COMMUNITIES NEED CLINICS

There is No Access Without Independent Abortion Care Providers

2024

We love independent abortion providers! Your bravery, compassion, and unwavering commitment to abortion access is admirable. You are our heroes!

—We Testify

WE HEART YOU, indie clinics! It's always a relief to our Helpline callers that your clinics are out there providing person-centered care. We see you.

<3 If/When/How

Thank you to all the Indie Clinics who never give up on their community! You are our true role models! —ALL-Options

Indies 4EVA!
Young people in the South & the Midwest RELY on ya'll for care, compassion, and autonomy. You are part of our RJ vision!

<3 URGE

Indies make the abortion world go round. Through every season, no matter the weather, thank you for having the backs of our communities. We are endlessly grateful! —Physicians for Reproductive Health

All we do only exists because of all you are. Thank you for shining a light in dark times and guiding our work forward every day.

XOXO, REPROACTION

We <3 indie clinics!! It was a great year working together towards a future rooted in Reproductive Justice and abortion access for all.

LYLAS (love you like a sibling!)
—The National Network of Abortion Funds

DEAR INDIE PROVIDERS, YOU ARE THE COOLEST! THANKS FOR TAKING CARE OF US ALL AND FOR BEING THE MOST COMPASSIONATE KIDS ON THE BLOCK. STAY AWESOME!
—NOISE FOR NOW.

YOU ARE PROM ROYALTY, VARSITY ALL-STATE, AND STARS OF THE SPRING MUSICAL!
—SOCIETY OF FAMILY PLANNING

Decades ago, abortion providers allowed us to shape our futures. Thank you for continuing this legacy of care so we all can lead lives that are authentically our own.

—Grandmothers for Reproductive Rights

Every one of you working at an indie clinic are impacting peoples lives daily - from the patients, to the people you train, to the allied orgs you collaboration with. It is so inspiring to be in community with you all.
Thank you for what you give to this world!
—Nurses for Sexual and Reproductive Health

Thank you for building a better world, one patient at a time. We love you, we are in awe of you, and we are so deeply grateful for your work. Love, SIA

There is No Access Without Independent Abortion Care Providers

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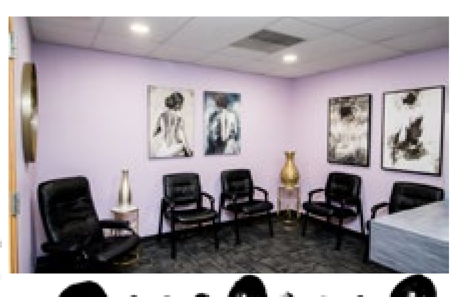
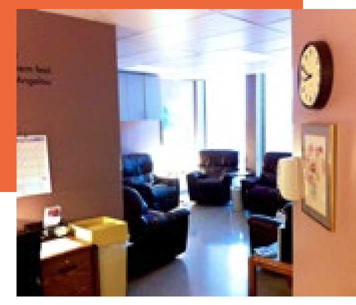
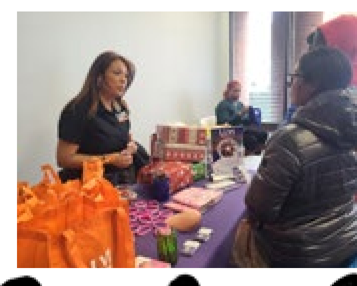
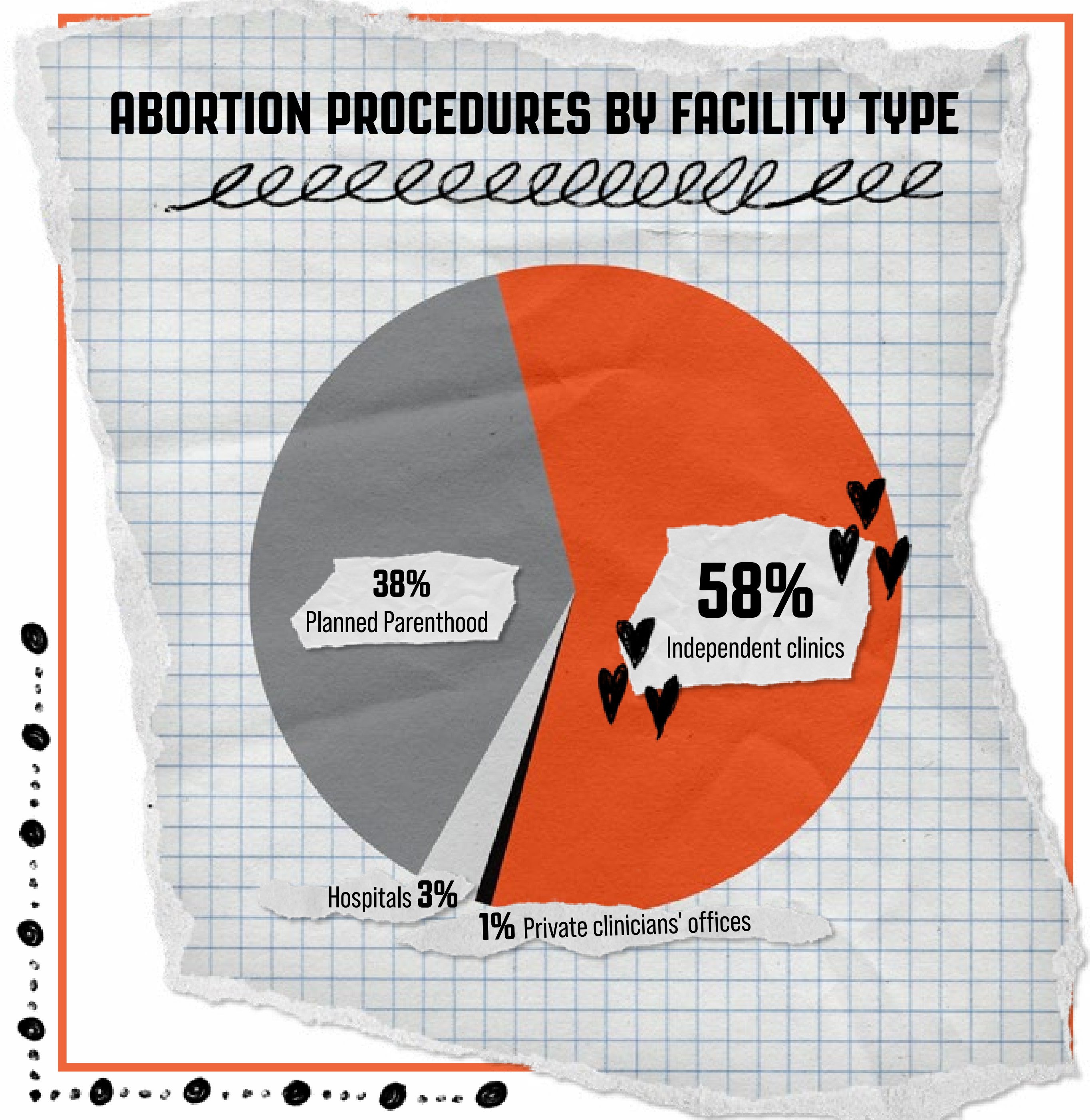
THE ESSENTIAL ROLE OF INDEPENDENT ABORTION CLINICS







In the United States, abortion care is provided in private clinicians' offices, hospitals, Planned Parenthood clinics, and independent abortion clinics (indies). Despite the overturning of *Roe v. Wade* in 2022* and the subsequent closing of dozens of independent clinics over the following years, **independent clinics continue to provide the majority of abortion care** in the United States, providing approximately 58 percent of all abortions nationwide.[1, 2]



* *The U.S. Supreme Court issued its ruling in the Dobbs v. Jackson Women's Health Organization case on June 24, 2022, overturning Roe v. Wade. These cases are also referred to as Roe and Dobbs throughout this report.*

Abortion Care Network defines an abortion care provider as anyone working in an abortion clinic. Independent abortion clinics are staffed by people in many different positions; each one is pivotal to ensuring clinic doors stay open. Throughout this report, we use the term 'provider' to refer to anyone who works for an abortion clinic.

