

Medication Abortion Toolkit for Public Colleges & Universities



A guide to assist Massachusetts' public colleges and universities in preparing medication abortion readiness plans to provide, or make referrals for, medication abortion on college campuses

Compiled and created by the Massachusetts Department of Public Health and the Reproductive Equity Now Foundation



Acknowledgments

Thank you to all of the stakeholders who shared their knowledge and agreed to interviews.

Organization Information

This document was developed collaboratively by the Department of Public Health and the Reproductive Equity Now Foundation.

Department of Public Health

The Massachusetts Department of Public Health (DPH) keeps people healthy and communities strong. We promote the health and well-being of all residents by ensuring access to high-quality public health and healthcare services, focusing on prevention and wellness, and health equity for all. DPH also oversees a wide range of healthcare-related professions and services. Information is available for residents, providers, researchers, and stakeholders.

DPH is an accredited health department approved by the national Public Health Accreditation Board (PHAB).

Reproductive Equity Now Foundation

The Reproductive Equity Now Foundation is a 501(c)(3) organization focused on research and public education about equitable access to the full spectrum of reproductive health care regardless of race, ethnicity, income, zip code, gender, age, immigration status, ability, sexual orientation, or religion. Advancing reproductive justice and eliminating barriers to safe, legal abortion care are central to our mission. The Reproductive Equity Now Foundation uses research and analysis to educate the public, especially voters, and shine a light on barriers to access that must be removed to create true reproductive equity.

Disclaimer

This document is designed as a tool to help colleges and universities in Massachusetts develop a medication abortion readiness plan, provide medication abortion on college campuses, or make referrals for medication abortion care. *It **does not** constitute legal or clinical advice.* Legal or clinical questions should be addressed towards your institution's General Counsel or Medical Director respectively.

About this Resource/Executive Summary

The Commonwealth of Massachusetts made a commitment to helping college students access medication abortion with *An Act expanding protections for reproductive and gender-affirming care*, [Ch. 127 of the Acts of 2022](#). As a result of this law, **public** institutions of higher education must develop medication abortion readiness plans for their students in consultation with the Massachusetts Department of Public Health (DPH). Medication abortion, or medical abortion, is a safe, effective, common, and non-surgical method of ending a pregnancy prior to 70 days gestation.¹ Between 600 and 1,380 public college students in Massachusetts need abortion care annually.²

Promoting access to medication abortion on college campuses is critical to helping students get the reproductive health care they need in a safe and timely manner. Some colleges and universities may directly provide medication abortion to students in the health center, others will provide information and referrals.³ What is required of a given college or university to meet the mandate of the law will vary depending on an assessment of institutional capability.⁴

This toolkit is designed to assist public institutions of higher education to meet their obligations under the new law. The toolkit includes a readiness plan to help schools meet their obligations regarding helping students obtain medication abortion and understand next steps they need to take if they are not already prepared to meet such obligations. **The completed readiness plan and the step-by-step instructions in this toolkit will allow each school to develop a strategy to meet their obligations under Chapter 127 of the Acts of 2022 that is specific to the capacity of each individual institution.**

To inform the development of each institution's readiness plans, this toolkit breaks down several readiness steps, including: (1) Initial planning steps to undertake with planning committee members and campus community stakeholders, such as values clarification workshops for clinical staff and attitude surveys for faculty and students; (2) A guide to establishing referral relationships with nearby or telehealth abortion providers for care that may not be available on campus; and, based on an assessment of clinical capacity, (3) Administrative, clinical, and support tools for clinicians and health center teams to be

¹ Medication Abortion Up to 70 Days of Gestation, Practice Bulletin Number 225, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (Oct. 2020), available at <https://www.acog.org/en/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation>

² Carrie N. Baker, and Julia Mathis, *Barriers to Medication Abortion Among Massachusetts' Public University Students: Medication Abortion Barriers University Students: Medication Abortion Barriers*, SMITH COLLEGE (Dec. 2021), available at https://scholarworks.smith.edu/swg_facpubs/37.

³ M.G.L. c. 15A, § 46(b)(2).

⁴ *Id.*

prepared to order, prescribe, and implement medication abortion protocols; and (4) Additional support information regarding liability insurance, insurance coverage, confidentiality, and addressing security concerns. The toolkit also provides sample planning, clinical, administrative and support procedures, protocols, and resources.

In addition, this toolkit encourages all public institutions of higher education to carefully consider and stretch their capacity to provide sexual and reproductive health services, including medication abortion services, on campus. This will maximize access to services for students and advance the Commonwealth's goals of high-quality and accessible sexual and reproductive health services for all residents. To support this aim, the toolkit presents a broad array of activities that may not apply to all schools, but all schools are encouraged to consider.

Table of Contents

Acknowledgments.....	2
Organization Information	2
Department of Public Health	2
Reproductive Equity Now Foundation.....	2
Disclaimer	2
About this Resource/Executive Summary	3
Table of Contents.....	5
Introduction and Background	7
What is Medication Abortion?	7
Why is Medication Abortion On College Campuses Important?	8
What is Required of Colleges and Universities Under the Law?.....	8
What Assistance is Available to Colleges and Universities?	9
Readiness Plan	11
Step-by-Step Overview	12
Supporting Implementation Efforts on Campus	14
Planning with the Campus Community	14
Establish a Planning Committee.....	15
Host Community-Wide Discussions	15
Clinical Staff Values Clarification.....	16
Establishing Referral Relationships.....	16
Establishing a Source of Abortion Care.....	17
Ensure Students Obtain Referrals	17
Telehealth.....	18
Inform the Campus Community.....	20
Insurance Coverage & Confidentiality.....	20
Addressing Security Concerns.....	21
Becoming a Certified Prescriber	22
Establishing Relationships with Mail Order Pharmacies.....	23
Conclusion	25

Appendices 27

 Sample Procedures and Protocols 27

 Initial Planning Tools 27

 Referral Resources 28

 Administrative Tools 29

 Clinical Tools 30

 Support Tools 31

 Readiness Plan for Public Colleges and Universities 33

 Template Memorandum of Understanding 39

 Understanding Medication Abortion as Existing within Larger Reproductive Health
 Contexts 41

 Text of Relevant Portion of Ch. 127 of the Acts of 2022 42

Further Resources and Suggested Readings 45

 Statutes 45

 Government Documents 45

 Professional Organizations 45

 Toolkits and Resources 46

 Journal Articles 46

Introduction and Background

The Commonwealth of Massachusetts has made a commitment to helping college students access medication abortion. *An Act expanding protections for reproductive and gender-affirming care*, [Ch. 127 of the Acts of 2022](#), added statutory language to the Massachusetts General Laws to: (1) require public higher education institutions, in consultation with Department of Public Health (DPH), create a medication abortion readiness plan for its students; and (2) establish a Public University Health Center Sexual and Reproductive Health Preparation Fund, to be administered by DPH in consultation with the Department of Higher Education (DHE), to help public higher education institutions cover the costs of direct and indirect medication abortion readiness. This toolkit is designed to assist public institutions of higher education meet their obligations under the new law.

