

COMMUNITIES NEED CLINICS 2021

*Independent Clinics: Leading
the Fight to Sustain Abortion
Access in the United States*



Abortion Care Network
WE ARE STRONGER TOGETHER





Table of Contents

The Essential Role of Independent Abortion Care Providers	2
Meaningful Access to Abortion Depends on Independent Abortion Care Providers	4
Entire States and Regions Depend on Independent Abortion Clinics	5
Care Throughout Pregnancy Depends on Independent Clinics	6
Independent Clinics Provide More Comprehensive Abortion Care	7
Independent Clinics Innovate and Adapt.	8
Abortion Clinics Are Closing at an Alarming Rate.	10
Impact of Closures on the Availability of Abortion Throughout Pregnancy.	12
A Year of Unrelenting Challenges.	14
Extreme Abortion Restrictions in Texas and Other States	15
A Direct Challenge to <i>Roe v Wade</i>	15
Conclusion and Action.	16
There are No Simple Solutions, but Priorities Include:.	17
References	18
Methodology	20
About This Report	20
About Abortion Care Network	inside back cover

The essential role of

INDEPENDENT ABORTION CARE PROVIDERS

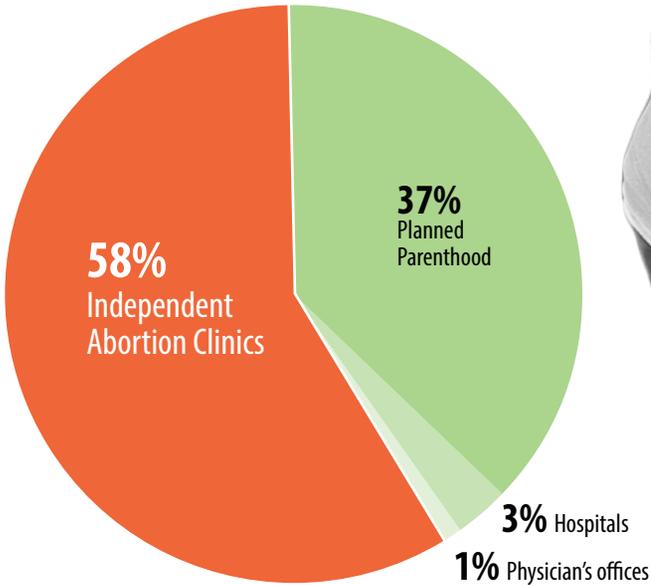
Independent abortion clinics — not private physicians' offices, hospitals, or Planned Parenthood health centers — provide the majority of abortion care in the United States. Although independent abortion clinics represent about 25 percent of the facilities offering abortion care, they provide 58 percent of all abortion procedures nationwide.^{1,2}

All of these providers are necessary to ensuring access to reproductive health care, including abortion — yet independent abortion care providers remain relatively absent from public conversations. These clinics lack the institutional support, visibility, name recognition, or fundraising capacity of national health centers and hospitals, making it especially difficult for them to secure the resources needed to keep their doors open.

Independent abortion clinics serve some of the most politically hostile areas of the country,³ provide a breadth of reproductive health services, and work with their communities and abortion funds to ensure that services are available to those patients with the fewest resources. They are bold advocates in their communities, states, and on the national stage — often fighting for and ensuring the legal right to access abortion.

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.^{3,4,5} Because independent clinics are more likely to provide more comprehensive abortion options, provide care as pregnancy progresses, and operate in the most politically hostile states,³ threats to these clinics are a threat to abortion access overall.

Abortion Procedures By Provider Type



MEANINGFUL ACCESS TO ABORTION

*depends on independent
abortion care providers*



Entire States and Regions Depend on Independent Abortion Clinics

Independent abortion clinics collectively provide care to three out of every five patients who have an abortion in the United States each year.^{1,2} 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 that are most politically hostile to abortion access.^{3,4}

In fact, independent clinics are sometimes the only available provider of abortion in a given state or region. Currently, six states have only one brick-and-mortar abortion clinic remaining; independent abortion care providers operate the sole remaining clinics in four of those states: Mississippi, North Dakota, West Virginia, and Wyoming (Missouri and South Dakota each rely on a single Planned Parenthood clinic). Though there are three remaining abortion clinics in Louisiana, that state also relies completely on independent clinics.

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

Independent Clinics Provide Care to
3 Out of Every 5 Patients Who Have an Abortion
in the U.S.



“
As the only abortion
clinic in West
Virginia, it's on us
to hold the line and
protect abortion
access in the
face of continued
political attacks.

