We obtained information on other aspects of abortion care from a majority of nonhospital facilities. Sixty-six percent provided information on the number of early medication abortions, 67% on gestational limits and 66% on charges for abortion services. Because response rates varied by facility type and caseload, we constructed weights that accounted for these differences. Item-specific weights were applied to medication abortion, gestational limits, charges and harassment. Unless otherwise noted, all abortion data presented include both surgical and medication abortions.

Census Bureau data on the population of women aged 15–44 for July 1, 2007, and July 1, 2008, were used as denominators for calculating abortion rates for the entire United States and for each state and the District of Columbia. We estimated the national abortion ratio as the proportion of pregnancies (excluding those ending in miscarriages) that ended in abortion; to do this, we combined our abortion counts with National Center for Health Statistics data on the number of U.S. births in the one-year periods beginning on July 1 of 2007 and 2008 (to match conception times for births with those for abortions). The incidence of abortion in the United States changed little between 2005 and 2008: The number of abortions increased by 0.5%, from 1,206,200 to 1,212,350, and the abortion rate increased 1%, from 19.4 to 19.6 per 1,000 women aged 15–44 (Table 1). The abortion ratio did not change over this period, remaining at 22 abortions per 100 pregnancies.

The lack of change in abortion incidence nationally masks variations by state. Delaware had the highest abortion rate in 2008 (40 per 1,000 women), partly because of a 37% increase in the number of abortions (Table 2, page 44). Most of this increase can be attributed to one provider that acknowledged underreporting abortions in the 2005 survey. New York and New Jersey had the second and third highest abortion rates (38 and 31 abortions per 1,000 women, respectively). The abortion rate in the District of Columbia dropped 45% between 2005 and 2008, from 54 to 30 per 1,000, which made it the fourth highest in the country. High rates were also seen in Maryland, California, Florida, Nevada and Connecticut (25–29 per 1,000).

Wyoming had the lowest abortion rate, less than 1 per 1,000 women; the five states with the next lowest rates were Mississippi, Kentucky, South Dakota, Idaho and Missouri (5–6 abortions per 1,000). Notably, rates based on abortions performed in a given state may differ from rates based on abortions obtained by a state’s residents. For example, while only 70 abortions were reported in Wyoming in 2005, an estimated 1,100 were obtained by Wyoming residents in that year, and almost all of them occurred out of state.

Change in abortion rates varied both within and across regions between 2005 and 2008. As in prior years, the rate was highest in the Northeast (27 abortions per 1,000 women), followed by rates in the West, the South and the Midwest (22, 18 and 14 per 1,000, respectively). Both the South and the West showed slight increases in rates between 2005 and 2008 (1–2%). The largest rate increases in the South were in Delaware and Louisiana (39% and 38%, respectively); Georgia and Kentucky also had substantial increases (18% and 16%, respectively). California accounted for 18% of the nation’s abortions in 2008, and its 2% increase was responsible for most of the increase in the West. The abortion rate in the Northeast did not change between 2005 and 2008; over this period, the rate rose by 23% in Pennsylvania, while it declined by 8% in Massachusetts and 9% in New Jersey. In the Midwest, the abortion rate was unchanged; the sizable increases in North and South Dakota mainly reflect small absolute increases in the relatively small number of abortions performed in those states. More notable were changes in two states that account for almost half of abortions in the Midwest: The abortion rate in Illinois rose by 9%, while Michigan showed a 5% decrease.