No matter what type of facility they work at, all abortion providers are necessary to cultivate and create a sustainable, accessible landscape of reproductive health care — including abortion care — yet independent abortion care providers remain relatively under-resourced and unrecognized. Indies lack the institutional support, visibility, name recognition, or fundraising capacity of national health centers and hospitals, making it especially difficult for patients to find them and for clinics to secure the resources needed to keep their doors open.

In addition to providing the majority of abortions in the U.S., independent providers operate the majority of abortion clinics in the states that are most politically hostile to abortion. Wherever they're located, independent clinics are centers of care in their communities: they often provide a breadth of sexual and reproductive health services, serve as trusted sources of health information, and work with abortion funds and practical support organizations to ensure that services are available to people with the fewest resources. They are bold advocates in their states: along with local organizers, legal experts, and community members, they fiercely defend everyone's right to access abortion.

ACCESS
TO CARE DEPENDS ON
INDEPENDENT
CLINICS

Independent clinics have long been more vulnerable to anti-abortion attacks intended to close clinics or push abortion out of reach; therefore, indies were disproportionately impacted by the Supreme Court's decision to overturn *Roe v. Wade* and the flood of abortion bans that followed. With over half the states in the U.S. banning or severely restricting abortion[3] and fourteen states lacking a single abortion clinic, **access to abortion care in many parts of the United States has been decimated.**

In states where clinics remain open, maintaining even a basic level of abortion access depends on independent clinics keeping their doors open and continuing to provide expert, patient-centered care. As they have for decades, these clinics continue to provide essential health care services, challenge abortion bans in the courts, legislatures, and at the ballot box, and adapt to changing laws — all while keeping their communities' needs centered.

ABORTION BANS HAVE DISPROPORTIONATE REGIONAL IMPACTS: 70% of the indie clinics forced to close or stop providing abortions in 2022-2024 were in the South or Midwest

Care Throughout Pregnancy Depends on Independent Clinics

Access to abortion care throughout pregnancy has depended on independent abortion clinics for decades, and this remains true. Even after the overturning of *Roe v. Wade*, independent clinics make up 62 percent of all U.S. clinics that provide abortion after the first trimester[†].

Independent clinics represent 67 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 88 percent of clinics that provide care at or after 22 weeks of pregnancy. After 26 weeks of pregnancy, the only clinics that provide abortion care are independent[‡].

Though most abortions occur in the first trimester of pregnancy,[4] there are many reasons that people need abortions in the second and third trimesters, including delays caused by abortion restrictions, a lack of resources, increased clinic wait times, and factors related to health, safety, and viability.

† 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.

‡ These numbers represent abortion clinics — both independent clinics and Planned Parenthood affiliates — and do not include hospitals or private clinician's offices, which provide a combined 4% of abortions nationally.

CARE THROUGHOUT PREGNANCY DEPENDS ON INDEPENDENT CLINICS

62%

of all U.S. clinics that provide abortion after the first trimester are **independent**

88%

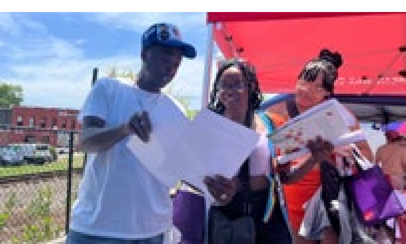
of all U.S. clinics that provide care at or after 22 weeks are **independent**

100%

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

Patients must sometimes travel hundreds of miles for care, take time off of work, navigate politically-imposed restrictions, arrange childcare, and gather the funds and support needed to get an abortion. With over half the states in the U.S. banning or severely restricting abortion[3] and hundreds of clinics forced to close, the demand placed on remaining clinics often exceeds their capacity, resulting in longer wait times for appointments. All of these factors create delays, and many of them are imposed by anti-abortion politicians.

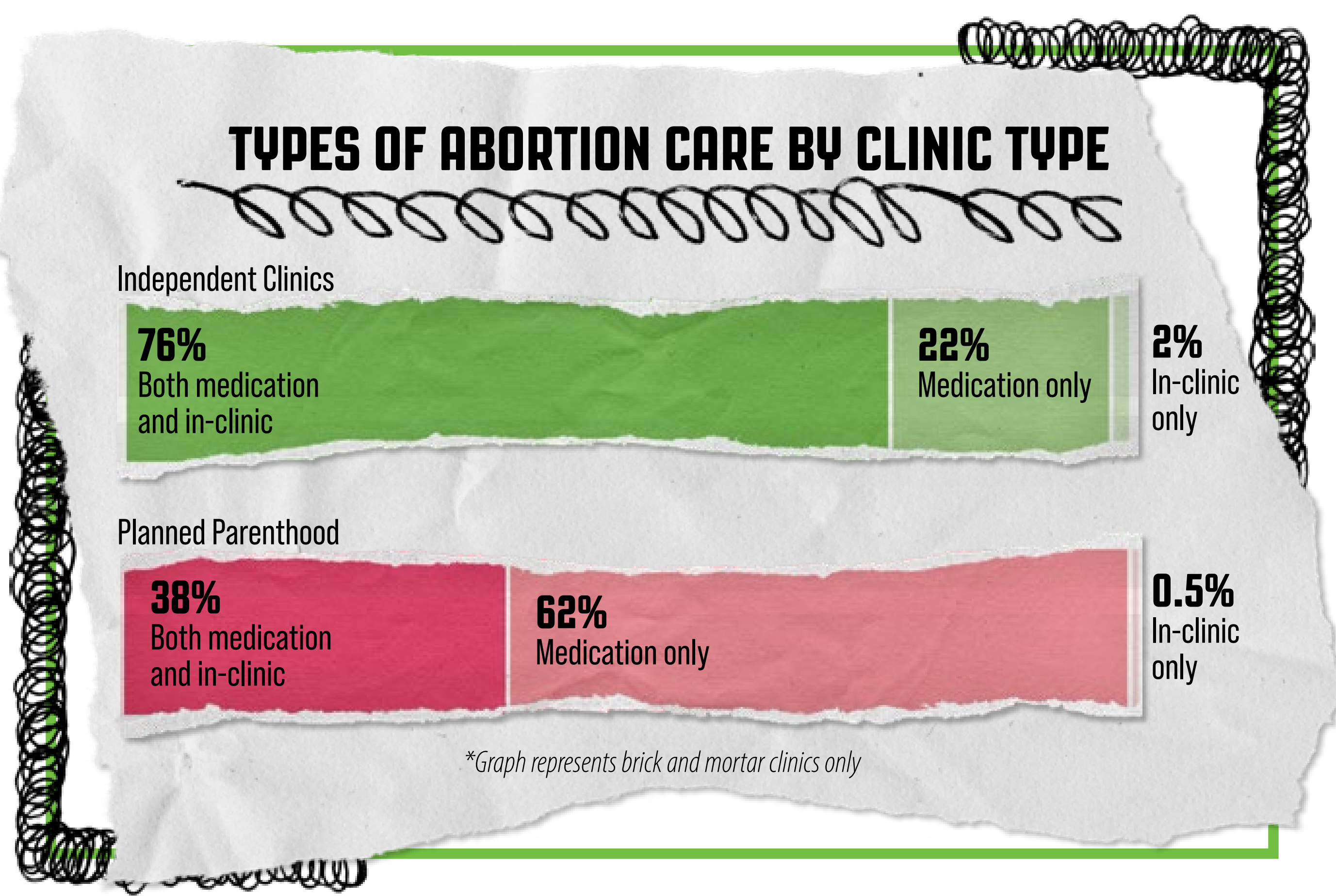
Finally, targeted abortion restrictions and financial pressures make it harder for clinics that provide all-trimester abortion care to stay open, despite the fact that they are a lifeline for many people. Because independent clinics account for the majority of clinics providing care after the first trimester, their closing presents a disproportionate threat to the availability of abortion care as pregnancy progresses.



