NATIONAL ABORTION FEDERATION

STRATEGIC PLAN

2026-2031

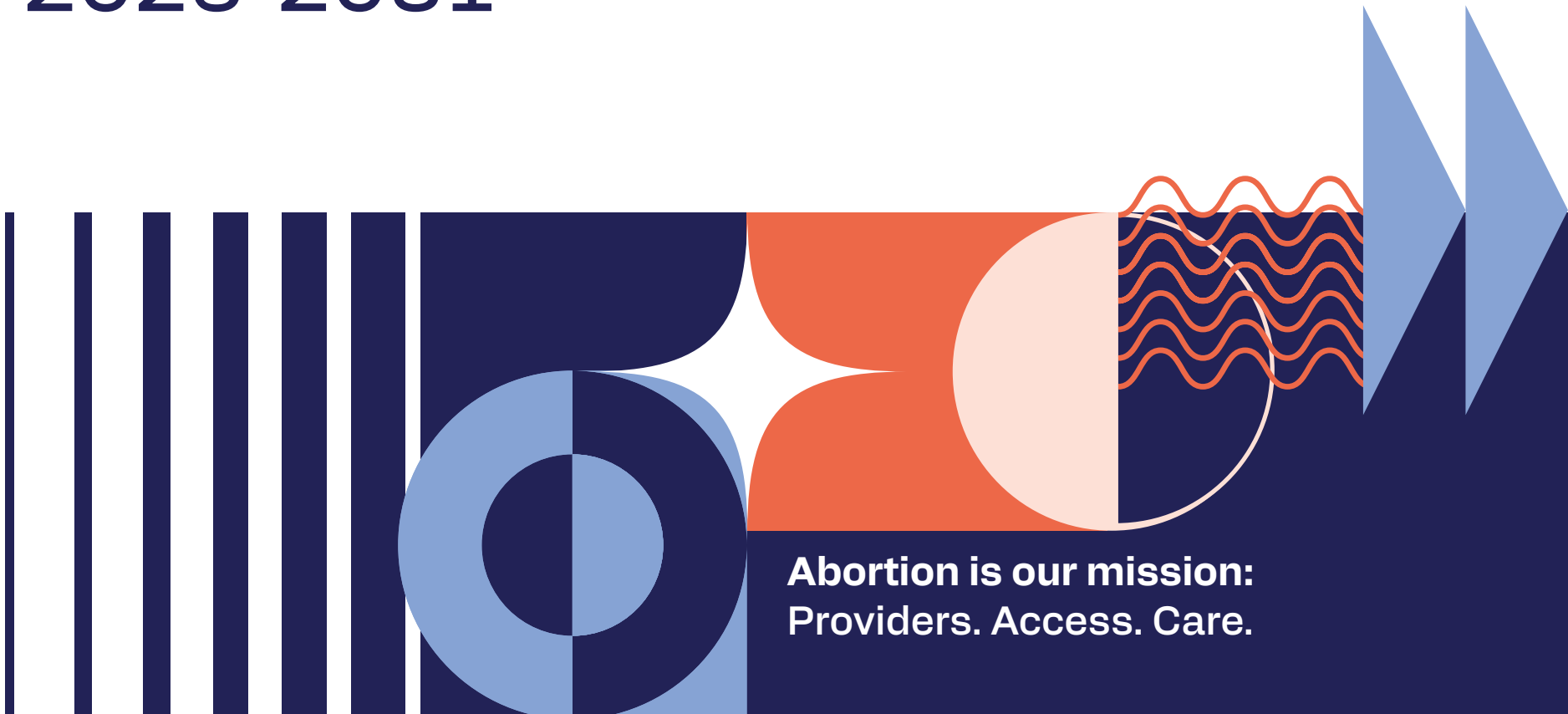


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MESSAGE TO OUR COMMUNITY MEMBERS





“In unity, there is strength.”

-Shirley Chisholm

Dear Community Members,

Thank you for your strong support, commitment to care, and powerful partnership over the years, as we collectively work to make high-quality abortion accessible to all people.

Together, we have weathered unimaginable storms in the past few years as access to abortion has been systemically attacked and dismantled by extremists. Now we are navigating the most hostile landscape for abortion care and access in half a century. At the same time, NAF has undergone significant organizational transitions and grappled with challenging decisions that have adversely affected our programmatic impact, trust, and relationships within the membership and movement. We want to apologize for the harm that was caused and recommit to building trust and learning from the past as we plan for the future.

