Health:

Restoring Abortion Access and Reproductive Rights in Texas

August 2026

Top Line

1. **Access to safe, legal abortion protects patients' health and allows them to make decisions about their pregnancies, families, and futures.**

2. **Texas bans nearly all abortions and provides no exceptions for rape, incest, or severe or fatal fetal conditions, even though large majorities of Texans support those exceptions.**

3. **The ban can delay necessary pregnancy care and places the greatest financial and health burdens on Texans with the fewest resources.**

4. **Texas clarified when doctors may provide emergency care in 2025, but the state kept its near-total abortion ban and created new private lawsuits involving abortion pills.**

5. **Policymakers must improve access to reproductive health care and restore abortion rights.**
    - **At the state level:**
        1. **Restore abortion access and protect medical judgment and timely emergency care.**
        2. **Reduce maternal deaths and serious pregnancy complications.**
        3. **Reduce unintended pregnancies and abortions through medically accurate sex education, affordable contraception, and family-planning services.**
    - **At the federal level:**
        1. **Establish nationwide protections for abortion, contraception, interstate travel, care provided across state lines, and emergency treatment.**

Abortion is part of reproductive health care, yet Texas law now blocks nearly all abortions and leaves patients with only a narrow medical exception. The ban has not ended abortion; it has pushed Texans to travel, rely on medication from providers in other states, or continue pregnancies they would otherwise end. It has also created uncertainty and delays in miscarriage and emergency pregnancy care, with the greatest burdens falling on Texans with the fewest resources. Texas clarified its medical exception in 2025, but it did not add exceptions for rape, incest, severe or fatal fetal conditions, or many serious threats to a patient's health.

Policymakers can protect patients and reduce unintended pregnancies by restoring abortion access, protecting medical judgment, reducing maternal deaths, and expanding access to contraception, family-planning services, and medically accurate sex education. These policies can reduce the number of unintended pregnancies that lead to abortion without the health and access consequences created by a near-total ban.

Note: Reproductive rights and reproductive justice include more than abortion. They include the ability to decide whether and when to have children, raise families safely, and receive health care without discrimination or coercion. This paper focuses on abortion access because Texas's near-total ban has created urgent legal, medical, and access problems that require direct policy action.

CPP Research Analyst Nichole led the research and writing for this paper.

Backup

1. **Access to safe, legal abortion is essential to patients' health and their ability to make decisions about their pregnancies, families, and futures.**

    a. **Abortion is part of reproductive health care.**

    - The American College of Obstetricians and Gynecologists identifies abortion as an essential part of complete, evidence-based health care. Decisions about abortion should be made by patients in consultation with their health care providers. [1]

- People seek abortions for many reasons, including **health risks, serious fetal conditions, birth control failure, rape or incest, partner violence, financial hardship, the timing of a pregnancy, and the need to care for children they already have.** [1] [2]
- A study of **954 women** seeking abortions found that the most common reasons included **financial concerns, cited by 40%**; **timing, cited by 36%**; **concerns involving a partner, cited by 31%**; and the **need to focus on other children, cited by 29%. Nearly two-thirds** gave more than one reason. [2]

b. Legal abortion is safe and effective.

- After reviewing a large body of research, the National Academies of Sciences, Engineering, and Medicine concluded that legal abortions provided with medication or a medical procedure are safe and effective. [3][42]
- Serious complications from legal abortion are rare. The risk increases as a pregnancy advances, making timely access to care important. [3][42]
- Laws that delay care or reduce the number of available providers can make it harder for patients to receive timely, high-quality treatment. [3]

c. Denying a wanted abortion can harm a patient's health and well-being.

- **The Turnaway Study** followed women seeking abortions at **30 health care facilities.** It compared women who received an abortion with women who were denied one because they were just past a facility's time limit. [4] [5]
- Women who gave birth after being denied an abortion reported potentially life-threatening complications, including **eclampsia**, which causes seizures linked to high blood pressure, and **postpartum hemorrhage**, or severe bleeding after childbirth. [4]
- The five-year study found no evidence that receiving an abortion caused depression, anxiety, lower self-esteem, or reduced life satisfaction. Women denied abortions initially reported **more anxiety and lower self-esteem.** [5]
- **See Appendix 1** for Texas patient stories illustrating the harms and delays discussed below.

