

2020 REPORT

# Communities Need Clinics

The Essential Role of  
Independent Abortion Clinics  
in the United States



**Abortion Care Network**  
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# Executive Summary

Independent abortion clinics collectively provide the majority of abortion care in the United States, serving three out of every five people who has an abortion. These clinics provide care when and where others do not — operating in the most hostile states and compassionately providing care as pregnancy progresses. Yet independent clinic closures are unrelenting: the total number of independent clinics in the U.S. has been reduced by over a third since 2012.

The COVID-19 pandemic and the subsequent economic crisis have put a truly unprecedented strain on independent abortion clinics in the U.S. With continued efforts to restrict abortion at the state level and an anti-abortion, conservative majority on 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 fourth 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 impact of the COVID-19 pandemic on independent abortion care providers.

## 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 and clinic directories to identify providers, each independent clinic is contacted annually for operational status and information on the scope of services provided. Data were gathered from August through November 2, 2020 and findings are presented throughout this report.*

*Abortion Care Network is grateful to our partners at Guttmacher Institute for their help in reviewing portions of this report, and to the team at ineedanA.com for their support with data collection.*

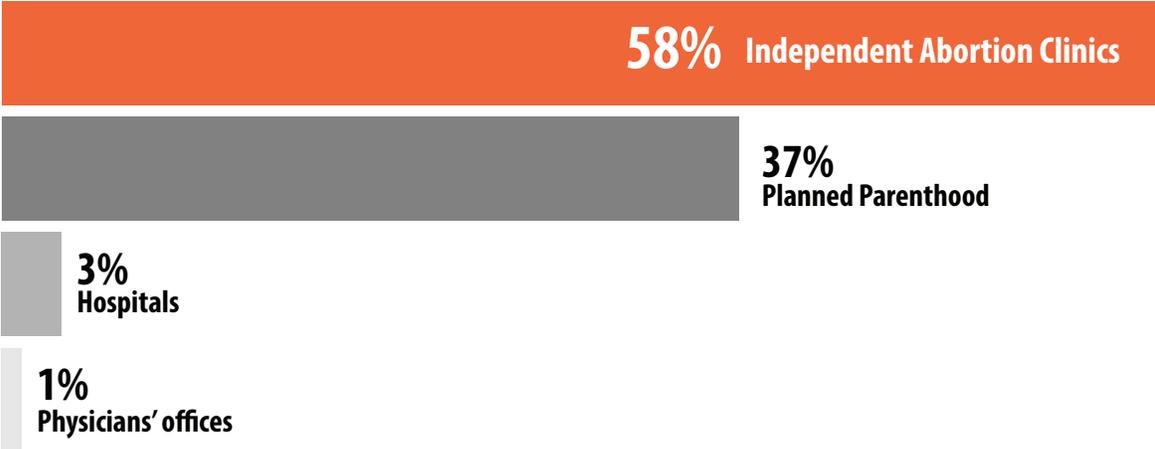
# Introduction: The Essential Role of Independent Abortion Care Providers

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, they provide 58 percent of all abortion procedures nationwide.<sup>1, 2</sup>

All of these providers are necessary to ensuring access to reproductive health care, including abortion. Yet independent abortion care providers remain relatively absent from public conversations and lack the institutional support, visibility, name recognition, and fundraising capacity of national health centers and hospitals. This makes it especially difficult for these community-based providers to secure the resources needed to remain open and provide care.



## Percentage of abortions performed by provider type



This year has proven that independent clinics are resilient and they will rise to the occasion to ensure patients can get the care they need.

Independent abortion care providers are healthcare professionals who provide essential, time-sensitive abortion services. They serve some of the most politically hostile areas of the country,<sup>3</sup> provide a breadth of reproductive health services, and work with their communities and 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.

As the world grappled with the COVID-19 pandemic, independent clinics faced many of the same challenges as their healthcare colleagues. From adapting to social distancing guidelines to scrambling for personal protective equipment (PPE), abortion clinics worked hard to make sure people could access abortion—yet their ability to provide care continued to be over-regulated, politicized, and stigmatized. This year has proven that independent clinics are resilient and they will rise to the occasion to ensure that people get the care they need—but the challenges they face now are unlike any we've seen in decades.

