

# Care Churn: Why Keeping Clinic Doors Open Isn't Enough to Ensure Access to Abortion

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**The number of abortion clinics in a state is not the only way to judge access to abortion care - we must also assess the impact of abortion care churn.**

## Abortion Care Churn

Clinic-level instability of abortion care services and chronic uncertainty about the potential for closure or service delivery changes.



### SERVICES OFFERED

The comprehensiveness of abortion services that clinics offer (medication, telemedicine, and surgical abortions). These impact the ability of patients to obtain their preferred methods and the burden involved in obtaining them.



### GESTATIONAL LIMIT

The gestational limit to which facilities perform abortions, as imposed by the state, dictated by institutional policies, or the training of the available physician. This precludes care for patients whose pregnancies exceed that limit.



### AVAILABILITY

The number of days clinics are open per week, which may limit the number of patients a clinic can see and procedures it can perform.



### COST

How much clinics charge for procedures and how much financial aid that clinics can access for their patients. Cost is one of the most significant challenges cited by patients.



### WAIT TIME

How long patients wait to obtain an abortion. Most patients prefer to receive care earlier. Long wait times risk patients exceeding state- or clinic- imposed gestational limits.



### LEGISLATION

Restrictions imposed by state legislatures, executive actions, and public health orders, which can generate uncertainty around clinic status and sustainability.

## Public Health Implications

**Fluctuations in these dimensions of abortion care churn increase the burden on some patients by creating sometimes-insurmountable barriers of distance, cost, time, and information. Patients deserve to have policymakers, advocates, and healthcare workers who consider the multifaceted impacts of restrictions and abortion care churn on their access to abortion care.**

# CASE STUDY: TOLEDO, OHIO

## 2013 - 2018

The clinic and ODH experience a lengthy **legal battle** regarding the written transfer agreement.

## 2018

The Ohio Supreme Court rules that the Ohio Department of Health could **revoke the clinic's ambulatory surgical facility license** for failure to have a written transfer agreement with a local hospital.

The clinic **ceases providing surgical-abortion** services for 3 months while seeking a valid transfer agreement with a local hospital and re-establishing its surgical facility licensure with the state.

Abortion advocates **warn the public** about the Toledo clinic's likely closure, resulting in some patients seeking care elsewhere, believing the clinic had already closed.



## 2013

One of two abortion clinics in Toledo closes because it is unable to establish a **written transfer agreement**.

**The Ohio Department of Health** (ODH) deems the remaining clinic's written transfer agreement with a Michigan hospital to be insufficient because the hospital was located 52 miles away.

## 2017

The clinic's doctor is unavailable for six months. The clinic temporarily **reduces its operating schedule** from 3 days per week to 1 day per week.

## 2019

The clinic **secures the long-sought transfer agreement** with a Toledo hospital.

The Ohio legislature passes **a ban on abortion** after there is a detectable heartbeat (usually around 6 weeks' gestation).

The clinic **changes ownership**, thereby invalidating the existing transfer agreement and surgical license.

The clinic **limits its services** to medication abortion a few days per week and experiences **staff turnover**.

**The Columbus Dispatch announces** on Facebook that the "Last abortion clinic in Toledo shuts down," although it remains open.