



# Communities Need Clinics

**Independent Abortion Care Providers  
and the Future of Abortion Access  
in the United States**

2018 Report



**Abortion Care Network**  
[www.abortioncarenetwork.org](http://www.abortioncarenetwork.org)

# Table of Contents

## Executive Summary

## Introduction: The Essential Role of Independent Abortion Care Providers

## Meaningful Access Depends on Indies

Care Throughout Pregnancy Depends on Independent Clinics  
Independent Clinics Provide More Comprehensive Abortion Care

## Alarming Rate of Clinic Closures

Impact of Closures on the Availability of Abortion Throughout Pregnancy

## Looking Ahead

The Abortion Care Landscape Now  
A Future Without Roe

## Conclusion and Action

## References

## Methodology

## About Abortion Care Network



# Executive Summary

Independent abortion clinics collectively provide the majority of abortion care in the United States, serving 3 out of every 5 people who has an abortion. These clinics provide care when and where others do not — operating in the most hostile states and courageously providing care as pregnancy progresses. Yet independent clinics are closing at an unprecedented rate: the number of independent clinics has been reduced by nearly 28 percent since 2012.

With the recent shift in the balance of the Supreme Court, access to legal abortion care is under imminent threat. To ensure that people in the United States can get abortion care where and when they need it, independent clinics and the patients they serve need the support of their communities. Advocates must work to end the politically-motivated restrictions and coverage bans that push abortion out of reach for patients, and clinics need direct financial and volunteer support to continue to provide care in their communities.

Abortion Care Network's second annual Communities Need Clinics report provides an overview of the care provided by independent abortion clinics, highlights the vital role they play in ensuring meaningful access throughout the U.S., includes clinic closure rates, and discusses the importance of independent abortion care providers in a future without *Roe v Wade*.

## Methodology

Abortion Care Network collects data annually on every abortion clinic in the United States that makes abortion care services publicly available or otherwise discloses that they provide abortion care. Using publicly available search engines to identify providers, each clinic is contacted annually for operational status and information on the scope of services provided. Data gathered are presented throughout this report.



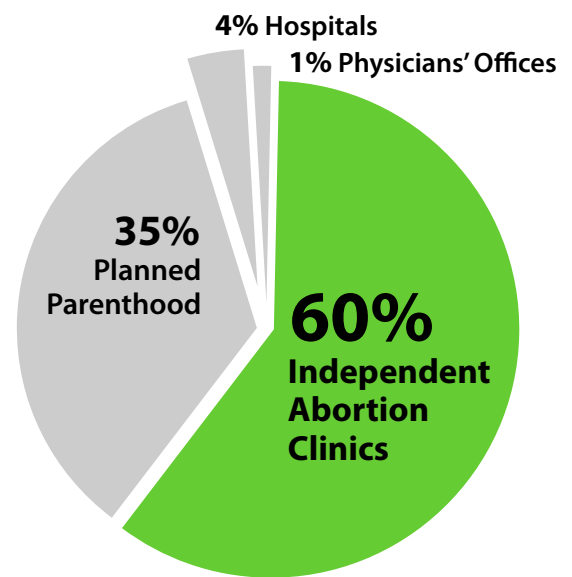
# Introduction: The Essential Role of Independent Abortion Care Providers

**In the United States, abortion care is provided in private physicians' offices, hospitals, Planned Parenthood clinics, and at independent abortion clinics. Although independent abortion care providers represent about 25 percent of the facilities offering abortion care nationwide, they perform about 60 percent of the abortion procedures.** <sup>1, 2</sup>

All of these providers are necessary and vital to ensuring access to reproductive health care — including abortion — but many people are unaware of the important contributions of independent abortion care providers and the challenges they face.

Independent clinics often serve some of the most rural areas of the country, provide care to LGBTQ patients, and work with their communities and local abortion funds to ensure that services are available to those patients with the fewest resources for accessing care. They are bold advocates in their states, often fighting for and ensuring the legal right to access abortion. Yet independent abortion care providers lack the institutional support, visibility, name recognition, or fundraising capacity of national health centers and hospitals, making it especially difficult for these community-based providers to garner the resources they need to provide care in their communities.