With this context as our backdrop, we embarked on a values-driven strategic planning and visioning process to chart the course of NAF’s next chapter. We are grateful to the many members, board directors, staff, partners, and funders in the field that participated in this process by sharing feedback and ideas. We want to say that we heard you – loud and clear.

It is your feedback, combined with rigorous access landscape analysis, data assessment, and expertise from our staff and board of directors that led to **a new mission, vision, and theory of change to guide our work and strengthen our impact** so that NAF can better meet the moment – today and in the future.

We’re so excited to share where we’ve landed. More than a strategic plan, **this is an organizational reset and an evolution to become who and what we need to be for the future of abortion access.**

First, we want to be crystal clear about who we are, what we do, and the impact we want to have in this world. NAF is the national professional association of abortion providers in the U.S. **Together, with our members, we are the experts on abortion care.** We are a trusted source of information and support for people providing abortion care and people who want abortion care. Underpinning all of our work is our unwavering commitment to diversity, equity, inclusion, and anti-racism.

Over the next five years, we will be laser-focused on the priorities and strategies outlined in the coming pages with the aim to achieve our intended outcomes. All of our work will be guided by our north star, or the ultimate impact we want to have in the world, which is **to make abortion care safe, accessible, and equitable.**

Now more than ever, we must come together, boldly and unapologetically – **because in unity, there is strength.** NAF was founded by abortion providers who were radical and unapologetic in their pursuit of abortion access. As we step into this next chapter nearly 50 years later, one constant remains clear: **We won’t back down. Not then. Not now. Not ever.**

In solidarity,

Brittany Fonteno

Melissa Grant

Brittany Fonteno
President & CEO

Melissa Grant
Board Chair

EXECUTIVE SUMMARY

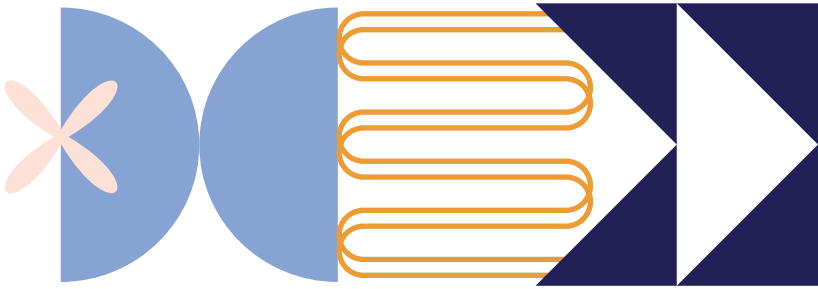
OVERVIEW

We stand at a crossroads in the United States. For 49 years, abortion was legal throughout the country and the National Abortion Federation (NAF) was the place that supported providers to offer the safest and most accessible care possible through our groundbreaking clinical policy guidelines, training and technical assistance, hotline, security services, staffing support, and other services. We took what we learned and supported abortion providers in other countries, namely in Latin America and Canada. Like many in our movement, we struggled against the onslaught of anti-abortion legislation and terror directed towards us. Today, the legal status of abortion has eroded into a complex patchwork varying by state and the work we do is more challenging than ever. Abortion providers are under relentless strain and threat, and access to care remains dependent on who you are, where you live, and how much money you have.

Yet one truth remains certain: Abortion is a fact of life. Women and pregnant people have always and will always need abortions. Because of this, there will always be abortion providers and NAF will be there to support them. So how will we meet this moment to ensure that our vision of safe, accessible, and equitable abortion care is realized?

This strategic plan is the culmination of a rigorous process led by our Board of Directors, who are our members, and our President & CEO. The 15-month process included connecting with many movement partners, staff, funders, and, most importantly, by listening deeply to our members. At this moment of change, we recognize that we too must change. At the crossroads, NAF is choosing to reinvigorate our bonds with our members by centering member engagement as a top priority. NAF is choosing to innovate and to support members to respond to rapidly changing conditions, recognizing that we do not have all the answers we need yet, but together we can create them. We will be bold, try new ways of working, and chart new paths forward. NAF is choosing to keep abortion front and center, clear-eyed and determined to shape the policies and public narrative with abortion spoken proud and out loud.

Thank you for continuing to partner with us. Onward.



EXECUTIVE SUMMARY

STRATEGIC PLANNING PROCESS

Strategic planning consultant, Miriam Yeung, guided the full NAF Board of Directors, a select Board strategic planning committee, senior staff leaders, and a staff committee through an extensive process designed to facilitate alignment and innovation.

