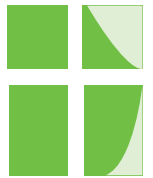




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# Executive Summary

Independent abortion clinics collectively provide the majority of abortion care in the United States, serving three out of every five people who has an abortion. These clinics provide care when and where others do not – operating in the most hostile states and compassionately providing care as pregnancy progresses. Yet independent clinics are closing at an unprecedented rate: the number of independent clinics in the US has been reduced by over 32 percent since 2012.

With the recent shift in the balance of the Supreme Court, access to legal abortion care is under imminent threat. To ensure that people in the United States can get abortion care where and when they need it, independent clinics and the patients they serve need the support of their communities. Advocates must work to end the politically motivated restrictions and coverage bans that push abortion out of reach for patients, and clinics need direct financial and volunteer support to continue to provide care in their communities.

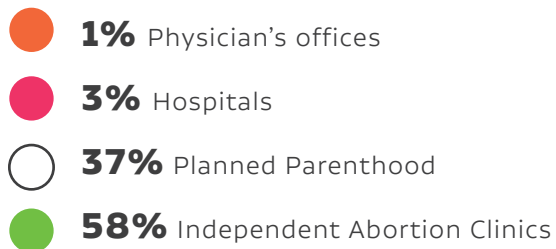
Abortion Care Network's third annual Communities Need Clinics report provides an overview of the care provided by independent abortion clinics, highlights the vital role they play in ensuring meaningful access throughout the U.S., includes clinic closure rates, and discusses the state-by-state fight to ensure that abortion remains legal and accessible.

## Methodology

*Abortion Care Network collects data annually on every abortion clinic in the United States that makes abortion care services publicly available or otherwise discloses that they provide abortion care. Using publicly available search engines to identify providers, each clinic is contacted annually for operational status and information on the scope of services provided. Data gathered are presented throughout this report.*

*Abortion Care Network is grateful to our partners at Guttmacher Institute for their help in reviewing portions of this report.*

## Percentage of abortions performed by provider type



## Introduction: The Essential Role of Independent Abortion Care Providers

In the United States, abortion care is provided in private physicians' offices, hospitals, Planned Parenthood clinics, and at independent abortion clinics. Although independent abortion care providers represent about 25 percent of the facilities offering abortion care nationwide, they provide 58 percent of all abortion procedures.<sup>1,2</sup>

All of these providers are necessary and vital to ensuring access to reproductive health care – including abortion. Although public attention on abortion providers was dramatically heightened in 2019, the work that independent abortion care providers do and the challenges they face remain relatively absent from public conversations.

Independent clinics serve some of the most politically hostile areas of the country, provide a breadth of reproductive health services, and work with their communities and local abortion funds to ensure that services are available to those patients with the fewest resources for accessing care. They are bold advocates in their states, often fighting for and ensuring the legal right to access abortion.

Yet independent abortion care providers lack the institutional support, visibility, name recognition, or fundraising capacity of national health centers and hospitals, making it especially difficult for these community-based providers to garner the resources they need to provide care in their communities.

Meaningful access to abortion care in the United States depends on independent abortion care providers keeping their doors open and continuing to provide quality, compassionate, patient-centered care. Unfortunately, independent providers are also the most vulnerable to anti-abortion attacks and legislation intended to close clinic doors or push abortion out of reach.<sup>3, 4, 5</sup>

# Meaningful Access to Abortion in the United States Depends on Independent Abortion Care Providers

Today, independent abortion clinics collectively provide care to three out of every five people in the United States who have an abortion each year.<sup>1,2</sup> In addition to providing the majority of abortion care in the U.S., independent abortion care providers operate the majority of abortion clinics in the states most politically hostile to abortion access.<sup>3,4</sup> In fact, independent clinics are sometimes the only available provider of abortion in a given state or region.

