to determine their pregnancy status, finance their care, and meet all pre-appointment requirements. An 8-week gestation is specified because it would be a bipartisan compromise on this controversial topic and would help women and girls who would not be able to receive care under the 6-week ban. The cost of this option would be low; however, some clinics and national abortion funds would require more fundraising to support the growing number of women receiving care. The effectiveness of this option would be high because women would have more time to understand their situation and

plan accordingly. The administrative ease of this option would be high because providers already have the tools and staff they need to treat patients.

Recommendation:

The best course of action for Governor Kemp to take is option 3. This option increases the time that women can obtain legal abortion care in the state of Georgia and gives them a more reasonable timeframe to become aware of their pregnancy and coordinate and finance care. This option will also decrease the number of unsafe at-home abortions. This course of action will help put many women and girls in the state of Georgia at ease, knowing that they have options to terminate their pregnancy that are more lenient than current policies regarding abortion.

Options 1 and 2 would be great additions to option 3 to make abortion care as accessible as possible to all women in Georgia, but without an extension of gestation length for which abortion is allowed, options 1 and 2 will be less effective. Below, **Table 1** outlines cost, effectiveness, and administrative ease for each policy option.

Table 1	Expand Telehealth	Increase Funding	Extend Length
Cost	Low	High	Low
Effectiveness	Medium	High	High
Administrative Ease	Medium	Medium	High

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