What is Medication Abortion?

Medication abortion, or medical abortion, is a safe, effective, common, and non-surgical method of ending a pregnancy prior to 70 days gestation.⁵ While there are three known protocols for medication abortion (mifepristone and misoprostol, misoprostol alone, and methotrexate alone), mifepristone and misoprostol in combination is the gold standard medication abortion protocol.⁶ Typically, when a patient undergoes a medication abortion, a 200mg tablet of mifepristone is administered orally, followed by 200 to 800 µg (micrograms) of misoprostol that can be dissolved in the mouth between the gum and cheek, under the tongue, or in the vagina.⁷ Mifepristone blocks progesterone, which leads to the breakdown and detachment of the uterine lining.⁸ Misoprostol binds to prostaglandin receptors in the uterus which softens the cervix and causes uterine contractions, leading to the expulsion of tissue.⁹

Over 4 million individuals in the U.S. have used a medication abortion protocol since the FDA initially approved this care in 2000. The American College of Obstetricians and Gynecologists calls medication abortion “a safe and effective method of providing abortion” and notes that the medication abortion regimen has broad national and international support from major medical organizations.¹⁰ Medication abortion is

⁵ *Supra* note 1.

⁶ *Id.*

⁷ Mifepristone/Misoprostol Abortion Care Protocol, REPRODUCTIVE HEALTH ACCESS PROJECT (2023), available at, https://www.reproductiveaccess.org/wp-content/uploads/2022/11/2023-01-Protocol-for-MAB-with-MifeMiso_final.pdf.

⁸ *Supra* note 1.

⁹ *Id.*

¹⁰ *Supra* note 1.

increasingly common and accounted for 53% of abortions in 2020 nationally,¹¹ and nearly 50% of abortions in Massachusetts in 2021.¹² Adverse reactions requiring medical treatment are extremely rare.¹³ Furthermore, medication abortion is 95-98% effective in clinical practice.¹⁴

Why is Medication Abortion On College Campuses Important?

Between 600 and 1,380 public college students in Massachusetts seek abortion care annually.¹⁵ Traveling to an in-person appointment to access medication abortion can be difficult, especially for public college students who have to consider location and distance to a clinic, financial cost, time, scheduling conflicts, and reliable access to transportation. These barriers disproportionately impact people of color, low-income people, young people, and other vulnerable populations who may already face disparities accessing health care and transportation. A number of Massachusetts colleges and universities are located in access deserts, where it becomes extremely difficult to access abortion as a result of distance and public transportation schedules. At least eight major institutions of higher education are located 15 miles or more away from an abortion clinic. For some students, accessing abortion care could require traveling up to four hours *one way* on public transportation. Promoting access to medication abortion on college campuses by directly providing medication abortion care, or providing referrals for telemedicine care, is critical to helping students get the reproductive health care they need in a safe and timely manner.

What is Required of Colleges and Universities Under the Law?

The medication abortion readiness requirements in the new law applies to all public colleges and universities in the Commonwealth. While private universities are not subject to these requirements, this toolkit may be used as a resource to any and all higher education institutions, whether public or private, seeking to advance access to

¹¹ Rachel K. Jones, Elizabeth Nash, Lauren Cross, Jesse Philbin, and Marielle Kirstein, *Medication Abortion Now Accounts for More Than Half of All US Abortions*, GUTTMACHER INSTITUTE (Feb. 2022), available at <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions> (last visited May 2, 2023).

¹² Hannah Reale, *What does new data tell us about abortions in Massachusetts? 5 key takeaways*, GBH NEWS (Sept. 6, 2022), available at <https://www.wgbh.org/news/local-news/2022/09/06/what-does-new-data-tell-us-about-abortions-in-massachusetts-5-key-takeaways> (last visited May 2, 2023).

¹³ The Safety of Medication Abortion Care, THE EMA PROJECT (Apr. 2022), available at https://emaaproject.org/wp-content/uploads/2022/02/Fact-Sheet_Safety-of-Medication-Abortion-Care_2-24-22.pdf.

¹⁴ Medical Abortion, UCSF HEALTH, (2019), available at https://www.ucsfhealth.org/treatments/medical_abortion/ (last visited May 2, 2023).

¹⁵ *Supra* note 2.

reproductive health care on campus in the Commonwealth.¹⁶ Colleges and universities in the University of Massachusetts segment, the state university segment, and the community college segment, as listed in [M.G.L. c. 15A, § 5](#), are subject to the requirements of M.G.L. c. 15A, §§ 46 and 47.

Some colleges and universities may be able to directly provide medication abortion to students in their health centers, while the capacity of other campuses may mean they are better suited to providing information and referrals for medication abortion care.¹⁷ What will ultimately be required of a given college or university will depend on approval by DPH after a review of the readiness plan. The law provides that assessment of institutional capability includes factors such as, but not limited to:

- (a) whether the institution has an operational health center on campus;
- (b) the institution's proximity to a hospital, clinic, or other facility that provides medication abortion;
- (c) availability, convenience, and cost of public transportation between the institution and closest facility that provides medication abortion; and
- (d) whether the institution employs health care workers on campus.¹⁸

This toolkit serves as guidance to help campuses develop medication abortion readiness plans.¹⁹ Initial readiness plans shall be submitted to DPH by November 30, 2023 and annually thereafter on November 30th of each year. DPH will then determine the adequacy of the plan and issue additional guidance as necessary by January 31st of each year.

What Assistance is Available to Colleges and Universities?