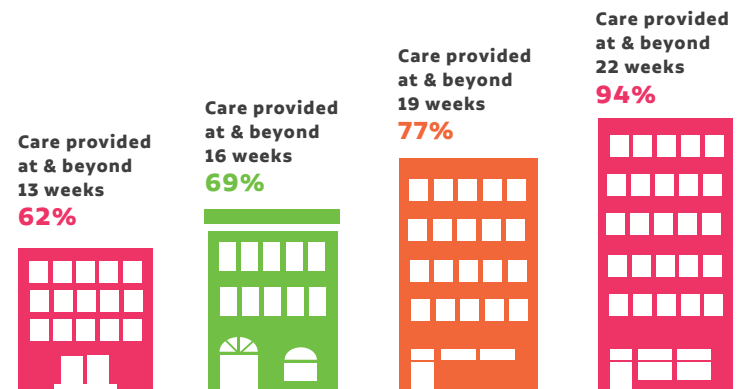
**Currently, six states have only one abortion clinic remaining.** Seven states are served entirely by independent clinics. Independent abortion care providers operate the sole clinics in four of those states: Kentucky, Mississippi, North Dakota, and West Virginia (Missouri and South Dakota each rely on a single Planned Parenthood clinic). Though there are three remaining abortion clinics in Louisiana, three in Alabama, and two in Wyoming, all of those clinics are independent.

In Arkansas, Nevada, Oklahoma, and Georgia, the only providers of in-clinic abortion (also referred to as surgical or aspiration abortion) are independent abortion care providers. Without independent providers, abortion access in these four states would be limited to medication abortion within the first 10 to 11 weeks of pregnancy.

**3 in 5 people who have an abortion get care from independent abortion care providers**



## Percentage of total clinics that offer abortion care beyond the first trimester of pregnancy that are independent.



Gestational age (or progress through pregnancy) is often marked in number of weeks and days since the first day of the last menstrual period (LMP) or by trimester. For example, a person 12.6 weeks into pregnancy is 12 weeks and six days from their last menstrual period, though fertilization and implantation likely happened about two weeks **after** the last menstrual period.

## Care Throughout Pregnancy Depends on Independent Clinics

Abortion care throughout pregnancy depends on independent abortion clinics remaining open. Across the country, 62 percent of clinics that provide abortion after the first trimester\* are independent.

Independent clinics represent 69 percent of all clinics that provide care at and after 16 weeks of pregnancy, 77 percent of clinics providing care at and after 19 weeks of pregnancy, and 94 percent of clinics that provide care at or after the 22nd week of pregnancy

Though 89 percent of abortions are performed in the first trimester,<sup>5</sup> barriers to accessing abortion care at earlier stages of pregnancy and factors related to health, safety, and viability result in some patients needing abortion services after the first trimester. With independent clinics accounting for the vast majority of clinics providing care as pregnancy progresses, it is undeniable that without independent abortion care providers, patients facing these circumstances would often have no options at all.<sup>6,7</sup>

\* For the purposes of this report, the first trimester is defined as the first 12 weeks and 6 days from a person's last menstrual period.

# Independent Clinics Provide More Comprehensive Abortion Care

Independent abortion clinics are more likely to provide both medication and in-clinic abortion care as options. Over 82 percent of independent clinics offer both medication and in-clinic abortion care, as compared to other abortion clinics, which focus on offering medication-only care at their sites: only 44 percent offer both medication and in-clinic abortion care.

Sixty three percent of U.S. clinics that provide both medical and in-clinic abortion are independent clinics; without these providers, the vast majority of patients would only have access to medication abortion and thus no options for care after 10 to 11 weeks of pregnancy.

This has implications for both patients and providers. In communities where medication abortion is the only type of care offered by clinics, patient access to abortion is limited to within 10 to 11 weeks of their last menstrual period. This also limits a patient's ability to choose the best method for themselves. While both medication and in-clinic abortion are safe and effective, there are reasons patients may prefer one procedure over another.<sup>8</sup> This is especially true for patients for whom it's not safe to terminate outside the clinic — including those experiencing intimate partner violence, minors without support at home, people experiencing homelessness, and patients who cannot take time off from work or caring for children.

