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OCTOBER 2024

The Texas OB/GYN Physician Workforce

Early Assessment of the Impact of Abortion Restrictions on the Workforce Pipeline

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The authors would also like to thank Victoria Anders, Manatt Health analyst, for her contributions to report data collection, as well as the extensive group of Manatt Health subject matter experts who contributed their expertise and guidance to this report.

Acknowledgments

An Advisory Committee of national experts oversaw this report's development, providing analytic guidance, content and policy insight, and report review. Members represented a range of national and state-based organizations, including:

- Residency Program Leadership
- Medical Students
- Practicing OB/GYN Physicians and Medical Education/Training Leaders
- Policy/Advocacy/Trade Associations in Texas and Nationally
- Accrediting Bodies

Manatt Health Strategies gratefully acknowledges the following for their financial support of this publication:

- Jacob and Terese Hershey Foundation
- Collaborative for Gender + Reproductive Equity, a sponsored project of Rockefeller Philanthropy Advisors
- The Cullen Trust for Health Care
- Every Page Foundation
- Methodist Healthcare Ministries of South Texas, Inc.
- Episcopal Health Foundation
- Rockwell Fund, Inc.
- Elena Marks
- Nancy McGregor
- The Reproductive Rights and Justice Fund of Texas, a component fund of the Greater Houston Community Foundation

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Executive Summary

Reproductive health outcomes—and women's health outcomes more broadly—are at crisis levels in Texas. The workforce that delivers reproductive health care, particularly obstetrician gynecologists (OB/GYN), is also in a precarious position in Texas, due in part to historic and worsening shortages and distribution imbalances which disproportionately impact rural and economically disadvantaged communities and marginalized communities of color. The recent history in Texas of legal restrictions on abortion, culminating in a near total ban following the *Dobbs v. Jackson Women's Health Organization* decision in 2022, is now complicating both of these interrelated challenges.

This study analyzed the Texas OB/GYN physician workforce and the impact of the state's abortion laws on the workforce development pipeline. The study utilized state-wide surveys of practicing OB/GYN physicians and resident physicians, and interviews with current physicians, resident physicians, educators, and residency programs directors in Texas. This study also included interviews with OB/GYN residency program directors in Illinois, a state where abortion remains largely available. An expert advisory panel provided overall guidance and direction to the authors. There are six major findings:

Finding #1	**A significant majority of practicing OB/GYN physicians surveyed believe that the Texas abortion laws have inhibited their ability to provide highest-quality and medically necessary care to their patients.**
Finding #2	**As a result of Texas abortion laws, many Texas OB/GYN physicians and resident physicians are considering or have already made changes to their practices that reduce the availability of OB/GYN care in the state.**
Finding #3	**OB/GYN physicians and resident physicians electing to stay in Texas are doing so for a myriad of personal and professional reasons, including a desire to support patients as best as possible in navigating reproductive health care and options.**
Finding #4	**While applications have decreased, many Texas OB/GYN residency programs report that the quality of medical students matching into competitive programs is consistent to prior years and programs are still filling their approved number of positions each year.**
Finding #5	**In order to meet well-established national training requirements, as set by the Accreditation Council for Graduate Medical Education (ACGME), Texas residency programs are developing and underwriting the cost of complicated affiliations with out-of-state programs for complex family planning rotations.**
Finding #6	**Illinois OB/GYN residency programs universally acknowledge the importance of resident physicians in states with abortion restrictions receiving abortion and complex family planning training, but vary in their ability and interest to accept out-of-state resident physicians for training.**

Taken together, these findings reveal an OB/GYN physician workforce in Texas under considerable stress and suggest more work is needed to understand and track how the OB/GYN physician workforce in Texas is changing as a result of these laws, and, most importantly, to protect and support as best as possible the physicians, resident physicians, and their teams that are continuing to provide the full complement of OB/GYN services in the state.

OB/GYN Physician and Resident Physician Survey Data Highlights[i]

Of Physicians surveyed

- 76% believe that they cannot practice medicine according to best practices/evidence-based medicine and 60% fear legal repercussions from practicing according to evidence-based medicine.
- 29% of respondents do not feel they have a clear understanding of the TX abortion laws, and only 28% believe they have adequate support in navigating patients' questions and concerns.
- 44% indicated that they have thought about or have already changed how and/or where they practice as a direct result of the state's new abortion restrictions.
  - 13% are planning to retire early.
  - 2% indicated they have left the state to practice elsewhere; 4% indicated they are leaving their obstetrics practice; and 3% indicated they are leaving medicine all together.
  - 21% have thought about it or are planning to leave Texas to practice in another state.
  - 14% would like to leave Texas to practice in another state but cannot due to personal reasons.

Of Resident Physicians surveyed

- 57% of resident physicians indicated that the Texas abortion laws were relevant to their decision about whether to stay or leave the state after residency; half of this group indicated that they are planning to leave the state in part due to the laws.

i. There was a total of **447** OB/GYN physicians and **47** resident physicians surveyed.

Introduction and Study Context

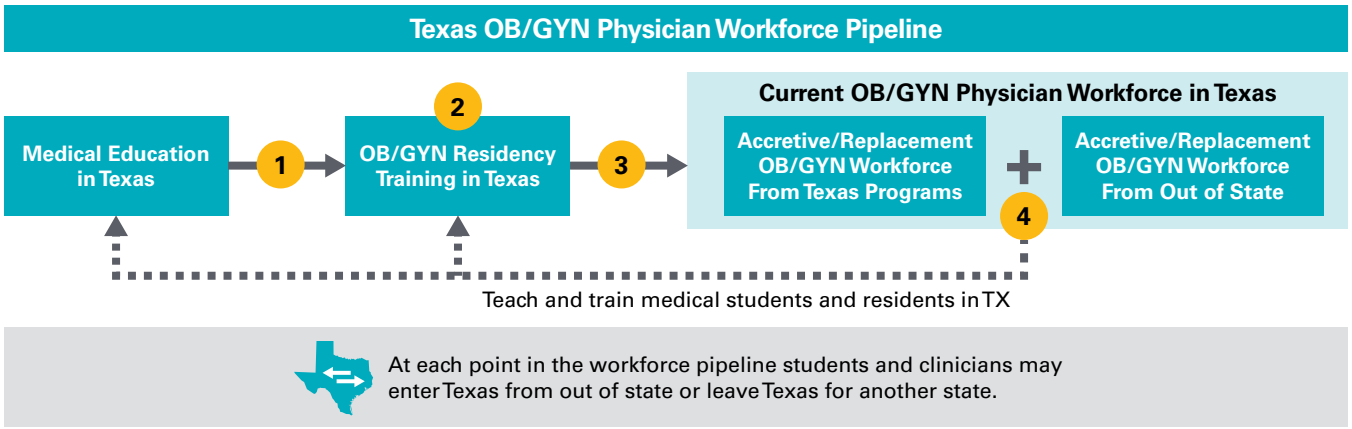
The June 2022 *Dobbs v. Jackson Women's Health Organization* Supreme Court decision fundamentally altered the landscape for reproductive health services in the United States and for the workforce that provides those services. Following the decision, state actions to ban or significantly restrict abortion care have already led to:

1. **Worsening outcomes for pregnant people and infants**. In the two years since the decision, evidence is emerging about the negative impacts of abortion bans on key measures of women's health, building on studies that have already linked abortion restrictions to poorer outcomes for pregnant people.[1,2] After 2021 Texas legislation (SB8[ii]) restricted abortion in the state, maternal morbidity for patients <22 weeks gestation nearly doubled.[3] Another study found an increase in infant and neonatal deaths was associated with Texas' 2021 abortion restrictions, with infant deaths increasing by 12.9% in Texas in 2021–2022 (compared to 1.8% nationally), and analysis showing infant deaths attributable to congenital anomalies increased 22.9% in Texas in 2022 compared to a 3.1% decrease nation-wide.[4]
2. **Added burden on the current reproductive health care workforce**. Newly enacted state laws create a more complex legal environment regarding what services physicians may legally provide, regardless of clinical guidelines, evidence-based standards, or a physician's clinical judgement. This complexity, particularly in emergent situations, has been reported to cause significant professional and personal stress and fundamentally alter physicians' ability to care for patients according to well-established, evidence-based practice.[5,6]
3. **Threats to the stability of the future OB/GYN workforce pipeline**. States that implement restrictions on abortion services not only remove the ability of physicians to provide certain services to patients, but also restrict the ability to teach requisite skills in a clinical setting. Observational and practical learning is a key pillar of resident and medical school education (as well as education of other health professionals such as nurses and pharmacists); states that ban all or most abortions limit the education and skills of the next generation of reproductive health providers. Already, state abortion bans are leading medical students and resident physicians to reevaluate their decisions on where to learn, train, and ultimately practice.[7,8]

This study seeks to more fully understand the impact of restrictive abortion laws in Texas on the current and future Texas OB/GYN physician workforce. Our focus is on key transition points along the workforce pipeline from medical school into residency and residency into clinical practice, and whether and how those transition points were disrupted as a result of new laws (Figure 1).

ii. SB8 banned most abortions after about 6 weeks in pregnancy—before many people know they are pregnant.

