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Lessons from the Disability and Abortion Access Survey

Responses and Recommendations

Interactive Report
July 1, 2025

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Disability Rights Education and Defense Fund (DREDF) is a national cross-disability law and policy center that protects and advances the civil and human rights of people with disabilities through legal advocacy, training, education, and legislation and public policy development. DREDF is committed to improving access to reproductive and sexual health care for people with disabilities and eliminating persistent health disparities and barriers to care. DREDF's work is based on the knowledge that people with disabilities of varying racial and ethnic backgrounds, ages, financial backgrounds, genders, and sexual orientations should have equal opportunities to make informed and self-determined decisions about our bodies, our reproductive health and when, whether, and how to start a family.

Women Enabled International (WEI) advances human rights and justice at the intersection of gender and disability to challenge exclusionary, unjust systems and support the leadership and voices of women, girls, and gender-diverse people with disabilities globally. It envisions a world where the human rights and inherent dignity of women, girls, and gender-diverse people with disabilities are fully realized and recognized. WEI pioneered the application of an intersectional gender and disability framework to international human rights advocacy and has effectively worked to amplify the voices of women and gender-diverse people with disabilities in spaces where their rights are discussed and where decisions affecting their lives are made.

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Acknowledgments

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This publication was authored by: **Amanda Spriggs Reid**, Equal Justice Works Legal Fellow at WEI, and **Jillian MacLeod**, Staff Attorney at DREDF. We appreciate the contributions of **Suzannah Phillips** (WEI), **Gloria Bennett** (WEI), **Marcela Reyes Ayala** (WEI), **Claudia Center** (DREDF), **Michelle Uzeta** (DREDF), **Tina Pinedo** (DREDF), and **Mary Lou Breslin** (DREDF), whose expertise made this publication possible.

Summary

People with disabilities[i] are just as likely to get pregnant as non-disabled people and report similar fertility desires as non-disabled people.[1] Still, people with disabilities have long experienced persistent barriers to health care, including access to reproductive health care like abortion.[2] Although there are some studies about disabled people's experiences accessing health care, family planning services, prenatal care, and reproductive health care like pap smears and preventative screening,[3] there is a lack of research about disabled people's experiences attempting to access abortion in particular.

This document shares the findings of the Disability and Abortion Access Survey (survey). DREDF and WEI developed the survey to better understand the experiences of people with disabilities who have sought or received abortion care in the United States. Drawing from the experiences shared in the survey, this document contains recommendations for reproductive rights and justice advocates and abortion professionals seeking to make their practices more accessible to people with disabilities.

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[i] This report uses gender neutral language throughout to reflect the reality that pregnancy-capable people identify with a range of gender identities. The term "women" is only used when referencing a study or report that limited its sample to cisgender women.

Responses

Survey responses fell into several common categories:

1. Importance of accessing abortion care, including to:
    1. Protect autonomy, and
    2. Lack of desire or resources to have a child

2. Reproductive coercion

3. Negative interactions with health care systems

4. Systemic barriers to care

5. Programmatic barriers to care

6. Health risks associated with pregnancy

7. Positive experiences with health care systems

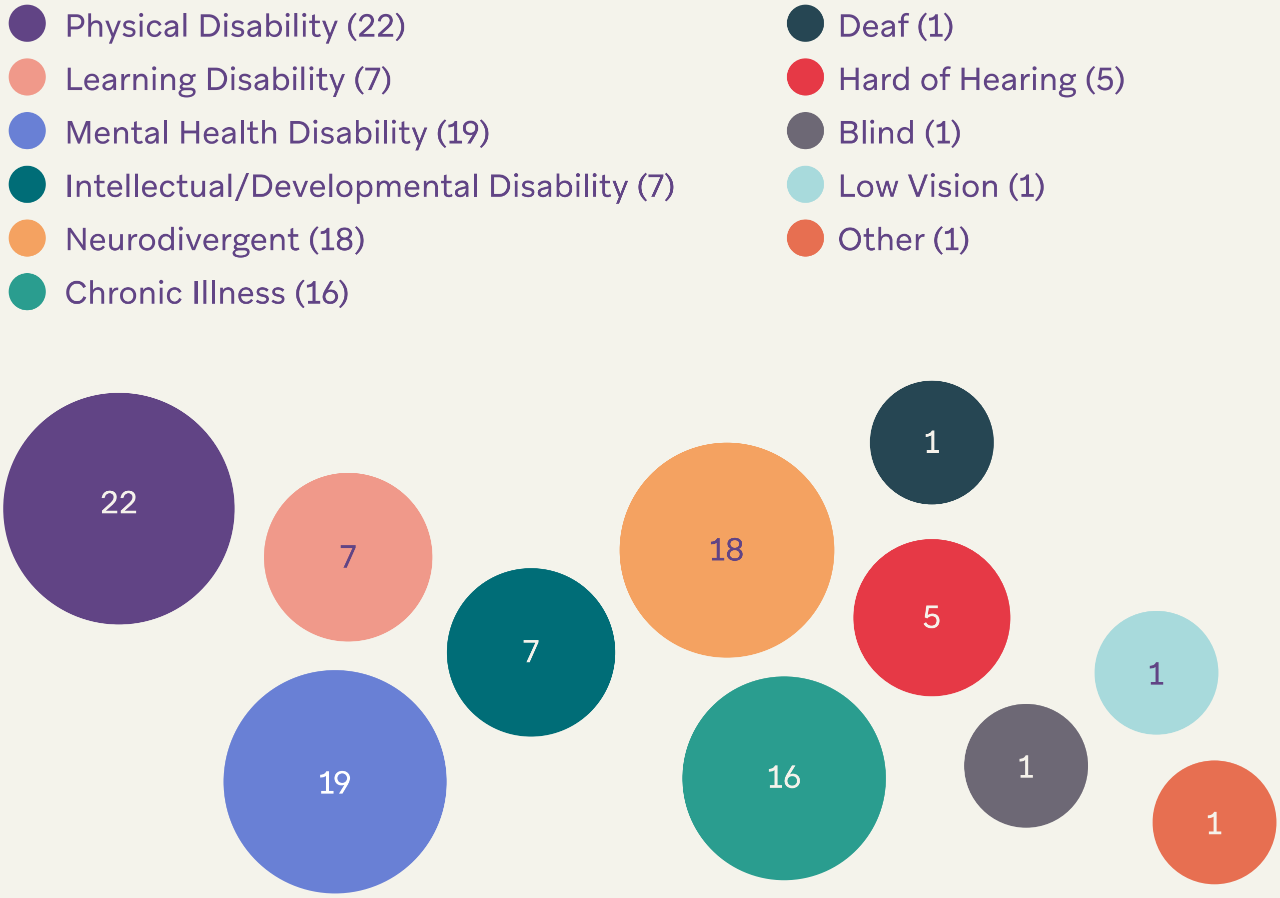
Demographics

The survey included 32 responses after excluding two incomplete responses that did not align with the study's focus.[ii] The majority of respondents identified as white (70.6%), with smaller representations from Black, Hispanic, Native Hawaiian, and Indigenous communities. Age distribution ranged primarily from 25 to 49, with the largest group in the 35-49 range. Most respondents identified as LGBTQIA+ (64.7%), with bisexual/pansexual and queer being the most common identities. A majority identified their gender identity as women (68.75%), while 28.12% identified as non-binary, and a smaller percentage identified as transgender (6.25%). The survey responses were geographically diverse across the United States, and the most common residence type was urban (52.9%), followed by suburban (26.5%), and rural (8.8%).

[ii] A more detailed analysis of the survey demographics can be found in Annex B of this report.

Because this survey focused on people with disabilities, 93.75% of respondents self-identified as disabled, with 68.8% reporting multiple disabilities. While some respondents may not have self-identified as disabled, the survey also utilized the Washington Short Set Questions to indicate if a respondent would qualify as a person with a disability based on reported difficulties in performing basic functioning activities. The most common disabilities were physical disabilities (68.8%), mental health disabilities (59.4%), neurodivergence (56.3%), and chronic illnesses (50.0%). Regarding pregnancy and abortion history, 65.62% had previously been pregnant, and 31.2% had an abortion. However, some responses indicate a discrepancy between those who reported accessing abortion care in multiple-choice format and those who discussed accesing abortion in their survey narrative, suggesting that a higher number of respondents may have obtained an abortion. Additionally, 21.87% had considered abortion but ultimately did not receive one for varying reasons, such as experiencing a miscarriage before they were able to obtain an abortion or because the laws in their state changed, so they were no longer eligible for abortion care.

Disability Identity



Limitations

The survey had limitations, including a limited sample size of only 32 relevant responses. This relatively small sample size may have resulted from several factors, including the method of survey promotion. DREDF and WEI promoted the survey through professional disability and reproductive rights and justice networks and posted the survey on organizational social media accounts, but social media platforms repeatedly denied requests for a paid advertisement promotion of the survey more broadly.[iii] The limited sample size may have contributed to the survey respondents' demographic makeup not reflecting the demographic makeup of the United States.

Additionally, the survey was promoted as the "Disability and Abortion Access Survey," and promotional messaging targeted people who self-identify as having a disability. It is possible that people who have conditions that qualify as disabilities under the law (for example, people with anxiety, depression, or Long COVID) but don't identify with a disability identity self-selected out of participation due to the targeted nature of promotion or due to societal stigma associated with self-identification with a disability identity.

[iii] A 2022 Center for Intimacy Justice report that studied 60 businesses serving women's health or the health of gender non-conforming people reported that 100% of the businesses involved in the study had experienced Facebook/Instagram rejecting their ads. Abortion access advocates have also reported a history of suppression and censorship on Facebook/Instagram.

Further, not everyone who filled out the survey had ever tried to access abortion or had an abortion before. Of the 32 responses, only 21 respondents had ever been pregnant, and of those people, 10 answered that they had had an abortion before (though two respondents left the question blank). Still, multiple respondents who responded that they had been pregnant before but never had an abortion noted that they had considered an abortion but had a miscarriage before they could get an abortion.

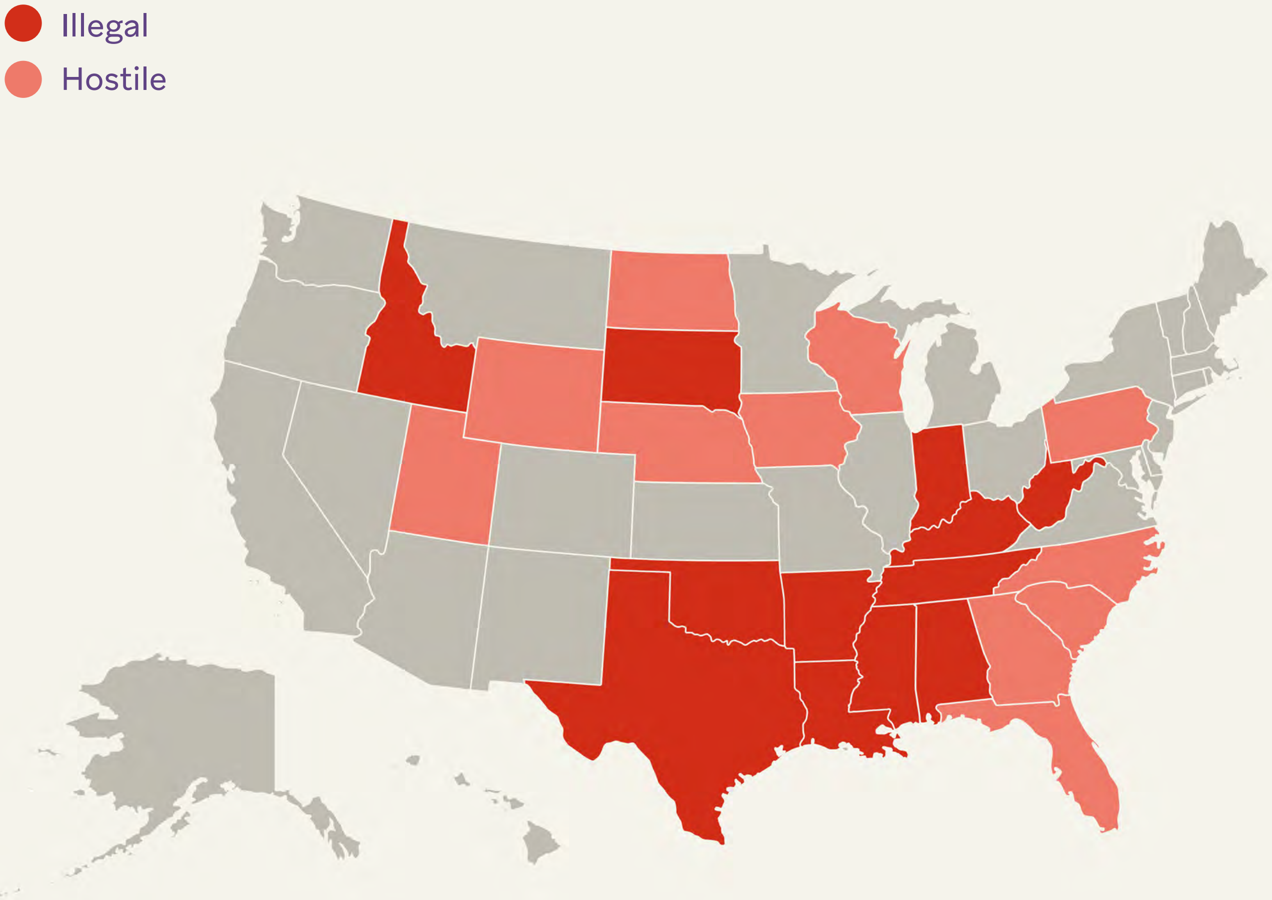
Finally, the survey received no responses that identified abortion experiences that occurred after June 2022, when the Supreme Court decided *Dobbs v. Jackson Women's Health Org*. *(Dobbs)*, and stripped Americans of the constitutional right to abortion. The current legal landscape—where some states have banned or significantly limited access to abortion, and lawmakers are seeking to criminalize abortion seekers and their supporters—may have chilled participation by people who had an abortion after 2022. As a result, the survey did not provide insight into the differences between access to abortion care for people with disabilities before and after *Dobbs*.

