

ABORTION NEEDS AND AVAILABILITY IN NEW JERSEY

A Report Prepared for the New Jersey Family Planning League

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EXECUTIVE SUMMARY

Introduction

Against the backdrop of the US Supreme Court eliminating the constitutional right to abortion established by *Roe v Wade*, this report examines the current landscape of abortion care in New Jersey. It identifies potential opportunities for improvement or expansion of services to both state residents and people traveling from the growing number of states with abortion bans and restrictions.

Report Methodology

In 2023, the Rutgers School of Public Health, in partnership with the New Jersey Family Planning League, undertook an in-depth landscape analysis of the state of abortion access in New Jersey. New Jersey state abortion surveillance is known to be incomplete due to limited reporting requirements and does not provide a complete picture of care in the state. Instead, we drew on national data collection efforts, supplemented this with new analyses of the landscape of New Jersey providers, and contextualized the data by conducting qualitative interviews with abortion providers and key stakeholders in the state. For this landscape, we focused on facilities that perform abortions, either medication or procedural, that would be easy to find for a person seeking care. This conscious choice centers the people seeking abortion in our understanding of accessibility.

Key Findings

New Jersey is a unique abortion environment. Its abortion rate increased by 15% from 2013 to 2020 and appears to have increased further following the Dobbs decision. In 2020, out-of-state patients accounted for 6% of all abortions performed in New Jersey; care to out-of-state patients is likely to expand, especially as more states in the Southeast further restrict abortion care. Currently, New Jersey providers describe a shifting composition of the patients seen, with an increase in “high-need” patients coming from out of state at later gestations.

Our search strategy identified 41 brick-and-mortar abortion providers in NJ. There is a concerning gap in abortion availability in the southern counties. Five counties, Cape May, Cumberland, Hudson, Gloucester, and Salem, have no abortion providers identified in our landscape. In counties with abortion providers, not all offer the full range of abortion services that people might need; all identified clinics provide medication abortion, but only 22 (54%) additionally offer procedural abortion services. Six counties only have medication abortion providers, which means

they cannot care for patients beyond 11 weeks of gestation. Despite the lack of a legal gestational limit, no clinics in New Jersey provide abortion care through the 3rd trimester. These patients, who often carry pregnancies with severe fetal abnormalities or face other health challenges, must travel out of state to access needed care, incurring increased costs and delays.

Telemedicine programs for medication abortion could help alleviate travel burdens for those in counties that a brick-and-mortar clinic does not currently serve. None of the providers we interviewed had an active telemedicine abortion program, though some are in development.

The referral systems between clinics and hospitals within the state are informal and inconsistent. When trying to connect patients to hospital care, high costs, delays in scheduling, and pervasive abortion stigma were raised as concerns by clinic providers.

New Jersey has the lowest Medicaid reimbursement rate for abortions of any state in the country, and providers find it inadequate and unsustainable. This low reimbursement has repercussions for the clinics' business model and the patient care experience. An emerging challenge for clinics that offer procedural abortions is the increase in higher-need patients as healthier patients shift care to medication abortion-only providers (in person or online). Assuring access to procedural abortion care for patients ineligible or uninterested in medication abortion is essential. This entails attention to cost and reimbursement models and appropriate staffing, especially for medically complex patients who require more intensive care.

Despite considerable financial, legal, and logistical challenges, the New Jersey abortion providers that we interviewed are able to provide abortion care that is timely, and patient-centered. Supplemented by practical support organizations and abortion funds, they seem to be able to meet the needs of New Jerseyans at present. However, there are several areas in which specific policy actions or additional research could help expand access to care for New Jerseyans and those traveling to our expanded-access state and reduce the reliance on philanthropic contributions to meet the demand for abortion care in the state.

Recommendations

Given the findings from this Landscape Analysis, several strategies emerged for expanding abortion services and supporting providers and patients. Our recommendations highlight four priority areas.

1 Increase Medicaid insurance reimbursement rates for abortion care to reflect the actual cost of high-quality care and support clinic sustainability.

2 Expand access by growing the number of abortion providers and clinics with a focus on promoting geographic equity and supporting clinics' efforts to adopt innovative models of care.

3 Increase public availability of information about abortion care in New Jersey and strengthen care coordination within and across states.

4 Convene experts and key stakeholders to reassess the role of the State abortion data system to support public health best while minimizing patient stigma and provider burden.