



2025 Report

COMMUNITIES NEED CLINICS



Abortion Care Network

WE ARE STRONGER TOGETHER

www.abortioncarenetwork.org



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.

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.

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

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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 and October 2025 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.



The background of the page is a collage of several overlapping donut charts. Each chart is composed of multiple segments in various colors including red, orange, green, teal, pink, purple, and brown. The charts are arranged in a way that they partially overlap each other, creating a dynamic and layered visual effect. The text is positioned on the right side of the page, to the right of the central donut chart.

THE ESSENTIAL ROLE OF INDEPENDENT ABORTION CLINICS

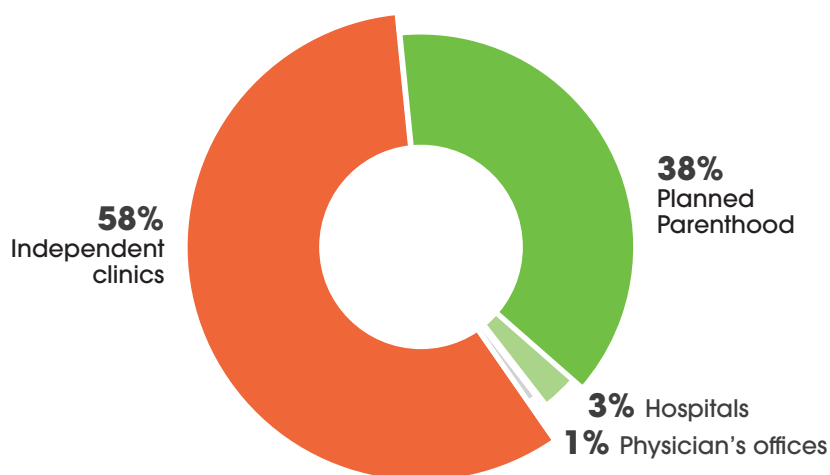
In the United States, abortion care is provided in private physicians' offices, hospitals, Planned Parenthood clinics, and independent abortion clinics (indies). Since the overturning of *Roe v. Wade* in 2022,^{*} one hundred independent clinics have closed. Despite this, independent clinics continue to provide the majority of abortion care in the United States, providing approximately 58 percent of all abortions nationwide.^{1, 2, 3, †} 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 hostile⁴ to abortion.

All abortion providers are essential to ensuring a sustainable and accessible landscape of reproductive health care, but 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. This makes it especially difficult for patients to find them and for clinics to secure the necessary resources to stay open.

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, train future abortion providers, 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.

