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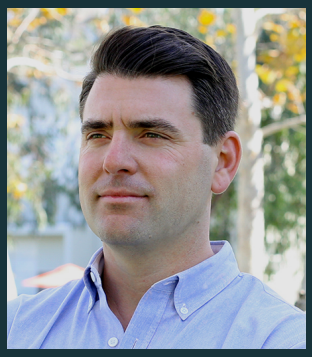
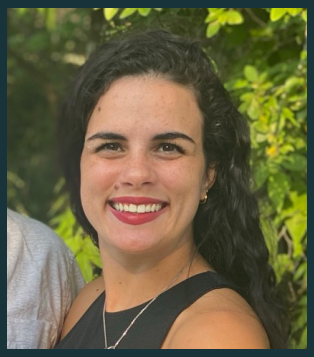
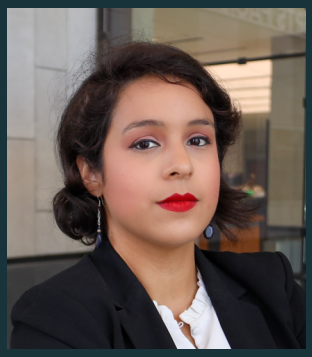
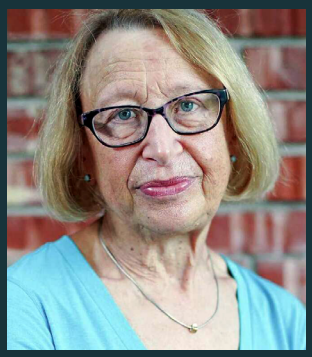
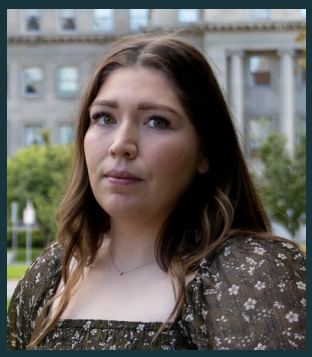
REPRODUCTIVE
RIGHTS

The Price of Safety

Stories of Abortions Denied, Careers Disrupted, and States Left Behind


Introduction

For millions of Americans, reproductive healthcare policy is determining where they choose to live, work, and start families. Those decisions ripple outward — reshaping medical systems, labor markets, and the long-term economic health of entire states.

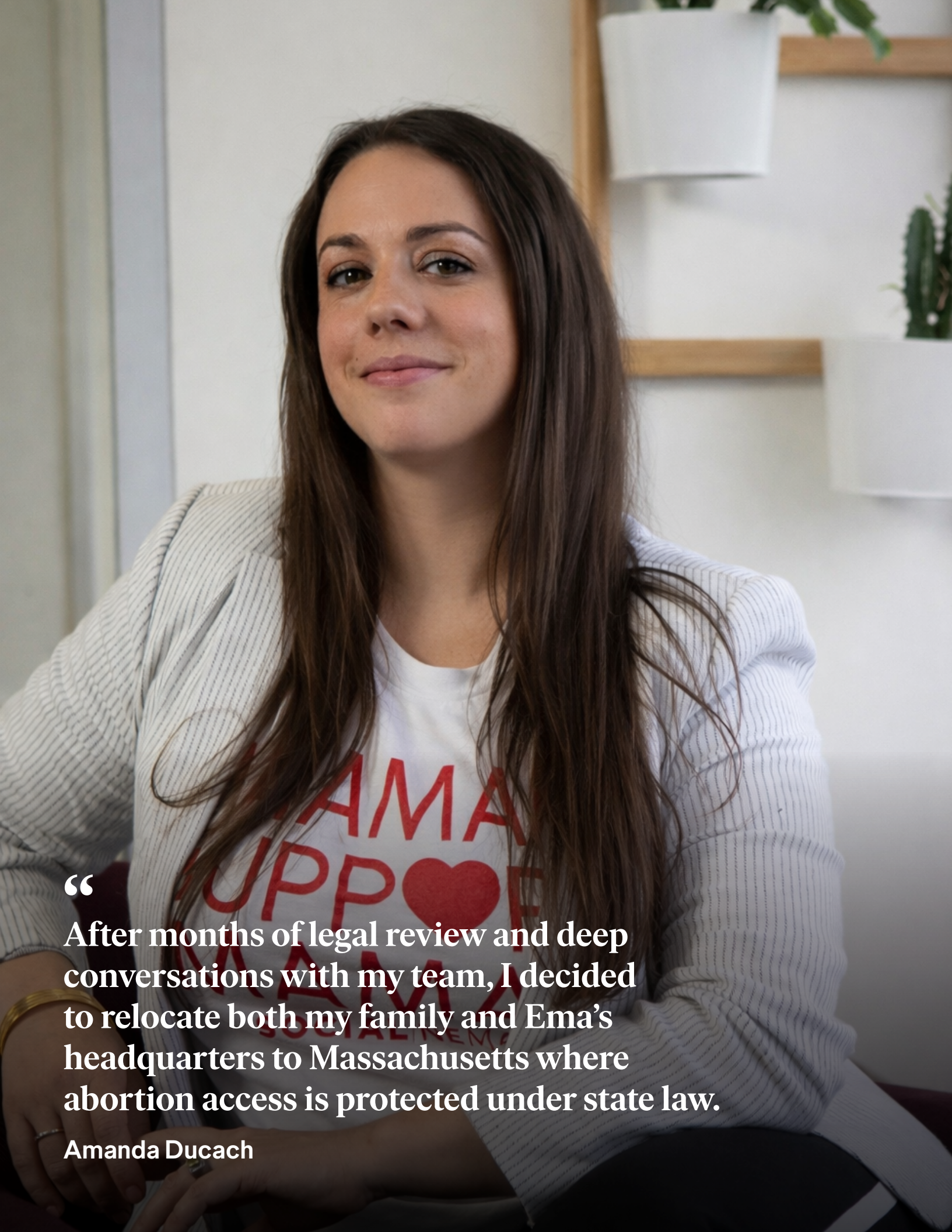
In the year following the Supreme Court's decision to overturn *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization*, more than 52,000 people left abortion-ban states each quarter because of restrictions to care. Research conducted by the Institute for Women's Policy Research in partnership with Morning Consult, alongside economic analysis from Georgia Tech and the National Bureau of Economic Research, documents how this "brain drain" due to abortion bans is reshaping labor markets and population growth. Younger workers and highly educated professionals are more likely to leave states with abortion bans, and nearly one-in-five people planning to have children within the next decade has moved, or knows someone who has moved, because of these restrictions. Even as some companies expand in states like Texas, new economic research by Daniel Dench and Jason Lindo shows that abortion bans are reshaping housing markets: rents have stalled, vacancy has risen, signaling declining demand and reduced appeal for residents.