2. Texas bans nearly all abortions and does not provide exceptions for rape, incest, or severe or fatal fetal conditions, even though large majorities of Texans support these exceptions.

a. Texas law prohibits nearly all abortions.

- Texas generally prohibits doctors from performing or prescribing an abortion. The main exception applies when a pregnancy creates or worsens a physical condition that could cause death or seriously impair a major bodily function. [9]
- The law **does not** provide an exception because a pregnancy resulted from rape or incest, because the fetus has a severe or fatal condition, or because continuing the pregnancy threatens the patient's mental health. [9]
- Doctors who violate the ban can face **criminal charges**, **financial penalties of at least $100,000**, and **loss of their medical licenses**. Texas also allows certain private lawsuits against people accused of providing or helping provide a prohibited abortion. [39][40]
- Texas law generally does not punish the pregnant patient for obtaining an abortion for herself. The penalties are directed primarily at doctors, other providers, and people accused of helping provide the abortion. [39][40][29]

b. Texans now obtain most abortion care through interstate travel or providers in other states.

- Texas recorded **55,132 abortions in 2020**, before Senate Bill 8 and the current near-total ban took effect. **In 2024, state data counted only 76 abortions** performed in Texas for Texas residents. [10] [11]
- The steep decline in abortions performed inside Texas **does not** mean Texans stopped obtaining abortions. More than 28,000 Texans traveled to other states for abortion care in 2024. [12]
- **Almost 23,000 Texans** still traveled out of state in 2025. **About 42%** went to New Mexico and **23% went to Kansas**, while others traveled **as far** as California, Illinois, and New York. [13]
- Telehealth has become another major source of access. **Approximately 42,000 Texans** received abortion medication through telehealth from providers protected by other states' shield laws in 2025, up from **12,400 in 2023.** [13]

- These figures show that **Texas' ban has shifted where and how Texans obtain abortions rather than eliminating abortion.** This pattern is consistent with broader evidence: the World Health Organization reports that **restricting access to abortion does not reduce the number of abortions, but does affect whether abortions are obtained safely.** [43]

c. **Current law is more restrictive than most Texans want.**
   - A **February 2025 University of Houston survey of 1,200 Texas adults** found that **49% wanted abortion to become easier to obtain**, **38% supported keeping current policy**, and **only 13% wanted abortion to become harder to obtain.** [14]
   - **84%** supported allowing abortion when a fetus has a condition expected to cause death. Texas law does not provide an exception based on a severe or fatal fetal condition. [14]
   - **83%** supported allowing abortion when a pregnancy results from rape or incest. Texas provides neither exception. [14]
   - **82%** supported allowing abortion to protect a patient's physical health, while **70% supported allowing it to protect mental health.** Texas law requires a potentially fatal physical condition and does not provide a separate mental-health exception. [9] [14]
   - Only 13% wanted abortion to become harder to obtain, while **49% wanted it easier to obtain.**

3. The ban can delay necessary pregnancy care and places the greatest financial and health burdens on Texans with the fewest resources.

a. **Abortion restrictions can also affect miscarriage and emergency pregnancy care.**
   - Abortion and miscarriage care can involve the same medications and procedures. A dilation and curettage, commonly called a D&C, removes tissue from the uterus and may be used to provide an abortion, treat a miscarriage, or stop dangerous bleeding. [15]
   - Texas law permits treatment for miscarriages and pregnancies growing outside the uterus, commonly called ectopic pregnancies. However, reports show that doctors and hospitals may still delay care because they are uncertain whether treatment could be viewed as a prohibited abortion. [9] [15] [16]

- A review of Texas hospital data found that blood transfusions during emergency-room visits for early miscarriage **increased by 54%** after abortion became a felony in August 2022. Emergency-room visits for early miscarriage also **increased by 25%**. The data raise concerns about delayed care. [15]

b. Recent Texas cases show how delays can place patients in danger.