Figure 1. Workforce Pipeline and Potential Points of Disruption



Questions underlie the potential points of disruption:

1. **Residency Pipeline**: How, if at all, have applications to Texas residency programs changed over the last two application cycles post-*Dobbs*? How, if at all, have MATCH[iii] results to Texas programs changed over the last two application cycles post-*Dobbs*?
2. **Residency Training**: How are programs meeting their OB/GYN accreditation requirements, which include clinical training in induced abortion care? How has the residency training experience changed, if at all, as a result of the new laws banning abortion?
3. **Post-Residency Pipeline**: Have post-residency employment preferences shifted?
4. **Current Practicing OB/GYNs**: Have the laws impacted short and long-term professional practice preferences?

This study utilized statewide surveys and interviews with practicing OB/GYN physicians ("physicians"), OB/GYN resident physicians ("resident physicians"), and OB/GYN residency program directors ("program directors" or "PD") in Texas and Illinois to answer these questions.

iii. "MATCH" refers to the process by which resident physicians are matched with residency programs. The National Resident Matching Program uses a computerized mathematical algorithm to place applicants into the most preferred residency and fellowship positions at programs that also prefer them.

Study Context

Four key points frame the context and rationale for a workforce specific study in the state of Texas:

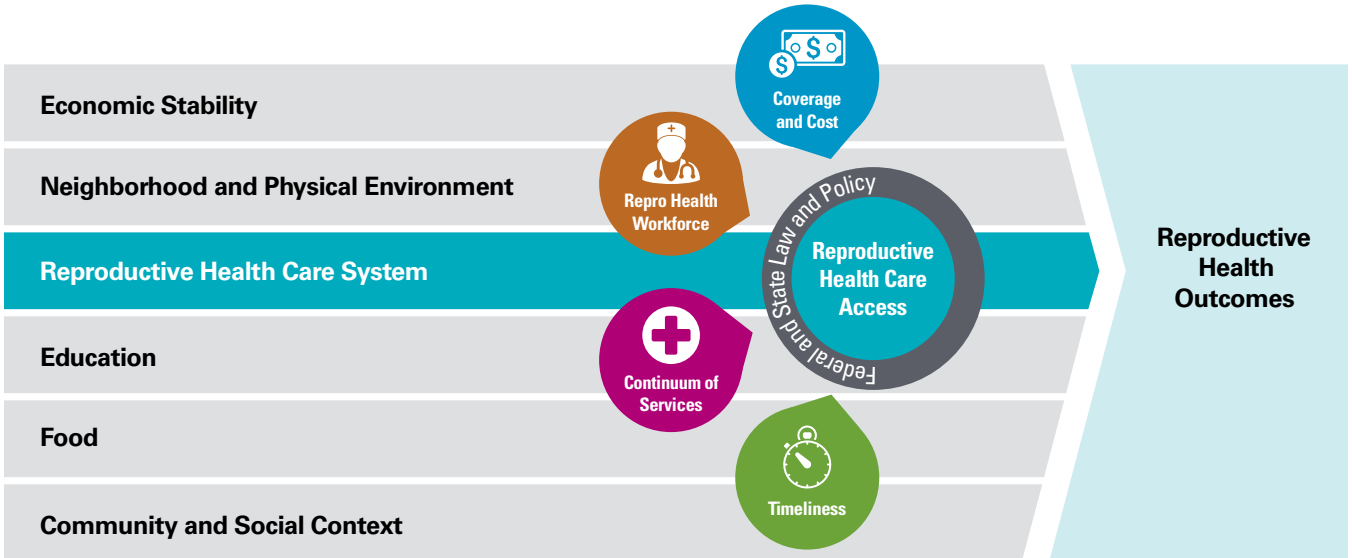
1. The reproductive health care workforce drives access and access drives outcomes;
2. The current Texas OB/GYN physician workforce cannot meet the demand for reproductive health services;
3. Women's health outcomes in Texas are currently among the worst in the nation; and
4. The combination of Texas' high volume of OB/GYN physicians and OB/GYN resident physicians and the current landscape of abortion restrictions in the state provides a unique opportunity to evaluate at-scale the impact of abortion restrictions on the current and future OB/GYN workforce.

The Reproductive Health Care Workforce Drives Access and Access Drives Outcomes

Many factors contribute to positive clinical outcomes at the individual and population level, including the health care system itself and linked social drivers such as education, food, and one's physical environment and social support. As shown in Figure 2, an individual's ability to access reproductive health care services is driven by a multitude of variables, including what services are offered ("continuum of services"), by whom and how often ("repro health workforce" and "timeliness"), and one's ability to pay for those services ("coverage and cost").

The workforce is core to meeting access needs. The country's ability to ensure access to health care services, including reproductive health care services, hinges on the availability of a robust pipeline of practitioners that receive the necessary education and training and that enter clinical practice.

Figure 2. Drivers of Reproductive Health Care Outcomes[9]



The Current Texas OB/GYN Physician Workforce Cannot Meet the Demand for Reproductive Health Services

The U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) 2021 report, "Projections of Supply and Demand for Women's Health Service Providers: 2018-2030," estimates that by 2030 there will be a nearly 10% shortage of OB/GYNs across the country.[10] Texas is estimated to have a 15% OB/GYN workforce shortage by 2030, up from 4% in 2018.[11]

Table 1. State and Region OB/GYN Supply and Demand: 2018–2030[12]

	2018			2030		
	Supply	**Demand**	**Supply Adequacy**	**Supply**	**Demand**	**Supply Adequacy**
Texas	**4030**	**4200**	**96.0%**	**4250**	**5010**	**84.8%**
US Total	50850	50850	100.0%	47490	52660	90.2%
Region 1: Northeast[iv]	10250	9180	111.7%	9190	8890	103.4%
Region 2: Midwest[v]	10170	10620	95.8%	9520	10020	95.0%
Region 3: South[vi]	18720	18830	99.4%	17790	20060	88.7%
Region 4: West[vii]	11710	12220	95.8%	10990	13690	80.3%

This gap in supply is only expected to worsen given that the supply of new professionals is not outpacing those leaving the workforce, and there is an impending retirement boom. 48% of the national OB/GYN physician workforce was over the age of 55 in 2021.[13,14]