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, independent providers are also the most vulnerable to anti-abortion attacks and legislation intended to close clinic doors or push abortion out of reach.<sup>3,4,5</sup> Because independent clinics are more likely to provide more comprehensive abortion options, provide care as pregnancy progresses, and operate in the most politically hostile states,<sup>3</sup> threats to these clinics are a threat to abortion access overall.

# Meaningful Access to Abortion Depends on Independent Providers

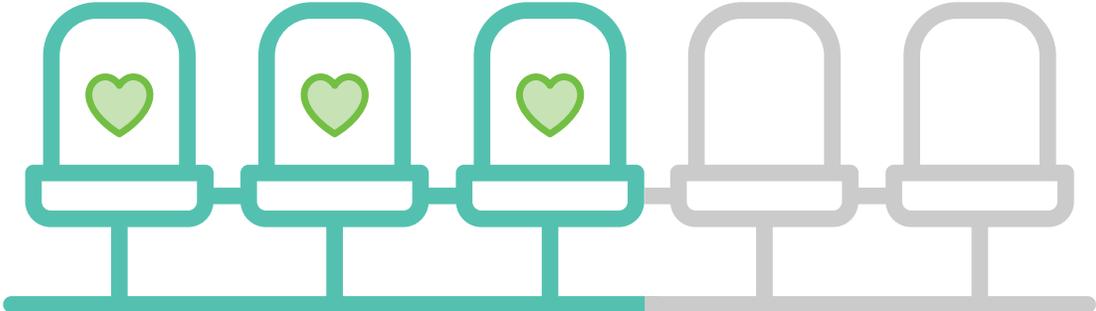
Today, independent abortion clinics collectively provide care to three out of every five patients who have an abortion in the United States each year.<sup>1,2</sup> In addition to providing the majority of abortion care in the U.S., independent abortion care providers operate the majority of abortion 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, five states have only one abortion clinic remaining; independent abortion care providers operate the sole clinics in three of those states: Mississippi, North Dakota, and West Virginia (Missouri and South Dakota each rely on a single Planned Parenthood clinic). Though there are three remaining abortion clinics in Louisiana and two in Wyoming, those two states also rely completely on independent clinics.

In addition to the states above, in Arkansas, Nevada, and Georgia, the only abortion clinics providing in-clinic abortion (also referred to as surgical or aspiration abortion) are independent. Without independent abortion care providers, abortion access in these three states would be limited to medication abortion within the first 10 to 11 weeks of pregnancy.



**Independent abortion clinics provide care to 3 out of every 5 patients who have an abortion in the U.S.**



## Care Throughout Pregnancy Depends on Independent Clinics

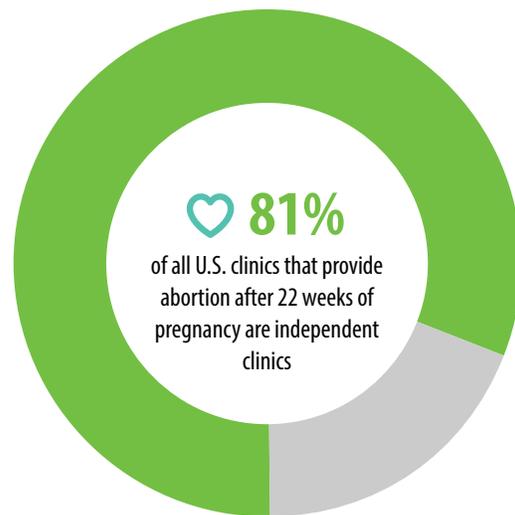
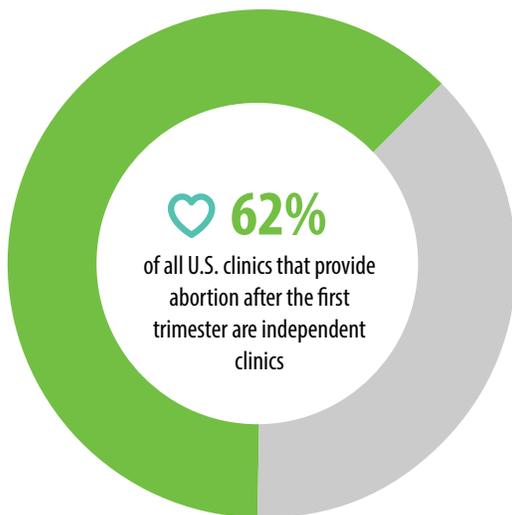
Abortion care throughout pregnancy depends on independent abortion clinics remaining open. Across the country, 62 percent of clinics that provide abortion after the first trimester\* are independent.

