**WHAT IS MEDICATION ABORTION?**

Medication abortion, or abortion pills, consists of two drugs: Mifepristone, which blocks the hormone necessary for maintaining the uterine lining, followed by Misoprostol, which induces uterine contractions. **It is a safe option for the termination of pregnancy within the first trimester, with a 92-95% success rate and rare complications.**

**TELEMEDICINE PROVISION OF MEDICATION ABORTION IS SAFE AND EFFECTIVE**

Multiple scientific papers find that medication abortion is safe and effective, including when delivered with telemedicine.

One study that included Georgia as a study site found that patients correctly guess how far along they are in their pregnancy; another found that patients do not need an ultrasound before or after medication abortion.

This overwhelming evidence convinced the FDA in December 2021 to **no longer strictly regulate mifepristone and to permanently allow telemedicine nationally.**

**RESTRICTING TELEHEALTH ACCESS TO MEDICATION ABORTION HAS NEGATIVE HEALTH AND SAFETY EFFECTS**

Research has found that restrictive abortion policies are associated with higher levels of adverse maternal and child health outcomes, and that denying people abortions has dire consequences, including long-lasting poverty and remaining in violent relationships.

**TELEHEALTH RESTRICTIONS TO MEDICATION ABORTION DISPROPORTIONATELY AFFECT THOSE WHOSE ACCESS IS ALREADY LIMITED**

Restricting telemedicine for abortion creates an undue burden on Black, Latinx, low-income people, and people in rural Georgia who already face extra barriers to abortion care. Georgia has one of the highest maternal mortality rates in the country, and Black women in Georgia are 3X more likely to die from pregnancy complications than white women.

Georgia already has a severe obstetric provider shortage, and restricting telemedicine abortion care further limits access. Telemedicine for medication abortion can eliminate the need to take off work and get childcare to go to a clinic.