- Kyleigh Thurman and Kelsie Norris-De La Cruz reported that Texas hospitals delayed treatment for their ectopic pregnancies, even though that treatment was legal. Both later had a fallopian tube removed, and Norris-De La Cruz also lost 75% of her right ovary. Both women experienced damage to their reproductive organs that is likely to affect their future fertility. [16] [44]
- **Nevaeh Crain and Porsha Ngumezi died in 2023 after receiving delayed or inadequate pregnancy care.** In 2026, the Texas Medical Board disciplined doctors involved in their care and found that failures to provide proper treatment contributed to their deaths. [17] [18] [19]
- These cases show how uncertainty surrounding the law can overlap with hospital delays and failures in care. [17] [18] [19]
  (**Appendix 1 provides more information about these and other Texas patients)**

c. Texas already has serious and unequal maternal health problems.

- The latest full review published by the Texas Maternal Mortality and Morbidity Review Committee examined 85 pregnancy-related deaths from 2020. **The committee found that 80%, or 68 deaths, had at least some chance of being prevented.** [21]
- Texas had **23.1 pregnancy-related deaths** for every 100,000 live births in 2020. The rate was **39.0 for Black women** and **16.1 for White women**, meaning Black women's rate was more than twice as high. [21]
- Serious pregnancy and childbirth complications requiring major medical treatment also **increased** between 2020 and 2021, with Black women experiencing the highest rate. [21]
- The state's detailed review process is several years behind. Available official data **do not** yet show exactly how much the near-total ban has changed Texas's maternal death rate since 2022. [21]
- Our paper on Maternal Mortality in Texas by the Center for Policy Progress is here.

d. The burden falls hardest on Texans with fewer resources.

- Traveling for abortion care may require payment for the procedure, transportation, lodging, food, childcare, medical tests, and time away from work. Patients with paid leave, reliable transportation, and family support are more likely to overcome those barriers. [12] [13]
- Remote access to abortion pills has helped many Texans, but it cannot replace in-person care for patients who need a procedure or are later in pregnancy than telehealth providers serve. [3] [13]
- Women denied wanted abortions were more likely to experience poverty, less likely to have full-time employment, and more likely to report that they could not afford food, housing, or transportation. Another study found lasting increases in unpaid debt and other financial problems. [6] [7]
- The effects can also reach children already living in the household. Existing children of women denied abortions **were more likely to live below the federal poverty level** and had lower scores on a measure of child development. [8]

4. Texas clarified when doctors may provide emergency care in 2025, but the state kept its near-total abortion ban and created new private lawsuits involving abortion pills.

a. The Texas Supreme Court clarified the medical exception but did not expand abortion rights.

- In the December 2023 Kate Cox case, the Texas Supreme Court said doctors **do not** need advance court permission when they determine that an abortion is needed to address a potentially fatal condition or prevent serious physical harm. [23]
- The Court **did not** allow Cox to obtain an abortion based on the information presented. Her fetus had trisomy 18, a serious genetic condition, and her doctor believed continuing the pregnancy could threaten Cox's health and future fertility. Cox traveled outside Texas for care. [23]
- In May 2024, the Court ruled in State v. Zurawski that doctors **do not** have to wait until a patient is close to death or has already suffered serious physical damage. [24]

- The Court still rejected a broader order that would have protected abortion care in additional circumstances. It **did not** create exceptions for rape, incest, severe or fatal fetal conditions, mental health risks, or other serious health conditions that do not meet the law's narrow physical-health standard. [24]

b. The 2025 Life of the Mother Act clarified emergency care but kept the ban in place.