### TABLE 1. Number of reported abortions, abortion rate and abortion ratio, United States, 1973–2008

<table>
<thead>
<tr>
<th>Year</th>
<th>No. (in 000s)</th>
<th>Rate*</th>
<th>Ratio†</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>1,212.4</td>
<td>19.6</td>
<td>22.4</td>
</tr>
<tr>
<td>2007</td>
<td>1,209.6</td>
<td>19.5</td>
<td>22.9</td>
</tr>
<tr>
<td>2006</td>
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<td>23.0</td>
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<tr>
<td>2005</td>
<td>1,206.2</td>
<td>19.4</td>
<td>22.4</td>
</tr>
<tr>
<td>2004</td>
<td>1,222.1</td>
<td>19.7</td>
<td>22.9†</td>
</tr>
<tr>
<td>2003</td>
<td>1,250.0</td>
<td>20.2</td>
<td>23.3</td>
</tr>
<tr>
<td>2002</td>
<td>1,269.0</td>
<td>20.5</td>
<td>23.8</td>
</tr>
<tr>
<td>2001</td>
<td>1,291.0</td>
<td>20.9</td>
<td>24.4</td>
</tr>
<tr>
<td>2000</td>
<td>1,313.0</td>
<td>21.3</td>
<td>24.5</td>
</tr>
<tr>
<td>1999</td>
<td>1,314.8</td>
<td>21.4</td>
<td>24.6</td>
</tr>
<tr>
<td>1998</td>
<td>1,319.0</td>
<td>21.5</td>
<td>25.1†</td>
</tr>
<tr>
<td>1997</td>
<td>1,313.0</td>
<td>21.3</td>
<td>24.5</td>
</tr>
<tr>
<td>1996</td>
<td>1,306.0</td>
<td>22.4</td>
<td>25.9</td>
</tr>
<tr>
<td>1995</td>
<td>1,359.4</td>
<td>22.5</td>
<td>25.9</td>
</tr>
<tr>
<td>1994</td>
<td>1,423.0</td>
<td>23.7</td>
<td>26.6</td>
</tr>
<tr>
<td>1993</td>
<td>1,495.0</td>
<td>25.0</td>
<td>27.4</td>
</tr>
<tr>
<td>1992</td>
<td>1,528.9</td>
<td>25.7</td>
<td>27.5</td>
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<tr>
<td>1991</td>
<td>1,556.5</td>
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<td>1990</td>
<td>1,608.6</td>
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<tr>
<td>1989</td>
<td>1,656.9</td>
<td>28.6</td>
<td>27.5*</td>
</tr>
<tr>
<td>1988</td>
<td>1,608.6</td>
<td>28.6</td>
<td>27.5*</td>
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<td>1987</td>
<td>1,559.1</td>
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<td>1986</td>
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<td>1,586.6</td>
<td>28.0</td>
<td>29.7</td>
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<tr>
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<td>29.7</td>
</tr>
<tr>
<td>1983</td>
<td>1,575.0</td>
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<td>30.4*</td>
</tr>
<tr>
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<td>1,573.9</td>
<td>28.8</td>
<td>30.0</td>
</tr>
<tr>
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<td>1,553.9</td>
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<tr>
<td>1974</td>
<td>898.6</td>
<td>19.3</td>
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</tr>
<tr>
<td>1973</td>
<td>744.6</td>
<td>16.3</td>
<td>19.3</td>
</tr>
</tbody>
</table>

*Abortions per 1,000 women aged 15–44 as of July 1 of each year. †Abortions per 100 pregnancies ending in abortion or live birth; for each year, the ratio is based on births occurring during the 12-month period starting in July of that year. Figure slightly altered from that previously published because of updated birth data. Note: Figures in brackets were estimated by interpolation of numbers of abortions and adjustments based on state health department reports. Sources: Number of abortions, population data and birth data, 1973–2005: reference 1. Number of abortions, 2006: 2004–2005 Guttmacher Abortion Provider Census and adjustments based on 2005, 2006 and 2007 state health department reports. Population data, 2006–2008: reference 5. Birth data, 2006–2009: references 6–8.
Table 2. Number of reported abortions and abortion rate, selected years; and percentage change in rate, 2005–2008—all by region and state in which the abortions occurred

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. total</td>
<td>1,312,990</td>
<td>1,206,200</td>
<td>1,209,640</td>
<td>1,212,350</td>
<td>21.3</td>
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<tr>
<td>Midwest</td>
<td>221,230</td>
<td>191,900</td>
<td>184,830</td>
<td>186,930</td>
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<tr>
<td>South</td>
<td>418,630</td>
<td>391,160</td>
<td>396,500</td>
<td>400,770</td>
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<tr>
<td>West</td>
<td>347,600</td>
<td>315,100</td>
<td>332,030</td>
<td>321,940</td>
<td>1.0</td>
<td></td>
</tr>
</tbody>
</table>