Still, the survey created the opportunity for people with disabilities to share their abortion experiences and their thoughts on abortion. Further research on the experiences of disabled people accessing reproductive healthcare, and abortion specifically, is needed.

Introduction & Current Context

Nearly 6 million women with disabilities of reproductive age live in the United States,[4] amounting to an estimated 12%–18% of women of reproductive age identifying as disabled in self-reported data sources.[5] Studies show that people with disabilities face substantial barriers to accessing health care generally, including transportation barriers, cost barriers, inaccessible medical facilities and equipment, lack of physician and staff training, and pervasive physician bias.[6] Likely, as a result of these barriers to access, people with disabilities are much more likely than non-disabled people to experience adverse pregnancy outcomes and are eleven times more likely to die during pregnancy and childbirth.[7] These outcomes are likely worse for multiply marginalized people–for example, Black and Indigenous pregnant people are three times as likely to die during pregnancy or childbirth than white pregnant people.[8] One study that examined the birth outcomes at the intersection of race and disability found that Black and Hispanic women with intellectual and developmental disabilities (I/DD) had higher rates of preterm birth than white women, and were almost twice as likely to have a stillbirth than white women.[9]

The Supreme Court's decision in *Dobbs* stripped millions of Americans of the fundamental right to have an abortion.[10] The elimination of a constitutional right to abortion exacerbated health care barriers for disabled abortion seekers. **Since *Dobbs*, twenty-three states have either banned or placed hostile restrictions on abortion; nearly half (47.7%) of the disabled women of reproductive age in the U.S. live in these twenty-three states.**[11, iv] By reducing the number of clinics that can legally provide abortion, bans have increased the distance pregnant people must travel to access abortion care. For people with disabilities, excessive travel distances can be an insurmountable barrier to care.[12]



[iv] States that have made abortion services illegal at the time of publication include: Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, and West Virginia. States hostile to abortion rights at the time of publication include: Florida, Georgia, Iowa, Nebraska, North Carolina, North Dakota, Utah, Wisconsin, and Wyoming.

Despite these barriers, the total number of abortions in the United States has increased since *Dobbs*, with an estimated 1,037,000 people accessing abortion in 2023—an 11% increase since 2020.[13] This may, in part, be due to the broader availability of telehealth options that allow doctors to prescribe medication abortion and have it delivered through the mail[14]—an option that can be more accessible for some people with disabilities.[15] Legal challenges to the FDA approval of mifepristone pose a threat to medication abortion access, which would further undermine access[16] to safe abortion care for disabled people.

In light of these challenges and the rapidly shifting landscape, it is essential to understand how the disability community navigates access to abortion care to ensure that advocates and providers can foster an environment that meets the abortion care needs of this community. WEI and DREDF developed the Disability and Abortion Access Survey to hear directly from abortion seekers with disabilities and collect information about their experiences seeking an abortion. The goal of the survey was twofold. First, the researchers sought to understand the most common barriers to care faced by people with disabilities in the abortion care landscape. Second, informed by these findings, the researchers sought to provide guidance for abortion providers, staff, doulas, and abortion funds about how to mitigate barriers to care for disabled people. This document highlights the voices of disabled community members attempting to navigate abortion access so that advocates and abortion professionals can best serve their needs.

Survey Responses

1 Importance of Abortion Access

Polling shows that people with disabilities and non-disabled people have similar opinions about abortion.[17] In a 2024 poll of likely voters, 55% of people with disabilities and 61% of non-disabled people believe that abortion should be legal in most circumstances.[18] After providing information about specific abortion experiences, respondents to WEI and DREDF's survey were given the option to explain in an open-ended format why access to abortion is important to them. Respondents provided diverse narrative answers to this prompt, but two major themes emerged–eight respondents noted that abortion access mattered to them because they cared about protecting pregnant people's bodily and/or decisional autonomy, and eleven respondents indicated that access to abortion was important to them because of a personal lack of desire or resources to have a child. Understanding the context in which disabled abortion seekers are making reproductive health care decisions can inform the forms of support that abortion professionals provide and their advocacy efforts to increase access.

Protection of Autonomy

People with disabilities, in particular Black, Brown and Indigenous people with disabilities in the United States, have historically been and continue to be denied bodily and decisional autonomy through policies and practices like state-sanctioned forced sterilization, systemic institutionalization, restrictive guardianships, marriage penalties, and punitive government interventions into the lives of disabled parents.[19] In light of this history, it makes sense that autonomy was a reoccurring theme for survey respondents when explaining why access to abortion is important to them.

Several respondents highlighted the importance of bodily autonomy in particular:

> **"My biggest concern is protecting abortion rights, reproductive rights, and the right to bodily autonomy."**

> **A woman should have full agency of her body.”**

> **I am glad organizations and advocates continue to fight for this fundamental right to have body autonomy.”**

One respondent with multiple disabilities noted that access to abortion is vital to protect their life because their disability, in combination with pregnancy, could result in their death:

> **My bodily autonomy is vital to my life.**
> **If I get pregnant with my condition I will die.”**

Other respondents highlighted that protecting decisional autonomy was one of the reasons access to abortion was important to them:

> **I believe [in] and respect everyone’s right to make this decision for themselves.”**

> **I made an appointment for an abortion… I knew I didn’t want this fetus to develop any further… I was confident. It still wasn’t easy.”**

A respondent who self-identified as having a mental health disability noted that being able to make the decision to get an abortion was vital to protecting their mental health and an essential part of charting their self-determined future:

> **I was in graduate school. I was having trouble coping. I wasn’t sure what to do at first. Having the choice and then getting an abortion was very important to my mental health and life planning.”**

Another respondent noted that although having an abortion was not an easy experience for them, they are supportive of pregnant people’s ability to make decisions that are best for them and highlighted the importance of making abortion accessible:

> **That will forever be my only pregnancy. I'm still pro-choice. It needs to be legal and accessible."**

One respondent who self-identified as having a physical disability and a chronic illness acknowledged the reality that living with a disability can sometimes be difficult and noted that everyone should have the opportunity to decide for themselves about whether to have an abortion:

> **I think it's possible to live a good life with a disability, but our society makes that impossible right now for so many. I believe and respect everyone's right to make this decision for themselves."**

The historical and current context of people with disabilities being systematically denied the right to make decisions about their bodies and futures, as discussed in more detail in the section on reproductive coercion, can explain the emphasis respondents placed on abortion access to protect pregnant people's bodily and decisional autonomy.

How can providers and abortion advocates address these concerns to facilitate access to care and protect the autonomy of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles: 6: Assume Medical Decision-Making Capacity**; **7: Facilitate Supported Decision-Making**; **8: Protect Patients' Privacy** and **12: Support the End of Forced Sterilization**.

Lack of Desire or Resources to Have a Child

Studies show that most people do not regret their abortion and still feel relief at their decision, even years later.[20] People with disabilities, like all abortion seekers, may consider many factors that contribute to their abortion decision. The most common reason that people seek an abortion is because they lack the financial resources to care for a child.[21] This reason may be particularly important for disabled people, who are twice as likely to experience poverty and more likely to be unemployed than non-disabled people.[22] Multiply marginalized people with disabilities experience even higher rates of unemployment. For example, Black people with disabilities and Hispanic or Latino people with disabilities experience higher unemployment rates (10.7% and 9.4%, respectively) as compared to white people with disabilities (6.9%).[23] Eleven survey respondents noted that their abortion decision or thoughts on abortion were influenced by their lack of desire or resources to have a child.

A respondent who self-identified as having multiple disabilities highlighted the financial factors to their decision:

> **I was finishing [] school and could not financially continue a pregnancy."**

One respondent with a disability described the financial and mental health strain of a potential pregnancy for themselves and their disabled partner:

> **It was during a time in my life when I only had the capacity to take care of myself and my disabled partner due to our health needs, the financial resources needed when you are disabled, and our mental health. It was one of the hardest decisions to make, but I knew it was the right one."**

Another respondent who self-identified as having multiple disabilities including a physical disability and chronic illness shared a similar thought process:

> **Because I am in too much pain to be a present mother, and my husband and I do not make enough money to support a child (due to me not being able to work full time as a result**

> **of my disabilities), I couldn't morally justify bringing a child into this world..."**

For a respondent with multiple disabilities, a pregnancy would have significantly derailed their future and potential career:

> **"My pregnancy was the result of rape. I did not want a child. Also, I was [underage]. A child would have prevented me from going to college or having a career."**

A respondent with multiple disabilities discussed the many financial factors, like lack of parental leave and expensive childcare, that made it difficult to afford a child:

> **"I was 22 the first time and did not want to be pregnant. I had no way to care for the baby, was not eligible for FMLA, could not afford daycare, etcetera."**

People who are denied abortions are more likely to experience economic insecurity than people who receive their wanted abortion.[24] This may be even more prevalent for disabled pregnant people, as fewer than one in five individuals with disabilities are employed and those who are employed are more likely to have lower average wages than people without disabilities.[25] These realities may make the lack of desire or financial resources for parenthood an important factor for disabled abortion seekers.

How can providers and abortion advocates address these concerns to facilitate access to care and protect the autonomy of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **Fast forward to the following recommendations:** **6: Assume Medical Decision-Making Capacity**; **7: Facilitate Supported Decision-Making**; **8: Protect Patients' Privacy**; **11: Advocate for Expanded Access to Community Based Services**; **12: Support the End of Forced Sterilization**; and **14: Promote Research and Data**.

2 Reproductive Coercion

Reproductive coercion is defined as a behavior that interferes with the autonomous decision-making of a person around their reproductive health.[26] Reproductive coercion may include behaviors like birth control sabotage, pressure to get pregnant, or attempts to control the outcome of a pregnancy, such as pressure to continue or terminate a pregnancy.[27] People with disabilities are significantly more likely than non-disabled people to experience reproductive coercion, intimate partner violence, and abuse.[28] People with disabilities report difficulty going to reproductive health clinics "because their partner or family member did not want them to go."[29] This is a continuation of the long history of forced reproductive violence against the disability community, including forced sterilization and abortions, especially for Black and Brown disabled people.[30] Most states in the U.S. still allow judges, family members, or guardians to make reproductive health decisions on behalf of a disabled person. For example, only two states explicitly ban the forced sterilization of disabled people.[31]

Over one-third of respondents to the survey (12 out of 32) reported experiencing some form of reproductive coercion or outside pressure to make a particular decision around their pregnancy. This was recorded either through the respondents' narratives or through a multiple-choice question asking if the respondents had ever been pressured by another person about their pregnancy choices. Ten of the twelve respondents who had experienced reproductive coercion self-reported more than one disability, with the most common being physical disabilities (8 respondents), mental health disabilities (8 respondents), and chronic illness (8 respondents).