Abortion Procedures by Facility Type

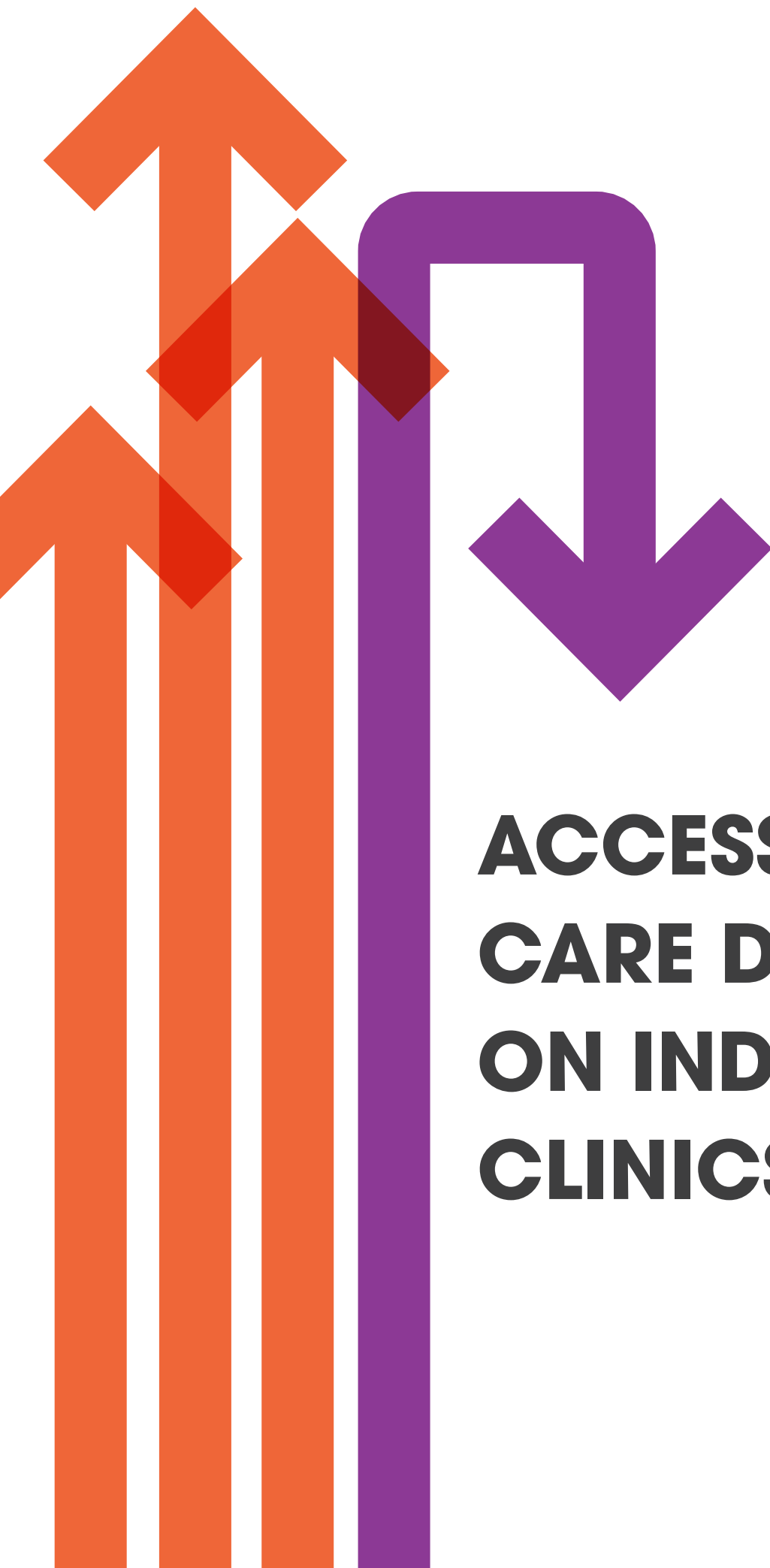
Independent clinics continue to provide the majority of abortion care in the United States



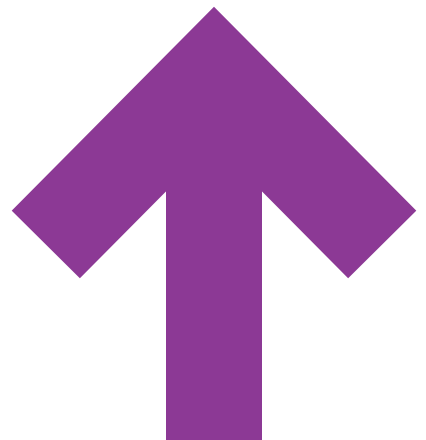
^{*} The U.S. Supreme Court issued its ruling in the *Dobbs v. Jackson Women's Health Organization* case on June 24, 2022, overturning *Roe v. Wade*. These cases are also referred to as *Roe* and *Dobbs* throughout this report.

[†] Figures apply to abortions in states where abortion is not legally banned; figures do not include self-managed abortions or abortion provided under interstate shield laws.

[‡] 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.



**ACCESS TO
CARE DEPENDS
ON INDEPENDENT
CLINICS**



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. Independent clinics have long been more vulnerable to attacks intended to close clinics or push abortion out of reach. Because of this, 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 abortion⁴ and thirteen states lacking a single abortion clinic, access to abortion care in many parts of the United States has been decimated.

Care Throughout Pregnancy Depends on Independent Clinics

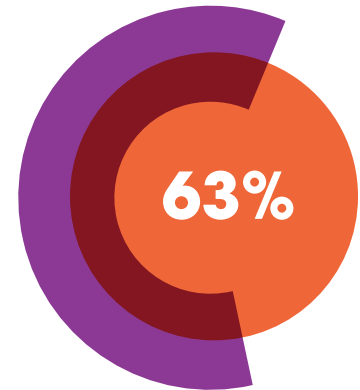
Access to abortion care throughout pregnancy has depended on independent abortion clinics for decades, and this remains true. Even after the overturning of *Roe v. Wade*, independent clinics make up 63 percent of all U.S. clinics that provide abortion after the first trimester.⁵