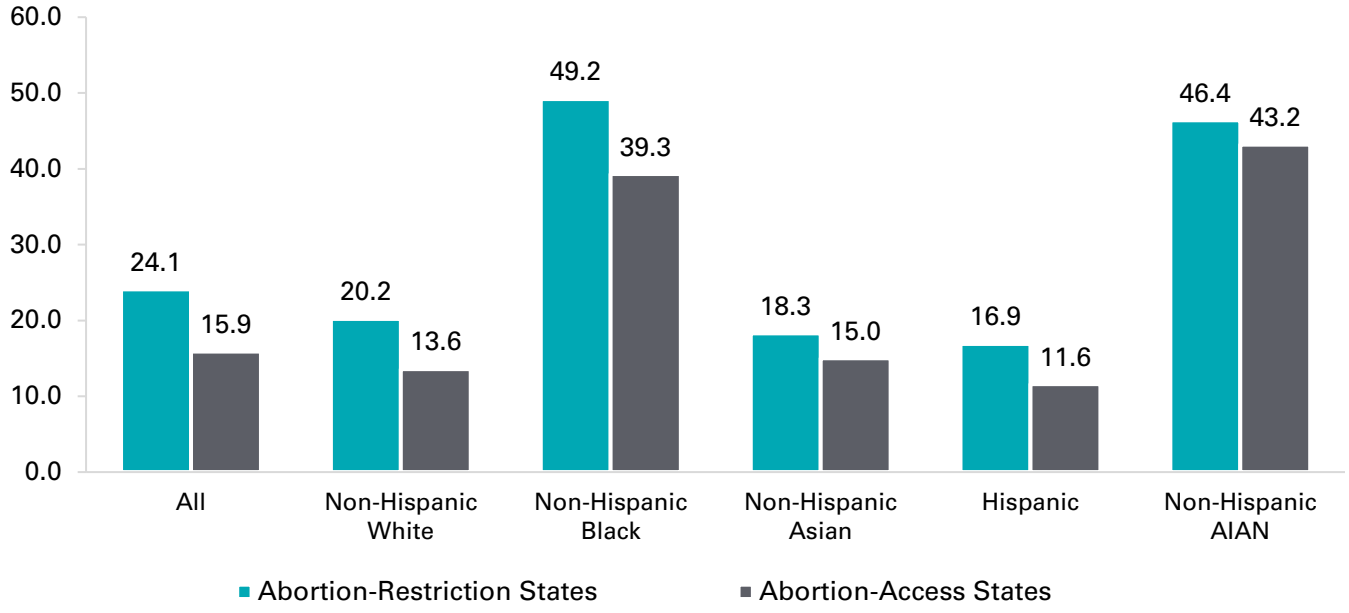
Geographic distribution challenges also persist. Nationally, over 10 million women in the United States lived in counties with no OB/GYN physicians in 2020, over 4 million of which were of childbearing age.[15] This accounted for 6% of all women and 5.4% of women of childbearing age in the country.[16] In Texas, 46.5% of counties are considered maternity care deserts (defined as areas without access to birthing facilities or maternity care providers) compared to 32.6% in the United States, and, while 3.5% of births in Texas were to women living in rural counties, only 1.6% of maternity care providers practice in rural counties.[17]

iv. Region 1 includes: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont.
v. Region 2 includes: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin.
vi. Region 3 includes: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia.
vii. Region 4 includes: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming.

Women's Health Outcomes in Texas Are Currently Among the Worst in the Nation

A July 2024 report published by the Commonwealth Fund characterized the state of women's health in the United States simply as "in a perilous place,"[18] noting the continuing rise in deaths from preventable causes, the lowest recorded women's life expectancy in nearly 20 years and deep, persisting racial inequities within most communities in the United States.[19]

Figure 3. Maternal Deaths per 100,000 Births, by Race/Ethnicity and State Abortion Policy, 2018–2020[20]



Note: AIAN = American Indian or Alaska Native.

Nationally, Black, American Indian, and Alaska Native women experience higher rates of maternal mortality relative to their white, Hispanic, and Asian counterparts, due in part to the historical impacts of racial bias; in 2020, maternal mortality rates for non-Hispanic Black women were 2.9 times that of non-Hispanic white women (Figure 3).[21,22,23]

States like Texas with restrictive abortion laws have higher rates of maternal mortality relative to states with abortion access (Figure 3) and Black, American Indian, and Alaska Native women of reproductive age (18–49) are more likely than other groups to live in states with abortion bans, ultimately limiting access to care for individuals already disproportionately burdened by outcomes disparities.[24]

While just one assessment, the June 2024 Commonwealth Report demonstrates the comparatively poor status of reproductive health in Texas compared to other states across a range of measures. Based on its assessment of various metrics, the report ranked Texas among the lowest states on reproductive health

access and outcomes.[25] Texas ranks 50th (out of 50 states and the District of Columbia) overall for women's health, ranking 49th for the category "Health Care Quality and Prevention for Women," 38th for "Health and Reproductive Care Outcomes," and 51st for "Coverage, Access, and Affordability."[viii,26]

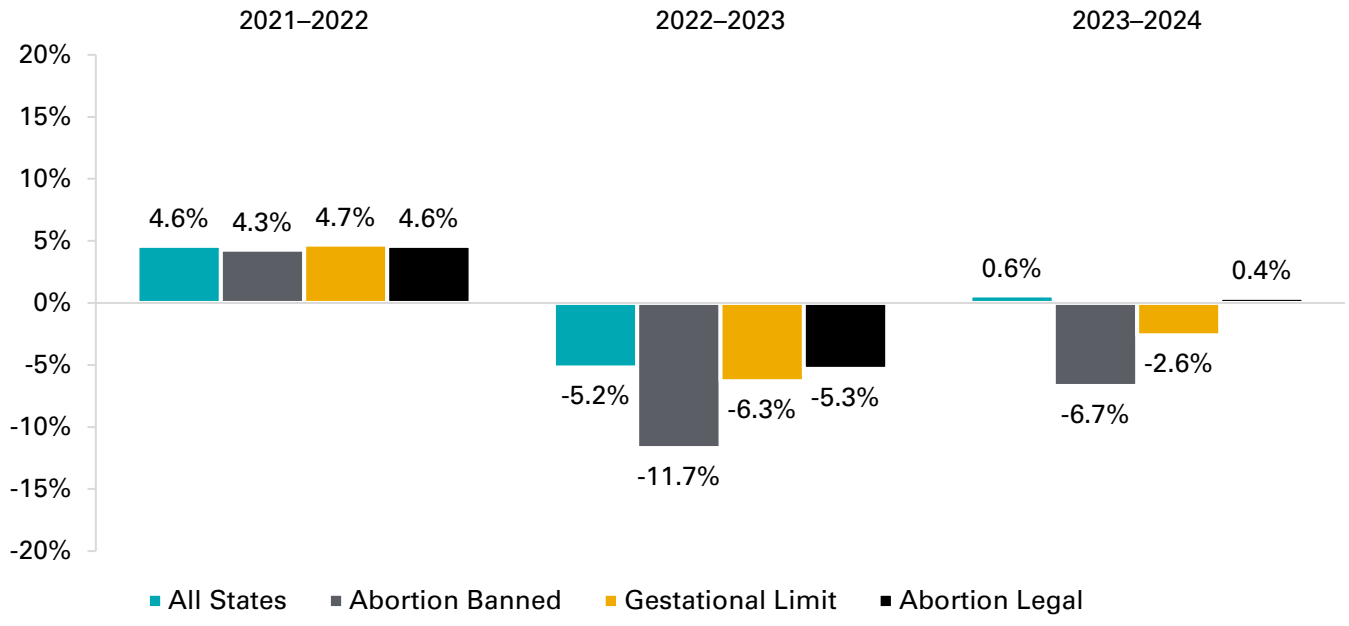
Texas Has a Large Number of OB/GYN Physicians, Resident Physicians, and Residency Training Programs and is One of the Most Restrictive States for Abortion Care

The Texas Medical Education & Training Ecosystem

Texas has a robust undergraduate and graduate medical education ecosystem, with 16 medical schools and 20 ACGME-accredited residency training programs (see Appendix 2). In the 2023–2024 academic year, there were 1927 allopathic medical students enrolled in Texas medical schools and, as of July 2024, 493 resident physicians enrolled in Texas-based ACGME-accredited OB/GYN residency programs (Appendix 2). Overall, Texas trains more medical students than any other state except New York[27] and more resident physicians than any other state except New York and California.[28]

Recent national-level data published by the Association of American Medical Colleges (AAMC) revealed a substantial reduction in applications to residency programs in states with abortion bans and gestational limits: in the 2022–2023 and 2023–2024 cycles, respectively, there was an 11.7% reduction and 6.7% reduction nationally in OB/GYN residency applications to states with abortion bans relative to the previous year (Figure 4).[29]

Figure 4. Percent Change in U.S. MD Senior OB/GYN Applicants from the Previous Application Cycle by State Abortion Status[30]