—Katie Quinonez,
Women's Health Center of West Virginia

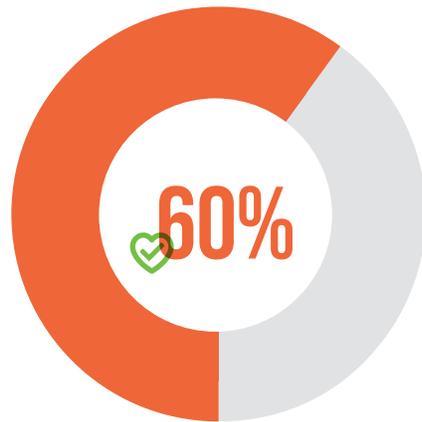
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Care Throughout Pregnancy Depends on Independent Clinics

Abortion care throughout pregnancy depends on independent abortion clinics remaining open. Across the country, 60 percent of clinics that provide abortion after the first trimester* are independent.

Independent clinics represent 64 percent of all clinics that provide care at and after 16 weeks of pregnancy, 71 percent of clinics providing care at and after 19 weeks of pregnancy, and 79 percent of clinics that provide care at or after the 22nd week of pregnancy. After 26 weeks of pregnancy, the only clinics providing abortion care in the entire United States are independent.**

Though most abortions are performed in the first trimester of pregnancy,⁵ there are many reasons that people need abortion services after that point — including politically-imposed barriers that force delays in accessing care, bans on insurance coverage for abortion, and factors related to health, safety, and viability. 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 who need to access abortion care later in pregnancy would often have no options at all.^{6,7}



of all US clinics that provide care after the first trimester are independent clinics



of all U.S. clinics that provide abortion at or after 22 weeks of pregnancy are independent clinics



of all U.S. clinics that provide abortion after 26 weeks of pregnancy are independent clinics

Abortion Care Throughout Pregnancy Depends on Independent Abortion Clinics Remaining Open

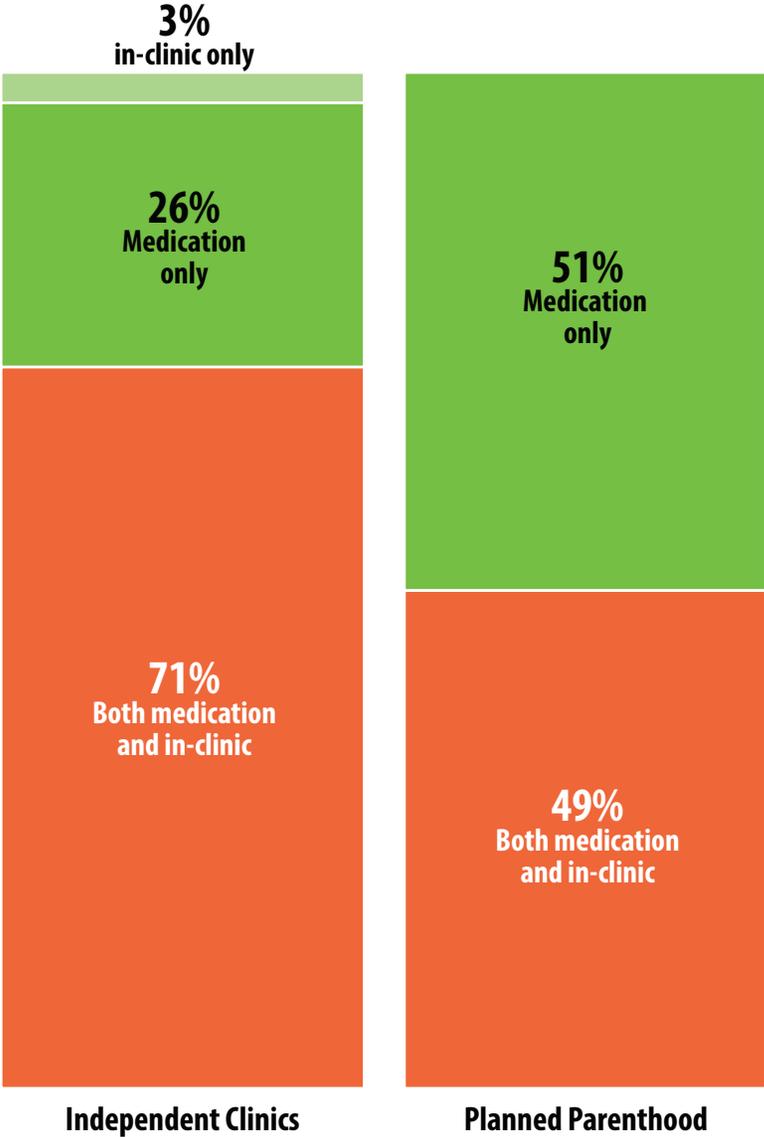
* For the purposes of this report, the first trimester is defined as the first 12 weeks and 6 days from a person's last menstrual period.