Independent clinics represent 68 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 85 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.¹

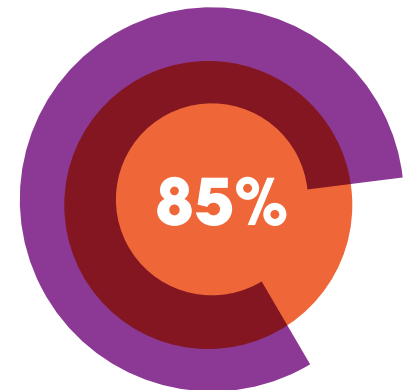
Though most abortions occur in the first trimester of pregnancy,⁵ there are many reasons that people need abortions in the second and third trimesters, including delays caused by abortion restrictions, not having the money or resources to get to a clinic or pay for care, increased clinic wait times, and factors related to health, safety, and viability.⁵

Patients must sometimes travel hundreds of miles for care, take time off 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 abortion⁴ 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 are either created or exacerbated by anti-abortion restrictions.

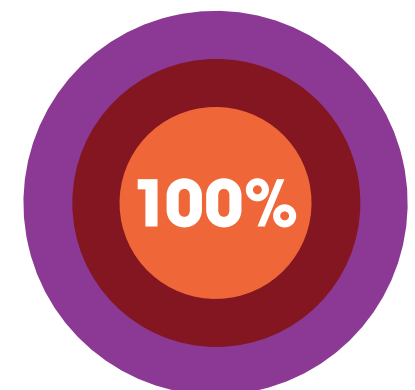
Care Throughout Pregnancy Depends on Independent Clinics



of all U.S. clinics that provide abortion **after the 1st trimester** are independent



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



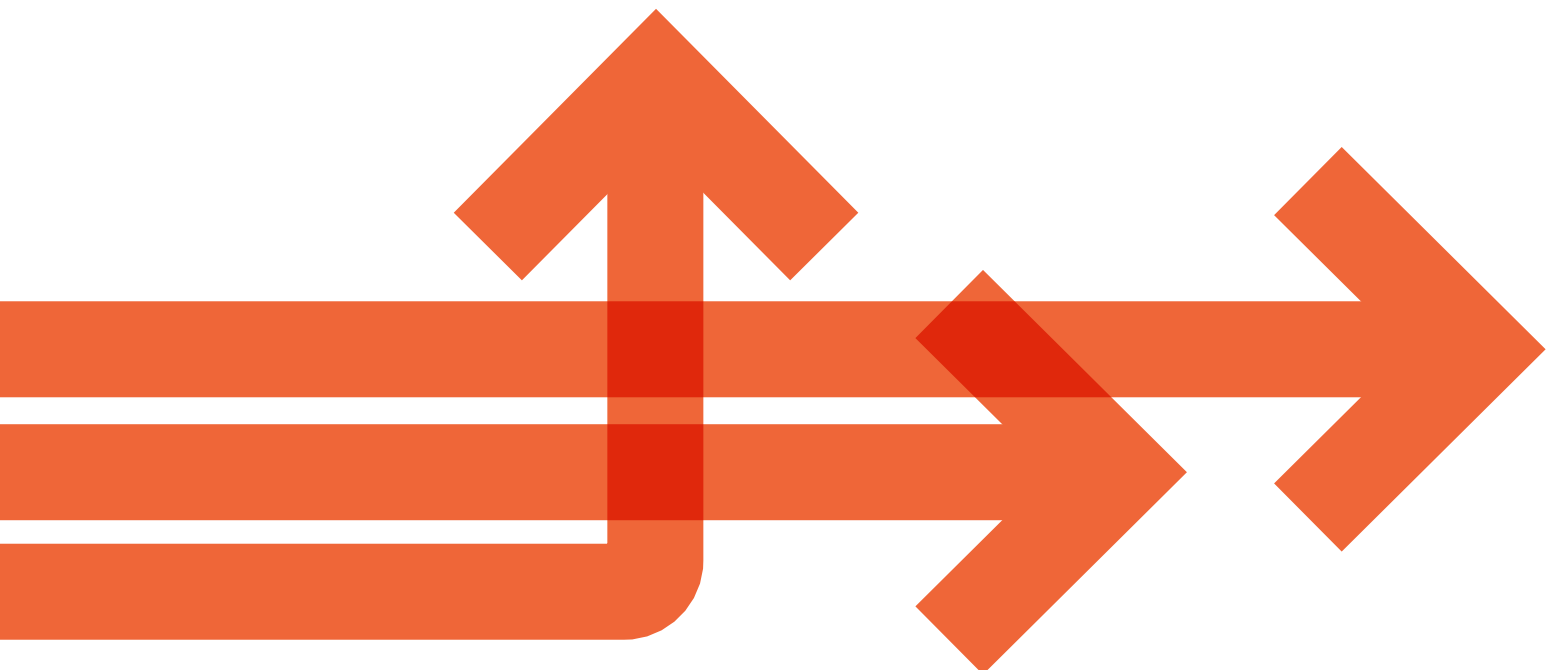
of all U.S. clinics that provide abortion **after 26 weeks** of pregnancy are independent