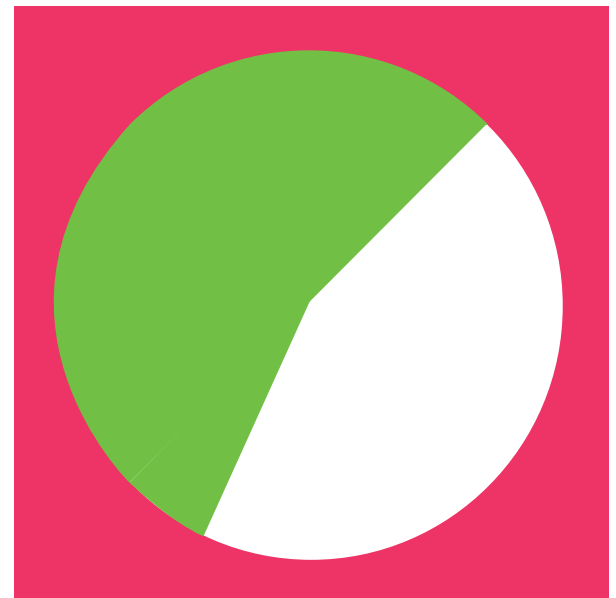
## Types of abortion care provided by clinic type

### Independent Abortion Clinics



- **14%** Medication only
- **3%** In-clinic only
- **83%** Both medication and in-clinic

### Other Clinic-Based Providers



- **56%** Medication only
- **44%** Both medication and in-clinic

## Alarming Rate of Clinic Closures

Over the last decade, abortion clinics have been closing at an alarming rate. Of those closures, the vast majority have been independent abortion care providers.<sup>9</sup>

When Abortion Care Network started tracking clinic closures, we identified 510 independent abortion clinics open in the US as of 2012. As of November 2019, Abortion Care Network identified 344 open independent clinics. While there have been a handful of clinic openings, **the total number of independent clinics in this country has decreased by over 32 percent since 2012.**

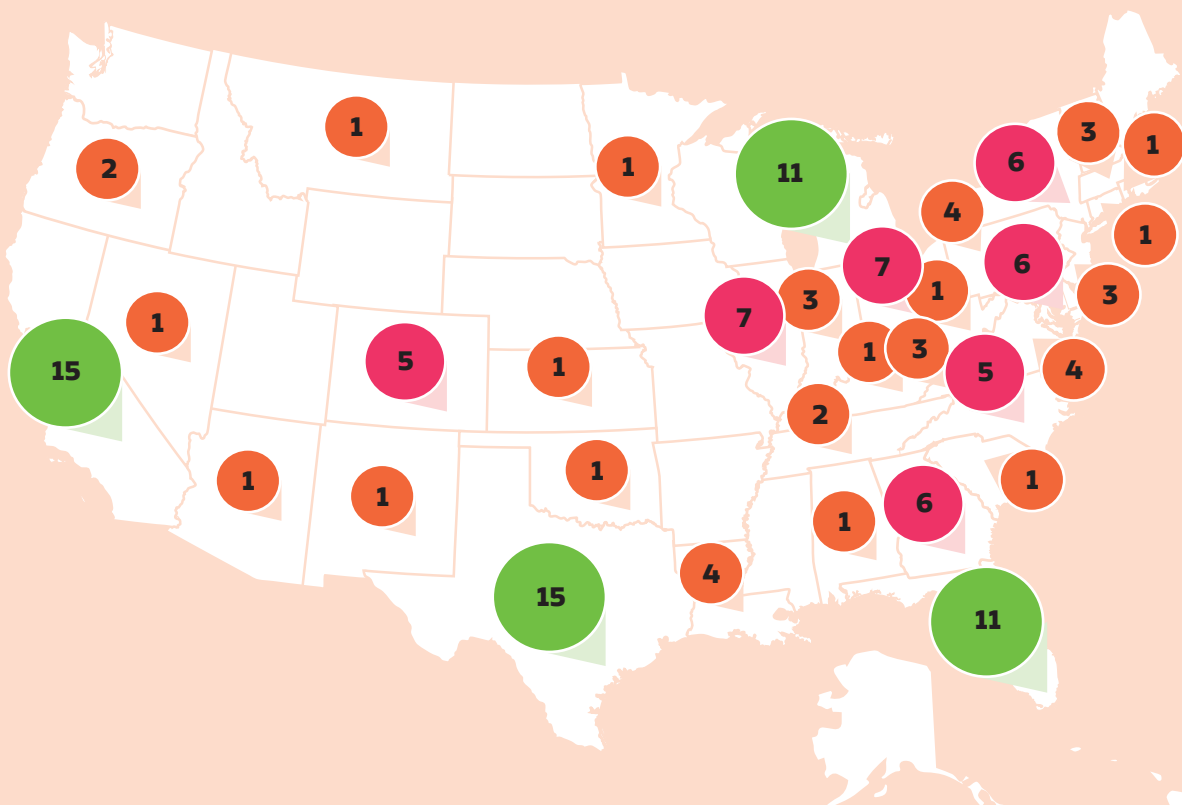
Since 2014, Abortion Care Network has identified 136 independent abortion clinic closures\*. Twenty three independent clinics closed in 2014; 34 closed in 2015; 22 closed in 2016; 17 closed in 2017; 13 closed in 2018. As of November 2019, we have confirmed 26 independent clinic closures in 2019.