- Senate Bill 31, known as the Life of the Mother Act, states that a medical risk **does not have to be immediate** and that a patient **does not have to suffer injury or permanent damage <u>before</u> a doctor may act.** [9]
- The law says a life-threatening condition includes a condition that could become fatal, <u>even if it is not actively injuring the patient at that moment.</u> [9]
- The law expressly protects treatment for ectopic pregnancies and the removal of pregnancy tissue after a miscarriage. It also **requires training** for doctors who provide pregnancy care and attorneys who advise hospitals. [9]
- The law **did not** restore abortion rights or add exceptions for rape, incest, severe or fatal fetal conditions, or threats to mental health. It clarified the existing emergency exception rather than expanding abortion access. [9]

c. Federal emergency-care protections do not override Texas's abortion ban.

- Federal law generally requires hospital emergency rooms to screen patients for emergency medical conditions and provide stabilizing treatment or arrange an appropriate transfer. [25]
- In January 2024, a federal appeals court ruled that the federal government could not use that law to require Texas hospitals to provide an abortion that Texas law prohibits. The U.S. Supreme Court declined to review the ruling, leaving it in place. [25] [26]
- In 2025, the federal government withdrew earlier guidance stating that emergency-care law can require abortion when needed to stabilize a patient. <u>Federal emergency-care requirements still apply generally, but federal officials currently cannot require a Texas hospital to provide an abortion that falls outside Texas's medical exception.</u> [25][26][27]

d. **Texas expanded enforcement involving abortion pills.**

- In February 2025, a Texas judge ordered New York physician Margaret Carpenter to pay **more than $100,000** after she was accused of prescribing abortion medication to a Texas patient through remote care. [28]
- A New York county clerk later refused to file the Texas judgment, citing New York's law protecting doctors from abortion-related actions brought by states with abortion bans. [28]
- Later in 2025, **Texas passed House Bill 7.** The law allows private lawsuits against people accused of manufacturing, prescribing, mailing, delivering, or providing abortion pills to or from Texas. A successful lawsuit can result in an award of **at least $100,000 for <u>each violation.</u>** [29]
- House Bill 7 **does not** allow a lawsuit against the pregnant patient for seeking, obtaining, or using the medication. It also protects medication used to address a medical emergency, remove an ectopic pregnancy, remove pregnancy tissue after a miscarriage, or treat a condition unrelated to abortion. [29]

5. Policymakers must improve access to reproductive health care and restore abortion rights.

<u>State Actions</u>

a. Restore abortion access and protect medical judgment and timely emergency care.

- Restore the right to abortion before a fetus can survive outside the uterus. At minimum, allow abortion <u>when a pregnancy results from rape or incest</u>, <u>when a fetus has a severe or fatal condition</u>, or <u>when continuing the pregnancy seriously threatens the patient's physical or mental health.</u> **Large majorities of Texans support these exceptions.** [14]
- Repeal the criminal penalties, professional sanctions, and private lawsuit systems that punish people for providing or helping someone obtain abortion care. Protect patients who travel for legal care, people who assist them, and medical providers offering care that is legal where it is provided. [39] [40] [29]
- Protect physicians from criminal charges, civil lawsuits, and professional punishment when they use reasonable medical judgment and follow accepted medical standards. [9] [23] [24]

- Require hospitals to maintain clear treatment protocols for pregnancy emergencies and provide regular training for doctors, nurses, administrators, and attorneys. [9] [15] [21]

b. Reduce maternal deaths and serious pregnancy complications.

- Carry out the recommendations of the Texas Maternal Mortality and Morbidity Review Committee, with particular attention to **preventable deaths, racial disparities, mental health, heart conditions, serious infections, heavy bleeding, and care during the year after pregnancy.** Reduce the delay between a maternal death and the publication of the state's findings. [21]
- **Preserve 12 months of postpartum Medicaid and CHIP coverage and <u>make enrollment and renewal easier.</u>** Continuous coverage gives patients more time to receive follow-up care for physical and mental health conditions that may begin or continue after childbirth. [30]
- Continue and expand TexasAIM, which provides Texas hospitals with training and patient-safety practices for major causes of maternal death and serious complications. The 2025 Legislature increased the program's two-year funding from $6.7 million to $10 million, allowing it to expand work involving serious infections and heart conditions. [33]
- Strengthen maternity care in rural and underserved communities by supporting rural hospitals, emergency transportation, community health centers, and efforts to recruit and retain obstetricians, family physicians, nurses, midwives, and other pregnancy-care professionals. [21] [33]

c. Reduce unintended pregnancies and abortions through medically accurate sex education, affordable contraception, and family-planning services.

