

# **Abortion Care Clinical Training Program 2024 Annual Legislative Report**

Health-General Article §13–4707

Maryland Department of Health

**March 2025**

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## **Background**

### *Abortion Care Access Act*

House Bill 937, Chapter 56 of the Acts of 2022, – “Abortion Care Access Act” established the Abortion Clinical Care Training Program in the Maryland Department of Health (the Department) and established the Abortion Care Clinical Training Program Fund. The purpose of the program is to protect access to abortion care by ensuring that there are a sufficient number of health professionals to provide abortion care.

Per the legislation, the Department is to contract with a coordinating organization, which is to perform the following functions:

1. Administer grants to develop and sustain abortion care training programs at a minimum of two community-based provider sites;
2. Administer grants if funding is available to other community-based and hospital-based sites;
3. Support abortion care clinical training to qualified providers to:
  - a. Expand the number of health care professionals with abortion care training;
  - b. Increase the racial and ethnic diversity among health care professionals with abortion care training; and
4. Support the identification, screening, and placement of qualified providers at training sites.

### *Selection of a Coordinating Organization*

Upon entering office, Governor Moore released funds for the Program. The Department conducted an assessment to determine the best option to establish the Program, which resulted in an open competitive funding process. On March 28, 2023, the Department issued a Request for Application (RFA) to identify the coordinating organization responsible for administering the training program with a closing date of June 9, 2023. On September 25, 2023, the Department began an agreement with the University of Maryland, Baltimore (UMB).

## **Maryland Abortion and Reproductive Clinical Health (MARCH) Program Activities**

### *Program Name Change to the Maryland Abortion and Reproductive Clinical Health (MARCH) Program*

In February 2024, the University of Maryland, Baltimore (UMB) renamed the Women’s Health Clinical Training Program to the Maryland Abortion and Reproductive Clinical Health (MARCH) program. Contractually, it is still known as the Women's Health Clinical Training Program. The MARCH program name is inclusive of all the individuals who work in or seek reproductive health services in Maryland.

### *Needs Assessment*

During fiscal year (FY) 2024, the Department and UMB partnered to conduct a needs assessment during the first six months to identify how to most effectively and efficiently address provider training needs in Maryland. The needs assessment would also seek to assess and understand clients with unmet needs with reference to their geography, race/ethnicity, socioeconomic status, age, and other social determinants of health, and evaluate the types of abortions provided by method, weeks of gestation, clinic setting, demographic statistics, and qualified health professionals.

To conduct the needs assessment, an online survey was created to understand the types of abortion services provided, patients being served, providers on staff, and hiring and training needs. MDH created a steering committee of abortion providers and stakeholders to assist with the needs assessment survey design and interpreting survey results. The survey questions can be found in Appendix 1. The survey was sent to abortion clinical sites throughout the state on April 11, 2024. In order to maximize possible responses, the deadline to receive the responses was June 24th. Respondents were offered an incentive of \$200 for completion of the survey. The protocol was reviewed and approved by the institutional review boards of both UMB and the Department.

### *Results*

*Sites:* Representatives from 25 sites responded to the survey. Almost all sites were located in the Capital (44.0%, n = 11) and Central (44.0%, n = 11) regions of Maryland with the remaining in Eastern (4%, n = 1) and Western (8%, n = 2) Maryland. Over half, 56.0% (n = 14) of the responding sites were part of a multi-site practice, with the remainder being multi-provider or single-site practices (24.0%, n = 6), solo practices (12.0%, n = 3), or part of a hospital network (8.0%, n = 2). \*Capital region includes Frederick, Montgomery and Prince George's Counties. Central region includes Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties, and Baltimore City. Eastern region includes Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset, Worcester, and Cecil Counties. Western region includes Garrett, Allegany, and Washington Counties.

### *Provider*

Amongst the 25 responding sites, there were a total of 103 providers, comprising 36 (35.0%) advanced practice clinicians (APC), which can include physician assistants, nurse practitioners, and certified nurse midwives or certified midwives, and 67 (65.0%) Doctor of Medicine or Doctor of Osteopathic Medicine (MD/DO).

Of the 67 MD/DOs, 86.6% (n = 58) were performing both medication and procedural abortions while the remaining 13.4% (n = 9) were performing medication abortions only. Of those performing only medication abortions, 77.8% (n = 7) were currently working at sites that provided only medication abortion services.

Conversely, the majority (86.1%, n = 31) of APCs performed only medication abortions, of which 71.0% (n = 22) worked at sites that provided only medication abortion services. The remaining 13.9% (n = 5) of APCs performed both medication and procedural abortions.