It is also critical to acknowledge that the ability to relocate is itself a privilege, and that overall population growth continues in some ban states, even as restrictive policies push people to reconsider where they can safely build their lives.

As the personal stories in this anthology make clear, the decisions facing young professionals and people across the country reflect everyday considerations about health, safety, and stability. Abortion care is part of comprehensive maternal healthcare, used to manage miscarriages, ectopic pregnancies, severe fetal anomalies, and life-threatening pregnancy complications. Research from the Turnaway Study shows that women denied a wanted abortion and forced to carry an unwanted pregnancy have four times greater odds of living below the federal poverty level later in life compared to women who were able to access abortion care. They are also more likely to experience serious complications, have poorer physical health outcomes, and face economic insecurity in the years that follow, underscoring the connection between reproductive healthcare access and long-term workforce participation and stability. When access to this care is restricted, clinicians face legal barriers to providing timely treatment, and patients face uncertainty during some of the most medically vulnerable moments of their lives, including when they are trying to grow their families.

The effects extend beyond individual patients. Hospitals and training programs in states with abortion bans report increasing difficulty recruiting and retaining OB-GYNs and other specialists, as well as declining interest from medical students and residents who are wary of training in legally constrained environments. These healthcare workforce challenges, in turn, affect broader regional economies. Employers across industries report greater difficulty attracting talent in regions where reproductive healthcare access is uncertain, particularly among workers who expect stability in both their professional and personal lives.

This anthology brings these trends into focus through the experiences of patients, physicians, business leaders, and families. Together, the stories illustrate how the brain drain is unfolding in real time — and how access to comprehensive reproductive healthcare supports stable families, strong workforces, and sustainable economic growth.



“After months of legal review and deep conversations with my team, I decided to relocate both my family and Ema’s headquarters to Massachusetts where abortion access is protected under state law.

Amanda Ducach

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HOUSTON, TX

I moved my company out of Texas. I knew I couldn't build a company designed to protect women's health while headquartered in a place where access to that care was becoming uncertain.

I built Ema in Houston, and Texas shaped our earliest users and our mission. But after the Supreme Court overturned *Roe v. Wade*, it became clear that the risk landscape for women's health, and for companies working in this space, had fundamentally changed.

When *Roe* fell, I was seven and a half months into a high-risk pregnancy. Suddenly, even if I were to face a life-threatening emergency, I wasn't sure I'd receive timely care. My doctors weren't sure either. No one could clearly explain what counted as "medically necessary" abortion in a state where the wrong interpretation could carry legal consequences. That kind of uncertainty forces you to rethink what safety means for you and your growing family.

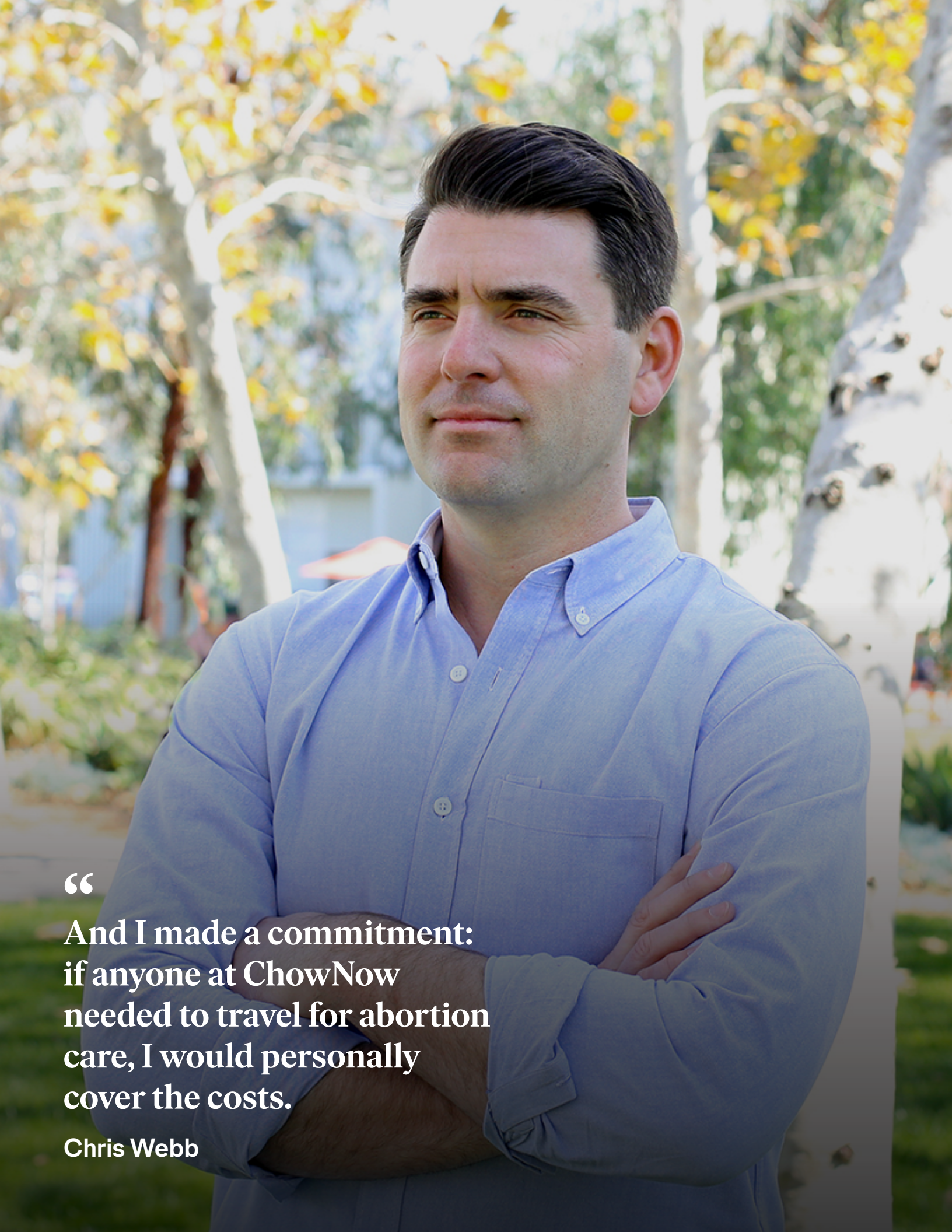
It also changed how I thought about my company, and our responsibility to the people who rely on us through our partner platforms.