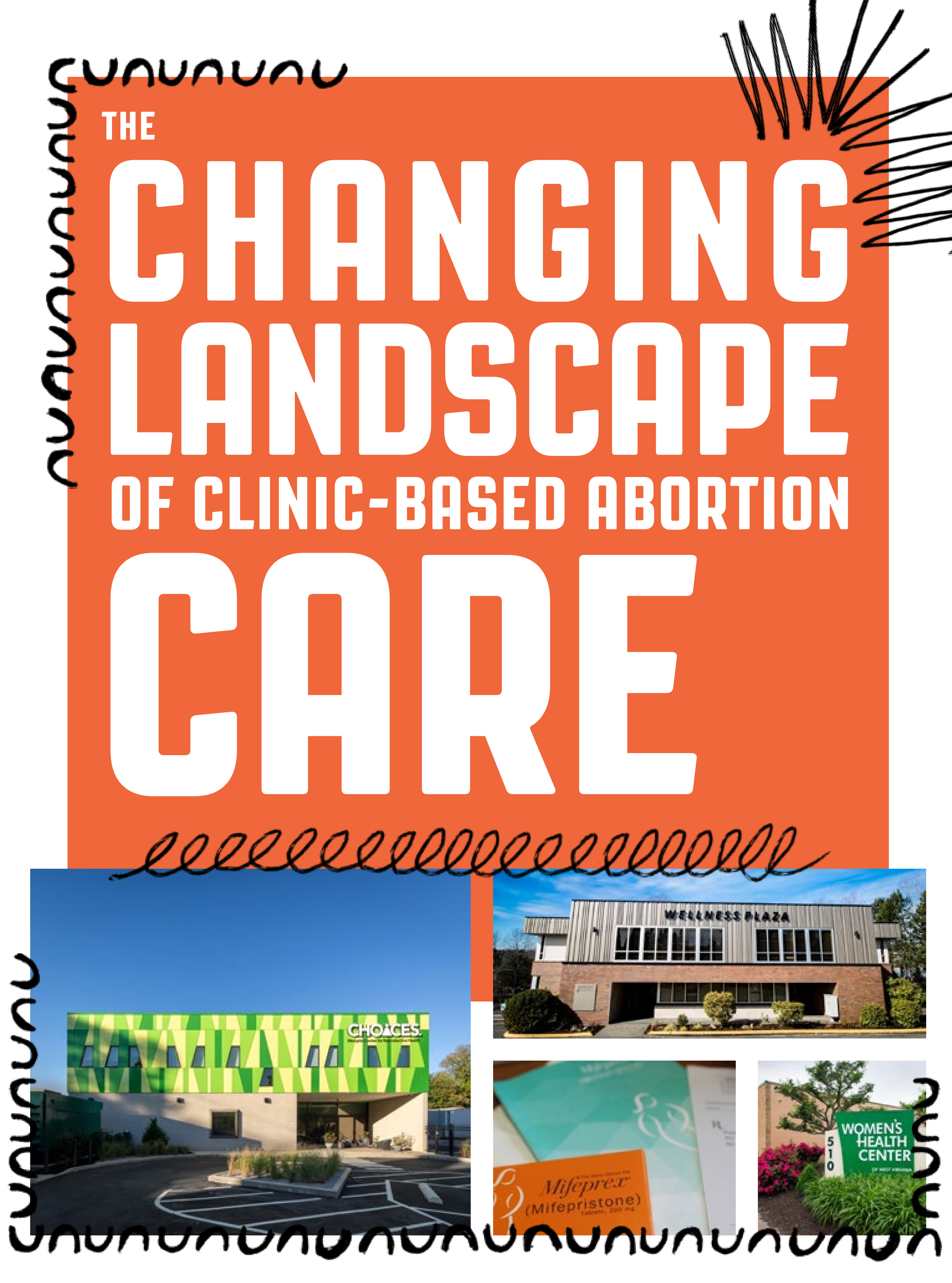
Independent Clinics Provide More Comprehensive Abortion Care

Independent abortion clinics are more likely to provide both medication and in-clinic abortion care as options. Seventy-six 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 38 percent of affiliated clinics.

When medication abortion is the only option available, 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 why people may need or prefer one method over another. This is especially true for patients for whom it's not safe or feasible 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 family.



*Graph represents brick and mortar clinics only



THE
CHANGING
LANDSCAPE
OF CLINIC-BASED ABORTION
CARE
CHOICES
WELLNESS PLAZA
Mifeprex
(Mifepristone)
Tablets, 200 mg
510
WOMEN'S
HEALTH
CENTER

Independent Clinics Are Forced to Close

Over the last decade, abortion clinics have been closing steadily, with chronically under-resourced independent clinics more vulnerable to closure. When Abortion Care Network started tracking clinic closures in 2012, we identified 510 independent abortion clinics open in the U.S. As of October 2024, ACN identified 363 brick-and-mortar independent abortion clinics, as well as 223 online-only clinics[§]. While many online-only clinics and a handful of brick-and-mortar clinics have opened over the years, **the overall number of brick-and-mortar independent clinics in the U.S. has decreased by 29 percent since 2012.**

Abortion Care Network identified 76 independent abortion clinic closures[¶] between 2022 and 2024. Forty-two independent clinics closed in 2022, and 23 clinics closed in 2023. As of November 2024, there have been 11 confirmed independent clinic closures in 2024.

Independent Abortion Clinic Closures Threaten Access

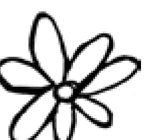
Since *Roe v. Wade* was overturned in 2022, 76 independent abortion clinics have been forced to close or stop providing abortion care

§ *Several online clinic groups provide medication abortion services in multiple states; Abortion Care Network counts each online access point in each state as one clinic. For example, Abortion On Demand provides abortion in 24 states and Washington D.C.; we consider this 25 clinics or 25 access points.*

¶ *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.*

Once a clinic closes, it's very unlikely to reopen, leaving lasting gaps in abortion access. Because indie clinics provide more comprehensive abortion options, are more likely to provide care in the second and third trimesters, and are the majority of clinics operating in the most politically hostile states, continued threats to independent clinics are a threat to abortion access overall.

A Look at Communities Without Independent Clinics



There are several reasons for clinic closures, with the overturning of *Roe v. Wade* and the flood of abortion bans and restrictions that followed being the clearest and most immediate. As of October 2024, 13 states ban abortion completely, six states ban abortion sometime in the first trimester, and another 22 states ban abortion at a different arbitrary point in pregnancy.[5]

In states where abortion remains legal, medically unnecessary restrictions, financial barriers, and the constant threat of anti-abortion extremism make it challenging for clinics to keep their doors open. Clinics in these states are not immune to the threat of closure: Eight out of the 11 (70 percent) independent clinics forced to close in 2024 were in states considered legally "protective" or "very protective".[3]

14 States Have No Clinics Providing Abortion Care

Even before *Roe* was overturned, there were too few clinics — 89 percent of U.S. counties were without an abortion provider before the overturn of *Roe*.[6] This number quickly increased as clinics across the country were forced to close: Currently, 14 states have no abortion clinic at all. The devastation has been especially stark in the Midwest and South, where nearly 70 percent of the independent clinics forced to close since the *Dobbs* decision were located.