In addition to the resources available in this toolkit, it is anticipated that funding for the implementation of readiness plans will be available via the Department of Public Health through the **Public University Health Center Sexual and Reproductive Health Preparation Fund**.²⁰ Funding is available for implementation activities regardless of whether medication abortion will be provided on campus or by referral.

¹⁶ M.G.L. c. 15A, § 46.

¹⁷ M.G.L. c. 15A, § 46(b)(2).

¹⁸ *Id.*

¹⁹ M.G.L. c. 15A, § 46(b)(2).

²⁰ M.G.L. c. 15A, § 47.

When this funding becomes available, there will be a simple application process through which the University of Massachusetts campuses, state universities, and community colleges can apply for grants from the Public University Health Center Sexual and Reproductive Health Preparation Fund.²¹ Grant money from this fund can be used towards direct and indirect cost of medication abortion readiness, including:

- staff costs associated with readiness activities, including developing referral relationships and student and staff engagement activities;
- costs associated with training staff;
- the purchase of equipment used in the provision of medication abortions;
- facility and security upgrades;
- costs associated with enabling the health center to deliver medication abortion via telehealth services;
- staff cost reimbursement and clinical revenue offset while staff are in trainings; and
- billing specialist consultation fees.²²

In considering grant applications, DPH is required to prioritize applications from the University of Massachusetts and state universities,²³ but anticipates being able to offer funding to community colleges as well. As a condition of the grant, award recipients agree to an evaluation of that institution's medication abortion readiness and, as appropriate, its provision of medication abortions.²⁴

Additional information about funding availability will be available toward the end of 2023.

²¹ M.G.L. c. 15A, § 47(b)(i).

²² *Id.*

²³ *Id.*

²⁴ M.G.L. c. 15A, § 47(c).

Readiness Plan

All public institutions of higher education in the University of Massachusetts segment, the state university segment, and the community college segment as listed in the Massachusetts General Laws²⁵ and [online](#) will be expected to conduct planning, establish referral relationships with outside abortion providers, and communicate with the school community around their plans. Schools without health centers will not be expected to provide medication abortion on campus but will be expected to make referrals to abortion providers who offer medication abortion. Schools with health centers will be expected to complete additional sections of their plan to determine the feasibility of offering medication abortion on-site.

The initial readiness plan is intended to identify current operating procedures of the school. This is due by November 30, 2023. Progress will be determined through annual reporting of the readiness plan submitted on November 30th of each year.

All required institutions of higher education must complete the readiness plan. The readiness plan will demonstrate schools' progress towards:

- (1) Completing initial planning and buy-in steps;
- (2) Establishing (a) referral relationship(s) with nearby abortion providers; and
- (3) Building a communications plan for informing students and faculty.

Based on the initial four questions in the readiness plan, institutions with health centers on campus may take additional steps to integrate medication abortion care as a service within the health center.

The readiness plan can be found as an **Appendix**, and is designed to help schools integrate the best medication abortion care possible for students. **In concert with the step-by-step instructions included in this section, please complete the initial readiness plan to inform DPH what steps your institution has already taken, will take within the next 12 months, or may need to consider to meet its obligation to begin helping students obtain medication abortion care.**

The readiness plan can be printed, completed, and emailed to SRHP@mass.gov, or completed electronically (link to be provided soon). Questions can be emailed to SRHP@mass.gov.

²⁵ Institutions named in M.G.L. c. 15A, § 5.

Step-by-Step Overview

Following the completion of the initial readiness plan, colleges and universities will continue to take steps toward maximizing access to abortion services for their students. The following overview outlines steps that schools may take. Colleges and universities interested in providing medication abortion to students through on-campus health clinics will follow all steps, while those that will provide referral to abortion services will follow steps 1-3. While some of the steps must be done sequentially, others will have overlap. Following this overview, the remainder of the toolkit provides additional detail and resources.

- 1. Get buy-in from key stakeholders—including administration, support staff, and students.**

Obtaining buy-in from key stakeholders—including administration, faculty, support staff, and students—is critical to easing some of the barriers associated with offering medication abortion. Partnering with students and professors will be vital to spreading awareness about this service because of the trust and rapport that develops. Establishing a planning committee with representation from key stakeholders on campus, ensuring student input, utilizing staff and student attitude surveys, and offering a values clarification workshop for clinical staff are important tools to utilize to get buy-in.

- 2. Establish a referral relationship, through the National Abortion Federation or local community connections, with an OB/GYN, sexual and reproductive health clinic, or abortion clinic.**

For institutions integrating medication abortion care on campus, this will allow clinic staff to have a known point of contact that they can turn to when questions arise, or for needed referrals for patients who are ineligible for medication abortion, who may require an ultrasound, who choose to have a surgical abortion, or who have complex care needs beyond the capacity of the campus health center to address. For institutions without a health center, this partnership will be key to ensuring students obtain referrals to nearby abortion care.

- 3. Develop a plan to inform students, faculty and staff about the availability of medication abortion on campus.**

This may vary from institution to institution depending on the attitudes of faculty, staff, and students, as well as the outcome of your campus safety assessment.

- 4. Become a member of the National Abortion Federation.**

DPH strongly encourages schools that plan to provide abortion services on campus to become a member of the National Abortion Federation (NAF). Membership includes eligibility for security support, training, and onsite assessments. Colleges and universities offering medication abortion should take advantage of the opportunity for a security assessment. The process of becoming a member of NAF can take several months and should be started as soon as possible.

5. Identify who will provide medication abortion & obtain status as a certified prescriber.

Medication abortion may be dispensed by any physician, physician assistant, nurse practitioner or nurse midwife consistent with the scope of their practice and license, but any clinician planning to prescribe mifepristone must be certified to do so by registering with one of the two mifepristone manufacturers, Danco or GenBioPro. Colleges and universities can also contract with a mail-order pharmacy to deliver mifepristone to students. Prescribing providers must be certified with one of these companies to be able to prescribe and dispense mifepristone.

6. Select, develop, or modify protocols and standard operating procedures to reflect the needs of medication abortion appointments.