Meaningful access to abortion care in the United States depends on independent abortion care providers keeping their doors open and continuing to provide quality, compassionate, patient-centered care. Unfortunately, these providers are also the most vulnerable to anti-choice attacks and legislation intended to close clinic doors or push abortion out of reach. <sup>3, 4, 5</sup>



**Percentage of abortions performed by provider type<sup>1,2</sup>**



# Meaningful Access to Abortion in the United States Depends on Independent Abortion Care Providers

Today, independent abortion clinics collectively provide care to 3 out of every 5 people in the United States who have an abortion each year. <sup>1,2</sup>

In addition to providing the majority of abortion care in the U.S., independent abortion care providers operate the majority of abortion clinics in the states most politically hostile to abortion access. <sup>3,4</sup>

In fact, independent clinics are sometimes the only available provider of abortion in a given state or region. Currently, six states have only one abortion care provider. Independent abortion care providers operate the only remaining clinic in four of those states: Kentucky, Mississippi, North Dakota, West Virginia (Missouri and South Dakota each rely on a single Planned Parenthood). Though there are three remaining clinics in Louisiana and two in Wyoming — those states rely entirely on independent clinics for abortion care.

## 3 in 5

people who have an abortion get care from **independent abortion care providers**



States with only one clinic remaining, and that clinic is independent

**NORTH DAKOTA**

**WEST VIRGINIA**

**MISSISSIPPI**

**KENTUCKY**

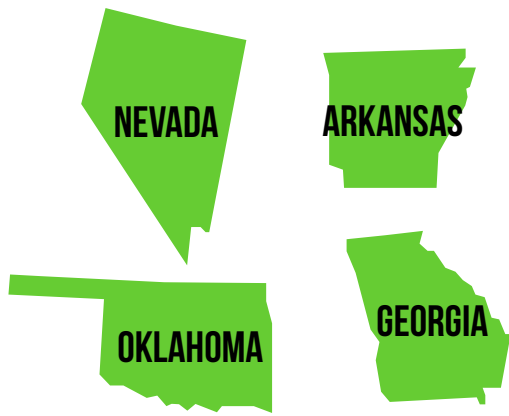
States where the only remaining clinics are independent

**WYOMING**

**LOUISIANA**



**States where the only providers of in-clinic care are independent**



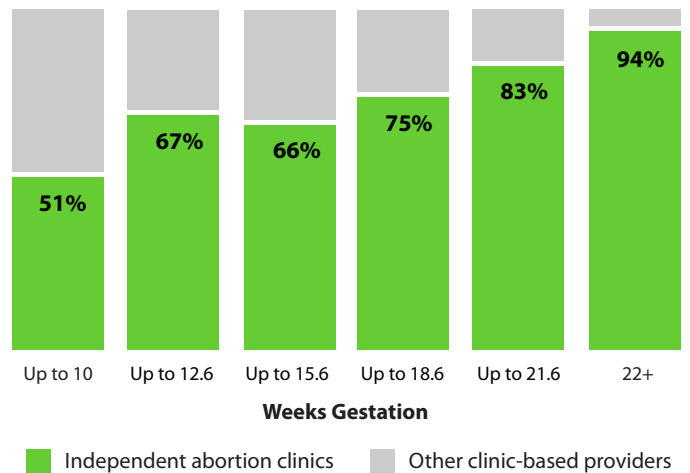
In Arkansas, Oklahoma, Georgia, and Nevada, the only providers of in-clinic abortion (also referred to as surgical or aspiration abortion) are independent abortion care providers. Without independent providers, abortion access in these four states would be limited to medication abortion within the first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

**Care Throughout Pregnancy Depends on Independent Clinics**

Although the right to abortion is currently protected in the United States, that right is functionally meaningful only because of independent abortion care providers. Sixty-seven percent of U.S. clinics that provide in-clinic abortion are independent clinics; without these providers, the vast majority of patients would only have access to medication abortion and thus no options for care after 10 weeks of pregnancy.