Clinic closures have broad effects beyond limiting abortion access — including the loss of trusted medical expertise, local jobs, and essential reproductive health services. Indie clinics also provide medical training for abortion providers; without them, clinical training opportunities are increasingly limited. Independent clinics often serve as plaintiffs in lawsuits challenging abortion restrictions; when they close, they lose standing and can no longer fight these legal battles. Finally, with fewer clinics open, anti-abortion extremists have intensified their attacks on the remaining clinics in states where abortion is still legal.

Closures and abortion bans disproportionately impact people who are already systemically marginalized, criminalized, and surveilled, including Black and Indigenous people and people of color, immigrants, people with disabilities, LGBTQIA+ people, rural communities, young people, and people with low or no incomes. The growing legal and logistic barriers to accessing reproductive care in the U.S. are compounded as patients navigate financial and geographic hurdles, threats of violence and criminalization, and a discriminatory health care system.

Dedication and Determination: Clinic Openings

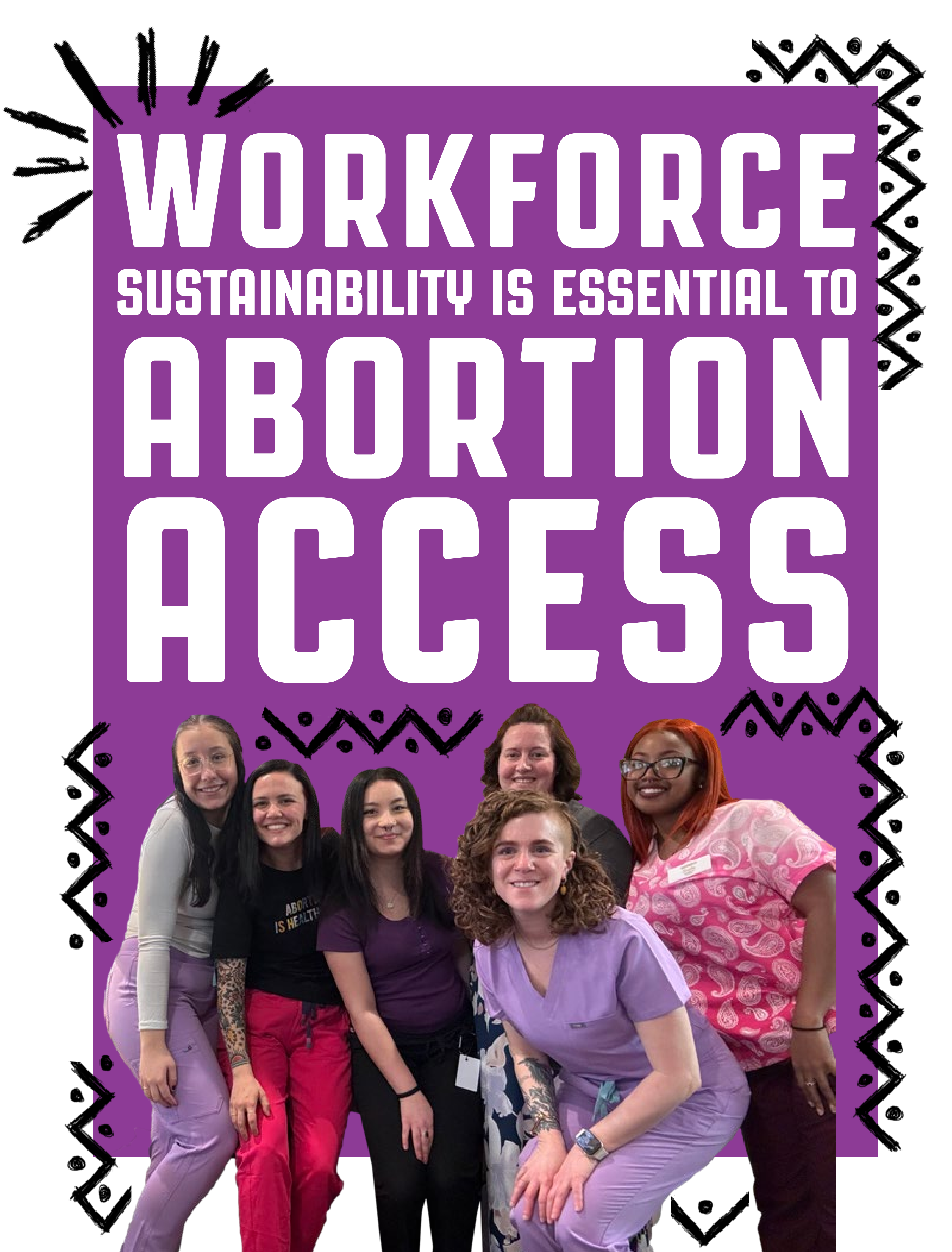
While the overall legal and financial landscape remains hostile to a thriving independent clinic sector, a number of clinics have been able to open since *Roe v. Wade* was overturned. Between 2022 and November 2024, Abortion Care Network confirmed that at least 32 new independent brick-and-mortar clinics have opened in 10 states.

Some of these new clinics are run by providers who were forced to close in one state and then moved or opened a new location in another state. Other clinics opened after recognizing the immense need that would be caused by post-*Dobbs* bans and restrictions — including the need for abortion care later in pregnancy.

Opening an abortion clinic is exceedingly difficult, time-intensive, and expensive. The fact that no fewer than 32 independent brick-and-mortar clinics have opened since *Roe* was overturned shows the dedication and determination of independent providers. These providers have had to navigate varying state regulations (which often differ from medical best practices), build connections in new communities, relocate or hire staff, and cover the significant costs of opening and running a medical practice — costs that include security and legal demands not required of other health care professionals.

FRESHMAN CLASS

AT LEAST 32 INDEPENDENT CLINICS HAVE OPENED SINCE 2022


WORKFORCE
SUSTAINABILITY IS ESSENTIAL TO
ABORTION
ACCESS

Since the *Dobbs* decision, the changing legal landscape of abortion care has created uncertainty and stress for people seeking and providing abortion care — not only making it difficult for people to get abortion care, but also driving providers out of the field. Clinic closures, financial instability, the emotional toll of having to turn patients away, and the overwhelming frustration of managing constant legal changes mean that some providers are leaving or opting not to enter the field of abortion care.[7] Staff and volunteers are exhausted, angry, and afraid as they face persistent extremist violence and state-sanctioned harassment in the form of threats of licensure revocation, astronomical fines, criminal charges, and even incarceration.

Clinic Sustainability and Workforce Wellness

Abortion care providers are passionate about their work, skilled, and dedicated to their communities. However, relentless political attacks and extremist harassment make it increasingly difficult for clinic staff to remain in their roles, resulting in high turnover and instability within clinics.[8] These assaults have closed clinics, forcing staff to relocate, take pay cuts, or leave the field.[8, 9]

In nearly every aspect of their work, abortion providers confront hurdles that hinder their ability to deliver care and contribute to the exhaustion associated with working in abortion clinics. These bureaucratic, financial, and practical challenges—ranging from licensing and inspections to threats of violence to litigation—are nearly always exacerbated by political interference.[8] While never forgetting the devastating impact that bans have on people who need abortions, it is crucial to note that bans, restrictions, and stigma also have harmful effects on the livelihoods and professional integrity of abortion care providers.[10]

For many people who work in independent clinics, abortion care is not just a job: it's an act of love, hope, trust, and community care. It has been historically underpaid labor, with mental health impacts caused not by the act of providing abortions, but by stigma, harassment, and other stresses related to political, financial, and social conditions around abortion.