Slightly more than half (52.7%, n = 39) of all providers were aged between 40 and 59 years, while 10.8% (n = 8) were over 60 years of age. Almost all providers were non-Hispanic (94.4%, n = 68). Providers were typically White (48.5%, n = 32) or Black/African American (31.8%, n = 21). Approximately three-quarters of all providers identified as female (78.8%, n = 63).

#### *Site needs*

Only 8.0% (n = 2) of sites had APCs who were not currently providing abortion services. This equated to four nurse practitioners, of which 50% (n = 2) were identified by the site as being a good candidate for, or being interested in, training to provide abortion services.

#### *Hiring providers*

No responding sites were currently trying to hire providers to perform medication abortions. However, 20.0% (n = 5) of all sites were currently trying to hire providers to perform procedural abortions. Note that all but one of these sites already offered procedural abortion services. Their needs in this area included part-time providers, providers who could perform procedural abortions for more advanced gestational ages, and providers who were willing to relocate.

Of the sites currently trying to hire providers, 80.0% (n = 4) had encountered barriers. These included a lack of qualified candidates (75.0%, n = 3) and scheduling challenges (50.0%, n = 2). The majority of sites not currently trying to hire providers said that this was because they were fully staffed (84.2%, n = 16). Other reasons included a lack of patient demand (21.1%, n = 4), physical clinical capacity issues (15.8%, n = 3), and a lack of interested candidates.

#### *Hiring support staff*

Almost half (48.0%, n = 12) of all sites were currently trying to hire clinical support staff. Of those sites, 66.7% (n = 8) reported encountering barriers, including a lack of qualified candidates (75.0%, n = 6), an inability to offer benefits or wages that are competitive with other health care organizations (50.0%, n = 4), and challenges due to the nature of the work. Amongst sites not currently hiring clinical support staff (52.0%, n = 13), reasons included being fully staffed (100.0%, n = 13), an inability to offer benefits or wages that are competitive with other health care organizations (7.7%, n = 1), and a lack of patient demand (15.4%, n = 2).

#### *Training*

Just over half (52.0%, n = 13) of all sites are currently serving as a site for clinical training of residents, fellows, or students. Of those sites, 61.5% (n = 8) reported that they had encountered barriers in doing so, including financial concerns (37.5%, n = 3), a lack of time for providers to mentor and supervise trainees (62.5%, n = 5), and physical site capacity (75.0%, n = 6). Concerns about legal risks, a lack of clinical support staff, and reduced patient and staff satisfaction were also reported.

Of the sites not currently serving as a clinical training site (48.0%, n = 12), the most frequently reported reasons for not doing so were concerns about the financial (41.7%, n = 5) and legal risks (33.3%, n = 4). A lack of interest and a lack of clinical support staff were reported by 25.0% (n = 3) of sites, while 16.7% (n = 2) reported that providers lacked the time to mentor and supervise trainees. Physical site capacity issues and concerns about impacts on current site workflow were also noted.

## *Discussion*

While the needs assessment provided a level of detail about abortion access within the state of Maryland, the assessment did not include independent providers or hospitals who may provide a limited number of abortions. Furthermore, not all responding sites were able to provide the level of detail requested by the survey.

Overall, during the period January 1 to December 31, 2023, there were an estimated 31,314 abortions provided in the state of Maryland, an estimate slightly less than those provided by the #WeCount report from the Society of Family Planning and Guttmacher Institute.<sup>1 2</sup> Two-thirds (64.5%) of the patients from the sites responding to the survey received a medication abortion, which is similar to the national estimate of 63% provided by the Guttmacher Institute. The majority of patients (91.0%) from the sites responding to the survey received an abortion in their first trimester, which included all medication abortions, and 75.6% of procedural abortions. Regardless of abortion type, patients were typically Black/African American or White. Of those patients for whom residence information was provided, approximately half sought care outside of the jurisdiction in which they lived.

The needs assessment also showed that Maryland lacks diversity in profession type and geographic location of abortion providers compared to the general population of Maryland. MARCH is targeting recruitment towards APC providers, including those practicing in counties that lack an abortion provider, and providers in private, urgent care, emergent practice, and rural settings. Maryland's providers also do not reflect the racial and ethnic diversity of their patients. MARCH is working to prioritize recruiting providers of color.