We gathered data from over 115 members, partners, staff, and funders through an all member survey, an all-staff survey, eight focus groups, and 25 one-on-one interviews about what NAF does well, where we could improve, and what threats or opportunities are on the horizon. In summary here's what we heard:

- In terms of strengths, we heard that members value NAF's *Clinical Policy Guidelines*, technical support, and the quality assurance program. We heard that members feel connection and community through our Annual Meeting, that NAF is the only organization to offer security support, and that the National Abortion Hotline's patient assistance program is a critical resource for many.
- People shared that they want clarity around how the Hotline and its funding intersect with NAF. In particular, during the time of data collection, we heard a lot of anger and disappointment in previous decisions that NAF made. There was overwhelming feedback that NAF plays it too safe.
- Regarding attacks on abortion, members reaffirmed that NAF needs to be abortion-focused and to speak more loudly about the experiences of abortion providers, and in particular, to tell the stories of later abortion care.
- International members shared that we need to reorient in relation to global work, and be clear about our focus given the U.S. is in an abortion access crisis.

With this feedback in hand, the Board and staff developed a new guiding strategic framework for NAF, including refreshed mission and vision statements and clear commitments of who we are, who we support, and what the ultimate impact is that we aspire to achieve.



EXECUTIVE SUMMARY

NAF STRATEGIC FRAMEWORK



Mission

NAF unites, supports, and represents abortion providers and the people they serve, in pursuit of accessible and equitable abortion care.

Vision

NAF envisions a just society where abortion care is a basic part of health care. Providers will thrive in communities, empowered to deliver expert care that is safe, accessible, and equitable for all people – no matter who they are, where they live, or how much money they have.

Who We Are

NAF is the national professional association of abortion providers. We are the experts on abortion care. We are a trusted source of information and support for people providing abortion care and people who need abortion care.

Who We Support

We work across the U.S.[1] with abortion providers and the people they serve.

What We Do

NAF works towards these ends through four main pillars: 1) we grow a strong membership base to support abortion providers in delivering care to patients 2) we set, support, and train providers on the latest evidence-based standards for abortion care 3) we connect people who need care with information and funding and 4) we represent providers and people who need care in the fight for abortion access.

[1] In this strategic plan, NAF recognizes that the emergencies occurring in the United States requires focused attention. Global members will continue to be recognized and have access to certain resources but NAF will cease our official global programs. Our global partners have expressed understanding and know that the U.S. is a potent force on the global stage and actions in the US inevitably impact people more broadly.

EXECUTIVE SUMMARY

NAF STRATEGIC FRAMEWORK

Strategic Organizational Priorities

To carry out our mission and deliver us to our vision, NAF will focus on five organizational priorities over the next five years:

1. Strengthen and expand NAF services to better support providers' ability to innovate and deliver safe, equitable care
2. Evolve the Hotline to streamline access
3. Develop organizational sustainability
4. Build our ability to protect and expand abortion access by representing providers and patients
5. Shape the public understanding of abortion care, with a focus on later abortion

Visionary Outcomes

NAF works to ensure that 1) providers have the knowledge, resources, and support to deliver expert care and that 2) people have the information and resources they need to access abortion care.

Impact

NAF's north star and the ultimate impact we want to have in the world is simple: **safe, accessible, and equitable abortion care.**



REINTRODUCING



NATIONAL
ABORTION
FEDERATION

Abortion is our mission:
Providers. Access. Care.

WITH A NEW:

MISSION

NAF unites, supports, and represents abortion providers and the people they serve, in pursuit of accessible and equitable abortion care.

VISION

NAF envisions a just society where abortion care is a basic part of health care.
Providers will thrive in communities, empowered to deliver expert care that is safe, accessible, and equitable for all people – no matter who they are, where they live, or how much money they have.

NAF'S NEW MISSION & VISION

As the abortion access landscape rapidly changes, NAF must also evolve to meet the present moment and the future of care. NAF's new mission and vision are the foundation for a new strategic framework that guides our organizational priorities and investments, staff's daily work, and the outcomes we aim to achieve. It also serves as an organizational reset, as we seek to define ourselves and shift how we show up in the movement for abortion access and beyond. At the forefront of this is NAF's new mission and vision.