Being an abortion provider has never been an easy or stress-free job, but since *Dobbs* ushered in an unprecedented number of bans, restrictions, and clinic closures, levels of moral distress, grief, and frustration among clinic staff have risen.[11] Clinic workers have described the current environment as heartbreaking, unbelievably rough, frustrating, challenging, and difficult; they describe feeling angry, anxious, overwhelmed, and questioning how much longer they can sustain the current level of work.[9, 12, 13]

Training in Abortion Provision

Access to clinic-based abortion care throughout pregnancy depends on the availability of skilled providers. Although training in contraception, miscarriage management, and abortion is a requirement for Obstetrics and Gynecology residents, many hospitals have long refused to provide abortions, leaving students to seek clinical training at brick-and-mortar clinics.[14] As independent clinics continue to close, opportunities for clinical training in abortion care are disappearing along with them, negatively impacting the availability of abortion across the country.[15, 16]

Since the *Dobbs* decision, medical residents, nurses, midwives, and other advanced practice clinicians who want to provide abortions have had to travel long distances and invest significant funds to get training.[15] As training becomes more difficult and expensive to acquire, there are fewer clinicians with the training necessary to perform abortions, handle pregnancy complications, or manage miscarriages.[15] This has dire implications for and beyond abortion, as provider shortages push comprehensive pregnancy-related care out of reach for many.[16]

Vandalism, harassment and the effects of extremist violence on staff

In 2023, an anti-abortion extremist ran a reinforced car loaded with gasoline into Affirmative Care Solutions, an independent abortion clinic in Illinois, causing extensive damage. More than a year after the attack, the clinic's insurance claim was still unresolved, preventing the clinic from accessing the money needed to complete repairs. LaDonna Prince, the clinic owner, has had to reinforce her clinic with ballistic panels and other expensive infrastructure to keep her staff and patients safe.[36]

Throughout the 2020s, organized extremists have blocked entryways to and invaded the waiting rooms of Northland Family Planning clinics in Michigan. In 2020, anti-abortion extremists blocked entrances to the clinic, obstructing patients from getting the care they needed. In 2022, one group invaded the clinic waiting room to harass and shame patients; they refused to leave and had to be forcibly removed by police. While the extremists were eventually convicted of several crimes–including trespassing, conspiracy against rights, and violating the Freedom of Access to Clinic Entrances (FACE) Act–convictions took several years and offered no immediate relief, safety, or security for clinic patients and staff.[37, 38, 39]

Protecting staff privacy in Louisville, Kentucky

Clinicians and clinic staff should be able to provide health care without facing politically-motivated criminal investigations or the threat of having their personal information weaponized. In June 2023, the Kentucky Attorney General covertly targeted two physicians at EMW Women's Surgical Center—the state's only independent clinic—pursuing a criminal investigation for providing abortion care while it was still legal in Kentucky.[40] Currently, Kentucky has an extreme abortion ban, with no exceptions for rape or incest.

The then-Attorney General attempted to find out private and sensitive information about the physicians by misusing the grand jury process. These physicians were targeted by an anti-abortion politician with an agenda—simply for being abortion providers. Eventually, local journalists and a judge made all the proceedings public and stopped the investigation, because the providers had not broken the law, and the investigation was simply an anti-abortion attack wielded by the state.[40]

Lack of Resources and Funding

Despite providing the majority of abortion care in the U.S., independent clinics remain underrecognized, underresourced, and underfunded. These small, community-based health centers employ community members, train providers, and continually challenge abortion restrictions in the courts — all of which require significant time and money.

Constant political attacks on abortion lead to changing laws and clinic regulations based in politics, not medical best practice. Clinic staff must become experts at navigating tedious and intrusive administrative tasks assigned by the state in order to keep their doors open, pay staff, train clinicians, and provide care. Medically unnecessary laws and regulations strain clinics' finances and staff capacity.

Additionally, state and federal policies that restrict insurance coverage for abortion not only push care out of reach for patients, but also impact clinics' ability to get reimbursed for services. People affected by insurance bans — including The Hyde Amendment** and state bans on public and private abortion coverage — are more likely to be forced to delay care or be denied abortion entirely. States may use their own funds to cover abortion, which increases some patients' ability to get care. However, only 17 states provide coverage, and patients are only eligible if they get care in their own state.[18, 19] Further, reimbursement rates in many states stop dramatically short of covering the cost of care, leaving clinics, patients, and abortion funds to make up for enormous financial shortfalls.[20]

** *The Hyde Amendment is a federal policy that bans the use of federal funds to pay for abortions — impacting people with government health insurance (Medicaid, Medicare), Indigenous people enrolled in Indian Healthcare Services, Peace Corps volunteers, veterans, federal workers, military personnel, and their dependents.*[17]

Abortion bans (including insurance restrictions) have created a landscape in which abortion care and the infrastructure required for access are largely funded by patients themselves, donations, and subsidized by clinics.[20] While the number of people seeking abortions is the highest it's been in over a decade[1] with at least 1 in 5 of those patients forced to travel out of state for care,[21] the funding available to support those patients and to ensure that clinics remain open is running dangerously low. Nearly every abortion-related fund — from Abortion Care Network's Keep Our Clinics campaign to local abortion funds to large national organizations — have seen significant decreases in donations over the last year.[22, 23]

Ensuring the sustainability of independent clinics requires significant investments of time and money. Whether through fundraising, diversifying services, outreach to the community, or training and supporting the workforce, the monumental work of simply keeping clinics open contributes to clinic staff's workload, burnout, and exhaustion.[24] With drastically reduced funding from national organizations and declines in donations, clinic staff face increased workloads with less financial stability.[22, 23]

Constantly changing laws impact patient access and take a toll on staff

After the 2022 Dobbs decision decimated abortion care throughout the Southeast, Florida became a pivotal access point for abortion care. Clinics across Florida began seeing an influx of patients from states including Alabama, Louisiana, Mississippi, and Texas.[41] Then, on May 1st, 2024, a six-week abortion ban went into effect in Florida. Abortion clinics in Florida went from being able to care for patients from across the Southeast to having to turn away thousands of patients every month since the ban went into effect.[42]

The changes in abortion care access in Florida have left staff exhausted. Each day, staff at Benjamin Surgical Services triage patients, sometimes turning away between 30-40 patients a week. At the same time the ban went into effect, the state of Florida began surprise inspections and enforcing unclear laws that led to fines. Clinic workers expressed fear of retaliation against them and the clinics they work for if they spoke out.[41] With independent abortion providers chronically underresourced, bans in Florida have led to layoffs, leaving clinics afraid they may not be able to keep their doors open.[43]

Threat of Criminalization

Abortion was criminalized long before, during, and after *Roe v. Wade*,[25] and reproductive violence at the hands of the state has long been a reality for many communities — with sometimes deadly consequences for pregnant people. When abortion is criminalized, providers face the risk of losing their medical license or facing jail time.[25] As the threat of criminalization for abortion providers has risen across the country, so has the chilling effect on the provision of care and the pipeline of future providers willing to train in abortion care.[26, 16]

