# Improving Access to Telehealth for Medication Abortion Care

## What is telehealth?

**Telehealth is the use of electronic information and telecommunications technologies to support or provide medical care when the patient and clinician are not in the same location.[1]**

- Telehealth allows patients and providers to talk to each other via video, send or receive messages via chat, text, or email, and monitor a patient's progress remotely.[2]
- A growing number of health care providers use telehealth to provide primary, mental health, and reproductive health care services, which increases access to care that might otherwise be out of reach.

**Telehealth can be an important tool to address geographic and financial barriers that contribute to health disparities, particularly in underserved communities.**

- Nearly six-in-ten respondents (58%) say access to medical care is a problem where they live. Among underserved patient populations: Hispanic Americans (78%), African Americans (73%), Americans making below $40k a year (60%), and rural Americans (59%) all say access is a problem.[3]
- If telehealth is going to help solve health disparities, policies and programs must tackle issues such as disparate broadband and smartphone access, health literacy, cultural and language needs, and other social determinants of health that impact provision of care.[4]

## 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.[5]**

- 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.
- Medication abortion care is incredibly safe and effective, with a more than 99% safety rate.[6]
- 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.[7]
- An overwhelming majority of women who use medication abortion care are satisfied with the method. One study found that 97% of women would recommend the method to a friend.[8]

## How does telehealth improve access to medication abortion care?

**Research shows that telehealth for medication abortion care reduces logistical barriers and is supported by women.[9, 10]**

- Studies show that telehealth models for medication abortion care are equally as safe as in-person models and could enable patients to access abortion care earlier in their pregnancy.[11]
    - For example, after telehealth 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.[12]
    - Also, a new study from the U.K. examined what happens when in-person dispensing requirements are lifted. This study, which included 85% of all medication abortions that took place in England over 3 months in 2020, shows that telehealth models result in clinical outcomes that are equivalent to in-person care. And, access to medication abortion care is better under the telehealth model with waiting times significantly reduced.[13]

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[1] Department of Health and Human Services. What is Telehealth. May 2021.
[2] Id.
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[5] The National Academies of Sciences, Engineering, and Medicine (NASEM). The Safety and Quality of Abortion Care in the United States. March 2018.
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[12] Grossman, D., Grindlay, K., Buchacker, T., Potter, J., & Schmertmann, C. Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. *American Journal of Public Health*. January 2013.
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    - Similarly, data from the TelAbortion study in the U.S. confirms previous findings that providing medication abortion through telehealth and mailed medication is safe and effective. Among nearly 1,400 abortions provided this way, 95% were completed without a procedure and 99% experienced no serious adverse events.[14]
- 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 main factor.[15]

## How do restrictions impact access to telehealth for medication abortion care?

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

- Those currently seeking medication abortion care can only go to certain health care providers or health centers that have agreed to pre-purchase the medication ahead of time.
- While FDA has temporarily suspended its requirement that patients travel in-person to receive medication abortion care during the pandemic, providers are still limited in their willingness to offer medication abortion care.[16]
    - 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.[17]
- 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.[18]
    - Currently, 19 states ban the use of telehealth for medication abortion care and/or require the prescribing health care provider to be physically present when medication abortion is dispensed, which effectively bans telehealth models of medication abortion care.[19]
- Bans on insurance coverage for abortion, including under Medicaid, limit access and disproportionately impact those who already face significant barriers to receiving quality care, such as people working to make ends meet, immigrants, young people, and women of color.
    - 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.[20]

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

- World Health Organization (WHO): Medical abortion plays a crucial role in the provision of access to safe and effective abortion care.
- 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.
- 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.

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[16] U.S. Food and Drug Administration. Questions and answers on Mifeprex. April 2021. *Note that as of May 7, 2021, the FDA is undertaking a full review of how mifepristone may be distributed, see https://www.aclu.org/legal-document/joint-motion-stay-case-pending-agency-review.*

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