Ema is an AI-powered women's health tool that supports people through abortion care, and various other women's needs. Many early users were Black or Hispanic women in rural areas with limited access to OB-GYNs or maternity wards. Their needs shaped Ema from the beginning. But the very things that made our platform essential — its honesty, intimacy, and sensitive health data — also require us to be exceptionally careful in environments where reproductive outcomes can be criminalized.

As the CEO, I had to consider what would happen if a government agency ever sought access to reproductive health information connected to users or our partners' platforms. I couldn't put them, or our team, in that position. I had to focus on mitigating risk and protecting the people who trust us with deeply personal information.

After months of legal review and deep conversations with my team, I decided to relocate both my family and Ema's headquarters to Massachusetts where abortion access is protected under state law. I also gave employees the option to work from any location, which brought immediate relief. Several team members chose to move soon after — to states where they felt safer and better supported. Our legal risk dropped, for both Ema, our partners, and the people we serve.

Leaving Texas wasn't easy. We love Texas, and we continue to support women there best we can. The move was about ensuring we could responsibly protect users, partners, and employees, while continuing to build a company centered on women's health for the long term.



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And I made a commitment: if anyone at ChowNow needed to travel for abortion care, I would personally cover the costs.

Chris Webb

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KANSAS CITY, MO

When the Supreme Court overturned *Roe v. Wade* in 2022, I knew it wasn't an abstract decision for people at ChowNow. Overnight, employees in at least nine states lost access to care they had assumed would be there if they needed it. As CEO, I couldn't ignore what that meant for their safety and ability to plan their lives.

I sent a company-wide email sharing a personal story: many years earlier, my then-girlfriend and I made the difficult decision to have an abortion. My life would be very different, and ChowNow wouldn't exist, had we not been able to make that choice. I told employees I believe, then and now, that women should have complete control over their bodies and lives. And I made a commitment: if anyone at ChowNow needed to travel for abortion care, I would personally cover the costs.

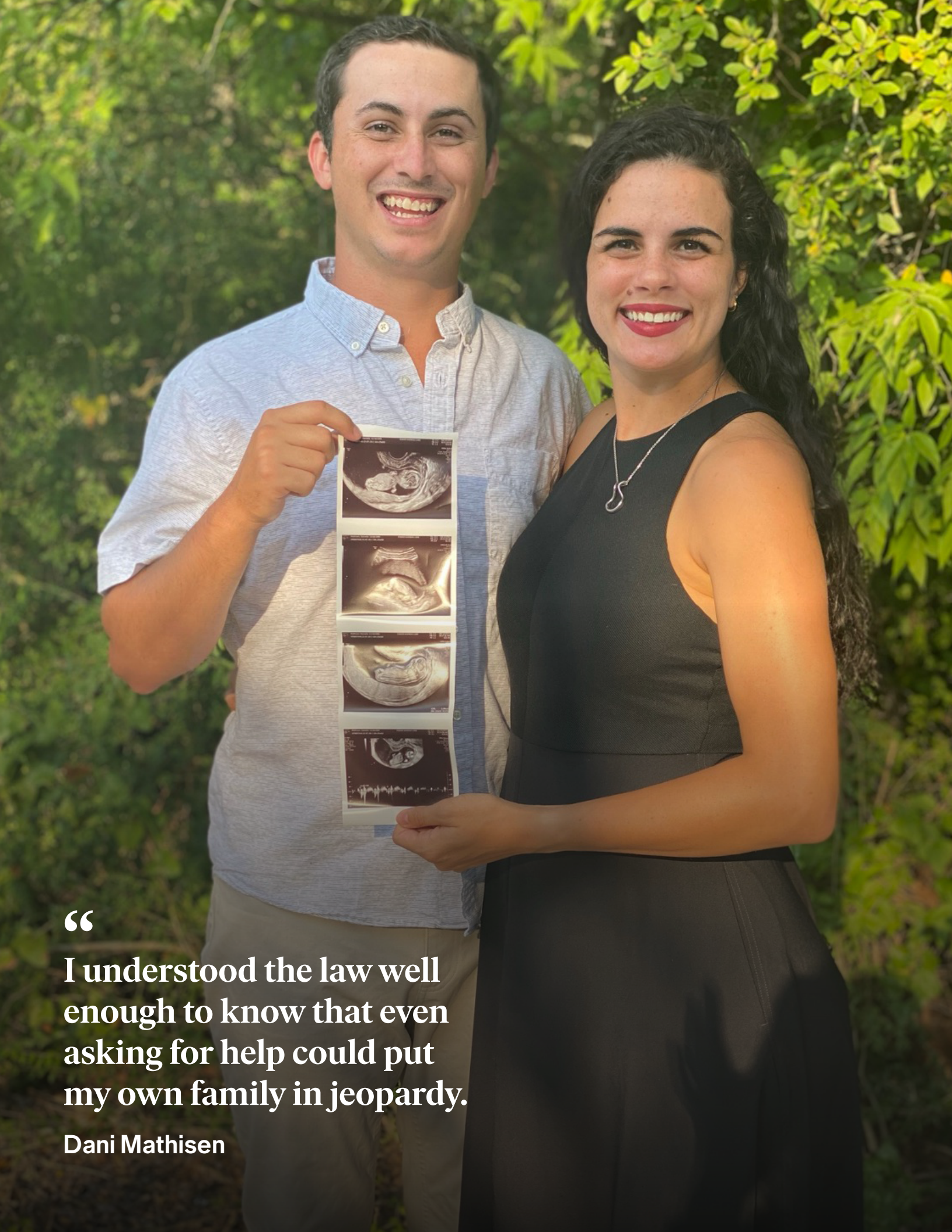
That response was rooted in decisions we had been navigating for years. In 2018, we had one office in Los Angeles and opened a second office in Kansas City, Missouri so employees could access more affordable homes and start families while still staying with the company.