Abortion care throughout pregnancy depends on independent abortion clinics remaining open. Across the country, 66 percent of clinics that provide abortion after the first trimester are independent. Independent clinics represent 75 percent of all clinics that provide care after 16 weeks of pregnancy, 83 percent of clinics providing care after 19 weeks, and 94 percent of clinics that provide care at or after the 22nd week of pregnancy.

**Percentage of clinics by type that offer care at each gestational age**



*Gestational age (or progress through pregnancy) is often marked in number of weeks and days since the first day of the last menstrual period (LMP) or by trimesters, also calculated from the first day of the last menstrual period. For example, a person 12.6 weeks into pregnancy is 12 weeks and six days from her last menstrual period, though fertilization and implantation likely happened about two weeks after that.*



## Independent Clinics Provide More Comprehensive Abortion Care

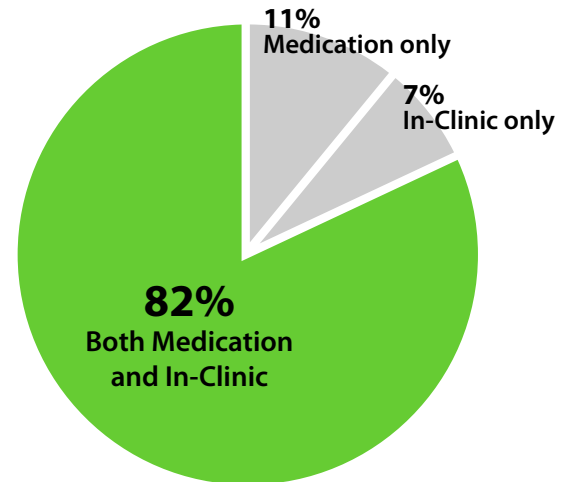
Independent abortion clinics are more likely to provide both medication and in-clinic care as options. Eighty-two percent of independent clinics offer both medication and in-clinic abortion care, as compared to other abortion clinics, which focus on offering medication-only care at their sites: only 47 percent offer both medication abortion and in-clinic care.

This has implications for both patients and providers. In communities where medication abortion is the only type of care offered by clinics, patient access to abortion is limited to within 10 weeks of their last menstrual period. In addition to limiting access to care, this also limits a patient's ability to choose the best abortion method for themselves. While both medication and in-clinic abortion are safe and effective methods, there are reasons some patients may prefer one procedure over another. <sup>6</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 parental support, people experiencing homelessness, and patients who cannot take time off from work.

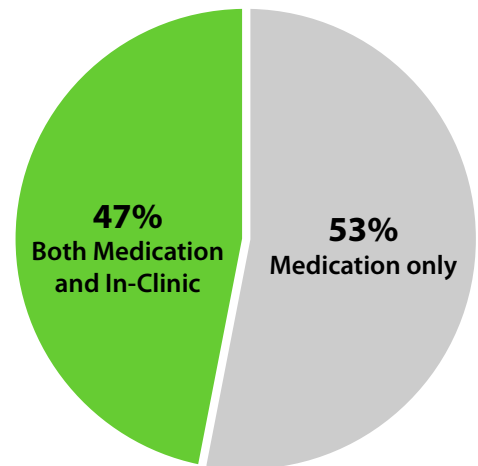
When clinics provide medication abortion only — rather than providing both medication and in-clinic care — the overall landscape of abortion access in a given state or region is more vulnerable. When Targeted Regulation of Abortion Providers (or TRAP laws) and other restrictions target specific abortion procedures, clinics that provide more comprehensive care — typically independent clinics — are left serving the entire state or region.

For example, when a TRAP law in Arkansas made it logistically impossible to provide medication abortion <sup>7</sup>, a single independent clinic — Little Rock Family Planning — became the only provider for the entire state. Medically unnecessary, politically-motivated restrictions like this one mean that patients are forced to travel further, face higher out-of-pocket costs, and are less likely to be able to choose the procedure that's best for them.