Provider Numbers

The national trend in the number of abortion providers paralleled that of abortion rates, showing very little change: 1,793 in 2008, compared with 1,787 in 2005 (Table 3). Twenty-seven states and the District of Columbia experienced a decrease in providers, while nine had overall increases and 14 experienced no change. The number of providers declined in the South (10%), the Northeast (8%) and the Midwest (5%). In contrast, it grew 15% in the West, largely because of a 23% increase in California. Without the newly identified facilities in California, the number of providers there would have increased by only 8%.

Note:
Numbers of abortions are rounded to the nearest 10. Sources: See Table 1.
<table>
<thead>
<tr>
<th>Region and state</th>
<th>Providers</th>
<th>Counties, 2008</th>
<th>% of women in counties with no provider, 2008*</th>
</tr>
</thead>
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<tr>
<td>U.S. total</td>
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<td>3,142</td>
<td>35</td>
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<td>Northeast</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Connecticut</td>
<td>536</td>
<td>217</td>
<td>18</td>
</tr>
<tr>
<td>Maine</td>
<td>50</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>47</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>14</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>New Jersey</td>
<td>86</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>New York</td>
<td>234</td>
<td>62</td>
<td>7</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>73</td>
<td>67</td>
<td>46</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>6</td>
<td>5</td>
<td>38</td>
</tr>
<tr>
<td>Vermont</td>
<td>11</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td>Midwest</td>
<td>188</td>
<td>1,055</td>
<td>52</td>
</tr>
<tr>
<td>Illinois</td>
<td>37</td>
<td>102</td>
<td>37</td>
</tr>
<tr>
<td>Indiana</td>
<td>15</td>
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<td>66</td>
</tr>
<tr>
<td>Iowa</td>
<td>8</td>
<td>99</td>
<td>51</td>
</tr>
<tr>
<td>Kansas</td>
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<td>105</td>
<td>57</td>
</tr>
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<td>83</td>
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<td>115</td>
<td>73</td>
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<tr>
<td>Nebraska</td>
<td>5</td>
<td>93</td>
<td>43</td>
</tr>
<tr>
<td>North Dakota</td>
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<td>53</td>
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</tr>
<tr>
<td>Ohio</td>
<td>35</td>
<td>88</td>
<td>55</td>
</tr>
<tr>
<td>South Dakota</td>
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<td>66</td>
<td>76</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>10</td>
<td>72</td>
<td>63</td>
</tr>
<tr>
<td>South</td>
<td>442</td>
<td>1,423</td>
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</tr>
<tr>
<td>Alabama</td>
<td>14</td>
<td>67</td>
<td>61</td>
</tr>
<tr>
<td>Arkansas</td>
<td>7</td>
<td>75</td>
<td>79</td>
</tr>
<tr>
<td>Delaware</td>
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<td>3</td>
<td>19</td>
</tr>
<tr>
<td>District of Columbia</td>
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<td>0</td>
</tr>
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</tr>
<tr>
<td>Kentucky</td>
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<tr>
<td>Louisiana</td>
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<td>64</td>
<td>65</td>
</tr>
<tr>
<td>Maryland</td>
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<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Mississippi</td>
<td>4</td>
<td>82</td>
<td>91</td>
</tr>
<tr>
<td>North Carolina</td>
<td>55</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>6</td>
<td>77</td>
<td>56</td>
</tr>
<tr>
<td>South Carolina</td>
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<td>46</td>
<td>73</td>
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<td>Texas</td>
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<td>254</td>
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<td>Virginia</td>
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<td>134</td>
<td>54</td>
</tr>
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<td>West Virginia</td>
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<td>84</td>
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<tr>
<td>West</td>
<td>653</td>
<td>447</td>
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<td>Alaska</td>
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<td>17</td>
</tr>
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<td>64</td>
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</tr>
<tr>
<td>Hawaii</td>
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</tr>
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<td>Idaho</td>
<td>7</td>
<td>44</td>
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</tr>
<tr>
<td>Montana</td>
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<td>56</td>
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<tr>
<td>Nevada</td>
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<td>17</td>
<td>76</td>
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<td>Utah</td>
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</tr>
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<td>Washington</td>
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<td>39</td>
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</tr>
<tr>
<td>Wyoming</td>
<td>3</td>
<td>23</td>
<td>96</td>
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</table>