The threat of criminalization has a chilling effect

In Spring 2024, chaos erupted over Arizona's 1800s abortion ban. Dr. Deshawn Taylor, an Arizona abortion provider, has remained a steadfast resource in her community. Desert Star Family Planning, the independent abortion clinic Dr. Taylor founded and runs, provides general gynecology, sexual health care, gender-affirming care, miscarriage management, and abortion care. When faced with the reality that abortion might become illegal in Arizona, Dr. Taylor was determined to stay in her community and not face criminal charges. Dr. Taylor's convictions mean that she is committed to staying out of prison: "I feel that I just want to be real about my intention to stay free. Black women physicians are 2% of the physician workforce here in the United States, so my existence matters. They come here because I'm here and I don't take that for granted," Taylor said.[44]

The chilling effects of criminalization are clear in states where physicians and health care providers face prosecution and prison time for providing abortion care. In Idaho, where one of the most draconian bans in the country has gone into effect, doctors have left the state for fear of facing criminal charges. If convicted of providing abortion care outside of the very narrow confines of the law, physicians would face 2-5 years in prison. Throughout the state, hospitals and training programs have been unable to recruit and retain doctors. This leaves hospitals and medical offices without enough physicians to care for pregnant people, causing hospitals to shut down labor and delivery units and creating pregnancy care deserts.[45]

The threat of criminalization and civil sanctions has stopped health care professionals from providing life-saving abortions and cost people their lives,[27] even in states where abortion is legally protected.[28] In states with strict abortion bans, confusion about the legality of performing abortions and miscarriage management has providers leaving their home states to practice elsewhere, leading to shortages of reproductive health care professionals for people at all stages of pregnancy.[29]

Nearly every medical association has come out against the overturning of *Roe v. Wade*, arguing that "it's thrown the medical field into chaos and threatens the integrity of the profession."[26] Criminalizing pregnancy-related care destroys trust between patients and providers, inserts unnecessary legal hurdles to providing best-practice medicine, creates ethical dilemmas for providers, and leaves entire states and regions without reproductive health care.[30]

Harassment and Violence

Clinic picketers, online and in-person harassment, vandalism, property damage, and threats and experiences of physical violence are regular occurrences for abortion providers across the United States. Since the overturn of *Roe*, violence and harassment against abortion clinics, clinic staff, volunteers, and people seeking abortion care have increased.[31]

As clinics across the country were forced to close, anti-abortion extremists shifted their focus to states where abortion has been preserved or protected - leading to more protesters at fewer clinics.[31] The anti-abortion movement has an extraordinary history of coordinated violence and harassment, often targeting one clinic and arranging transportation and lodging for people to picket there.[32] Violence and harassment against clinic workers lead to burnout and exhaustion, can contribute to people leaving their jobs or the field as a whole, and prevent new providers from working in abortion care — particularly in places that are targets for anti-abortion extremism.

Concerns about safety stretch beyond the physical, as extremists violate worker privacy, threaten job security, and even extend to providers' partners and children.[12] In one study, every provider interviewed had to consider their safety and that of their families as related to their career.[12] Threats that come along with being public about being an abortion provider affect people throughout their lives and affect their sense of community and belonging, their family relationships, and their emotional well-being.[12] To protect and expand access to abortion care, we need an abortion care workforce that feels safe, stable, and protected.

SUPPORTING THE CLINIC WORKFORCE TO ENSURE THE FUTURE OF CLINIC-BASED ABORTION CARE

Decriminalizing Abortion Care

Abortion criminalization increases stigma, undermines access to comprehensive reproductive health services, and undermines the quality of pregnancy-related care. [33] Since the fall of *Roe*, increasingly strict laws around providing or having abortions have led to harsh penalties for those who don't comply (or who are suspected of not complying), creating a climate of fear, misinformation, and delayed or denied care.

Increased restrictions on abortion often put health care providers in the difficult position of determining whether or not someone qualifies for a legal abortion, rather than allowing them to provide best-practice medical care to everyone. Hospital workers, law enforcement, and many others involved in these decisions frequently don't fully understand anti-abortion laws and their implications for people seeking abortion care. As a result, the law is interpreted narrowly, focusing more on minimizing legal risks for health care providers and institutions than providing life-saving care.[33] Anti-abortion laws result in decisions that limit people's access to abortion care, criminalize people seeking abortion care, and can have life-threatening consequences.[33, 27]

Abortion providers must be able to provide care without fear: this requires full decriminalization of abortion care. Decriminalization of abortion care means removing abortion from all penal codes and criminal sanctions, as well as ensuring there are no criminal or civil penalties for providing, having, assisting with, or providing information about abortion.[33] Health care providers must have up-to-date information on rights, laws and policies to ensure access to abortion care.[33] People seeking abortions know what's best for them and abortion providers are experts at providing that care. **Abortion providers, people helping others access abortions, and people seeking abortion care should be free of suspicion, surveillance, criminal penalties, and the threat of being prosecuted.**

Protection from Harassment and Violence

As abortion bans and restrictions have proliferated, anti-abortion extremism — including violence, harassment, and vandalism — has increased.[31] Abortion providers must be able to provide care without fear — this requires actions that prevent and protect against the increasing violence targeted at abortion clinics, providers, and patients.

Currently, providers, volunteers, people seeking abortion care, and community members rely on one another for safety.[32] This can look like recruiting, training,

and supporting abortion clinic escorts, employing community-based safety services, and installing privacy and security equipment in the clinic. In addition to community safety practices, laws and policies must protect against harassment, blockades, vandalism, threats, and violence. Clinics also need resources to ensure security measures, including physical infrastructure, volunteer patient escorts, and legal resources. **Abortion providers, people helping others access abortions, and people seeking abortion care should be free from anti-abortion harassment and violence.**

Training, Career Opportunities, and Professional Development

It is critical that training in abortion care is available and funded during clinical training programs (for physicians, nurses, midwives, and other advanced practice clinicians), at hospitals, and in abortion clinics. Without access to training, providers will not have the necessary skills to provide comprehensive pregnancy-related care, including abortion care.[16] **Training in medication and surgical abortion must be significantly expanded through partnerships, fellowships, coordinated interstate learning exchanges, and by increasing funding for and compensation during training.**

Hospitals must ensure that their policies allow for abortion provision to the fullest extent of the law and prioritize training in abortion care.[34] In states where abortion is banned, hospitals and clinician training programs should coordinate and fund learning opportunities in states where abortion is available. Independent abortion clinics are pivotal training sites for physicians and clinicians, yet they are often not compensated for the time, expertise, and significant administrative labor involved. Further, providers forced to travel for clinical training often have to fund their own travel and living expenses. **Hospitals and clinical training programs should provide fair compensation to clinics for their time, labor, and expertise, and clinicians need financial support in order to obtain comprehensive training in pregnancy care.**

A robust, diverse, and resilient abortion care workforce requires that we invest in and support the career development of non-clinician staff, as well. Clinics need professional staff with expertise in operations, finance, communications and marketing, management, security, information technology, counseling, and more. Professional development trainings are often offered by national organizations like Abortion Care Network and our ally members.[35] **Abortion support organizations need funding to provide these opportunities, and clinics need resources–including paid staff time–to be able to participate.**

A robust workforce needs a steadfast and reliable pipeline for clinical training and professional development

Medical residents, nurses, midwives, and other clinicians are seeking training in states where abortion has been protected, leaving banned states without future providers. Abortion bans put providers in risky and untenable situations, and for many medical students and residents, the risk of speaking out against abortion bans and providing abortion care without the protection of their hospital system or university is too great to face.[46]