## Types of abortion care provided



Independent Abortion Clinics



Other Clinic-Based Providers



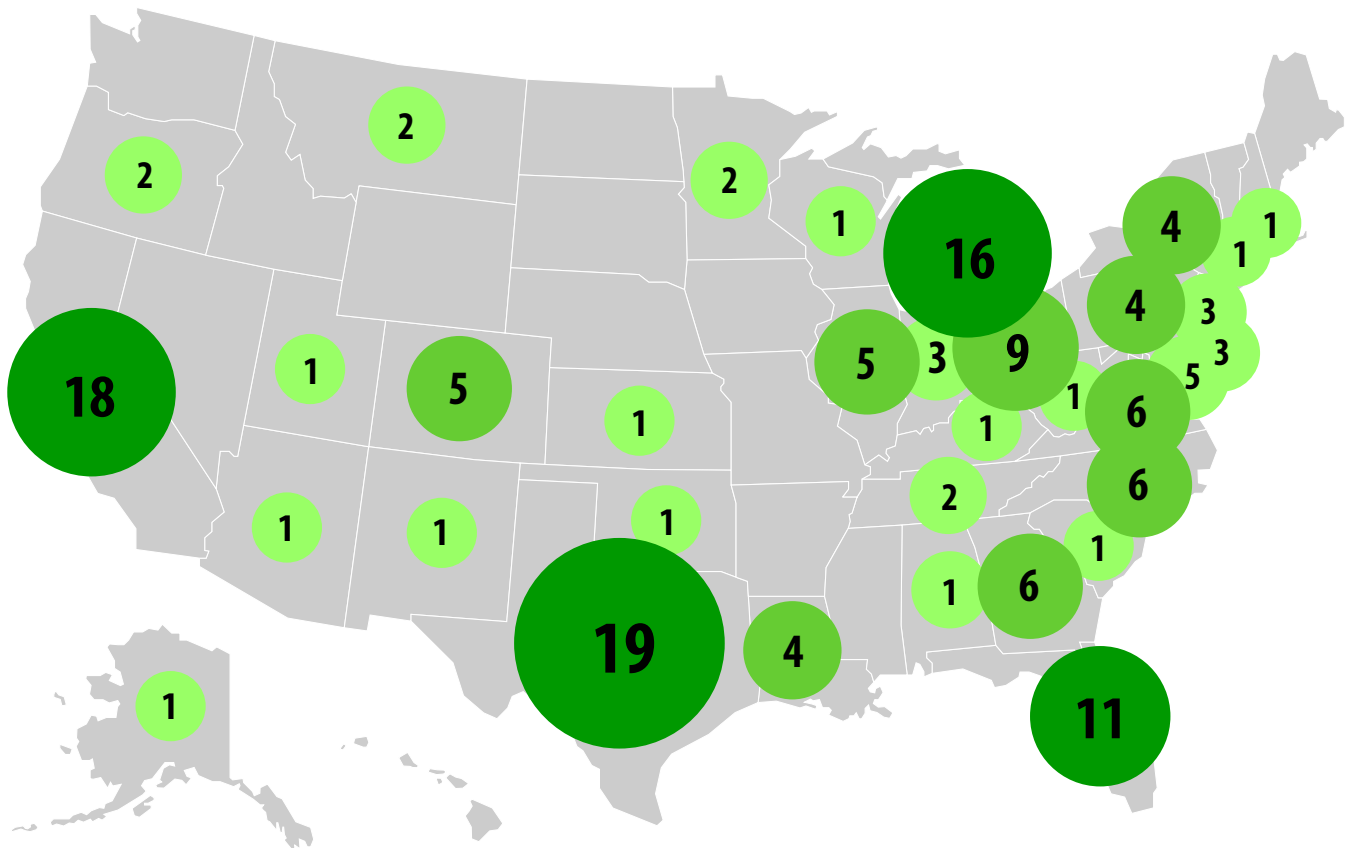
# Alarming Rate of Clinic Closures

Over the last decade, abortion clinics have been closing at an alarming rate. Of those closures, the vast majority have been independent abortion care providers.<sup>5</sup>

When Abortion Care Network started tracking clinic closures in 2012, there were 510 independent abortion clinics open in the U.S. As of November 2018, 370 independent clinics remain open. While there have also been a handful of clinic openings, the total number of independent clinics in this country has decreased by 2 percent since 2012.

