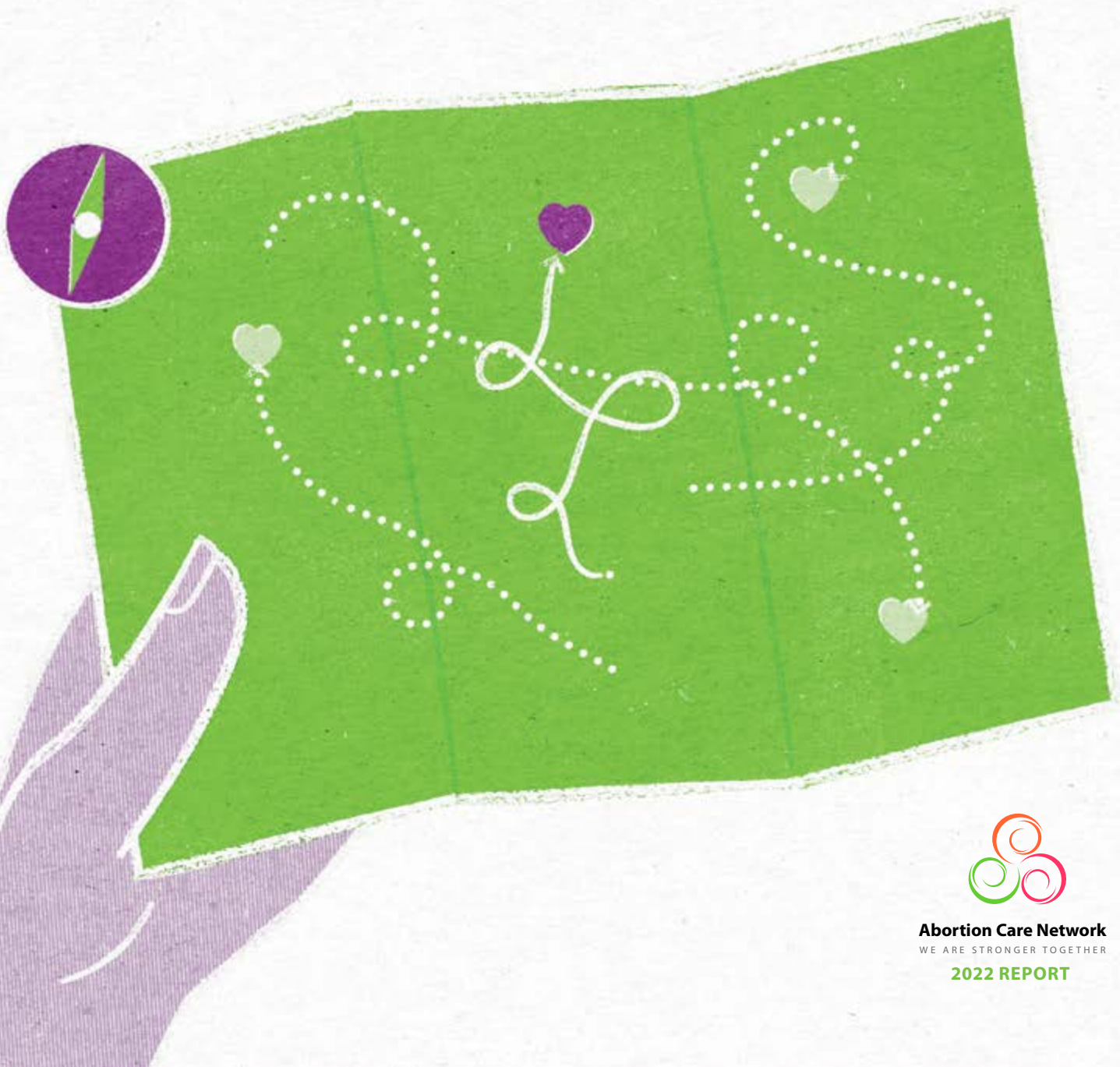


# Communities Need Clinics

The New Landscape of Independent Abortion Clinics  
in the United States



**Abortion Care Network**

WE ARE STRONGER TOGETHER

**2022 REPORT**

### Methodology

*In partnership with [ineedanA.com](https://ineedanA.com), 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. Data were gathered from July through November 1, 2022 and findings are presented throughout this report.*

*Abortion Care Network is grateful to our partners at Ibis Reproductive Health and the Guttmacher Institute for advice related to data collection and analysis, and to the team at [ineedanA.com](https://ineedanA.com) for their support with data collection.*