- If the goal is to reduce abortions, **preventing unintended pregnancies is more effective than relying on abortion restrictions.** The World Health Organization reports that abortion restrictions do not reduce the number of abortions and identifies contraception and comprehensive sexuality education as key ways to prevent unintended pregnancy. [43]
- **Require age-appropriate, medically accurate sex education** that includes contraception, consent, healthy relationships, pregnancy, and sexually transmitted infections. Comprehensive sex education is more effective at preventing teen pregnancy than programs that teach abstinence as the only option. [34]

- Remove cost, insurance, and provider barriers that prevent Texans from using the contraceptive method that works best for them. In 2023, **55% of uninsured Texas women**, **59% of publicly insured women,** and **49% of privately insured women surveyed were not using their preferred contraceptive method.** [35]
- **Restore confidential access to contraception for minors.** Texas Title X clinics currently require parental consent before providing birth control to a minor, and research found that minors' use of Title X services fell after confidentiality protections were removed. Major medical organizations, including the American Medical Association, American College of Obstetricians and Gynecologists, and American Academy of Pediatrics, support confidential access to contraception for adolescents while encouraging family involvement when appropriate. [36][37][45]
- **Preserve and strengthen Healthy Texas Women, the Family Planning Program, and the federal Title X clinic network.** Maintain funding for rural mobile clinics, simplify program applications, expand the number of participating providers, and ensure access to the full range of contraceptive methods, including emergency contraception and over-the-counter birth control. [31][33][36]

Federal Actions

d. Establish nationwide protections for abortion and contraception.

- Pass the **Women's Health Protection Act of 2025** or similar legislation establishing a federal right for patients to obtain abortion care and for medical providers to offer it without medically unnecessary state restrictions. [32]
- Pass the **Right to Contraception Ac**t or similar legislation protecting the right to obtain, use, prescribe, and provide contraception and contraceptive information. [38]
- Protect travel between states, the lawful mailing of federally approved medication, care provided across state lines by phone or video, and medical providers offering services that are legal in the states where they practice.
- Establish clear federal emergency-care protections so hospitals cannot delay stabilizing treatment because a state abortion law is narrower than accepted medical practice.

Texas's abortion ban has not eliminated abortion; it has shifted care out of state and placed the heaviest burdens on patients with the least money, time, transportation, and support. The law's narrow medical exception and severe penalties can also add uncertainty and delay when pregnancy care becomes urgent. The changes made in 2025 gave doctors some clarification, but they did not restore abortion access or create the exceptions supported by large majorities of Texans.

State policymakers should restore abortion rights, protect medical judgment and timely emergency care, strengthen maternal-health services, and expand medically accurate sex education, affordable contraception, and family-planning care. Federal policymakers should establish nationwide protections for abortion, contraception, interstate travel, care provided across state lines, and emergency treatment.

More Information

1. **Center for Reproductive Rights, "Zurawski v. State of Texas."** Provides an overview of the lawsuit brought by Texas patients who were denied abortion care during dangerous pregnancy complications. The page includes the patients' stories, court filings, major rulings, and an explanation of how Texas's medical exception has been interpreted. https://reproductiverights.org/cases/zurawski-v-state-texas/

2. **Texas Department of State Health Services, "Maternal Mortality and Morbidity Review Committee."** Provides official Texas data on pregnancy-related deaths and serious pregnancy and childbirth complications, along with findings and recommendations for preventing future deaths. The site also links to the committee's September 2024 report and maternal-health data dashboards. https://www.dshs.texas.gov/maternal-child-health/maternal-mortality-morbidity-review-committee