Six of the twelve respondents reported that they had been pressured to continue their pregnancy. Three of the respondents reported that they had been pressured to end their pregnancy, including one respondent with multiple disabilities who stated:

> **I have been pregnant 4 times. I have been discouraged to continue to try to get pregnant."**

Three respondents reported that they had experienced both pressure to continue their pregnancy and pressure to end their pregnancy. Another respondent with multiple disabilities shared about these competing demands:

> **I was pressured by people to keep the pregnancy and to get rid of the pregnancy. Different people. Gossip went**

> **around so I have a lot more pressure to not [do] it but my Dr pressured me to because I had major signs of cancer [sic]."**

It is critical that all people with disabilities are free to make their own reproductive and sexual health choices without the unwanted interference of others. Abortion professionals should be aware of any outside pressures disabled clients face from people who may provide critical caretaking or support roles in their lives.[32] All-options counseling can be important for people with disabilities who may often feel they are not being heard by the healthcare system.

How can providers and abortion advocates address these concerns to facilitate access to care and protect the autonomy of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles** **6: Assume Medical Decision-Making Capacity**; **7: Facilitate Supported Decision-Making**; **8: Protect Patients' Privacy**; **11: Advocate for Expanded Access to Community Based Services**; **12: Support the End of Forced Sterilization**; and **14: Promote Research and Data**.

3 Negative Experiences with Health Care Systems

Some survey respondents noted negative experiences with health care systems generally, some of which were related to their disability but not necessarily to the accessibility of the services themselves. These negative experiences with health care systems included provider bias and disability stigma.

Provider Bias and Disability Stigma

People with disabilities are much more likely than non-disabled people to report medical mistreatment—meaning that a medical practitioner made them feel ridiculed, humiliated, or that their symptoms were not real or important—when seeking reproductive health care.[33] Further, multiple studies show that healthcare providers frequently harbor anti-disability biases.[34] Several survey respondents noted experiences with bias and stigma. Four respondents, all self-identifying as having multiple disabilities, detailed different experiences of provider bias or disability stigma when they attempted to access abortion. These realities may be due to a lack of training in medical school about caring for patients with disabilities, as well as a lack of knowledge among providers about their legal responsibilities when providing care to patients with disabilities.[35]

One respondent noted that they did not disclose their disability throughout the process of seeking abortion for fear of being treated poorly, reflecting a general knowledge among people with disabilities that disclosure of their disability could threaten the quality of their care:

> **I didn't feel comfortable disclosing my neurodivergence or disability at my doctors appointments because of the risks associated and the stigma."**

Another respondent noted that they felt medical professionals they dealt with regarded their disabilities as being a liability. This person had considered abortion but did not receive one because they had a miscarriage.

Two respondents, both with multiple disabilities, described paternalistic treatment by doctors while they were pregnant and seeking abortion care, though the doctors involved in these experiences were not abortion providers. One respondent with multiple disabilities shared their experience of scheduling an abortion appointment, experiencing a miscarriage, and seeking aftercare:

> **By that time [three weeks after the miscarriage, the first available appointment time], pregnancy hormones were not detected and the male OBGYN did not believe that I was ever pregnant. He told me I must have been mistaken and didn’t read the at home test correctly. He told me I must have miscounted how long my ‘period’ lasted. Entertaining that it was a miscarriage was out of his realm of possibility. He refused to provide an exam or any other aftercare.”**

The respondent further reflected about how this experience made them feel invalidated and ashamed. The respondent also noted their suspicion that the provider refused to believe that they had been pregnant at least in-part because of their disability:

> **He didn’t believe me. It was heart breaking. Do they not believe all women, or just me and the idea that someone could want to be intimate with my crippled body? Was I not deserving of consolation at the loss of this pregnancy? . . . He was brief and callous. And with his dismissal of my experience, it brought further shame to me.”**

Another respondent who self-identified as having multiple disabilities explained how their doctor questioned their judgment and delayed prescribing their usual, necessary medication because they were pregnant even though they already had an abortion appointment scheduled:

> **[M]y doctor had withheld my preferred treatment with the same logic that states use to enact waiting periods: asking, what if this person doesn’t actually know themselves and their life and their body well enough to make a decision to end a pregnancy without us checking in again a day or two later?”**

Here, the respondent felt that their decision-making ability was questioned and undermined by their primary care doctor because they were pregnant, even though the respondent had an abortion appointment already scheduled, thus undermining their decisional autonomy.

Although these experiences with providers were not directly related to the provision of abortion care and were instead related to the provision of other types of health care, the experiences were impacted by the respondent's pregnancy status or choice to have an abortion. In both circumstances, the respondents felt that their provider questioned or undermined them, potentially because of disability bias or stigma.

How can providers and abortion advocates address these concerns to facilitate access to care and improve the experiences of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles** **1: Adopt Readily Accessible Practices**; **3: Provide Reasonable Accommodations**; **6: Assume Medical Decision-Making Capacity**; **7: Facilitate Supported Decision-Making**; and **14: Promote Research and Data**.

4 Systemic Barriers to Care

Some respondents highlighted how systemic factors like a lack of reliable and accessible information, cost, and inaccessible travel create barriers to abortion access for people with disabilities.

Information Barriers and Misinformation

People with disabilities are less likely than non-disabled people to have received comprehensive sexual health education.[36] Youth with disabilities are far less likely to receive sex education at school or at home compared to other youth. This is especially pronounced for Black youth, Hispanic or Latino youth, and young people from low-income households.[37] Negative stereotypes that disabled people are not sexually active or do not have the capacity to understand sexual education undermine the bodily, sexual and reproductive autonomy of disabled people.[38] Additionally, people with disabilities lack sexual and reproductive health information and resources that are accessible and relevant to their experiences.

For example, when California first launched its abortion information hub in 2022, abortion.ca.gov, the website was not written in plain language, was not accessible to people who use screen readers, did not feature American Sign Language (ASL) videos for Deaf people, and did not include information relevant to people with disabilities.[39] As such, many people with disabilities were unable to access important information about abortion care. People with disabilities must receive accessible and accurate information about sexual and reproductive health to make informed decisions about their bodies and lives.

The large majority (29 of 32) of survey participants reported that they had received some form of sexual education. Three respondents reported that they had never received any sexual education. One respondent noted that they had received resources, but the resources were not accessible for them to understand.

Another respondent with multiple disabilities shared a common story about their lack of formal sexual education:

> **I found a book because only had sex Ed [sic] in 6th grade. . . High school decided I needed a special education class instead of Health. . . Like I don't own a body or have the right to sex."**

Several respondents discussed a lack of sexual and reproductive health education or struggle to access medically accurate information. Two respondents noted that they encountered misinformation when seeking an abortion.

One respondent with multiple disabilities noted:

> **I had not received comprehensive sexual and reproductive education by the time I made my decision. A lot of the information I had received was biased and based in religion instead of science.”**

Another respondent who self-identified as neurodivergent and as having multiple other disabilities explained an experience where their doctor was required by law to provide them with misinformation. The respondent’s doctor explained that the state mandated abortion counseling was not medically accurate, which made it easier for the respondent to process this information:

> **I’m so glad she was willing to tell me that they were lies that she was going to have to tell me. I wouldn’t have gotten that. . . I was told the abortion would cause breast cancer and before that the dr prefaced it with what I’m about to tell you isn’t true but the law requires me to say it.”**

Lack of accessible sexual education and misinformation about abortion are significant barriers that many abortion seekers face. However, these barriers can become an accessibility issue for some disabled people who may struggle to make informed decisions without accessible modes of communication, accessible reproductive health information, and comprehensive sexual education.

How can providers and abortion advocates address these barriers to facilitate access to care and improve the experiences of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles 1: Adopt Readily Accessible Practices**; **2: Ensure Access to Virtual Information**; and **4: Ensure Effective Communication**.

Cost Barriers

Cost is a massive burden for many people who seek abortion care. Different types of abortions cost hundreds of dollars and associated travel, lodging, and childcare costs often add up to thousands of dollars.[40] The cost of an average abortion in 2024 ranges significantly, with medication abortion costing up to $800 and surgical abortions costing between $500 to over $2000 depending on the method and week of pregnancy.[41] These barriers can disproportionately affect disabled abortion seekers. People with disabilities are more than twice as likely to experience poverty,[42] and are significantly more likely to be unemployed than non-disabled people.[43] In 2022, the median adjusted income for full-time employed disabled people was $46,904, compared to $56,285 for non-disabled individuals.[44] This disparity in median adjusted incomes is exacerbated by the fact that households with a disabled adult need 28% more income on average to cover costs associated with disability, which amounts to an extra $17,690 per year on average.[45]

People with disabilities of working age are also more than twice as likely to receive their health insurance through Medicaid than non-disabled people in the same age group.[46] The Hyde Amendment, which prevents federal funds from covering abortion procedures with extremely rare exceptions,[47] means that people with disabilities may be more likely to lack insurance coverage for their abortion and must find ways to pay out of pocket for their health care.

Three survey respondents discussed cost as a barrier to abortion access.

One respondent with multiple disabilities noted that protecting access to all forms of abortion care is priority for them because the cost of out-of-state travel to access a procedural abortion would be a burden.

Another respondent with a physical disability from a low-income household highlighted how cost barriers delayed their ability to receive care. By the time they were able to arrange financial resources and transportation, they had a miscarriage.

> ” **I made an appointment for an abortion. The cost was a barrier even at a low income rate. It took time to find the money. . . Two days before my scheduled abortion, I experienced a miscarriage.”**

A respondent with a higher income from a large urban city experienced cost barriers to care, too. This respondent, who self-identified as having multiple disabilities, discussed the problems they faced when their private health insurance denied coverage for their abortion care:

> ” **My online account for my insurance policy also stated that the cost of my abortion would be fully covered, so I was surprised to receive a bill a few months later for a few hundred dollars. My insurance company told me the online policy lookup tool I'd looked at was only referring to medically necessary abortions but that if I could get a doctor to attest to my abortion being medically necessary, they would retroactively cover those costs. Since I didn't have another doctor who was familiar enough with my condition at the time that I could ask and I was just feeling totally done with interacting with doctors about it, I ended up paying that bill entirely myself.”**

Though cost is a pervasive barrier to abortion access regardless of disability, increased rates of poverty, unemployment, and the cost of living as a disabled person can make cost a particularly difficult barrier for people with disabilities to overcome. Notably, no survey participants reported receiving financial assistance from an abortion fund during their abortion experience, which suggests a potential lack of knowledge or access to this vital resource.

How can providers and abortion advocates address these barriers to facilitate access to care and improve the experiences of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles** **9: Connect Abortion Seekers with Abortion Funds**; **10: Provide Telehealth**; and **11: Advocate for Expanded Access to Community Based Services**.

Travel Barriers

As of June 2024, residents in 712 U.S. counties (22.7%) had to travel more than 200 miles to access an abortion procedure.[48] This reality is especially troublesome for people with disabilities who face pervasive transportation barriers, including a lack of public transportation, that affect their ability to participate in the community.[49] Logistical issues like arranging transportation are the most common barriers that people with disabilities face when trying to access reproductive health care, with one study finding that 50.7% of people with disabilities experienced logistical barriers to care compared to 29.7% of people without disabilities.[50] According to a 2022 study, people with disabilities were significantly more likely than non-disabled people to arrive late to appointments, miss appointments, or delay their care due to transportation barriers.[51]

Four survey respondents discussed issues related to transportation and travel in their responses. All four lived in different regions of the country, in rural, suburban, and urban areas. All four respondents self-identified as having multiple disabilities, and all were neurodivergent with mental health disabilities. Three of these respondents indicated they had physical disabilities and the fourth indicated a sensory disability. These responses suggest that transportation is a pervasive barrier regardless of location or type of disability.