The following year, Missouri passed a near-total abortion ban. Colleagues who had uprooted their lives suddenly found themselves in a state signaling that their rights were contingent. It was not hard to feel like the rules had changed mid-game — and that future talent might simply refuse to move there at all.

So when a coalition of businesses making the case that abortion access is a workforce and economic issue called "Don't Ban Equality" circulated a sign-on letter, I proudly added my name. It reflected what many at ChowNow already believed about basic rights, and it acknowledged something that leaders don't say often enough: the laws that govern people's bodies shape where they can live, work, and grow their careers.

Signing the Don't Ban Equality letter in 2019 and offering to fund travel in 2022 weren't separate decisions. They were part of the same responsibility. Leaders owe employees honesty about where they stand—and action when basic rights are on the line.

Abortion policies aren't just about healthcare. They're good for employers and good for people. When more companies speak up, there is safety in numbers. And in the long run, protecting your team protects your business — and is just the right thing to do.



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I understood the law well enough to know that even asking for help could put my own family in jeopardy.

Dani Mathisen

Dani Mathisen

FORT WORTH, TX

When I got pregnant during my last year of medical school in Dallas, it felt like everything was going according to plan.

I'm a Fort Worth native from a family of physicians. My husband and I had timed the pregnancy carefully, joked about which local school our daughter might attend, and imagined a future where I would join the exceptional community of OB-GYNs serving Texas families.

That future disappeared during a routine anatomy scan.

At 18 weeks into my pregnancy, watching the sonogram, I knew exactly what I was seeing — and what I wasn't. Our daughter's spine was severely abnormal, her brain hadn't formed correctly, and she only had one kidney. I asked my OB-GYN, who is also my aunt, if her condition was lethal. The answer was yes.

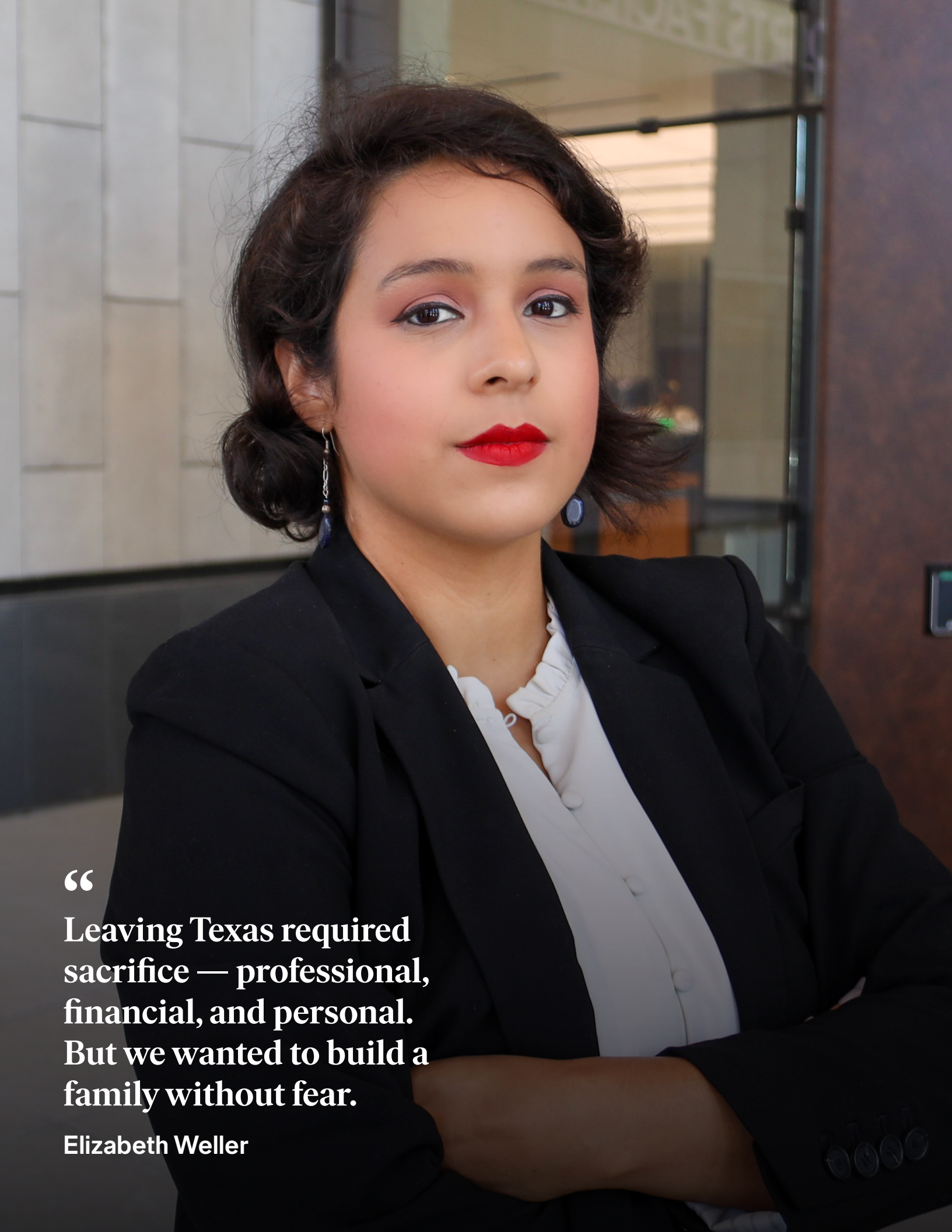
Medically, it was clear I needed an abortion. Legally, I knew what that meant in Texas under a law that had just taken effect and bans abortion after six weeks. The law allows private citizens to sue anyone who helps someone obtain an abortion, exposing doctors and loved ones to devastating legal and financial risks. I understood the law well enough to know that even asking for help could put my own family in jeopardy.

