

Backgrounder on Advanced Practice Clinicians and In-Clinic Abortions

Illinois is a critical access point in a post-Roe future. Nearly every state that borders Illinois is poised to ban abortion if Roe is overturned. This poses an immediate capacity challenge to abortion providers in the Land of Lincoln as patients will be forced to flee to Illinois for abortion care. Expanding the pool of providers is essential to sustaining abortion access in this state. That means following medical experts and data, which show advanced practice clinicians like nurse practitioners and physician assistants can and should provide in-clinic abortion care. Additionally, while Illinois has led the country in removing medically unnecessary anti-abortion restrictions, it falls behind on affirmative actions to allow advanced clinicians to provide aspiration abortions. Already, 13 states including California, Colorado, Hawaii, Maine, Massachusetts, Montana, New Hampshire, New Jersey, New York, Oregon, Vermont, Virginia, and Washington allow trained advanced practice clinicians to provide in-clinic abortions.

Safety and efficacy

Leading medical experts including the [American College of Obstetricians and Gynecologists](#) (ACOG) not only agree, they recommend removing unnecessary laws that limit the scope of practice of qualified advanced clinicians like nurse practitioners and physician assistants, allowing them to safely provide abortion services. In peer-reviewed studies like one published in the [American Journal of Public Health](#), data show trained advanced clinicians are more than qualified to provide this care.

Abortion is already one of the safest medical procedures. In-clinic aspiration abortion is similar to miscarriage management, IUD insertion and removal, and uterine biopsies, which advanced clinicians already safely provide. As the [National Academies of Sciences, Engineering, and Medicine](#), physician-only requirements are medically unnecessary barriers to abortion access and are not evidence-based practices.

Patients in a post-Roe reality

Reproductive Health Services of Planned Parenthood (RHS) in Fairview Heights, Illinois, estimates [14,000](#) additional patients from outside of its normal service areas will turn to the southern Illinois region for care in the first year after Roe is overturned. By the time these patients navigate their way — an average of 250 miles one-way — to southern Illinois, they will be beyond 11 weeks gestational age and unqualified to receive a medication abortion, which *is* currently the only method of abortion care Illinois allows advanced clinicians to provide. Expanding the pool of providers who can safely provide in-clinic procedures will allow RHS to better accommodate the impending surge of patients who can't access medication abortion with advanced clinicians.

In-clinic vs. “operative surgery”

The Nurse Practice Act and the Physician Assistant Practice Act of 1987 allow nurse practitioners and physician assistants to practice to the full scope of their training and education. Those practice acts allow advanced clinicians to perform “procedures” but prohibit them from

performing “operative surgery,” which the Illinois Supreme Court long ago defined as a subset of surgery “*requiring an incision or cutting.*”

In-clinic or aspiration abortion is not considered “operative surgery” under the state’s definition. In-clinic abortions do not involve incisions or cutting. Instead, it involves insertion of a suction cannula through the natural opening of the cervix. Insertion of medical instruments for gynecological care is already well within the practice of advanced clinicians, who routinely perform intrauterine procedures, like uterine biopsies and IUD insertions and removals.