One respondent discussed the difficulty of arranging transportation assistance for an abortion appointment, and how relying on a supporter for transportation raises additional privacy concerns:

> **It took time to figure out how to get to and from the facility without help. There's no privacy as a disabled person requiring personal care assistance."**

Two other respondents noted the burden that multiple required in-clinic appointments created. A respondent from the Northeast region of the U.S., who self-identified as having multiple disabilities, noted that their medical conditions meant that they needed to have a surgical abortion. Despite travel being difficult for them due to their disabilities, they were required to travel for hours over multiple days during a blizzard to access an appropriate abortion because there was only one hospital in their entire state that would perform a surgical abortion. The fact that only one hospital in their state would provide a surgical abortion also meant that they had to wait for the first available appointment, even though their health was being threatened by the pregnancy.

> **Car rides are extremely hard on my body. . . . Had perfectly good hospitals right there in my home City. . . . Because of medical conditions I needed to have a [surgical abortion] where I was put out. . . . [ ] There was a blizzard [on] the day of mine. So travel was huge. . . . I was literally at risk of death and I had to put it off and just be [at] risk all that time because there was [sic] no appointments until then because it was only one hospital for the whole state to do hospital surgical abortions."**

This respondent highlighted how their disabilities both made it necessary to get a surgical abortion, which required more travel, and at the same time, made travel to access their abortion more difficult for them.

One respondent from the mid-Atlantic region of the U.S. who self-identified as having multiple disabilities noted that their OBGYN does not offer abortion because they are located at a religious hospital, and that the respondent's complex medical needs make it harder to find alternatives nearby:

> **My OBGYN does not offer abortion. I would be reliant on another hospital… or planned parenthood. It's a huge issue for me. I am actively looking for another OBGYN that can handle my complex medical needs, but there are none near me."**

For this respondent, access to abortion care is so important to them that they are searching for another doctor who can provide it, even if that doctor is located far away.

Travel barriers pose a significant burden for pregnant people with disabilities trying to access abortion care. As abortion restrictions in the U.S. increase the distances that patients must travel to access care, these barriers will only become more pronounced for disabled abortion seekers.

How can providers and abortion advocates address these barriers to facilitate access to care and improve the experiences of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles** **8: Protecting Patient Privacy**; **9: Connect Abortion Seekers with Abortion Funds** and **10: Provide Telehealth**.

5 Programmatic Barriers to Care

People with disabilities regularly face more barriers to all forms of health care, including reproductive and sexual health care. One study found that two-thirds of disabled assigned female at birth participants experienced one or more barriers—including logistical barriers, provider access, cost, and privacy—to accessing reproductive health care since the COVID-19 pandemic.[52] The Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act (Section 504), and Section 1557 of the Affordable Care Act (Section 1557) are all vital federal civil rights laws that protect people with disabilities from discrimination in reproductive health care settings. These laws require providers to make their services and programs available in an accessible manner and prohibit discrimination against people with disabilities. These duties include providing reasonable accommodations, having accessible facilities and equipment, and ensuring effective communication. Despite these legal requirements, respondents reported experiencing programmatic barriers to care, including inaccessible care, lack of reasonable accommodations, and physical barriers.

Inaccessible Care and Lack of Reasonable Accommodations

Some people with disabilities may need alterations to the ways that medical care is usually provided for that care to be accessible to them. When a clinic's usual practices are inaccessible without modification, people with disabilities are entitled to reasonable accommodations. Reasonable accommodations are adaptations made to environments, programs, policies, and/or technology upon the request of an individual with a disability.

There is a wide range of possible reasonable accommodations, and they can look different even for people with similar disabilities. It is discrimination and a violation of federal law to deny a reasonable accommodation request unless doing so will "fundamentally alter" the nature of the services or benefits provided or result in an "undue burden."[53] However, physicians often report a lack of training about and knowledge of their obligations under the ADA or how to best serve disabled patients. One study reported that over 70% of healthcare provider survey respondents responded incorrectly answered questions about who makes decisions about reasonable accommodations.[54]

Three Disability and Abortion Access Survey respondents, all with multiple disabilities, directly discussed inaccessible practices or their need for accommodations in their survey narrative responses. One respondent with a physical disability marked that they experienced an accessibility barrier but did not elaborate on the barrier.

When asked to describe in narrative form how their inaccessible in-person appointment could have been improved, an Autistic respondent noted that staff and providers should be trained to support patients with disabilities:

> **People that understand disability. Training them on different types of brains."**

The respondent went on to describe how one nurse did not know how to support them during a meltdown and responded in a way that made the situation worse:

> **I woke up from the procedure and had a meltdown. They were not at all prepared for that. My nurse was incredibly cruel to me. My other voice memory that I hear clearly is my nurse saying 'didn't you want this' in a really nasty voice."**

Further, the respondent described how their autism made it more traumatizing to receive medically inaccurate information and be forced to look at an ultrasound. In this circumstance, the respondent noted that they appreciated the doctor telling them that the information provided was state-mandated and inaccurate but still detailed that the process was especially difficult to endure due to their disability:

> **I'm Autistic so understanding stuff and the lying stuff because the law requires it. That has been one of the most traumatizing parts. . . . I was told the abortion would cause breast cancer and before that the dr prefaced it with what I'm about to tell you isn't true but the law requires me to say it. . . . Some of the other stuff that I was told was lies but I was forced because of the law. Being forced to look at the ultrasound when it wasn't a choice I wanted but I had to make. Because I'm autistic my brain has like photographic memory about sound so it's almost like a tape recorder. . . . Still hear her heartbeat and the doctor is**

> **telling me she had to lie to me because the law requires it. Lying is super hard for autistic people not just doing them but hearing them and hearing the reasons for them."**

This respondent experienced several things that made their abortion experience inaccessible for them. The appointment likely could have been improved by better staff training on the provision of care to people with disabilities. Staff also likely would have benefitted from training on the provision of reasonable accommodations and effective communication.

Other respondents also referred to trouble accessing timely reasonable accommodations. For example, a Deaf respondent discussed how the short notice of their appointment did not allow for time to request reasonable accommodations ahead of time. This experience highlights the tension that may exist for providers between providing time-sensitive abortion care and meeting accommodations needs. It is vital that clinics have pre-established accessibility policies and use readily accessible practices due to the time-sensitive nature of abortion care.

A different respondent with multiple disabilities discussed how the provider asking if they needed accommodations at the outset could have better prepared them for what would happen when scheduling their abortion appointment.

> **Having to listen to a very long script on the phone was difficult. I think if someone had asked if I needed accommodations or prepared me for it, I would [] have gotten set up in bed, but I settled for lying on the floor to finish listening."**

These experiences highlight the ways that clinic practices may be inaccessible to people with disabilities and the importance of providing timely reasonable accommodations and effective communication to ensure patients with disabilities receive equitable abortion care.

How can providers and abortion advocates address these barriers to facilitate access to care and improve the experiences of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles** **1. Adopt Readily Accessible Practices**; **3. Provide Reasonable Accommodations**; and **4: Ensure Effective Communication**.

Physical Barriers

Many healthcare facilities are inaccessible for people with physical disabilities because they lack accessible entrances, internal spaces, or restrooms. Across multiple studies, both physicians and people with disabilities report that, despite federal law requiring equal access to healthcare facilities, physical barriers remain.[55] One study found that gynecology offices were the most inaccessible subspecialty, with 47% of offices surveyed reporting inability to accommodate a wheelchair user.[56] In another study surveying providers, all respondents reported physical barriers in their practices, such as inaccessible buildings and equipment.[57] Fortunately, recent rulemaking by the Department of Health and Human Services requires medical providers receiving federal funds to acquire accessible medical equipment by July 8, 2026. But today, the lack of accessible medical equipment, including adjustable height exam tables and accessible scales, continues to be a barrier to care for people with disabilities.[58]

Two survey respondents with physical disabilities—representing half of the respondents with physical disabilities who noted that they had had an abortion before—indicated that they experienced a physical barrier when accessing their abortion care. Neither respondent explained the specific physical barriers they experienced.

How can providers and abortion advocates address these barriers to facilitate access to care and improve the experiences of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles** **1: Adopt Readily Accessible Practices**; **3: Provide Reasonable Accommodations**; **5: Provide Accessible Facilities and Medical Equipment**; and **10: Provide Telehealth**.

6 Health Risks Associated with Pregnancy

Pregnant people with physical, intellectual, and sensory disabilities face a "significantly higher risk of almost all adverse maternal outcomes" and are eleven times more likely to die during childbirth than non-disabled people.[59] Abortion is life-saving and health-preserving medical care. Additionally, the current reality of opaque and ever-changing medical exceptions to abortion bans puts disabled pregnant people at risk of death due to denials of care.[60]

In 2022, Candi Miller's death was attributed to Georgia's extreme abortion ban by the State's maternal mortality review committee.[61] Candi was a Black disabled mother who decided to manage her abortion alone "due to the current legislation on pregnancies and abortions." Elizabeth Weller, who has a physical disability, faced life-threatening complications due to Texas's extreme abortion restrictions. Also in 2022, Elizabeth was denied an emergency abortion despite severe pregnancy complications, and was forced to endure days of suffering before doctors finally intervened.[62] These two cases highlight the severe and, at times, fatal consequences of restrictive abortion laws, especially for multi-marginalized people.

Six survey respondents shared that pregnancy posed or would pose a danger to their physical health. Two respondents shared that their pregnancy posed a risk to their mental health. Abortion professionals should be aware of the ways that health risks influence the importance of abortion access for disabled people.

Physical Health Risks

Six survey respondents specifically discussed how pregnancy would be or was physically dangerous for their health. All of these respondents reported having multiple disabilities.

Two respondents discussed the importance of access to a dilation and curettage (D&C) procedure for non-viable pregnancies. One respondent stated:

> **I have had one abortion and one D&C due to a blighted ovum but I'm not counting that one as an abortion although both are the same procedure. . . .; With the D&C, we wanted the baby but it was a blighted ovum thus nonviable."**

This experience was reinforced by another respondent with a physical disability:

> **They saw every one of my conditions as a liability… Being pregnant was risky for me, after having my child I would definitely have an abortion if pregnant again. I have been pregnant 3 times that were not viable[;] if I did not miscarry I would have needed a D&C. If I didn't have access I would have been at risk for infection and many complications."**

Pregnancy can also exacerbate existing health symptoms for disabled people, contributing to their decision to obtain an abortion. A survey respondent with a physical disability and chronic illness shared:

> **In the two years before I had an abortion, I experienced lots of medical gaslighting and substandard care in my pursuit of diagnoses and treatments for chronic illnesses. . . Every symptom for which I'd been searching for causes was flaring up with the pregnancy, especially chronic pain, and I was extremely nauseous. As soon as I'd seen the positive pregnancy test. . . . I knew I wanted to have an abortion. The next day, I made an appointment at a local clinic for a week out. . . . My health was very precarious at the time and I was already experiencing severe symptom flares as a result of the pregnancy 5 weeks in."**

Two respondents also noted that being unable to access abortion or desired, voluntary sterilization placed their physical health at risk.

> **I have been seeking sterilization procedures since I was 19 years old. I am now 39 and I have yet to find a provider who will give me this LIFE SAVING treatment because they believe my 'husband's POTENTIAL desire for me to have progeny,' even though that is literally something neither of us want AND would kill me, they refuse [to] provide treatments. . . . To add to this, the treatments would HELP MY CHRONIC PAIN due to my uterine and genetic disabilities."**

> ” My OBGYN does not offer abortion. . . . I am actively looking for another OBGYN that can handle my complex medical needs, but there are none near me. . . . I have multiple genetic conditions and am unable to tolerate hormonal contraceptive[s]. Abortion could be lifesaving for me.”

These experiences clearly illustrate the importance of access to abortion as life-saving and health-preserving care for people with disabilities.