⁵ 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.
¹ These numbers represent abortion clinics — both independent clinics and Planned Parenthood affiliates — and do not include hospitals or private physician's offices, which provide a combined 4% of abortions nationally.

Finally, targeted abortion restrictions and financial pressures make it harder for clinics that provide all-trimester abortion care to stay open, even though 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 in the second and third trimester.

The nuts and bolts of providing abortion care remain the same throughout pregnancy: **meeting people where they are, providing compassionate care, and validating their experiences.** For later abortion care, people sometimes need a little more support. Together with practical support organizations and abortion funds, we try to eliminate as many barriers as possible, but we can't fix everything about a broken healthcare system.

—**Karishma Oza,**
Chief of Staff, DuPont Clinic



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-two 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, 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, 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 caretaking.

Over the past three years, attacks on medication abortion have increased and gotten more aggressive.⁶ There have been challenges to FDA approval of mifepristone, censorship of online providers, lawsuits against telehealth providers, laws attempting to restrict availability, and numerous misinformation campaigns.^{7,8,9} These attacks on medication abortion are politically motivated and unjust. Further, they rely on false claims with no scientific basis.⁸ But independent clinics and their allies continue to push back, knowing that when patients have access to more comprehensive care with fewer hurdles, communities are healthier.^{10,11}

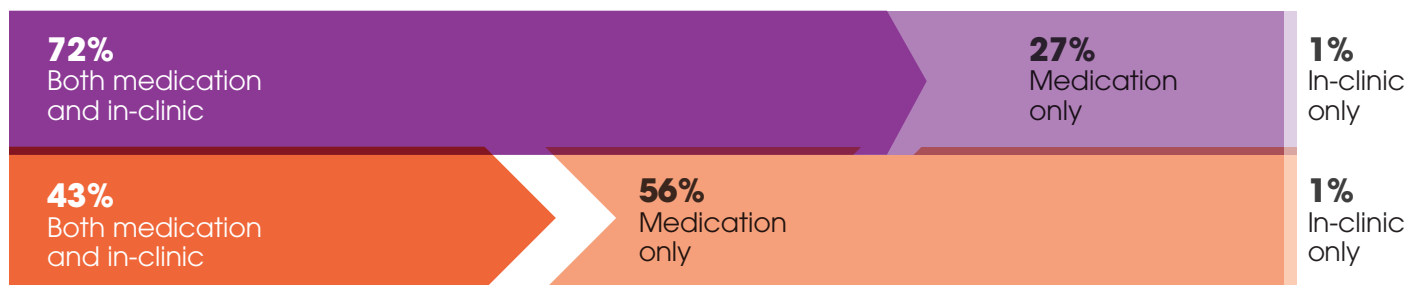
At WE Health Clinic, being a trusted healthcare provider means reciprocating the trust our patients place in us. We uphold every patient's right to determine their own reproductive future by advancing abortion care and minimizing barriers to access.

Our commitment to providing progressive, accessible, and patient-centered services reflects our dedication...