NAF's new mission is to unite, support, and represent abortion providers and the people they serve, in pursuit of accessible and equitable abortion care. In connection to our previous mission, we kept our core purpose of uniting, supporting, and representing abortion providers. Especially at this time, NAF's unique role as the "big tent" and a unifying force for all abortion providers and their allies, has never been more important than it is today. In a change, we are bringing the people who need abortion care and are served by providers into the big tent. This change acknowledges a critical part of our work within our largest program, by bringing NAF and the National Abortion Hotline together under a shared mission. We know that it will take all of us, united together, in the fight for abortion access. And part of that fight is a new aim to make impacts to the broader culture, systems, and institutions of our society so that abortion care is more equitable and accessible for all people.

Our new mission connects to our new vision. The essence of visions is meant to be audacious and contagious: our big, bold dreams for our shared future if we are one day successful in delivering on our mission. **We envision a just society where abortion care is a basic part of health care.** Where providers will thrive in communities, empowered to deliver expert care that is safe, accessible, and equitable for all people – no matter who they are, where they live, or how much money they have.

As the professional organization of providers, we know that abortion is basic health care. In the world we want to create, everyone else will see it that way too. We want to support providers in shifting from just surviving to thriving, as integral members of communities who are empowered with the resources and information you need to serve people who need care. We are proudly reclaiming the narrative from anti-abortion extremists and proclaiming that abortion is safe – at a time when attacks on its safety and efficacy are ramping up – and using language that is relatable and accessible for all people. Finally, we're doubling down on our DEIA values through our unwavering commitment to fighting until every person has access to the abortion care they need and deserve, "no matter who they are, where they live, or how much money they have."

THEORY OF CHANGE

Strategic Organizational Priorities

Within this new strategic framework, NAF will be laser-focused on five strategic organizational priorities over the next five years:

1. Strengthen and expand NAF services to better support providers' ability to innovate and deliver safe, equitable care
2. Evolve the Hotline to streamline access
3. Develop organizational sustainability
4. Build our ability to protect and expand abortion access by representing providers and patients
5. Shape the public understanding of abortion care, with a focus on later abortion

Visionary Outcomes & Impact

The work of NAF will translate these priorities into the programs and activities that support members each day in order to achieve our intended outcomes and impact. The visionary outcomes we aim to achieve are two-fold:

1. Abortion providers will have the knowledge, resources, and support to deliver expert care
2. People will have the information and resources they need to access abortion care.

Ultimately, the impact we aspire to have in the world is to make abortion care safe, accessible, and equitable.

COMMITMENT TO DIVERSITY, EQUITY, INCLUSION, & ANTI-RACISM

NAF remains deeply committed to our diversity, equity, inclusion and anti-racism (DEIA) core values. We recognize that abortion bans and stigma are rooted in white supremacy and oppression, and in order to fully deliver on our mission and realize our vision, DEIA must be central to our work. At NAF, these core values include equity, inclusivity, integrity, respect, transparency, and trustworthiness. These values guide our work and interactions each day.

THEORY OF CHANGE:
STRATEGIC ORGANIZATIONAL PRIORITIES AND OUTCOMES

ORGANIZATIONAL PRIORITY	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES	VISIONARY OUTCOMES
Strengthen and expand NAF services to better support providers' ability to innovate and deliver safe, equitable care	▪ Members will be engaged and satisfied with NAF services. ▪ NAF will be the standard-bearer for how to deliver high-quality, safe, and equitable abortion care. ▪ Members will see NAF as a valuable partner in efforts to innovate within the sector.	Inequities in abortion care and experience will decrease and quality of care will increase.	**Abortion providers will have the knowledge, resources, and support to deliver expert care.** **People will have the information and resources they need to access abortion care.**
Evolve the Hotline to streamline access	▪ More people will know about and use the Hotline to access information and care. ▪ The Hotline will provide more resources and supports for people who need abortion care.	People will connect to providers and access high-quality, safe, and equitable care as quickly and effectively as possible.	
Develop organizational sustainability	▪ Staff will see NAF as a great place to work with culture, processes, and impact as retention factors. ▪ NAF will have increased financial sustainability to carry out its mission and achieve its vision. ▪ NAF's board will have expert and diverse volunteer leaders who catalyze the mission, vision, and theory of change.	Abortion providers and the patients they serve will always have a strong network, resource, and advocate for care and access.	
Build our ability to protect and expand abortion access by representing providers and patients	▪ Policymakers, advocates, and media will have a better understanding of abortion care and access, as well as more accountability to abortion providers and patients. ▪ The work and experiences of abortion providers and patients will be more normalized.	Abortion will be seen as basic health care and accessible to people who need and want it.	
Shape the public understanding of abortion care, with a focus on later abortion	▪ The work and experiences of later providers and patients will be more normalized. ▪ The public will better understand the reasons people need abortion throughout pregnancy.	Abortion throughout pregnancy will be more normalized as part of people's reproductive experiences.	

