Causes of Clinic Closures: Anti-Abortion Legislation

Since 2010, anti-abortion politicians have launched an aggressive campaign to restrict abortion access by passing laws that attempt to make it too expensive or logistically difficult for abortion clinics to operate. In the last six years alone, states have passed 338 laws making abortion more difficult to access. This marks a dramatic increase in anti-abortion regulation seen since the *Roe v. Wade* decision in 1973.¹⁷

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

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

In *Whole Woman’s Health v Hellerstedt*, the Supreme Court determined that this law was medically unnecessary and overly burdensome and struck it down. Similar laws were struck down in Alabama, Mississippi, and Wisconsin in June of 2016.²⁰ Still, the devastating effects have outlasted the legislation. Once forced to close, the financial barriers involved in reopening an abortion clinic can be insurmountable. Of the more than 20 clinics that closed following the passage of HB2 in Texas, only two have reopened as of July 2017. ²¹,²²
Causes of Clinic Closures: Anti-Abortion Extremism

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

Unfortunately, anti-choice extremism makes some physicians think twice about pursuing a career as an abortion provider. Having to rely on physicians who live outside of our state makes it harder for our clinics to serve all who need us.

Julie A. Burkhart
Founder and CEO, Trust Women
South Wind Women’s Center

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

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

Susan Cahill, PA-C, MSW
Owner, All Families Healthcare PC

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

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

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

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

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

I drove 8 hours to get here and was feeling scared and alone until I got here. Now I realize I am not alone. The staff here are really wonderful. The decision you make to have an abortion is all your decision. You have to do what’s best for you and your life.

A patient of Red River Women’s Clinic Fargo, North Dakota

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