My mom, also a doctor, stepped in anyway. She found a clinic in New Mexico, booked the flights and hotel, called the staff, and handed us an envelope of cash. We paid for the abortion with cash out of fear of leaving a paper trail tying Texas credit cards to out-of-state abortion care. I did everything by the book medically, but the experience still made me feel like a criminal for seeking evidence-based care for a lethal fetal diagnosis.

I had always imagined building my career in Texas. After this, I chose an OB-GYN residency in Hawaii because I needed full-spectrum training — including abortion care — and I couldn't get that in Texas. I also knew too much about pregnancy complications to feel safe being pregnant again in a state where doctors practice with one eye on the patient and one eye on the penal code.

Now, as I near the end of my training, I'm facing a decision I never expected to make. I'm trying to decide whether to return home to Texas — and be close to my family and serve the community that raised me — while practicing under some of the country's harshest abortion restrictions, or to continue building my career out of state, farther from home, but able to provide care without fear.

Leaving Texas meant letting go of the place where I grew up, trained, and where I expected to practice medicine and raise my family. But I needed to practice medicine in a state that would let me care for patients without fear, and grow a family without wondering whether the law would stand between me and the care I might need one day. Hawaii gave me that. Texas no longer could.



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Leaving Texas required sacrifice — professional, financial, and personal. But we wanted to build a family without fear.

Elizabeth Weller

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KINGWOOD, TX

My husband and I left Texas because we wanted to start a family, and the state made clear it would not keep me safe during pregnancy.

The decision cost us $25,000+ in income, distanced us from our community, and upended the future we had envisioned. But after the pregnancy complications I faced, it was painfully clear: Texas no longer provided the basic medical care necessary to have a child.

At 19 weeks, my water unexpectedly broke and I experienced a rare, life-threatening complication called "PPROM or the premature rupture of the membranes." Our baby could not survive, and the medical standard of care for my pregnancy complication was an abortion to protect my life.

Then, when my OB-GYN took my case to the hospital board, they refused to let her act. Texas was already enforcing a six-week abortion ban, and with *Roe v. Wade* expected to fall, the board feared that any intervention — including lifesaving care — could be considered illegal.

My doctor came into the hospital room crying. "I made a Hippocratic oath to do no harm," she told me. "And here I am sending you home with amniotic fluid dripping down your leg."

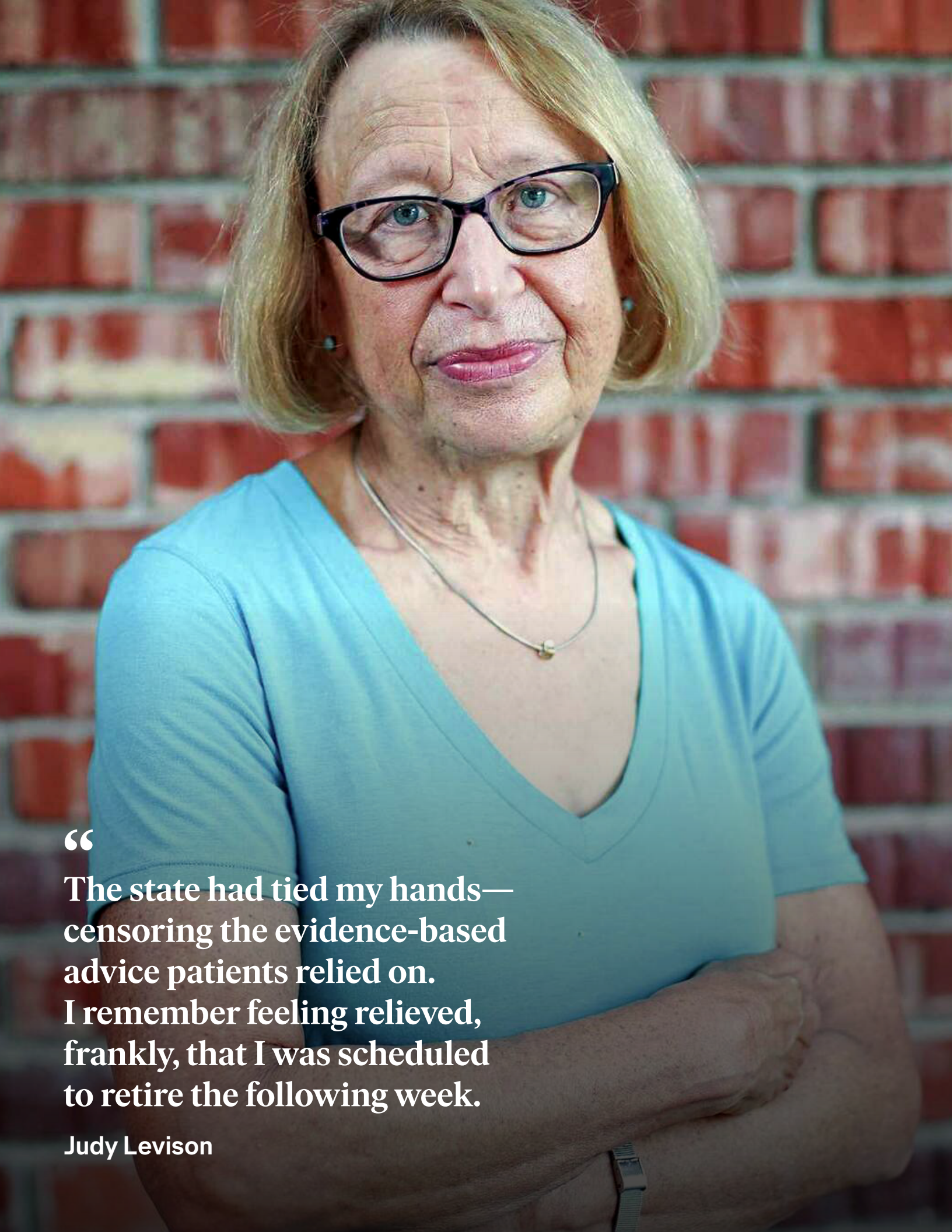
So I went home. For days, I bled, leaked fluid, and waited on a developing fever — yet still was not deemed "sick enough" under Texas law to receive care. I felt like a sarcophagus, reduced to an object holding something that was dying, suspended between life and death. I began documenting every symptom — my temperature, the fluid loss, the pain — afraid I would need proof to get help or protect myself legally.

