Communities Need Clinics

The Role of Independent Abortion Care Providers in Ensuring Meaningful Access to Abortion Care in the United States

Abortion Care Network
www.abortioncarenetwork.org

Executive Summary

Independent abortion clinics – not private physicians' offices, nationally affiliated health care centers, or hospitals – collectively provide the majority of abortion care in the United States. These clinics provide care when and where others do not, operating in the most hostile states and courageously providing care as pregnancy progresses. However, despite this needed service, independent clinics are closing at an unprecedented rate; nearly 30 percent of independent clinics have closed over the past five years.

To ensure continued access to abortion care in the United States, independent abortion clinics and the patients they serve need legal protection and community support. Proactive state and federal legislative efforts as well as direct financial and volunteer supports are critical to ensuring the well-being of these community-based providers.

Methodology

Between June 2015 and July 2017, Abortion Care Network collected data on every abortion clinic in the United States that publicly discloses that it provides abortion care. Using available search engines to identify providers, each clinic was contacted bi-annually for operational status and scope of services. Data gathered are presented throughout this report.

Recommended Citation

Madsen, N., Thibodeau, J., Schubert, E. (2017). Communities Need Clinics: The Role of Independent Abortion Care Providers in Ensuring Meaningful Access to Abortion Care in the United States. Minneapolis: Abortion Care Network.

Graphic design by Heather Ault

Abortion Care Network is grateful to our partners at Guttmacher Institute and Ibis Reproductive Health for their help in reviewing this report.

The Essential Role of Independent Abortion Care Providers

Following *Roe v. Wade*, the Supreme Court ruling that solidified the right to abortion in the United States, feminists and physicians began opening community-based, independently-owned abortion clinics throughout the United States. Their outpatient care model kept the cost of the procedure affordable while providing safe, quality care. These independent clinics set a new standard for all health care – laying the groundwork for affordable, exceptional outpatient services that center patients and their needs.

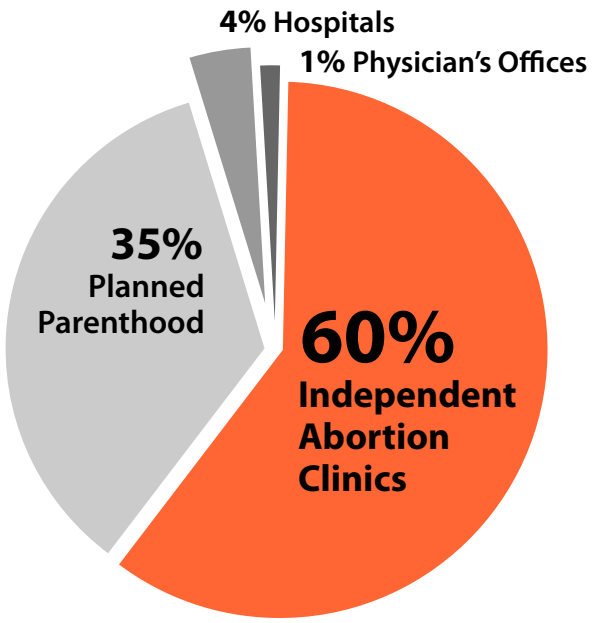
In the United States, abortion care is provided in private physicians' offices, hospitals, Planned Parenthood clinics, and independent abortion clinics.* Although independent abortion care providers represent about 25 percent of the facilities offering abortion care in this country, they perform about 60 percent of the abortion procedures.[1, 2]

INDEPENDENT ABORTION CARE PROVIDERS PERFORM 60% OF ABORTIONS IN THE UNITED STATES

Although all of these providers are necessary and vital to ensuring access to reproductive health care – including abortion – most people are unaware of the important contributions of independent abortion care providers and the challenges they face.