# Communities Need Clinics

The New Landscape of Independent Abortion Clinics in the United States

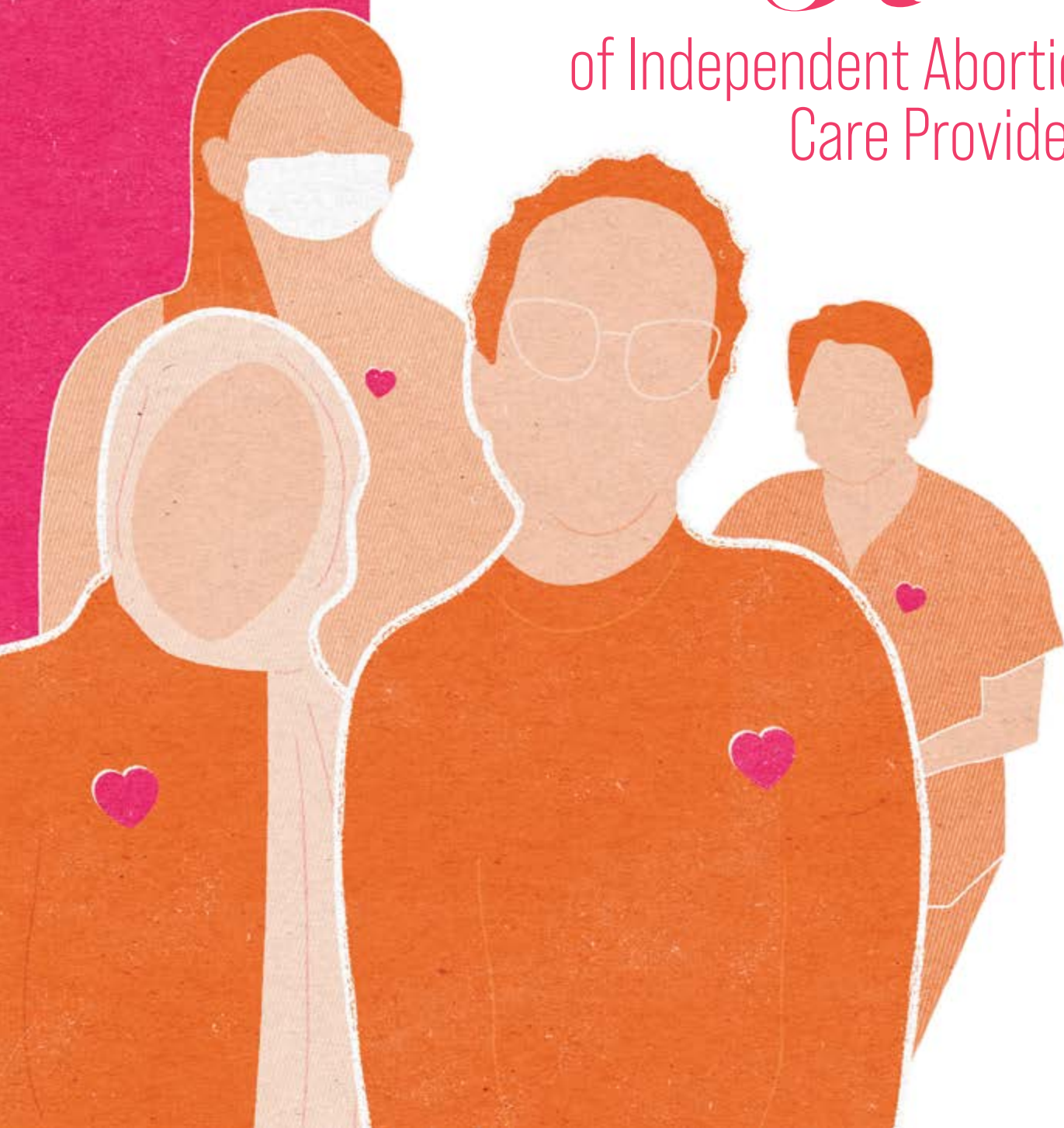
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# *The & Essential Role*

of Independent Abortion  
Care Providers

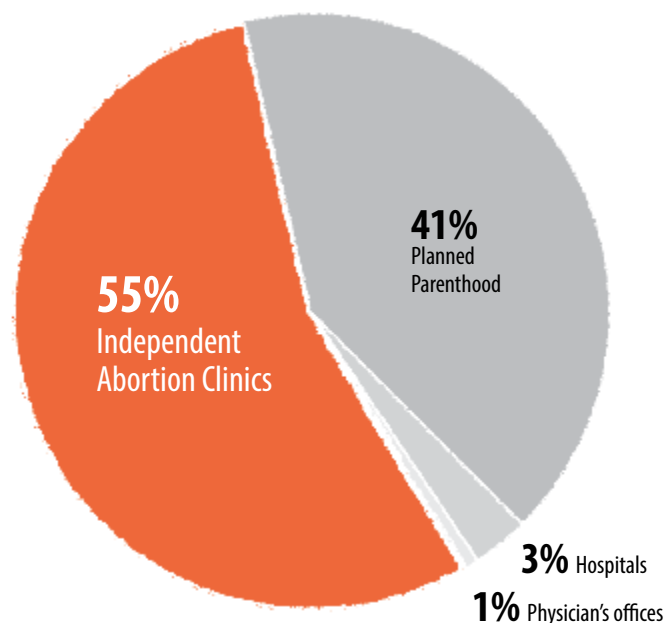


In the United States, abortion care is provided in private physicians' offices, hospitals, Planned Parenthood clinics, and at independent abortion clinics (indies). Although independent abortion care providers represent about 24 percent of all facilities offering abortion care, they provide 55 percent of all abortion procedures nationwide.<sup>1,2</sup>

