Improving Access to Medication Abortion Care via Telemedicine

What is telemedicine?

Telemedicine uses technology to enable patients to consult with healthcare providers remotely and receive referrals, orders for tests, or prescriptions.

- Telemedicine can be accomplished in two ways:
  - Direct-to-Patient: A healthcare provider prescribes medications to a patient after consulting with them at a remote location (like their home). The medication is then mail-ordered to the patient's preferred location or they pick it up at a nearby pharmacy.
  - Site-to-Site: After consulting with a patient via phone or video, a healthcare provider prescribes medications remotely at other health centers.
- A growing number of healthcare providers use telemedicine to provide primary, mental health, and reproductive healthcare services, which increases access to care that might otherwise be out of reach.

Telemedicine is an important tool to address geographic and financial barriers that contribute to health disparities, particularly in underserved communities.

- Today, 77 million people live in federally-designated primary care Health Professional Shortage Areas in the United States, leaving many people without access to the healthcare they need.[1]
- People of reproductive age are open to receiving care via telemedicine. According to a recent survey, 74% of people (ages 18 to 34) are interested in accessing healthcare services via telemedicine.[2]

What is medication abortion care?

Medication abortion care is a safe and effective FDA-approved medication regimen for ending an early pregnancy. It is a non-invasive abortion option that is approved for use up to 10 weeks in pregnancy.[3]

- The medication abortion regimen involves two different pills. One pill, called mifepristone, is taken first and then pills, called misoprostol, are taken 24-48 hours later.
- A growing proportion of women are deciding to end their pregnancies with medication abortion care. In 2017, 4-in-10 women seeking abortion chose this method.[4]
- An overwhelming majority of women who choose medication abortion care are satisfied with the method. One study found that 97% of women would recommend the method to a friend.[5]

How does telemedicine improve access to medication abortion care?

Research shows that medication abortion can safely and effectively be administered via telemedicine.

- Studies show that a site-to-site telemedicine model for medication abortion care is equally as safe as an in-person model and could enable patients to access abortion care earlier in their pregnancy.[6]
  - After telemedicine was implemented in Iowa, patients seeking abortion care were 46% more likely to have an abortion earlier in their pregnancy compared to patients obtaining abortion care before the program was implemented.[7]
- An FDA-approved clinical trial also suggests that direct-to-patient telemedicine model for medication abortion care has a similar safety and efficacy profile to in-person care.[8]

Accessing medication abortion care via telemedicine reduces logistical barriers and it is supported by women.

- Use of telemedicine allows women to end their pregnancy earlier by avoiding long wait times and logistical barriers. In Iowa, telemedicine decreased distance traveled for abortion care and there was a 12% reduction in women having to travel more than 50 miles to a health center.[9]
- A recent study of more than 7,000 women of reproductive age showed that nearly half support an alternative to in-person medication abortion care and say privacy is a primary driver.[10]

[1] U.S. Department of Health and Human Services (HHS). Designated Health Professional Shortage Areas Statistics: Fourth Quarter of Fiscal Year 2019. September 2019.
[2] American Well. Telehealth Index: 2019 Consumer Survey. August 2019.
[3] The National Academies of Sciences, Engineering, and Medicine (NASEM). The Safety and Quality of Abortion Care in the United States. March 2018.
[4] Guttmacher Institute. Abortion Incidence and Service Availability in the United States, 2017. September 2019.
[5] D. Hollander. Most Abortion Patients View Their Experience Favorably, But Medical Abortion Gets a Higher Rating Than Surgical. *Perspectives on Sexual & Reproductive Health*. September 2000.
[6] D. Grossman D, K. Grindlay. Safety of Medical Abortion Provided Through Telemedicine Compared with In Person. *Obstetrics & Gynecology*. October 2017.
[7] D. Grossman, et al. Changes in Service Delivery Patterns After Introduction of Telemedicine Provision of Medical Abortion in Iowa. *American Journal of Public Health*. January 2013.
[8] E. Raymond, et al. TelAbortion: Evaluation of a Direct to Patient Telemedicine Abortion Service in the United States. *Contraception Journal.* September 2019.
[9] D. Grossman, et al. Changes in Service Delivery Patterns After Introduction of Telemedicine Provision of Medical Abortion in Iowa. *Journal of Public Health*. January 2013.
[10] M. Biggs, et al. Support for and interest in alternative models of medication abortion provision among a national probability sample of U.S. Women. February 2019.