In addition to lacking name recognition, independent abortion care providers also lack the institutional support and fundraising capacity of nationally affiliated health care centers and hospitals. This makes it especially difficult for these community-based providers to garner the resources necessary to stand strong against the increasing anti-abortion extremism and legislation that aims to shut their doors.

Percentage of abortions performed by provider type[1,2]



** Within the reproductive rights movement, independent abortion care providers and clincs are sometimes referred to as "Indies."*

Independent abortion care providers stand out in several ways. They often provide care that is otherwise unavailable to a particular patient or in a particular geographic area. Without independent abortion care providers, meaningful access to abortion care after the first trimester of pregnancy would be dramatically reduced in the United States. Independent clinics often serve some of the most rural areas of the country, provide care to LGBTQ patients, and work with their communities and local abortion funds to ensure that care is available to those patients with the fewest resources.

> **Three years after Roe v Wade, I decided to open Northland Family Planning clinic in Detroit. It was - and still is - important to me to create a space where women are treated with the respect and dignity they deserve.**
>
> Renee Chelian, Founder
> Northland Family Planning Centers

Despite the unique challenges they face, being independent also has advantages. Like other independent, locally-owned businesses rooted in their communities, they are able to respond to community needs by adding or adapting services to center the unique needs of their patients and those not being served in their city or region.

Independent abortion care providers are also bold advocates in their states and beyond, as we saw in the historic Supreme Court victory of *Whole Woman's Health* (an independent provider) *vs. Hellerstedt*. This decision made two things clear: 1) the United States legal system continues to uphold abortion as a constitutional right, and 2) the effects of clinic closures can be devastating – in some cases, permanent.[3] Meaningful access to abortion care in the United States depends on independent abortion care providers keeping their doors open and continuing to provide quality, patient-centered care. Unfortunately, these providers are also the most vulnerable to anti-abortion attacks (including anti-choice legislation, harassment, and violence), funding restrictions, and other attempts to close clinic doors or make abortion unavailable.[4, 5, 6]

> **At Feminist Women's Health Center, we know we must engage communities in creative ways, meet more of their needs, and make sure they are equipped to advocate for themselves. We want our relationship with the community we serve to be more than transactional: we want it to be transformational.**
>
> Kwajelyn Jackson, Community Education and Advocacy Director
> Feminist Women's Health Center

Meaningful Access to Abortion Depends on Independent Abortion Care Providers

Independent abortion clinics collectively provide care to 3 out of every 5 people in the United States who have an abortion. [1, 2]

In addition to providing the majority of abortion care in the US, independent clinics are sometimes the only available provider of abortion in a given state or region. Currently, seven states have only one abortion care provider. Independent abortion care providers operate the only clinic in five of those states: Kentucky, Mississippi, North Dakota, West Virginia, and Wyoming.[7] In Arkansas, Oklahoma, Georgia, and Nevada, 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 weeks of pregnancy.

PEOPLE WHO HAVE AN ABORTION GET CARE FROM INDEPENDENT ABORTION CARE PROVIDERS

Independent abortion care providers operate the majority of abortion clinics in the states most politically hostile to abortion access.[4, 5] In these states, both patients and providers are subject to more politically-motivated, medically unnecessary barriers to accessing care – yet independent abortion care providers continue to fight back and refuse to be intimidated.

Over the last decade, unintended pregnancy rates have fallen dramatically.[1] While this means that fewer people are seeking abortion care overall, those who do are more likely to be young, low-income, women of color, and/or already parenting.[8] Because the resources for preventing unintended pregnancy are not equitably distributed and can change based on the political climate, the negative consequences of restricted abortion access disproportionately impact those patients who may already have fewer resources and supports. For many reasons – including their commitment to providing care throughout pregnancy, their advocacy for abortion funding, and their steadfast determination to provide care in the most politically hostile states, independent abortion care providers remain critical when it comes to providing care for those with the fewest resources.