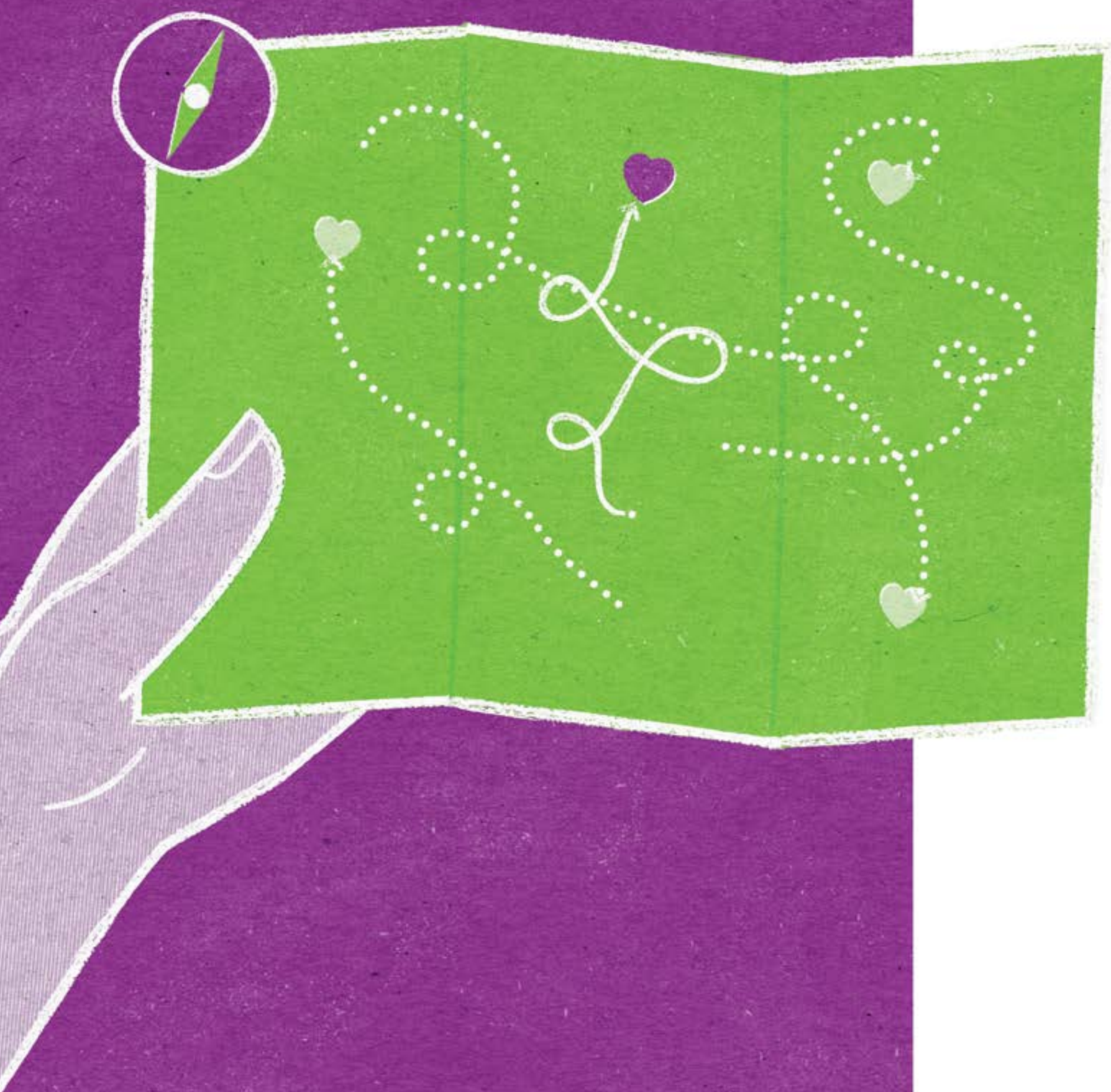
All of these providers are necessary to ensuring access to reproductive health care, including abortion — yet independent abortion care providers remain relatively under-resourced and are rarely centered in the broader abortion conversation. Indies lack the institutional support, visibility, name recognition, 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.

In addition to providing the majority of abortion care in the U.S., independent providers operate the majority of abortion clinics in the states that are most politically hostile to abortion access.<sup>3,4</sup> Wherever they're located, independent clinics are centers of care in their communities, often providing a breadth of sexual and reproductive health services and working 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 states — often fighting for and ensuring the legal right to access abortion.

### Abortion Procedures By Provider Type







# Independent Clinics Remain Essential

in a Radically Shifted  
Abortion Care Landscape

In June of 2022, the Supreme Court overturned *Roe v Wade* in their ruling on the *Dobbs v Jackson Women's Health* case. As a direct result, there are fourteen states with no abortion-providing clinics as of November 2022. Since Abortion Care Network began tracking independent clinic status in 2015, there has never been a state without at least one clinic.

Abortion restrictions, systemic inequities, a lack of clinics, and growing extremism made it difficult or impossible for many people to access abortion care even before the *Dobbs* decision; those factors have only intensified,<sup>4,5,6</sup> and the current map represents a radically different landscape of clinic-based care in the U.S.

In those states where clinics remain open and for those patients who are able to travel for care, maintaining even a basic level of access depends on independent abortion clinics 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>3,4,7</sup> Because independent clinics are more likely to provide more comprehensive abortion options, are more likely to provide care as pregnancy progresses, and make up the majority of clinics that operate in the most politically hostile states,<sup>3</sup> threats to independent clinics are a threat to abortion access overall.

## Care Throughout Pregnancy Depends on Independent Clinics

For years, access to abortion care throughout pregnancy has depended on independent abortion clinics; this remains following the overturning of *Roe v. Wade*, with independent clinics making up 62 percent of all U.S. clinics that provide abortion after the first trimester.\*

Independent clinics represent 66 percent of all clinics that provide care at and after 16 weeks of pregnancy, 69 percent of clinics providing care at and after 19 weeks of pregnancy, and 79 percent of clinics that provide care at or after the 22 week of pregnancy. After 26 weeks of pregnancy, the only clinics providing abortion care are independent.

Though most abortions are performed in the first trimester of pregnancy,<sup>7</sup> 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 of the pregnancy.

With over half the states in the U.S. banning or severely restricting abortion, more people will likely be pushed further into pregnancy as they travel for care, face long wait times in their own or other states, and gather the funds and supports necessary to access care. Because independent clinics account for the vast majority of clinics providing care as pregnancy progresses, patients needing care later in pregnancy would often have no options at all without independent abortion care providers.<sup>8,9</sup>

## Care Throughout Pregnancy Depends on Independent Abortion Clinics



\* 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. Eighty percent of brick-and-mortar 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 43 percent of affiliated clinics.