*\* A clinic is considered closed if a) the clinic or practice closed entirely, or b) if the clinic or practice remains open but no longer provides abortion care services. Closures are confirmed by phone and publicly available reports.*



CLOSED

### Number of independent abortion clinic closures by state, 2014 - 2019



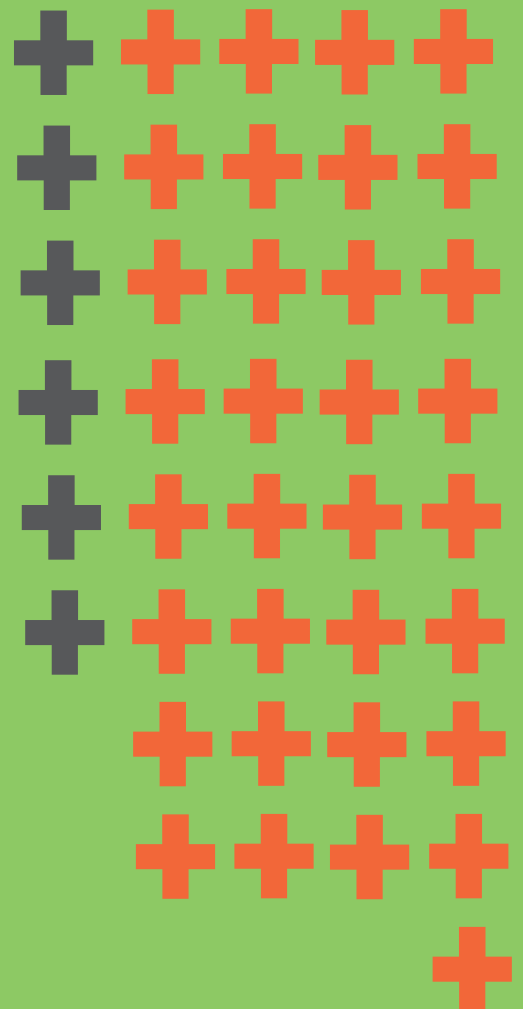
# Impact of Closures on the Availability of Abortion Throughout Pregnancy

Medically unnecessary abortion restrictions and financial barriers make it challenging for many clinics to keep their doors open at all.<sup>10</sup> These challenges increase for clinics that provide care as pregnancy progresses, making them more vulnerable to closing. This in turn threatens to make already-scarce abortion care beyond the first trimester increasingly difficult to access.

Over the last two years, 39 independent clinics have been forced to close in the United States. Of those clinics, 85 percent provided care after the first trimester.

Given that independent clinics make up the vast majority of clinics providing abortion care later in pregnancy, the closing of independent clinics means that the constitutional right to care throughout pregnancy increasingly exists in name alone.

**39** independent abortion clinics closed in 2018 & 2019. **85%** of these clinics provided care after the first trimester.





## The State-by-State Fight for Abortion Access

2019 saw states either double down on imposing abortion restrictions or shore up protections for access. In the 2018-2019 legislative session, over 250 abortion restrictions were introduced.<sup>11</sup> Dozens of states passed abortion restrictions, with several states passing near-total abortion bans that are currently being challenged in the court system.