This toolkit offers protocols and standard operating procedures recommended by various organizations, including the Society for Family Planning (SFP), the World Health Organization (WHO), and the Reproductive Health Access Project (RHAP). Some of the protocols colleges and universities will want to put in place include:

- Separating funding (if your school receives federal funding for healthcare);
- Separating medication stock storage if you are dispensing medication abortion on campus (as opposed to having it mailed directly to the student or the student picking it up at a pharmacy);
- Coding, EHR documentation, and other technical details;
- Front desk interactions, patient screenings, and scheduling; and
- Clinical protocols.

7. Adhere to Massachusetts DPH informed consent and reporting requirements.

Massachusetts law requires providers obtain written informed consent from a patient before providing abortion care.²⁶ Consent forms are made available from MDPH and can be found [here](#) (free login required). Additionally, reporting of de-

²⁶ M.G.L. c. 112, § 12R.

identified, aggregate data is required.²⁷ Contact the Registry of Vital Records and Statistics at RVRSData@mass.gov to identify your institution as a new abortion provider to gain access to the DPH reporting system.

Supporting Implementation Efforts on Campus

This section provides in-depth information regarding the various facets involved in integrating access to medication abortion on campus. Included here is information regarding initial steps and recommendations to involve the whole campus community in planning; establishing a source of medication abortion care *and* referral or telehealth relationships for care that will not be available on campus; information regarding insurance and confidentiality measures for students; and information to address security concerns. For campuses with the clinical capacity to provide medication care directly on campus, there is also information in this section for clinicians about becoming a certified prescriber and sourcing both mifepristone and misoprostol; licensing and scope of practice with regard to medication abortion; and clinics and liability insurance. Please note that the following section, “Sample Procedures and Protocols,” includes links to resources referenced in the below recommendations.

Planning with the Campus Community

Planning to integrate medication abortion access on campus, or planning to actively communicate with the campus community about how to access off-campus care, goes beyond ensuring clinical staff have the proper training and appropriate protocols in place to provide care. It also must include discussion with and feedback from all members of the campus community, including administrative leaders and support staff, faculty and professors, and students. Getting buy-in from all these stakeholders is critical to easing some of the barriers associated with offering medication abortion and partnering with students and professors will be vital to spreading awareness about the availability of this service. Students in particular should be heavily involved in the planning and roll out of medication abortion care and referrals on campus. Students will turn to their peers for information, so it is critical to invest early in dispelling any misconceptions and ensuring students have the facts, evidence-based information, and appropriate language to use when talking about abortion access.

To help prepare students and staff, get buy-in, dispel myths and misconceptions, and ensure the entire campus community feels safe obtaining and sharing information about medication abortion, your institution can establish a planning committee, offer discussions with the campus community, integrate feedback from student groups, and, specifically for

²⁷ M.G.L. c. 112, § 12Q.

institutions with health centers on campus, engage in values clarification workshops with clinical staff.

Establish a Planning Committee

Institutions should establish a planning committee with representative voices from all stakeholders in the campus community, including administrative leaders, students, faculty, and clinical staff. Members of the planning committee should be empowered with resources and materials to take back to their respective communities on campus to share information about ongoing planning and implementation work, to ensure students, staff members and faculty know that your campus is going to begin providing or offering referrals for medication abortion. Staff and student surveys can help inform planning committee needs and community-wide discussions about a campus's medication abortion program. Planning committee meetings should also be scheduled well into the launch of any new medication abortion program to allow stakeholders to discuss best practices and challenges.

Host Community-Wide Discussions

Create forums, such as attitude surveys, for students, faculty, and staff to anonymously express their opinions, questions, and concerns about medication abortion. Such forums should be followed up offering a public presentation and discussion, as an opportunity to dispel myths and build trust with all campus stakeholders. This may require combating a significant amount of abortion stigma and misinformation, and it may also involve challenging the attitudes of students, staff, and faculty. In these discussions, it is critical to frame abortion as an issue of reproductive health and justice, not merely choice. Additionally, these public discussions are an opportunity to educate the campus community about the importance of adopting inclusive and non-gendered language when talking about abortion access, which impacts all genders, including women, non-binary, and transgender people.

There are a variety of high-quality values clarification tools and resources available that can be adapted for community-wide discussion as well as conversations with health center staff. There is more information about values clarification tools and resources later in the following section, ***Sample Procedures and Protocols***.

Solicit and Listen to Student Feedback

Students are an indispensable resource for making sure your campus medication abortion plan is a success. It is critical to not only involve student groups in publicizing and talking about the medication abortion program, but also listen to their feedback throughout the implementation process.

In interviews conducted with Massachusetts public college students for the creation of this toolkit, a common theme raised by students was the necessity of planning for and ensuring students have access to continuity of care and wrap-around health services. Stakeholders on the planning committee should:

- Consider how students will be supported on campus after seeking an abortion, including consideration for excused absences, assignment extensions, or food delivery or transportation needs;
- Engage in discussions with the clinical team about publicizing other counseling support services that are on campus or through referrals, including contraceptive access, testing and treatment for sexually transmitted infections, and mental health services; and
- Discuss recommendations for post-abortion care and follow-up support that may be needed outside of clinical care, including recommending patients identify a friend, family member, or trusted leader on campus to check in with after their abortion.

Clinical Staff Values Clarification

For schools with on-campus clinics that plan to offer medication abortion on site, values clarification workshops are designed to assess attitudes of staff regarding the provision of medication abortion, and can be useful in combatting misconceptions and misinformation about medication abortion. These workshops may also inform the need to discuss and develop accommodations for staff who are not comfortable participating in medication abortion care delivery, and to integrate discussion of medication abortion care delivery into interview protocols with prospective clinical or support staff. Engaging in such workshops with all clinical and support staff who will be directly or indirectly involved in the provision of medication abortion care is a critical step to ensure the clinical team is prepared to launch a thoughtful, intentional, and successful medication abortion program on campus.

Establishing Referral Relationships

Establishing referral sources will be critical for all colleges and universities integrating any level of medication abortion care into their health care portfolio. For institutions with the clinical capacity to directly provide medication abortion care in their campus health centers, there will be patients who may be ineligible for medication abortion, or who may prefer to seek surgical abortion. There may also be students who need a referral for other sexual and reproductive health services not available on campus. Institutions without health centers will need an established referral relationship in order to ensure students seeking abortion care are able to access that care from a trusted provider. Another

consideration referring for off-campus care is the possibility of establishing a relationship with a telemedicine abortion provider, which is covered in the next section of this toolkit. Regardless of clinical capacity, all institutions of higher education need to: (1) establish a source of abortion care for students, and (2) ensure that students can obtain a referral for care not available on campus.