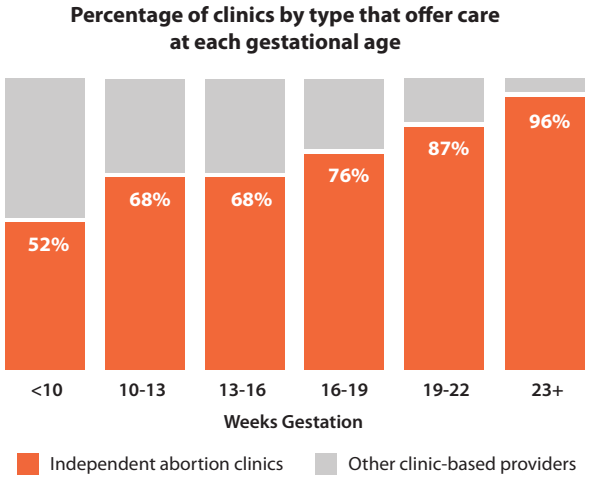
Abortion Care Throughout Pregnancy Depends on Independent Abortion Care Providers

Although *Roe v. Wade* protects the legal right to abortion, that right is functionally meaningful only because of independent abortion care providers.

Across the country, the majority of clinics providing abortion care after the first trimester are independent clinics. Without these providers, access to abortion in a clinic setting after 16 weeks gestation would be diminished by 76 percent, and access after 19 weeks would be nearly non-existent. In terms of numbers of abortions provided, in almost every state, the majority of women requiring abortion care after the first trimester are seen at independent clinics.[9]

THE MAJORITY OF CLINICS PROVIDING ABORTION CARE AT EVERY STAGE OF PREGNANCY ARE INDEPENDENT ABORTION CLINICS

Gestational age (or progress through pregnancy) is often marked in number of weeks since the first day of the last menstrual period (LMP) or by trimesters, also calculated from the first day of the last menstrual period. For example, a person 16 weeks into pregnancy is 16 weeks from her last menstrual period, though fertilization and implantation likely happened about two weeks after that period.



Impact of closures on the availability of abortion throughout pregnancy

Because of financial and political forces – including low reimbursement rates, unconstitutional 20-week bans, and politically-motivated bans on certain safe medical procedures – clinics that provide abortion care beyond the first trimester of pregnancy are particularly vulnerable to closing.

Although some hospitals provide abortion care beyond the first trimester, these providers primarily focus on patients with more complex medical needs (such as bleeding disorders or a history of seizures). Like all medical procedures, abortion care is significantly more expensive in a hospital setting than in a clinic setting, making hospital-based care inaccessible to many in need of care. This is particularly true in states where Medicaid or private insurance does not cover the cost of abortion care. Furthermore, hospital-based reproductive health care has been further jeopardized by a marked increase in hospitals owned by the Catholic church since 2001.[10]

Given the fundamental role of independent abortion care providers in the provision of abortion care later in pregnancy, the closing of independent clinics makes already-scarce abortion care beyond the first trimester increasingly difficult to access.

Of the 56 independent clinics closed over the last two years, only nine provided care exclusively before 13 weeks gestation; 24 provided care between 13 to 19 weeks; 10 provided care between 19 to 22 weeks; and 11 provided care after 22 weeks (gestation information was unavailable on two of the closed clinics). With more than 80 percent of total closures shuttering clinics that provide care after the first trimester, it is clear that as independent abortion clinics close, abortion care becomes increasingly difficult to access as pregnancy progresses.

56

independent abortion clinics closed over the last 2 years

More than

80%

of these clinics provided care *after* the first trimester

Though 89 percent of abortions are performed in the first trimester[8], factors related to the pregnancy or barriers to accessing care at earlier gestational dates result in some women needing abortion services after the first trimester.[11, 12] As an example, fetal anomalies are often not detected (or in some cases, not disclosed by Catholic Hospitals or anti-choice physicians) until the 20th week of pregnancy or beyond. Without independent abortion care providers, patients facing these circumstances would likely have no options at all.