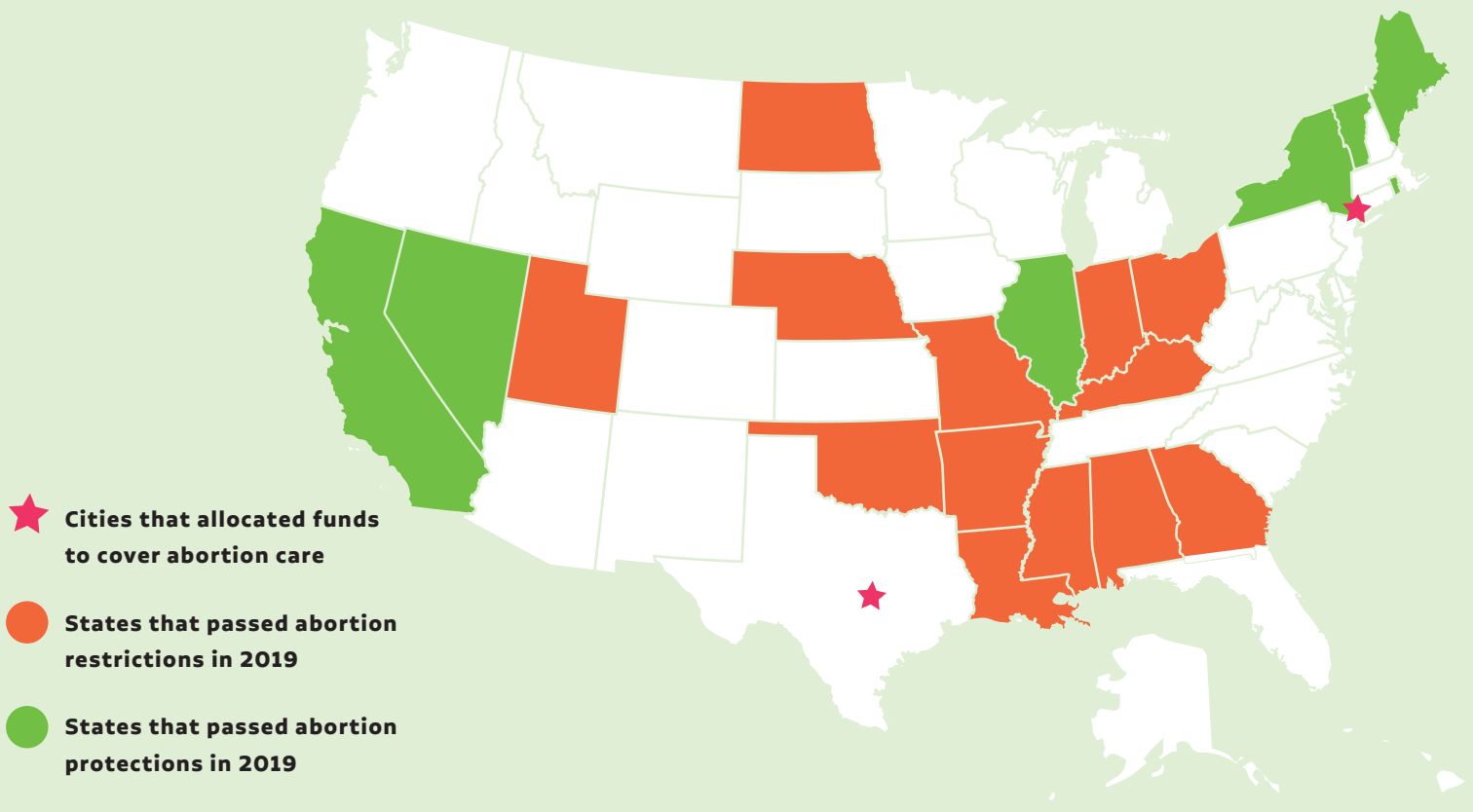
Meanwhile, other states stood with patients, providers, and our communities by enshrining protections for abortion access. Several states de-criminalized abortion, repealed and updated archaic, pre-Roe state laws, and repealed laws that had previously banned Medicaid coverage for abortion, barred advanced practice clinicians from providing abortion care, and required parental notification for minors seeking abortion. Cities played a role, too, with some dedicating funding specifically for abortion coverage.