Establishing a Source of Abortion Care

Establishing a connection with a trusted local abortion provider helps ensure that your students get timely care when they are still eligible for a medication abortion protocol, well as for those who are ineligible for medication abortion or prefer a surgical abortion. Schools in other states that have already implemented medication abortion on campus have indicated that establishing a connection with a provider to whom you outsource care was an important element of success. Establishing a relationship with a specific clinic, and outlining the obligations of both parties in a written memorandum of understanding (MOU), is recommended to ensure a strong referral relationship. Colleges and universities are encouraged to:

1. Use Reproductive Equity Now's [New England Abortion Care Guide](#) to locate the abortion clinic(s) nearest to your campus;
2. Contact nearby facilities or clinics and explain that, pursuant to Massachusetts state law and directives from DPH, the college or university would like to establish a relationship with the provider to refer students seeking abortion care;
3. Establish an MOU with the clinic or clinics accepting referrals. MOUs are not legally binding, but they will help ensure a continuity of services for students. A MOU template can be found in Initial Planning Tools within the Sample Procedures and Protocols section; and
4. Provide any students seeking information about abortion care the contact information for one of these clinics.

Ensure Students Obtain Referrals

Every campus has a way of communicating relevant health information to students that can be leveraged to provide abortion referrals. Even people who do not directly provide health care could serve as points of contact – or potential barriers – for students in need of abortion care.

After assessing for clinical capacity and ability to provide care on campus, schools that do not provide care on campus and that establish referral relationships with nearby abortion

providers should consider where referral information will be accessed and how students can and should interface with that information.

Institutions with the clinical capacity to provide sexual and reproductive health services on campus will need to implement a referral protocol that is consistent with other referral protocols in place at the health center. Even if direct medication abortion care is being provided in the health center, referrals will be necessary for any patient who requires testing not available on campus, such as an ultrasound, is ineligible for medication abortion care, prefers to seek surgical care, or requires otherwise complex care.

Telehealth

Abortion provision via telehealth is another strategy for ensuring that students have access to abortion care, even when it is not provided on campus. The medical community generally agrees that medication abortion is so safe and effective that it does not need to be provided in a clinical setting,^{28,29} and that medication abortion does not require

²⁸ *Supra* note 10.

²⁹ *Id.*

ultrasounds, in person visits, or clinical testing.³⁰ Clinicians have adopted evidence-based no-test protocols for medication abortion that can be delivered entirely via telehealth.^{31,32}

There are several ways institutions could consider integrating telehealth care to offer medication abortion access on campus. Institutions with the capacity to provide telehealth care on campus may wish to integrate telemedicine medication abortion care for students, so that students are not required to come to the health center for an in-person consultation. This could involve a telemedicine consultation with a patient, or an asynchronous consultation such as an e-visit or online questionnaire, after which students can choose to pick up the medication from the health center or have it mailed to them.

Alternatively, institutions seeking to provide students with referrals to medication abortion care off campus may wish to establish a relationship with a nearby abortion provider that offers telemedicine care or an online medication abortion clinic.

³⁰ See, Telehealth care for medication abortion workflow, REPRODUCTIVE HEALTH ACCESS PROJECT (Updated June 2022), available at <https://www.reproductiveaccess.org/resource/telehealth-care-formab-workflow/03-2020-no-touch-mab-workflow-final/> (last accessed May 2, 2023); see also Elizabeth Raymond, Daniel Grossman, Alice Mark, et al., *Medication abortion: a sample protocol for increasing access during a pandemic and beyond*, UC DAVIS (2022), available at <https://escholarship.org/uc/item/02v2t0n9>; see also ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS, Coronavirus (COVID-19) infection and abortion care (July 31, 2020), available at <https://www.rcog.org.uk/guidance/coronavirus-covid-19-pregnancy-and-women-s-health/coronavirus-covid-19-infection-and-abortion-care/> (last accessed Aug. 11, 2023); see also NATIONAL ABORTION FEDERATION, Abortion & COVID-19, , available at <https://prochoice.org/abortion-covid-19/> (last accessed Aug. 11, 2023); See also WORLD HEALTH ORGANIZATION, Abortion Care Guideline (2022), available at <https://srhr.org/abortioncare/> (last accessed Aug. 11, 2023); see also THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS, Best practice in abortion care (Updated 2022), available at <https://www.rcog.org.uk/media/geify5bx/abortion-care-best-practice-paper-april-2022.pdf> (last accessed Aug. 11, 2023).

³¹ M. Tschann, *Society of family planning: uptake of no-test protocols*, Presented at: Mifepristone Meeting: A flexible tool in difficult times (Sept. 1, 2020); see also R.J. Gomperts, K. Jelinska, S. Davies, K. Gemzell-Danielsson and G. Kleiverda, *Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services*. 115 INTL. J. OB. & GYN. 9, 1171-775 (2008), available at <https://doi.org/10.1111/j.1471-0528.2008.01787.x>; see also INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS (FIGO), *Abortion access and safety with COVID-19: March 2020 guidance* (Mar 30, 2020), available at <https://www.figo.org/abortion-access-and-safety-covid-19-march-2020-guidance> (last accessed May 2, 2023); see also E. G. Raymond, Y.L. Tan, R. Comendant, et al., *Simplified medical abortion screening: a demonstration project*, 97 CONTRACEPTION 4, 292-96 (2018), available at [10.1016/j.contraception.2017.11.005](https://doi.org/10.1016/j.contraception.2017.11.005).

³² S. Horvath, P. Tsao, Z.Y. Huang, et al., *The concentration of fetal red blood cells in first-trimester pregnant women undergoing uterine aspiration is below the calculated threshold for Rh sensitization*, 102 CONTRACEPTION 1,1-6 (2020), available at [10.1016/j.contraception.2020.02.011](https://doi.org/10.1016/j.contraception.2020.02.011); S. Horvath, V. Goyal, S. Traxler, and S. Prager, *Society of Family Planning committee consensus on Rh testing in early pregnancy*, 114 CONTRACEPTION 1-5 (2022), available at [10.1016/j.contraception.2022.07.002](https://doi.org/10.1016/j.contraception.2022.07.002).