The potential impact of the loss of providers in a given state varies depending on the total number of providers in that state. For example, the largest decreases in the absolute number of providers occurred in New York and Florida, each of which had 12 fewer providers in 2008 than in 2005. However, this numerical loss of providers represented a 12% decline in providers in Florida but only a 5% decline in New York, because the latter had about 250
Abortion Incidence and Access to Services in the United States

Types of Providers and Abortion Caseloads

- **Clinics.** The 378 specialized abortion clinics accounted for 21% of all abortion providers, but performed 70% of all abortions in 2008 (Table 4). Most of these facilities reported 1,000 or more abortions during the year. A total of 473 nonspecialized clinics accounted for 24% of all abortions; some were similar to abortion clinics in having caseloads of 1,000 or more abortions per year. Overall, the number of very large providers (those performing 5,000 or more procedures) increased by more than 50% between surveys: Twenty facilities of this size accounted for 12% of all abortions in 2005, whereas 31 such facilities provided 17% of abortions in 2008.

- **Hospitals.** Thirty-four percent of abortion providers were hospitals in 2008, but these facilities accounted for only 4% of all abortions. Many hospitals provide abortions only in cases of fetal anomaly or serious risk to the woman's health, and a majority (65%) performed fewer than 30 abortions in 2008. Twenty-two hospitals reported 400–999 abortions during the year, and only nine reported 1,000 or more.

- **Physicians’ offices.** Some 19% of providers were physicians’ offices, but these facilities accounted for only 1% of all abortions. A majority of these offices (57%) reported fewer than 30 abortions; our survey may have missed a number of small providers in this category.

### Early Medication Abortion

Fifty-nine percent of facilities provided one or more early medication abortions in 2008, a slightly higher proportion than in 2005; a 4% increase in the number of such providers occurred over this period (Table 5). The number of nonspecialized clinics that provided early medication abortion services increased by 23%, but the numbers of hospitals and physicians’ offices doing so decreased (by 13% and 9%, respectively). Eighty-three percent of abortion clinics and 88% of other clinics performed at least one early medication abortion in 2008, whereas 25% of hospitals and physicians’ offices did so. The likelihood of providing early medication abortion services increased with caseload—from 30% among the smallest providers to 94% among the largest.

A substantial number of clinics and physicians’ offices—164 facilities, or 9% of all providers—offered early medication abortions, but not surgical abortions (not shown). Eleven percent of physicians’ offices were in this group, as were 27% of nonspecialized clinics. (Information on number of early medication abortions was not available for 34% of nonhospital facilities and 49% of physicians’ offices, and some of these facilities may have provided only this service; hence, our estimate is a conservative one.)

Some 199,000 early medication abortions were performed in nonhospital facilities in 2008, representing a 24% increase from 2005. Mifepristone was used for 94% of these procedures (187,000), and methotrexate for the remainder (not shown). Slightly more than half of early medication abortions were administered by abortion clinics, and most of the rest by nonspecialized clinics. Physicians’ offices averaged about two medication abortions per month and accounted for only 2% of all such procedures. In 2008, some 17% of all abortions performed in nonhospital facilities were early medication abortions; nonspecialized clinics had the highest proportion of such abortions (30%). Early medication abortions accounted for a larger share of procedures at facilities with smaller caseloads: 37–49% at facilities in the two smallest caseload categories, but only 9% at those with the largest caseloads. We did not collect data on the gestational age at which abortions were performed, but using gestation data from the CDC, we estimate that in 2008, slightly more than one-quarter of eligible abortions, or those before nine weeks’ gestation, were performed using medication.