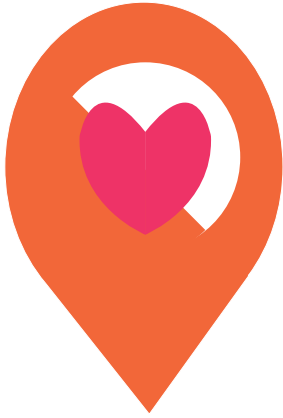
# States Attack the Right to Abortion and Continue to Impose Barriers

Between January and June 2019, 58 abortion restrictions were enacted in 19 states.<sup>12</sup> In Georgia, Kentucky, Mississippi, and Ohio, laws banning abortion at 6 weeks gestation were passed, and Missouri passed a law banning abortion at eight weeks gestation. Louisiana passed a six week ban as well, though the law cannot go into effect until the case is decided in Mississippi.<sup>13</sup> Alabama passed a total ban on abortion, criminalizing the procedure. Abortion remains legal in all 50 states, as all of these laws are currently temporarily blocked by the courts from going into effect as litigation proceeds.<sup>14</sup>

Several states also passed medication abortion “reversal” bans. Passed in Kentucky, Nebraska, North Dakota, and Oklahoma,<sup>12</sup> these bans require abortion providers to tell their patients that medication abortion can be “reversed,” a claim that is both medically inaccurate and untested.<sup>15</sup> The laws in North Dakota and Oklahoma were temporarily blocked by the courts.<sup>16</sup>

As we see every year, several states passed bills that ban abortion based on sex, race, or disability. Arkansas, Kentucky, Missouri, and Utah passed bans on abortion of a fetus that has or may have down syndrome; Arkansas and Utah’s laws are temporarily blocked in the courts.<sup>12, 17</sup> Kentucky and Missouri passed bans on abortion based on race or predicted sex of the fetus; the Kentucky law was temporarily blocked by the courts.<sup>18</sup> Indiana and North Dakota also passed bans on dilation and evacuation, a common, safe, and effective procedure for second-trimester abortion; the Indiana law was temporarily blocked by the courts.<sup>12, 19</sup>





Several of the states that passed harmful restrictions this year are states where independent clinics play an integral role in providing abortion care. Kentucky, North Dakota, and Mississippi only have one clinic remaining, and that clinic is independent, for example. In Louisiana and Alabama, the only remaining clinics are independent clinics and in Arkansas, Oklahoma, and Georgia, the only providers of in-clinic care are independent. Anti-abortion restrictions continue to impose onerous barriers on independent clinics' ability to provide comprehensive sexual and reproductive healthcare.

## States and Cities Ensure Protections for Abortion Access

Meanwhile, other states ensured protections for abortion access. New York passed the Reproductive Health Act, which repealed the state's pre-Roe laws and permitted abortion until fetal viability, and after viability when the patient's life or health is in danger.<sup>20</sup> Illinois similarly passed the Reproductive Health Act, which repealed outdated, unenforced laws that criminalize abortion, required all public and private health insurance plans to cover abortion, and allowed advanced practice nurses and physician assistants to provide abortions.<sup>20</sup>

Rhode Island's Reproductive Privacy Act codified Roe v. Wade, protecting abortion up to fetal viability and when necessary to protect a patient's life or health.<sup>21</sup> Vermont passed the Freedom of Choice Act, declaring reproductive choice a fundamental right, including contraception, sterilization, abortion, and carrying a pregnancy.<sup>22</sup> Nevada passed the Trust Nevada Women Act, which repealed medically unnecessary laws regulating abortion care and did away with a law criminalizing abortion 24 weeks into pregnancy.<sup>22</sup>

Maine passed two new laws to expand access, one allowing physician assistants and advanced practice nurses to provide abortion care and another requiring Medicaid and private health insurance plans to cover abortion.<sup>20</sup> California passed the College Student Right to Access Act, requiring student health centers at all California public universities to provide medication abortion.<sup>23</sup> Austin, TX and New York City allocated \$150,000 and \$250,000 respectively to abortion access.<sup>24, 25</sup>

**As access to abortion increasingly becomes a state-by-state fight, it is critical that states and cities enact protections that ensure abortion is safe, legal, and accessible for all.**



# Conclusion and Action

Communities need clinics, and **independent abortion clinics need the support of their communities**. The sustainability of independent abortion care providers and meaningful access to abortion depends on overcoming these anti-choice tactics. There are no simple solutions, but priorities include:

- Work with local and state advocates and **reproductive health, rights, and justice groups** to end medically unnecessary, politically motivated restrictions that push abortion out of reach and make it impossible for clinics to provide care.
- Work with local and state advocates and reproductive health, rights, and justice groups to introduce, pass, and actualize policies that protect, ensure, fund, and increase access to abortion care.
- Donate to your local independent abortion clinic. Independent clinics typically pour every cent they have into patient care and rely on donors to support any additional work they do in their communities.
- Volunteer for or work with your local clinic. Clinics need everything from website design to landscaping to patient escorts. Whatever your skill set is, independent abortion care providers need your expertise and support.
- **Repeal insurance coverage bans** on abortion at the federal and state levels.
- Raise public awareness of the essential role of independent abortion care providers by sharing this report with colleagues, your elected representatives, members of the press, on social media, and with members of your community.

