



# Telehealth for Medication Abortion Care

## What is telehealth?

**Telehealth is the use of digital information and communication technologies to access health care services.<sup>1</sup> Simply put, it allows patients to receive medical care without an in-person visit.<sup>2</sup>**

- Research shows that health care practitioners can effectively provide care for a range of medical services and safely monitor a patient's health using telehealth.
- Options for telehealth care include real-time communication with providers over phone or video (synchronous); sending and receiving messages using secure messaging, text, and email (asynchronous); and using technology to monitor a patient's health from the comfort of home or location of their choosing.
- The COVID-19 pandemic accelerated the use and availability of telehealth services across the U.S.
  - Both patients and health care providers are increasingly using telehealth. Nearly 88% of consumers have used telehealth services at some point since March 2020.<sup>3</sup> 83% of physicians offered telehealth services in 2021 compared to only 13% in 2019.<sup>4</sup>
  - Nearly 80% of people reported patient satisfaction with their telehealth care experience and more than 70% of patients expect to continue to use telehealth services in the future.<sup>5</sup>

## What is medication abortion care?

**Medication abortion care is a safe and effective FDA-approved medication regimen for ending an early pregnancy.**

- The medication abortion care regimen involves two different pills. One pill, called mifepristone, is taken first and then pills, called misoprostol, are taken 24-48 hours later.
- It is a non-invasive abortion option for use up to 10 weeks in pregnancy and has been safely used by more than 4 million women since the FDA approved medication abortion care in 2000.
- The FDA has stated that medication abortion care is well established as safe and effective.<sup>6</sup>

## What is telehealth for medication abortion care?

**Telehealth for medication abortion care allows patients to connect to a health care provider virtually and receive the same safe and effective care at home or wherever works best for them.**

- Patients are counseled about their options and expectations for the medication and then the medication is delivered to their home or place of their choosing by a mail order pharmacy. Patients have 24/7 access to a qualified health care provider to get answers to questions and confirm the abortion is complete.

## Is telehealth for medication abortion care safe?

**Studies show that telehealth models for medication abortion care are equally as safe as in-person models.**

- The TelAbortion study, which includes data from nearly 1,400 abortion patients in U.S., found that 95% of patients had a complete abortion and 99% experienced no serious adverse events.<sup>7</sup> Almost all (99%) of patients reported satisfaction with the service and would recommend the service to a friend.<sup>8</sup>
- Both live video/audio (synchronous) and secure messaging (asynchronous) telehealth models of medication abortion care are highly safe and effective. A 2021 study of asynchronous telehealth medication abortion care found 95% of patients had a complete abortion and no patient had a major adverse event.<sup>9</sup>
- Leading medical societies and public health organizations, including the American College of Obstetricians

<sup>1</sup> Mayo Clinic. [Telehealth: Technology meets health care](#). 2021.

<sup>2</sup> Department of Health and Human Services. [What is Telehealth](#). May 2021.

<sup>3</sup> Ibid.

<sup>4</sup> Cordina, J., Fowkes, J., Malani, R., Medford-Davis, L. [Patients love telehealth—physicians are not so sure](#). February 2022.

<sup>5</sup> COVID-19 Healthcare Coalition. [Telehealth Impact: Patient Survey Analysis](#). April 2021.

<sup>6</sup> U.S. Food and Drug Administration. [Clinical Review of NDA 020687/S-020 Mifeprex](#). March 2016.

<sup>7</sup> Chong, E., Shochet, T., Raymond, E., Platais, I., Anger, H.A., Raidoo, S., Soon, R., Grant, M.S., Haskell, S., Tocce, K., Baldwin M.K., Boraas, C.M., Bednarek, P.H., Banks, J., Coplon, L., Thompson, F., Priegue, E., & Winikoff, B. [Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic](#). *Contraception*. March 2021.

<sup>8</sup> Ibid.

<sup>9</sup> Upadhyay, U., Koenig, L., Meckstroth, K. [Safety and Efficacy of Telehealth Medication Abortions in the US During the COVID-19 Pandemic](#). *JAMA*. August 2021.

and Gynecologists,<sup>10</sup> the American Academy of Family Physicians,<sup>11</sup> the American Medical Association,<sup>12</sup> and the World Health Organization,<sup>13</sup> recognize telehealth for medication abortion care is safe and effective.