3. **Guttmacher Institute, "Full-Year 2025 Estimates Show Overall Stability in Abortion Incidence, Decreased Travel and Increased Telehealth Provision."** Explains how abortion access has changed since state bans took effect, including the continuing need for interstate travel and the growing use of abortion pills provided through telehealth.

https://www.guttmacher.org/report/full-year-estimates-show-overall-stability-abortion-incidence-decreased-travel-increased-telehealth-provision

4. **National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States*.** Reviews the medical evidence on medication and procedural abortion, the frequency of serious complications, and the ways delays and unnecessary restrictions can affect the quality of care. https://www.ncbi.nlm.nih.gov/books/NBK507229/

5. **KFF, "Sex Education Programs: Definitions, Funding, and Impact on Teen Sexual Health."** Explains the differences between comprehensive and abstinence-focused sex education, federal funding for each approach, and research on their effects on contraceptive use, unprotected sex, and teen pregnancy. https://www.kff.org/womens-health-policy/sex-education-programs-definitions-funding-and-impact-on-teen-sexual-health/

6. **Rice University Baker Institute for Public Policy, "Barriers to Preferred Contraceptive Use in Texas."** Provides Texas-specific research on how insurance status, cost, provider access, and other barriers prevent women from using the contraceptive method that works best for them. https://www.bakerinstitute.org/research/barriers-preferred-contraceptive-use-texas

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Appendix 1 - Texas Patient Stories

1. Kate Cox

- In 2023, Kate Cox was about 20 weeks pregnant when testing showed that her fetus had trisomy 18, a serious genetic condition that often results in miscarriage, stillbirth, or death shortly after birth. Cox and her husband already had two children and wanted the option to have another child in the future. [23]
- Cox's doctor believed that continuing the pregnancy could threaten Cox's health and future fertility. A district court temporarily protected the doctor from enforcement of Texas's abortion laws, but the Texas Supreme Court blocked that order because it found that the information presented did not establish that Cox met the state's medical exception. [23]
- Amid the delays and legal uncertainty, Cox ultimately left Texas to obtain care in another state. [23]

2. Kelsie Norris-De La Cruz

- In 2024, Kelsie Norris-De La Cruz filed a federal complaint alleging that a Texas hospital delayed treatment after an emergency-room doctor diagnosed her with an ectopic pregnancy. An ectopic pregnancy develops outside the uterus, cannot result in a viable birth, and can become life-threatening if it ruptures. [16]
- An emergency-room doctor recommended medication or surgery, but Norris-De La Cruz alleged that the hospital's obstetricians refused to treat her and told her to return in 48 hours. She later found another doctor who agreed to perform emergency surgery. [16]

- By then, the pregnancy had grown large enough that surgeons removed her right fallopian tube and 75% of her right ovary. The damage to her reproductive organs is likely to compromise her ability to have children in the future. Treatment for ectopic pregnancy was legal under Texas law. [9] [16] [44]

3. Nevaeh Crain

- Nevaeh Crain was 18 and approximately six months pregnant when she developed severe abdominal pain, fever, vomiting, and other signs of infection in October 2023. She sought care at three emergency rooms over approximately 20 hours. [17]
- The first hospital diagnosed her with strep throat without investigating her abdominal pain. At the second hospital, **she screened positive for sepsis, but she was discharged** while the fetus still had a heartbeat. During her third visit, a doctor required two ultrasounds to confirm that the fetus had died before moving her to intensive care. [17]
- Crain's condition worsened, her organs began to fail, and she died. In 2026, the Texas Medical Board disciplined two doctors who treated her, finding that **delays and failures in her care contributed to her death.** The case does not establish that the abortion ban was the only cause, but it shows how delays and uncertainty during a pregnancy emergency can become deadly. [17] [19]

4. Porsha Ngumezi

- Porsha Ngumezi was 35 and miscarrying at 11 weeks when she arrived at a Texas hospital in June 2023 with severe bleeding. Over approximately six hours, she lost enough blood to require two transfusions and continued passing large blood clots. [18]
- A D&C—a procedure that removes pregnancy tissue from the uterus and can stop heavy bleeding—was not performed. Ngumezi instead received medication, but the bleeding continued. **Her heart stopped several hours later, and she died.** [18]
- In 2026, the Texas Medical Board disciplined the doctor overseeing her care. The Board found that he failed to properly measure her blood loss and delayed taking her for a D&C, and that the delay led to her death. [18] [19]