When medication abortion is the only option available at a clinic or in a community, the ability to access abortion care beyond 10 to 12 weeks of pregnancy becomes substantially more difficult, requiring additional travel, time off work, and associated costs. It also limits 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.<sup>10</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 from caring for children.

### Types of Abortion Care Provided by Clinic Type

Graph represents brick and mortar clinics only

#### Independent Clinics



#### Planned Parenthood

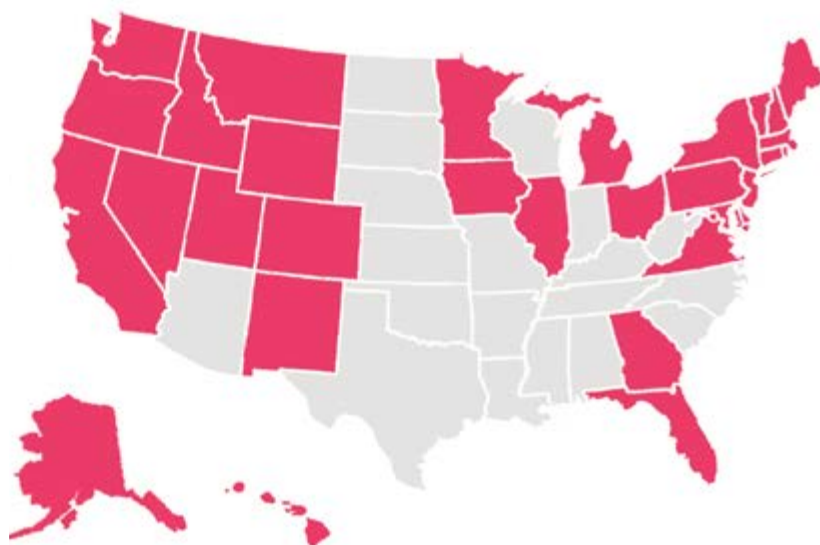




# *Online Abortion Care:*

Independent Clinics  
Innovate and Adapt

In Washington, DC and the 31 states where abortion can legally be provided via telemedicine, 23 percent of independent, brick-and-mortar clinics provide at least some aspects of abortion services via telemedicine. In addition to these clinics, there are now 100 independent virtual abortion clinics — a dramatic increase as compared to the pre-pandemic landscape.



Independent clinics have shown themselves to be innovators, accounting for 98 percent of all virtual clinics in the U.S. However, it's important to note that while the number of virtual clinics has increased dramatically over the last year, this mode of abortion provision is not available in those states with complete abortion bans or restrictions on virtual care. Equitable access to abortion depends on brick-and-mortar clinics remaining open, lifting abortion restrictions in every state, and technological innovations: true access can not rely on any one model of care.



# *Abortion Clinics are Closing*

at an Alarming Rate

NEXT ♥ CLINIC  
249 MILES



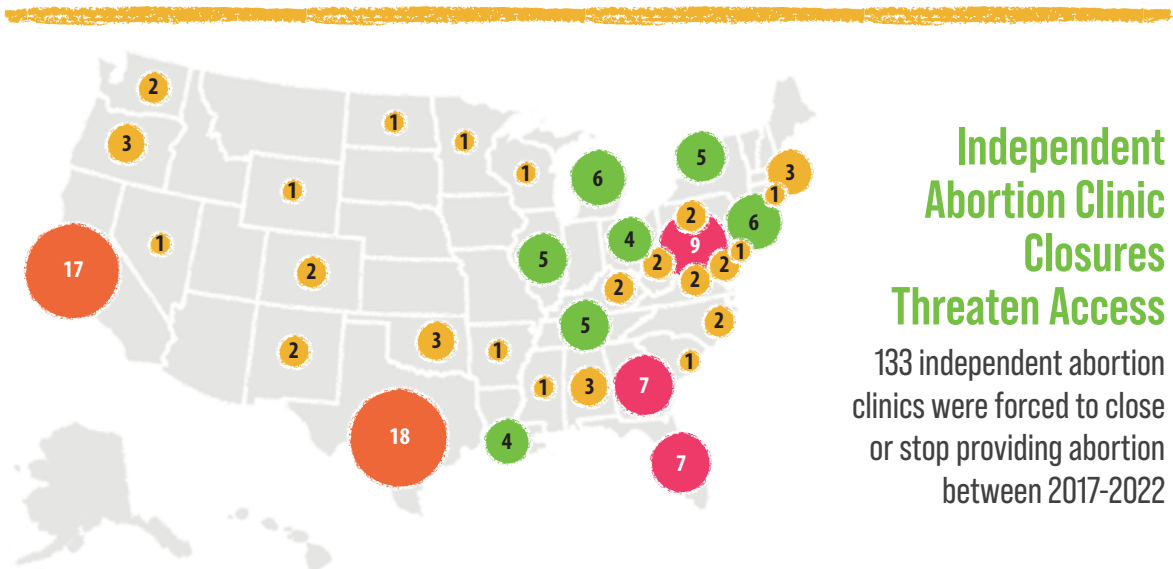
Over the last decade, abortion clinics have been closing at an alarming rate, with independent abortion care providers most likely to be forced to close.<sup>12</sup> For the purposes of this report, a clinic is considered closed if the clinic or practice closed entirely, or if the clinic or practice remains open but no longer provides abortion care services.

