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The Eyes of Texas are Upon OB/GYNs: Physician Migration and Crowdsourced Enforcement of Abortion Regulations

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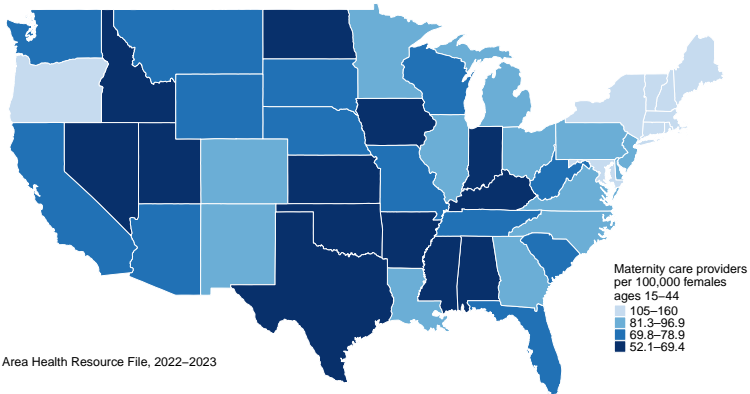[2]Dept. of Economics, University of Tennessee - Knoxville

SEA 2025

What is a Civil Liability Enforcement Mechanism (CLEM)?

- Private citizens enforce laws through civil lawsuits; "bounty laws"
  - TX SB 8: Minimum $10,000 in damages against any who "aid or abet" an abortion

- No gov't official to sue for injunction

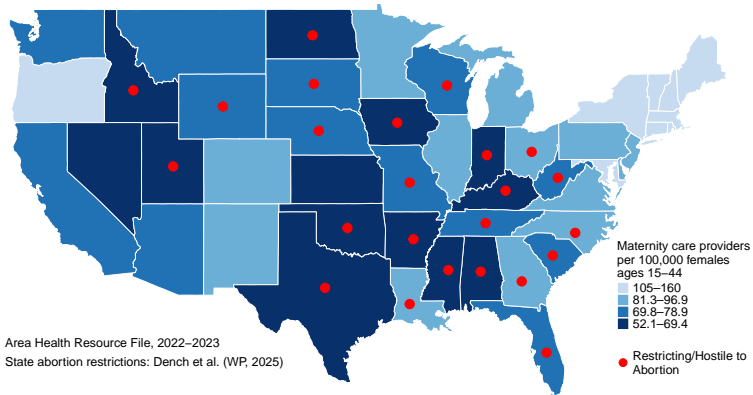- Permanent shifter

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- Permanent shifter

- "Not only unusual, but unprecedented… it is the role of the Supreme Court in our constitutional system that is at stake." (SCOTUS Chief Justice John Roberts)

- Arms race on sensitive issues: **abortion in TX,** guns in CA, more: [SB 8 Copycats]

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States with criminal abortion restrictions tend to have fewer OB/GYNs

Maternity care providers
per 100,000 females
ages 15–44
105–160
81.3–96.9
69.8–78.9
52.1–69.4

Area Health Resource File, 2022–2023

Maternal Mortality

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● Restricting/Hostile to
Abortion

Area Health Resource File, 2022–2023
State abortion restrictions: Dench et al. (WP, 2025)

Maternal Mortality

Criminal penalties decrease OB/GYN supply

- TRAP (Targeted Regulation of Abortion Providers) era, 1993-2022: `Timeline of TX Abortion Law`
  - 5.3% decrease over 28 years in OB/GYNs in TRAP states Markowski & Vandenbroeck (*Working Paper*, 2025)

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Criminal penalties decrease OB/GYN supply

- TRAP (Targeted Regulation of Abortion Providers) era, 1993-2022: `Timeline of TX Abortion Law`
    - 5.3% decrease over 28 years in OB/GYNs in TRAP states Markowski & Vandenbroeck (*Working Paper*, 2025)

- Post-*Dobbs* era, 2022-present:
    - 3% decrease over 3 years in OB/GYNs in ban states Diaz-Campo & Pineda-Torres (*Working Paper*, 2025)
    - 0.049% decrease in total population in ban states (52,600/quarter) Dench et al. (*Working Paper*, 2025)

- But how does civil liability enforcement compare to criminal penalties?

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Why would CLEM have a different migration effect than criminal penalties?