The decision to terminate a wanted pregnancy is a complex and often heartbreaking one, but it is a decision a patient must be able to make with her doctor. Many women would be forced to carry nonviable or life-threatening pregnancies to term if not for independent abortion care providers. Currently, 43 states prohibit abortion after a certain point in pregnancy [4]; however, the law requires that exceptions be made when the life or health of the pregnant person is at risk. Though few abortions are performed after 20 weeks in the US, it remains crucial that providers continue to offer care throughout pregnancy; the lives and health of women depend on them.[13]

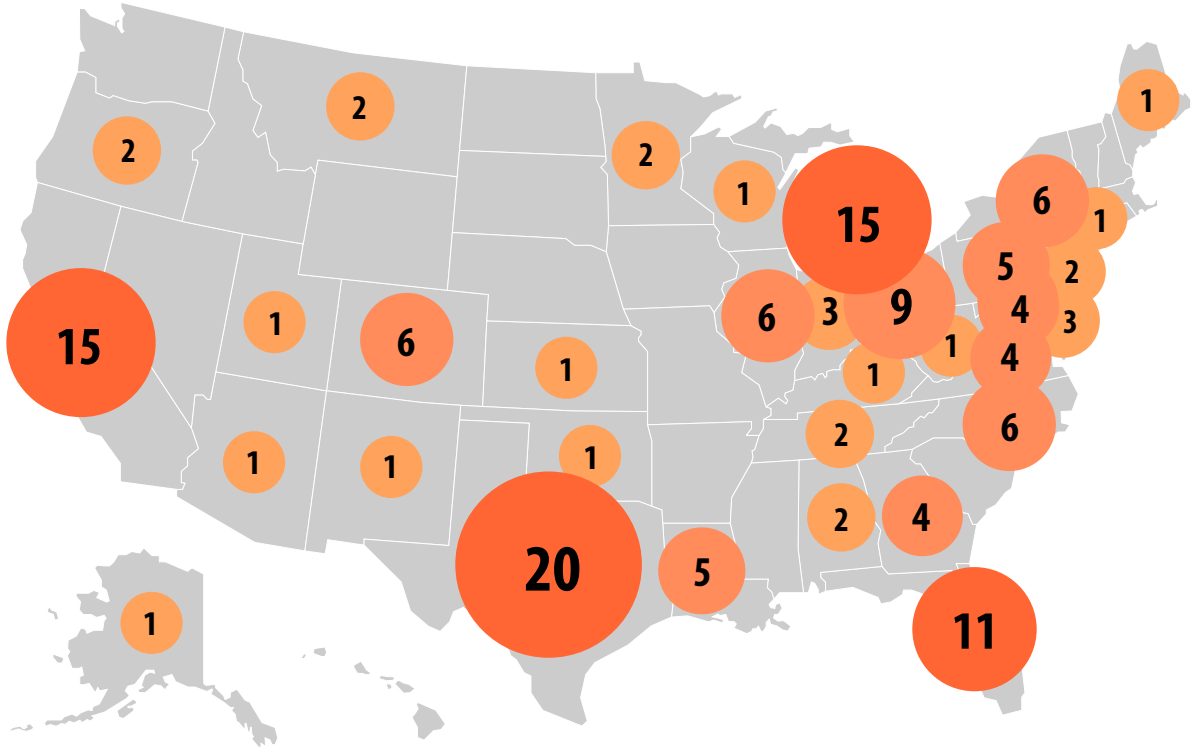
> **“Women who seek abortion after 20 weeks of pregnancy are almost always in desperate situations that require expert care in a setting devoted to their needs. Some are carrying wanted pregnancies but facing fetal anomalies; others are navigating the trauma and barriers resulting from sexual assault. It is essential that practitioners are free to give these patients total medical, emotional, and social support in a place that protects them from the harsh and sometimes violent hostility directed toward them by anti-abortion fanatics, social stigma, and anti-abortion political leaders.”**
>
> Warren M. Hern, M.D., M.P.H., Ph.D.
> Director, Boulder Abortion Clinic

