



Timeline of Work to Enhance the Role of Certified Nurse-Midwives (CNMs), Nurse Practitioners (NPs), and Physician Assistants (PAs) in Abortion Care¹

Year	Detailed Events
1967	<ul style="list-style-type: none"> ○ Colorado, North Carolina, and California liberalize their abortion laws. ○ Between 1967 and 1973, approximately one-third of states reform their abortion laws. ○ UN Declaration on Population proclaims family planning a basic human right and established the UN Fund for Population Activities.
1970	<ul style="list-style-type: none"> ○ New York is the first state to legalize abortion.
1973	<ul style="list-style-type: none"> ○ <i>Roe v. Wade</i> is decided. ○ PAs in Vermont begin providing abortion care.²
1977	<ul style="list-style-type: none"> ○ A PA in Montana begins providing abortion care.³
1981	<ul style="list-style-type: none"> ○ Vermont Women’s Health Center (VWHC), currently known as Planned Parenthood of Northern New England, and Vermont Department of Health conduct a 2-year study comparing PA and medical doctor (MD) complication rates in first-trimester abortion. This is the first documented study on PAs providing abortion care. The study finds that there is no difference in overall, immediate, or delayed complication rates between physicians and PAs providing abortion care.⁴
1990	<ul style="list-style-type: none"> ○ The National Abortion Federation (NAF) and the American College of Obstetricians and Gynecologists (ACOG), with the support of the Ford Foundation and the George Gund Foundation, convene a symposium, “Who Will Provide Abortions? Ensuring the Availability of Qualified Practitioners,” to address the shortage of abortion providers in the U.S. The final symposium report includes the finding, “appropriately trained midlevel clinicians...offer considerable promise for expanding the pool of abortion providers” and recommends training for CNMs, NPs, and PAs.⁵ ○ At this time there are two states, Vermont and Montana, where PAs are known to be providing abortions.⁶
1991	<ul style="list-style-type: none"> ○ The National Association of Nurse Practitioners in Women’s Health (NANPWH), formerly National Association of Nurse Practitioners in Reproductive Health (NANPRH), passes a resolution stating, “Whereas, the purpose of the National Association of Nurse Practitioners in Reproductive Health is to assure quality reproductive health services which guarantee reproductive freedom and to protect and promote the delivery of these services by nurse practitioners, let it be resolved that NANPRH believes that nurse practitioners, with appropriate preparation and collaboration, are qualified to perform abortions.”⁷

¹ Please note that this timeline is most reflective of AAP, ARHP, Ipas, NAF, and Planned Parenthood involvement. Other organizations have done significant work as well, and their accomplishments are not necessarily fully discussed in this timeline.

² National Abortion Federation. “Strategies for Expanding Abortion Access: The Role of Physician Assistants, Nurse Practitioners, and Nurse-Midwives in Providing Abortions.” Recommendations from a National Symposium. Washington, DC: 1997.

³ Id.

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 National Abortion Federation. “Ensuring the Availability of Qualified Practitioners: Who Will Provide Abortions?” Recommendations from a National Symposium, 1995.

⁶ Id.

⁷ *Supra* n. 2.

	<ul style="list-style-type: none"> ○ The American Public Health Association (APHA) passes a resolution endorsing NAF Symposium recommendations and issues a statement, “APHA urges medical, nursing and public health schools, residency training programs, and midwifery and physician assistant programs to develop and incorporate materials on the medical need, procedures and technology, as well as history and public health aspects of abortion into current curricula.”⁸ ○ Members of the American College of Nurse-Midwives (ACNM) vote to rescind a 1971 statement prohibiting members from performing abortions, giving individual nurse-midwives the option to become involved with the provision of abortion services.⁹
1992	<ul style="list-style-type: none"> ○ The American Academy of Physician Assistants (AAPA) House of Delegates adopts a policy that supports PA involvement in abortion care.¹⁰
1994	<ul style="list-style-type: none"> ○ Clinical trials of mifepristone begin in the U.S. ○ The International Conference on Population and Development in Cairo affirms that women have the right to control the number and timing of their pregnancies. ○ ACOG issues a statement concerning the shortage of healthcare practitioners performing abortions. ACOG encourages the training of physicians and other licensed healthcare professionals to provide abortion services in collaborative settings.¹¹ ○ The New York Civil Liberties Union (NYCLU) works to obtain a Declaratory Ruling from the New York Department of Health (NYDH). The NYDH issues a Declaratory Ruling (December 20, 1994) stating that PAs can provide first trimester abortions in NY under their practice act, despite the state’s physician-only law.¹² 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 paves the way for similar research in other states.
1995	<ul style="list-style-type: none"> ○ AAP organizes Massachusetts chapters of Midwives for Choice, NPs for Choice, and PAs for Choice.
1996	<ul style="list-style-type: none"> ○ FDA issues an approvable letter regarding mifepristone in September. This indicates that FDA finds mifepristone safe and effective. FDA seeks additional information such as how the drug could be manufactured and distributed. ○ NAF, with funding from the Kaiser Family Foundation, convenes a symposium, “Strategies for Expanding Abortion Access: The Role of Physician Assistants, Nurse Practitioners and Nurse-Midwives in Providing Abortions.” ○ A sixteen-month study from July 1996 until October 1997 of 1,505 women having a first-trimester surgical abortion compares the complication rates of PAs at VWHC versus physicians at the Feminist Health Center of Portsmouth in New Hampshire. The study finds that there is no difference in complication rates between physicians and PAs providing abortion care.¹³
1997	<ul style="list-style-type: none"> ○ Clinicians for Choice (CFC) is founded and sponsored by NAF. ○ Supreme Court rules in <i>Mazurek v. Armstrong</i>, that the State of Montana can restrict the right of a PA to provide abortion care under the United States Constitution.¹⁴
1999	<ul style="list-style-type: none"> ○ Montana’s prohibition against PAs providing abortion is struck down by the Montana Supreme Court in <i>Armstrong v. State</i>. The court holds that the statute violated the Montana Constitution’s right to privacy.¹⁵
2000	<ul style="list-style-type: none"> ○ FDA approves mifepristone for distribution in the U.S.