As pregnancy progresses, access depends more and more on independent clinics. Independent clinics represent 66 percent of all clinics that provide care beyond 16 weeks of pregnancy, 71 percent of clinics providing care beyond 19 weeks of pregnancy, and after 22 weeks of pregnancy, 81 percent of clinics providing abortion care are independent.

Though most abortions are performed in the first trimester of pregnancy,<sup>5</sup> there are many reasons that patients need abortion services beyond that point — including politically-imposed barriers that force delays in accessing care, bans on insurance coverage for abortion, and factors related to health, safety, and viability of the pregnancy.

With 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 barriers and circumstances would often have no options at all.<sup>6,7</sup>

### Care throughout pregnancy depends on independent abortion clinics



\* For the purposes of this report, the first trimester is defined as the first 12 weeks and 6 days from a person's last menstrual period.

## Independent Clinics Provide More Comprehensive Abortion Care

### Types of abortion care provided by clinic type

#### Independent Clinics



#### Planned Parenthood



Independent abortion clinics are more likely to provide both medication and in-clinic abortion care as options. Over 80 percent of 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 48 percent of affiliated clinics. Without independent abortion clinics, countless patients would only have access to medication abortion, making abortion available only within 10 to 11 weeks of pregnancy.

When medication abortion is the only option available at a clinic or in a community, the ability to access abortion care beyond 10 to 11 weeks of pregnancy becomes substantially more difficult, requiring additional travel, time off work, and associated costs. It also limits a patients' ability to choose the best method for themselves. While both medication and in-clinic abortion are safe and effective, there are reasons patients may need or prefer one procedure over another.<sup>8</sup> This is especially true for patients for whom it's not safe to terminate outside the clinic — including those experiencing intimate partner violence, minors without support at home, people experiencing homelessness, and patients who cannot take time off from work or from caring for children.

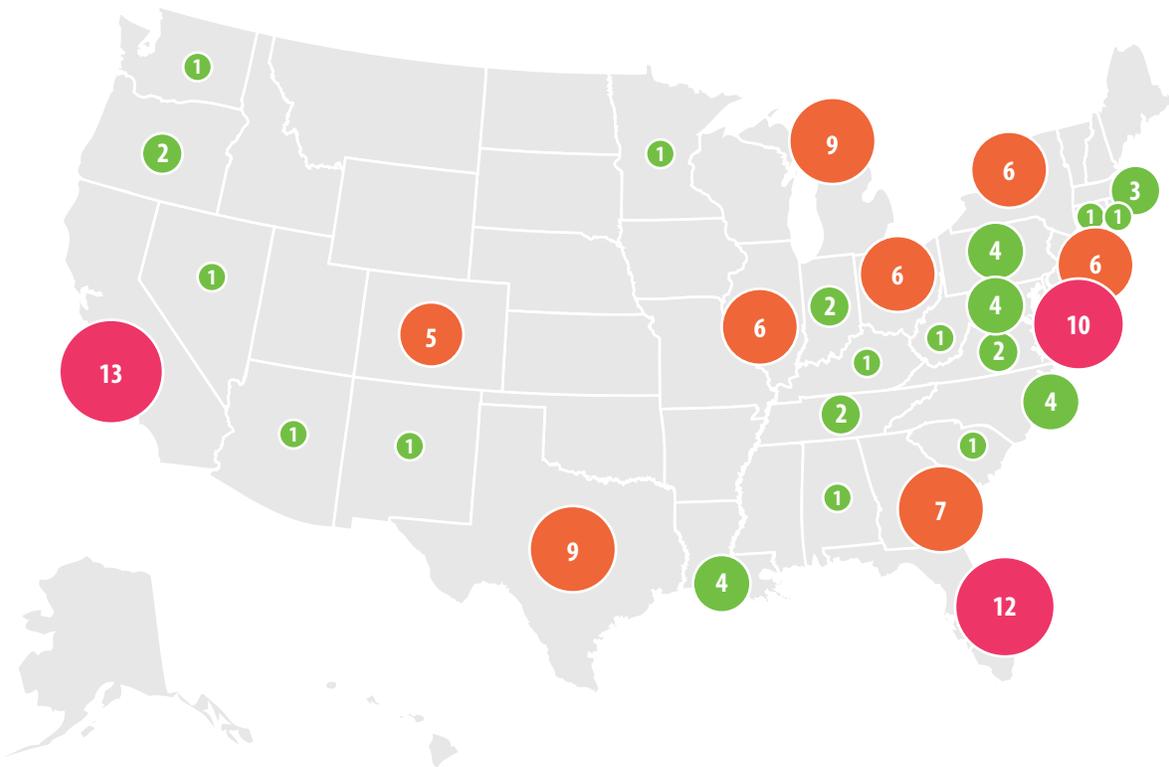
Meaningful access to abortion care in the United States depends on independent abortion care providers keeping their doors open and continuing to provide quality, compassionate, patient-centered care. Threats to these clinics are a threat to abortion access overall.