Dr. Nikia Grayson and Jennifer Pepper at CHOICES are not only concerned about the current state of clinical training in abortion care, but also about the long-term harm and geographic inequities caused by the lack of training opportunities. “Care is most effective when it’s provided by people within the community, for the community. But we’re not going to have that,” notes Pepper.[47]

The consequences will be felt across generations and will extend to all pregnancy-related care. Dr. Grayson emphasizes: “Even when abortion care is restored in places like Tennessee, many providers will lack clinical training in abortion and gender-affirming care. It’s unlikely they’ll be prepared to offer these services, and they certainly won’t be able to teach them.”[47]

Funding Abortion Clinics and Workers

Well-staffed, well-supported abortion clinics are essential for healthy communities. Clinic staff need paid time, money, and other resources in order to change which services they offer, obtain training and certifications, comply with constantly changing laws and regulations, and to protect and care for themselves in an increasingly hostile political environment. Access to abortion in the U.S. depends on keeping clinics open and ensuring that providers are supported, fairly compensated, safe, and have access to professional and clinical training.[20] **Donating to, volunteering with, and otherwise supporting clinics, practical support organizations, and abortion funds is essential for building, protecting, and strengthening access to abortion care now and in the future.**

Bans on insurance coverage for abortion impact the financial sustainability of clinics and increase stressors and pressure on staff, who must leverage money, resources, and staff time to fill gaps in coverage. Where states provide some

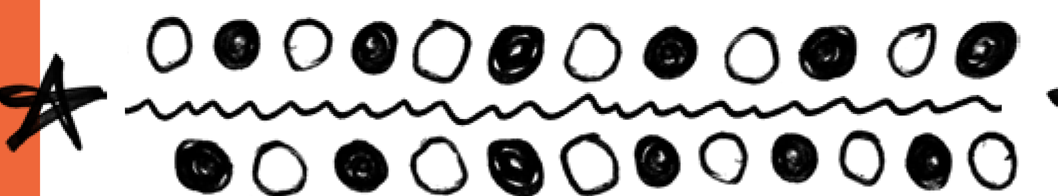
70%

OF CLINICS FORCED TO CLOSE IN 2024 WERE IN STATES CONSIDERED LEGALLY PROTECTED

insurance coverage for abortion, reimbursement rates in many of those states often fail to cover the actual cost of care, leaving clinics to subsidize enormous gaps in coverage.[20] **Bans on abortion coverage at the state, national, and international levels are unjust; they harm providers and patients and must be lifted. All states should provide abortion coverage for their residents–no matter where they access care— and when abortion is covered by public or private insurance, reimbursement rates need to cover the full cost of providing that care.**

Despite providing the majority of abortion care in the United States, independent clinics remain under-resourced and under-recognized. Indie clinics essentially operate as community health centers, but without the benefit of fair reimbursement rates, state or federal funds, and for most of these small businesses, without grants or charitable donations. **Maintaining and expanding the landscape of clinic-based abortion care requires material investment in independent clinics at all levels: public, private, community-based, and individual.**

CONCLUSION + ACTION



The people who work at independent clinics are dedicated, innovative, experienced, and rooted in their communities. They work long hours to keep clinics running, raise funds, and provide compassionate care to people traveling far from home to access abortion.[46] Without these courageous providers, patients, families, and communities would be left without the essential care they need — but the abortion care workforce is struggling.

Communities need clinics, but clinics can't maintain or expand the landscape of abortion care without the people who staff them. If we are to protect access to abortion in the U.S., we must support the provider workforce while we fight to keep clinics open, increase access, and undo harmful bans.

THERE IS A PLACE FOR EVERYONE.

TAKE ACTION:

1	**Raise awareness** of the essential role of independent clinics. Tell others how to find a clinic at www.ineedanA.com, and share this report with colleagues, elected representatives, journalists, on social media, and with your community.
2	**Donate to independent abortion clinics.** Indies typically pour every cent they have into caring for patients; they rely on donors to fund any additional work they do in their communities, to support their staff, and to implement security measures.
3	**Volunteer for or work with your local clinic.** Clinics need everything from website design to landscaping to patient escorts. Whatever your skill set, independent clinics need your expertise and involvement.
4	**Support the future of the abortion care workforce.** If you're a medical student or resident, start a Med Students for Choice chapter and advocate for training in abortion. Clinicians can enhance and expand their expertise in abortion care. Everyone can contribute to the professional development of frontline staff by supporting Abortion Care Network programming
5	**Support abortion funds and practical support organizations.** Abortion funds and practical support organizations make it possible for people to pay for, travel to, and safely access the abortion care they need.
6	**Work with local, state, and national reproductive health, rights and justice groups** to bring the U.S. in line with World Health Organization abortion care guidelines: • Overturn and block abortion bans—including insurance coverage bans and other medically unnecessary restrictions that delay or withhold care. • Pass and implement policies that protect and increase access to abortions.
7	**Refuse to participate in actions that criminalize people** who seek, provide, or support abortion care, and work to **block or overturn laws that criminalize abortion.**
8	**Show your support for people who provide and have abortions.** Talk about abortion openly, honestly, and without stigma; support the people in your life who need or have had abortions, and celebrate Abortion Provider Appreciation Day.

Resources

1 I. Maddow-Zimet and C. Gibson, "Despite bans, number of abortions in the United States increased in 2023," Guttmacher Institute. Accessed: Oct. 21, 2024. Link

2 "Professional communication from Rachel Jones at the Guttmacher Institute (August 2024)".

3 Guttmacher Institute, "Interactive Map: US Abortion Policies and Access After *Roe*." Accessed: Nov. 12, 2024. Link

4 K. Kortsmit *et al.*, "Abortion surveillance - United States, 2021," *MMWR Surveill. Summ.*, vol. 72, no. 9, pp. 1–29, Nov. 2023, Link

5 "State Bans on Abortion Throughout Pregnancy," Guttmacher Institute. Accessed: Nov. 14, 2024. Link

6 "Guttmacher Data Center." Accessed: Nov. 12, 2024. Link

7 K. V. Brown, "There's No Coming Back From *Dobbs*," *The Atlantic*, Oct. 22, 2024. Accessed: Nov. 14, 2024. Link

8 O. Heymann *et al.*, "Unlimited Discretion: How Unchecked Bureaucratic Discretion Can Threaten Abortion Availability," *J. Health Polit. Policy Law*, vol. 48, no. 4, pp. 629–647, Aug. 2023. Link

9 C. Sherman, "'It's Breaking My Heart': Abortion Providers on Life After *Roe*," VICE. Accessed: Nov. 12, 2024. Link

10 D. Czarnecki, D. Bessett, H. J. Gyuras, A. H. Norris, and M. L. McGowan, "State of Confusion: Ohio's Restrictive Abortion Landscape and the Production of Uncertainty in Reproductive Health Care," *J. Health Soc. Behav.*, vol. 64, no. 4, pp. 470–485, Dec. 2023. Link

11 K. Rivlin, M. Bornstein, J. Wascher, A. Norris Turner, A. H. Norris, and D. Howard, "State abortion policy and moral distress among clinicians providing abortion after the *Dobbs* decision," *JAMA Netw. Open*, vol. 7, no. 8, p. e2426248, Aug. 2024. Link

12 P. Chowdhary, A. Newton-Levinson, and R. Rochat, "'no one does this for the money or lifestyle': Abortion providers' perspectives on factors affecting workforce recruitment and retention in the southern United States," *Matern. Child Health J.*, vol. 26, no. 6, pp. 1350–1357, Jun. 2022. Link