THEORY OF CHANGE: A CLOSER LOOK

PRIORITY #1:
Strengthen and expand NAF services to better support providers' ability to innovate and deliver safe, equitable care

STRATEGIES

1. Strengthen member experience and satisfaction
2. Support delivery of abortion care that is high-quality, safe, and equitable
3. Reimagine security for a changing landscape
4. Foster innovation in abortion care
5. Support a skilled and diverse workforce

FIVE-YEAR OUTCOMES

- Members will be engaged and satisfied with NAF services.
- NAF will be the standard-bearer for how to deliver high-quality, safe, and equitable abortion care.
- Members will see NAF as a valuable partner in efforts to innovate within the sector.

KPIs:
survey data, clinical quality & equity indicators, resources & tools, number of member engagements, trainings, and innovation pilots

LONG-TERM OUTCOME
Inequities in abortion care and experience will decrease and quality of care will increase.

THEORY OF CHANGE: A CLOSER LOOK

PRIORITY #2:
Evolve the Hotline to streamline access

STRATEGIES

1. Reposition the Hotline to become more public facing
2. Build the Hotline for the future of abortion access
3. Develop efficiencies to strengthen patient and provider experience
4. Build firewalls to protect the organization's ability to deliver on its mission

FIVE-YEAR OUTCOMES

- More people will know about and use the Hotline to access information and care.
- The Hotline will provide more resources and supports for people who need abortion care.

KPIs:
hybrid digital engagement, patient data, number of abortions and travel/logistic cases funded, percentage increase in digital brand engagement, number of positive media stories and partnerships, money fundraised

LONG-TERM OUTCOME
People will connect to providers and access high-quality, safe, and equitable care as quickly and effectively as possible.

THEORY OF CHANGE: A CLOSER LOOK

PRIORITY #3:
Develop organizational sustainability

STRATEGIES

1. Diversify and grow revenue to bolster programs and operations
2. Cultivate a culture of equity and excellence through continuous learning and development
3. Create stronger connection and engagement
4. Fortify internal infrastructure with automation and efficiency
5. Evolve the board to support catalyzing NAF's new mission, vision, and theory of change

FIVE-YEAR OUTCOMES

- NAF will be seen as a "best place to work" within the field.
- NAF will have increased financial sustainability to carry out its mission and achieve its vision.
- NAF's Board will have expert and diverse volunteer leaders who catalyze NAF's mission, vision, and theory of change.

KPIs:
staff survey data, percentage of applications and retention, money fundraised, fees for service, net assets, board composition & percentage of engagement

LONG-TERM OUTCOME
Abortion providers and the patients they serve will always have a strong network, resource, and advocate for care and access.

THEORY OF CHANGE: A CLOSER LOOK

PRIORITY #4:
Build our ability to protect and expand abortion access by representing providers & patients

STRATEGIES

1. Re-establish NAF as a key voice in federal policy and advocacy
2. Challenge abortion access restrictions in court
3. Unite providers, patients, and allies in support of abortion access
4. Represent abortion providers and patients in broader health spaces

FIVE-YEAR OUTCOMES

- Policymakers, advocates, and media will have better understanding of abortion care and access, as well as more accountability to abortion providers and patients.
- NAF will help normalize the work and experiences of abortion providers and patients.

KPIs:
number of new partnerships, amicus briefs, briefings, anti bills defeated, and court challenges

LONG-TERM OUTCOME
Abortion will be seen as basic health care and accessible to people who need it.

THEORY OF CHANGE: A CLOSER LOOK

PRIORITY #5:
Shape the public understanding of abortion, with a focus on later care

STRATEGIES

1. Build a strong public brand that is bold on abortion
2. Amplify the voices of abortion providers and patients in public
3. Serve as a resource for later abortion
4. Shift culture to normalize abortion throughout pregnancy

FIVE-YEAR OUTCOMES

- NAF will have positive top-of-mind brand awareness with target audiences.
- The experiences of later providers and patients will be more normalized.
- The public will better understand the reasons people need abortion throughout pregnancy.

KPIs:
public polling, number of positive media hits, website traffic, digital engagement, and provider and patient stories

LONG-TERM OUTCOME
Abortion throughout pregnancy will be more normalized as part of people's reproductive experiences.