Mental Health Risks

Perinatal mental health (PMH) conditions are the leading cause of pregnancy-related deaths in the U.S., and PMH condition-related death rates are highest among Black and Indigenous women.[63] Given that "some of the highest rates of perinatal mental health issues are among people who desire to terminate and can't," abortion access for people with mental health disabilities can be life-saving medical care.[64]

People with mental health disabilities are often advised or required to avoid or discontinue psychiatric medication for the duration of pregnancy due to the risk of harm to the fetus. However, many of these medications cannot be discontinued immediately without risking severe side effects.[65] For example, people with bipolar disorder are often advised to discontinue mood-stabilizing medication during pregnancy. One study found that during pregnancy, 70.8% of the women with bipolar disorder experienced at least one mood episode, and the risk of recurrence was significantly higher in women who discontinued treatment with mood stabilizers (85.5%) than those who maintained treatment (37.0%).[66] The health and safety of pregnant people with mental health disabilities is an important part of abortion access for the disability community.

Two survey respondents with mental health disabilities highlighted the difficult role that mental health played in their pregnancy or abortion experience.

> ” If I had not miscarried, my plan was to commit suicide rather than carrying the pregnancy.”

> **I was very depressed. I was in graduate school. I was having trouble coping. I wasn't sure what to do at first. Having the choice and then getting an abortion was very important to my mental health and life planning."**

These responses illustrate that abortion can be a health-preserving and life-saving medical care for disabled people, even if they are not actively experiencing a physical health emergency. Ensuring that all disabled people have access to the full range of reproductive health care options and are supported in their decision-making is vital to achieving reproductive justice.

How can providers and abortion advocates address these barriers to facilitate access to care and improve the experiences of disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles 13: Highlight the Dangers of Abortion Bans** and **14: Promote Research and Data**.

7 Positive Experiences with Health Care Systems

Respondents also detailed positive experiences with their care while seeking and receiving abortion services. Multiple respondents with different disabilities reported that they generally felt supported by their provider or clinic staff during the process of accessing abortion.

> [T]hey were very kind and empathetic. I never felt judged. I'm grateful to them."

> My providers (MDs, nurses, MAs, and abortion doula) let me know they'd had abortions themselves and made me feel so comfortable and understood. Pretty much everyone in the room during my procedure had had an abortion and disclosed to me that they had, it was really powerful."

> Very supportive of my decision making."

In addition, two respondents detailed the services the clinic provided that worked well for them and made them feel more comfortable accessing care. One respondent who self-identified as having multiple disabilities pointed out that having an abortion doula during their appointment was helpful because it would have been difficult to coordinate one on their own:

> By being offered an abortion doula on the day, someone who knew the providers and was familiar with that specific clinic and who was already there ready to support me if I wanted it, I was able to access that support without needing to be in the know about abortion doulas and without needing to handle the logistics myself."

Another respondent who self-identified as having multiple disabilities noted that having a single staff member support them through the process was a good model for them:

> **It was an excellent model for me — a single volunteer was with me throughout and did my consenting, my education, and answered questions about contraception. Then she was with me in the procedure and during recovery. . . Having a single supportive staff member made the process less overwhelming, because I didn't need to adapt to the needs of many different people and styles of communication."**

Respondents' positive experiences accessing abortion services can inform efforts by providers to make their services more accessible to people with disabilities.

How can providers and abortion advocates continue to model positive abortion experiences for disabled patients?

Continue reading until the end of the Survey Results section to access the full list of recommendations, or **fast forward to the following recommendations by clicking on the following titles 1: Adopt Readily Accessible Practices**; **4: Ensure Effective Communication**; and **9: Connecting Abortion Seekers with Abortion Funds**.

Recommendations

The recommendations section of this document provides a non-exhaustive list of suggestions for abortion providers and abortion advocates that may help address the concerns and barriers to abortion care reported by disabled survey respondents.

Accessible Practice Recommendations

Recommendation 1: Adopt Readily Accessible Practices

The ultimate goal for medical providers should be to make default practices accessible for wide range of patients – regardless of whether they know a patient has a disability. Readily accesssible practices are also applicable to other types of abortion professionals, such as abortion funds or abortion doulas. It is critical that providers create a supportive environment for disability disclosure by treating all patients with respect. Readily accessible practices are preferred to a system of requiring people with disabilities to advocate for reasonable accommodations in response to an inherently inaccessible environment. These practices ensure inclusion from the beginning and take the onus off the person with a disability to advocate for reasonable accommodations in an inaccessible environment. Readily accessible practices are beneficial for a wide range of people and harmful for no one!

Practical tips for achieving readily accessible practices include:

- Ensure staff are trained to work with patients with disabilities (using accessible equipment, transferring patients, counseling people with disabilities, setting up accommodations, communicating effectively).
- Include relevant and accessible information on public-facing websites:
    - Include information about the rights of disabled clients to accessible services.
    - Include information about the organization's facilities, services, and available accommodations.
    - Ensure online contact forms are accessible.
    - Provide multiple methods of contact if safe for the organization.
- Screen patients or clients for disabilities when scheduling or doing initial intake. For example, staff might ask: ***"Do you have any access or communication needs that we should know about? Is there anything we can do that would make our services more accessible to you?"*** Ensure that intake staff can note the type of disability and needed accommodations in a way that carries through across patient interactions with the services.

- Implement procedures for providing common accommodations before they are requested.
    - Establish contracts with interpreters and captioners before such services are requested.
    - Ensure Video Remote Interpreting (VRI) machines and other auxiliary aids and services like pocket talkers and hearing loops are available before they are requested.
    - Train staff to help facilitate supported decision-making when requested by the patient.
    - Allow extra time for appointments.
    - Provide patients with instructions about what to expect from the services or appointment. This will allow the patient time to process the information and request additional accommodations if needed.
    - Connect patients to a single abortion doula, volunteer, or navigator prior to the appointment.
- Be aware of additional support resources in the community, and refer patients with disabilities, as appropriate.
- When possible, have the same staff member work with a client through their abortion experience to increase continuity.

Click to return to the Survey Responses: Information Barriers and Misinformation; **Inaccessible Care and Lack of Reasonable Accommodations**; **Physical Barriers**; and **Positive Experience with Healthcare Systems**.

Recommendation 2: Ensure Access to Virtual Information

Website or social media inaccessibility can prevent disabled people from utilizing an abortion fund, abortion doula, or abortion clinic's programs and services. To ensure the most access for the most people, websites should comply with the Web Content Accessibility Guidelines, Version 2.2. The Department of Justice has made clear that the ADA's non-discrimination requirements apply to the websites of businesses open to the public.[67]

Common web accessibility barriers can include:

- Poor color contrast;
- Use of color alone to give information;
- Lack of alternative text or image descriptions on images;
- No captions on videos;
- Mouse-only navigation (lack of keyboard navigation); and
- Inaccessible online forms (lack of labels compatible with screen readers, lack of clear instructions, and lack of error indicators).

Further, websites should be written in plain language (below a 5th-grade reading level) and should include information relevant to people with disabilities. Use of ASL videos with captioning can allow Deaf and hard-of-hearing people to access information. In an age where most people are seeking abortion resources on the internet, making online resources accessible to and usable by the disability community will facilitate better access to abortion care. Plain language information has the additional benefit of making this information accessible to a wider range of abortion seekers, including non-native English speakers.

Click to return to the Survey Responses: Information Barriers and Misinformation.

Recommendation 3: Provide Reasonable Accommodations

As previously mentioned, providing reasonable accommodations involves modifying standard practices to ensure people with disabilities have equal access to services. Providing reasonable accommodations is required by law unless such changes would be an “undue burden” or “fundamentally alter” the nature of the services or benefits provided. A fundamental alteration changes the essential nature of the services provided. Whether an accommodation qualifies as an undue burden is a high bar to satisfy, because the cost of the accommodation is considered in light of the entity’s entire budget.[68]

Accommodations can take many forms, including but not limited to:

- Reserving additional time for an appointment to allow time for assisting with physical transfers, engaging interpreters, taking breaks, or confirming patient understanding;
- Allowing a support person to be present at an appointment & facilitating supported decision-making;
- Ensuring clear pathways or reserving accessible exam rooms and equipment for wheelchair users;
- Adjusting exam room lighting for sensory sensitivities;
- Providing a written outline of key information discussed during the appointment.

The possibilities for accommodations are vast, and the best approach is to ask patients what they need at the first point of contact, in a simple, concrete, and nonjudgmental manner. In order to assess a patient’s access needs to ensure that the appropriate reasonable accommodations are provided, all abortion professionals should ask during the initial intake process: ***“Is there anything we can do to make this experience as accessible as possible for you?”, “Do you have any access needs we should know about?”*** or ***“How do you prefer to receive information?”*** During the appointment or service, providers and staff can check in with, ***“Is there anything I can do to make this appointment more accessible to you?”***

Organizations or individuals that provide practical supports for people seeking abortion, like abortion funds and abortion doulas, may need to work creatively with disabled abortion seekers to ensure that all access needs are met. This can include identifying accessible hotels or transportation for disabled patients who need to travel for abortion care. This may also include abortion funds assisting with the cost of a care attendant or support person to travel with the disabled client to provide necessary support services.

Active listening is key—people with disabilities are the experts of their own bodies and needs. However, some individuals may not immediately know what accommodations would be helpful, so providers should be prepared to brainstorm solutions together. By fostering an open and flexible approach, abortion providers, abortion doulas, and abortion funds can ensure more inclusive and equitable care for all clients.

Click to return to the Survey Responses: **Provider Bias and Disability Stigma**; **Inaccessible Care and Lack of Reasonable Accommodations**; and **Physical Barriers**.

Recommendation 4: Ensure Effective Communication

Effective communication allows people with sensory disabilities, communication disabilities, and intellectual and developmental disabilities to communicate with, receive information from, and convey information to abortion service providers. Under the ADA, places of public accommodation, including medical providers, must take affirmative steps at no cost to the patient to ensure their communication with disabled patients is as effective as communication with non-disabled patients.[69] This may require the provision of auxiliary aids and services.

Providing auxiliary aids and services may require:

- Qualified interpreters, either in-person or through video remote interpreting (VRI);
    - Some patients may need a team of interpreters, including a Deaf interpreter, for effective communication.
    - When utilizing an interpreter or supporter during a communication, always speak directly to the patient. Pause to allow time for the interpreter to communicate to the patient, especially in medical settings.
    - Exchanging notes with a Deaf patient is usually not effective communication.
    - Family members cannot be required to interpret and should only be used for interpretation in emergencies.
- Live captioning
    - Automatically generated captions can be inaccurate and may not always facilitate effective communication in medical settings, which requires precise accuracy. Communication Access Realtime Translation (CART) captioning may be necessary for effective communication.
- Assistive listening devices
- Notetakers
- Qualified readers
- Written materials in multiple accessible formats including plain language, Braille, and large print.

Effective communication and counseling practices for disability-accessible care require thoughtful consideration and flexibility. It is important to schedule additional time to provide explanations, clarify information, and address any questions the client may have. Clients should have the opportunity to choose their seating arrangement to optimize communication and comfort. Ensuring privacy throughout the counseling, procedures, and post-procedure care fosters a safe and respectful environment. Additionally, clients should be given the option to have a support person present before, during, and after the procedure to support effective communication if requested.

Clear and continuous communication is essential, particularly when moving or touching the client's body. The patient and provider should discuss a communication plan prior to beginning a procedure. Providers should regularly check in on the client's comfort and pain levels. Establishing trust and respect with disabled patients requires speaking directly to them about their care, rather than addressing a supporter or interpreter during the visit. Using respectful, person-first language and avoiding discriminatory terms is crucial. Speaking slowly and clearly allows clients adequate time to process information and respond effectively.

Providers should engage with clients to understand key facts about their needs and any concerns they may have regarding abortion or related supports. Assistance with mobility, dressing, or bathroom use should be available, but providers should not make assumptions that they need to help a disabled patient without help being requested. Finally, providing instructions in multiple accessible formats, such as easy-read, large print, or plain language,[v] ensures that all clients receive clear and comprehensive information tailored to their needs.[70]

Click to return to the Survey Responses: Information Barriers and Misinformation; **Inaccessible Care and Lack of Reasonable Accommodations**; and **Positive Experiences with Health Care Systems**.