### TABLE 4. Number and percentage distribution of abortion providers and of abortions, by caseload, according to provider type, 2008

<table>
<thead>
<tr>
<th>Caseload</th>
<th>Total No.</th>
<th>Abortion clinics</th>
<th>Other clinics</th>
<th>Hospitals</th>
<th>Physicians’ offices*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Providers</td>
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<td>378</td>
<td>21</td>
<td>473</td>
</tr>
<tr>
<td>1–29</td>
<td>638</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>30–399</td>
<td>533</td>
<td>30</td>
<td>18</td>
<td>1</td>
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<tr>
<td>400–999</td>
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<td>150</td>
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<td>1,000–4,999</td>
<td>365</td>
<td>19</td>
<td>277</td>
<td>15</td>
<td>79</td>
</tr>
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<td>≥5,000</td>
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<td>2</td>
<td>29</td>
<td>2</td>
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<tr>
<td>Abortions</td>
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<td>846,400</td>
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<td>5,860</td>
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<td>0</td>
<td>540</td>
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<td>4,500</td>
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<td>34,000</td>
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<td>151,800</td>
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<td>39,360</td>
<td>3</td>
<td>99,970</td>
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<tr>
<td>1,000–4,999</td>
<td>773,320</td>
<td>64</td>
<td>614,220</td>
<td>51</td>
<td>143,000</td>
</tr>
<tr>
<td>≥5,000</td>
<td>206,550</td>
<td>17</td>
<td>188,320</td>
<td>16</td>
<td>18,230</td>
</tr>
</tbody>
</table>

*Offices that reported 400 or more abortions a year were classified as other clinics. †Less than 0.5%. Numbers of abortions are rounded to the nearest 10. Abortion counts may not sum to totals, and percentages may not add to 100, because of rounding. na=not applicable.
Accessibility of Abortion

In addition to number and type of providers, gestational limits, cost and antiabortion harassment can affect the accessibility of abortion services. **Gestational limits.** Most providers have limits on the earliest and latest gestations at which they will perform abortions, and women who are very early in their pregnancy or in the second trimester may have a difficult time locating appropriate services. Some 42% of providers offered abortions at four or fewer weeks since a woman's last menstrual period (not shown). The greatest proportion of providers offered abortions at eight weeks' gestation (95%), and 64% offered at least some second-trimester abortion services (13 weeks or later). Twenty-three percent offered abortions after 20 weeks' gestation, and 11% did so at 24 weeks. Access to very early and later abortions changed little since 2005, when 40% of providers offered abortions at four weeks and 8% did so at 24 weeks.

Gestational limits varied by provider type. The proportion of nonspecialized clinics performing abortions dropped markedly after nine weeks—98% offered abortions at nine weeks' gestation, while 63% did so at 10 weeks—probably because some provided only early medication abortion services. By comparison, 98% of abortion clinics offered abortions through the first trimester. Hospitals were more likely than other types of providers to offer abortions at later gestations: Fifty-eight percent reported that they performed abortions at 20 weeks' gestation, whereas 36% of abortion clinics did so.

**Cost.** A majority of women who access abortion services are poor or have a low income, and most women pay for the procedure out of pocket. The cost of obtaining an abortion, which varies by provider type and gestational age, may prevent some women from accessing this service. In 2009, the median charge* for a surgical abortion at 10 weeks' gestation was $470 (Table 6, page 48). Abortion clinics charged the least ($425), and physicians' offices the most ($535). Surgical abortions at 10 weeks' gestation were most expensive at facilities that performed fewer than 30 abortions per year ($629) and least expensive at facilities with the highest caseloads ($400).

We weighted the cost data by number of abortions to account for the fact that more women obtain abortions at facilities with lower charges; the resulting measure represents abortion patients' mean out-of-pocket expenditures. Women obtaining a surgical abortion at 10 weeks' gestation paid $451 in 2009, on average. The comparable figure in 2006 was $413, which is equivalent to $440 in inflation-adjusted 2009 dollars. Thus, the average amount that women paid for a first-trimester surgical abortion increased by only $11 between 2006 and 2009.

Abortions after the first trimester cost more because of the extra time, skill and resources required. The median charge for an abortion at 20 weeks' gestation was $1,500, and charges across provider types and facility caseloads ranged from $1,100 to $1,650.