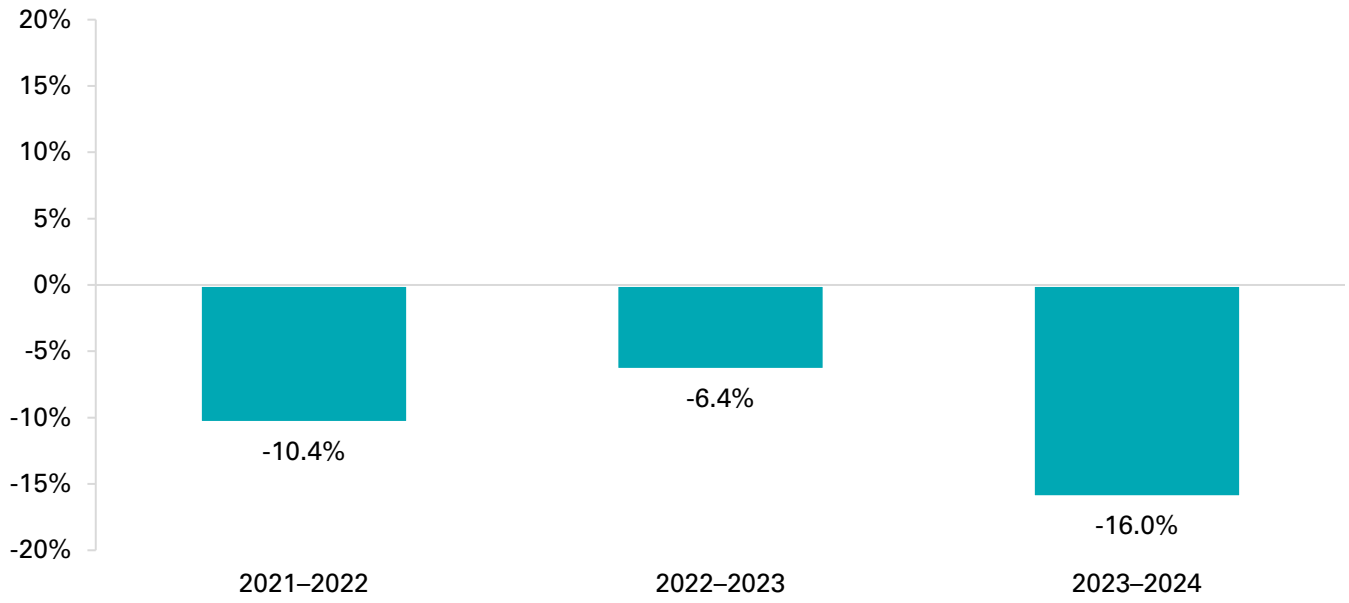


viii. See Appendix 1 for additional information.

Texas followed these trends: both medical school applications and residency applications to Texas-based programs declined in the past two years. Every allopathic medical school operating in 2021 saw a reduction in applications during the 2023–2024 application cycle, with a total of over 14k fewer medical school applications to those programs relative to 2021–2022 application cycle.[ix,31,32]

For residency programs, across **all specialties**, there was a 0.5%, 5.4%, and 11.7% decline in residency applications to Texas programs during the 2021–2022, 2022–2023, and 2023–2024 cycles, respectively, relative to the previous year.[33] The decrease was even more stark when looking specifically at OB/GYN applications: there was a 10.4%, 6.4%, and 16.0% decline in Texas OB/GYN residency applications during the 2021–2022, 2022–2023, and 2023–2024 cycles, respectively, relative to the previous year.[34,35]

Figure 5. Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle by Year, Specialty, and State: Applicants to Texas OB/GYN Programs[36]



ix. Note: There were 12 allopathic medical schools operating in Texas during 2021–2022 year. In 2023, University of Texas Tyler hosted its inaugural class. UT Tyler is not included in this statistic as it was not operating during 2021–2022 year.

History of the Texas Legal Landscape for Abortion

Texas has a history of increasing restrictions on the availability of legal abortion care. However, several recent laws have led to the near total ban that exists in the state today. One of the most prominent laws prior to *Dobbs* was Texas Senate Bill 8 of 2021 (SB8), which effectively banned abortion up to as early as six weeks in pregnancy, before many know that they are pregnant. The impact of SB8 was amplified by its enforcement provisions, which authorized any person, other than an officer or employer of a state or local governmental entity in Texas, to bring a civil action against any person who (i) performs or induces an abortion; (ii) knowingly engages in conduct that aids or abets the performance or inducement of an abortion, including paying for or reimbursing the costs of an abortion through insurance or otherwise; or (iii) intends to perform or induce an abortion or engage in aiding or abetting conduct.

Also passed in 2021 was a "trigger" law—a law that would only go into effect 30 days after "the issuance of judgement by the United States Supreme Court" overturning *Roe v. Wade*.[37] The law went into effect on August 25, 2022, establishing a near-total ban on abortion and criminal, civil, and professional penalties for performing abortions.[x] The law is now in effect in Texas and shapes the legal landscape for complex family planning and abortion care in the state.

* * *

The starting place for this study is comparatively poor reproductive health outcomes in one of the largest states in the Union with a historically stretched OB/GYN physician workforce. Restrictive abortion laws add a new level of complexity in the state and stress for providers. The focus of the new analysis included in this report is the impact those laws may be having on that workforce.

x. Exceptions to this are to "(A) save the life or preserve the health of an unborn child; (B) remove a dead, unborn child whose death was caused by spontaneous abortion; or (C) remove an ectopic pregnancy." Tex. Health & Safety Code § 245.002(1)(A)–(C).

Study Methods

To understand the impact of the state's abortion laws, we undertook the following analyses:

Analyses Focused on Current OB/GYN Resident Physicians & Residency Programs

- A survey was fielded to current OBGYN resident physicians in Texas to understand their experience training in a state with abortion restrictions and their post-residency practice plans. The survey was distributed online to American College of Obstetricians & Gynecologists (ACOG) District 11 members in Texas. Forty-seven individuals completed the survey.[xi] The survey was distributed on June 11, 2024, and closed on September 13, 2024.
- Individual interviews were conducted with OB/GYN program directors in Texas and Illinois to learn more about program's training curriculums, changes to application and MATCH process and experience over the past several years, and resident physicians' post-residency plans. Eight interviews were conducted in Texas (40% of ACGME-accredited programs in the state) and six interviews were conducted in Illinois (46% of ACGME-accredited programs in the state).

Analysis focused on Current OB/GYN Physicians

- A survey was fielded to current OB/GYN physicians in Texas to learn more about how recent Texas laws have affected (if at all) their current practice and/or their future practice plans. The survey was distributed online to ACOG District 11 members in Texas. Four hundred forty-seven individuals completed the survey.[xii] The survey was distributed on June 11, 2024, and closed on September 13, 2024.

Both the resident and physician surveys were distributed online to approximately 3,700 American College of Obstetricians & Gynecologists (ACOG) District 11 members in Texas, a subset of which are practicing physicians and resident/fellow physicians that were eligible to complete the survey. Each survey included filter questions to ensure that only physicians and OB/GYN resident physicians completed the survey.

xi. Due to the sensitive nature of this survey, respondents were given the option to not answer each question.
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Findings