⁸ The American Public Health Association. Policy Statement 9117: Access to Abortion Ensuring the Availability of Qualified Practitioners. APHA Public Policy Statements, 1948 to present, cumulative. Washington, DC. <http://www.apha.org/legislative/policy/99policy.PDF>.

⁹ ACNM Board Resolution, February 3, 1991.

¹⁰ Statement of American Academy of Physician Assistants House of Delegates (May 1992). <http://www.aapa.org/>

¹¹ Statement of ACOG Executive Board (January 1994).

¹² On file with New York Civil Liberties Union.

¹³ 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.

¹⁴ *Mazurek v. Armstrong*, 520 U.S. 968 (1997).

¹⁵ *Armstrong v. State*, 1999 MT 261.

	<ul style="list-style-type: none"> ○ AAP, NAF, and other organizations conduct legal research from 2000 to 2002 in states including Alaska, Arizona, California, Connecticut, Maine, Massachusetts, New Hampshire, Oregon, Rhode Island, and Washington. ○ Rhode Island Department of Health issues new regulations, which allow advanced-practice clinicians' (APCs) to provide medical abortion. ○ NAF and CAPS conduct regional training throughout the U.S. to prepare clinics to provide abortion care using mifepristone. One of the goals is to train APCs in medical abortion provision.
2001	<ul style="list-style-type: none"> ○ Connecticut's Attorney General issues an official opinion stating that Connecticut law permits APCs to provide medical abortions. ○ Ipas conducts a meeting in South Africa, exploring the role of nurses, nurse-midwives and APCs in the provision of abortion and menstrual extraction world-wide.
2002	<ul style="list-style-type: none"> ○ California passes the Reproductive Privacy Act, which permits APCs 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 is the first state law to affirm the right of APCs in providing abortion care. ○ Planned Parenthood CAPS conducts a seminar, "The Role of Advanced Practice Clinicians in Abortion Care." ○ The National Medical Committee of Planned Parenthood and the Board of Directors hear presentations about expanding the role of APCs in abortion care.
2003	<ul style="list-style-type: none"> ○ AAP conducts legal research in Idaho, Montana, New Mexico, and Illinois. ○ AAP, Association of Reproductive Health Professionals (ARHP), Clinicians for Choice (CFC), Ipas, NAF, Planned Parenthood, and other organizations come together to work on APC issues. ○ ARHP creates a position statement, "Improving Health Care Access and Patient Care through Collaborative Practice," that supports "the provision of reproductive health care services by all qualified health care providers."
2004	<ul style="list-style-type: none"> ○ AAP conducts legal research in Illinois, Iowa, and Wisconsin. ○ Washington State Attorney General issues an official opinion stating that nothing in State law prohibits NPs from providing medical abortion.
2005	<ul style="list-style-type: none"> ○ AAP conducts legal research in Maryland, Washington, DC, and West Virginia. ○ Planned Parenthood has expanded access to early abortion by providing medical abortion at 247 centers, 85 of which are sites that formerly provided family-planning but no abortion. APCs provide medical abortion at many of these sites. ○ University of California, San Francisco (UCSF) conducts research in California to assess legal and practical barriers to training APCs in first trimester aspiration abortion.
Present	<ul style="list-style-type: none"> ○ At this time, APCs are known to be providing medical abortion in 15 states and aspiration abortions in 6 states. ○ Planned Parenthood has provided medical abortion to 200,222 women since January 2001. About 56% of the medical abortions provided by Planned Parenthood centers are provided by APCs. ○ UCSF, in collaboration with Planned Parenthood affiliates and Northern California Kaiser Permanente, launches the Access through Primary Care (APC) Initiative. The goal of the APC Initiative is to demonstrate and evaluate the role of APCs in providing first trimester aspiration abortion as part of quality early pregnancy care.

* No single term adequately or accurately encompasses all three of the distinct professional groups discussed in this timeline. For brevity, we use the term "advanced-practice clinician" (APC) to refer to CNMs, NPs, and PAs. However, we recognize that the term APC has many limitations and does not reflect the unique training, context, and contributions of each of these professions in the U.S. healthcare system.