# Alarming Rate of Clinic Closures

Over the last decade, abortion clinics have been closing at an alarming rate. Of those closures, the majority have been independent abortion care providers.<sup>9</sup>



## Independent clinic closures 2015-2020



When Abortion Care Network started tracking clinic closures in 2012, we had identified 510 independent abortion clinics open in the U.S. As of November 2020, ACN identified 337 open independent clinics. While there have been a handful of clinic openings over the years, the overall number of independent clinics in the U.S. has decreased by 34 percent since 2012.

Since 2015, Abortion Care Network has identified 127 independent abortion clinic closures<sup>†</sup>. Thirty four independent clinics closed in 2015; 22 closed in 2016; 17 closed in 2017; 13 closed in 2018; 27 closed in 2019. As of November 2020, we have confirmed 14 independent clinic closures in 2020.

<sup>†</sup> A clinic is considered closed if a) the clinic or practice closed entirely, or b) if the clinic or practice remains open but no longer provides abortion care services. Closures are confirmed by phone and publicly available reports.

## 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.<sup>10</sup> These challenges increase for clinics that provide care as pregnancy progresses, making them more vulnerable to closing. This, in turn threatens to make already-scarce abortion care beyond the first trimester increasingly difficult to access.

Over the last two years, **41 independent clinics have been forced to close** in the United States. Of those clinics, **76 percent provided care after the first trimester.**



Over the last two years, 41 independent clinics have been forced to close in the United States. Of those clinics, 76 percent provided care after the first trimester.

Given that independent clinics make up the majority of clinics providing abortion care after the first trimester, the continued closing of independent clinics presents a disproportionate threat to the availability of abortion care after the first trimester.

# Independent Abortion Providers Respond to the COVID-19 Pandemic

Our world, our nation, and our communities face the ongoing uncertainty, instability, and challenges of an ongoing public health and economic crisis due to the COVID-19 pandemic. In response, independent abortion clinics adapted, responded, and innovated to continue providing compassionate, dignified abortion care to their communities and all those who travel to them for care.

This year, independent abortion providers responded to state Executive Orders that caused disruptions of services and ripple effects for access across the country. They navigated increased patient barriers, such as new travel and accommodation challenges, often on top of existing medically unnecessary anti-abortion restrictions already enforced in their state. They adapted their clinical practices in accordance with COVID-19 guidance and Centers for Disease Control and Prevention (CDC) guidelines, and modified service provision where they saw fit and where laws and capacity allowed. Independent abortion clinics managed their short-term and long-term sustainability in the face of these unprecedented times, fighting to keep their doors open and supporting staff along the way. Independent abortion providers are no strangers to providing care in times of crisis — and this year, they tackled the COVID-19 crisis head on.