—**Paulina Briggs,**
Executive Director
WE Health Clinic,
Duluth, MN

Types of Abortion Care Provided by Clinic Type (brick and mortar clinics only)

INDEPENDENT CLINICS



PLANNED PARENTHOOD



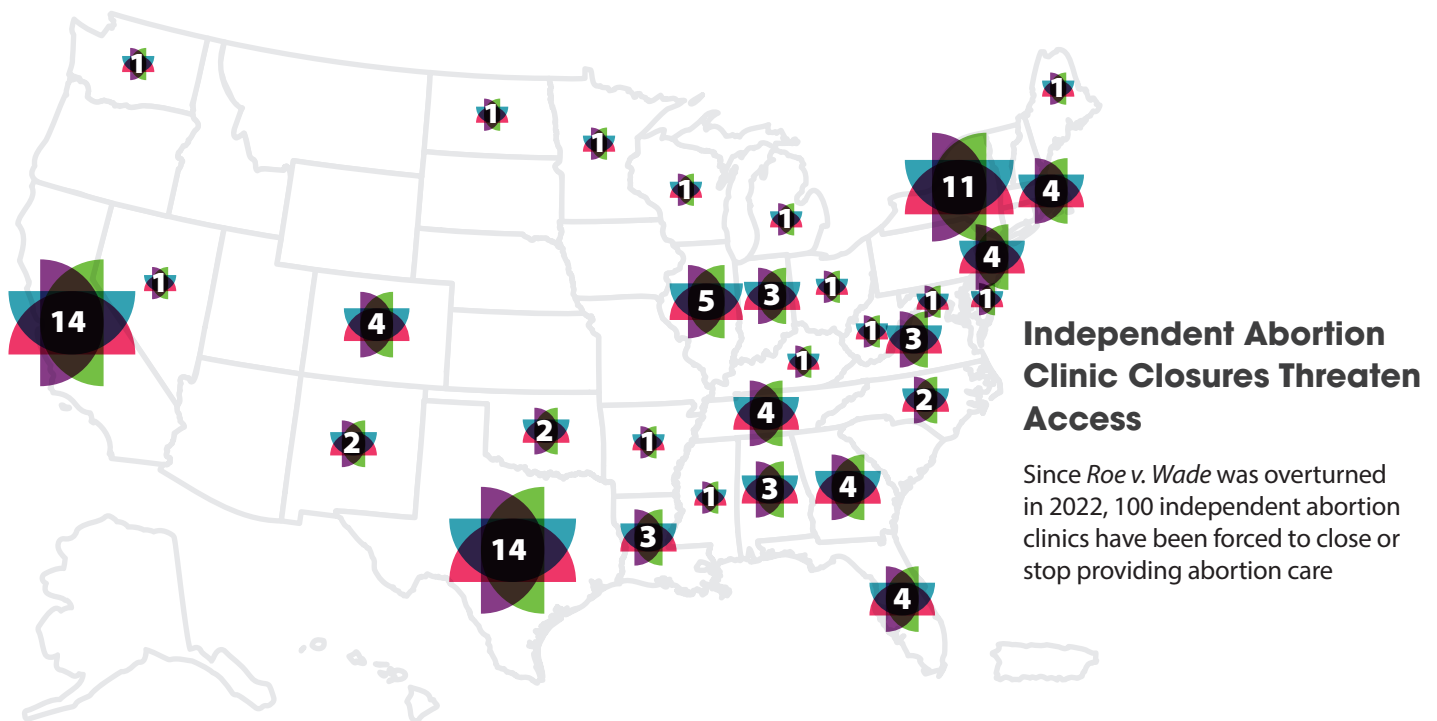
THE CHANGING LANDSCAPE OF CLINIC-BASED ABORTION CARE

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 2025, ACN identified 396 brick-and-mortar independent abortion clinics, as well as 244 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 22 percent since 2012.


Abortion Care Network identified 100 independent abortion clinic closures^{††} between 2022 and 2025. Forty-two independent clinics closed in 2022, 23 independent clinics closed in 2023, and 12 independent clinics closed in 2024. As of October 2025, there have been 23 confirmed independent clinic closures in 2025.

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. Additionally, these clinics are hubs of comprehensive reproductive care, often providing services like birth control, gender affirming care, and cancer screenings. When clinics like these are forced to close, it creates additional healthcare gaps beyond 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.



Providing comprehensive reproductive healthcare, including abortion, has been the work of my life. Losing the ability to provide abortion care has felt like losing a piece of my soul. I miss helping women find hope, empowering them with choices, and showing them that their lives and futures matter deeply.

The closure of our clinic was a devastating loss. Our staff—doctors, nurses, counselors, front desk, cleaning crews—became a family through our shared purpose. We faced the anti-abortion forces together, knowing what it meant for patients to receive safe, compassionate, high-quality care. We all miss the powerful connection with our patients, and we miss each other.