Since 2013, 148 independent abortion clinics have closed. Forty of those clinics closed in 2013; 23 closed in 2014; 33 closed in 2015; 22 closed in 2016; 17 closed in 2017. As of November, 11 independent clinics have closed in 2018.

**Number of independent abortion clinic closures by state  
2013 - 2018**





Though 89 percent of abortions are performed in the first trimester<sup>8</sup>, factors related to the pregnancy or barriers to accessing care at earlier gestational dates result in some patients needing abortion services after the first trimester. With independent clinics accounting for the vast majority of clinics providing care as pregnancy progresses, it is undeniable that without independent abortion care providers, patients facing these circumstances would likely have no options at all.<sup>9,10</sup>

# 50

independent abortion  
clinics have *closed*  
since 2016



More than  
**82%**  
of these clinics provided  
*care after the first trimester*

## Impact of Closures on the Availability of Abortion Throughout Pregnancy

Medically unnecessary abortion restrictions and financial barriers make it challenging for many clinics to keep their doors open at all. These challenges increase for clinics that provide care as pregnancy progresses, making them more vulnerable to closing and thus threatening to make already-scarce abortion care beyond the first trimester increasingly difficult to access. Over the last three years, 50 independent clinics have been forced to close in the United States. Of those clinics, only seven provided care exclusively before 13 weeks gestation; 82 percent provided care after the first trimester (information was unavailable for two of the closed clinics).

Given that independent clinics are far more likely than other clinics to provide abortion care later in pregnancy, the closing of independent clinics means that the constitutional right to care throughout pregnancy increasingly exists in name alone.



# Looking Ahead

## The Abortion Care Landscape Now

Currently, the landmark *Roe v Wade* Supreme Court decision protects the legal right to abortion in the United States, with subsequent legal decisions allowing states to limit that right. However, despite the constitutional right to abortion, even now many people who seek abortion care are not able to get the care they need. Financial barriers and anti-choice legislation and extremism have been pushing care out of reach for patients and forcing independent abortion clinics to close their doors for years.<sup>5</sup>

When clinics close, patients are forced to travel farther, find overnight lodging, take additional time away from work, and find childcare — increasing both medical and personal out-of-pocket costs. Patients are also forced to wait longer to access care, may not be able to access the method of their choice, and in some cases, may not be able to obtain an abortion at all.<sup>11, 12, 13, 14</sup> Additionally, when clinics close and fewer providers remain in each state, it becomes increasingly easy for anti-choice extremists — including politicians — to concentrate their efforts on a single clinic, at times terrorizing the last remaining lifeline in a given state.<sup>15, 16</sup>

## A Future Without Roe

The confirmation of Judge Kavanaugh to the Supreme Court in October 2018 represents a dramatic shift in the balance of the Supreme Court; the majority of justices are now openly hostile to reproductive rights, including the legal right to abortion. Legal experts have identified at least 13 abortion-related cases in federal district courts<sup>17</sup> that could make it to the Supreme Court over the next year; whether and how those cases are decided could have dire consequences for abortion access across the country.

While *Roe v Wade* currently protects the legal right to abortion in all 50 states, whether a person can actually get safe, legal care very much depends on where they live and how much money they make. If the Supreme Court votes to overturn *Roe* — or more likely, uphold various restrictions that render *Roe* meaningless — the landscape of legal abortion would very quickly become a patchwork of state laws, with a significant number of states likely banning or severely restricting the right to end a pregnancy.<sup>18, 19</sup>

