

ABORTION NEEDS AND AVAILABILITY IN NEW JERSEY 2025 UPDATE

**A Report Prepared for the New Jersey Family Planning League
October 2025**

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EXECUTIVE SUMMARY

New Jersey remains a critical access point for abortion care in a shifting national landscape. This 2025 update documents meaningful changes in service delivery and access since our [prior 2023 report](#) and highlights ongoing policy and programmatic needs. Using a publicly available scan of abortion providers, this report reflects real-world access as experienced by patients.

Key Findings



Abortion numbers continue to rise: In 2024, approximately 59,780 abortions were provided in New Jersey, a 25% increase since 2020 and more than double the national growth rate. Most patients are state residents, but over 3,000 traveled from out of state, reinforcing New Jersey's role as a regional access point.



More providers, especially via telehealth: As of May 2025, we identified 60 providers statewide—42 brick-and-mortar clinics and 18 telehealth-only providers—up from 48 in 2023. Telehealth accounted for 11% of abortions in NJ from June to December 2024.



Persistent geographic disparities: Six counties lack an abortion clinic, and others offer only limited services. New clinics in Atlantic and Camden Counties represent meaningful progress, but gaps remain in southern and rural areas.



Majority of abortions are now done with medication: Medication abortion accounted for 57% of NJ abortions in 2023, driven by telehealth expansion and patient preference. While this increases access, procedural options remain essential for comprehensive, patient-centered care.



Later abortion care is expanding but still limited: A second provider in NJ now offers abortion through 28 weeks gestation, improving regional access. However, several counties still only have access to early medication abortion.

Recommendations at a Glance

New Jersey has made tangible strides, but more is needed to achieve full equity and demonstrate the state's commitment to protecting reproductive health. Priorities include:

- **Increasing provider reimbursement**, especially for complex procedures.
- **Expanding access geographically** through clinic development and telehealth integration.
- **Improving public information** so patients can find timely, accurate care.
- **Strengthening coordination and data infrastructure**, while respecting privacy.
- **Supporting hospital-based care** and complex case management.

INTRODUCTION

This report provides an overview of the New Jersey abortion facility landscape and services available to pregnant people seeking abortion care offered by publicly advertising facilities as of May 2025. It updates a 2023 report that documented the state's abortion care landscape following the U.S. Supreme Court's June 2022 decision in *Dobbs v. Jackson Women's Health Organization*, which overturned the constitutional right to abortion established by *Roe v. Wade*.¹

Ongoing efforts to document and monitor abortion access in New Jersey are essential to understanding how policies are being implemented, where gaps in access remain, and how patients are navigating care in a rapidly shifting national context. New Jersey continues to serve as a national leader in protecting abortion rights, with a policy environment designed to preserve and expand access to care for all who seek it.

This report conducts a landscape analysis of abortion availability in New Jersey. It repeats our previous methodology which, in brief, systematically identified New Jersey abortion providers that would be readily findable by someone seeking care. **By focusing on publicly visible providers, our analysis reflects real-world availability.** In addition to this new analysis, we draw from state-specific information from research conducted by the Guttmacher Institute and the Society of Family Planning.

Because of the absence of state-level abortion surveillance in New Jersey, we lack data on the characteristics and experiences of patients themselves.² There is no comprehensive, standardized data collection on *who* is receiving care in the state, such as patients' age, race or ethnicity, gestational duration at time of abortion, or any indicators of barriers faced in accessing services. As a result, **our understanding of abortion in New Jersey is limited to counts of patients and facilities, without the fuller picture needed to assess equity, quality of care, or unmet needs across different populations.**