None of the reporting sites at the time of the needs assessment survey were interested in hiring providers to perform medication abortions; 20% were interested in hiring providers to perform procedural abortions. However, this does not capture clinicians in other reproductive health settings who may be in opportune positions to expand their scope to include abortion care. MARCH is developing a clinical training network with existing abortion practices to provide medication abortion training, and procedural abortion exposure to students and training for currently practicing clinicians. In addition, MARCH will be targeting OB/GYN practices to offer medication abortion training on-site, and ongoing support and funding to assist the practices in integrating abortion care services. OB/GYN practices in counties with no abortion providers and rural areas will be prioritized for recruitment.

## **Abortion Care Curriculum Development**

The UMB MARCH program completed the adaptation of the statewide online didactic asynchronous curriculum in May 2024, finalized standardized patient case development in June

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<sup>1</sup>"WeCount Report April 2022 to December 2023 ." #WeCount Report, Society of Family Planning, 14 May 2024, [societyfp.org/wp-content/uploads/2024/05/WeCount-report-6-May-2024-Dec-2023-data\\_Final.pdf](https://societyfp.org/wp-content/uploads/2024/05/WeCount-report-6-May-2024-Dec-2023-data_Final.pdf).

<sup>2</sup> Maddow-Zimet, Isaac, et al. "Monthly Abortion Provision Study." OSF, Center For Open Science, 27 Feb. 2025, [osf.io/k4x7t/](https://osf.io/k4x7t/).

2024, and obtained institutional approvals to create the abortion training elective course for clinician students.

In early February 2024, the MARCH team began adapting the statewide online didactic asynchronous curriculum. They strategically selected the Training in Early Abortion for Comprehensive Healthcare (TEACH) curriculum, a nationally recognized curriculum for training in clinical abortion care, and adapted the curriculum to include Maryland-specific content (<https://teachtraining.org/abortioncurriculum>). The MARCH team also obtained necessary institutional approvals and identified an online platform to allow ease of access for practicing clinicians to access asynchronous learning materials.

The UMB MARCH program Curriculum Committee undertook a thorough review of each chapter in the TEACH curriculum. Members of the committee, leveraging their subject matter expertise, provided content suggestions and ways to improve the TEACH curriculum. This comprehensive review was subsequently shared with the University of California, San Francisco, to help assist in providing recommendations for future editions of the TEACH curriculum.

The current online open-access version of the combined TEACH curriculum, Maryland appendix, and supplementary resources can be accessed at <https://umaryland.pressbooks.pub/march/>. UMB MARCH worked with multiple UMB schools to obtain necessary institutional approvals to create the abortion training elective course for currently enrolled Doctor of Medicine (MD), Nurse Practitioner (NP), or Physician Assistant (PA) students.

Furthermore, UMB will deliver abortion training to underserved areas in rural Maryland through two Wellmobiles, mobile simulation centers designed to replicate community-based healthcare clinical spaces. They are likely the only Wellmobiles designed specifically for abortion training in the country. The vehicles are compliant with the Americans with Disabilities Act (ADA), accessible, and equipped with ultrasound machines and abortion simulation equipment to train providers in medication and first-trimester abortions. The procurement of two Wellmobiles and innovative mobile simulation centers was completed, and recruitment of driver candidates is in progress.

### **Recruitment of Providers**

The MARCH team is engaging with Area Health Education Center (AHEC) partners to develop training participant recruitment pathways. These partners play a crucial role in participant recruitment across Eastern, Central, and Western Maryland, outreach to rural Maryland clinicians, and expanding the diversity and ethnicity of the UMB Reproductive Health Fellows.

### **Clinical Placements**

Progress continues to be made in establishing clinical partnerships with community-based organizations. The two major groups that the UMB MARCH program is targeting as learners are students and currently practicing Maryland-based clinicians. Currently enrolled MD, NP, or PA students can choose to enroll in the MARCH Program as an elective. As part of the elective course credit approval, a clinical experiential training is required. Currently practicing and experienced clinicians in Maryland are also able to enroll and participate.



Clinical placement rotations inside existing abortion practices are expected to begin in FY2025. The MARCH team encountered numerous barriers to clinical placements and has actively worked to address each of these challenges, including obtaining the necessary course approvals, creating clinical student rotations that fit with student schedule restrictions, and addressing malpractice insurance considerations for currently practicing clinicians. MARCH has identified ten possible clinical training sites across the state and is working to establish contractual agreements with each site to support learners. Participating training sites will be part of the newly formed Maryland Clinical Abortion Training Network (MCATN), with UMB serving as a central hub for training opportunities under the Abortion Care Access Act.