5. Tierra Walker

- Tierra Walker was a 37-year-old mother in the San Antonio area with diabetes, dangerously high blood pressure, seizures, and a history of severe preeclampsia. A previous pregnancy had ended in the stillbirth of twins after she developed preeclampsia. [20]

- In October 2024, Walker asked a doctor whether ending the pregnancy would be safer for her health. According to her family and medical records reviewed by ProPublica, she was told that there was no emergency because the pregnancy itself appeared healthy, even though one doctor later recorded that she faced a high risk of becoming critically ill or dying. [20]
- Walker continued seeking care as her health worsened, but no doctor offered her the option of ending the pregnancy. **She died from preeclampsia in December 2024 while 20 weeks pregnant.** [20]
- Her case shows the limits of an exception that focuses on whether a patient is already facing a life-threatening emergency rather than allowing patients and doctors to act before a serious health condition becomes fatal. [20]

6. Samantha Casiano

- Samantha Casiano was about 20 weeks pregnant when she learned that her fetus had anencephaly, a condition in which major parts of the brain and skull do not develop. Her doctor told her that the baby would not survive after birth. [41]
- Casiano considered obtaining an abortion outside Texas, but she could not quickly arrange the travel because of the cost, problems with her car, her job, and the need to care for her other children. Texas law did not allow an abortion based only on the fatal fetal diagnosis. [9] [41]
- She continued the pregnancy for approximately 13 more weeks. Her daughter, Halo, died about four hours after birth. [41]
- Casiano later testified in the lawsuit challenging Texas's medical exception. **Her experience shows how the same travel requirements that some patients can overcome may leave lower-income patients with no practical option at all.** [41]

Appendix 2 - Organizations Supporting Abortion Access and Reproductive Rights in Texas

1. Need an Abortion — An online directory that helps Texans find accurate information about abortion providers, financial assistance, transportation, legal resources, and other support.
2. National Network of Abortion Funds — A network of nearly 100 independent abortion funds. Member organizations help remove financial and logistical barriers to abortion

care, while the national network provides grants, training, infrastructure, and technical assistance.

3. National Abortion Hotline — Operated by the National Abortion Federation, the confidential hotline helps callers find abortion providers, understand their options, and apply for available financial or travel assistance.
4. Exhale Pro-Voice — Provides confidential, nonjudgmental emotional support after abortion through a peer-support text line. Support is also available to partners, relatives, friends, and others affected by an abortion experience.
5. Jane's Due Process — Helps Texas teens understand their pregnancy options and obtain abortion care in states where it is legal. The organization can help young people find a clinic, schedule an appointment, coordinate travel, and pay for abortion care and practical expenses.
6. Texas Equal Access Fund — Provides financial assistance for out-of-state abortion care to Texans from North, East, and Panhandle Texas. The organization also supports access to some reproductive health services, including contraception and IUD care.
7. Fund Texas Choice — Helps Texans travel to out-of-state abortion appointments by coordinating and funding transportation, lodging, meals, childcare, and other practical needs.
8. Frontera Fund — Provides financial assistance for abortion care to people living within 100 miles of the Texas–Mexico border and to undocumented people living anywhere in Texas.
9. Lilith Fund — Helps Texans pay for abortion care in states where abortion remains legal and connects patients with information about available assistance.
10. Pregnancy Justice — Provides free legal defense and advocacy for people who face arrest, prosecution, family surveillance, or other government action related to pregnancy, pregnancy loss, birth, or abortion. The organization also conducts research and advocates for legal and policy changes.
11. Repro Legal Helpline — Provides free and confidential legal services for questions involving abortion, pregnancy loss, birth, and parenting. The helpline can assist people who are concerned about their legal rights or possible investigation or prosecution.