KEY FINDINGS

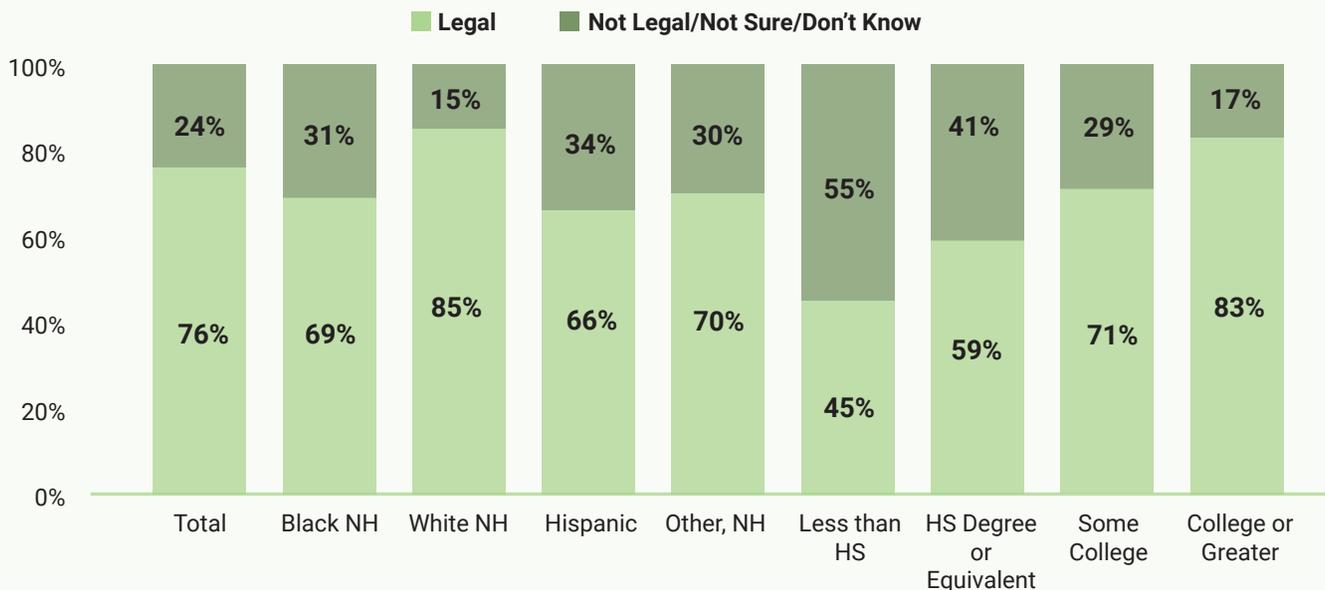
Many Women in New Jersey are Unaware that Abortion is Legal in the State.

The U.S. Supreme Court eliminated the constitutional right to abortion established by *Roe v. Wade* in its *Dobbs v Jackson Women’s Health Organization* opinion in June 2022. As of September 3, 2025, abortion is banned in fourteen states with limited exceptions and banned after six weeks gestation in two more³; more states are working to enact abortion bans or barriers.

Against this national backdrop, New Jersey’s commitment to abortion access remains strong and is reflected in both its laws and on-the-ground investments. In 2022, New Jersey passed the *Freedom of Reproductive Choice Act*, codifying the right to abortion into state law.⁴ This legislation offers some legal protections for both individuals seeking abortion care and the providers who deliver it. In addition to establishing a protective legal foundation, New Jersey has taken steps to strengthen abortion access, including investing in clinics, expanding provider training, and minimizing barriers to care.

Despite this legal landscape, according to a recent state survey, **almost one in four reproductive age women in NJ (24%) do not know that abortion is legal in the state.** Lack of knowledge that abortion is legal is more common among non-Hispanic Black and Hispanic women, while knowledge increases with greater education.⁵