## **Trainings**

Seventeen currently practicing clinicians have been trained across two cohorts. Procedural abortion exposure training and medical abortion simulation training for existing clinicians began in the summer, less than a year after UMB's contract was awarded. The 17 currently practicing clinician fellows completed over 30 hours of asynchronous curriculum and 15.5 hours of in-person simulation training. The program received highly positive feedback, with participants reporting increased confidence and a greater desire to provide abortion care services. There are currently 38 applicants already eligible for 2025 cohorts. Student clinicians are expected to begin training in FY2025, after MARCH has established a contractual agreement with at least one clinical training site.

## **Future Directions and Plan**

### *Expanding on-site training in rural areas and counties with no abortion providers*

UMB MARCH will identify potential obstetric and gynecological practices that could be well-positioned to integrate medication abortion services. The program is planning to conduct targeted outreach to these practices and seeks to offer training on site at the practices, along with funding and support to assist the practices to integrate medication abortion services into their menu of reproductive health services. The program will prioritize practices located in rural areas and counties that have no abortion providers.

The UMB MARCH team continues to build the training team, specifically looking to recruit driver candidates for the Wellmobile to begin operations in later FY2025 or early 2026.

### *Informing Providers*

UMB MARCH will begin work with a marketing team in early 2025 to assist in recruiting additional Maryland clinicians. The target demographic will include clinicians practicing in rural areas and in counties with no abortion providers, and racial and ethnic minority clinicians. Expected marketing methods will include targeted ads, ongoing promotion and awareness building of the training program in local and national media, and the use of billboards in strategic locations in the state.

## Appendix: MARCH Abortion Needs Assessment Survey\*

### Beginning survey preamble:

Maryland's 2022 Abortion Care Access Act established the Abortion Care Clinical Training Program, which aims to increase the quantity and diversity of the state's abortion provider workforce by providing training to advanced practice and other qualified clinicians.

To fulfill this legislative mandate, the University of Maryland School of Medicine is assisting the Maryland Department of Health in identifying gaps in Maryland's abortion care access and workforce capacity needs. Input from your health care clinic will be invaluable to this process and will inform state efforts to improve access in underserved areas. We request that your clinic please complete the following survey no later than March 29<sup>th</sup>, 2024.

All individual responses provided will be kept confidential. Data will be shared only in aggregate and will not identify you or your clinic. In addition, please do not share this survey with anyone besides those assisting you with completing the survey.

Some things to consider when completing this survey:

- You are being asked to complete this survey once. This survey is not intended as an ongoing or yearly survey.
- We recognize that completing this survey will require valuable time and pulling of aggregate data from your records. We greatly appreciate all the effort you put into your responses.
- In addition, survey respondents are eligible for compensation from the Maryland Department of Health (MDH) in the amount of \$200 for the abortion-providing clinic or health system represented in the survey response. You will receive compensation information at the end of the survey.
- We are collecting information only on abortion services within Maryland. **Your clinic might be part of a larger network that includes facilities outside of Maryland, but please respond based only on services provided in Maryland.**
- If you are a clinic staff member working at a larger multi-center or hospital-based clinic, **we only want information from your Maryland-based clinic in order to reduce possible duplicate responses.**
- We understand that you, personally, might not be able to answer all of the questions. We encourage you to request input from other team members (e.g., clinical decision makers, data management staff) to help you complete this survey. We have attached a downloadable PDF you can also preview the survey questions.
- If you have any questions about the survey and/or would prefer to complete the survey via telephone or video meeting, please email us at [email redacted] and we would be happy to assist you.

Thank you for your dedication to providing abortion and other essential health care services to those living in or traveling to Maryland for care. We deeply appreciate your service to the community and your assistance in completing this survey to inform efforts to address gaps in abortion care and access in our state.



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

## SECTION 1: Your Clinic & Your Role

**Q1:** Identify the role(s) of the individuals completing this survey.

Select all that apply:

- ☐ Clinic Administrator
- ☐ Chief Executive Officer
- ☐ Chief Financial Officer
- ☐ Clinic Medical Director/Chief Medical Officer
- ☐ Medical Provider – Physician
- ☐ Medical Provider – Advanced Practice Nurse or Physician Assistant
- ☐ Medical Provider – Certified Nurse Midwife or Midwife
- ☐ Clinical Social Worker
- ☐ Other: \_\_\_\_\_

**Q1B:** We may have some clarifying questions. Whom may we contact if we have any clarifying questions regarding any of your survey responses?