13 J. Knox, "What It's Like to Be an Abortion Clinic Escort In the Post-*Roe* Era," Teen Vogue. Accessed: Nov. 12, 2024. Link

14 Committee On Healthcare for Underserved Women, "Committee Opinion Number 612," ACOG.org. Accessed: Oct. 21, 2024. Link

15 C. Sherman, "US doctors struggle to get basic abortion training two years after fall of *Roe*," *The Guardian*, The Guardian, Jun. 24, 2024. Accessed: Oct. 21, 2024. Link

16 "Training and Workforce after *Dobbs*." Accessed: Nov. 13, 2024. Link

17 "Understanding The Hyde Amendment: An FAQ," National Network of Abortion Funds. Accessed: Nov. 12, 2024. Link

18 "Will Medicaid Cover My Abortion?," National Network of Abortion Funds. Accessed: Nov. 12, 2024. Link

19 A. Salganicoff, L. Sobel, I. Gomez, and A. Ramaswamy, "The Hyde Amendment and Coverage for Abortion Services Under Medicaid in the Post-*Roe* Era," KFF. Accessed: Nov. 12, 2024. Link

20 B. Frederiksen and A. Salganicoff, "Variability in Payment Rates for Abortion Services Under Medicaid," KFF. Accessed: Nov. 12, 2024. Link

21 K. Forouzan, A. Friedrich-Karnik, and I. Maddow-Zimet, "The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care," Guttmacher Institute. Accessed: Nov. 14, 2024. Link

22 N. Roy, "Following National Funding Cuts, 'July Was Pure Hell' for Abortion Funds," Rewire News Group. Accessed: Nov. 14, 2024. Link

23 S. Rinkunas and C. W.-D. et Al, "The Perfect Storm Threatening Abortion Access," *The Nation*, Sep. 03, 2024. Accessed: Nov. 14, 2024. Link

24 N. 'dea Yancey-Bragg, "Abortion clinics reinvented themselves after *Dobbs*. They're still struggling," *USA Today*, USA TODAY, Jun. 22, 2024. Accessed: Sep. 18, 2024. Link

25 "The End of *Roe* and the Criminalization of Abortion: More of the Same for Too Many." Accessed: Oct. 10, 2024. Link

26 S. Simmons-Duffin, "Doctors who want to defy abortion laws say it's too risky," *NPR*, NPR, Nov. 23, 2022. Accessed: Sep. 26, 2024. Link

27 "Life of the Mother," ProPublica. Accessed: Nov. 04, 2024. Link

28 S. Pereira, "With their workplaces subject to criminalization, abortion providers face post-*Roe* America," Prism. Accessed: Sep. 27, 2024. Link

29 J. Luchetta, "Physicians, hospitals and medical associations sound the alarm on Idaho's expanding OBGYN desert," Boise State Public Radio. Accessed: Oct. 10, 2024. Link

30 S. Simmons-Duffin, "For doctors, abortion restrictions create an 'impossible choice' when providing care," *NPR*, NPR, Jun. 24, 2022. Accessed: Oct. 10, 2024. Link

31 "NAF 2022 Violence & Disruption Statistics," National Abortion Federation. Accessed: Oct. 16, 2024. Link

32 C. Miller, "Abortion Clinics Face Increased Harassment Post-*Roe*," Southern Poverty Law Center. Accessed: Oct. 17, 2024. Link

33 "Abortion care guideline." Accessed: Nov. 26, 2024. Link

34 S. J. Lambert, S. K. Horvath, and R. S. Casas, "Impact of the *Dobbs* decision on medical education and training in abortion care," *Womens Health Issues*, vol. 33, no. 4, pp. 337–340, Jul. 2023. Link

35 Abortion Care Network, "Ally Organizations," Abortion Care Network | Donate Now! Accessed: Nov. 14, 2024. Link

36 J. Miller, "For Abortion Providers, a Tough Business Gets Even Tougher," *The New York Times*, The New York Times, Aug. 17, 2024. Accessed: Nov. 14, 2024. Link

37 "Seven Defendants Convicted of Federal Civil Rights Conspiracy and Freedom of Access to Clinic Entrances (FACE) Act Offenses for Obstructing Access to Reproductive Health Services in Michigan." Accessed: Nov. 04, 2024. Link

38 K. Pentiuk, "Six charged with misdemeanors after incident at abortion clinic," C & G Publishing. Accessed: Nov. 12, 2024. Link

39 A. Wingblad, "Jury returns verdicts for 6 abortion protesters," *Oakland Press*, The Oakland Press, Feb. 24, 2023. Accessed: Nov. 12, 2024. Link

40 D. Yetter and T. Loftus, "Kentucky appeals court rejects AG's efforts to get employment records in abortion case •," Kentucky Lantern. Accessed: Nov. 04, 2024. Link

41 A. Vagianos, "Florida Is Waging An All-Out War On Its Abortion Clinics," HuffPost. Accessed: Nov. 04, 2024. Link

42 "Monthly Abortion Provision Study," Guttmacher Institute. Accessed: Nov. 04, 2024. Link

43 "Tears and despair at Florida abortion clinic in final hours before ban," *The Washington Post*, The Washington Post, May 01, 2024. Accessed: Nov. 04, 2024. Link

44 N. El-Bawab, R. Scott, K. Walker, L. Coburn, and K. Weinberg, "Arizona patients, doctors describe chaos, confusion over 1864 abortion ban," ABC News. Accessed: Oct. 28, 2024. Link

45 "The negative impacts of Idaho's restrictive abortion ban are becoming clearer," Idaho Statesman. Accessed: Oct. 28, 2024. Link

46 I. Bloom, "Everybody's Fight: An In Bloom Series : Do No Harm." Accessed: Nov. 12, 2024. Link

47 "Professional Communication with Dr. Nikia Grayson and Jennifer Pepper at CHOICES Center for Reproductive Health," Nov. 2024.

Thank you for your resilience, adaptability, and dedication to abortion access. INeedAnA.com is grateful to connect abortion seekers with indies across the country.—ineedana.com

Methodology

In partnership with ineedanA.com, Abortion Care Network collects data annually on every abortion clinic in the United States that makes abortion care services publicly available. Using 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. Planned Parenthood data is gathered from online directories and publicly available websites. Data were gathered between July through November 2024 from the 50 U.S. states, Washington D.C., and Puerto Rico; findings are presented throughout this report.

Abortion Care Network is grateful to our partners at the Guttmacher Institute for advice related to abortion incidence data and analysis, and to the team at ineedanA.com for leading data collection efforts.

About this Report

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Graphic design by Design Choice.

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.

Photographs in this report are courtesy of: A Woman's Choice of Greensboro, Abortion Care Network, Affirmative Care Solutions, All Women's Health, CHOICES Center for Reproductive Health, Desert Start Institute for Family Planning, EMW Women's Surgical Center, Feminist Women's Health Center, Just the Pill, Michael Benjamin, MD, Red River Women's Clinic, Robin Marty, and Woman's Health Center of Maryland and West Virginia.

About Abortion Care Network

Abortion Care Network is the national association for independent abortion care providers and their allies. We are building a sustainable future for abortion access by resourcing, connecting, and celebrating independent abortion clinics and their allies.

View this report and all previous years' reports at:
https://www.abortioncarenetwork.org/communitiesneedclinics

Thank you for your tenacity, resilience and unwavering dedication to abortion seekers. We are so grateful for your generous collaboration over the decades: you make Guttmacher's data collection efforts possible!

Abortion Care Network
300 I Street NW, Suite 400E
Washington, DC 20005-3318
202-419-1444

www.abortioncarenetwork.org
media@abortioncarenetwork.org