



Timeline of CNMs, NPs, and PAs Provision of Abortion Care¹ by State

Year	Actions Expanding CNMs, NPs, and PAs Provision of Abortion Care
1973	○ PAs at the Planned Parenthood of Northern New England (PPNNE) in Burlington, Vermont (formerly the Vermont Women's Health Center) begin providing abortion care. <i>Currently PAs and NPs provide 1st and 2nd trimester abortion care in Vermont and New Hampshire.</i>
1994	○ The New York Civil Liberties Union (NYCLU) obtains a Declaratory Ruling from the New York Department of Health (NYDH) stating that PAs can provide first-trimester abortions in NY under their practice act, despite the state's physician-only law. The ruling recognizes that the intent of the physician-only requirement and the physician assistant legislation are the same — to provide access to safe medical care. This ruling paved the way for similar research in other states.²
1999	○ Montana's prohibition against PAs providing abortion is struck down by the Montana Supreme Court in 1999 in <i>Armstrong v. State</i>. The court holds that the statute violates the right to privacy, because the statute was a disguised attempt to limit patient access to abortion, and the legislation was not justified by a compelling state interest.³
2000	○ The Rhode Island Department of Health issues new regulations, which allow licensed health care practitioners to provide medical abortion.
2001	○ Connecticut's Attorney General issues an official opinion stating that Connecticut law permits APRNs, CNMs, and PAs to provide medical abortions.
2002	○ California passes the Reproductive Privacy Act, which permits any authorized health care provider to provide medical abortion. The passage of this law is a culmination of years of background preparation by Planned Parenthood Action Committee and California affiliates. This was the first state law to affirm the right of non-physicians in providing abortion care.
2004	○ The Washington State Attorney General issues an official opinion stating that nothing in State law prohibits NPs from providing medical abortion. ○ The Montana Board of Nursing ruled medication abortion is not outside the scope of practice of WHNPs.
2006	○ The Oregon State Board of Nursing determines that the performance of manual suction/aspiration abortion is not outside the scope of practice of a Family Nurse Practitioner given that the FNP is both educationally prepared and clinically competent.
2007	○ The Access through Primary Care (APC) Project (Demonstrating the Role of Advanced Practice Clinicians in Expanding Early Pregnancy Care) provides a legal waiver for the provision of early aspiration abortion by clinicians trained and offering services through the demonstration project.

¹ Medical, Aspiration (Suction), and/or Surgical

² On file with New York Civil Liberties Union.

³ *Armstrong v. State*, 1999 MT 261.

	o The New Jersey office of the Attorney General releases a favorable opinion regarding the provision of medical abortion by advanced practice nurses, although the ruling applies only to one particular clinic in the state
2009	o The Illinois office of the Attorney General issues an official opinion stating that Illinois law permits NP, CNM, and PAs to provide medical abortions.

Helpful Facts:

PAs and NPs provide nearly all of the approximately 800 abortions at PPNNE in Burlington each year, which is about one-fourth of all abortions performed in Vermont.

Since the 1980s, the University of Vermont has relied upon PAs at PPNNE in Burlington to provide training for their residents in out-patient gynecological services, including abortion. Presently PAs and NPs are providing 99% of all first and second- trimester abortions at PPNNE affiliates in NH and VT.

From January 1, 1981 to December 31, 1982, a comprehensive analysis of complication rates of 2,458 first-trimester abortions provided at PPNNE in Burlington compared the overall, immediate, and delayed complication rates of physicians and PAs providing early uterine evacuation and suction curettage. The study found that there is no difference in overall, immediate, or delayed complication rates between physicians and PAs providing abortion care.⁴

A sixteen-month study from July 1996 until October 1997 of 1,505 women having a first-trimester aspiration abortion compared the complication rates of PAs at PPNNE in Burlington, VT versus physicians at the Feminist Health Center of Portsmouth, New Hampshire. The study found that there is no difference in complication rates between physicians and PAs providing abortion care.⁵

Clinicians for Choice (CFC) is a membership organization affiliated with the National Abortion Federation (NAF), representing pro-choice certified nurse-midwives, nurse practitioners, and physician assistants working to increase access to comprehensive reproductive health care.

⁴ Freedman MA, Jillson DA, Coffin RR, Novick LF. Comparison of complication rates in first trimester abortions performed by physician assistants and physicians. American Journal of Public Health 1986; 76 (5): 550-554.

⁵ Goldman MB, Occhiuto JS, Peterson LE, Zapka JG, Palmer H. Physician Assistants as providers of surgically induced abortion services. American Journal of Public Health 2004; 94 (8) 1352-1357.