How do restrictions impact access to medication abortion via telemedicine?

Federal and state restrictions on medication abortion care pose unnecessary hurdles and may push the FDA-approved regimen out of reach.

- FDA restrictions, put in place almost 20 years ago, require providers to act as both prescribers and pharmacists by stocking and dispensing the medication themselves. This limits the numbers of doctors willing to offer medication abortion care.
  - FDA restrictions mean the medication cannot be dispensed by mail-order or at a pharmacy, except in FDA-approved clinical trials.[11]
  - A recent survey of OB/GYNs found that 72% reported having a patient who wanted or needed an abortion in the last year, but only 24% provide abortion services. Of those not providing abortion services, 28% said they would start offering medication abortion care if distribution restrictions were changed.[12]
- Since 2011, politicians have passed more than 420 state abortion restrictions, making abortion, including medication abortion care, harder to obtain and more expensive to provide.[13]
  - Currently, 18 states require the prescribing healthcare provider to be physically present when medication abortion is dispensed, which effectively bans both site-to-site and direct-to-patient telemedicine models.[14]
- Bans on insurance coverage for abortion, including under Medicaid, limit access and disproportionately impact low-income women.
  - One study found that severe restrictions on Medicaid coverage of abortion forces 1-in-4 low-income women who seek abortion to carry an unwanted pregnancy to term.[15]

Medical societies and public health organizations recognize medication abortion care as safe. Many are calling on FDA to reevaluate the current restrictions.

Key Safety Statements:

- **Food and Drug Administration (FDA):** Medication abortion has been increasingly used as its efficacy and safety have become well-established by both research and experience, and serious complications have proven to be extremely rare.
- **World Health Organization (WHO):** Medical abortion plays a crucial role in the provision of access to safe, effective and acceptable abortion care.
- **Centers for Disease Control and Prevention (CDC):** Likewise, the development of early medical abortion regimens has allowed for abortions to be performed very early in gestation, with completion rates for regimens that combine mifepristone and misoprostol reaching 96%–98%.
- **National Academies of Science, Engineering and Medicine (NASEM):** The risks of medication abortion are similar in magnitude to the risks of taking commonly prescribed and over-the-counter medications such as antibiotics and NSAIDs.

Calls to Reevaluate FDA Restrictions:

- **Dr. Jane Henney (Former FDA Commissioner):** Women should have access to FDA-approved products whose safety and effectiveness are confirmed. Since the evidence available today indicates that the current restrictions are overly prescriptive, we urge the FDA to reevaluate whether they are still necessary.
- **American College of Obstetricians and Gynecologists (ACOG):** The current U.S. Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategy (REMS) and Elements to Assure Safe Use (ETASU) requirements for Mifeprex® (mifepristone, 200 mg) are outdated and substantially limit access to this safe, effective medication. Therefore, ACOG urges the removal of the REMS and ETASU for Mifeprex®.
- **American Academy of Family Physicians (AAFP):** The AAFP seeks changes in the drug's current REMS designation to conform to current evidence…Recent research also indicates the agency's safety protocols are particularly stringent for the drug. Most importantly, the current drug label creates an unnecessary health care barrier for women who need it the most.
- **American Medical Association (AMA):** Resolved that our American Medical Association support efforts urging the Food and Drug Administration to lift the Risk Evaluation and Mitigation Strategy on mifepristone.

[11] U.S. Food and Drug Administration (FDA). Mifeprex (mifepristone) Information. February 2018.
[12] D. Grossman, et al. Induced Abortion Provision Among a National Sample of Obstetrician-Gynecologists. *Journal of Obstetrics & Gynecology*. March 2019.
[13] E. Nash, et al. State Policy Trends 2018: With Roe v. Wade in Jeopardy, States Continued to Add New Abortion Restrictions. Guttmacher Institute. December 2018.
[14] M. Donovan. State Laws and Policies: Medication Abortion. Guttmacher Institute. October 2019.
[15] S.K. Henshaw, et al. Restrictions on Medicaid Funding for Abortions: A Literature Review. Guttmacher Institute. July 2009.