

THE CALIFORNIA HEALTH WORKFORCE PILOT PROJECT PROGRAM (HWPP #171)

Safety and acceptability of NPs, CNMs, and PAs as abortion providers

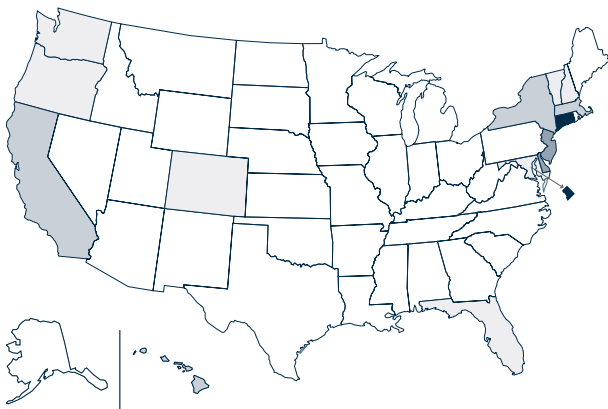
In 2013, California lawmakers passed legislation (AB 154) that expanded the pool of clinicians available to perform first-trimester abortions. This legislative change was grounded in the California Health Workforce Pilot Project #171 (HWPP-171), a six-year study that provided conclusive evidence that abortion is very safe, whether it is provided by a nurse practitioner (NP), a certified nurse midwife (CNM), a physician assistant (PA), or a physician.¹ The findings of HWPP-171 support the adoption of policies that increase access to abortion by increasing the number of health professionals qualified to perform first trimester abortions. The abortion care provided in this study received extremely positive ratings from large numbers of patients across 25 separate facilities. Study findings also affirm the acceptability of NPs, CNMs, and PAs as abortion care providers and their potential to expand the abortion care workforce.

What challenges do women face in obtaining abortion care services?

- 90% of U.S. counties lack an abortion provider¹ and 26-43% of women nationwide travel more than 50 miles to obtain abortion services.²

Counties with abortion providers³

0-20% 21-40% 41-60% 61-80% 81-100%



- Low-income women are more likely to receive their healthcare services, including reproductive healthcare,

from NPs, CNMs, and PAs, often in the setting of public health clinics.⁴

- Women are often unable to receive abortion care where they receive their primary sexual and reproductive health care, leading to unnecessary fragmentation of care.⁵
- Women who are unable to access early abortion care are often forced to obtain later abortions, which are known to be associated with increased risk.⁶

Are abortions provided by NPs, CNMs and PAs safe?

- First-trimester medication and aspiration abortions are one of the most common and safest gynecologic interventions in the United States, with rates of serious adverse events <0.1% and mortality rates ranging from 0-0.7 per 100,000 abortions.^{1,7,8,9}
- Numerous studies of abortions provided by NPs, CNMs, and PAs worldwide show that they are as safe as abortions provided by physicians trained in abortion care.¹⁰⁻¹²
- NPs/CNMs/PAs have been safely performing early aspiration abortion in five states (CA, MT, NH, OR, VT); these states do not have criminal laws or regulations restricting types of qualified, licensed clinicians.
- The California Healthcare Workforce Pilot Project #171 (HWPP #171) definitively demonstrated that there were no significant differences in safety or health outcomes between early aspiration abortions provided by the NP/CNM/PA group and those provided by MD/DOs.¹

What is the experience of women receiving abortion care provided by NPs, CNMs, and PAs?

- In the HWPP #171 study, women reported high satisfaction ratings (9.4/10) with abortion services whether they were provided by NPs, CNMs, PAs, or MD/DOs.¹
- Women appreciated the continuity of care when their primary care clinician provided their abortion care,

including pre- and post-abortion care as well as the procedure itself.^{1,13}

How are NPs, CNMs, and PAs trained to provide early abortion care?

- Training to competency and to a standard of care is the hallmark of all health professional education including abortion care training.
- The HWPP #171 study evaluated a standardized curriculum and training plan for primary care providers that used a competency-based, learner-centered model focusing on outcomes and using learner abilities as a starting point.¹⁴
- Objective and subjective measures were used to establish safety, competence, and confidence on the part of NP, CNM, and PA trainees and are now part of the standardized abortion care training program for primary care providers (NPs, CNMs, PAs and MD/DOs).^{1,14}

How can training NPs, CNMs, and PAs impact access to abortion care?

- NPs, CNMs, and PAs provide much of the primary reproductive care to underserved women. Reducing legislative and regulatory restrictions that prohibit these providers from practicing to their full scope of practice would substantially increase access to abortion services.⁷
- AB 154 does not expand or change the scope of practice for these health professionals. It simply allows them to maximize their existing skill set.
- Improved access to abortion care in local primary care settings would reduce the rate of abortions obtained after the first trimester due to lack of access.⁶
- Incorporating abortion care into settings where women receive their primary reproductive health care would promote continuity of care and minimize the incidence of untreated or delayed abortion-related incidents, since women would not be forced to travel prohibitive distances to obtain abortion care and/or follow up on abortion-related adverse events and morbidity.^{4,5,9,15}

How do the findings from the California HWPP study apply to other states?

- Many states have laws mandating that only licensed physicians may perform abortions.^{a,b} Most of these laws were enacted following the legalization of abortion in 1973, in an effort to protect women from unqualified

abortion providers. These physician-only provisions do not acknowledge the roles and experience of licensed NPs, CNMs, and PAs, whose scope of primary and specialty practice includes management of conditions and procedures significantly more complex than medication or aspiration abortion.^{3,16}

- Empirical findings from the HWPP-171 study provided California policymakers with compelling data, forming a strong evidence base to support legislation removing restrictions on who can provide early abortion procedures (AB 154) and where abortions can be provided safely (AB 980), thereby substantially increasing access to abortion care throughout the state. This empirical evidence as to the safety and acceptability of NPs, CNMs, and PAs as abortion providers can be used by policy makers, clinicians, and advocates seeking to remove barriers to abortion care access in other states that currently restrict abortion care to certain disciplines or locations.
- Findings from the California HWPP study clearly demonstrate that NP/CNM/PAs who are trained to competency in early abortion care are safe, acceptable abortion providers. These data can be used to modify abortion laws or seek Attorney General opinions to remove provider or facilities restrictions.
- Seeking an Attorney General Opinion or advocating for legislative change incorporating provider-neutral language may be an effective strategy in states where NPs, CNMs, and PAs are not abortion providers.⁵
- Findings can also provide evidence to state regulatory boards when challenges are made to professional regulatory boards related to abortion care and NP/CNM/PA scope of practice.⁵
- Since PAs are authorized to practice medicine under the supervision of a physician, supervising physicians could delegate abortion care provided the PA has been appropriately trained in the safe and competent provision of these services.⁵
- Position statements and advocacy activities by professional organizations such as the American Public Health Association (APHA),² the American Nurses Association (ANA),¹⁷ the Association of Reproductive Health Professionals (ARHP),^{18,19} the National Association of Nurse Practitioners in Women's Health (NPWH),²⁰ the American College of Nurse Midwives (ACNM),²¹⁻²³ the American Association of Physician Assistants (AAPA),²⁴ and Physicians for Reproductive Health (PRH)²⁵ can influence legislators and other stakeholders concerned with expanding access to comprehensive reproductive health care.⁵

Endnotes

^aFor an overview of state laws related to abortion, see the Guttmacher Institute website, www.guttmacher.org/statecenter/spibs/spib_OAL.pdf

²Contact the Abortion Access Project (www.abortionaccess.org) or the National Abortion Federation (www.prochoice.org) to determine which states have physician-only laws for abortion provision.

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