- Changes the physician optimization problem: increases expected operating costs
  - Malpractice insurance does not cover civil (or criminal) liability
- Lower burden of proof and broader set of affected physicians
  - Criminal penalty targets abortion performers; civil liability targets anyone who "aids or abets"
  - Omnipresent threat of scrutiny, hearsay
- Migration: easier to move to "unaffected states" compared to post-*Dobbs*

SB 8 is Salient

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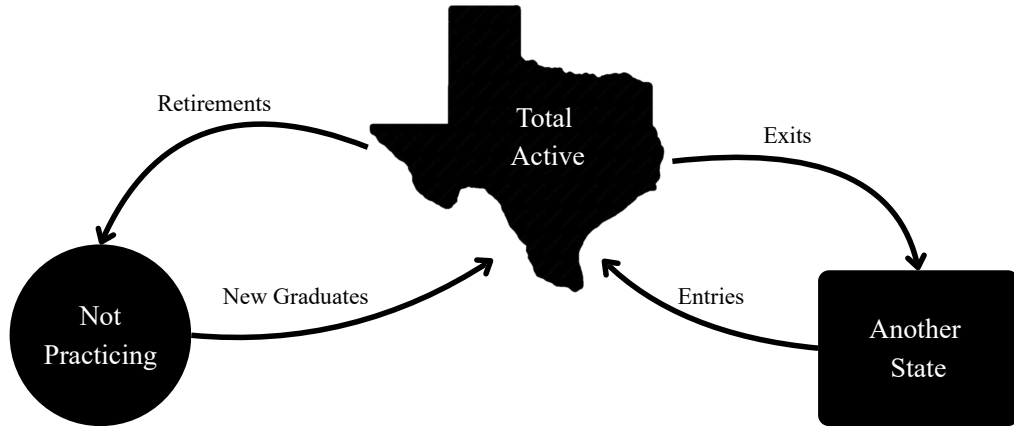KNOXVILLE

Does the enforcement mechanism matter?

Research Question: **What is the effect of Texas' Senate Bill 8 (SB 8) on OB/GYN migration?**

- Migration is defined as:
  - entry into TX
  - exit out of TX
  - retirement (exiting practice)
  - new graduates (entering practice)

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Data

- Novel quarterly panel of the universe of U.S. physicians (NPPES and DAC):

  - Physician name & NPI

  - Practice street address (must be updated within 30 days of moving)

  - Specialty

- Includes existing physicians and new physicians coming from residency

- Period: Nov. 2007 to June 2022, N $\approx$ 1.4m physicians

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Outcome Variables - Migration

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Summary (by state-specialty-quarter)

	Mean	SD	Min	Max
Active (OB/GYN)	1159.37	1307.99	57	7284
Active (other specialties)	592.23	1805.32	0	36252
Enter state (OB/GYN)	15.46	36.25	0	707
Exit state (OB/GYN)	9.92	28.86	0	790
Enter state (other specialties)	8.94	47.42	0	3045
Exit state (other specialties)	5.84	38.68	0	3431

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Descriptive Means

		Pre-SB8		Post-SB8	
		Not TX	TX	Not TX	TX
	Active :	1061.1	4429.7	1191.4	5105.4
(OB/GYN)	Enter:	14.5	58.2	15.0	50.7
	Exit :	7.2	21.1	17.3	61.4
	Active:	544.1	2002.2	623.0	2413.3
(Other Spec.)	Enter:	8.1	30.4	9.0	34.5
	Exit:	4.0	10.9	10.6	42.4

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Triple Diff: Time, State, & Specialty

Identifying assumption: Had Texas not passed SB 8, OB/GYNs in Texas would behave similarly to OB/GYNs in other states before and after Sep 1, 2021

$$\text{Outcome}_{ist} = \alpha + \beta_1 \cdot \underbrace{\text{Post SB8}_t}_{\substack{=1 \text{ if after} \\ \text{Sept 1, 2021}}} \times \underbrace{\text{Texas}_s}_{\substack{=1 \\ \text{if Texas}}} \times \underbrace{\text{OB/GYN}_i}_{\substack{=1 \\ \text{if OB/GYN}}} + \bar{\beta} \cdot (\text{Interaction Terms})$$

$$+ \underbrace{\gamma_s + \tau_t + \phi_i}_{\substack{\text{State, time,} \\ \text{specialty FE}}} + \underbrace{u_{ist}}_{\substack{\text{clustered by} \\ \text{state}}}$$

where $\text{Outcome}_{ist} \in \{\text{Total OB/GYNs, Exit, Entry, Enter Practice, Exit Practice}\}$

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	Active OB/GYNs	Exit State (In Practice)	Enter State (In Practice)	Exit Practice	Enter Practice
β_1	-0.0147^{***}	0.2698^{***}	0.2729^{***}	-11.8496^{***}	-8.2266^{***}
	(0.0023)	(0.0368)	(0.0396)	(1.1969)	(0.3401)
Year FE	Yes	Yes	Yes	Yes	Yes
State FE	Yes	Yes	Yes	Yes	Yes
Specialty FE	Yes	Yes	Yes	Yes	Yes

Notes: Poisson regression. Standard errors clustered by state. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

- 1.5% decrease over 9 months in number of active Texan OB/GYNs after SB 8.

  Relative to literature, we find a large effect in a short window.