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[v] All three of these accessibility formats are distinct concepts. Easy read is a simplified writing format, often using short sentences, simple vocabulary, and images. Large print is a document format with a larger print size to assist people with visual disabilities. Plain language is a general approach to speaking and writing that is clear and concise, and does not use more words than necessary. Make sure the language is not above a 5th grade reading level to support understanding for a broader population.

Recommendation 5: Provide Accessible Facilities and Medical Equipment

Having facilities and spaces that are accessible to people with disabilities is an essential element of ensuring that disabled people can access abortion care. The ADA and Section 504 require that medical providers make their services accessible to and useable by patients with disabilities. This may include removing architectural barriers, acquiring accessible medical equipment, and making services available through an alternative location or method. Building standards for accessibility vary based on when the facility was built or last modified.[71]

Accessible medical facilities include the following:

- Clear floor space next to the exam table;
- Space between table and wall for staff to assist with patient transfers and positioning;
- Floor space for a wheelchair to turn;
- Accessible routes connecting to other accessible public and common-use spaces;
- Accessible entry door, with 32” minimum clear opening width with door open 90 degrees;
- Maneuvering clearance at the door to the room;[72]
- At least one adjustable height exam table (preferably lowerable to 17 inches); and
- An accessible weight scale for practices that regularly weigh patients.

Updated 2024 Section 504 regulations require all practices receiving federal funds to acquire at least one accessible exam table and one accessible weight scale by July 8, 2026.[73] There are additional scoping requirements for larger practices. All staff must be trained to use accessible equipment and assist patients with transferring and moving through spaces.[74] Accessibility measures are meaningless unless staff are trained to use them.

Click to return to the Survey Responses: Physical Barriers.

Recommendation 6: Assume Medical Decision-Making Capacity

To counter bias and support the autonomy of people with disabilities to make self-determined decisions about their lives and futures, providers should start from a place of assuming medical decision-making capacity for all patients regardless of disability. Starting from a place of assuming capacity to consent will help to guard against paternalistic attitudes and biases towards patients with disabilities. Speaking directly to patients with disabilities and directing decisions towards them—rather than a supporter who may be accompanying them—shows respect for the patient. Providers should evaluate their own beliefs about the capacity of disabled patients to make decisions about their bodies and futures, and actively work to counter paternalistic and ableist beliefs in order to disrupt ableism in the medical profession.

The following are some examples of paternalistic and ableist beliefs about patients with disabilities:

- People with disabilities do not or should not have sex.
- Non-disabled supporters of people with disabilities should make decisions on behalf of patients with disabilities because patients with disabilities do not have the capacity to make "smart" decisions about their sexual and reproductive health.
- People with disabilities should not continue their pregnancies because they will not be good parents or will put their child in danger by being disabled.

Countering beliefs like these is essential to disrupting ableism in health care and ensuring that the autonomy and self-determination of people with disabilities are respected.

Once a provider starts from a place of assuming the capacity to make medical decisions, they can perform an individualized assessment of the patient's ability to provide informed consent to a procedure.

Providers should keep in mind that capacity to consent is fluid and may change with mental state, time of day, physical state, or accommodations. Further, a person may have the capacity to provide consent in one area of their life while not having the capacity in another. For example, a person may have a guardian who makes financial decisions on their behalf. However, they may still have the capacity to consent to medical procedures with the correct supports in place. Most importantly, each patient's capacity to provide informed consent to medical procedures should be evaluated with their preferred supports and accommodations in place.

Click to return to the Survey Responses: Protection of Autonomy; Reproductive Coercion; and **Provider Bias and Disability Stigma**.

Recommendation 7: Facilitate Supported Decision-Making as a Less Restrictive Alternative to Guardianship

To ensure that the decisional and bodily autonomy of patients with disabilities are respected in the provision of abortion care, providers should also be familiar with how to facilitate supported decision-making (SDM) as a reasonable accommodation.

SDM is an individualized arrangement in which a disabled adult chooses one or more trusted supporters (friends, family, experts, people they trust) to help them understand, communicate, make, or act on their own choices.[75] An SDM agreement may be formal (written) or informal.

SDM may be appropriate for patients who need support with one or more aspects of the decision-making process, including:

- Identifying different options;
- Understanding the risks and benefits of each option;
- Considering how each option relates to the patient's values and goals;
- Weighing and choosing between the options;
- Communicating a choice; and
- Acting on a choice.

A supporter can help aid in any part of the decision-making process.

SDM is a less restrictive alternative to guardianship (also referred to as "conservatorship" in some states). In a guardianship arrangement, a judge appoints a guardian to make decisions on behalf of the person with a disability with or without their input.

The guardian can only be removed by a court order. As of 2021, the vast majority of states (41) require guardianship to be considered only as a last resort when less restrictive alternatives like SDM are not sufficient.[76] The U.S. Department of Justice also notes that guardianship "should be a last resort because it removes the individual's legal rights and restricts the person's independence and self-determination."[77]

Therefore, providers should be familiar with SDM as a reasonable accommodation and be ready to facilitate SDM in an appointment. Providers and staff should speak directly to the patient, not the supporter. Sometimes, facilitation of SDM may necessitate reserving additional time for the appointment in order to check understanding, answer questions, and discuss different options. Time permitting, a patient may need to schedule a follow up appointment so they can take some time to ponder their decision. SDM will look different for each patient, but some examples of how SDM may operate in a healthcare setting include:

- A patient requests for a supporter to be present at the appointment to assist them and fills out the appropriate releases.
- A supporter assists a patient in scheduling appointments and arranging transportation.
- A supporter helps a patient communicate—for example, the supporter may re-speak the patient's words if their speech is difficult to understand.
- A supporter helps the provider answer the patient's questions to facilitate the patient's understanding.
- A supporter talks through the risks and benefits with a patient to help them come to their own decision.

Use of SDM is one tool that abortion providers can use to empower patients to make self-determined decisions and support and protect the bodily and decisional autonomy of people with disabilities.

↺ **Click to return to the Survey Responses: Protection of Autonomy; Reproductive Coercion; and Provider Bias and Disability Stigma.**

Recommendation 8: Protect Patients' Privacy

People with disabilities are over four times more likely to experience reproductive coercion than non-disabled people.[78] Risk factors—including physical barriers to escaping and reporting abusive situations, reliance on partners for resource needs (e.g., personal assistance, transportation, housing), and fear of losing essential care supports—can all contribute to a heightened risk of reproductive coercion.[79] In light of this increased risk, it is critical for providers to screen for coercion and take steps to protect patients' privacy.

Steps that may help protect patients' privacy and prevent coercion include:

- Offering appointments via telehealth to allow patients to attend appointments from the privacy of their own space and without needing to arrange transportation assistance.

- Directing all communications to the patient as opposed to a partner or family member (unless the patient specifically requests otherwise).

- Referring patients who need assistance to abortion funds, including practical support funds, that can help them access services without having to rely on partners or family members for financial or transportation support.

- Confirming with disabled patients who attend appointments with a support person if they would like to have that person join them while they receive services. Some patients with disabilities may need a support person to be present during their appointments but providers can ask the person with the disability in a private setting whether they want to have their companion join them while they receive services. Ensure that this process is completed with sensitivity and is directed by the person with the disability, as being separated from a supporter may cause the person anxiety. Do not rely on a supporter to interpret for the patient with disabilities unless requested by the patient.

Protecting patients' privacy is an essential element of supporting their decisional and bodily autonomy.

Click to return to the Survey Responses: Protection of Autonomy; Reproductive Coercion; and Travel Barriers.

Recommendation 9: Connect Abortion Seekers with Abortion Funds

Abortion funds and practical support networks play an increasingly critical role in ensuring abortion access. Abortion funds financially supported 102,855 individuals seeking abortions in the year after *Dobbs*.[80]

Providers and abortion doulas can serve as an important connector between their patients and abortion funds to address cost barriers for both abortion procedures and ancillary costs. Abortion funds can assist disabled clients overcome a host of accessibility barriers with their practical support expertise. Abortion funds, particularly practical support funds, can assist disabled people seeking abortions to secure accessible transportation to appointments, book accessible lodgings for out-of-state appointments, and/or cover the cost for a support person to travel with them. To do this effectively, abortion fund staff should be trained on how to best support abortion seekers with disabilities and the legal responsibilities of providers when serving people with disabilities. Providers and abortion doulas can identify potential abortion funds and provide clear instructions on how to access their services to disabled patients who are in need of financial support.

All abortion funds should ensure that their websites, social media, and hotlines meet the requirements for effective communication and accessible information. Local abortion funds can ensure that disabled people in their communities are aware of their services by partnering with local disability organizations.

Click to return to the Survey Responses: **Cost Barriers** and **Travel Barriers**.

Recommendation 10: Provide Telehealth Abortion Services as an Accessible Option

In light of pervasive travel barriers for people with disabilities, telehealth appointments with abortion pills delivered through the mail or picked up from a local pharmacy may be a more accessible option for some disabled people who are unable to travel long distances, face barriers to arranging transportation, or cannot find an abortion clinic that has an accessible facility or accessible medical equipment.[81] Telehealth appointments may also reduce the associated costs of seeking abortion care by reducing the burdens of travel costs.

Accessible telehealth appointments may require:

- A website login and video platform that comply with the Web Content Accessibility Guidelines (WCAG), Version 2.2, so that blind and low-vision users can use the platform independently.[82]
- A video platform that can support live integrated professional captioning and, alternatively, has the capability to turn on the display of automatically generated captions.
    - Note: Providers should keep in mind that automatically generated captions are not always sufficiently accurate for effective communication, which especially can be a problem in the context of medical care.
- A video platform that can support the integration of additional people from additional locations such as an ASL interpreter or a patient's supporter.

Although telehealth is not a silver bullet that can make abortion accessible to all people with disabilities, providing patients with multiple options for receiving care allows people to choose the type of care that is most aligned with their needs.

Click to return to the Survey Responses: Cost Barriers and **Travel Barriers**.

Recommendation 11: Advocate for Expanded Access to Community Based Services That Connect People with Disabilities to Supports, Work, and a Living Wage

As illustrated by the responses to the survey, lack of resources to have a child may be a large barrier to parenthood for people with disabilities who might otherwise want to become parents. Advocates should advance policies that support people with disabilities being able to work, get paid a living wage, and live in the community with supports.

For example, Medicaid pays for services and personal care attendants that help people with disabilities live and work in their communities with supports.[81] These services keep people with disabilities well enough to avoid long hospital stays and maintain employment. Advocates should fight against any cuts to Medicaid and instead advocate for an expansion in Home and Community Based Services funding that will help support people with disabilities who can work in doing so. Additionally, people with disabilities should make a living wage when they do work. Ending legalized subminimum wage for people with disabilities should be another priority for advocates seeking to ensure disabled people have the resources necessary to live truly self-determined lives.[82] Prioritizing economic security for disabled people as part of a broader strategy for reproductive justice can help address some of the concerns survey respondents experienced.

Click to return to the Survey Responses: Lack of Desire or Resources to Have a Child.

Recommendation 12: Support the End of Forced Sterilization

Forced sterilization is not a relic of the past—today, 31 states and Washington D.C. have laws on the books that allow for the forced sterilization of people with disabilities.[85] These laws often exist alongside laws that affirm reproductive rights, illustrating that people with disabilities are not afforded the same autonomy to make decisions about their bodies and futures as non-disabled people.[86] Allies and advocates for reproductive justice should promote legislative and policy changes that ban the nonconsensual sterilization of people with disabilities. With many people seeking sterilization in response to restricted abortion access,[87] reproductive rights and justice advocates who focus on expanding access to wanted sterilization services should also advocate against laws and policies that permit forced sterilization practices.

↺ **Click to return to the Survey Responses: Protection of Autonomy** and **Reproductive Coercion**.

Recommendation 13: Highlight the Dangers of Abortion Bans for Disabled People

Abortion professionals and advocates are well aware the dangers of abortion bans regardless of any medical exceptions. These bans result in denials of medically necessary care in practice due to uncertain legal landscapes and threats of criminalization. Advocates must continue to work to dismantle these dangerous laws and educate others about the reality of exceptions that do not exist in practice.