When Abortion Care Network started tracking clinic closures in 2012, we identified 510 independent abortion clinics open in the U.S. As of November 2022, ACN identified 434 independent abortion clinics, 333 of which are brick-and-mortar clinics. While there have been a surge of independent, online-only clinics since 2020 and a handful of brick-and-mortar clinic openings over the years, the overall number of brick-and-mortar independent clinics in the U.S. has decreased by 35 percent since 2012.<sup>†</sup>

Since 2017, Abortion Care Network has identified 133 independent abortion clinic closures.<sup>‡</sup> Seventeen independent clinics closed in 2017; 13 closed in 2018; 27 closed in 2019; 14 closed in 2020; 20 closed in 2021. As of November 2022, we have confirmed 42 independent clinic closures in 2022.

There are several reasons for clinic closures; in 2022, the overturning of *Roe v Wade* was the clearest and most immediate. Even in those states where abortion remains legal, medically unnecessary abortion restrictions, financial barriers, and anti-abortion extremism make it challenging for many clinics to keep their doors open at all.<sup>13</sup>

These challenges increase for clinics that provide care as pregnancy progresses, making them more vulnerable to closing. 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.



<sup>†</sup> This becomes 15 percent when online-only clinics are taken into account, a space where independent clinics have been innovative and adaptive.

<sup>‡</sup> Closures are confirmed by phone and publicly available reports.







# The New Landscape

## of Abortion Access

On December 1, 2021, the Supreme Court of the United States heard *Dobbs v Jackson Women's Health Organization*, a case out of Mississippi that directly challenged the precedent and protections of *Roe v Wade*. At the time, Jackson Women's Health Organization (JWHO) was the only clinic in Mississippi; the now-closed independent clinic served thousands of people from Mississippi and beyond, while also challenging a slew of laws meant to leave the people of Mississippi without access to abortion care.

Clinics in politically hostile states are not only at the front lines of providing abortion care, they are fighting back in court as they present legal arguments to keep abortion care available in their states. In fact, JWHO was the third independent clinic to have brought a major abortion case to the Supreme Court in the past seven years. Despite having far fewer resources and far less name recognition than other healthcare providers, independent clinics like JWHO have long led the charge against abortion bans and restrictions in their states and in the courts.

In May of 2022 — in a wholly unprecedented situation — a draft opinion of the *Dobbs v Jackson Women's Health Organization* case was leaked, foreshadowing the court's final opinion. On June 24, 2022, the Supreme Court issued a devastating ruling overturning *Roe v Wade*, thus revoking the constitutional right to an abortion and spurring a public health and human rights crisis.

### ***Independent clinics are forced to close their doors***

*Despite winning a landmark Supreme Court case in 2016 that kept clinics open in Texas, in June of 2022, Whole Women's Health Alliance announced they would be closing all four of their Texas clinics. Like many other independent clinics across the country, Whole Women's Health initially attempted to pivot the type of care they provided in order to remain open. Ultimately, these Texas-based clinics did not have the resources available to continue to pay staff, pay rent, and keep their doors open.<sup>17</sup>*

### ***Independent clinics have been forced to uproot from their communities***

*Red River Women's Clinic (RRWC) had to close its Fargo, North Dakota facility as it anticipated a six-week abortion ban going into effect on July 28, 2022. Because abortion is protected in Minnesota, and with the help of [Keep Our Clinics](#) and community-based funding, RRWC was able to keep care close to their community – moving just across the river from their home in Fargo to Moorhead, Minnesota. Though the relocation kept them relatively close to their former site, the move left North Dakota without an abortion clinic and uprooted staff and volunteers from a community in which they had built strong, meaningful connections. Independent providers are resilient and adaptive, but shouldn't have to be: everyone deserves to have a trusted clinic in their community.*

### **A look at communities without independent clinics**

Throughout the United States, abortion care is increasingly difficult to obtain as clinics are forced to uproot, move, or close their doors in communities in which they have provided care — sometimes for decades.

Even when the right to abortion was constitutionally protected, there were too few clinics — 89 percent of U.S. counties were without an abortion provider prior to the overturn of *Roe*. This number quickly increased as clinics across the country were forced to close or move across state lines: as of November 2022, 14 states have no abortion clinic at all. The devastation is especially stark in the Midwest and South, where 93 percent of the independent clinics that were forced to close or stop providing abortion care in 2022 were located.

Reproductive health care access—including abortion—has never been fully available to every community and every person on the timeline they deserve, affordably, without political interference, and with providers they trust. That has been especially true in the South and Midwest, where the nation's highest rates of maternal mortality and other adverse pregnancy outcomes threaten the lives and health of pregnant people, with Black women experiencing disproportionately high rates of maternal mortality.<sup>15</sup> While the devastating impacts of 2022's abortion bans are still unfolding, the combination of the ongoing COVID-19 pandemic, the current maternal mortality crisis, and a lack of abortion providers—especially in the South and Midwest—are likely to only accelerate an existing public health crisis.<sup>16</sup>

When abortion clinics are forced to close, they are very unlikely to re-open.<sup>13</sup> In addition to pushing abortion care out of reach for many, clinic closures also mean the loss of trusted medical experience, community-based jobs, and neighbors who have cared for each other with empathy, respect, and cultural knowledge. Independent clinics are a part of their communities; they know what kind of health care people need and are in the position to provide it.

## Independent clinics adapt, expand, and move in order to provide abortion care

Throughout 2022, we saw an unprecedented need for clinics to adapt services, move, or expand in response to a rapidly and unpredictably changing legal landscape. While clinics in states where abortion is banned are resolutely working to mitigate and challenge devastating abortion restrictions, clinics in states where abortion remains legal are facing significant challenges as they hire and train additional staff, expand their clinics' capacity and building infrastructure, and tend to an influx of patients seeking time-sensitive care. Other clinics have committed to moving from their home states — where abortion bans prevent them from providing care — to nearby states where abortion remains legally protected.