NATIONAL ABORTION FEDERATION HISTORY

We remember our past as we create our future

Since 1977, NAF has filled the traditional role of the medical "establishment"—to ensure the safety and high quality of abortion practice—with standards of care, protocols, and medical education.

The original vision for NAF took shape at the first national symposium on abortion after *Roe v. Wade* and was held on March 5-7, 1976 in Knoxville, TN. During the symposium, two providers, Penny Steenblock and Joan Crowley, suggested those interested in founding a national organization of abortion providers meet immediately following the last session. The 25 or so people who stayed, a mixture of non-profit providers, independent clinic owners, and other interested parties, discussed the need for a provider-driven organization. A committee was formed to plan the creation of the National Association of Abortion Facilities (NAAF).

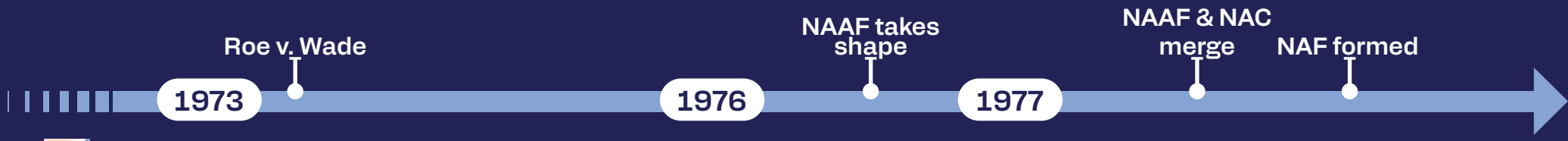


As NAAF began to take shape, some committee members felt that their vision of a national professional association concerned primarily with standards of care and access for all was at odds with the emerging mission of NAAF, which was shaping up to be primarily a provider service organization driven by independent, freestanding clinics that felt excluded from various national configurations of providers. These members split off from NAAF and founded their own national professional organization called the National Abortion Council (NAC).

Throughout 1976, both NAAF and NAC established priorities and held national meetings. However, there was a growing push from national leaders in the reproductive rights movement for the two organizations to work toward a merger and form one single provider organization. Leaders from both groups joined other national leaders in the field to form a merger committee. The committee agreed to call the new organization the National Abortion Federation (thus almost preserving the NAAF initials) and to adopt the NAC model of equal representation for all types of providers.

A key provision of the merger plan was a complex and weighted system of board membership from the various provider groups (profit, non-profit, doctors' offices, feminist clinics, Planned Parenthood clinics). The NAAF and NAC boards voted on January 29, 1977, in Washington DC, to merge and become the National Abortion Federation (NAF), and the membership approved by mail vote.

Frances Kissling served as NAF's first Executive Director. The NAF offices were moved to East 58th Street in New York City and sublet from Population Services International. Plans were laid to recruit more provider members; committees went to work on issues related to standards, training, legal rights, and public education; and the board held long, often argumentative but productive meetings about abortion practice, diversity,



NATIONAL ABORTION FEDERATION HISTORY

We remember our past as we create our future

organizational goals, and the needs and rights of women and pregnant people, providers, and the public. Other funding sources were solicited, bylaws were written, and more and more clinics decided to join NAF in an effort to promote access to safe, legal abortion care.

In the early days of NAF, our challenges were focused on gaining acceptance by the reproductive rights community, visibility among the funders, and creating a public image that was tied to standards. The Hyde Amendment had already passed, and providers were accused of being profiteers who were solely interested in making money. However, early NAF members were proud that they had created a completely innovative model of health care at a time when there were no outpatient surgical centers except for our clinics who were pioneering counseling, and efficient, quick care at a reasonable cost.

Setting standards for this new model of care became urgent, particularly in light of the politics surrounding abortion and the growing anti-abortion movement. In 1978, NAF published the first edition of the NAF Standards for Quality Abortion Care. These standards evolved into the *Clinical Policy Guidelines for Abortion Care*, which continue to set the standards for quality abortion care in North America today.

The desire to set quality standards also led to the founding of the Hotline. Just as we were launching our first set of standards in 1978, an exposé on the quality of care at Chicago abortion clinics started to gain national coverage and ignited a conversation about abortion practices and how to find a safe provider. ABC's 20/20 program planned to cover the issue and reached out to NAF in advance of the story airing. NAF's three full-time staff, led by our second Executive Director Uta Landy, jumped into action. They held an emergency conference call with the Executive Committee of the Board, which resulted in a decision to launch a hotline focused on consumer education to help people find reputable clinics.