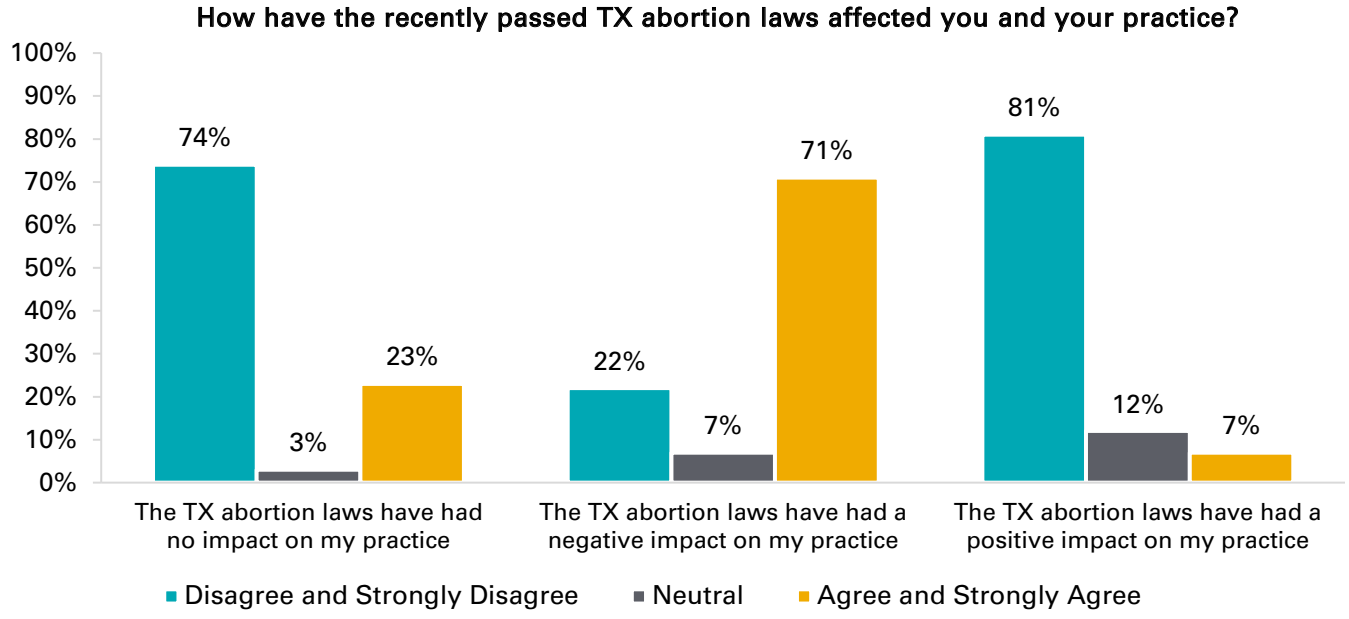
Two overarching themes emerged: (1) As a result of the post-SB8 and *Dobbs* abortion bans and penalties in Texas, the state's OB/GYN workforce is under an increased amount of stress. Many report not being able to practice medically necessary and evidence-based medicine due to the laws, or difficulty understanding the laws fully, which impacts their practice decisions; some worry about civil and criminal liability. (2) At the same time, many physicians and resident physicians have decided to remain in Texas—despite personal or professional disagreement with the laws—specifically to ensure Texas women have access to reproductive health care in an uncertain legal environment.

Finding #1

A significant majority of practicing OB/GYN physicians surveyed believe that the Texas abortion laws have inhibited their ability to provide highest-quality and medically necessary care to their patients.

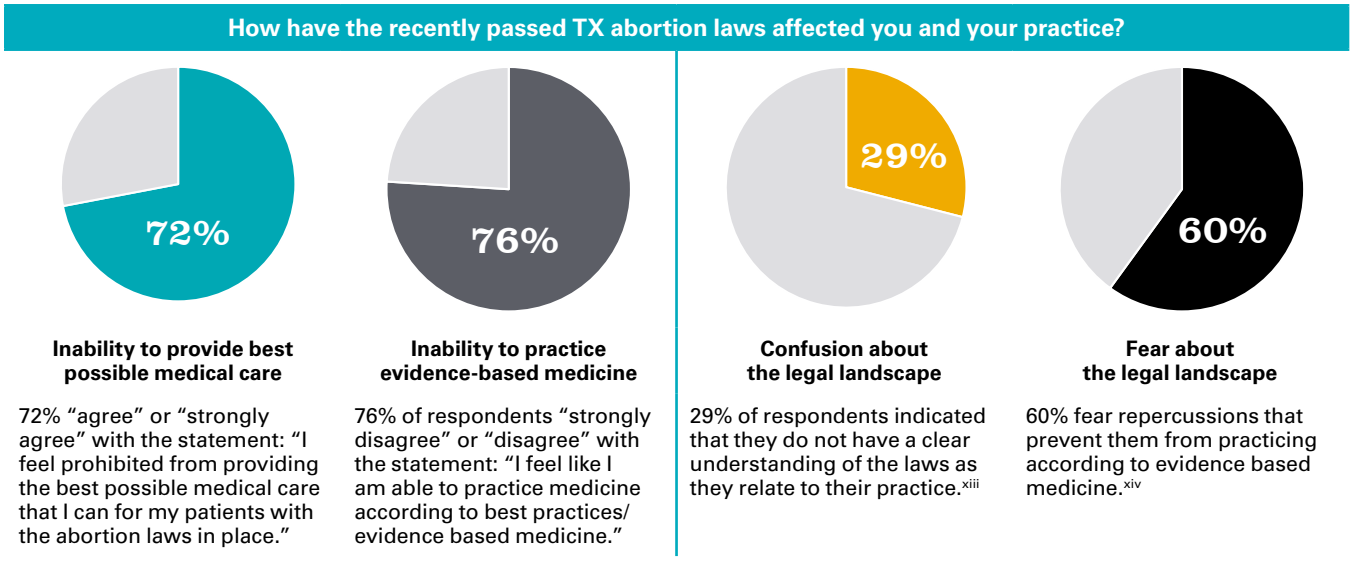
71% of physician respondents "strongly agree" or "agree" with the statement: **"The TX abortion laws have had a negative impact on my practice."** The majority of all age groups (under 30, 31–39, 40–49, 50+) either agreed or strongly agreed.

Figure 6. Impact of Texas Abortion Laws on OB/GYN Practice—General



The legal landscape introduced as a result of SB8 and the *Dobbs* decision is directly complicating physician's ability to do their jobs well. Respondents specifically called out their inability to provide the best possible medical care and to practice evidence-based medicine, and confusion and fear about the legal landscape.

Figure 7. Impact of Texas Abortion Laws on OB/GYN Practice—Detailed



This finding represents the starting place for physicians in Texas making decisions about their practice and their professional career preferences, which is one of significantly increased stress and confusion. Those themes were further elucidated through the free-responses from survey respondents.

Selected Quotes from Survey Respondents' Free-Responses

"It's demoralizing to work when proper care is either illegal or exists in a legal limbo/ambiguity in which no clear guidance (or protection) exists."

"[I am] not able to adequately support my patients. It is awful to tell someone their fetus has a lethal anomaly, review options and then say oh well that's not available in this state AND I can't help you safely do that."

"I am just waiting to be imprisoned for something that likely would be saving the life/uterus/ reproductive health of my patient. I could not help [but] cry in front of my patient when, for the first time, I had to say, 'I am sorry that I cannot take care of you and I cannot even help you find someone else who can take care of you.'"[xv]

xiii. 29% responded "strongly disagree" or "strongly agree" to the statement: "I feel like I have a clear understanding of the TX abortion laws as they relate to my practice." 28% responded "agree" or "strongly agree" to the statement: "I feel like I have adequate support in navigating my patients' questions and concerns."
xiv. 60% responded "agree" or "strongly agree" to the statement: "Fear of repercussions prevents me from practicing medicine according to best practices/evidence-based medicine."
xv. The authors note that this comment reflects an interpretation of law.

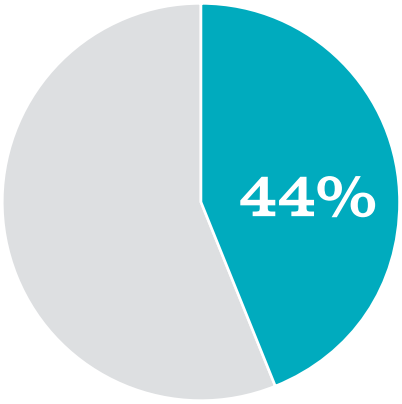
Finding #2

As a result of Texas abortion laws, many Texas OB/GYN physicians and resident physicians are considering or have already made changes to their practices that reduce the availability of OB/GYN care in the state.

Overall, 44% of physician respondents indicated that they have thought about or have already changed how (and/or where) they practice as a direct result of the state's new abortion restrictions. Most significantly, 21% of physician respondents indicated they have thought about leaving Texas to practice elsewhere and 13% are planning to retire early. 14% indicated they want to leave Texas but are not able to (e.g., family, finances, etc.), suggesting that even among those staying in Texas there is some ambivalence about practicing in the state. 63% of those who selected "I am (and/or planning on) retiring early" were above the age of 50.

These results represent early but significant indicators that the abortion laws are not only adding complexity and stress to the practice of medicine for OB/GYNs, but are also prompting physicians to modify their practices in ways that will impede access to care.