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*“COVID-19 has added a layer of complexity to an already arduous process for our staff and patients and has given politicians a fresh excuse to once again attempt to eliminate abortion through excessive regulation. We remain vigilant in fighting this pandemic on two fronts: making sure we provide a safe environment for our patients and staff, while also organizing and pushing back against efforts to prevent people from accessing abortion services.”*

—Julie Burkhart, Founder and CEO,  
Trust Women, Kansas and Oklahoma



## Increased Patient Barriers

For decades, anti-abortion politicians have made abortion unnecessarily difficult or impossible to access for too many people across the U.S., forcing people to travel far distances, pay out of pocket, and find travel, lodging, and childcare accommodations. These medically unnecessary federal and state-by-state restrictions disproportionately impact people with low-incomes or living in poverty, people of color, young people, and the LGBTQ+ community.

This year, the pandemic only exacerbated these barriers and healthcare inequities, as patients were forced to travel even farther to access essential abortion care and struggled to obtain the necessary practical support. In addition to existing abortion restrictions, patients also faced COVID-related travel restrictions and transportation difficulties, a lack of safe lodging, fewer available childcare options, more limited volunteer networks, increased out of pocket costs, unpredictable wait times, and reduced appointment availability.

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*“COVID has had a profound impact on our patients’ ability to access abortion care and their ability to pay for that care. All the barriers that were already in place for women in the South are now magnified. Patients often have a decreased ability to pay due to unemployment, childcare has become more difficult with children not in school, and transportation has become less available with the fear of transmission of the virus.”*

— Lori Williams, Clinic Director,  
Little Rock Family Planning Services, Arkansas



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*“The current pandemic has highlighted the importance of access to reproductive healthcare across the nation and in Alabama. For years, unnecessary restrictions have forced the doors of many abortion clinics to close. Access to abortion services is already scarce and many patients have to travel long distances and incur increased costs. The current pandemic has created more job loss, travel restrictions, and increased health concerns that have made accessing abortion services even more difficult. This is abundantly true for low-income patients and patients in rural areas, and the people who have been most negatively impacted are the same people who have historically been disproportionately affected by systemic healthcare disparities: people of color.”*

— Dr. Yashica Robinson, Medical Director,  
Alabama Women’s Center for Reproductive Alternatives, Huntsville, Alabama