*Optional data entry:*

- ☐ Name:
- ☐ Title:
- ☐ Email:

**Q2:** Describe the organization where you work.

- ☐ Hospital network
- ☐ Independent hospital (not part of network)
- ☐ Solo practice (not hospital-based)
- ☐ Multi-provider, single site practice (not hospital-based)
- ☐ Multi-site practice (not hospital-based)
- ☐ Other: \_\_\_\_\_

**Q3:** On behalf of which clinic/site are you responding (e.g., one site within multi-site practice, one hospital within system, one department or division within hospital or system)?

Reminder:

*If you are a clinic staff member working at a larger multi-center or hospital-based clinic, we only want information from your Maryland-based clinic in order to reduce possible duplicate responses.*

Open-ended text response \_\_\_\_\_

**Q3B:** In which Maryland county is your clinic located?

(Select all that apply) Drop down list: [list of Counties]

**Q4:** Who is responsible for making decisions on the clinical training needs at your clinic?

Select all that apply:

- ☐ Clinic Administrator
- ☐ Chief Executive Officer
- ☐ Chief Financial Officer
- ☐ Clinic Medical Director/Chief Medical Officer
- ☐ Board of Directors
- ☐ Medical Provider – Physician
- ☐ Medical Provider – Advanced Practice Nurse or Physician Assistant
- ☐ Medical Provider – Certified Nurse Midwife or Midwife
- ☐ Clinical Social Worker
- ☐ Other: \_\_\_\_\_

**Q5:** Who is responsible for making clinical decisions about abortion care offered at your clinic?

Select all that apply:

- ☐ Clinic Administrator
- ☐ Chief Executive Officer
- ☐ Chief Financial Officer
- ☐ Clinic Medical Director/Chief Medical Officer
- ☐ Board of Directors
- ☐ Medical Provider – Physician
- ☐ Medical Provider – Advanced Practice Nurse or Physician Assistant
- ☐ Medical Provider – Certified Nurse Midwife or Midwife
- ☐ Clinical Social Worker
- ☐ Other: \_\_\_\_\_

## **SECTION 2: Services Provided**

The next set of questions is about the abortion services provided at your clinic. Ideally, you would provide an exact number based on codes from your electronic medical or billing records; however, if the clinic does not have access to this specific information, please provide your best estimate.

**Q6:** What type of abortion services does your clinic provide?

- ☐ Medication Abortion
- ☐ Procedural Abortion
- ☐ Both

### **Section 2.1: Medication Abortion**

**Q7:** In the calendar year between January 1 and December 31, 2023, what is the total number of medication abortions performed at your clinic and / or via telehealth?

Open ended text response \_\_\_\_\_

**Q7.A:** Is this an estimate? Yes/No

If yes, move to next question.

Open ended question: If no, which CPT or ICD-10 codes did you use?

**Q8:** In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXXX number of medication abortions. Of those, how many were for patients who **resided outside** of Maryland?

- ☐ Open ended number response \_\_\_\_\_
- ☐ We can't provide this information.

**Q9:** In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXX number of medication abortions. Of those, how many were for patients who **resided outside of the Maryland county** in which your clinic is based?

- ☐ Open ended number response \_\_\_\_\_
- ☐ We can't provide this information.

**Q10:** Up to what gestational age will your clinic provide medication abortion services?

Open ended number response \_\_\_\_\_(weeks)

**Q11:** Are there any patient age-related restrictions for your medication abortion services? If so, please describe:

\_\_\_\_\_ *Free text response.*

**Q12:** Does your clinic offer any medication abortion related services via telemedicine?

Yes/No

**Q12A:** If yes to Q12: Which medication abortion related telemedicine services do you offer? Select all that apply:

- ☐ Counseling / Consult
- ☐ Supportive services (Social Worker)
- ☐ Medication dispensing
- ☐ Post abortion care or follow-up

## **Section 2.2: Procedural Abortion**

*If the survey respondent indicated that the clinic does not perform procedural abortions, this section will be skipped.*

**Q13:** In the calendar year between January 1 and December 31, 2023, what is the total number of procedural abortions performed at your clinic?

Open ended number response \_\_\_\_\_

**Q14:** Is this an estimate?

Yes/No

If yes, move to next question.

If no, which CPT or ICD-10 codes did you use? \_\_\_\_\_ (open ended response)

**Q15:** In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXXX number of procedural abortions. Of those, how many were for patients who **resided outside** of Maryland?

- ☐ Open ended text response \_\_\_\_\_
- ☐ We can't provide this information.