Advocates should continue to uplift the stories of people harmed by abortion bans, including the stories of disabled people. Multi-marginalized people with disabilities are most at risk for harm and thus should be centered in the fight for abortion access.

↺ **Click to return to the Survey Responses: Health Risks**.

Recommendation 14: Promote Research and Data Collection on Access to Reproductive Healthcare for Disabled Patients

Abortion professionals, advocates and researchers should prioritize research and data initiatives on reproductive healthcare for disabled patients to address gaps in access and equity. As highlighted in this document, disabled individuals face unique barriers to abortion care. However, without comprehensive data on these barriers, policymakers and healthcare professionals cannot develop effective solutions to ensure equitable access to reproductive healthcare. Providers and researchers should include disaggregated data on the disability status of patients when collecting patient demographic information to better understand how different disabilities intersect with barriers to care and to develop targeted interventions. Demographic questions can utilize both disability self-identification and functional limitation question sets, like the Washington Short Set Questions, to capture the diversity of disability experiences and identities. By investing in research that examines the specific needs, experiences, and outcomes of disabled patients seeking abortion services, advocates can push for evidence-based policies that enhance accessibility, improve provider education, and reduce systemic discrimination in reproductive healthcare.

Data-driven advocacy can highlight the ways that barriers to care such as insurance coverage, geographic disparities in care, and restrictive abortion laws uniquely impact disabled patients. Additionally, research can inform the development of inclusive clinical guidelines, training programs, and policy initiatives that center disabled voices and experiences. By promoting this research and data collection, abortion providers and advocates reinforce that sexual and reproductive health care must be inclusive and accessible to all.

Click to return to the Survey Responses: Reproductive Coercion; **Provider Bias**; and **Health Risks**.

Conclusion

Equitable access to abortion services is critical for realizing the visions of bodily autonomy in both reproductive justice and disability justice. Further research is needed to explore the barriers and needs of disabled abortion seekers in a time of extreme turmoil for abortion access. Disaggregated data that explores the intersections of disability and sexual and reproductive health care is scarce, but critical for advocacy efforts. The aim of this report is to lift up the voices and stories of abortion access for the disability community while providing practical recommendations for disability inclusion to reproductive justice advocates and abortion professionals, whether they are providers, abortion doulas, abortion funds, or other related services.

Annex A: *Survey Questions and Consent Form*

Disability and Abortion Access Survey

The Disability and Abortion Access Survey asks people with disabilities about their experiences getting abortion services. The questions will ask for your stories of receiving abortion services and the ways services could be better. There are currently no comprehensive studies in the United States about how disabled people access abortions and the problems they face. The data and quotes from this survey will help Women Enabled International (WEI) and the Disability Rights Education & Defense Fund (DREDF) develop tools and resources for people who provide abortion services. These resources can improve abortion accessibility to better serve the disability community. Providing as many details as you feel comfortable sharing helps us give specific recommendations to abortion professionals. **The survey will be open for responses until July 1, 2024 at 5 PM EST/2 PM PST.**

Please read the full Consent to Participate Form here before agreeing to do the survey.

Completing this survey is your choice and you can stop answering questions at any time. Questions will not be visible until you check the box that you consent to participate in the survey. New, follow-up questions will be visible as you answer questions, depending on the options you selected.

Some of these survey questions may ask about personal or upsetting experiences related to reproductive healthcare and abortion. Here are some resources that help:

- **All-Options Talkline** is a free peer counseling support network for anyone at any stage in or after their pregnancy. They can be reached at (888) 493-0092.
- **Exhale Pro-Voice** is a free talkline for people who need emotional support after having an abortion. They can be reached at (866) 439-4253.
- **If/When/How Repro Legal Helpline** provides free, confidential legal services for your reproductive life, including abortion, pregnancy loss, and birth. They can be reached at (844) 868-2812.

Accessibility and Contact

If you have questions about the survey or want to share more about your abortion experience with WEI and DREDF, please contact us by email at **surveystaff@womenenabled.org**. You can also call or text the survey staff at +1(202) 505-4536.

For accessibility, WEI and DREDF staff can conduct a virtual interview with you about your abortion experience instead of answering the survey questions. We can provide an interpreter or other accessibility needs for your interview. If you want to join this study through a phone or video interview, please contact our survey staff at +1(202) 505-4536 or email **surveystaff@womenenabled.org** with the subject line "Interview Request".

When contacting us, please let us know:

1. The best way to contact you;
2. The best time to contact you; and
3. If we can leave messages or emails related to this survey.

You do not need to provide other identifying information, like your name, when contacting us.

Consent to Participate

If you complete this survey, you will give anonymous answers about your experience with reproductive healthcare and abortion access in the United States. Please read the full Consent to Participate Form here before agreeing to do the survey.

Check here to confirm that you have read the full Consent to Participate Form linked above and consent to participation.

Demographics/Gender Identity

This section will only be visible to those who consent to participate in an online survey. If you consented to participate in the survey, please complete all questions in this section. **New, follow-up questions will appear as you answer questions, depending on the options you selected.**

What categories of race and/or ethnicity best describe you? Choose as many as apply.

- Black or African American
- Asian
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- White
- Other

If you selected “Other,” please provide additional detail.

Age

- 21 or under
- 22-24
- 25-29
- 30-34
- 35-39
- 40-49
- 50+

What was your biological sex assigned at birth?

- Assigned male at birth
- Assigned female at birth
- Intersex

What terms best describe your gender identity?

- Man
- Woman
- Non-binary
- Transgender
- Other

If you selected “Other,” please provide additional detail.

Do you think of yourself as (please check all that apply)

- Straight
- Gay or Lesbian
- Bisexual or Pansexual
- Asexual
- Queer
- Other

If you selected “Other,” please provide additional detail.

In which geographical region do you live?

- Northeast (CT, ME, MA, NH, RI)
- Mid-Atlantic (NJ, NY, PA)
- East North Central (IL, IN, MI, OH, WI)
- West North Central (IA, KS, MN, MO, NE, ND, SD)
- South Atlantic (DE, FL, GA, MD, NC, SC, VA, DC, WV)
- East South Central (AL, KY, MS, TN)
- West South Central (AR, LA, OK, TX)
- Mountain (AZ, CO, ID, MT, NV, NM, UT, WY)
- Pacific (AK, CA, OR, HI, WA)

Which of the following best describes the area you live in?

- Urban
- Suburban
- Rural

What is your health insurance status? (Check all that currently apply)

- Medicaid
- Medicare
- Medicare & Medicaid
- Private insurance through the marketplace
- Private insurance through an employer
- Uninsured
- Other

What is your annual household income from all sources?

- Less than $10,000
- $10,000 - $24,999
- $25,000 - $34,999
- $35,000 - $49,000
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $149,000
- $150,000 - $199,000
- $200,000 or more
- Prefer not to answer

Disability Status

This section will only be visible to those who consent to participate in an online survey. If you consented to participate in the survey, please complete all questions in this section. **New, follow-up questions will appear as you answer questions, depending on the options you selected.**

Do you have difficulty seeing, even if wearing glasses?

- No, no difficulty
- Yes, some difficulty
- Yes, a lot of difficulty
- Cannot do it at all

Do you have difficulty hearing, even if using a hearing aid?

- No, no difficulty
- Yes, some difficulty
- Yes, a lot of difficulty
- Cannot do it at all

Do you have difficulty walking or climbing steps?

- No, no difficulty
- Yes, some difficulty
- Yes, a lot of difficulty
- Cannot do it at all

Do you have difficulty remembering or concentrating?

- No, no difficulty
- Yes, some difficulty
- Yes, a lot of difficulty
- Cannot do it at all

Do you have difficulty with self-care such as washing all over or dressing

- No, no difficulty
- Yes, some difficulty
- Yes, a lot of difficulty
- Cannot do it at all

Using your usual language, do you have difficulty communicating (for example, understanding or being understood by others)

- No, no difficulty
- Yes, some difficulty
- Yes, a lot of difficulty
- Cannot do it at all

Do you identify as a person with a disability?

- Yes
- No

Which of the following best describes your disability? (Mark all that apply)

- Physical Disability
- Learning Disability
- Mental Health Disability
- Intellectual or Developmental Disability
- Neurodivergent
- Chronic Illness
- Deaf
- Hard of Hearing
- Blind
- Deafblind
- Low vision
- Other
- Prefer not to say

If you selected "Other," please provide additional detail.

History of Pregnancy and Abortion

This section will only be visible to those who consent to participate in an online survey. If you consented to participate in the survey, please complete all questions in this section. Providing as many details as you feel comfortable sharing helps us give specific recommendations to abortion professionals. **New, follow-up questions will appear as you answer questions, depending on the options you selected.**

Have you ever been pregnant?

- Yes
- No

Have you ever received information and/or resources on sexual and reproductive health and/or contraceptive options?

- Yes
- No
- Other

If you selected "Other" above, please provide additional detail

Where did you receive information or resources on sexual and reproductive health and/or contraceptive options? (Mark all that apply)

- From a doctor or healthcare provider
- In a school setting
- From a parent and/or caregiver
- From an online resource
- I received information but it was not accessible to me
- Other

If you selected "Other" above, please provide additional detail.

Have you ever experienced pressure from others to make a specific decision about your pregnancy?

- No, I have not been pressured by anyone about my pregnancy decisions
- Yes, someone pressured me to continue the pregnancy
- Yes, someone pressured me to end the pregnancy
- Other
- Prefer not to say

If you selected "Other" above, please provide additional detail.

Have you ever had one or more abortions?

- Yes
- No

Number of Abortions

Please answer all of the following survey questions about your most recent abortion experience. However if there is something you would to share about a previous abortion experience, you may do so here:

Did your abortion occur before or after the *Dobbs v Jackson Women's Health* decision on June 24, 2022?

- My abortion was after June 24, 2022
- My abortion was before June 24, 2022

Which of the following statements is most accurate?

- My abortion was within the last 3 years
- My abortion was within the last 5 years
- My abortion was more than 5 years ago

What was the method of your abortion?

- Medication abortion prescribed at an in-person medical appointment
- Medication abortion prescribed through telemedicine appointment
- In-clinic procedural/surgical abortion by a medical provider
- Self-managed medication abortion without the help of a doctor or nurse
- Other

If you selected "Other," please provide additional detail.

If your abortion was administered by a healthcare provider, what type of information did they give you before or after your abortion? (Mark all that apply)

- What to expect during your abortion
- What to expect while recovering from your abortion
- Contraceptive information
- Sexual Transmitted Infection (STI) information
- I received information but it was not accessible to me
- Other (provide detail below)

If you selected "Other" above, please provide additional detail.

Why was having access to an abortion important to you?

Have you ever considered having an abortion, but did not ultimately receive an abortion?

- Yes
- No

Why did you not have abortion procedure after considering one? (Mark all that apply)

- I changed my mind about having an abortion
- I had a miscarriage or stillbirth
- The abortion laws in my state changed so I was ineligible to receive one
- The abortion laws in my state changed and I was too afraid to get one
- I could not afford an abortion
- Transportation was inaccessible for my abortion appointment
- Someone prevented me from getting an abortion (ex. partner, family)
- I could not take time off of work
- I could not find accessible information about abortion care
- I could not find an accessible abortion clinic (ex. no accommodations)
- Other

If you selected "Other" above, please provide additional detail.

Is there anything else you'd like to share about your decision?

Accessing Abortion Care

This section will only be visible to those who consent to participate in an online survey. If you consented to participate in the survey, please complete all questions in this section. Providing as many details as you feel comfortable sharing helps us give specific recommendations to abortion professionals. **New, follow-up questions will appear as you answer questions, depending on the options you selected.**

Have you had an in-person abortion appointment?

- Yes
- No

Where did you receive your abortion procedure?

- A Planned Parenthood Clinic
- An independent abortion clinic
- A private OB/GYN practice
- A hostpital
- Other (Please provide additional detail)
- Prefer not to say

If you chose “Other,” please describe.

Did the abortion provider have any issues providing you with accessible services?

- No, all of the abortion provider’s services were accessible
- Yes, I had issues with accessibility or disability stigma

I had issues with communication and information accessibility (like difficulty with ASL interpreters, website or digital communications lacked accessibility features, information provided was not easy to understand, etc.).