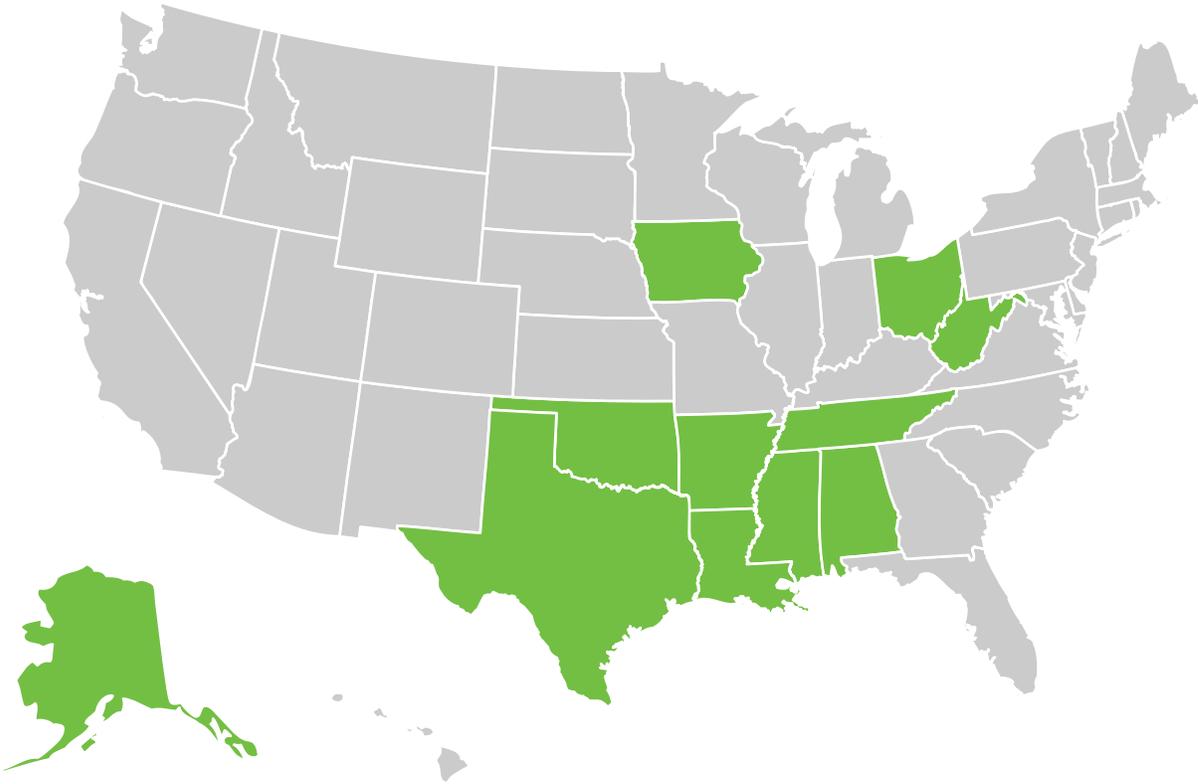
# State Executive Orders

At the start of the pandemic, anti-abortion elected officials in several states exploited the public health emergency to push their anti-abortion agenda. By declaring abortion a “non-essential” service, Executive Orders caused disruptions of services and imposed severe limits on abortion care.<sup>11, 12</sup> While all orders are currently expired or blocked by the courts, these actions showed just how far anti-abortion extremists will go to push abortion care out of reach. The fact is, abortion care is essential, time-sensitive healthcare and should be treated as such.<sup>13, †</sup>



## State action to suspend abortion during the COVID-19 pandemic

■ Policy to suspend abortion services not in effect or implemented—abortions permitted   ■ No policy to suspend abortion services—abortions permitted



Note: As of 8/10/2020, all anti-abortion orders are currently not in effect. They have expired or been blocked by the courts<sup>11</sup>



† Even United Nations human rights experts called out government efforts to manipulate the COVID-19 crisis to restrict access to abortion care, affirming that reproductive rights are human rights. ([Link](#))

“COVID-19 came with such urgency and confusion that it left the entire country in dismay. In Texas, we saw additional, consistent attacks on abortion through Executive Orders. During the first Executive Order, there was fear and panic within our clinics and communities. Patient appointments were canceled and rescheduled numerous times. Some patients were forced to travel, during a pandemic, to another state to seek care. Our staff battled the constant changes and updates to policies and procedures, as we took all precautions to keep everyone safe. It was a constant conversation of, ‘what’s next?’ Through it all, what has remained true is the dedication of our clinic staff and providers to protect and provide for the women and families that need our essential services. That is the light that guides us through this unforeseen time and continues to shine bright.”

— Marva N. Sadler, Director of Clinical Services,  
Whole Woman’s Health, LLC, Texas



“We saw an incredible change in volume of patients at the beginning of the pandemic because of the Executive Orders. In New Mexico, we are surrounded by states that had Executive Orders; Texas, Louisiana, and Oklahoma are not that far away. We all of a sudden got a huge influx of patients and it was a shock to our system. We never capped the number of people that we saw; we worked longer, harder, and scrambled for PPE.”

— Dr. Shelley Sella, New Mexico



Independent abortion providers are no strangers to providing care in times of crisis — and this year, they tackled the COVID-19 crisis head on.

## Adjusted Clinical Services

Throughout the pandemic, independent abortion clinics across the country have continually adjusted their practices in accordance with COVID-19 guidance; they are following CDC guidelines and clinical best practices to keep patients and staff safe and healthy, as they always have. In some places, clinics have been scaling back or temporarily pausing some services where they see fit. Where state laws and capacity allow, other clinics are expanding hours, innovating, and providing care via telemedicine to meet patients' needs.

*“As a nurse, the biggest impact of COVID-19 on abortion care is safety protocols. Abortion clinics provided exceptionally safe care before the pandemic, but now we have adjusted every aspect of patient care to ensure safe COVID practices, from beginning to end, and are even more conscious of preventing the spread of infectious disease. It has really changed the experience staff and patients have with each other. We are used to holding hands, wiping tears, giving hugs, and sharing laughter. We do miss being able to provide that type of intimate care and support.”*

—Ashia George, RN,  
Scotsdale Women's Center, Michigan.