The median charge for early medication abortions was $490. Patterns in these charges by type of facility and caseload were similar to those for surgical abortions at 10 weeks, though the price difference between the lowest and highest cost facilities was smaller ($50). Notably, the median charge for this procedure was higher than that for surgical procedures at 10 weeks, perhaps because early medication abortion is a newer technology, and providers consider the cost of the drug an add-on to the cost of their services. This general difference in the median cost held across provider types and caseloads, with two exceptions: At physicians' offices and at facilities with the smallest caseloads, a medication abortion cost less than

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*We focus on the median because the mean was skewed by the small number of facilities that had unusually high charges.
TABLE 6. Charges and average amount paid for nonhospital surgical abortions at 10 and 20 weeks’ gestation and for early medication abortions—all by provider type and caseload, 2009

<table>
<thead>
<tr>
<th>Provider type and caseload</th>
<th>10 weeks</th>
<th>20 weeks</th>
<th>Early medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Median</td>
<td>Mean</td>
</tr>
<tr>
<td>All</td>
<td>$543</td>
<td>$470</td>
<td>$451</td>
</tr>
<tr>
<td>Provider type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortion clinics</td>
<td>430</td>
<td>425</td>
<td>428</td>
</tr>
<tr>
<td>Other clinics</td>
<td>535</td>
<td>475</td>
<td>502</td>
</tr>
<tr>
<td>Physicians’ offices</td>
<td>683</td>
<td>535</td>
<td>550</td>
</tr>
<tr>
<td>Caseload</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–29</td>
<td>747</td>
<td>629</td>
<td>761</td>
</tr>
<tr>
<td>30–399</td>
<td>551</td>
<td>475</td>
<td>515</td>
</tr>
<tr>
<td>400–999</td>
<td>485</td>
<td>450</td>
<td>486</td>
</tr>
<tr>
<td>1,000–4,999</td>
<td>447</td>
<td>430</td>
<td>448</td>
</tr>
<tr>
<td>≥5,000</td>
<td>415</td>
<td>400</td>
<td>419</td>
</tr>
</tbody>
</table>

Note: u= unavailable because cases are too few to produce reliable figures.

TABLE 7. Percentage of nonhospital providers experiencing harassment, by provider type, caseload and region, according to type of harassment, 2008

<table>
<thead>
<tr>
<th>Provider type, caseload and region</th>
<th>Any</th>
<th>Picketing</th>
<th>Picketing with blocking or contact</th>
<th>Vandalism</th>
<th>Bomb threat</th>
<th>Patient pictures posted on Internet</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>57</td>
<td>55</td>
<td>21</td>
<td>12</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Provider type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortion clinics</td>
<td>88</td>
<td>87</td>
<td>42</td>
<td>21</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Other clinics</td>
<td>65</td>
<td>63</td>
<td>18</td>
<td>11</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Physicians’ offices</td>
<td>10</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Caseload</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–29</td>
<td>9</td>
<td>5</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>30–399</td>
<td>35</td>
<td>32</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>≥400</td>
<td>89</td>
<td>88</td>
<td>37</td>
<td>19</td>
<td>7</td>
<td>5</td>
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<tr>
<td>400–999</td>
<td>77</td>
<td>77</td>
<td>23</td>
<td>12</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>1,000–4,999</td>
<td>94</td>
<td>93</td>
<td>42</td>
<td>22</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>≥5,000</td>
<td>100</td>
<td>100</td>
<td>63</td>
<td>19</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>48</td>
<td>47</td>
<td>14</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Midwest</td>
<td>85</td>
<td>79</td>
<td>41</td>
<td>20</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>South</td>
<td>75</td>
<td>73</td>
<td>34</td>
<td>15</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>West</td>
<td>44</td>
<td>43</td>
<td>12</td>
<td>12</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

a surgical procedure. These providers may specialize in medication abortion and, in turn, charge more for surgical abortion because it requires more training and specialized equipment.