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Policy Implications

- Civil liability induces OB/GYN migration

- Affects allocation of a scarce resource: reproductive healthcare

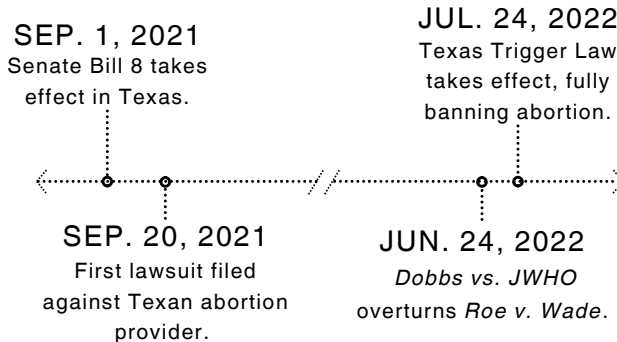- Different from criminal liability: CLEM changes the physician's operating costs

Next Steps:

- Outcomes as counts per 100k women age 15-44

- How to observe retirement?

Thank You!

kgrace7@vols.utk.edu

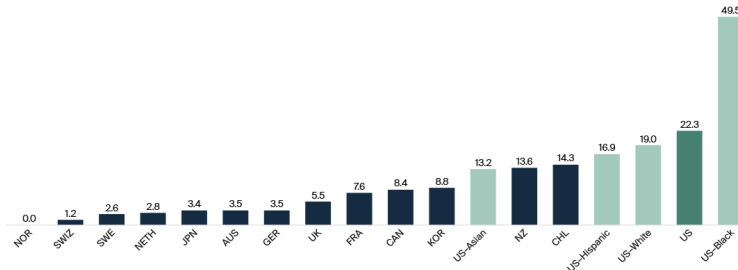# Timeline of Recent Abortion Law in Texas

SEP. 1, 2021
Senate Bill 8 takes
effect in Texas.

JUL. 24, 2022
Texas Trigger Law
takes effect, fully
banning abortion.

SEP. 20, 2021
First lawsuit filed
against Texan abortion
provider.

JUN. 24, 2022
Dobbs vs. JWHO
overturns *Roe v. Wade*.

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SB 8 Copycats

State	Subject	Status	Bill Number
Texas	Transgender bathrooms	Enacted	SB 8 (Different, 89th Leg.)
Idaho	Library censorship	Enacted	HB 710
California	Social media hate speech	Pending	SB 771
California	Gun control	Enacted	SB 1327
Texas	Gun control	Failed	HB 925
Illinois	Gun control	Failed	HB 4156
New York	Gun control	Announced	N/A
Florida	Critical Race Theory in Schools	Announced	N/A

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The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.
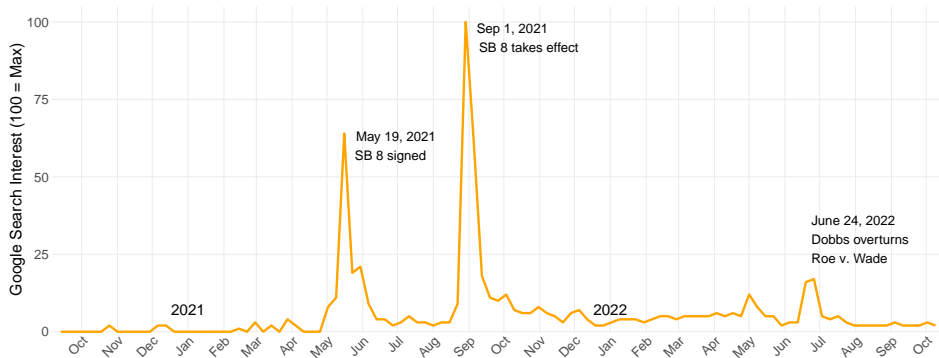
Maternal deaths per 100,000 live births

NOR	SWIZ	SWE	NETH	JPN	AUS	GER	UK	FRA	CAN	KOR	US-Asian	NZ	CHL	US-Hispanic	US-White	US	US-Black
0.0	1.2	2.6	2.8	3.4	3.5	3.5	5.5	7.6	8.4	8.8	13.2	13.6	14.3	16.9	19.0	22.3	49.5

Notes: The maternal mortality ratio is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. For more information on how maternal mortality is defined, see Organisation for Economic Co-operation and Development, "Maternal and Infant Mortality," in *Health at a Glance 2023: OECD Indicators* (OECD, 2023). 2015 data for FRA; 2017 data for UK; 2018 data for NZ; 2020 data for CAN and SWIZ; 2021 data for AUS, GER, JPN, KOR, NETH, and SWE; 2022 data for CHL (provisional), NOR, and US. Due to sample size limitations, data for US-AIAN cannot be displayed. AIAN = American Indian and Alaska Native. Asian Americans include a wide range of distinct communities. Such groupings are imperfect, as they mask significant difference in maternal mortality rates.

Data: All country data from OECD Health Statistics 2023 extracted on February 29, 2024, except data for US are 2022 data from the Centers for Disease Control and Control and National Center for Health Statistics, National Vital Statistics System, mortality and natality data files, "Maternal Mortality Rates in the United States, 2022."

Source: Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (Commonwealth Fund, June 2024). https://doi.org/10.26099/cthn-st75

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Google searches for "Texas Heartbeat" suggest salience

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