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Two Years After *Dobbs*, Abortion Volume Increased to Meet Rising Need

New state-specific data shows how abortion provision under shield laws is impacting states with total bans

Denver, CO—The Society of Family Planning released its quarterly [#WeCount report](#) today, including, for the first time ever, the number of abortions provided via telehealth under shield laws to residents of each state with an abortion ban. The report provides data for the second quarter of 2024 (April through June). The findings demonstrate how abortion access has shifted over the two years since the Supreme Court decision to overturn *Roe v. Wade* and how a fragmented system of abortion provision has stepped up to meet the immense need for care across the country.

Through June 2024, eight states enacted shield laws that provide legal protections to clinicians who offer abortion care via telehealth to people in states with bans on abortion or telehealth. The average monthly number of all telehealth abortions provided under shield laws averaged 9,700 in the second quarter of 2024—a 5% increase over the first quarter. This makes up about half of all telehealth provision of medication abortion nationally. New state-specific data on shield law provision found that Texas has seen the highest number of medication abortions via telehealth under shield law protections, averaging 2,800 medication abortions offered to people each month.

Since March 2023, #WeCount has found a small but consistent increase in abortion volume. In the first six months of 2024, the monthly national abortion count averaged nearly 98,000 abortions—higher than the 2023 monthly average of 88,000 and the 2022 monthly average of 81,400. This includes in-person abortion care as well as telehealth access to medication abortion.

“As abortion bans strip away access, the need for abortion care continues,” said **Alison Norris, MD, PhD, #WeCount Co-Chair and professor at The Ohio State University’s College of Public Health and co-principal investigator of the Ohio Policy Evaluation Network**. “There is still an immense unmet need for abortion care across the country. Abortion bans have a lasting, harmful impact, especially on the people who are forced to travel long distances to access abortion care, to postpone their care, or to continue their pregnancy against their will.”

“Here in Texas, anti-abortion politicians blocked access to abortion care long before the *Dobbs* decision,” said **Neesha Davé, Executive Director of Lilith Fund**, which supports people in accessing abortion care. “Now, with a total abortion ban, abortion is out of reach for far too many Texans, even as some are traveling to other states for care or accessing medication abortion via providers based in states with shield laws.”

#WeCount found that in-person abortion care made up about 80% of all abortions, and this mode of care has been the hardest hit by abortion bans in states across the country. By the second quarter of 2024, telehealth access to medication abortion made up 20% of abortion care, driving some of the national increase in abortion volume, up from 4% during the same time period in 2022.

“In this heavily restricted abortion care environment, medication abortion provided via telehealth under shield laws is making a significant contribution to abortion access,” said **Dr. Ushma Upadhyay, #WeCount Co-Chair and professor at the University of California, San Francisco’s Advancing New Standards in Reproductive Health (ANSIRH)**. “Despite abortion opponents’ continued efforts to ban safe, effective abortion care, providers, advocates, and abortion funds all continue to innovate new ways to help people access the abortion care they need.”

The full [#WeCount report is available here](#). #WeCount will continue to track data about the number of abortions provided in each state through 2025.

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*[#WeCount](#) is a time-limited study collecting monthly abortion volume data by state to better understand the impact of the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* on abortion access. #WeCount data include clinician-provided abortions, defined as medication or procedural abortions completed by a licensed clinician in a clinic, private medical office, hospital, or virtual-only clinic in the US known to offer abortion care during the period of study. This report does not reflect any self-managed abortions, defined as any attempt to end a pregnancy outside the US healthcare system.*

The [Society of Family Planning](#) is a source for abortion and contraception science. The Society is a membership organization of over 1,800 scholars, clinicians, and others united around a vision of just and equitable abortion and contraception informed by science.