Figure 8. Practice Changes Due to Abortion Laws in TX—Physicians



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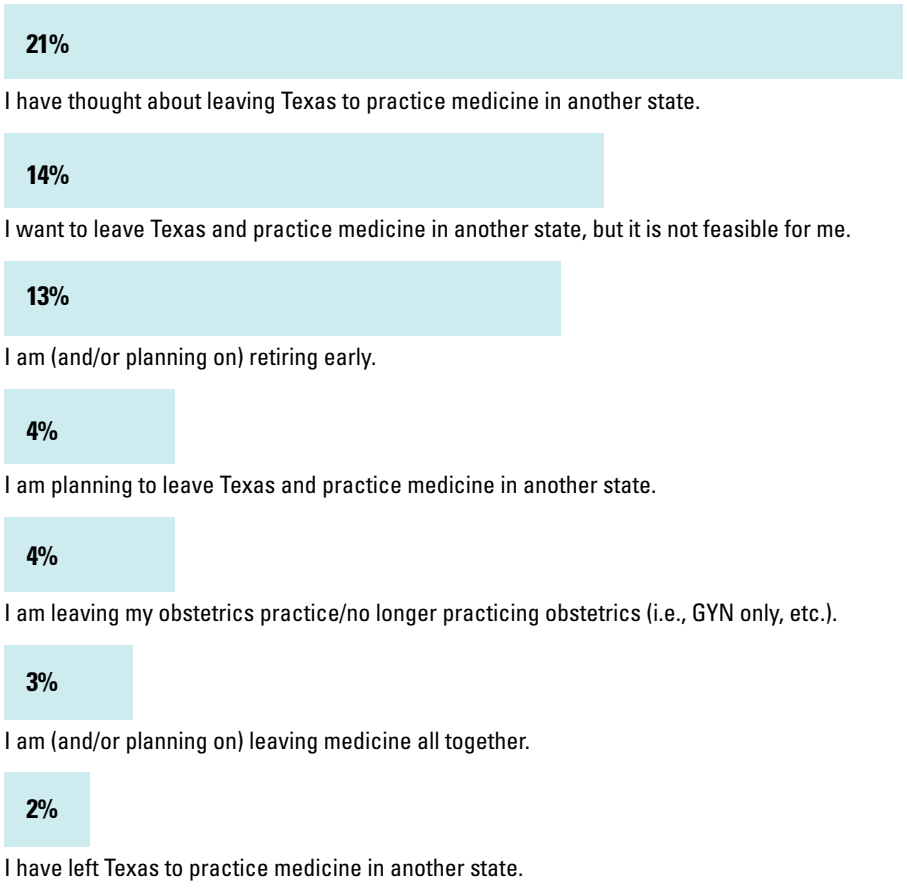
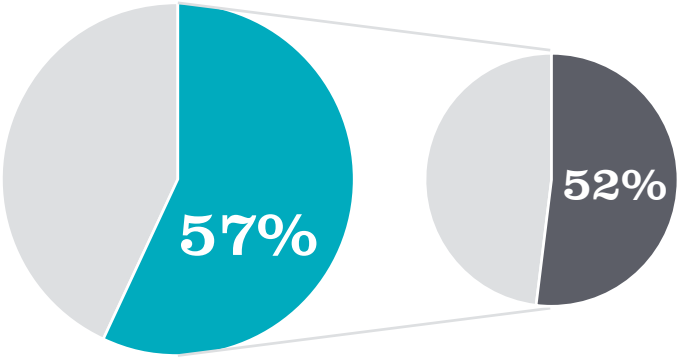


Responses to the resident physician survey revealed a mixed view of the impact of the state's abortion laws on resident physicians' plans for clinical practice post-residency. This is an important dynamic to understand, as historically, a majority of trainees remain in-state to practice: in-state retention is 57% across specialties nationally and has held at approximately 65% across specialties in Texas for several years.[38,39]

57% of residency survey respondents reported that the Texas abortion laws were relevant to their decision about whether to stay or leave the state after residency. Of that group, half indicated that the laws contribute to their plans to leave the state. Others reported the laws were relevant but they plan to stay in Texas, either because they desire to support patients in navigating the laws OR there are other personal factors that are causing them to stay.

Figure 9. Practice Changes Due to Abortion Laws in TX—Resident Physicians

57% of residency respondents indicated that the Texas abortion laws were relevant to their decision about whether to stay or leave the state after residency.



Half of that group indicated that the laws contribute to their plans to leave the state.

As mentioned under finding #1, understanding more fully how the preferences may (or may not) change year over year as new medical students make decisions about where to apply for and matriculate into residency in OB/GYN and where trainees that finish their training decide to practice within their first few years of clinical practice is important as this population is an important "replacement" group to the workforce that retires and/or leaves clinical practice.

Selected Quotes from Physician and Resident Physician Survey Respondents' Free-Responses

"I have accepted a job outside of Texas as a direct result of SB8/*Dobbs*. I am from Texas and I was very much wanting to stay in Texas for personal reasons but I could not continue to work in an environment of substandard care."

"I was fortunate enough financially to be able to retire when the SCOTUS overturned *Roe*. […] I had originally planned on working at least ten more years, but I didn't want to risk fines or imprisonment in order to practice ethical medicine."

"I'm leaving because nothing is getting better—it's only getting worse and I'm tired of dealing with all of it. I'm going where I never have to worry about being able to care for my patients again."

"I am seriously considering leaving Texas because I want to grow my family and am terrified to be pregnant in a state that does not value my life. I do not want to raise my daughter in a state that clearly does not care about women's health. I want to stay and fight for change, but also have to protect myself and my family."

Finding #3

OB/GYN physicians and resident physicians electing to stay in Texas are doing so for a myriad of personal and professional reasons, including a desire to support patients as best as possible in navigating reproductive health care and options.

49% of respondents to the physician survey indicated that they had **not** thought about making professional change due to the abortion laws.[xvi] This proved to be an interesting group to further scrutinize. Many respondents noted that there were personal reasons to remain in Texas, including proximity to family, preferences for living environment and lifestyle, and others.

Perhaps more interesting and surprising, many respondents noted additional factors that motivate them to stay and practice in Texas, including the ability to work with underserved populations, teaching medical students and resident physicians, and continuing to work with patients to navigate access to reproductive health services including abortion. Interviews with program directors and a review of free-response questions revealed a strong commitment to remain in-state specifically because of a desire to support women navigating access to care amidst the abortion laws. This sense of mission, despite what they perceived as significant professional distress, was expressed by many.

Selected Quotes from Physician Survey Respondents' Free-Responses

"Now that I am here [...] I want to stay to be there for patients and give them all of the information they need and help them the best I can. Because if not us, then who?"

"Unfortunately, our entire family lives here, we are both life-long Texans, and it would be difficult to leave our aging parents who will need us in the near future. We have resolved to stay (for now) and continue to be the change we want to see, stand up for our values, provide the best care possible for the women in our state, and advocate for them when they have no voice."

"I do not feel I can practice the full scope of care to my patients which leads to increasing anger and frustration. I think of leaving Texas every day, yet I feel the need to stay to take care of my patients and fight for their reproductive rights."

"I have an established life here. I have family here, I still have a child in school. This is my community-I would not move to practice elsewhere, despite the roadblocks the state has put up."

"The repeated moral injury inflicted by the law is a chronic frustration, but as a scientist and researcher I stand firm to advocate for my patients. I will continue to fight on their behalf."

xvi. In response to the question "Have you thought about making any professional changes because of the abortion laws in Texas? For this survey, professional changes can be defined as thinking about and/or taking steps to modify or alter your existing medical practice," 44% selected "yes," 49% selected "no," and 7% selected "I don't know."

Selected Quotes from Resident Physician Survey Respondents' Free-Responses

"I am undecided. [Training out of state] showed me how safe and effective abortion care is and how it can be provided in a variety of settings [...] I wish this was available in Texas. [...] However, there are other things I like about Texas and I don't think the answer is for everyone to segregate themselves based on their beliefs. I think it is important for people who feel the way I do to remain in Texas and advocate for our patients."

"Patients in TX still need and deserve care and people to advocate for them for the change needed to have a safer and more ethical future."

"I want to be able to provide full-scope abortion care to my patients, so ideally I would leave Texas. However, my family ties will likely keep me in Texas for my career."