**Q16:** In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXXX number of procedural abortions. Of those, how many were of patients who **resided outside of the Maryland county** in which your clinic is based?

- ☐ Open ended number response \_\_\_\_\_
- ☐ We can't provide this information.

**Q17:** Are there any patient age-related restrictions for your procedural abortion services? If so, please describe:

*Free text response.*

**Q18:** Up to what gestational age will your clinic conduct procedural abortions?

Open ended text response \_\_\_\_\_(weeks)

**Q19:** Does your clinic offer any procedural abortion-related services via telemedicine?

Yes/No

**Q19A:** If yes: Which procedural abortion related telemedicine services do you offer: Select all that apply:

- ☐ Counseling / Consult
- ☐ Supportive services (Social Worker)
- ☐ Post abortion care or follow-up

### **SECTION 3: Patients Served**

The next set of questions is about the patients served at your clinic. Ideally, you would provide an exact number based on codes from your electronic medical or billing records; however, if the clinic does not have access to this specific information, please then provide your best estimate.

#### **Section 3.1: Patients Served: Medication Abortion**

**Q20:** In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed medication abortions for XXXXX patients. For those XXXX patients, provide a breakdown by gestational age.

0-13 weeks

>13-20 weeks

>20-28 weeks

>28 weeks

*We recognize the response options to the following race and ethnicity questions do not appropriately account for the diverse patient population. However, we are aligning with the Office of Personnel Management (OPM) Race and Ethnicity reporting standards.*

**Q21:** In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXX number of medication abortions. Of those, how many were for patients based on the provided breakdown by gestational age and race/ethnicity.

**<13 weeks**

American Indian/Alaska Native

\_\_\_\_\_  
Asian\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_  
White\_\_\_\_\_

Hispanic/Latinx\_\_\_\_\_

Other\_\_\_\_\_

**>13 to 20 weeks**

American Indian/Alaska Native

\_\_\_\_\_  
Asian\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_  
White\_\_\_\_\_

Hispanic/Latinx\_\_\_\_\_

Other\_\_\_\_\_

**>20 to 28 weeks**

American Indian/Alaska Native

\_\_\_\_\_  
Asian\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_  
White\_\_\_\_\_

Hispanic/Latinx\_\_\_\_\_

Other\_\_\_\_\_

**>28 weeks**

American Indian/Alaska Native

\_\_\_\_\_  
Asian\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian /Pacific Islander

\_\_\_\_\_  
White\_\_\_\_\_

Hispanic/Latinx\_\_\_\_\_

Other\_\_\_\_\_

**REDCap to display at the bottom an option:**

- ☐ We can't provide this information

If "We can't provide this information" is selected:

Question 21A: In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXX number of medication abortions. Of those, how many were for patients from the following groups?

American Indian/Alaska Native

\_\_\_\_\_ Asian

Black/African American\_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_ White

Hispanic/Latinx\_\_\_\_\_ Other

**REDCap to display at the bottom an option:**

- ☐ We can't provide this information

**Q22:** Does your clinic collect gender identities of your medication abortion care patients? (Yes/No)

- a. If yes: In the calendar year between January 1 and December 31, 2023, how many medication abortion care patients identified as:
  - i. Cisgender female \_\_\_\_\_
  - ii. Non-cisgender \_\_\_\_\_
- b. If no, move to next question.

**Section 3.2: Patients Served: Procedural Abortion**

*If the survey respondent indicated that the clinic does not perform procedural abortions, this section will be skipped.*

**Q23:** In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXX number of procedural abortions. Of those, how many were for patients from the following gestational age groups.

<13 weeks\_\_\_\_\_

>13 to 20 weeks\_\_\_\_\_

>20 to 28 weeks\_\_\_\_\_

>28 weeks\_\_\_\_\_

**Q24:** In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXXX number of procedural abortions. Of those, how many were for patients based on the provided breakdown by gestational age and race/ethnicity.



**<13 weeks**

American Indian/Alaska Native

\_\_\_\_\_

Asian\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_

White\_\_\_\_\_

Hispanic/Latinx\_\_\_\_\_

Other\_\_\_\_\_

**>13 to 20 weeks**

American Indian/Alaska Native

\_\_\_\_\_

Asian\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_

White\_\_\_\_\_

Hispanic/Latinx\_\_\_\_\_

Other\_\_\_\_\_

**>20 to 28 weeks**

American Indian/Alaska Native

\_\_\_\_\_

Asian\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_

White\_\_\_\_\_

Hispanic/Latinx\_\_\_\_\_

Other\_\_\_\_\_

**>28 weeks**

American Indian/Alaska Native

\_\_\_\_\_

Asian\_\_\_\_\_

Black/African American\_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_

White\_\_\_\_\_

Hispanic/Latinx\_\_\_\_\_

Other\_\_\_\_\_

**REDCap to display at the bottom an option:**

- o We can't provide this information

If “We can’t provide this information” is selected:

Question 24A: In a previous question, you reported that in the calendar year between January 1 and December 31, 2023, your clinic performed XXX number of procedural abortions. Of those, how many were for patients from the following groups?