The community lost more than a clinic. For decades, we poured our hearts into caring for our patients. We lost a vital training center for medical students, residents and visiting doctors—a loss that continues to undermine public health statewide. **What we lost wasn't just a clinic: it was a lifeline for patients, and we had the privilege of standing beside them as they made their decisions.**

—Dr. Ernest Marshall & EMW Women's Surgical Center
Louisville, KY

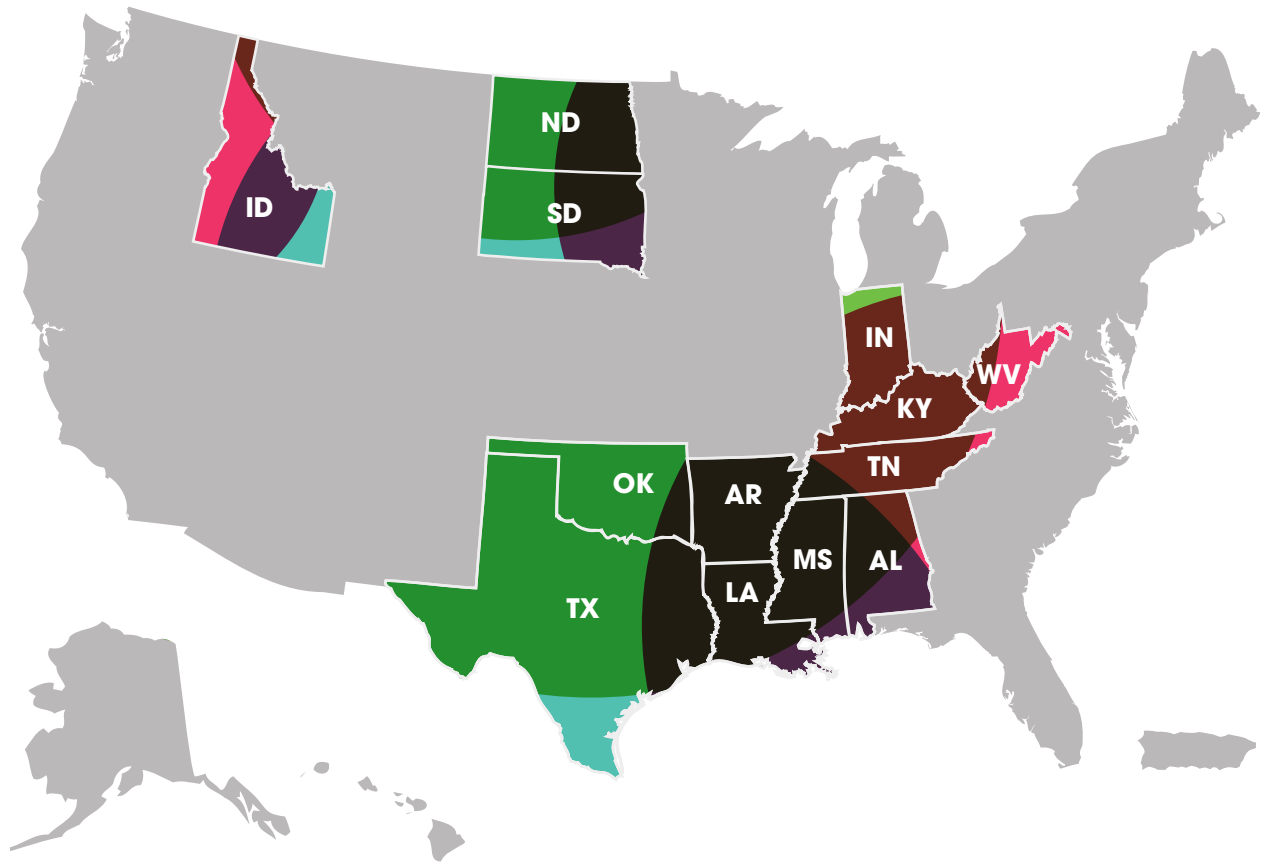
A Look at Communities Without Independent Clinics

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 2025, 12 states ban abortion completely, six states ban abortion sometime in the first trimester, and another 23 states ban abortion at a different arbitrary point in pregnancy.^{12, 4}

In states where abortion remains legal, medically unnecessary restrictions, financial barriers, and anti-abortion extremism make it challenging for clinics to keep their doors open. Clinics in these states are not immune to closure: 80 percent of the independent clinics forced to close in 2024 and 2025 were in states considered legally protective.⁴