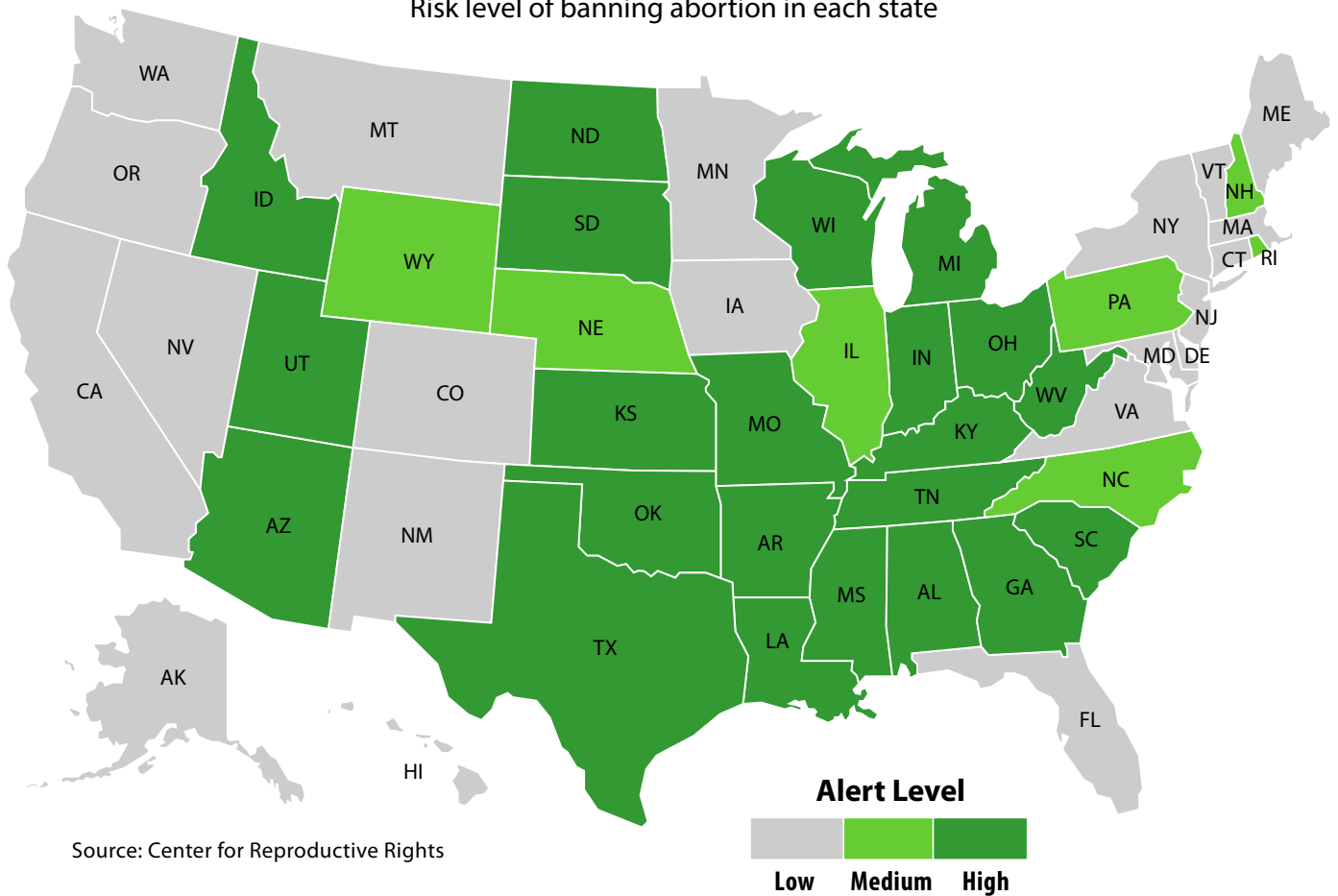


Within the next two years, the work to protect access to legal abortion care is likely to become a state-by-state battle. Should *Roe v Wade* be overturned or functionally dismantled, protecting the right to access abortion care in each state and community becomes both more important and more localized than it has been in 45 years.

It is imperative that advocates work to protect the legal right to access abortion in every individual state, and communities need to support their local clinics so that they can continue to provide care to all who need them.