American Indian/Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Black/African American \_\_\_\_\_

Native Hawaiian/Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

Hispanic/Latinx \_\_\_\_\_

Other \_\_\_\_\_

**REDCap to display at the bottom an option:**

- o We can’t provide this information

**Q25:** Does your clinic collect gender identities of your procedural abortion care patients? (Yes/No)

- b. **If yes:** In the calendar year between January 1 and December 31, 2023, how many procedural abortion care patients identified as:
  - i. Cisgender female \_\_\_\_\_
  - ii. Non-cisgender \_\_\_\_\_
- c. If no, move to next question.

**SECTION 4: Clinic Staff**

**Q26:** How many people perform medication and/or procedural abortions at your clinic?

Open ended number response \_\_\_\_\_

**Q27:** How many of those abortion providers are Physician Assistants (PA)?

Open ended number response \_\_\_\_\_

*if >1, display the following questions:*

**Q27a:** How many of those are doing only medication abortions?

Open ended number response \_\_\_\_\_

**Q27b:** How many of those are doing only procedural abortions?

Open ended number response \_\_\_\_\_

**Q27c:** How many of those are doing both medication and procedural abortions?

Open ended number response \_\_\_\_\_

**Q28:** How many of those abortion providers are Nurse Practitioners (NP)?

Open ended number response \_\_\_\_\_

*If > 1, display the following questions:*

**Q28a:** How many of those are doing only medication abortions?

Open ended number response \_\_\_\_\_

**Q28b:** How many of those are doing only procedural abortions?

Open ended number response \_\_\_\_\_

**Q28c:** How many of those are doing both medication and procedural abortions?

Open ended number response \_\_\_\_\_

**Q29:** How many of those abortion providers are Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)?

Open ended number response \_\_\_\_\_

**Q29a:** How many of those are doing only medication abortions?

Open ended number response \_\_\_\_\_

**Q29b:** How many of those are doing only procedural abortions?

Open ended number response \_\_\_\_\_

**Q29c:** How many of those are doing both medication and procedural abortions?

Open ended number response \_\_\_\_\_

**Q30:** How many of those abortion providers are Certified Nurse Midwives (CNMs) or Certified Midwives (CM)? (Number)

Open ended number response \_\_\_\_\_

*if > 1, display the following questions:*

**Q30a:** How many of those are doing only medication abortions?

Open ended number response \_\_\_\_\_

**Q30b:** How many of those are doing only procedural abortions?

Open ended number response \_\_\_\_\_

**Q30c:** How many of those are doing both medication and procedural abortions?

Open ended number response \_\_\_\_\_

**Q31:** In a previous question, you reported that XXX people perform medication and/or procedural abortions at your clinic. Of those, how many are:

Under age 40 \_\_\_\_\_

Aged 40-59 \_\_\_\_\_

Aged 60 and over \_\_\_\_\_

**REDCap to display at the bottom an option:**

- o We can't provide this information

*We recognize the response options to the following race and ethnicity questions do not appropriately account for the diverse population in our workforce. However, we are aligning with the Office of Personnel Management (OPM) Race and Ethnicity reporting standards. We don't expect you to conduct a survey of your staff. Please provide employee self-identification if available from existing HR records.*

**Q32:** In a previous question, you reported that XXX people perform medication and/or procedural abortions at your clinic, of those how many identify as:

Hispanic/Latinx \_\_\_\_\_ open ended number response

Non-Hispanic/Latinx \_\_\_\_\_ open ended number response

**REDCap to display at the bottom an option:**

- o We can't provide this information

**Q33:** In a previous question, you reported that XXX people perform abortions at your clinic, of those how many identify as:

Open ended number response:

American Indian/Alaska Native

\_\_\_\_\_

Asian \_\_\_\_\_

Black/African American \_\_\_\_\_

Native Hawaiian/Pacific Islander

\_\_\_\_\_

White \_\_\_\_\_

Hispanic/Latinx \_\_\_\_\_

Other \_\_\_\_\_

**REDCap to display at the bottom an option:**

- o We can't provide this information

**Q34:** In a previous question, you reported that XXX people perform medication and/or procedural abortions at your clinic, of those how many identify as:

