TELEHEALTH FOR ABORTION MEDICATION CARE [1]

	TELEHEALTH CARE PROTOCOL [2]	RESTRICTED TELEHEALTH CARE PROTOCOL [3]
STEP 1 Contact, Consultation, & Counseling	Patient contacts provider and schedules appointment	
	Patient meets with clinic staff from home via phone, video, or recorded video for consultation and counseling.	Patient travels to a clinic for options counseling in person or via phone/video (clinic-to-clinic model)
	Patient and provider confirm the pregnancy through at-home test and gestational age of pregnancy through screening questions	Patient travels to a clinic to be asked screening questions and may undergo ultrasound, pelvic exam, and/or blood test requirements [4]
STEP 2 Prescribe & Dispense Medication	Provider mails medications directly to patient OR Provider submits prescription to mail-order pharmacy to send medication to patient	Patient travels to a clinic to receive the medications
STEP 3 Patient Takes Medication	Patient takes mifepristone at home	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	Provider available during the medication abortion care process via phone, chat, email, or other electronic communications. Patient confirms complete abortion with symptom check at one week and home pregnancy test and screening questions 4-5 weeks later	Patient travels to a clinic for follow up care to confirm complete abortion in person via pregnancy test and screening questions and may undergo ultrasound, blood test, and/or physical exam a second time. [7]
	Medication abortion care cycle is complete	

POLICY BARRIERS TO EQUITABLE TELEHEALTH FOR ABORTION MEDICATION CARE*

- ✖ Direct costs (clinical care, lack of insurance or Medicaid coverage, lack of parity, cost of mailing medications)
- ✖ Indirect costs (childcare, time off work, transportation, accommodations)
- ✖ Restrictions on provision of care (mandatory delays and unnecessary clinic trip, testing, or in-person requirements)
- ✖ FDA restrictions limit who can prescribe mifepristone and how patients can receive the medication [5]
- ✖ State laws may restrict telehealth provision (abortion, types of providers, broadband access, anyncronous v. synchronous care, definitions of originating and distant site, establishing a provider-patient relationship) [6]

(1) 90% of U.S. counties do not have an abortion provider.
(2) Some changes to the medication abortion care protocol, such as home pregnancy tests, screening questions to confirm gestational age, taking mifepristone at home instead of at the clinic, etc., were already under way before COVID-19. However, these changes went into broader practice due to the pandemic.
(3) Restrictions may be legislative, regulatory, or related to payment and coverage. Some patients may be clinically indicated for or prefer in-person care.
(4) According to the American College of Obstetricians and Gynecologists, screening for gestational age does not require in-person testing unless clinically indicated, which can be determined via telehealth. See https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation
(5) In response to litigation in *ACOG v. FDA*, the FDA has suspended the in-person dispensing requirements for mifepristone for the remainder of the public health emergency. As part of a joint legal filing in *Chelius v. Becerra*, DOJ indicated the FDA is undertaking a full review of the mifepristone REMS and announced that the enforcement discretion of the in-person requirements will extend 30 days beyond the end of the public health emergency.
(6) The telehealth for medication abortion care model (in all or part) is available in 31 states. Telehealth for medication abortion care is unavailable in 19 states via explicit bans on telehealth use for abortion or requirements that the prescribing clinician be physically present with the patient. Additional states require patients undergo unnecessary ultrasound or lab testing before an abortion or have in-person counseling requirements, limiting providers' ability to offer telehealth care.
(7) "Routine in-person follow-up is not necessary after uncomplicated medication abortion." https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation

**** A note on equitable access:** Telehealth usage exploded in response to the public health emergency, and the impact on health equity is being evaluated on an ongoing basis. Even under the telehealth protocol, inequitable access to healthcare and social determinants of health impact the provision of equitable medication abortion care. For example, while mailing prescriptions may be safe and convenient for some people, others may not have a mailbox or be able to receive and take medication at home. In addition, some may not have smartphones or the internet access necessary for telehealth care. Gaps in information also remain a problem, especially in medically underserved areas. For a full list of equity considerations, please see: Telehealth Medication Abortion Care Equity Values Checklist.*

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