** Data reported in this section represents services provided through August 31, 2021, the day before a near-total abortion ban went into effect in Texas.

Independent Clinics Provide More Comprehensive Abortion Care

Independent abortion clinics are more likely to provide both medication and in-clinic abortion care as options. Seventy one percent of independent clinics offer both medication and in-clinic abortion care, as compared to Planned Parenthood, where both medication and in-clinic abortion care are available at only 49 percent of affiliated clinics. Without independent abortion clinics, countless patients would only have access to medication abortion, making abortion available only up to 10 to 11 weeks of pregnancy.

When medication abortion is the only option available at a clinic or in a community, the ability to access abortion care beyond 10 to 11 weeks of pregnancy becomes substantially more difficult, requiring additional travel, time off work, and associated costs. It also limits a patients' ability to choose the best method for themselves. While both medication and in-clinic abortion are safe and effective, there are reasons patients may need or prefer one procedure over another.⁸ 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 from caring for children.



Types of Abortion Care Provided by Clinic Type

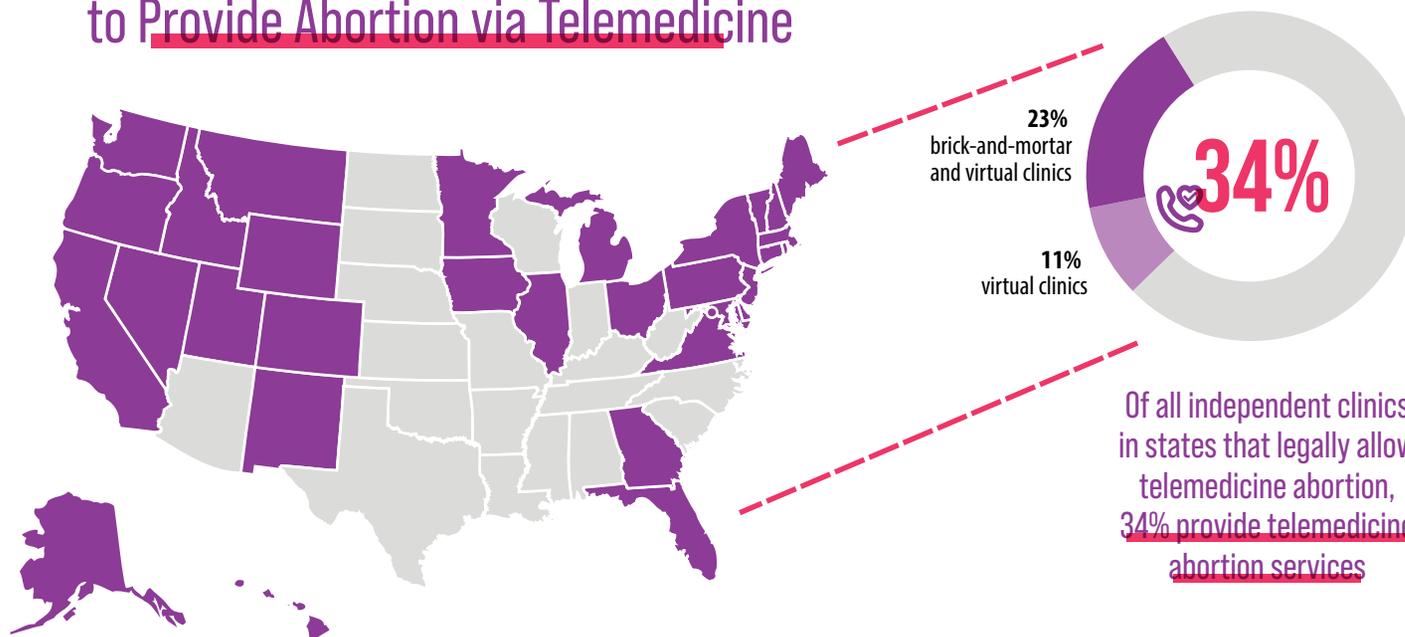
Independent clinics

INNOVATE AND ADAPT

Beginning in 2020, the global COVID pandemic required abortion providers to innovate, adapt, and find COVID-safe ways of serving patients. While a number of clinics had been providing abortion care via telemedicine prior to 2020, policy changes, updated medical protocols, and efforts to reduce the transmission of COVID-19 accelerated the implementation of telemedicine abortion services for many others.