Open ended number response

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender Man/Trans Man \_\_\_\_\_

Transgender Woman/Trans Woman \_\_\_\_\_

Non-binary \_\_\_\_\_

Genderqueer or gender fluid \_\_\_\_\_

Not listed; please specify: \_\_\_\_\_

**REDCap to display at the bottom an option:**

- o We can't provide this information

**SECTION 5: Hiring and Training Needs**

**Q35:** Does your clinic currently have any advanced practice clinicians (APCs) who are **not** providing medication or procedural abortions? Yes/No

**If yes:** How many? \_\_\_\_\_ (*open ended number response*)

Q35 A: Of these APCs, which types do you currently have who are not providing medication or procedural abortions?

- o Physician Assistant (PA)
- o Nurse Practitioner (NP)
- o Certified Midwife (CM) or Certified Nurse Midwife (CNM)

Q35 B: Of these APCs, how many would be interested in or would be a good candidate to receive training in providing medication abortions?

\_\_\_\_\_ (*open ended number response*)

Q35 C: Of these APCs, how many would be interested in or would be a good candidate to receive training in providing procedural abortions?

\_\_\_\_\_ (*open ended number response*)

**Q36:** Is your clinic currently trying to hire abortion providers?

If yes:

- a. Is your clinic currently trying to hire providers to perform medication abortions? (Yes/No)
- b. Is your clinic currently trying to hire providers to perform procedural abortions? (Yes/No)
- c. If yes:
  - i. What are your needs in this area?  
*Open ended text response*

If no:

- d. Have you encountered barriers when trying to hire abortion providers? (Yes/No)
- e. **If yes**, what barriers have you encountered? (select all that apply)
  - o Lack of qualified candidates
  - o Inability to offer benefits or wages that are competitive with other health care organizations
  - o Other – please specify

You indicated that you are not trying to hire abortion providers. Is this because of (select all that apply):

- o Fully staffed, no need to hire additional providers

- o Lack of qualified candidates
- o Physical clinic capacity issues
- o Inability to offer benefits or wages that are competitive with other health care organizations
- o Insufficient number of clinical staff (RN/LPN/MA) to support providers
- o Lack of patient demand
- o Other – please specify

**Q37:** Is your clinic currently trying to hire clinical support staff (RN/LPN/MA)? (Yes/No)

**If yes:**

- a. Have you encountered barriers when trying to hire clinical support staff? (Yes/No)
- b. If yes, what barriers have you encountered? (select all that apply)
  - o Lack of qualified candidates
  - o Inability to offer benefits or wages that are competitive with other health care organizations
  - o Other – please specify

**If no:**

You indicated that you are not trying to hire clinical support staff, is this because of (select all that apply):

- o Fully staffed, no need to hire additional clinical support staff
- o Lack of qualified candidates
- o Physical clinic capacity issues
- o Inability to offer benefits or wages that are competitive with other health care organizations
- o Lack of patient demand
- o Other – please specify

**Q38:** What is the approximate wait time in days for appointments?

Medication abortions \_\_\_\_\_

days Procedural abortions \_\_\_\_\_

days

**Q39:** Is your clinic currently serving as a site for clinical training of residents, fellows, or students? (Yes/No)

**If yes:**

Have you encountered any barriers while serving as a clinical training site?

- o Financial concerns related to serving as clinical training site
- o Legal risk concerns about serving as a clinical training site
- o Providers lack time to mentor and supervise trainees
- o Lack of clinical support staff
- o Physical clinic capacity issues
- o No barriers identified
- o Other – please specify

**If no:**

You indicated you are currently not serving as a site for clinical training of residents, fellows, or students.

What barriers prevent or limit your clinic from serving as a clinical training site?

- o Lack of interest in serving as a clinical training site
- o Financial concerns related to serving as clinical training site
- o Legal risk concerns about serving as a clinical training site
- o Providers lack time to mentor and supervise trainees
- o Lack of clinical support staff
- o Physical clinic capacity issues
- o Other – please specify

**Q40:** Does your clinic currently offer on the job training for newly hired medication and procedural abortion providers?

Yes/No

**If yes,** please describe the nature of the training:

**Q41:** Please use this space to share any additional comments or concerns related to abortion access, workforce capacity needs, or anything else you would like to share. (Optional)

Open-ended response