### Independent clinics expand to meet patient needs

As states ban abortion and clinics are forced to close or dramatically scale back abortion services, clinics in states where abortion remains legally protected are becoming hubs for abortion access. Independent clinics have been working hard to meet the influx of patients by adapting, expanding, and strategizing. However nimble and resilient these community-based centers are, they are also chronically under-resourced and they often need to rely on the support of their communities. In 2022, people from across the United States and the world showed their support for people who provide and have abortions by donating nearly five million dollars to indie clinics via Keep Our Clinics. Along with the expertise of clinic staff and shared wisdom from Abortion Care Network's community of independent providers and allies, these funds allowed indie clinics to purchase medical and security equipment, hire additional staff, challenge abortion restrictions in court, and take necessary risks in an environment of increasing extremism.

### Independent clinics adapt to provide care and challenge bans

Many clinics located in states where abortion is banned or severely limited have shifted their models of care to provide essential reproductive

#### *Independent clinics adapt to a changing landscape*

*CHOICES, an independent clinic in Memphis, Tennessee, has offered expanded healthcare services including midwife-led, affirming pregnancy and birthing care through its birthing center in Memphis since 2020. CHOICES has been a beacon of comprehensive community reproductive care, offering birth control, LGBTQ+ affirming care, STI and HIV-related care, abortion care, and prenatal care in addition to birthing care. Independent providers know what their communities need and create welcoming environments where patients can feel supported. When an abortion ban went into effect in Tennessee on August 25, 2022, CHOICES was forced to limit their comprehensive pregnancy services to no longer include abortion care. Instead, CHOICES opened another facility in Illinois, where abortion access remains legally protected. Pregnancy, abortion, and birth are all normal parts of a person's reproductive life; people shouldn't have to drive over 200 miles spanning two states for comprehensive care.*



### **Independent clinics provide essential reproductive care**

*On September 13, 2022, the West Virginia legislature signed into law a near-total abortion ban with very limited exceptions. The sweeping ban pushed care out of reach for most West Virginians and forced the state's only abortion clinic, Women's Health of West Virginia (WHCWV), to stop offering abortion care. Now, West Virginians must travel at least 110 miles for abortion care,<sup>18</sup> despite the fact that a trusted, comprehensive clinic could provide abortions if not for the state ban. WHCWV offers many reproductive and wellness services, including birth control, LGBTQ+ health care, breast and cervical cancer screenings, and STI-related care. The clinic remains open and a trusted center of care in West Virginia, but the existing ban threatens this and other clinics like them.*

health services like miscarriage management, post-abortion care visits, birth control and STI-related care, and more. In addition to serving as sites of trusted health care and referrals, keeping these clinics open is essential, as they continue serving as plaintiffs in court cases challenging the very bans that keep them from providing abortion care.

### **Independent clinics move in order to continue caring for communities**

Many clinics have been forced to close and plan to re-open in states where abortion is legally protected. These clinics have had to leave the communities to which they have dedicated years of experience and care in order to re-open in other states. After years of creating trusted relationships, independent clinics would prefer to stay in their communities where they have built networks of trusted

volunteers and escorts, have trusted relationships with patients, and have supportive networks of community donors and funders.

Independent providers are resilient and adaptive. Their priority is to maintain centers of abortion and reproductive healthcare that serve their communities, and they work hard to maintain those centers by complying with regulations, fighting back against anti-abortion state legislation, and rallying their communities to uplift state ballot measures that protect abortion. But, clinics shouldn't have to do all this work on top of the healthcare they offer in order to serve their communities. Despite fewer resources and less name recognition than their peers, independent clinics are dedicated to ensuring their community members get the abortion care they need.

## **The impacts on people needing abortion care**

Like clinics, people who need abortions are navigating a rapidly changing legal, financial, and political landscape. Although *Roe v Wade* was never enough to guarantee meaningful access to abortion — restrictions and barriers pushed abortion care out of reach for at least 4000 people a year even before *Roe* was overturned<sup>19</sup> — accessing clinic-based abortion care has become exponentially more difficult in 2022.