**KNOWLEDGE OF STATE ABORTION LEGALITY,
NEW JERSEY WOMEN AGED 18-44**



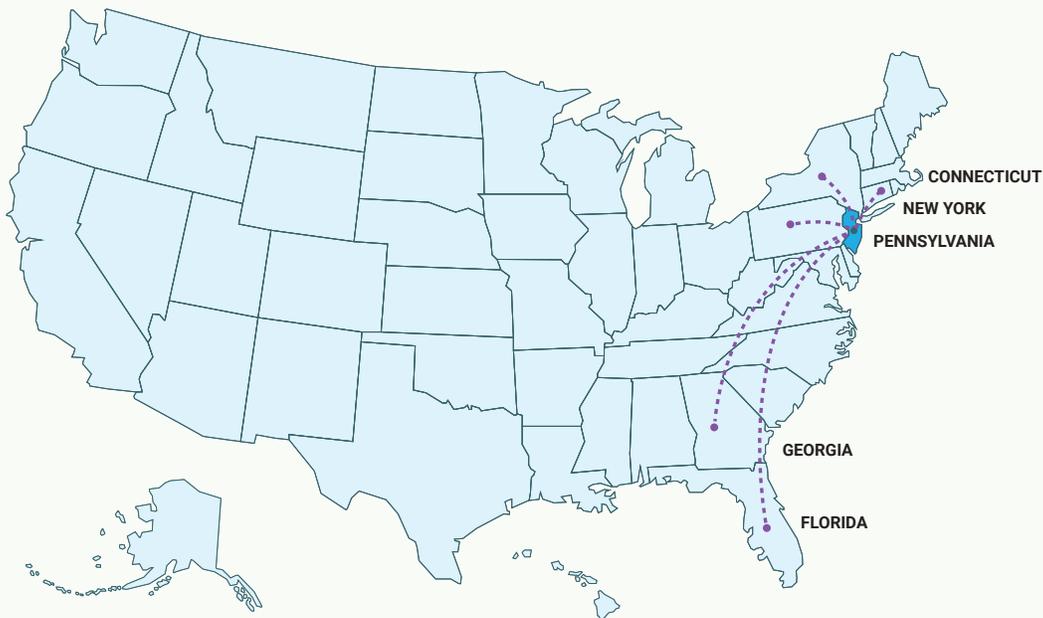
The Number of Abortions in New Jersey Has Increased Since 2020 as Providers Work to Meet Patient Needs

In the context of the state’s supportive policy environment, we have seen increases in abortion provision. According to the Guttmacher Institute’s Monthly Abortion Provision Study, an estimated 59,780 abortions were provided in NJ in 2024, up from 48,830 in 2020, although the abortion counts from 2023 to 2024 were stable.^{6,7} This represents a 25% increase in the number of abortions in the state over four years, outpacing the 11% national increase during the same period.⁸ In contrast, since 14 states have fully banned abortion, this heightens the importance of states like New Jersey in protecting reproductive rights and ensuring that people can still access essential care.

New Jersey Provides Abortion Care to Out of State Patients

The majority of the recent increase in abortion care provided in New Jersey reflects care for state residents. However, New Jersey also serves as a critical access point for individuals traveling from out of state. In 2024, an estimated 3,120 abortion patients traveled to New Jersey for care, representing approximately 5% of all abortion patients in the state.⁹ Most of these patients arrived from neighboring states, where legal or logistical barriers push women to seek care out of state. Patients have also traveled from farther states, including Florida and Georgia, reflecting the widening impact of abortion bans and restrictions.

PATIENTS TRAVELING INTO NEW JERSEY TO OBTAIN ABORTION CARE, 2024

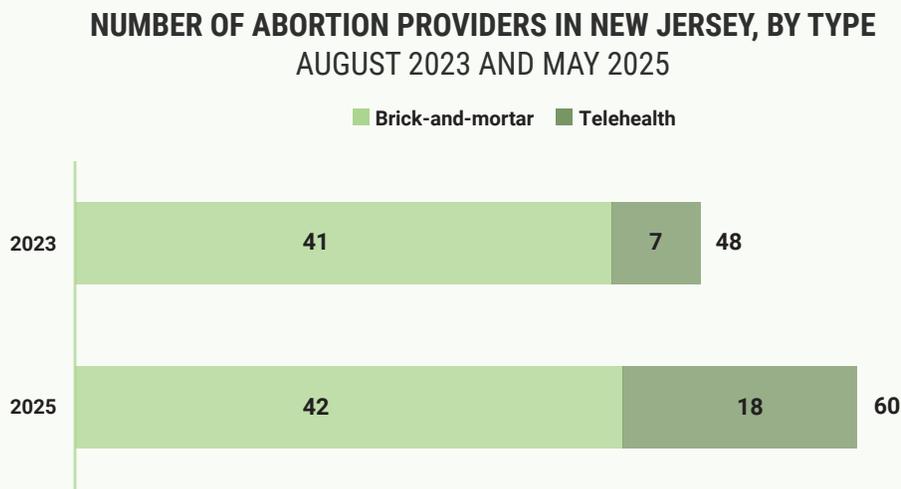


counts < 100 not shown

The Number of Abortion Providers Offering Care in New Jersey Has Increased

Abortion care in New Jersey is delivered through both brick-and-mortar clinics and telehealth providers. These two models expand access in different ways: in-person clinics are critical for patients needing procedural or later gestation care, while telehealth offers a convenient and private option for eligible patients seeking early abortion care. Especially for those facing barriers like transportation, childcare, or time off work, telehealth has become a key alternative. Understanding the distribution and capacity of both models is essential to evaluating the state’s abortion care infrastructure.