Harassment. Exposure to antiabortion harassment was common among nonhospital abortion providers in 2008: Fifty-seven percent experienced at least one of six types of harassment (Table 7). Picketing was the most common form of harassment (reported by 55%), followed by picketing combined with blocking patient access to facilities (21%). Internet harassment was assessed for the first time in this survey; and 3% of providers reported that protesters had posted pictures of patients on the Internet.

The overwhelming majority of abortion clinics—88%—experienced at least one form of harassment in 2008. Eighty-seven percent reported picketing; 42% reported picketing with patient blocking, and 21% cited incidents of vandalism. Nearly two-thirds of other clinics reported any type of harassment, but only 10% of physicians’ offices did so.

Harassment was also commonly reported by facilities that performed 400 or more abortions per year (89%). In 2000, when harassment was last assessed, 82% of providers with this size caseload reported at least one of five forms of harassment, which suggests a slight increase over this period. (Internet harassment was not measured in 2000, but even when this item was excluded from the 2008 data, 89% of these providers experienced at least one type of harassment.) Additionally, between 2000 and 2008, the proportion of such providers reporting picketing increased from 80% to 88%, and the proportion reporting picketing with contact or blocking access increased from 28% to 37%; the proportion that received bomb threats declined from 15% to 5%. Almost all providers that performed 1,000 or more abortions had been picketed in 2008, and 63% of facilities that performed 5,000 or more abortions reported picketing that involved blocking or physical contact. Nearly one in five of the largest facilities reported a bomb threat.

The incidence of harassment varied by region; 85% of providers in the Midwest and 75% in the South experienced any form of harassment, compared with 48% and 44% in the Northeast and the West, respectively. All types of harassment were more common among facilities in the Midwest and the South than elsewhere. Levels of harassment did not vary by gestational age at which abortions were offered among providers that performed 400 or more per year (not shown).

DISCUSSION

The long-term national decline in abortion incidence has stalled and may have ended. Both the number of abortions and the abortion rate increased slightly between 2005 and 2008. Notably, the small change in abortion incidence at the national level masks substantial changes in some states.

Delaware’s abortion rate is twice the national average and reflects, in part, that residents of other states obtain abortions in Delaware. Out-of-state residents accounted for an estimated 25% of abortions performed in the state in 2004. However, the apparent dramatic increase in the state’s abortion incidence is probably spurious, because abortions in 2005 were underreported at one facility. In other states, shifts in abortion incidence may be partially explained by interstate dynamics. For example, the decrease in the number of abortions in New Jersey was paralleled by an increase in the number in neighboring Pennsylvania. In 2004, some 12% of abortions among Pennsylvania residents were obtained out of state, but this proportion may have dropped in 2008. Meanwhile, although the District of Columbia still has one of the highest abortion rates in the country, it had the greatest decrease in abortion rate between 2005 and
Abortion Incidence and Access to Services in the United States

TABLE 6. Charges and average amount paid for nonhospital surgical abortions at 10 and 20 weeks’ gestation and for early medication abortions—all by provider type and caseload, 2009

| Provider type and caseload | 10 weeks | | | | | |  | 20 weeks | | | | | | Early medication | | | | | |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
|                           | Charge   | Mean     | Median   | Charge   | Mean     | Median   | Charge   | Mean     | Median   | Charge   | Mean     | Median   | Charge   | Mean     | Median   | Charge   | Mean     | Median   | Charge   | Mean     | Median   | Charge   | Mean     | Median   |
| All                       | $543     | $470     | $545     | $1,562   | $1,500   | $506     | $490     | $483     |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Provider type              |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Abortion clinics           |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Other clinics              |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Physicians’ offices        |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Caseload                   |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 1–29                       | $428     | 428      | 1,555    | 1,500    | 468      | 450      | 472      |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 30–399                     | $502     | 502      | 1,601    | 1,525    | 511      | 500      | 513      |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 400–999                    | $550     | 550      | 1,535    | 1,500    | 542      | 500      | 463      |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| ≥5,000                     | $419     | 419      | 1,271    | 1,100    | 468      | 450      | 474      |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Note: u=unavailable because cases are too few to produce reliable figures.

The overwhelming majority of abortion providers—88%—experienced at least one form of harassment in 2008. Eighty-seven percent reported picketing; 42% reported

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