Students should be aware that insurer's policies on reimbursement for telehealth services may vary and should develop strategies for encouraging students to reach out to their health insurance companies to verify coverage for telehealth services.

Based on an institution's capacity for offering clinical care and/or telehealth services, a referral relationship with a nearby abortion provider will be critical.

Inform the Campus Community

Once an institution has established an approach to medication abortion access, strategies should be developed to inform students, faculty, and staff about the approach to abortion access, whether it is via referral, via telehealth, or offered on site. Feedback from stakeholders gathered during the planning process will help guide the messaging appropriate for each campus.

Insurance Coverage & Confidentiality

One key messaging point for communicating with the campus community is about insurance coverage and confidentiality of abortion services. Chapter 127 of the Acts of 2022 established the obligation for public colleges and universities to implement medication abortion readiness plans and also requires fully-insured health plans, including MassHealth and the Group Insurance Commission (the Commonwealth's insurer for state employees) to cover abortion and abortion-related care without cost-sharing in any policies delivered, issued, or renewed on or after January 1, 2023. This means that students who are on a fully-insured plan, MassHealth, or ConnectorCare are entitled to coverage for their medication abortion or any other abortion-related care without being subjected to out-of-pocket costs. While student health insurance plans at public colleges and universities in Massachusetts are generally self-insured, these plans typically offer coverage for voluntary termination of pregnancy as a standard benefit with an applicable cost share for an office visit or outpatient copay. However, other self-insured plans and/or plans that are not subject to regulation by the Massachusetts Division of Insurance (for example, students whose parents live outside of Massachusetts and who are covered by a parent's plan) may not cover abortion and abortion-related care.

Full-time Massachusetts college students are required to have comprehensive health insurance, though many may ultimately waive enrollment in student health insurance plans if they are eligible to be a dependent on a parent or spouse's plan. In some cases, students may be concerned about confidentiality when seeking sexual and reproductive health care services, especially if they are not the primary subscriber on their insurance

plan. The Massachusetts PATCH Act allows patients on fully-insured plans to choose how they receive an Explanation of Benefits (EOB), which outlines recent health care procedures, and ensures that they receive their EOB directly, instead of it being sent to the plan’s primary subscriber. Additionally, EOBs are not sent for preventative health services with no cost sharing, such as testing for STIs or contraceptive counseling, and only list generic information, such as “office visit,” or “medical service,” when sensitive care, including sexual and reproductive health care services, is provided.

For students who need financial assistance regarding medication abortion care, institutions should seek out a relationship with one of the Commonwealth’s four abortion funds: the Eastern Massachusetts Abortion Fund (EMA), the Jane Fund of Central Massachusetts, the Abortion Rights Fund of Western Massachusetts, and Tides for Reproductive Freedom. More information about abortion funds can be found at <https://abortionfunds.org/need-abortion>.

Addressing Security Concerns

Access to abortion – and all reproductive and gender-affirming health care – are legally protected rights in Massachusetts.³³ College and university staff and students have a legal right to be free of harassment when giving or receiving care.³⁴

Some administrations may be concerned that offering medication abortion services or referrals could result in anti-abortion protesters. Schools that are currently offering medication abortion have not found this to be the case. For example, the University of Massachusetts, Amherst has been offering abortions since the Fall of 2022 without incident. UMass Amherst does not widely advertise their services to decrease any potential pushback from community members; however, they still work to ensure students know this is a service being offered.³⁵

Schools that offer medication abortion on campus may wish to take steps to enhance security. NAF offers campus security assessments, including in-person site visits and specific recommendations based on the outcome of your campus’ personalized security assessment. Schools can also apply for grants through the Public University Health Center Sexual and Reproductive Health Preparation Fund from DPH to increase security measures alongside offering medication abortion.

³³ M.G.L. c. 12, § 12I ½ and M.G.L. c. 112 § 12L.

³⁴ M.G.L. c. 266 § 120E1/2.

³⁵ Interview with Andrew McMahon, Executive Director, and Dr. Leora Cohen, Medical Director of Reproductive Health, University of Massachusetts-Amherst, Zoom (Feb. 28, 2023).

In addition, schools should be aware that while protests cannot be banned on campus, campuses do have discretion for implementing time and place restrictions and prioritizing the safety of the campus community. Administrators are encouraged to work with their school’s legal and public safety offices and may also want to consult resources such as the Association of Governing Boards of Universities and Colleges’ [“Freedom of Speech on Campus.”](#)

Becoming a Certified Prescriber

One of the steps institutions wishing to offer medication abortion at the health center will need to follow is establishing a provider agreement with a manufacturer. There are two options for U.S. manufacturers of mifepristone with whom to coordinate on the medication’s distribution: [GenBioPro](#) or [Danco](#). One individual from the institution—such as the clinical medical director, or an equivalent position—should become the registered provider with the mifepristone manufacturer.

There are certain criteria that must be met and steps that must be taken prior to registering as a provider:

1. Meet state licensure requirements as set forth by the [Board of Registration in Medicine](#), the [Board of Registration in Nursing](#), or the [Board of Registration of Physician Assistants](#);
2. Have a commercial shipping address capable of receiving FedEx package deliveries – the shipping address does not have to be the clinic address *and* mail-order pharmacies can serve as the shipping address;
3. Sign a Prescriber Agreement with [GenBioPro](#) or [Danco](#); and
4. Provide billing information.³⁶

The Prescriber Agreement with [GenBioPro](#) or [Danco](#) is stored by the manufacturer; personal information is confidential and will not be disclosed to the FDA or other third parties. The Prescriber Agreement can be found in the links provided above or filled out online through the [GenBioPro](#) or [Danco](#) websites. Once the Prescriber Agreement is in order, GenBioPro/Danco will contact the registered provider to complete the registration process and provide support in using their ordering systems for medication distribution.

³⁶ Access, Delivered: A Toolkit for Provides Offering Medication Abortion, UNIVERSITY OF WASHINGTON’S MEDICINE 'ACCESS, DELIVERED' RESEARCH TEAM AND PLAN C,(2021), available at <https://digital.lib.washington.edu/researchworks/bitstream/handle/1773/48347/Access%20Delivered%20Provider%20Toolkit%203rd%20Ed.%202022.10.25.pdf?sequence=9&isAllowed=y>.