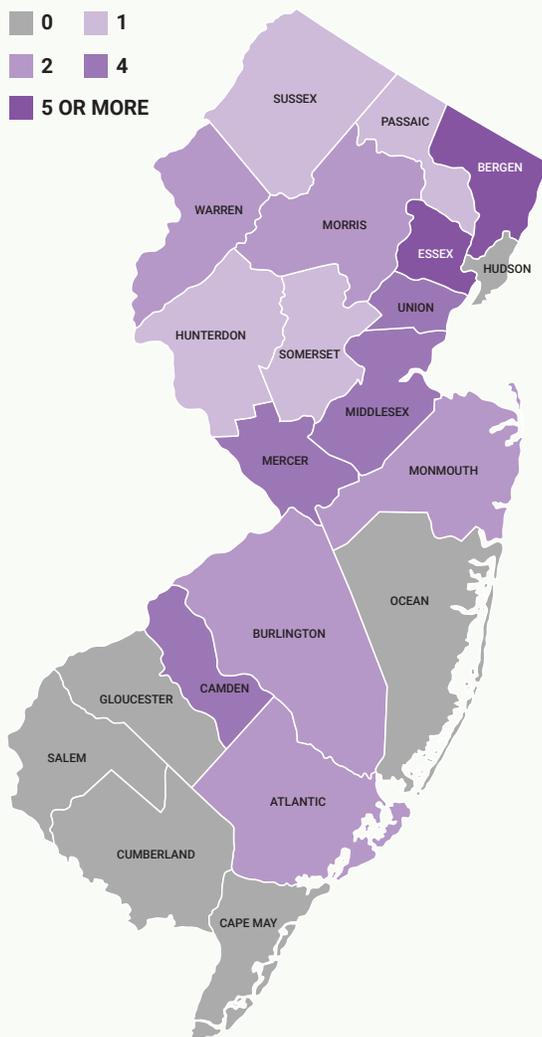
Our search strategy identified **60 abortion providers in the state as of May 2025**; 42 are brick-and-mortar clinics and 18 are telehealth providers. This marks a sharp overall increase from our landscape analysis in August 2023, when there were 41 brick-and-mortar clinics and only 7 telehealth providers serving the state.



Brick-and-mortar providers remain a core part of abortion access in NJ. The small numeric change in the number of brick-and-mortar providers belies shifts in both the opening and closing of clinics. Of note, a new, reputable clinic opened in Atlantic County, which previously only had one clinic not indexed in the abortion navigation sites. This expands access to high-quality care in the Southern part of the state, which was identified in the 2023 report as a geographic area in need.

Additionally, as part of a larger expansion of services in Camden, which includes extending care to later gestations, a new clinic with robust patient navigation services opened. We note that since our landscape analysis in May 2023, we are aware of one brick and mortar provider in Bergen County that has closed.