Only 31 States and Washington DC Allow Clinics to Provide Abortion via Telemedicine



In 2020, the FDA suspended a medically unnecessary rule that required in-person dispensing of mifepristone (one of the medications used for medication abortion). That change, plus the work that independent providers did to write, publish, and research medical protocols — even when their own states ban them from providing virtual care — opened the door for abortion providers throughout the U.S. to expand access and reduce in-person visits via telemedicine.^{9,10}

Despite its proven safety and efficacy, 19 states ban clinics from providing abortion care via telemedicine.¹¹ These bans are politically-motivated and have no basis in medical evidence: multiple studies have found that abortion care provided via telemedicine is as safe and effective as in-person care,^{10,12,13} and many prominent health and medical organizations — including the American College of Obstetricians and Gynecologists — endorse the use of telemedicine for abortion care.¹⁴

In Washington DC and the 31 states where abortion can legally be provided via telemedicine, both brick-and-mortar clinics and several virtual (or online-only) clinics provide at least some aspects of abortion services via telemedicine. Of the over 300 independent clinics operating in states where it is legal to deliver abortion care via telemedicine, at least 34 percent provide telemedicine abortion services: 23 percent are brick-and-mortar clinics and 11 percent are virtual clinics.

Equitable access to abortion depends on brick-and-mortar clinics remaining open, lifting abortion restrictions, and technological innovations: true access can not rely on any one model of care. That said, independent abortion care providers have been an integral part of making telemedicine abortion a reality in the United States through their work in developing medical protocols, participating in rigorous research, and moving swiftly and thoughtfully to implement telemedicine services.

Abortion clinics are

CLOSING AT AN ALARMING RATE

Over the last decade, abortion clinics have been closing at an alarming rate. Of those closures, the majority have been independent abortion clinics.¹⁵

When Abortion Care Network started tracking clinic closures in 2012, we had identified 510 independent abortion clinics open in the U.S. As of November 2021, ACN identified 358 open independent clinics. While there have been a handful of clinic openings over the years, the overall number of independent clinics in the U.S. has decreased by 30 percent since 2012.

Since 2016, Abortion Care Network has identified 113 independent abortion clinic closures.* Twenty two independent clinics closed in 2016; 17 closed in 2017; 13 closed in 2018; 27 closed in 2019; 14 closed in 2020. As of November 2021, we have confirmed 20 independent clinic closures in 2021.

* 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.

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.¹⁶ 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, 34 independent clinics have been forced to close in the United States. Of those clinics, 74 percent provided care after the first trimester.

Given that independent clinics make up the majority of clinics providing abortion care after the first trimester, the continued closing of independent clinics presents a disproportionate threat to the availability of abortion care after the first trimester.



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A year of

UNRELENTING CHALLENGES

While abortion access has dwindled, political and physical attacks on providers have risen.^{17,18} This has been the case for decades, but in 2021, people providing and seeking abortion care faced new and unrelenting challenges. The COVID-19 pandemic continues to pose safety, staffing, and access challenges for clinics and their patients; Texas passed a near-total abortion ban; states passed and enacted more abortion restrictions this year than in any year since *Roe v Wade* was decided; and in December 2021, the Supreme Court will hear *Jackson Women's Health Organization v Dobbs*, a direct challenge to *Roe v Wade*.

Extreme Abortion Restrictions in Texas and Other States

In 2021 alone, states have passed over 500 abortion restrictions,¹⁷ enacting over 100 of these medically unnecessary restrictions.¹⁹ Abortion restrictions increase barriers to accessing and providing abortion care, often with serious consequences for mental, physical, and financial well-being.¹⁹ State-level abortion restrictions, federal bans on abortion coverage, and systemic inequities mean that getting abortion care remains more arduous — and sometimes impossible — for many, including Black, Indigenous, and people of color, people with disabilities, rural communities, young people, immigrants, and people with low or no income.