Alarming Rate of Clinic Closures

Abortion Care Network tracks clinic closures across the United States. Of all abortion clinic closures in the last five years, the vast majority have been independent abortion care providers.[6]

In 2012, there were 510 independent abortion care providers in the US. Since then, 145 clinics have closed, reducing the total number of independent providers by 28% in just five years. Twenty of those clinics closed in 2012; 40 closed in 2013; 23 closed in 2014; 33 closed in 2015; and 19 closed in 2016. As of July 2017, 10 independent abortion clinics have already closed this year.

Number of independent abortion clinic closures by state
2012 - 2017



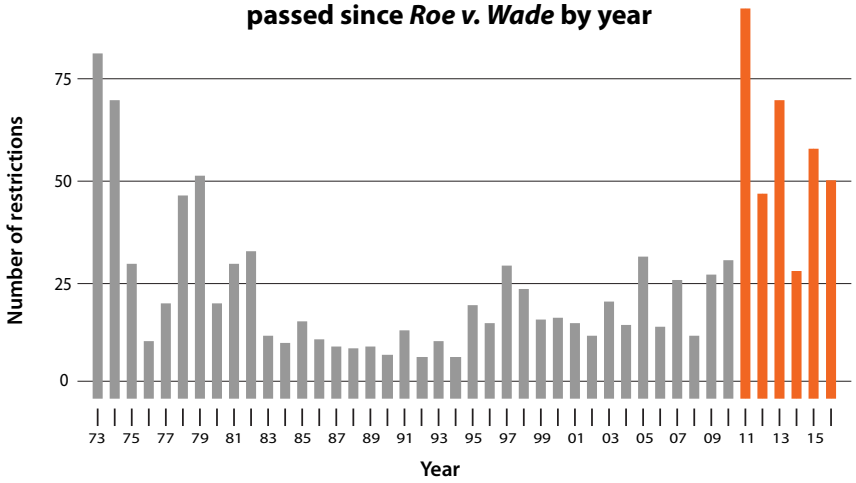
When clinics close, patients are forced to travel farther, find overnight lodging, take additional time away from work (often unpaid), and find childcare, increasing both medical and personal out-of-pocket costs. Patients are also forced to wait longer to access care, may not be able to access the method of their choice, and in some cases, may not be able to obtain an abortion at all.[3, 13, 14, 15] Additionally, when clinics close and fewer providers remain in each state, it becomes increasingly easy for anti-choice extremists – including politicians – to concentrate their efforts on a single clinic, at times terrorizing the last remaining lifeline in a given state.[7, 16]

Causes of Clinic Closures: Anti-Abortion Legislation

Since 2010, anti-abortion politicians have launched an aggressive campaign to restrict abortion access by passing laws that attempt to make it too expensive or logistically difficult for abortion clinics to operate. In the last six years alone, states have passed 338 laws making abortion more difficult to access. This marks a dramatic increase in anti-abortion regulation seen since the *Roe v. Wade* decision in 1973.[17]

IN THE LAST 6 YEARS, STATES HAVE PASSED 338 LAWS THAT MAKE ABORTION CARE MORE DIFFICULT TO ACCESS.

