

ABORTION PROVISION IN CALIFORNIA

A Need for Expanded Access

Early aspiration abortion is one of the safest medical procedures for women, and yet almost half of California counties have no abortion provider. The Access through Primary Care Initiative proposes to make the necessary changes to allow properly trained clinicians to offer early abortion services as part of quality early pregnancy care.

APC INITIATIVE

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ABORTION ACCESS AND SAFETY

Abortion is one of the safest medical procedures, with a risk of mortality less than 1 per 100,000.¹ Abortion is even safer when it is performed earlier in pregnancy. The CDC estimates that the risk of death from abortion increases exponentially every week a woman delays her abortion.² One of the most common reasons for a woman to delay her abortion is difficulty in locating an abortion provider in her community.

In California the number of abortion providers has dropped every year since 1987 (see figure 1). Access is worse for poor women in geographically-isolated areas.⁴ Currently 41% of the state's counties are without a known abortion provider.⁵

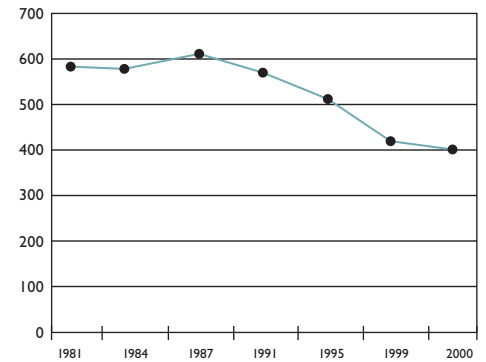


Figure 1: Number of Abortion Providers in California, 1980 - 2000³

INCREASING ACCESS TO SAFE ABORTION CARE THROUGH ADVANCED PRACTICE CLINICIANS

In California there are over 16,000 licensed nurse practitioners, nurse midwives, and physician assistants—collectively known as advanced practice clinicians (APCs). The majority of APCs provide primary care to reproductive-age women and see patients with unintended pregnancies.⁶ As a result, many of these clinicians could be appropriate providers of early abortion care. Some APCs have begun offering medication abortions. However, they need regulatory clarification to feel comfortable performing aspiration abortions.

THE NEED FOR REGULATORY CLARIFICATION

Many states have laws specifying that only licensed physicians can perform abortions. These laws, however, were passed before APCs were accepted into the health care community as highly skilled and competent providers, and before significant advancements in abortion technology and training. Today, nurse practitioners, nurse midwives, and physician assistants are primary care providers in both private practice settings and HMOs. In 2004, APCs saw six times as many women for publicly-funded family planning services as did physicians.⁷

In order for APCs to feel confident about providing early abortion care in California, it would be helpful to clarify the law that, at present, creates confusion over who can provide early aspiration abortions. California's Reproductive Privacy Act, which was enacted in 2004, eliminated the "physician only" restriction that had been in effect since 1967. The Act specifies that APCs are authorized to perform non-surgical abortions, including but not limited to the performance of medication-induced abortions.

Through the **Access through Primary Care Initiative**, a collaboration of healthcare experts will develop the standards of care and the training requirements necessary for APCs to become providers of early aspiration abortion, and it will analyze the outcomes of the care offered by these providers. This information will be used to make the necessary changes to allow properly trained clinicians to offer early aspiration abortion as part of quality pregnancy care.

THE ACCESS THROUGH PRIMARY CARE (APC) INITIATIVE

INITIATIVE GOALS AND OUTCOMES

The goal of the Access through Primary Care (APC) Initiative is to make the health care systems and regulatory changes necessary to allow properly trained clinicians to offer early abortion services to their patients as part of quality early pregnancy care. The achievement of this goal should result in the following outcomes:

- Improvement in patient safety by allowing early diagnosis and management of unintended pregnancy,
- Improvement in patient and clinician satisfaction by integrating abortion services into existing women's primary care, and
- Improvement in women's health care delivery by integrating abortion into early pregnancy care thereby reducing delays and unnecessary referrals.