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*.¹³ This number quickly increased as clinics across the country were forced to close.¹⁴ Currently, 13 states have no abortion clinics at all. The devastation has been especially stark in the Midwest and South, where 58 percent of the independent clinics forced to close since the *Dobbs*

13 States Have No Clinics Providing Abortion Care



58% of the independent clinics forced to close since the *Dobbs* decision were located in the South or Midwest

decision were located. Because of clinic closures and increasing abortion restrictions, over 169,000 patients traveled out of state to get care in 2023, more than double the number of people forced to travel in 2020.¹⁵

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 may no longer be able to 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 systematically 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 logistical 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 2025, Abortion Care Network confirmed that at least 60 new independent brick-and-mortar clinics have opened in 16 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 later in pregnancy and for clinics close to state borders.

Opening an abortion clinic is exceedingly difficult, time-intensive, and expensive. The fact that no fewer than 60 independent brick-and-mortar clinics have opened since *Roe* was overturned shows the dedication and determination of independent providers. These providers have to navigate varying state regulations, build connections in new communities, relocate or hire staff, and cover the significant costs of opening and running a medical practice — costs that include extra security and legal demands not required of other health care professionals.

Opening an indie clinic post-*Dobbs* felt risky yet brave and even revolutionary.

Lots of people cautioned us to wait to open, but we knew people needed abortions now — and we are so glad we opened when we did. Right now, we are one of only two clinics in the entire state of Wisconsin. When Planned Parenthood of Wisconsin paused abortion care in October 2025, our clinic proved even more necessary. We feel strongly that people should be able to get care in their own communities and not have to travel far for basic health care.

—Ali Kliegman (they/them)

Co-founder and Executive Director, Care for All

^{##} Opening a new clinic requires a lot of work (for example, identifying and securing a building, filing legal and/or tax paperwork, hiring staff, and more), often happens in stages over time, and requires significant resources and support. For the purposes of this report, we count a clinic as “open” once it is actively providing abortion care to patients.

As a clinic with locations in Illinois and Tennessee, **we have noticed that brick-and-mortar clinics in the South are being forgotten.** We are working hard to ensure our Memphis location can continue to provide life-saving reproductive healthcare, which includes access to Black-led midwifery care, gender-affirming care, family planning, and so much more.

—**CHOICES: Center for Reproductive Health,**
Memphis, TN, & Carbondale, IL

Threats Facing Independent Clinics and Their Communities

Since the overturn of *Roe*, violence and harassment directed at abortion clinics, clinic staff, volunteers, and people seeking abortion care have increased.^{16, 17} This can include occupying sidewalks and spaces outside clinics, obstructing clinic entrances, invading clinic waiting rooms, vandalizing, stalking, threats, and verbal and physical assault.¹⁶ Clinics and patients face digital harassment, as well, like surveilling and mining patients' digital data, censoring abortion providers on social media, and doxxing and targeting providers online.^{18, 19}

Threats perpetrated by state and government actors have also increased in 2025, making it harder for people to provide and access services in their communities, including health care. Throughout 2025, ICE raids have had a chilling effect on people seeking health care.^{20, 21} As cities across the United States are flooded with military and police, barriers to accessing health care of all kinds have increased — including reproductive health care.²²

Finally, legal threats against people providing and seeking abortions have increased dramatically since *Roe* was overturned, impacting the real and perceived ability to access clinics and other health care facilities.²³ The threat of criminalization, bounty hunting, jail time, legal or civil suits, and administrative actions — like loss of licensure — all impact when and whether someone can receive or deliver timely abortion care.^{24, 25}





CONCLUSION AND 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 patients.²⁶ Without these courageous providers, communities would be left without the essential care they need.

Communities need clinics, but clinics can't maintain or expand access to abortion care by themselves. If we are to protect access to abortion in the U.S., we must support the provider workforce, fight to keep clinics open, and undo harmful bans.

There is a place for everyone. Take action:



- ➔ **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.

- ➔ **Donate directly to local independent abortion clinics or to Keep Our Clinics to support indies across the United States**. 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.

- ➔ **Volunteer for or work with your local clinic**. Clinics need a wide range of services, from website design to landscaping to patient escorts. Whatever your skill set, independent clinics need your expertise and involvement.