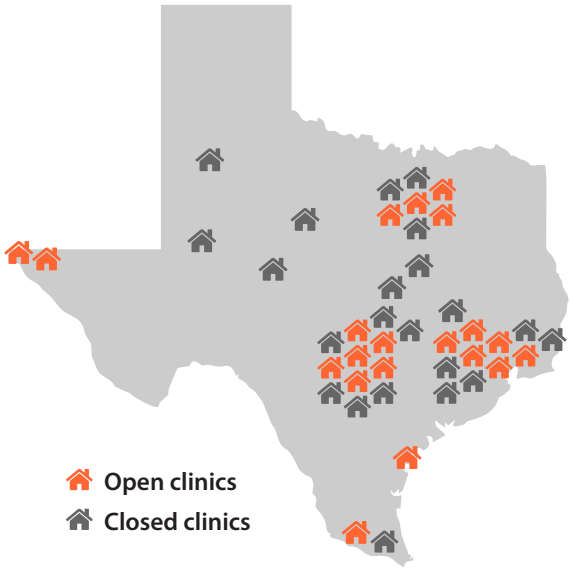
Number of state-level abortion restrictions passed since *Roe v. Wade* by year



This new wave of regulation included Targeted Regulation of Abortion Providers (or "TRAP") laws, which place burdensome requirements on abortion care providers - including medically unnecessary building codes and impossible-to-meet admitting privileges for doctors. These laws do not impose the same requirements on similar medical providers and have no health or safety benefit for patients.[18] Texas's HB2 was a particularly onerous TRAP law passed in 2013. Prior to HB2, there were more than 40 abortion clinics in Texas; once enacted, HB2 resulted in the closure of over half of the state's clinics.[15,19]

In *Whole Woman's Health v Hellerstedt*, the Supreme Court determined that this law was medically unnecessary and overly burdensome and struck it down. Similar laws were struck down in Alabama, Mississippi, and Wisconsin in June of 2016.[20] Still, the devastating effects have outlasted the legislation. Once forced to close, the financial barriers involved in reopening an abortion clinic can be insurmountable. Of the more than 20 clinics that closed following the passage of HB2 in Texas, only two have reopened as of July 2017. [21, 22]

Abortion clinic closures following the passage of Texas TRAP law HB2[19]



Causes of Clinic Closures: Anti-Abortion Extremism

Well-funded, extremist anti-abortion groups target abortion care providers with harassment, threats, and violence.[23] In 2016, abortion care providers saw an increase in harassment and intimidation tactics intended to make it more difficult to provide and access care at abortion clinics. Tactics include; vandalism, picketing, obstruction, trespassing, burglary, stalking, assault and battery, and bomb threats. Immediately following the November 2016 election, abortion providers also saw a sharp increase in picketing, hate speech, and online harassment.[24]

> **Unfortunately, anti-choice extremism makes some physicians think twice about pursuing a career as an abortion provider. Having to rely on physicians who live outside of our state makes it harder for our clinics to serve all who need us.**
>
> Julie A. Burkhart
> Founder and CEO, Trust Women
> South Wind Women's Center

Not only do these attacks shame and intimidate patients[25], they also make it difficult for clinics to find physicians and other frontline staff willing to provide care. In many states, clinics rely on physicians to travel hundreds of miles from other states in order to provide care to the people of that state. Additionally, vandalism that destroys clinic space can make it logistically and/or financially impossible for clinics to stay open.

> **My clinic in Montana was vandalized by an armed anti-choice extremist. The physical damage totaled over $600,000 and the psychological toll on me, my staff, and my family was devastating. The cost of restoring the building was so high that we were forced to close our doors, forcing women in our community to travel over 120 miles one way to access the next closest abortion clinic.**
>
> Susan Cahill, PA-C, MSW
> Owner, All Families Healthcare PC

Crisis Pregnancy Centers (CPCs) are unlicensed, often religiously-affiliated storefront operations that claim to provide reproductive health care, but instead coerce, shame, and provide false information to people seeking reproductive health services (including abortion). Though it's unclear the extent to which CPCs contribute to clinic closures, their negative impact on patient health and cultural stigma is well documented.[26] As some states funnel taxpayer dollars to CPCs and their attempts to prevent patients from accessing abortion care intensify, tracking these anti-abortion extremists will continue to be important to ensure access to care.