I have a master's in political science, so I understood the politics. What I wasn't prepared for was realizing the law required care providers to prioritize procedural compliance over my survival. I grew up believing Texans protected their own. Confronting the reality that pregnant women were excluded from that promise was devastating. I began to see that staying in Texas would mean turning every future pregnancy into a calculated risk.

About a week later, after bringing bags of my own bodily fluids to show what I was enduring, the hospital finally determined I was close enough to death to qualify for an induction. I gave birth to a stillborn baby girl. Later, I became a plaintiff in *Zurawski v. Texas*, a case brought by women denied medically necessary pregnancy and maternal health care under Texas' abortion bans.

My husband and I still wanted to grow our family, but we were terrified of repeating this trauma. We waited to see whether the 2024 election might shift the national landscape. When it didn't, I asked my attorney at the Center for Reproductive Rights for a list of states that protected abortion care. We cross-referenced those states where my husband, a teacher, could earn a living wage. Minnesota offered both safety and possibility.

Leaving Texas required sacrifice — professional, financial, and personal. But we wanted to build a family without fear. For us, Minnesota made that possible. It offered a future where pregnancy didn't come with legal uncertainty or mean risking my life.



“The state had tied my hands—censoring the evidence-based advice patients relied on. I remember feeling relieved, frankly, that I was scheduled to retire the following week.

Judy Levison

Judy Levison

HOUSTON, TX

I spent twenty-three years practicing and teaching obstetrics and gynecology in Texas. Watching abortion bans turn routine medical care into a legal minefield contributed to my decision to retire and leave the state.

My first real glimpse came when Texas' six-week abortion ban went into effect in September 2021. A colleague in Houston called, distraught. A patient at 18 weeks gestation had arrived with premature rupture of membranes, a condition with almost no chance of fetal survival and a high risk of infection for the mother.

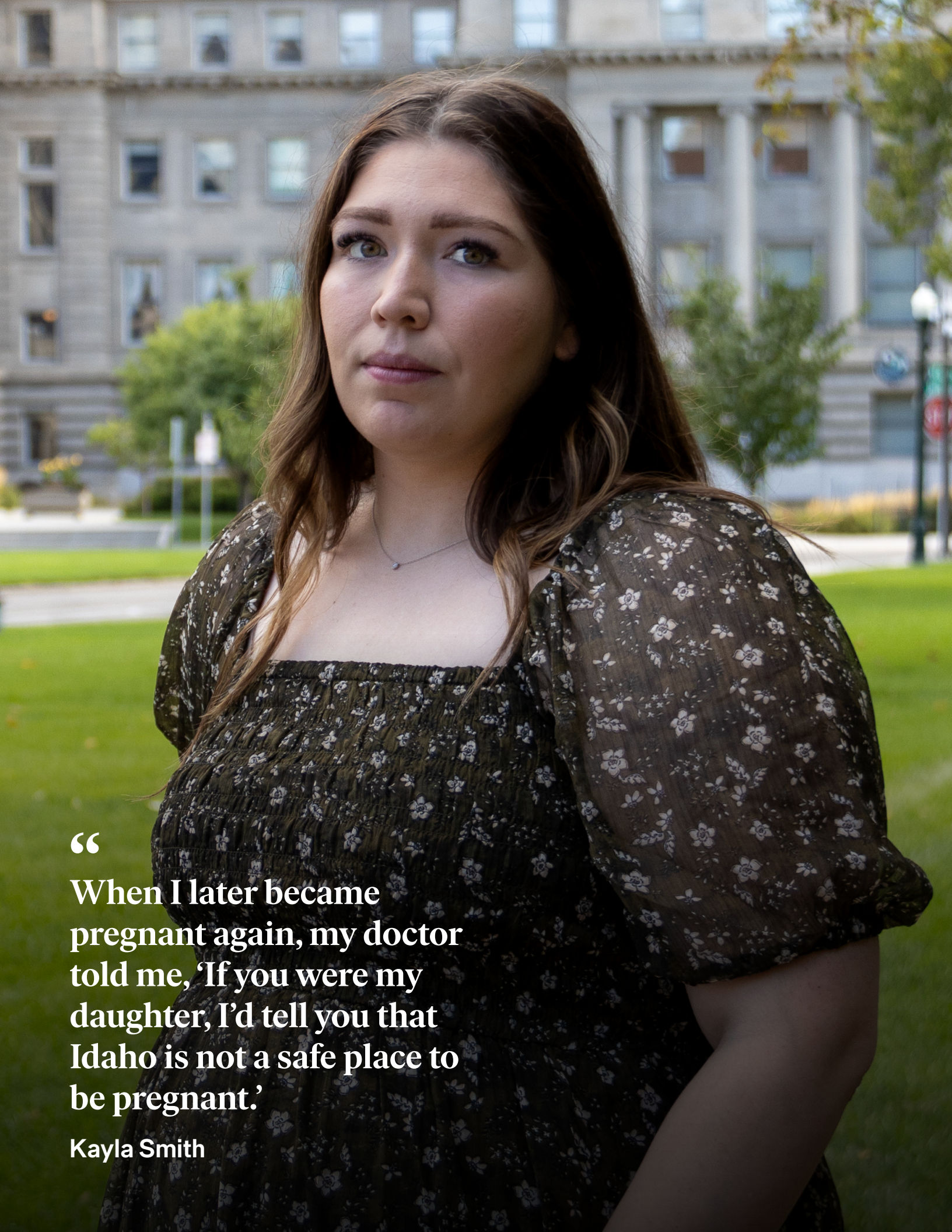
For decades, the standard of care was clear: counsel the patient, and in most cases end the pregnancy to protect her health. But because there was still cardiac activity, my colleague had to wait hours for hospital lawyers to instruct her on what she was even permitted to say. None of us had ever seen anything like it.

