



## Abortion Bans and its Effects on Providers and Patients

**Tuyet Mai Ha Hoang**, University of Illinois at Urbana-Champaign

In 2022, when the landmark *Roe v. Wade* decision was overturned, 13 states sought to criminalize all abortions through trigger bans. Legislators expected these bans to drastically reduce the number of abortions. However, that was not the case. Abortion bans do not prevent people from seeking care, but rather force them to [travel further](#) with limited resources. States, like Illinois, where abortion is legal, are facing the challenge of [balancing resources and support for providers](#). Providers in protective states face increased demand and a higher level of stress, while patients face a [reduction in access to care](#) in their own communities due to out-of-state demand.

The post-Dobbs landscape requires a fundamental restructuring of reproductive healthcare coordination. Instead of relying on scattered, fragile support networks, we need county- and state-level funding to support a centralized care coordination system centered on communities and service providers beyond the Chicago area, ensuring a sustainable healthcare system for all. A possible solution is to use innovative technology, such as a secure online platform with centralized information, that leverages human-centered connections and is driven and sustained by community stakeholders, providers, and researchers.

### The Growing Burden on Abortion Providers

Our [study](#), which interviewed 26 providers across diverse regions in the United States, found that abortion bans directly contribute to increased burdens on providers and the resources they rely on. These bans have created a disjointed system of care, straining the entire healthcare infrastructure. Doctors, nurses, and medical residents described high levels of stress and safety risks due to legal uncertainty – as well as logistical challenges stemming from high patient caseloads, inconsistent communication, and fragmented institutional coordination.

### The Psychosocial Cost for Providers and their Patients

Beyond logistical barriers, our study found that abortion providers are experiencing profound emotional distress, ranging from guilt to exhaustion. Some providers who relocated from restrictive states to more abortion-accessible areas reported feeling as though they had abandoned their communities. Others described an overwhelming sense of responsibility, knowing that every patient they care for represents many others who could not make the journey.

One critical finding was that medical residents are now carefully choosing their training locations based on where they can learn necessary abortion procedures. Many reported rushed training due to time constraints, making it harder to develop the expertise required for complex cases. The long-term impact of the *Dobbs* decision can threaten the health outcomes of both birthing and non-birthing populations, given the [lack of](#)

quality standard of care, provider burnout, and shortage. Community-based and state-level efforts are needed to coordinate and strengthen the existing care system in the wake of the [Medicaid cuts](#).

## Coordinating Care and Building Community Support

Our team at the University of Illinois Urbana-Champaign, composed of the School of Social Work, National Center for Supercomputing Applications (NCSA) UX Team and Visual Analytics Group (VA), and community partners, has been co-developing a digital platform that connects sexual and reproductive healthcare services in Champaign County, and is currently preparing for user interface testing to provide referrals and social support services in perinatal and reproductive care across all regions in Illinois.

This digital tool provides access to an embedded, secure Illinois voice chat and map for patients to seek perinatal informational support and providers. At the same time, the information it sources is updated and verified by stakeholders.

Our team envisions this tool as a way to alleviate strain on care coordination in the Illinois healthcare system, while also combating misinformation and supporting community stakeholders in increasing access to quality care for Illinois residents and those who travel to the state for care. More importantly, our tool emphasizes fostering community connections and centering community resources and stakeholders to maintain the updated real-time information. This tool will be driven and sustained by a group of dedicated community members and researchers to ensure accuracy.

In the next phase, we call on the collaboration between county-level public health departments and the Illinois Department of Human Services to support social workers and community-based health workers to increase access in underserved areas. Social workers and community-based health workers, such as doulas, adopt multiple roles, task shifts, and facilitate referrals as needed. Furthermore, [as the federal government begins to limit educational loans for nursing, social work, and public health](#), we can expect the shortage of healthcare providers and burnout rate to be intensified. Illinois needs to build a vocational pipeline for more task-shifting healthcare careers, such as social workers and community-based workers, to address the shortage, as medical education continues to face [training program closures due to abortion laws](#). To address the pressing challenges in sexual and reproductive health in Illinois, we recommend the following:

1. Mandate or incentivize partnerships between public health departments and community-based providers.
2. Mandate or incentivize partnerships between local hospitals with abortion providers, community-based workers, and social workers.
3. Integrate abortion and reproductive health navigation into existing county health systems or telehealth infrastructure, such as the described digital tool.
4. Establish training and certification pipelines for social workers, doulas, and community health navigators within the Illinois state school systems.
5. Support legislation that formalizes and funds cross-county coordination for abortion and reproductive health services.

The goal is to create a sustainable yet adaptable model of care that supports both county-level and state-level access to and quality of care for Illinois residents and those who travel to receive care. To do so, all listed steps are needed to ensure that patients and providers have support and resources without overburdening the Illinois healthcare system while increasing economic employment for local residents. This effort is also critical  
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to [address abortion providers' stigma and bias](#) within the communities so advocacy work can ensure the safety and well-being of providers, patients, and community members. A robust sexual and reproductive healthcare system requires more than just legal protections, it demands proactive investment in provider support, patient resources, and innovative solutions for care coordination.