Summary of Information for Major U.S. Mifepristone Manufacturers ³⁷		
Manufacturer	GenBioPro	Danco
Website	https://genbiopro.com/	https://www.earlyoptionpill.com/
Prescriber Agreement PDF	GenBioPro Prescriber Agreement	Danco Prescriber Agreement
Product(s) Available	Generic mifepristone (200 mg, one tablet) Generic misoprostol (200 mcg, packaged as 4 tablets)	Mifeprex (mifepristone; 200 mg, one tablet) Generic misoprostol (200 mcg, packaged as 100 or 60 tablets)
Mifepristone Pricing	\$43.50	\$43.00
Minimum order	None (though shipping charges may be waived with a minimum purchase)	None (though shipping charges may be waived with a minimum purchase)
Primary Contact for Questions	Evan Masingill President GenBioPro, Inc. 855-MIFE-INFO info@genbiopro.com	Abby Long, MPH Director of Marketing and Public Affairs Danco Laboratories, LLC (877) 432-7596 along@earlyoptionpill.com
Partners with mail-order pharmacies	Honeybee Health American Mail Order Pharmacy (AMOP) Open to discussing how to leverage existing institutional relationships with mail-order pharmacies	American Mail Order Pharmacy (AMOP) Open to discussing how to leverage existing institutional relationships with mail-order pharmacies

Establishing Relationships with Mail Order Pharmacies

Once a health center has a provider or providers who have become certified mifepristone prescribers, there are two ways to dispense mifepristone. Institutions with on-site pharmacies or the ability to stock medication may wish to order mifepristone directly from

³⁷ *Id.* at 16-17.

the manufacturer in order to prescribe and dispense it to patients. These institutions should utilize the sample procedures and protocols included in the following section, such as clinical training resources, a sample medication abortion protocol, and mifepristone ordering and storing information, to begin integrating direct medication abortion care into clinic services.

Institutions without a pharmacy attached to their health clinic or without the ability to store medications on-site may wish to work with a mail-order pharmacy to store, fill scripts for, and dispense mifepristone directly to patients through the mail. Under this protocol, a clinician would hold a consultation with the patient, after which they would send the prescription for medication abortion to the mail order pharmacy. The pharmacy follows federal and state regulations on medication labeling and then delivers the prescription to the patient. The prescriber must then document the serial number of the mifepristone dispensed to the patient; this serial number is recorded in the patient’s medical records to comply with FDA distribution requirements.³⁸

There are two primary online mail-order pharmacies a provider can partner with: Honeybee Health and American Mail Order Pharmacy (AMOP). If you are a certified provider with GenBioPro, you can use AMOP or Honeybee Health. If you are a certified provider with Danco, you will have to use AMOP.

AMOP accepts 99% of insurance plans and offers competitive cash prices for individuals without insurance. Providers interested in establishing a dispensing account with AMOP can contact AMOP at info@amopr.com, or (888) 772-3811.

Honeybee Health can bill the provider, who can in turn bill the patient’s insurance, or can bill the patient directly. Honeybee Health bundles the cost of their pharmacy services, mifepristone, misoprostol, and FedEx 3-day shipping, charging \$77. Providers interested in establishing a dispensing account with Honeybee Health can contact Honeybee Health at prescribers@honeybeehealth.com, or (310) 559-5903.

Licensing and Scope of Practice

Medication abortion may be dispensed by any physician, physician assistant, nurse practitioner or nurse midwife, consistent with the scope of their practice and license.³⁹

A college or university with one of the above referenced prescribers on staff, with adequate knowledge to prescribe medications for medical abortion, will **not** need to

³⁸ *Id.*

³⁹ M.G.L. c. 112, § 12M.

acquire any additional certifications or licenses from any Board of Registration or Massachusetts agency.

Clinics and Liability Insurance

Clinics and clinicians may wish to discuss the provision of abortion care with their liability insurance provider, but there should be no need for clinics or clinicians to increase their liability insurance in order to prescribe medication abortion. Providers who already have general liability coverage should be able to provide medication abortion without added costs or increased premiums.⁴⁰

Colleges and universities looking to provide medication abortion can verify coverage on the existing general liability insurance plan by:

- Checking the current policy;
- If not indicated on the current policy, check the original application to determine if abortion services are included in the policy; and
- Contact the insurer directly and ask if medication abortion is included in the policy. Additionally, determine if telehealth services are included in the policy.⁴¹

A [new Massachusetts law](#) stipulates that medical malpractice insurers cannot raise a provider's premiums or adjust a provider's risk classification based on the provider engaging in legally-protected reproductive or gender-affirming health care services—including medication abortion—regardless of the potential or actual liability for those services so long as they would be lawful and consistent with good medical practice in the Commonwealth.⁴²

If an insurer does either deny coverage or raise premiums, colleges and universities may file a complaint with the [Division of Insurance](#) or the [Attorney General](#). Schools experiencing insurance issues are also encouraged to reach out to Reproductive Equity Now at info@reproequitynow.org.

Conclusion

In consultation with DPH, public institutions of higher education must create a medication abortion readiness plan for their students. This toolkit breaks down the required steps needed to develop a medication abortion readiness plan along with recommendations that will result in a successful program for your students. Each institution's plan will look

⁴⁰ *Supra* note 43 at 22.

⁴¹ *Id.*

⁴² Mass. Ch. 127 of the Acts of 2022.

different, as there may be different stakeholders, different communications plans, and different capacities for either telehealth or clinical care. Ultimately, DPH will work with each institution to develop a successful plan.

College and university students in Massachusetts need abortion care, and public institutions of higher education have a significant opportunity to put this care within reach. By doing so, each institution will help ensure students get the reproductive health care they need in a safe, supportive, and timely manner, and with minimal disruption to their education, and ensure the Commonwealth remains a beacon for abortion access.

Appendices

Sample Procedures and Protocols

Sample procedures and protocols are included in this section. These resources are presented as examples that may be useful for colleges and universities and inclusion in this toolkit does not imply endorsement by the Department of Public Health.