Welcome  
TO YOUR CLOSEST  
**INDEPENDENT  
CLINIC**  
MILES AWAY

## TOLLS

FOR ABORTION CARE

GAS ..... \$125

HOTEL ..... \$500

CHILDCARE ..... \$150

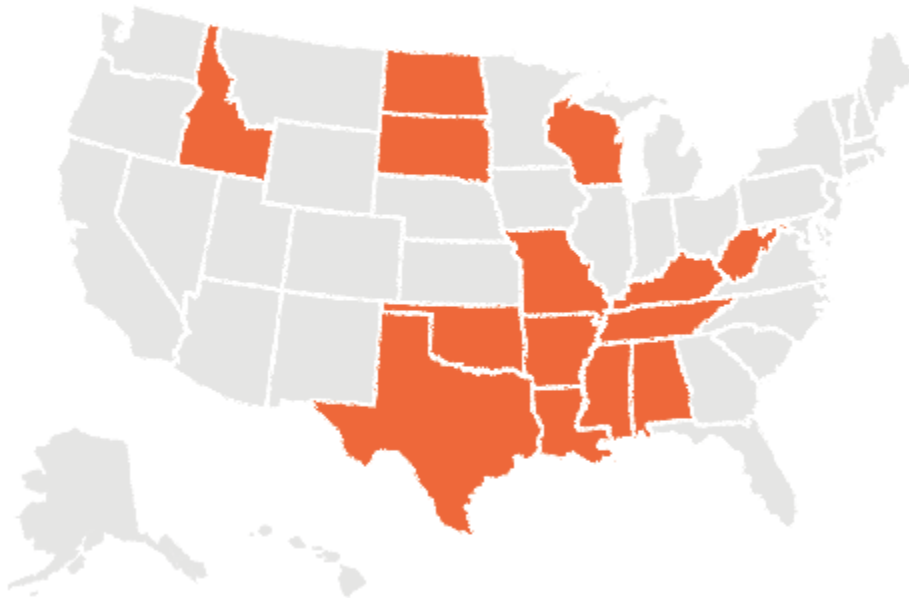
LOST WAGES ..... \$250

MEALS ..... \$125

**TOTAL** ..... **\$1,150**

In states that banned or severely restricted abortion, abortion rates fell by 95 percent following the overturning of *Roe* — with no comparable rise in abortion in states where abortion is legally protected.<sup>20</sup> It can be challenging to know exactly what these statistics mean for people on the ground, since self-managed abortions<sup>5</sup> are almost certainly under-reported. What we do know is that the barriers to accessing abortion care have increased dramatically, and that those barriers fall hardest on people who already face the most systemic obstacles to accessing health care and other resources.<sup>21</sup>

## 14 States Have No Clinics Providing Abortion Care



As clinics close, relocate, and adapt services to keep up with rapidly and unpredictably shifting laws, it is even harder to find accurate information about where to get abortion care. Some amount of confusion is by design, as anti-abortion extremists purposely spread misinformation and work to keep abortion stigmatized and mystified. Additionally, fake clinics, (also known as crisis pregnancy centers or CPCs) — which don't offer abortion care and instead offer biased misinformation and cause delays in care — pop up in the same neighborhoods to abortion clinics, often capitalizing on the lack of independent clinic name recognition by mimicking the names of indie clinics.

<sup>5</sup> Self-managed abortion may look different for different people. Safe and effective ways of self-managing an abortion can include: self-sourcing abortion pills and taking them at home or wherever someone feels safe and comfortable, with the support of loved ones; having an abortion supported by a home provider or doula who has knowledge and training; having an abortion that is mostly self-managed but may also begin or end with support from a physician or other licensed provider.



Regardless of where they live, all people seeking abortion care are affected by abortion bans and the threat of criminalization. People who live in states with few or no clinics must travel long distances to get to abortion clinics while navigating more politically-imposed barriers to care than ever before.<sup>21</sup> Those people with the fewest resources who already face disproportionate levels of state-imposed interference—including people living in poverty, undocumented immigrants, people with disabilities, young people, and incarcerated people—have even more trouble reaching an abortion clinic and are more likely to be denied an abortion completely or to have care pushed later into pregnancy.<sup>19</sup> People living in states and communities where abortion clinics remain open are not unaffected: many remaining clinics are becoming multistate hubs for care,<sup>19</sup> and while independent clinics work hard to care for all who need them, wait times for appointments have and will likely continue to increase.<sup>22</sup>

Finally, along with increased travel distances and costs, longer clinic wait times, and a confusing landscape of care, people seeking and providing abortions now face an increased threat of criminalization and surveillance.<sup>23</sup> The criminalization of abortion and pregnancy loss is not new, and it falls disproportionately on Black, Indigenous, and other people of color who are disproportionately criminalized in the U.S.<sup>22</sup>

When independent clinics are forced to close, entire communities lose centers of care and expertise. Not only do people lose comprehensive abortion services, but they may also lose access to trusted healthcare providers who do wellness checks, prescribe birth control, diagnose and treat STIs, provide gender-affirming care, and provide midwifery and comprehensive pregnancy care. As abortion clinics are forced to close their doors and the threat of criminalization intensifies, experts in pregnancy-related care (including abortion) will likely leave hostile states or move to different types of health care facilities. Thus, whole states lose access to highly skilled experts, leaving communities more vulnerable to increased rates of maternal and fetal mortality<sup>22</sup> and without trusted providers of sexual and reproductive health care.