*“The COVID-19 pandemic has created additional barriers for patients seeking care on top of the constant restrictions already posed on reproductive healthcare. Washington was one of the first states hit by the pandemic, and we had to adapt quickly to meet the needs of our patients. We were able to respond with timely implementation of telemedicine services to increase access to safe abortion and it's allowed us to continue to offer quality care to all people seeking our services.”*

—Mona Walia, Owner and Director,  
All Women's Health, Washington



*“During the COVID 19 pandemic, our patients and staff need us to innovate to continue to provide care as safely as possible. In my state of Arizona, however, telehealth for abortion is banned and ultrasound and laboratory testing are required for abortion care. These targeted regulations aimed at abortion providers make it nearly impossible for us to innovate during these difficult times.”*

—Dr. Deshawn Taylor, Owner and Medical Director,  
Desert Star Family Planning, Arizona



## Clinic Sustainability

Independent clinics continue to have their sustainability tested on all fronts during this pandemic, balancing patient care and adjusted clinical services with the need to keep their doors open and businesses afloat. Clinics have had to apply for emergency funding or crowdfund in their communities, evaluate the financial consequences of pauses or disruptions in services, manage limited financial reserves, and maintain operational costs, such as staff payroll, sick time and medical leave, rent and bills, and more.<sup>14</sup> Throughout, independent clinics also worked diligently to keep staff paid, safe, and supported in these unprecedented times. For many independent clinics, the long-term impacts of this ongoing pandemic on their sustainability remain unknown.

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*“Clinic staff are working on the frontlines of providing critical patient care during the COVID-19 pandemic, and it is a clear imperative for us to care for our employees’ wellbeing so that they can truly care for themselves and their families. We have implemented policies around hazard pay for clinic staff who work directly with patients and one another, as well as supplemental pay to ensure that staff retain their typical pay if they are away from work due to COVID-related absences. In this way, we hope to relieve the additional stress that comes with the uncertainty of fluctuating pay.”*

— Cicely Paine, Director of People and Organizational Culture,  
Feminist Women’s Health Center, Georgia



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*“The pandemic has hit us hard financially. Our huge concern was risk mitigation, so we made efforts to limit the number of people in the clinic and cut our appointments so we could stagger and distance patients. Like many clinics, the majority of our revenue comes from patient services so cutting our schedule affected our financial health greatly. It feels like we are figuring out what the future holds on a month-to-month basis, and this is going to impact us financially for a long time. Our future isn’t certain.”*

—Mercedes Sanchez, Director of Development,  
Communications, and Community Education and Outreach,  
Cedar River Clinics, Washington



# Conclusion and Action

Communities need clinics, and need the support of their communities in order to continue providing care in their clinics and fighting abortion restrictions in the courts. The sustainability of these clinics—and thus continued access to abortion—depends on overcoming the political, financial, and cultural hurdles that too often force clinics to close or prevent patients from getting care.

## 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.



Work with local and state advocates and reproductive health, rights and justice groups to **INTRODUCE, PASS, AND ACTUALIZE POLICIES THAT PROTECT, ENSURE, FUND, AND INCREASE ACCESS** to abortion care.



**DONATE TO INDEPENDENT ABORTION CLINICS.** Independent clinics typically pour every cent they have into patient care and rely on donors to support any additional work they do in their communities.



**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.



**PEOPLE CAN'T GET ABORTIONS IF THEY CAN'T AFFORD THEM.** Fund abortion and join efforts to 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 so they can continue to serve patients in their communities. Independent clinics must work incredibly hard in order to continue to provide care during a pandemic and economic crisis. If we are to meaningfully protect access to abortion care in the U.S., supporting these providers and keeping clinic doors open is critical. Without these courageous providers, patients, families, and communities would be left without the essential care they need.

[Find independent abortion clinics near you>](#)

[Donate to your local, independent abortion clinic>](#)



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## About this Report

**Recommended Citation:** Abortion Care Network (2020). Communities Need Clinics: The Essential Role of Independent Abortion Clinics in the United States.

Graphic design by Design Choice, [www.designchoice.studio](http://www.designchoice.studio).

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



## **Abortion Care Network**

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

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