### A Future Without Roe

Risk level of banning abortion in each state



Source: Center for Reproductive Rights



# Conclusion and Action

Communities need clinics, and **independent abortion clinics** need the support of their communities. The sustainability of independent abortion care providers and meaningful access to abortion depends on overcoming these anti-choice tactics. There are no simple solutions, but priorities include:

- **Work with local and state advocates and **reproductive health, rights and justice groups** to end medically unnecessary, politically motivated restrictions that push abortion out of reach and make it impossible for clinics to provide care.**
- **Donate to your local independent abortion clinic.** 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.
- **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.
- **Ensure unbiased and adequate funding for comprehensive reproductive health services** by protecting the Title X Family Planning program and the Affordable Care Act so that patients have timely and affordable access to birth control, abortion, prenatal care, miscarriage management, and childbirth care.
- **Repeal insurance coverage bans on abortion** at the federal and state levels.
- **Raise public awareness of the essential role of independent abortion care providers** by sharing this report with colleagues, your elected representatives, members of the press, on social media, and with members of your community.

Independent providers lack visibility, institutional support, and sustainable financial resources. They rely on individuals and communities to help keep doors open through donating, volunteering, organizing, and advocating in order to continue to serve patients in their communities. With the future of abortion rights in the U.S. under imminent threat, supporting independent abortion care providers and keeping clinic doors open is critical to protecting meaningful access to care.

Without these courageous providers, meaningful access to abortion throughout pregnancy is merely a right in name alone.



## References

1. Jones & Jerman (2017). Abortion Incidence and Service Availability In the United States, 2014. Guttmacher Institute. ([Link](#))
2. Planned Parenthood Federation of America (2014). 2013 - 2014 Annual Report. ([Link](#))
3. Guttmacher Institute (2017). An Overview of Abortion Laws. ([Link](#))
4. NARAL Pro-Choice America (accessed July 2017). State Governments. ([Link](#))
5. Deprez (2016). Abortion Clinics Are Closing at an Alarming Rate. Bloomberg Businessweek. ([Link](#))
6. University of California San Francisco (accessed 2018). Medical Vs Surgical Abortion. ([Link](#))
7. Tavernise (2018). The Future of Abortion Under a New Supreme Court? Look to Arkansas. New York Times. ([Link](#))
8. Guttmacher Institute (2017). Fact Sheet: Induced Abortion in the United States. ([Link](#))
9. Drey EA, Foster DG, Jackson RA, Lee SJ, Cardenas LH, Darney PD. Risk factors associated with presenting for abortion in the second trimester. *Obstet Gynecol* 2006; 107(1):128–35. ([Link](#))
10. Foster DG, Kimport K. Who seeks abortions at or after 20 weeks? Perspectives on Sexual and Reproductive Health (2013) Dec; 45(4):210-8. ([Link](#))
11. Upadhyay UD, Weitz TA, Jones RK, Barar RE, Foster DG. Denial of abortion because of provider gestational age limits in the United States. *American Journal of Public Health* (2014) Sept; 104(9): 1687-1694. ([Link](#))
12. Gerdts et al. "Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas." *American Journal of Public Health*, 106, no. 5 (May 1, 2016): pp. 857-864. ([Link](#))
13. Kotting, J. & Ely, G. E. (2017). The undue burden of paying for abortion: An examination of abortion fund cases. Data from the National Network of Abortion Funds' Tiller Memorial Abortion Fund. Chicago: National Network of Abortion Funds. [ABORTIONFUNDS.ORG/TILLER-REPORT-2017](http://ABORTIONFUNDS.ORG/TILLER-REPORT-2017). ([Link](#))
14. Baum SE, White K, Hopkins K, Potter JE, Grossman D. Women's experience obtaining abortion care in Texas after implementation of restrictive abortion laws: a qualitative study. *Plos One* 2016; 11(10): e0165048. ([Link](#))
15. McCann (2017). The Last Clinics. *Vice News*. ([Link](#))
16. Stolberg (2017). Legal Fight Could Make Kentucky Only State With No Abortion Clinic. *New York Times*. ([Link](#))
17. North (2018). If Kavanaugh is confirmed, any of these 13 cases could end Roe v Wade. *Vox*. ([Link](#))
18. Guttmacher Institute (accessed 2018). Abortion Policy in the Absence of Roe. ([Link](#))
19. Center for Reproductive Rights (accessed 2018). What If Roe Fell? ([Link](#))

## About This Report

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## About Abortion Care Network

Abortion Care Network supports independent, community-based abortion care providers to ensure they are able to provide excellent care to the individuals, families, and communities they serve.

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