### **The FDA has affirmed that telehealth models of medication abortion care are safe and effective.**<sup>14</sup>

- After a thorough review of the science, the FDA permanently lifted the requirement that a patient pick up the mifepristone pill in-person from a clinic. These evidence-based changes will allow the medication to be prescribed via telehealth and then picked up at a clinic, local pharmacy, or delivered to a patient's home.
- The FDA's decision to permanently allow telehealth models of medication abortion care is supported by a robust body of evidence and clinical data.<sup>15</sup>

### **Does telehealth improve access to medication abortion care?**

#### **Research shows that telehealth reduces barriers to care and helps patients access care earlier in pregnancy.**

- A 2021 study from the U.K. found that after in-person dispensing requirements were lifted, wait times for care were reduced from 10 or 11 days to 6 or 7 days, with no difference in safety outcomes.<sup>16</sup>
- Most patients included in the U.S. TelAbortion study cited privacy (77%) and convenience (45%) as key reasons for using telehealth for medication abortion care.<sup>17</sup>

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

- Half of respondents in a nationally representative survey said that they would have had to delay their care if they did not have telehealth access during the COVID-19 pandemic.<sup>18</sup> Delays in care are especially burdensome for people seeking abortion care, which is a time sensitive service.
  - Data from the Turnaway Study found that women who were denied a wanted abortion had 4 times greater odds of living below the Federal Poverty Level and were also more likely to become unemployed and experience poorer health outcomes for years after the pregnancy.<sup>19</sup>
- Patients who chose telehealth for medication abortion care reported it was a more accessible option than in-person care due to the burdens of travel, clinic availability, and costs associated with in-person care.<sup>20</sup>

### **Why isn't telehealth for medication abortion care more available?**

#### **Although proven to be safe and effective, medically unnecessary state regulations restrict patient access to telehealth for medication abortion care.**

- Currently, lawmakers in 19 states have banned the use of telehealth for medication abortion care and/or require a provider's physical presence when medication abortion is dispensed, which effectively bans telehealth models of medication abortion care.<sup>21</sup>
  - Other baseless state restrictions on abortion - including waiting period laws, staffing and facility requirements, and billing and reimbursement restrictions - apply to medication abortion care.
  - Anti-abortion policymakers have passed more than 580 state restrictions since 2011, making abortion care harder to obtain and more difficult to provide.<sup>22</sup>
- Bans on public or private insurance coverage for abortion disproportionately impact people who already face significant barriers to care, such as people working to make ends meet, immigrants, young people, and women of color.
- People seeking telehealth care may also face systemic inequities that result in unequal telehealth access, such as disparate broadband and smartphone access, gaps in health information and literacy, cultural and language accessibility needs, and other social determinants of health that impact provision of care.<sup>23</sup>

<sup>10</sup> American College of Obstetricians and Gynecologists. [Medication Abortion Up to 70 Days of Gestation: Practice Bulletin Number 225](#). October 2020.

<sup>11</sup> American Academy of Family Physicians. [Letter to Acting FDA Commissioner Sharpless](#). June 2019.

<sup>12</sup> American Medical Association. AMA applauds lifting restrictions on reproductive care medication. April 2021.

<sup>13</sup> World Health Organization. [Abortion care guideline](#). February 2022.

<sup>14</sup> U.S. Food and Drug Administration. [Questions and Answers on Mifeprex](#). December 2021.

<sup>15</sup> Ibid.

<sup>16</sup> Aiken, A., Lohr, P., Lord, J., Ghosh, N., & Starling, J. [Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: a national cohort study](#). *British Journal of Obstetrics & Gynecology*. February 2021.

<sup>17</sup> Raymond, E., Chong, E., Winikoff, B., Platais, I., Mary, M., Lotarevich, T., Castillo, P., Kaneshiro, B., Tschann, M., Fonatanilla, T., Baldwin, M., Schnyer, A., Coplon, L., Mathieu, N., Bednarek, P., Keady, M., Priegue, E. [TelAbortion: evaluation of a direct to patient telemedicine abortion service in the United States](#). *Contraception*. September 2019.

<sup>18</sup> Nelson, H. [COVID-19 Telehealth Delivery Reaps High Patient Satisfaction](#) April 2021.

<sup>19</sup> [The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion](#). June 2020.

<sup>20</sup> Kerestes, C., Delafield, R., Elia, J., Chong, E., Kaneshiro, B., Soon, R. [It was close enough, but it wasn't close enough": A qualitative exploration of the impact of direct-to-patient telemedicine abortion on access to abortion care](#). *Contraception*. April 2021.

<sup>21</sup> Guttmacher Institute. [State laws and policies: medication abortion](#). January 2022.

<sup>22</sup> Nash, E. [State Policy Trends 2021: The Worst Year for Abortion Rights in Almost Half a Century](#). Guttmacher Institute. December 2021.

<sup>23</sup> Centers for Disease Control and Prevention. [Telehealth & health equity](#). September 2020.