INITIATIVE COMPONENTS

The APC Initiative is comprised of three major efforts with several sublevel activities:

- 1) Professional Practice and Regulatory Policy Activities
 - Development of Evidence-based Practice Guidelines
 - Refinement of Training Curriculum for APCs
 - Review of State Professional Practices, Policies and Regulations
 - Clarification of Abortion Provision Regulation
- 2) A Health Manpower Pilot Project (HMPP) through the California Office of Statewide Health Planning and Development (OSHPD).
 - Demonstration project through which nurse practitioners, nurse midwives and physicians assistant will be trained and monitored in the provision of early aspiration abortion
 - Data will be collected regarding quality of care, patient safety and satisfaction, clinician satisfaction and cost-effectiveness
- 3) Health Systems Improvement Activities
 - Development of Community Support and Networks for Care
 - Provision of Technical Assistance for Services Implementation

FINANCIAL SUPPORTERS

- The David and Lucille Packard Foundation
- The John Merck Fund
- The Education Foundation of America
- Additional financial supporters are being sought

SPONSORING PARTNERS

- University of California, San Francisco, ANSIRH
- Kaiser Permanente of Northern California
- Planned Parenthood Affiliates of California
- Planned Parenthood Golden Gate

ADVISORY BOARD AND EXECUTIVE COMMITTEE

Distinguished clinicians, researchers, and advocates serve on the Advisory Board and Executive Committee. See separate listing for names, titles, and affiliations of Board and Committee members.

FREQUENTLY ASKED QUESTIONS

ABOUT ABORTION

What is an aspiration abortion?

Aspiration abortion is often called “surgical abortion” in everyday language. Actually, it does not involve surgery. Rather, a thin plastic cannula is placed into the uterus to remove the pregnancy tissue. Gentle suction, either created by a handheld pump called a manual vacuum aspirator (MVA) or an electric pump, is used to empty the contents of the uterus. The entire procedure takes about 3-5 minutes to perform. No cutting or stitching is involved. Women are usually awake and given mild medications to help with the cramping that accompanies the procedure.

How safe is early aspiration abortion?

97% of women having aspiration abortion in the first trimester of pregnancy report no complications; 2.5% have minor complications that can be treated at an outpatient health care facility; and less than 0.5% have more serious complications that require an additional procedure and/or hospitalization¹ (see figure 2).

Figure 2: Chance of Death in Perspective

From terminating a pregnancy: ¹	
Before 9 weeks	1 in 1,000,000
Between 13 and 15 weeks	1 in 60,000
After 21 weeks	1 in 11,000
From childbirth in US: ⁸	1 in 7,600
From other activities: ⁹	
Automobile driving	1 in 5,900
Playing football	1 in 25,000

ABOUT ADVANCED PRACTICE CLINICIANS (APCS)

Does this represent an expanded scope of practice for APCs?

Advanced practice clinicians specializing in women’s health care already routinely perform procedures similar in technique and complexity to those involved in aspiration abortion (e.g., IUD insertions, endometrial biopsies, suturing, emergency care procedures, ultrasonography, medication abortion, etc).¹⁰ Currently, APCs have the training and authority to provide a full range of early pregnancy care except aspiration abortion. This project is consistent with the scope of practice of the APC professional groups and with the current California Nurse Practice Act and the Physician Assistant Practice Act.

How safe is abortion by APCs?

Studies have shown that advanced practice clinicians can safely perform aspiration abortion. Studies published in 1986 and 2004, comparing abortions performed by physicians to abortions performed by physician assistants found abortion services provided by experienced physician assistants were comparable in safety and efficacy to those provided by physicians.^{11,12}

What do the professional health care organizations think about APCs doing aspiration abortions?

Most health care professions openly support APCs as potential providers of abortion care. A full list of these endorsements is provided with a description of the HMPP Study.

Are APCs willing to offer abortions?

A 2003 study of Californian APCs found that about a third of the clinicians surveyed were interested in offering abortion services but lacked the training and information on current abortion regulations to feel comfortable performing abortions.⁶

ABOUT THE INITIATIVE

How will this initiative increase access for the underserved?

