**A note on access:** These measures were put in place in response to the public health emergency and are being evaluated on an ongoing basis. They may continue as the standard of care beyond the COVID-19 pandemic. Even under the pandemic care protocol, barriers to medication abortion care persist. While mailing prescriptions may be safe and convenient for some people, some people may not have a mailbox or be able to receive and take the medication at home. Others may not have smartphone devices or the internet access necessary for telehealth care. Gaps in information also remain a problem, especially in medically underserved areas.

**Sources:** Guttmacher Institute; Gynuity Telabortion Study; Kaiser Family Foundation; National Abortion Federation; Reproductive Health Access Project

---

### Medication Abortion Care Process

#### Pre-Pandemic Care Protocol

**Step 1:** Contact, Consultation, & Counseling
- Patient contacts provider
- Options counseling in a clinic
  - OR Options counseling at home via phone or video
- Provider confirms the gestational age of pregnancy through screening questions, ultrasound, pelvic exam, and/or blood test

**Step 2:** Prescribe & Dispense Medication
- Patient receives medication in the clinic
- Provider mails medication directly to patient (along with a pregnancy test sometimes)
  - OR Provider sends prescription to mail-order pharmacy to send medication to patient

**Step 3:** Patient Takes Medication
- Patient takes mifepristone at the clinic or at home
- Patient takes misoprostol at home 24-48 hours later
  - & Patient repeats misoprostol dose if needed

**Step 4:** Follow Up Care
- In-person clinic visit scheduled for 14 days after starting medication abortion care
- Provider confirms complete abortion with ultrasound, blood test, physical exam and/or screening questions

#### Pandemic Care Protocol

**Step 1:** Contact, Consultation, & Counseling
- Options counseling at home via phone or video
  - OR Options counseling at home via recorded video (currently only available through Choix)
- Patient and provider confirm the gestational age of pregnancy through screening questions and at-home pregnancy test

**Step 2:** Prescribe & Dispense Medication
- Provider mails medication directly to patient
- Patient takes mifepristone at home
  - & Patient repeats misoprostol dose if needed

**Step 3:** Follow Up Care
- Phone or video consultation 24 hours after patient uses misoprostol
- Patient confirms complete abortion with home pregnancy test and screening questions 3-4 weeks later

**Medication abortion care cycle is complete**

### Ongoing Barriers to Abortion Care

- Direct costs (clinical care, lack of insurance coverage)
- Indirect costs (childcare, time off work, transportation, accommodation)
- Mandatory delays and unnecessary clinic trip requirements
- Distance to clinic

**Sources:**
- FDA restrictions limit who can prescribe mifepristone and where patients can pick up the medication.
- State laws may restrict the types of providers that can offer abortion care, require patients to make multiple visits, and ban medication abortion care via telemedicine.

---

1. Some changes to the medication abortion care protocol such as using home pregnancy tests and screen question to confirm gestational age, taking mifepristone at home instead of at the clinic, etc. were already underway before COVID-19. However, these changes went into broader practice as a result of the pandemic.
2. 90% of U.S. counties do not have an abortion provider.
3. The Telabortion research study was permitted to send mifepristone by mail by FDA waiver before 2020 protocol changes.
4. Mail-order pharmacies include Honeybee Health and American Mail Order Pharmacy.
5. A temporary injunction in ACOG v. FDA has suspended the in-person dispensing requirements for mifepristone during the remainder of the national public health emergency.
6. The COVID model is only available in 22 states due to state laws that restrict access to medication abortion via telemedicine. 8 states explicitly ban telemedicine for medication abortion (AR, AZ, LA, MD, WV). 14 states require the prescribing clinician be physically present with the patient, effectively banning telemedicine (ND, SD, NE, OK, TX, MS, AL, TN, KY, IN, WI, NC, SC, KS). 9 states require patients receive an ultrasound before an abortion or in-person counseling requirements, limiting providers’ ability to offer care using the COVID model.