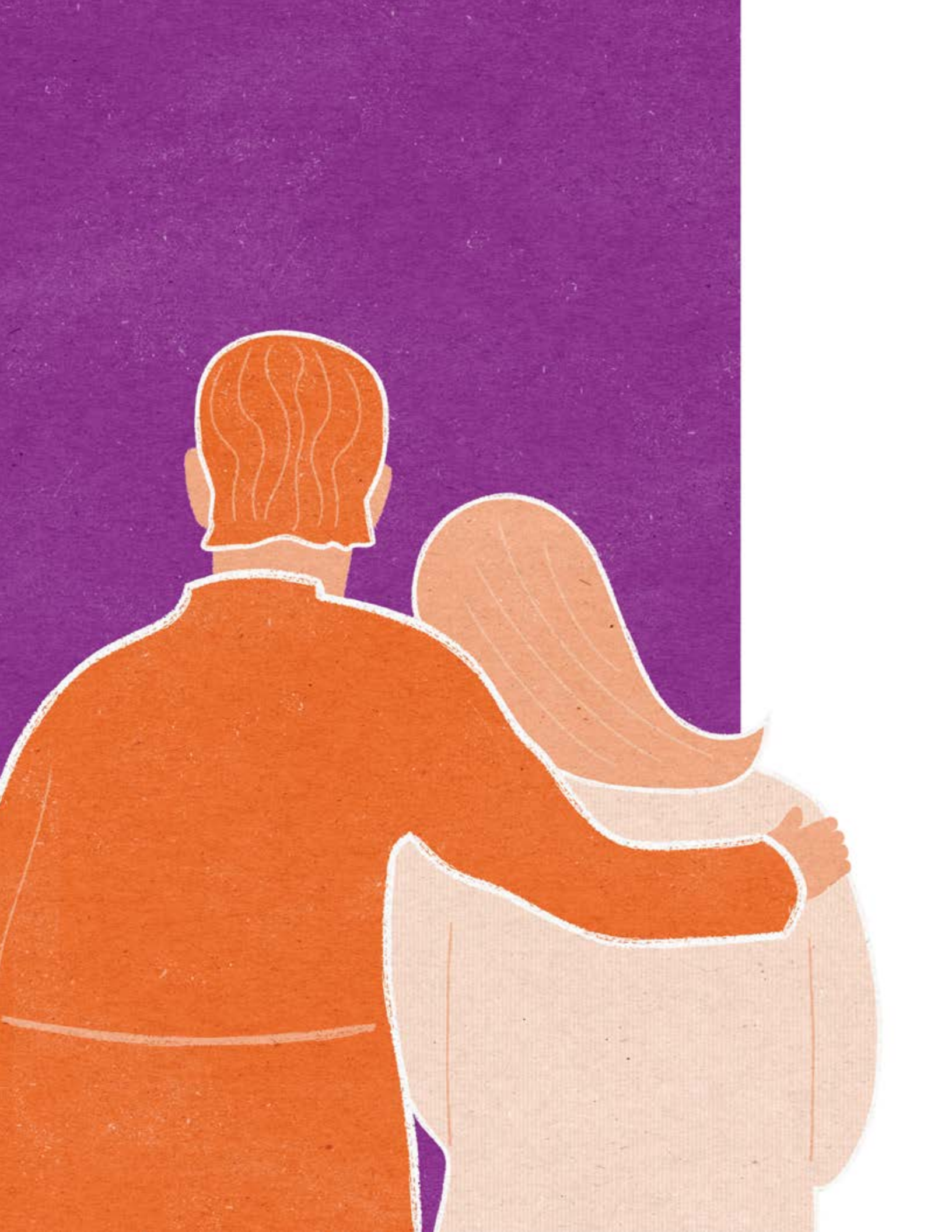
### ***Independent abortion clinics are hubs for abortion care***

*Wichita, Kansas, and Carbondale, Illinois are just two places in which independent clinics have both become hubs for abortion care. The state supreme court of Illinois has recognized a state constitutional right to abortion care,<sup>5</sup> and Southern Illinois serves as an important hub for people traveling from Louisiana, Mississippi, Arkansas, Tennessee, and other states where abortion is banned.*

*In August 2022 Kansans rejected a state constitutional amendment that would have allowed for a state-wide abortion ban. This resounding vote by the people of Kansas allowed clinics to stay open and provide care to people traveling from across the South and Midwest. As of publication, Kansas is home to the closest abortion clinics for 2.7 million people—a 2,039 percent increase from March 1, 2022.<sup>18</sup>*

*As part of a network of independent providers and allies, independent clinics work together with a strong network of clinics and organizations that share their values and commitment to abortion access to preserve access in their state, restore access where it has been challenged, and ensure that communities have care.*





# Take Action

## to Support Clinics and Abortion Access

Communities need clinics, and independent abortion clinics need the support of their communities in order to continue providing care and fighting abortion restrictions in the courts. Without these courageous providers, patients, families, and communities would be left without the essential care they need — yet independent providers lack visibility, institutional support, and sustainable financial resources. Indies rely on individuals and communities to help keep doors open through donating, volunteering, organizing, and advocating so they can continue to serve patients in their communities. If we are to meaningfully protect access to abortion care in the U.S., we must keep clinic doors open while we work to undo harmful abortion bans and restrictions.

**There are no simple solutions, but priorities include:**



**Donate to independent abortion clinics directly or through Keep Our Clinics.**

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.



**Raise public awareness** of the essential role of independent abortion care providers. Find and share information about where to find a clinic at [www.ineedanA.com](http://www.ineedanA.com), and share this report with colleagues, your elected representatives, members of the press, on social media, and with members of your community.



**Support abortion funds and practical support organizations.** Abortion bans, systemic inequities, the lack of clinics, and anti-abortion extremism mean that access to abortion remains difficult or impossible for many people, regardless of where they live. While no one should have to travel or navigate politically-imposed barriers to access care, abortion funds and practical support organizations remain a vital support system.



Work with local, state, and national reproductive health, rights and justice groups to **end politically-motivated restrictions on abortion and to pass policies that protect, fund, and increase access** to abortion care.



**Become a patient:** many independent abortion clinics offer a range of sexual and reproductive health services — if a clinic near you offers health care services you need, getting your care there is a great way to support the clinic.



**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.



**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, including celebrating Abortion Provider Appreciation Day every year.

The overturning of *Roe v Wade* changed the way we think and talk about abortion in the U.S., making plain an already sparse and unjust system of healthcare. A system bent on keeping people from exercising their bodily autonomy with dignity, support, and community care is fighting to prevail, but independent providers and the communities they serve will continue to fight for a world that dismantles systems of inequity, makes abortion care available to all who need it, and trusts each person to make the decisions they know are best for them.

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## About this Report

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

## About Abortion Care Network

Abortion Care Network is the national association for independent community-based, 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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View this report and all previous years' reports at:  
[www.abortioncarenetwork.org/  
communitiesneedclinics](http://www.abortioncarenetwork.org/communitiesneedclinics)





**Abortion Care Network**

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**[WWW.ABORTIONCARENETWORK.ORG](http://WWW.ABORTIONCARENETWORK.ORG)**