In California, APCs are more likely to provide care to traditionally underserved populations (see figure 3). Supporting these clinicians as providers of abortion will make abortion safer and more accessible for California’s most vulnerable populations. The unmet need for abortion providers is particularly acute for low income women, women of color and geographically isolated women.¹⁴

Figure 3: Percentage of California Providers Caring for Underserved¹³

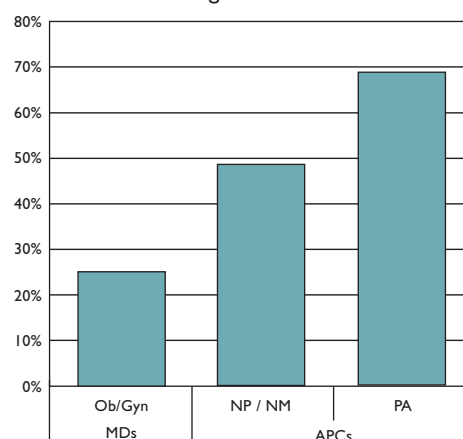
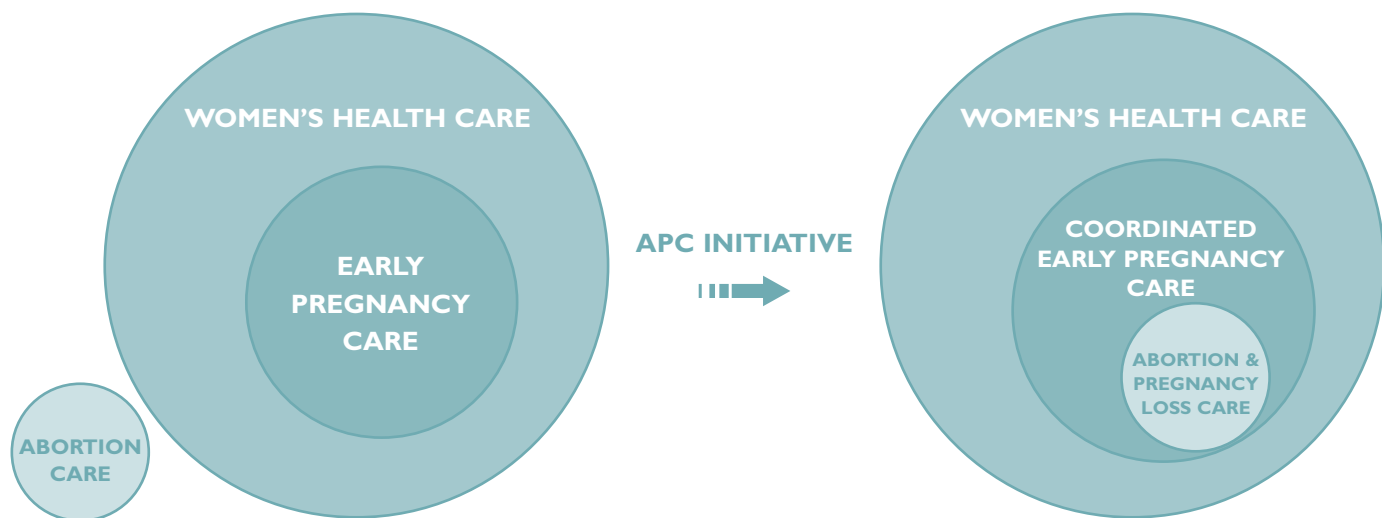


Figure 4: Improvements in Continuity of Care as a Result of the APC Initiative



How will this improve continuity of care?

Research has shown that individuals with a regular health care provider are more likely to receive preventive care and less likely to delay seeking care. APCs in California currently provide the full range of early pregnancy care except aspiration abortions. As a result, the continuity of care for a woman may be artificially broken which disrupts the protective effect of a regular source of care. The skills used to perform early aspiration abortion are also critical components of caring for women of reproductive age experiencing either miscarriage or a failed medication abortion. The APC Initiative will integrate abortion care and miscarriage management (pregnancy loss) into women's health care, thus promoting continuity of care (see figure 4).

How will this initiative promote cost-effective healthcare?

The cost of abortion increases with the number of weeks of pregnancy. The lack of coordinated care leads to delays that drive up the cost of care. Improved access to providers of early pregnancy care reduces delays and therefore reduces costs for women, insurers, and Medi-Cal.

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