Finding #4

While applications have decreased, many Texas OB/GYN residency programs report that the quality of medical students matching into competitive programs is consistent to prior years and programs are still filling their approved number of positions each year.

The majority of Texas residency program directors we interviewed reported decreases in their application rates over the last two residency cycles. To date, they have not found an impact on their perceived quality of the matriculants who matched to their programs. Program directors were reluctant to link the decrease in applications to state abortion bans, given recent national decreases in overall OB/GYN residency applications (i.e., 5.2% national decrease in OB/GYN residency applicants during 2022–2023 cycle) and recent changes to the application process (i.e., a "signaling" process was implemented for the 2022–2023 application cycle which allows applicants to express interest in individual residency programs at the time of application).[40,41]

During the application process, program directors reported increased inquiries from applicants on the programs' curriculum and ability to receive abortion training, which program directors were addressing more directly during the recruitment process, such as including presentations on state laws and out-of-state rotation options.

Selected Quotes from Texas Program Director Interviews

"Over the last 2–3 years, there has been a decrease in number of applications overall, and those applying from out of state tend to have some other TX connection. We've definitely seen a decrease in applicants who have no connection to TX applying to our program."

"As far as where resident physicians come from, anecdotally, it's more geographically regional than it used to be, but that is also a reflection of signaling and having fewer people from the country throw applications in. But as far as competitiveness, we are still getting very competitive people."

"We have not seen a big change with how successful our MATCH is and I do not think our rankings have changed. From our perspective we are matching about the same place we always have."

"In terms of matching, two years ago we went lower than we normally do, but in the last two years it's been stable. Because we are mainly focusing on the signaling, we are not really seeing a big drop off the list."

There has only been three residency application and MATCH cycles since SB8/*Dobbs*, and it will be critically important to track Texas' program success on a go-forward basis in recruiting resident physicians to the state and keeping them in state after their training. Several more cycles may be needed to see the full impact of the state's abortion laws on this critical point in the workforce development pipeline.

Finding #5

In order to meet well-established national training requirements, as set by the Accreditation Council for Graduate Medical Education (ACGME), Texas residency programs are developing and underwriting the cost of complicated affiliations with out-of-state programs for complex family planning rotations.

All interviewed Texas programs have established out-of-state complex family planning training partnerships with academic institutions and/or clinics. Residency programs noted the complexity in setting up those rotations, including identifying a host program, establishing contractual relationships, obtaining appropriate documentation and licensure for resident physicians, shifting call schedules to accommodate resident absence, and securing funding. The vast majority of out-of-state and offsite training opportunities originated from existing personal or professional relationships; funding sources varied, but often required reallocation of already stretched departmental budgets. Several programs highlighted concerns that out-of-state training programs would not be able to fulfill their agreements due to capacity constraints.

Most programs cover costs, including travel, housing, and salary.[xvii] The length of time varied from two weeks to four weeks; several programs noted that it would be preferable to train resident physicians out-of-state for longer, but doing so was prohibitive for financial or operational reasons (e.g., coverage for home-institution's call schedule, resident personal reasons, etc.). The majority of resident physicians at the programs we interviewed who were interested in obtaining these out-of-state trainings were able to do so, with a few exceptions (e.g., some resident physicians were not able to attend due to personal reasons, and trainees have the option to "opt-out").

Program directors indicated resident physicians found their out-of-state rotations valuable, an observation confirmed by the resident survey.[xviii]

It is important to note that according to data collected by the Ryan Residency Program, less than 20% of all OB/GYN residency programs in states with bans at all gestational ages (11 of 57) have established training partnerships with training programs in states where abortion remains available; when adding states with bans at 6 weeks, only 17% have established partnerships (14 of 84). Several programs that we were not able to interview in Texas are included in these numbers.

xvii. Note: The ACMGE requires programs to provide necessary financial support for these relationships, but does not specific funding sources and amounts.
xviii. When asked to opine on what their programs had done to support resident physicians and/or make their training experience a more positive one, 18 resident physicians (~40% of respondents) noted their programs' offering advanced family planning and/or out-of-state training rotations as valuable components of the curriculum and training experience.

Finding #6

Illinois OB/GYN residency programs universally acknowledge the importance of resident physicians in states with abortion restrictions receiving abortion and complex family planning training, but vary in their ability and interest to accept out-of-state resident physicians for training.

To understand how state abortion laws are impacting training programs in states where abortion remains available, the study looked at Illinois as a comparator state to understand how residency programs have been impacted and how programs in states where abortion is available are supporting those in states where it is not.

While Illinois program directors recognized the importance of offering training to resident physicians from states with abortion restrictions, they also outlined several challenges to doing so. First, with increasing numbers of out-of-state patients seeking care in Illinois, Illinois programs are straining to keep up with patient demand, making it more difficult to integrate additional training into the work cycle. Second, programs do not receive additional funding to train out-of-state resident physicians. Third, there are a number of administrative requirements that must be addressed for out-of-state resident physicians, including licensure, malpractice coverage, and admitting privileges. Overall, program directors expressed a strong desire to support out-of-state resident physicians requiring abortion and complex family planning training, but noted the complexity of setting up these programs with no direct benefit to the Illinois program or their resident physicians.

A few institutions were interested in accepting out-of-state trainees but were unable to due to capacity constraints; for example, some programs have existing rotational relationships with Illinois-based, religiously-affiliated institutions whose resident physicians rotate for required abortion training. Other institutions were interested in accepting out-of-state trainees, but noted certain preferences: one institution referenced a preference for more experienced resident physicians who would be able to support more complex cases; another institution referenced a preference for trainees from bordering states. This institution had a hypothesis that resident physicians from neighboring states might see patients who have traveled from those states for abortion or complex family planning services and have connectivity of experience. Finally, some programs were uninterested in accepting out-of-state trainees because they were “protective” of their own resident physicians’ training experiences and were concerned that accepting out-of-state resident physicians might take away from their resident physicians’ interpersonal connection as a group and/or otherwise interfere with their training experience.

Discussion

This study aimed to evaluate whether Texas' recent ban on abortion has impacted the state's current and future OB/GYN physician workforce. Given that workforce drives access and access drives outcomes, this study posited that a weakened Texas OB/GYN workforce will likely eventually—if not imminently—result in worsening health outcomes. This is particularly concerning for communities of color already facing disparities in health care accessibility and outcomes.

The findings indicate Texas' OB/GYN physician workforce and residency training programs are under significant stress due to the state's abortion laws. Physicians and resident physicians are balancing a strong desire to provide their patients quality care with the reality of practicing in a state that bans abortion and threatens civil and criminal penalties for violations. For some, the legal environment has prompted significant personal and professional changes (or consideration of these changes)—from leaving the state to retiring early. For others, there are personal and professional factors motivating them to stay in Texas, including wanting to support patients in navigating complex clinical regulations, or factors that inhibit them moving away (e.g., family obligations).

Further upstream, Texas OB/GYN residency programs are navigating how to appropriately train resident physicians: on the one hand, programs are required by national accrediting bodies to train OB/GYN resident physicians in complex family planning, including abortion care. On the other hand, programs are not able to provide that clinical experience in Texas and instead are standing up operationally and financially complex out-of-state rotations. Resident physicians—the state and country's future OB/GYN workforce—are appreciative of these out-of-state rotations but remain unclear if, whether, or exactly how a state's legal landscape will inform their future practice plans.

These are leading indicators that are cause for concern, as they underscore both an immediate potential reduction in OB/GYN access in the state and a complex professional, social, and emotional reality for resident physicians and physicians, with unclear implications on the long-term integrity of the workforce in Texas. And if the workforce shrinks or otherwise shifts in a material and negative manner, it is not just pregnant patients seeking abortion services that will be affected—all patients that require any of the full scope of care that this OB/GYN workforce provides will be impacted. The same can be said for other medical specialties that were not the subject of this report, including family medicine, internal medicine, emergency medicine, among others, and other provider types, including nurses and midwives. If those workforce groups similarly contract in the state due to the state's abortion laws, access to the full complement of services that those clinicians provide may similarly be reduced.

Substantial shifts in the workforce will likely take more time to manifest, and still further time to see the impact on key measures of access and outcomes, though early studies of key metrics of maternal morbidity and infant mortality suggest negative impacts already. This report suggests the need for rigorous and regular tracking of key workforce data and indicators across the workforce pipeline in Texas (and across the country) as an input into strategies that can be developed to support students, trainees, and clinicians who practice in states with abortion restrictions.