Causes of Clinic Closures: Financial Pressures

INDEPENDENT ABORTION CARE PROVIDERS REMAIN CRITICAL WHEN IT COMES TO PROVIDING CARE FOR THOSE WITH THE FEWEST RESOURCES

More than half of those seeking abortion care are already parenting; the overwhelming majority are struggling to make ends meet.[8] Additionally, insurance coverage bans that bar reimbursement for abortion care place an enormous burden on patients seeking care.[27, 28] Because of their feminist roots, their commitment to justice, and a deep understanding of the realities their patients face, independent abortion care providers work hard to keep the cost of care as affordable as possible. These financial realities result in independent abortion care providers essentially operating as community health centers without the benefit of fair insurance reimbursement, state or federal funds, and for most of these small businesses, without grants or charitable donations. Most independent abortion care providers that are able to keep their doors open are working with razor-thin profit margins or even financial loss.

Abortion is a legal, safe and necessary medical procedure, yet several state and federal policies force millions of insured women to pay for abortion care out-of-pocket. Federal Medicaid funds can only be used to pay for abortion care in the cases of rape and life endangerment. Twenty five states ban abortion coverage on Affordable Care Act Marketplace insurance plans, and 33 states ban state Medicaid funds from covering abortion care except in cases of rape and life endangerment.[29, 30]

Fifteen states use funds to cover abortion care for women on Medicaid. Two states, Arizona and Illinois, do not currently cover abortion care despite court order. In the 15 states where Medicaid covers the cost of abortion care, reimbursement rates to providers are low and often do not come close to covering the actual cost of care.[27, 31] Further, there is a significant disparity in reimbursement amounts between first and second trimester abortion care. While abortion costs increase with gestational age, the reimbursement rates in many states do not increase accordingly, covering significantly less of the cost of a second trimester abortion as compared with a first trimester abortion.[27]

> **"I drove 8 hours to get here and was feeling scared and alone until I got here. Now I realize I am not alone. The staff here are really wonderful. The decision you make to have an abortion is all your decision. You have to do what's best for you and your life."**
>
> A patient of Red River Women's Clinic
> Fargo, North Dakota

As clinics across the country continue to provide care to patients of all income levels in accordance with their missions, coverage bans and unjust insurance reimbursement rates make it nearly impossible to keep clinic doors open. Patient access to abortion care depends on abortion funds[14] as well as foundation and individual donor support being directed to independent abortion clinics to ensure their sustainability.

Conclusion

Anti-abortion legislators and extremists impose barriers to accessing abortion that delay and sometimes push care completely out of reach. Coverage bans mean women have to spend more time raising money to pay for the procedure, travel costs, and childcare. Forced waiting periods push people further and further from the date they seek care, while Crisis Pregnancy Centers misdirect patients with lies and fraudulent ultrasound results in order to deliberately delay their care. As anti-abortion extremists continue to succeed at putting up barriers that force women to delay care, the sustainability of those clinics providing care after the first trimester is more important than ever.

Communities need clinics, and independent abortion clinics need the support of their communities. Those opposed to reproductive freedom have spun a complicated web of legal restrictions, harassment and violence, and stigma that is not easily undone. 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:**

- **End medically unnecessary, politically motivated restrictions that push abortion out of reach for women and make it impossible for clinics to provide care;**
- **Enforce federal and local protections that ensure safe access to abortion clinics, and expose the fake clinics that try to keep patients from getting the care they need;**
- **Ensure unbiased and adequate funding for comprehensive reproductive health services, including birth control, abortion, prenatal care, and childbirth;**
- **Repeal both public and private insurance coverage bans on abortion at the federal and state levels;**
- **Increase Medicaid rates for abortion care so that providers are reimbursed fairly;**
- **Raise public awareness of the essential role of independent abortion care providers.**

Independent providers lack name recognition, institutional support, and marketing resources. They rely on individuals and communities to help keep their doors open through donating, volunteering, and advocating. Without these courageous providers, meaningful access to abortion throughout pregnancy is merely a right in name alone.

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