Within a week, the staff created a brochure with key questions to ask when making an appointment at a clinic, established an 800-hotline number, and hired a new hotline operator. They were able to get the telephone company to set up the number in a week, and the lines went live just a short time before the 20/20 segment aired, so the number could be shared during the broadcast. When the new Hotline number appeared on 20/20, the phones immediately started ringing, and the entire NAF staff of four began answering the flood of calls. For many years, the Hotline served as a critical information and referral source to help callers





NATIONAL ABORTION FEDERATION HISTORY

We remember our past as we create our future

navigate state laws and find high-quality providers. In November 2007, NAF secured a multi-million-dollar donation that allowed us to expand our services and subsidize the cost of abortion care for eligible patients through our Justice Fund. This Fund has allowed us to help meet the tremendous unmet needs of patients attempting to access abortion care and profoundly changed the way NAF and our members directly serve people who need care. Since 2007, we have provided financial assistance for more than 1 million patients through the Justice Fund.



From the very beginning, NAF has been committed to developing quality educational resources and providing continuing medical education for members. In 1977, the newly formed NAF held its first annual meeting in Denver, CO. Seventy-five institutional members from the former NAC and NAAF groups participated.

The program in Denver included NAF's first post-graduate courses: one on Counseling and one on Medical Aspects of Abortion. The 1978 Annual Meeting in San Francisco, CA established the pattern for future meetings, which have continued to expand in content and in attendance every year. Today, NAF meetings bring together more than 1,200 abortion providers, advocates, and researchers and offer an important community in addition to educational opportunities.

NAF and our members have always been at the forefront of new technologies and innovative patient care. In the 80s, we convened Risk Management Seminars where we addressed medical innovations and legal issues. We held a Seminar on Ultrasound before it was routinely used in abortion care. We also convened a landmark Risk Management meeting on D&E, when European colleagues were starting to document evidence of its techniques and safety. Through their work to expand access to abortion care throughout pregnancy, NAF's pioneering members were responsible for providing patients in the U.S. with an alternative to induction abortions later in pregnancy.

In the mid-90s we worked to address the emerging crisis in abortion service delivery and to identify the key issues and problems behind the abortion provider shortage. We launched an Access Initiative Program, which supported the founding of Medical Students for Choice, and we developed a Clinical Training Curriculum in Abortion Practice, which was a complete training resource for use in medical residency programs and in smaller-scale instructional programs.

NAF was the first organization to conduct training in medication abortion. In conjunction with Planned Parenthood Federation of America, we brought together researchers, clinicians, and legal experts to develop clinical protocols for the use of methotrexate in early abortions in the mid-90s. After mifepristone was



NATIONAL ABORTION FEDERATION HISTORY

We remember our past as we create our future

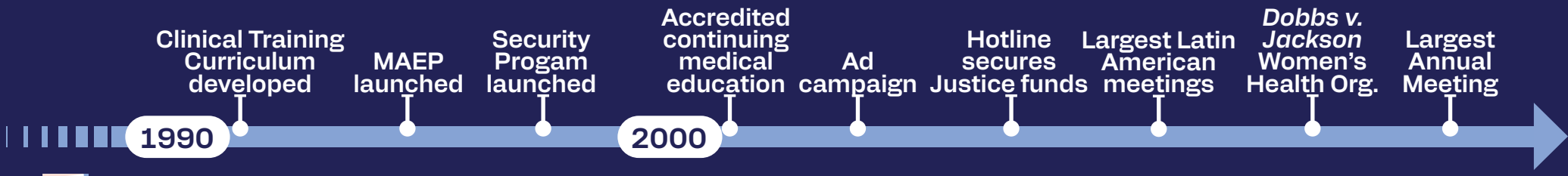
approved in the U.S., we launched a Medical Abortion Education Project (MAEP) and led efforts to educate health care providers and patients about this new, safe option for early abortion care.

In 2000, we developed accredited continuing medical education programs to deliver medical abortion education to health care professionals and conducted "training of faculty" programs, which reached more than 8,000 participants by 2002. We also conducted a national magazine ad campaign with public service ads to let people know that mifepristone was safe and available. Altogether, the ads ran in 33 issues of 14 magazines and were placed to reach 70% of women in the U.S. between the ages of 18 and 49.