On September 1st, Texas enacted Senate Bill 8 (SB8); this law bans abortion after approximately six weeks of pregnancy by deputizing citizens to bring costly, unproven, and harassing lawsuits against anyone who provides or supports abortion care after roughly six weeks.²⁰ This cruelly designed law is causing devastating harm for people in Texas and beyond — threatening providers, putting up enormous barriers for people seeking abortions, or pushing care out of reach for many. Independent abortion clinics in Oklahoma, Arkansas, Louisiana, Colorado, and beyond have seen an influx of patients traveling from Texas for care^{21, 22, 23}; as always, independent clinics are responsive and adaptable, but no one should be forced to travel hundreds of miles for essential, time-sensitive care.

A Direct Challenge to Roe v Wade

Finally, in December, the U.S. Supreme Court will hear *Jackson Women's Health Organization v Dobbs*, a case out of Mississippi that directly challenges the precedent and protections set by *Roe v Wade*.²⁴ Jackson Women's Health Organization is an independent clinic and the only remaining abortion clinic in that state; as the plaintiff in this case, they are the third independent to have brought a major abortion case to the Supreme Court in the past six years. By challenging abortion restrictions in courts, independent clinics fight for all of us.²⁴

Although *Roe* is crucial, it's not sufficient to ensure that abortion is accessible for all who need care — especially for those with the fewest resources, the most systemic barriers to accessing care, and for people seeking abortion later in pregnancy. Though it remains insufficient, overturning *Roe v Wade* would be devastating, as an estimated 24 states would likely move to ban or severely restrict abortion immediately if the court explicitly or tacitly dismantles their own precedent.²⁵

No matter what the Supreme Court decides, abortion access hangs on by a thread in many states and for many people — especially as politicians continue to limit access and clinics are forced to close. The COVID-19 pandemic, state and federal abortion restrictions, and the shuttering of clinics all deepen inequities and add to existing barriers to accessing abortion care.



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CONCLUSION AND ACTION

Communities need clinics, and independent abortion clinics need the support of their communities in order to continue providing care in their clinics and fighting abortion restrictions in the courts. The sustainability of these clinics — and thus continued access to abortion — depends on overcoming the political, financial, and cultural hurdles that too often force clinics to close or prevent patients from getting care.



There are no simple solutions, but priorities include:

- ✓ **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.
- ✓ 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 independent abortion clinics.** Independent clinics typically pour every dollar they have into patient care and rely on donors to support the work they do in their communities, legal costs, and security and infrastructure investments.
- ✓ **Volunteer for or work with your local clinic.** Clinics need everything from website design to landscaping to patient escorts. Whatever your skill set is, local support is necessary to improve access. Find your [local independent clinic here](#) and [local abortion fund here](#).

- ✓ **Repeal insurance coverage bans on abortion** at the federal and state levels. Abortion bans place the financial burden of healthcare access on communities that are already systemically underresourced.
- ✓ **Lift medically unnecessary restrictions on medication abortion** at the state and federal levels, including state bans on telemedicine abortion and FDA regulations that prohibit remote dispensing of medication abortion.
- ✓ **Show your support for people who provide, have, and support abortions.** Talk about abortion honestly, openly, and without using euphemisms or stigma; participate in public rallies and online actions; and contribute to conversations happening around the hashtags #CelebrateAbortionProviders, #BansOffOurBodies, #IndiesProvide, and #KeepOurClinics.

Independent clinics provide essential care when and where others do not; they fight for our rights in the courts and adapt to meet the needs of their communities. However, Independent clinics lack visibility, institutional support, and the sustainable financial resources they need, instead relying on individuals and communities to help keep doors open through donating, volunteering, and advocating. Independent clinics must work incredibly hard in order to provide care under the weight of ever-increasing legal restrictions, compounded by an ongoing pandemic. If we are to meaningfully protect access to abortion care in the U.S., supporting these providers and keeping clinic doors open is critical. Without these courageous providers, patients, families, and communities would be left without the essential care they need.

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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 and clinic directories to identify providers, each independent clinic is contacted annually for operational status and information on the scope of services provided. Information on Planned Parenthood services is collected from each affiliate website. Data were gathered from July through November 1, 2021; findings are presented throughout this report.

About this Report

Graphic design by [Design Choice](#).

Data collection was done in partnership with [inedanA.com](#), a comprehensive online and SMS directory of abortion clinics in the U.S. The team at [inedanA.com](#) updates clinic listings throughout the year. If you know of updates that should be made, email hi@ateam.tech.

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About Abortion Care Network

Founded in 2008, Abortion Care Network (ACN) is the national association for independent abortion care providers and their allies. Together we work to ensure the rights of all people to experience respectful, dignified abortion care.

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