Appendices

Appendix 1. Texas Health System Performance

The following table is a more detailed summary of Texas' performance across a range of health outcomes, coverage/access/affordability, and quality and prevention indicators.

Texas 2024 State Scorecard: Women's Health and Reproductive Care Indicator Data by Dimension
As reported by the Commonwealth Fund 2024 State Scorecard[42]

	Data Year	Texas Rate	U.S. Average	Texas Rank[a]
Health Outcomes				
Maternal deaths while pregnant or within 42 days of termination of pregnancy, per 100,000 live births	2020–2022	34.7	26.3	33 of 43
Infant mortality, deaths per 1,000 live births	2021	5.3	5.4	22 of 51
Breast and cervical cancer deaths per 100,000 female population	2022	21.6	20.9	32 of 51
All-cause mortality rate per 100,000 women ages 15–44	2022	99.0	110.3	15 of 51
Percent of reported live births where baby was born prior to 37 weeks of pregnancy (gestation), among birth records that reported a gestational age	2022	11%	10%	40 of 51
Rate of women ages 15–44 with syphilis per 100,000 female population	2022	122.0	78.0	42 of 51
Rate of infants born with congenital syphilis per 100,000 live births	2022	246.8	102.5	48 of 51
Percent of women ages 18–64 who reported being in fair or poor health	2022	19%	17%	42 of 51
Percent of women with a recent live birth with self-reported depression in the three months before or during pregnancy	2021	—	22%	— of 33
Percent of women with a recent live birth with self-reported postpartum depressive symptoms	2021	—	13%	— of 33
Percent of women ages 18–64 who reported having 14 or more poor mental health days in the past month	2022	22%	21%	28 of 51
Percent of women with a recent live birth who experienced intimate partner violence before and/or during pregnancy	2021	—	3.1%	— of 33
Coverage, Access, and Affordability				
Percent of women ages 19–64 without health insurance coverage	2022	21%	10%	51 of 51
Percent of women with a recent live birth without health insurance coverage a month before pregnancy	2021	—	12%	— of 33
Percent of women with a recent live birth without health insurance coverage during pregnancy	2021	—	2.6%	— of 33

Texas 2024 State Scorecard: Women's Health and Reproductive Care Indicator Data by Dimension
As reported by the Commonwealth Fund 2024 State Scorecard[42]

	Data Year	Texas Rate	U.S. Average	Texas Rank[a]
Percent of women ages 18–44 who reported a time in the past 12 months when they needed to see a doctor but could not because of cost	2022	27%	17%	51 of 51
Percent of women ages 18–44 who did not have one (or more) person they think of as their personal health care provider	2022	35%	23%	50 of 51
Share of in-hospital births in state with a self-pay insurance payment source	2022	5.4%	2.9%	45 of 51
Rate of maternity care providers (MDs, DOs, certified nurse midwives practicing in Obstetrics and Gynecology) per 100,000 women ages 15–44[b]	2022	63.4	78.9	44 of 51
Abortion clinics per 100,000 women ages 15–44[b]	2023	0.0	1.5	51 of 51
Health Care Quality and Prevention				
Rate of singleton, term (37 completed weeks or more of gestation based on the obstetric estimate), vertex (not breech), cesarean deliveries to women having a first birth per 100 women delivering singleton, term, vertex, first births	2022	27.7	26.3	37 of 51
Percent of women ages 18–44 who reported not visiting a doctor for a routine checkup in the past two years	2022	17%	13%	45 of 51
Percent of live births where prenatal care did not begin during the first to third month of pregnancy, among birth records that specified a time period for when prenatal care began	2022	31%	23%	49 of 51
Percent of women with a recent live birth who did not report receiving a maternal postpartum checkup visit	2021	—	9%	— of 33
Percent of women ages 50–74 with a mammogram in the past two years	2022	74%	77%	40 of 51
Percent of women ages 21–65 with a Pap smear in the past three years	2022	80%	82%	27 of 51
Percent of women ages 45–74 who received a sigmoidoscopy or a colonoscopy in the past 10 years or a fecal occult blood test in the past two years	2022	54%	60%	49 of 51
Percent of women with a recent live birth with a flu shot in the 12 months before delivery or during pregnancy	2021	—	57%	— of 33
Percent of women age 65 and older who ever received a pneumonia vaccine	2022	72%	73%	35 of 51
Percent of women ages 18–64 who have ever had an HIV or AIDS test	2022	42%	44%	29 of 51
Percent of women with a recent live birth who reported being asked about depression during a maternal postpartum checkup visit	2021	—	89%	— of 33
Percent of women with a recent live birth who had teeth cleaned during pregnancy by a dentist or dental hygienist	2021	—	45%	— of 33

[a] Not all indicators available for all 50 states plus D.C.

[b] U.S. rate is the 51-state median.

Appendix 2. Texas Medical Schools and OB/GYN Residency Programs

Texas MD-Granting Medical Schools[43]		
#	**MD-Granting Medical School Program[xix]**	**Total Matriculants 2023–2024 Academic Year**
1	Baylor College of Medicine	226
2	Tilman J. Fertitta Family College of Medicine, University of Houston	60
3	Burnett School of Medicine, Texas Christian University	60
4	Texas A&M University College of Medicine	199
5	Texas Tech University Health Sciences Center School of Medicine	181
6	Paul L. Foster School of Medicine, Texas Tech University Health Science Center El Paso	124
7	Dell Medical School, University of Texas at Austin	50
8	McGovern Medical School at UTHealth Houston	240
9	John Sealy School of Medicine, University of Texas Medical Branch	230
10	University of Texas Rio Grande Valley School of Medicine	53
11	Joe R. and Teresa Lozano Long School of Medicine, University of Texas San Antonio	232
12	University of Southwestern Medical Center Medical School	232
13	University of Texas at Tyler School of Medicine	40
	Texas Total	**1,927**
	United States Total	**22,981**

xix. Program names updated to reflect commonly-referred nomenclature. Programs listed in alphabetical order as indicated in AAMC source. AAMC refers to this list as the following: Baylor, Houston-Fertitta; TCU-Burnett; Texas A&M; Texas Tech; Texas Tech-Foster; UT Austin-Dell; UT Houston-McGovern; UT Medical Branch-Sealy; UT Rio Grande Valley; UT San Antonio-Long; UT Southwestern; UT Tyler.

ACGME-Accredited Texas OB/GYN Graduate Medical Education Residency Programs[44]
As of July 1, 2024

#	Program	Location	Total Residents
1	Baylor All Saints Medical Center Fort Worth Program	Fort Worth	12
2	St. David's Healthcare Graduate Medical Education Program	Austin	10
3	HCA Healthcare Las Palmas Del Sol Program	El Paso	23
4	HCA Medical City Healthcare UNT-TCU GME (Arlington) Program	Arlington	20
5	Texas Tech University HSC El Paso Program	El Paso	21
6	University of Texas at Austin Dell Medical School Program	Austin	22
7	University of Texas Medical Branch Hospitals Program	Galveston	32
8	University of Texas Health Science Center at Houston Program	Houston	51
9	Texas Tech University Health Sciences Center at Lubbock Program	Lubbock	12
10	University of Texas Health Science Center San Antonio Joe and Teresa Lozano Long School of Medicine Program	San Antonio	32
11	Texas A&M College of Medicine-Scott and White Medical Center (Temple) Program	Temple	18
12	Texas Tech University (Amarillo) Program	Amarillo	12
13	Texas Tech University (Permian Basin) Program	Odessa	17
14	San Antonio Uniformed Services Health Education Consortium Program	Fort Sam Houston	22
15	John Peter Smith Hospital (Tarrant County Hospital District) Program	Fort Worth	17
16	Baylor University Medical Center Program	Dallas	20
17	Methodist Health System Dallas Program	Dallas	12
18	University of Texas Southwestern Medical Center Program	Dallas	72
19	Baylor College of Medicine Program	Houston	48
20	Methodist Hospital (Houston) Program	Houston	20
	Texas Total		**493**
	United States Total (2022–2023)[45]		**5,848**

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