Independent providers lack visibility, institutional support, and sustainable financial resources. They rely on individuals and communities to help keep doors open through donating, volunteering, organizing, and advocating in order to continue to serve patients in their communities. With the future of abortion rights in the U.S. under imminent threat, supporting independent abortion care providers and keeping clinic doors open is critical to protecting meaningful access to care. Without these courageous providers, meaningful access to abortion throughout pregnancy is merely a right in name alone.

**Donate to your local independent abortion clinic.**

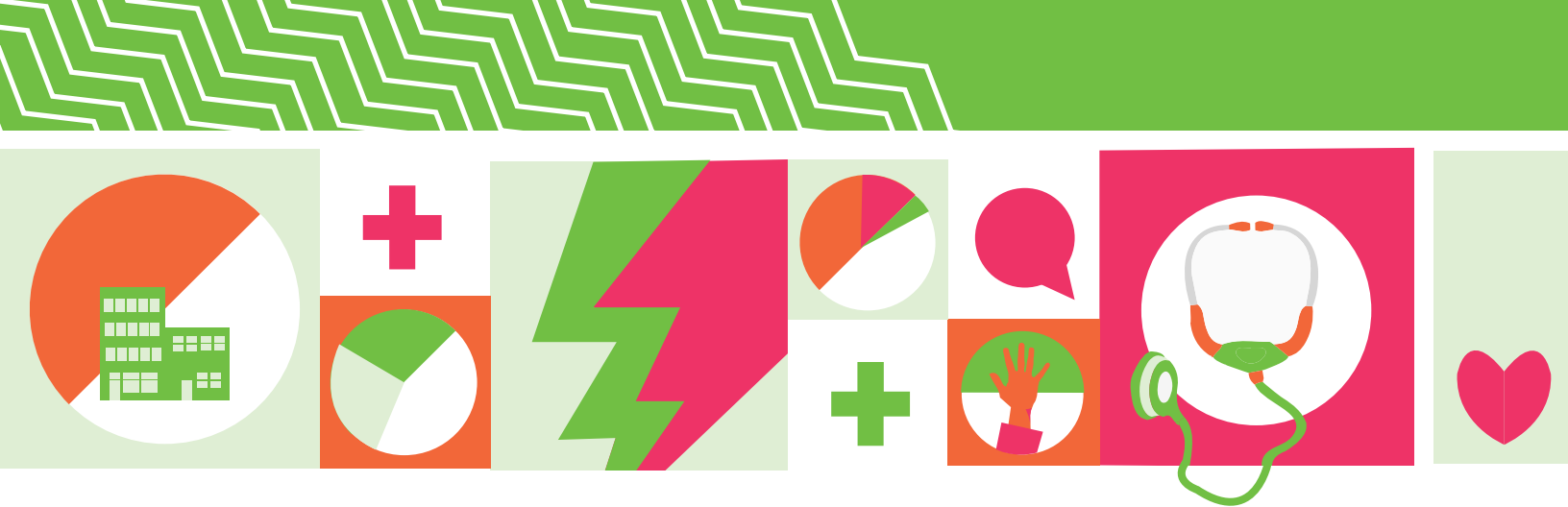
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## Abortion Care Network

# About Abortion Care Network

Abortion Care Network supports independent, community-based abortion care providers to ensure they are able to provide excellent care to the individuals, families, and communities they serve.

### **Abortion Care Network**

PO Box 3352  
Minneapolis, MN 55403  
202-419-1444

**[www.abortioncarenetwork.org](http://www.abortioncarenetwork.org)**

**[media@abortioncarenetwork.org](mailto:media@abortioncarenetwork.org)**

View this report and all previous years' reports at:

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