- ➔ **Support the future of the abortion care workforce**. If you're a medical student or resident, advocate for and participate in 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.

- ➔ **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.

- ➔ **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.

- ➔ **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**.

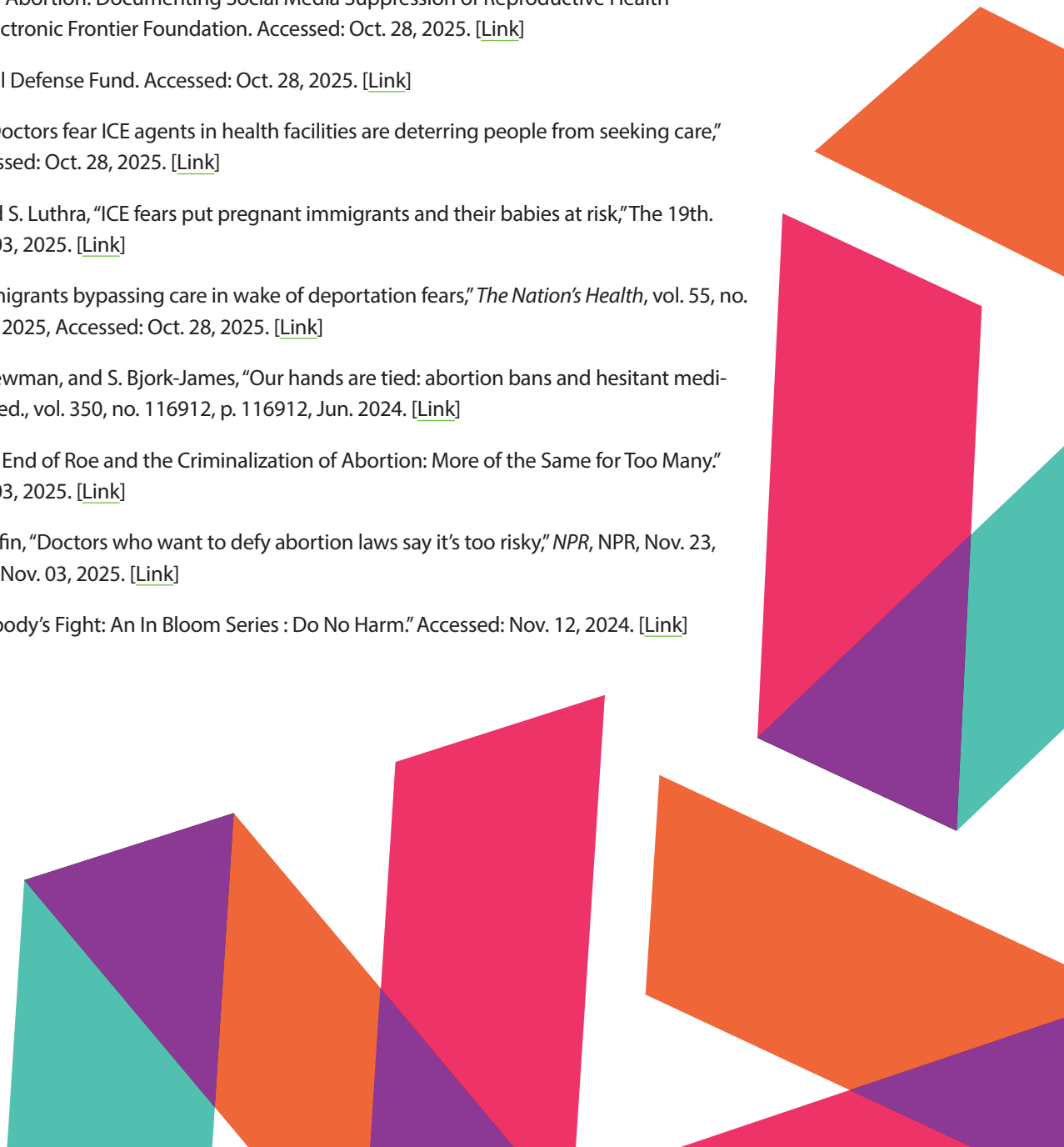
- ➔ **Show your support for people who provide and have abortions**. Talk about abortion openly, honestly, and without stigma; support the people in your life who need or have had abortions, and celebrate Abortion Provider Appreciation Day.



RESOURCES

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