NUMBER OF ABORTION PROVIDERS IN NEW JERSEY, BY COUNTY



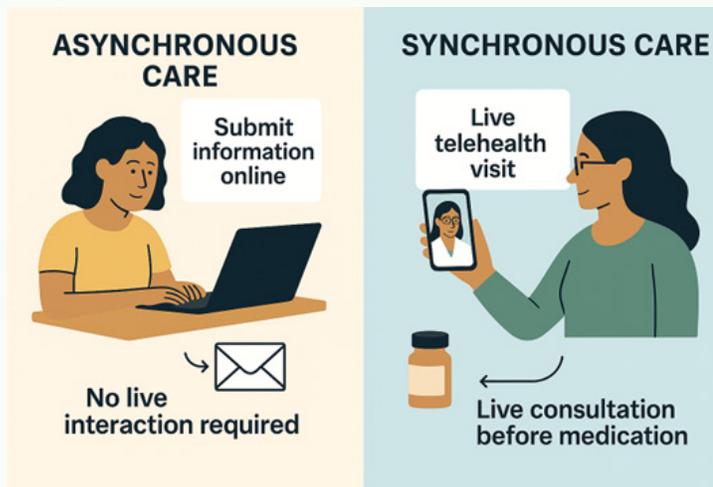
Clinic availability differs markedly by county. Bergen and Essex counties have the most providers. In contrast, **six counties—Cape May, Cumberland, Gloucester, Hudson, Ocean, and Salem—had no brick-and-mortar abortion providers** identified in our landscape scan. We are pleased to report that some progress has been made on expanding access since our last report and plans are underway for a new clinic in Hudson County. Several other counties offer moderate access, including Camden, Mercer, Middlesex and Union (four each). Some counties are served by only a single provider, including Hunterdon, Passaic, Somerset, and Sussex.

These geographic patterns highlight persistent gaps in access, particularly in southern New Jersey. This underscores the importance of targeted efforts to expand and support service delivery in underserved areas.

Clinics Have Expanded Services Beyond the First Trimester

In our 2023 report, there was a single provider offering care through 28 weeks of gestation. This update reveals **a second provider offering later abortion care**, which is a critical step in ensuring all New Jerseyans can access the care they need. It also provides regional access for later abortion care, taking advantage of New Jersey's supportive policy environment. However, 4 counties (Hunterdon, Passaic, Somerset, Sussex) do not offer services beyond 12 weeks and are limited to medication abortion. Expanding the availability of later abortion is essential to meet the diverse and time-sensitive needs of patients and to ensure that geography and gestational duration do not determine access to essential healthcare.

Telehealth Is Expanding Access to Abortion in New Jersey



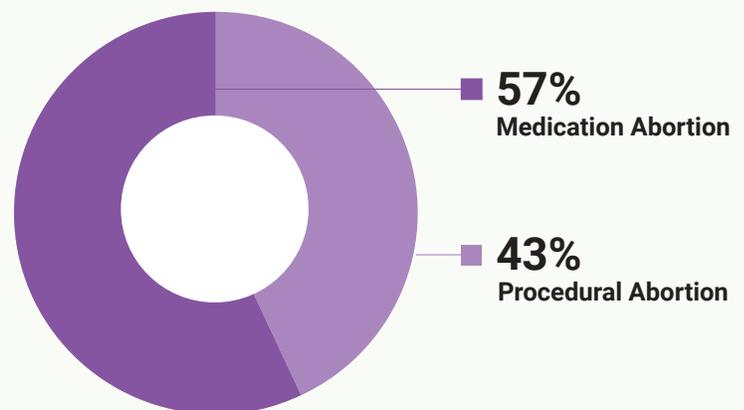
Currently, **18 telehealth abortion providers serve patients in New Jersey**, a sharp increase from the 7 telehealth providers identified in our 2023 report. With these new providers, the number of telehealth abortions has increased; the Society of Family Planning's #WeCount study estimates that 11% of abortions in NJ were provided via telehealth from June 2024 to December 2024.¹⁰ All of this telehealth care was provided by virtual-only providers, as opposed to brick-and-mortar care. Among the virtual-only providers, a range of care models, including synchronous and asynchronous, are available. Since the completion of this landscape analysis, a brick-and-mortar provider has added telehealth to its services.¹¹

Medication Abortions Account for More than Half of All Abortion Care In New Jersey

The Guttmacher Institute estimates that in 2023, **57% of abortions in New Jersey were medication abortions, while the remaining 43% were procedural**¹²; later data is not currently available, but the increase in telehealth providers suggests this percentage may have increased.

This parallels broader national trends.¹³ We note that none of these estimates include self-managed abortion. The rise in medication abortion is driven by several factors, including patient preference and the expansion of telehealth, which only provides this option. While this shift can increase access, it is essential to preserve procedural options for those who prefer or require them to deliver patient-centered care that meets individual needs.¹⁴

ABORTIONS BY TYPE, NEW JERSEY 2023



ADVANCING ACCESS IN NEW JERSEY: PROGRESS AGAINST KEY RECOMMENDATIONS

In our previous report, we outlined a set of strategic recommendations to strengthen abortion access, improve care delivery, and enhance coordination across New Jersey’s reproductive health system. Since that time, the policy and service landscape has continued to evolve and is marked by both progress and persistent gaps. In the table below, we revisit each recommendation, assess the current status, and outline key next steps. While encouraging developments are underway, much work remains to ensure equitable, timely, and sustainable access to abortion care options across the state. By tracking these areas of progress and identifying ongoing needs, we aim to support a data-informed, patient-centered approach to reproductive health policy in New Jersey.