After *Roe*, there was an organized campaign by anti-abortion extremists that resulted in escalating levels of violence against abortion providers. In their efforts to end abortion access nationwide, anti-abortion extremists have repeatedly demonstrated their willingness to disobey the law and obstruct people's access to essential reproductive health care. Anti-abortion picketing and clinic blockades quickly led to the first clinic arson in 1976 and a series of bombings in 1978. Members of the anti-abortion group, the Army of God, bombed the NAF office in Washington, D.C., along with several abortion clinics and the office of the ACLU in 1984. In the 1990s, anti-abortion extremists found new tactics to impede access to abortion care by using butyric acid to vandalize clinics and anthrax threat letters to frighten clinic staff. Around the same time, some anti-abortion extremists concluded that murdering providers was the only way to stop abortion. NAF member Dr. David Gunn was the first provider to be murdered in 1993. In response to the increasing needs of our members, NAF launched a dedicated program to provide security support in the mid-90s. Today, our comprehensive security program is one of our most-utilized member benefits and provides 24-hour emergency response, crisis management support, professional security audits, staff preparedness training, and assistance in communications with law enforcement officials.



In the last nearly 50 years, our membership has also continued to grow and diversify, and today includes physicians, advanced practice clinicians, nurses, counselors, administrators, and other medical professionals in addition to independent clinics, Planned Parenthood affiliates, doctors' offices, hospitals, and virtual providers.



HIGHLIGHTS OF ACCOMPLISHMENTS & IMPACT

1. In 1978, we established a national, toll-free abortion hotline. Since then, we have expanded our hotline operations to connect callers with information about abortion and quality providers, and to provide case management support and financial assistance for more than 100,000 patients each year.

2. In 1990, NAF convened a national symposium, co-sponsored by the American College of Obstetricians and Gynecologists (ACOG), to explore the emerging crisis in abortion service delivery, to identify the key issues and problems behind the abortion provider shortage, and to create strategies to address the problem. NAF's Access Initiative Program was designed to implement the recommendations that emerged from the Symposium.

3. In 1996, in response to federal abortion ban proposals, NAF took the lead in bringing forward courageous patients to tell their stories, including bringing five women and their families to the Oval Office to meet with President Bill Clinton. President Clinton's decision to veto the so-called "Partial Birth Abortion Ban" Act in 1996 was a direct result of the personal stories he heard from the patients and families he met through NAF. He continued to cite these patients in his decision to veto this dangerous legislation again in 1997.

4. In 1996, NAF was the first organization to conduct training in medication abortion. In conjunction with Planned Parenthood Federation of America, we brought together researchers, clinicians, and legal experts to develop clinical protocols for the use of methotrexate in early abortions.

5. In 1996, NAF's Clinical Policies Committee completed a multi-year project of research, review, and documentation with the publication of the only *U.S. Clinical Policy Guidelines* on abortion care. The guidelines, based on a rigorous review of the relevant medical literature and known patient outcomes, reflect the parallel movement of the broader medical community toward evidence-based medicine. The guidelines are updated and re-issued every two years and continue to set the standards for abortion care in North America.

6. In 1996, We convened a national symposium on the role of midlevel clinicians—physician assistants (PAs), certified nurse midwives (CNMs), and nurse practitioners (NPs)—in providing abortions and expanding abortion access. The symposium brought together key leaders and policymakers from the three midlevel professions and major reproductive health organizations. They found that appropriately trained midlevel clinicians possess the skills and expertise to perform safe, elective first trimester abortion procedures. Findings from this symposium helped pave the way for advanced practice clinicians to challenge physician-only laws and document that their scope of practice includes providing abortion care.

7. In 1999, NAF published our first textbook, *A Clinician's Guide to Medical and Surgical Abortion*, which filled the gap for an up-to-date, comprehensive clinical text on surgical and medication abortion. A second edition was published in 2009.

8. We conducted a national magazine ad campaign with public service ads to let women and pregnant people know that mifepristone was safe and available to them for early abortions, and that they could find additional information and referrals to qualified abortion providers through NAF's hotline and website. Altogether, the ads ran in 33 issues of 14 magazines and were placed to reach 70% of women between the ages of 18 and 49.

9. In 2009, we secured funding to allow us to subsidize abortion care for patients in need through the Hotline's Justice Fund. Since this time, the Hotline has provided financial assistance to more than 1 million patients.

10. NAF held our largest Latin American meetings to date, with 550 people attending our special Congress in Mexico City to celebrate the 10th anniversary of legal abortion in Mexico City, and 549 people attending our second South American Congress held in Lima, Peru.

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We are excited to launch our new strategic plan and vision.
We invite you to join us in the fight for safe, accessible,
and equitable abortion care.

Learn more at www.prochoice.org
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Abortion is our mission:
Providers. Access. Care.