The second moment came in June 2022, just days before the Supreme Court overturned *Roe v. Wade*. I was providing routine prenatal counseling, which I had done thousands of times before, explaining why we usually do blood tests to screen for spinal cord and some chromosomal abnormalities. I said that even if a woman would not end a pregnancy in the presence of an abnormality, most parents wanted to know so they could be prepared for what might be ahead. I went on to say that in cases of lethal anomalies (abnormalities a baby could not survive), many mothers might choose to have an abortion. I found myself hesitating at the word "abortion." My decades-long counseling script simply no longer applied in Texas. The state had tied my hands — censoring the evidence-based advice patients relied on. I remember feeling relieved, frankly, that I was scheduled to retire the following week.

It wasn't just me. The bans created confusion and fear across the workforce. Maternal-fetal medicine specialists weren't sure if they could mention out-of-state options. Residents defaulted to prolonged "observation," even when patients showed early signs of infection during pregnancy, for fear of being criminalized if they intervened. Leadership struggled to offer guidance, wary that saying too much might invite state retaliation or jeopardize funding. Without clarity, clinicians fell back on caution — and patients bore the severe and sometimes fatal consequences.

The impact on the future workforce was immediate. Medical students told me they were avoiding residency in "restrictive states" altogether; OB-GYN residency applications in Texas dropped. I watched younger colleagues weigh whether they could stay in a state where providing evidence-based care might put their careers, or their families, at risk. Penalties could be up to 99 years in prison.

After I retired and moved to Colorado, I began volunteering with an abortion support group. I've helped patients from Texas who should have received care at home, including women whose conditions were clearly dangerous but who were never offered options. Their experiences confirmed what I had already begun to fear: these laws are harming patients in the present and hollowing out the workforce needed to care for them in the future. It is a dual crisis — one that threatens maternal care in the state I had lived and served for half of my career.



“When I later became pregnant again, my doctor told me, ‘If you were my daughter, I’d tell you that Idaho is not a safe place to be pregnant.’

Kayla Smith

Kayla Smith

BOISE, ID

My family and I moved from Idaho to Washington in 2023 because the state's abortion law prevented me from accessing the medical care I needed.

Nineteen weeks into my pregnancy with my second child, we discovered that our baby had a severe, inoperable heart defect. My doctor was in tears as she told me this. Then she said that Idaho's abortion ban had gone into effect just 48 hours earlier, which meant she couldn't provide the medical care I needed.

My doctors were unsure what they were permitted to say or do. The ban meant they could not contact out-of-state providers on my behalf. Eventually, I was given a list of hospitals willing to provide care, with the closest options in Washington and Oregon. I was born and raised in Washington, so I knew I would be returning to a familiar place, but that did not make the process simple.

The earliest appointment was two weeks away, and I was already in my second trimester. Admission depended on bed availability, which meant no confirmed date or time. I had to move quickly to schedule appointments, coordinate the transfer of my medical records, and make decisions on autopsies, cremation, and funeral arrangements for my baby.

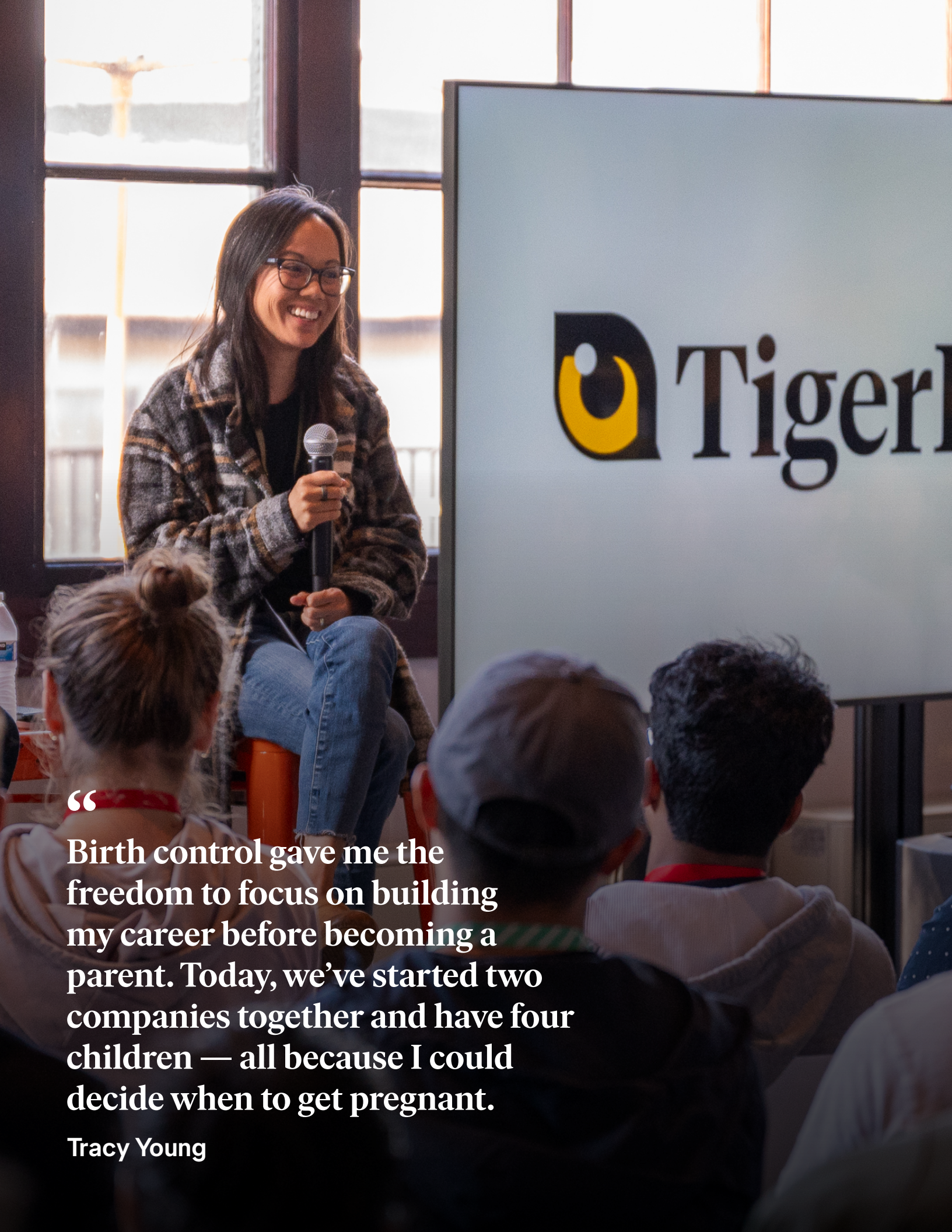
Cost became its own crisis. The hospital in Washington estimated costs between $12,000 and $20,000, depending on complications. We had insurance, but coverage for out-of-state care was uncertain under Idaho's abortion ban. We took out a personal loan and traveled to Washington to terminate the pregnancy.