RECOMMENDATION	PROGRESS MADE	WHAT’S NEXT
<p>Increase Medicaid insurance reimbursement rates for abortion care to reflect the actual cost of high-quality care and support clinic sustainability.</p>	<p>▶ Substantial increases in Medicaid reimbursement for procedural abortion care in 2024, but reduced in 2025.¹⁵</p> <p><i>While the increases achieved are welcome, they are inadequate and were subsequently reduced. New Jersey still lags behind other states.</i></p>	<p>GOAL: No clinic should be operating at a loss for providing abortion care. No patients should experience a delay in care due to an inability to pay.</p> <p>GOAL: Incorporate into reimbursement models rates that account for the complexity of care associated with procedures at different gestations.</p>

RECOMMENDATION

Expand access by growing the number of abortion providers and clinics with a focus on promoting geographic equity and supporting clinics' efforts to adopt innovative models of care.

PROGRESS MADE

- ▶ Abortion service expansion through New Jersey Family Planning League's (NJFPL) Expanding Abortion Access Project (EAAP), which supports access through capacity building, training, technical assistance, staffing, equipment, and practical support.
- ▶ New high-quality provider in Atlantic County.
- ▶ Prospect of a Hudson County clinic.
- ▶ Training of new providers through didactic and hands-on sessions.

The effect of the expansion of telehealth abortion on equity in access is unknown.

WHAT'S NEXT

GOAL: Every county in New Jersey should have an abortion clinic that offers both medical and procedural care.

GOAL: All interested providers are supported in their efforts to integrate abortion care into their general practices.

GOAL: All interested brick-and-mortar clinics are supported in the development of telehealth services.

Increase public availability of information about abortion care in New Jersey.

- ▶ The State of New Jersey launched an informational website with provider and other information.
- ▶ NJFPL added a searchable map on their website to identify the clinics they support.
- ▶ NJFPL is conducting internet outreach within and outside NJ.
- ▶ NJFPL has launched a public awareness campaign about abortion legality and availability in NJ.

While patients' sources of information have expanded, active steps are needed to promote them. Recent research finds that many NJ women do not know that abortion is legal in the state.

GOAL: All people seeking abortion care in New Jersey should have ready access to accurate information about their options.

RECOMMENDATION	PROGRESS MADE	WHAT'S NEXT
<p>Strengthen care coordination within and across states.</p>	<ul style="list-style-type: none"> ▶ Convening of abortion care navigators across New Jersey providers to promote coordination. <p><i>Future efforts are needed to identify opportunities to incentivize efficient care coordination.</i></p>	<p>GOAL: Ensure that robust referral systems and networks for abortion care are in place.</p>
<p>Convene experts and key stakeholders to reassess the role of the State abortion data system to support public health best while minimizing patient stigma and provider burden.</p>	<ul style="list-style-type: none"> ▶ NJFPL convened experts and key stakeholders to discuss data values and data collection systems. ▶ As of June 2023, NJDOH is no longer systematically collecting abortion data from providers. <p><i>The data privacy environment has shifted with growing concerns about weaponization and risk.¹⁶</i></p>	<p>GOAL: All providers in NJ participate with existing data collection efforts by Society of Family Planning and the Guttmacher Institute in order to create reliable abortion incidence estimates for the State.</p>

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ACKNOWLEDGMENT

We are grateful to the NJFPL staff for sharing their expertise with us including Ashley Generallo, Anita Kanoje and Hayden St.Cin.

Suggested citation: Lindberg, L.D., & Frye, L.J. (2025, October). Abortion needs and availability in New Jersey: 2025 Update. Rutgers University School of Public Health. https://njfpl.org/wp-content/uploads/2025/10/ANA_Update_Report_Oct25.pdf

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