- Yes
- No

I had issues with physical inaccessibility (like inaccessible entrances or restrooms, inaccessible medical equipment, etc.).

- Yes
- No

I had issues with disability stigma from the abortion provider (like negative comments or attitudes from abortion provider or clinic staff related to my disability, provider or staff questioned my decision-making capacity, etc.).

- Yes
- No

I had an accessibility issue because the clinic staff or provider wouldn't let a support person or service animal join me.

- Yes
- No

I had issues with another form of accessibility (please describe below).

Are there any details you would like to share about this experience facing accessibility barriers from an abortion provider?

Is there anything that would have improved your in-person abortion experience?

Was there a positive part of your abortion experience with your provider that would be helpful for other providers to implement (such as intake process, information given, accommodations provided, etc.?)

Have you had a telehealth abortion appointment?

- Yes
- No

Who provided your telehealth abortion care?

- A Planned Parenthood clinic
- An independent abortion clinic with a physical location
- A virtual abortion provider
- A private OB/GYN practice
- A hospital
- Other
- Prefer not to say

If you selected "Other" above, please provide additional detail.

How did you receive your abortion medication?

- The medication was dispensed in person at a clinic
- The medication prescription was filled at my local pharmacy for pick up
- The medication was delivered to my home (or other provided address)
- Other

If you selected "Other" above, please provide additional detail.

Did the telehealth abortion provider have any issues providing you with accessible services?

- No, all of the telehealth provider's services were accessible
- Yes, I had issues with accessibility or disability stigma

I had issues with information and communication accessibility (like difficulty with ASL interpreters, telehealth platform or digital communications lacked accessibility features, information provided was not easy to understand, no closed captioning, etc.)

- Yes
- No

I had issues with disability stigma from the abortion provider (like negative comments or attitudes from abortion provider or clinic staff related to my disability, provider or staff questioned my decision-making capacity, etc.).

- Yes
- No

I had issues with logistical accessibility (like difficulty accessing the telehealth platform, internet connectivity, etc.).

- Yes
- No

I had issues with another form of accessibility (please describe below).

Are there any details you would like to share about this experience facing accessibility barriers from a telehealth abortion provider?

Is there anything that would have improved your telehealth abortion experience?

Was there a positive part of your abortion experience with your telehealth provider that would be helpful for other telehealth providers to implement (such as intake process, information given, accommodations provided, etc.?)

Have you ever tried to get support from an abortion fund to assist with your abortion care?

- Yes
- No

Some abortion funds are able to cover only the costs of the abortion procedure to your provider while other abortion funds may cover support costs (like transportation, hotels, childcare, etc.). Was the abortion fund able to assist you?

- Yes, they covered both my abortion procedure and support costs
- Yes, they covered my procedure but did not cover support costs
- Yes, they covered my support costs but did not my procedure
- No, they did not provide any financial help but did provide advice
- No, they were unable to provide any type of assistance
- Other

Did the abortion fund have any issues providing you with accessible support?

- No, all of the abortion fund's services were accessible
- Yes I had issues with accessibility or disability stigma

I had issues with information and communication accessibility (such as difficulty with ASL interpreters, website or digital communications lacked accessibility features, information provided was not easy to understand, etc.).

- Yes
- No

I had issues with disability stigma from the abortion fund (negative comments or attitudes from abortion fund staff related to my disability, staff questioned my decision-making capacity, etc.).

- Yes
- No

I had issues like logistical accessibility (such as assistance with accessible transportation options, accessible hotel/other accommodations for my abortion appointment, or providing for a support person or service animal to join me for my abortion).

- Yes
- No

I had issues with another form of accessibility (please describe below).

Are there any details you would like to share about this experience facing accessibility barriers from an abortion fund?

Is there anything that would have improved your experience working with an abortion fund?

Was there a positive part of your abortion experience with your abortion fund that would be helpful for other funds to implement (such as intake process, information given, accommodations provided, etc.?)

An abortion doula provides physical and emotional support to a patient during their abortion process. Did you work with an abortion doula or other type of support person during your abortion experience?

- Yes
- No

How did you find your abortion doula or support person for your abortion experience?

- From an abortion provider
- From an abortion fund
- From someone I knew
- I already knew them personally
- Online through social media or web search
- Other

If you selected "Other" above, please provide additional detail.

How did your abortion doula or support person provide their services?

- Virtually
- In-person
- Both

Abortion doulas provide many services like logistical support (ex. transportation or help with making appointment) or educational support (ex. advice on expectations before or after the appointment). What kind of services did your abortion doula provide?

- They provided emotional support for me
- They provided me with logistical support
- They provided me with educational resources
- They advocated for my needs to my abortion provider
- Other

If you answered "Other" above, please provide additional detail

Did the abortion doula or support person have any issues providing you with accessible services?

- No, all of the services were accessible
- Yes, I had issues with accessibility or disability stigma

I had issues like logistical accessibility (such as assistance with accessible transportation options, lack of awareness on advocating for disability accommodations, etc.).

- Yes
- No

I had issues with disability stigma from the abortion doula or support person (negative comments or attitudes related to my disability, questioning my decision-making capacity, etc.).

- Yes

- No

I had issues with information and communication accessibility (such as difficulty with ASL interpreters, website or digital communications lacked accessibility features, information provided was not easy to understand, etc.).

- Yes
- No

I had issues with another form of accessibility (please describe below).

Are there any details you would like to share about this experience facing accessibility barriers from an abortion doula or support professional?

Is there anything that would have improved your abortion doula or support person experience?

Was there a positive part of your abortion experience with your abortion doula or support person that would be helpful for others to implement (such as intake process, information given, accommodations provided, etc.)?

Share Your Experiences

This section will only be visible to those who consent to participate in an online survey. If you consented to participate in the survey, please complete this section. If you have a specific experience about trying to access abortion services you would like to share for our report, please add it below:

Providing as many details as you feel comfortable sharing allows us to make specific and targeted recommendations to providers. We are particularly interested in hearing about barriers you may have faced as a person with a disability.
For example:

- **Physical barriers –** The clinic had an inaccessible medical office or inaccessible exam tables.

- **Information barriers –** It was difficult to find a doctor that provides virtual abortion care.

- **Communication barriers –** I am deaf / blind and could not access information about my abortion fund through websites or by phone.

- **Transportation barriers-** I could not use accessible public transportation to go to my abortion appointment

- **Logistical barriers –** I rely on others for care or travel assistance and did not want to share my intent to access abortion care.

- **Discriminatory policies or attitudes –** An abortion doula turned me away because of my disability.

How did you find this survey?

- Social Media Post by WEI/DREDF
- Social Media Post by Other Organization
- Friend/Family
- Service Provider
- Other

If you selected “Other,” please provide additional detail.

Annex B: *Survey Respondents Demographics*

The survey received thirty-four responses; thirty-two were included in the sample. The two responses that were excluded from the sample did not answer a key number of survey questions and identified their assigned sex at birth as male, making their data unrelated to the research of this report.

Race and Ethnicity

All demographic questions were voluntary and self-reported. The majority of survey respondents identified as white (70.6%, n=24). Other racial and ethnic identities reported were: 11.8% (n=4) Black or African American; 11.8% (n=4) Hispanic, Latino, or Spanish; 2.9% (n=1) Native Hawaiian or Pacific Islander; 2.9% (n=1) American Indian or Alaskan Native; and 2.9% (n=1) Other. Participants spanned multiple age groups, with the largest representation among those aged 35-49. No respondents identified as 24 years or younger; 14.7% (n=5) were 25-29 years old; 14.7% (n=5) 30-34 years old; 29.4% (n=10) 35-39 years old; 32.4% (n=11); 40-49 years old; 8.8% (n=3) 50+ years old.

Sexual Orientation and Gender Identity

Respondents could select multiple options for both their sexual orientation and gender identity. A majority of respondents (64.7%) identified as LGBTQIA+, including: 29.4% (n=10) Bisexual or Pansexual; 23.5% (n=8) Queer; 17.7% (n=6) Gay or Lesbian; 2.9% (n=1) Asexual; 2.9% (n=1) Other. 35.3% (n=12) identified as straight. The majority of respondents 68.75% (n=22) identified their gender as female. Other gender identities included: 28.12% (n=9) Non-binary; 6.25% (n=2) Trans; and 2.9% (n=1) Man.

Geographical Location

Respondents were geographically diverse, with the highest concentration in the Pacific region (29.4%, n=10). Other regions represented included: 17.7% (n=6) Mid-Atlantic; 8.8% (n=3) East North Central; 8.8% (n=3) South Atlantic; 8.8% (n=3) West South Central; 5.9% (n=2) West North Central; 5.9% (n=2) Mountain; 2.9% (n=1) Northeast; 2.9% (n=1) East South Central. These regions were defined with a list of states next to each answer choice (See Annex A for survey questions). The most common residence type was 52.9% (n=18) Urban; followed by 26.5% (n=9) Suburban; and finally 8.8% (n=3) Rural.

Disability

To identify disability demographics within the survey we utilized the Washington Group Short Set (WG-SS) questions. The Washington Group Short Set (WG-SS) of six questions on functioning for use on national censuses and surveys was developed, tested and adopted by the Washington Group on Disability Statistics (WG). The model locates disability as the interaction between a person's capabilities (limitation in functioning) and environmental barriers (physical, social, cultural or legislative) that may limit their participation in society. However, there is a common criticism of the WG-SS that it does not easily identify people with mental health disabilities or intellectual and developmental disabilities. In addition to the WG-SS, respondents were asked if they self-identified as disabled and if so to mark which disability identities applied.

Under the WG-SS question for vision, 16 reported no difficulty; 15 reported some difficulty; and 1 reported a lot of difficulty. Under the WG-SS question for hearing, 24 reported no difficulty; 6 reported some difficulty; and 2 reported a lot of difficulty. Under the WG-SS question for walking or climbing stairs, 13 reported no difficulty; 9 reported some difficulty; 8 reported a lot of difficulty; and 2 reported that they could not do it at all. Under the WG-SS for remembering or concentrating, 9 reported no difficulty; 12 reported some difficulty; and 10 reported a lot of difficulty. Under the WG-SS for self-care, 16 reported no difficulty; 11 reported some difficulty; 3 reported a lot of difficulty; 1 reported they could not do it at all; and 1 did not respond to the question. Under the WG-SS for communication, 20 reported no difficulty; 10 reported some difficulty; and 2 reported a lot of difficulty.

Among the 32 respondents who answered disability-related questions, 93.75% (n=30) self-identified as disabled and 68.8% (n=22) reported having multiple disabilities.

The most common disabilities were:

- Physical disability: 68.8% (n=22)
- Mental health disability: 59.4% (n=19)
- Neurodivergent: 56.3% (n=18)
- Chronic illness: 50.0% (n=16)
- Learning disability: 21.9% (n=7)
- Intellectual or developmental disability: 21.9% (n=7)

Other reported disabilities included:

- Hard of hearing: 15.6% (n=5)
- Deaf, blind, or low vision: 3.1% each (n=1 per category)
- Other or prefer not to say: 3.1% (n=1 each)

History of Pregnancy and Abortion

For the history of pregnancy and abortion, 65.62% (n=21) respondents reported they had been pregnant before, and 34.37% (n=11) reported that they had not been pregnant before. However, we do account for some level of error in this self-reporting because several responses discussed experiences related to pregnancy that responded they had never been pregnant before. 21.87% (n=7) of respondents reported that they had considered an abortion but ultimately did not receive one at that time. For those that responded yes to this question, 3.1% (n=1) changed their mind about having an abortion, 15.6% (n=5) experienced a miscarriage or stillbirth, and 3.1% (n=1) did not receive an abortion because the laws in their state changed causing them to be ineligible for an abortion. 31.2% (n=10) respondents reported that they had had an abortion before, 28.1% (n=9) respondents reported that they had not had an abortion before, and 40.6% (n=13) respondents did not answer this question. However, some of the respondents who did not answer the history of abortion question did provide further information about a pregnancy or related abortion experience. 21.8% (n=7) of survey respondents received an in-clinic surgical/procedural abortion; 6.2% (n=2) had a medication abortion prescribed in person; 3.1% (n=1) had a self-managed medication abortion.

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