After we returned to Idaho, heartbroken and reeling, my husband and I talked about moving away almost every day. It's where I'd lived for 13 years, gone to college, met my husband, built our careers, and wanted to grow our family. However, the state's abortion law made that an impossibility.

When I later became pregnant again, my doctor told me, "if you were my daughter, I'd tell you that Idaho is not a safe place to be pregnant." Around the same time, another physician involved in my care left the state because of the abortion ban. That was when we knew we had to leave.

We decided to move to Washington. We needed to live in a place where medical decisions could be made with certainty, and where pregnancy complications could be treated without travel or debt. We were fortunate to find new jobs and be closer to family.

To protect my health and our family's future, we had to leave.



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Birth control gave me the freedom to focus on building my career before becoming a parent. Today, we’ve started two companies together and have four children — all because I could decide when to get pregnant.

Tracy Young

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SAN FRANCISCO, CA

There has been a lot of debate about reproductive rights recently. As a first-generation American, a mother of four, and the co-founder of two technology companies, I can confidently say that my journey would not have been possible without control over the timing of my pregnancies, or access to timely medical care after a miscarriage.

My parents were refugees of the Vietnam War. They arrived in the US with nothing and worked tirelessly so their children could have a better life than they did. Growing up, money was always a source of stress. From a young age, I knew I wanted my children to have a life with stability. For me, that meant going to college, earning an engineering degree, building a career, and supporting myself financially.

I met my husband when I was 25. We were deeply in love, but not ready to start a family. Birth control gave me the freedom to build my career before becoming a parent. Today, we've started two companies and have four children, all because I could decide when to get pregnant.

That protection mattered most during my second pregnancy.

I miscarried while travelling for work in Louisiana. At an event with my team, I felt something slip out of me. In the bathroom, I realized I was losing a pregnancy I had deeply wanted. I was terrified and in shock. I cleaned myself up and went back to work, bleeding and in pain, without telling anyone.

Back home in California, my doctors told me that my body had not completed the miscarriage naturally. They prescribed misoprostol, and when that wasn't enough, performed a surgical procedure to prevent infection and complications. There was no hesitation, just clear, evidence-based care. They reassured me that this was common and that they knew how to help. Because my doctors could practice without legal interference, I was able to heal physically and emotionally.

Today, abortion bans have made that same care illegal or heavily restricted in many states, including Louisiana where I miscarried. The treatments that protected my health and fertility are now surrounded by fear and uncertainty for patients and providers.

This is harming women, families, businesses, and our broader economy.

I've seen friends make major life decisions around reproductive restrictions. One talked her husband out of accepting a job in a ban state because she wanted another child and feared what could happen. Another moved her family to pursue IVF in a state where doctors would not risk criminalization. After I shared my story publicly in 2021 in a TED talk, strangers reached out with their own miscarriage stories.

As a founder, I know how hard it is to recruit and retain strong, diverse teams. It is nearly impossible to create a sustainable talent pipeline if women must plan their careers around state borders for pregnancy safety instead of opportunity.

Reproductive healthcare is foundational to women's participation in the workforce. It determines whether they can lead companies, support their families, and contribute to innovation and growth. If we care about equality at work and at home, we must protect women's ability to make decisions about their bodies and their future.

Epilogue

The stories in this collection reveal a consistent pattern: access to comprehensive reproductive healthcare shapes decisions about careers, training, family planning, and where people choose to live.

Across industries and professions, individuals are making practical assessments about risk and stability. Patients weigh whether pregnancy complications can be treated promptly. Clinicians consider whether they can practice evidence-based medicine without legal interference. Employers evaluate where they can recruit and retain talent in a competitive labor market. Together, these choices are driving the brain drain identified in recent economic research.

For business leaders, the brain drain is particularly salient. States that restrict reproductive and maternal healthcare face growing challenges attracting and maintaining a stable workforce, supporting leadership pipelines, and sustaining the healthcare infrastructure that employees and employers rely on.

The individuals featured here — founders, physicians, employees, and parents — did not set out to leave their communities. Their decision emerged from the same considerations that shape any long-term investment: safety, predictability, and the ability to plan for the future.

As long as access to reproductive healthcare remains uneven across state lines, these migration patterns will continue to impact the labor markets and healthcare systems. The experiences shared in this anthology illustrate how reproductive healthcare policy reaches far beyond individual outcomes, influencing where talent settles, where companies can grow, and how communities sustain themselves over time.

Business leaders and employers are uniquely positioned to influence this landscape. Many are already taking steps to protect their workforce, align with their values, and reduce risk. To join them, employers can:

- **Review workplace healthcare policies**, including through assessment tools like those provided by organizations like RMH Compass, to identify barriers to reproductive and maternal healthcare, including coverage gaps, travel distance to providers, and limitations on miscarriage or pregnancy-related care.
- **Support employees directly** by connecting them to accurate information, covering travel and related costs when care is unavailable locally, and ensuring confidentiality and non-retaliation.
- **Consider reproductive health restrictions** when calculating the risk/reward of expanding operations in different locations.
- **Make support visible** by affirming reproductive healthcare access as a workforce issue and joining collective efforts such as the *Don't Ban Equality* campaign, which amplifies the business case for access.
- **Engage in policy and legal advocacy** by supporting litigation that challenges restrictive laws, including through amicus briefs that highlight the impact on recruitment, retention, and economic stability.

The Center for Reproductive Rights works with companies and corporate leaders to navigate this evolving environment — building community, sharing best practices, and advancing solutions that protect workers and businesses alike. To learn more about CRR's Corporate Engagement program and how to get involved, visit reproductiverights.org or contact corporateinfo@reprorights.org.