For use by all institutions, (1) Initial planning tools includes a values clarification workshop for clinical staff, staff and student attitude surveys, and a sample memorandum of understanding for outside referrals or outside clinical advice; (2) Referral resources offer trainings and partnerships that may assist schools in developing referral protocols. For specific use by institutions with the clinical capacity to provide medication abortion on campus (3) Administrative tools, includes record keeping guidance documents, coding guidance documents, an EHR template, and administrative guidance; (4) Clinical tools, includes medication abortion protocols and information for what patients can expect, ordering mifepristone, mifepristone storage and handling, telehealth tools and guidance, clinic workflow sheet, front desk interaction guidance, and reporting requirements; and (5) Support tools, includes a link for NAF membership, and training resources for clinical staff.

Initial Planning Tools

Values Clarification Workshop

[This document](#) was modified by Reproductive Health Access Project (RHAP) from a workshop designed by Vicki Breitbart and Jini Tanenhaus of Planned Parenthood of New York City. It is designed as a two-hour workshop but is intended “for use during a 40-minute staff meeting, one-hour lunch break, or spread out over several sessions.” It is designed to help assess the attitudes of staff and faculty regarding the provision of medication abortion. The workshop, when combined with other resources in this toolkit, can also be useful in combating misconceptions and misinformation about medication abortion. This workshop could also be adapted to assist in campus community-wide discussions with students and faculty.

Staff Attitude Survey

[This document](#) is a slightly edited version of the [Staff Attitude Survey](#), originally developed by RHAP, to help colleges and universities assess the attitudes faculty and staff have towards medication abortion.

Patient Attitude Survey

[This document](#), originally developed by RHAP, can help colleges and universities assess the attitudes students have towards medication abortion.

Memorandum of Understanding

A template memorandum of understanding is provided as an appendix, and can be modified as you establish a relationship with a provider or clinic to provide medication abortion services, to refer patients who are ineligible for medication abortion, those who may need follow up care, or to answer questions regarding your provision of medication abortion services.

When using this form, schools should specifically establish the ability of medical personnel on staff to reach out to the external provider with questions and an agreement to send students to the care provider if care cannot be provided on campus.

Referral Resources

Referrals Curriculum

[Provide](#) offers in-person and virtual training for clinicians and administrative clinic staff to help them provide comprehensive pregnancy options counseling and high-quality referrals to services.

Hey Jane

[Hey Jane](#) is an online sexual and reproductive health care clinic that has recently launched operations in Massachusetts. Through HIPAA-compliant consultations with board-registered clinicians licensed in Massachusetts, it provides patients with a range of virtual reproductive health services, including providing medication abortion care, counseling and prescriptions for ongoing birth control and emergency contraception needs, as well as treatment of sexually transmitted and other infections, including bacterial vaginosis (BV), yeast, urinary tract infection (UTI), and herpes. Hey Jane has the capability to partner with colleges and universities, which could include providing direct student access to Hey Jane by contracting with the student health insurance plan, referring students to a custom landing page, creating custom student materials about the medication abortion program, and more. Campuses who are interested in this partnership should contact tabya@heyjane.co.

Administrative Tools

Coding Guidance Documents

[This document](#), originally developed by RHAP, provides the necessary codes for insurance and billing related to the provision of medication abortion.

EHR Template

[This document](#), provided by RHAP, is an electronic health record template for medication abortion office visits. Despite this template being for EPIC systems, it can be adapted for other EHR systems.

Administrative Guidance

[This document](#), originally developed by Provide and RHAP, offers “[g]uidance on setting up administrative systems to provide abortion care in sites that receive Title X, Section 330 and other federal funding.”

If your college or university receives federal funding, it will need to separate medical supplies and accounting for abortion care. According to [guidance](#):

The regulations require you to maintain separate supplies for the different programs. Some organizations feel comfortable doing this via accounting practices; i.e. supplies are properly prorated and allocated. Other organizations feel more comfortable ordering, storing, and using supplies that are kept totally separate, in separate cabinets or offices.

Reporting Requirements

Reporting of de-identified, aggregate data is required. Someone on staff should email the Registry of Vital Records and Statistics, RVRSData@mass.gov, and identify the facility as a new abortion provider. Once this relationship is established, your institution will be given access to the DPH reporting system. This information is extremely important and helps DPH maintain an updated understanding of the abortion landscape in the Commonwealth. We recommend designating one person to report to the state.

Clinical Tools

Medication Abortion Protocols

There is more than one accepted protocol for medication abortion, although the two-drug regimen of mifepristone and misoprostol is the most common regimen and is considered the gold standard of care.

- The medication abortion Mifepristone/Misoprostol protocol developed by RHAP is available [here](#).
- The medication abortion Mifepristone/Misoprostol protocol developed by NAF is available [here](#).
- The misoprostol-only protocol developed by members of the Society for Family Planning is available [here](#).

RHAP has also put together an [Information Sheet](#) on what patients using a Mifepristone/Misoprostol protocol can expect.

Ordering Mifepristone

In addition to the information provided in the Becoming a Certified Prescriber section of this Toolkit, a guide for ordering mifepristone was developed by RHAP and is available [here](#).

Mifepristone Storage and Handling

Information about recommended storage for [Mifeprex](#) and generic [mifepristone tablets](#) is included in the FDA's medication and prescribing guide for each medication.

Telehealth Tools and Guidance

Institutions with the clinical capacity to offer telemedicine care for sexual and reproductive health care services will need to establish protocols to integrate such care. RHAP offers resources, including: [Telehealth Care for Medication Abortion Protocol](#), a [Medication Abortion Workflow for Telehealth](#), and a [Consent Form](#) for medication abortion delivered remotely.

Institutions who establish referral relationships with nearby abortion providers who offer telemedicine abortion care or telemedicine abortion clinic, like Hey Jane, should work with these providers to develop patient-centered information about what to expect when seeking telemedicine care off campus.

Clinic Workflow Sheet

Clinic workflow will depend on the staffing of your health clinic and the processes you develop. The Reproductive Health National Training Center has put together a [sample Process Flowchart and tool](#) to help college and university health centers develop and visualize the medication abortion workflow in their clinics. Referral relationships will also be critical in providing guidance on best practices for clinic workflows and protocols.

Front Desk Interaction Guidance

Training in Early Abortion for Comprehensive Healthcare (TEACH) has put together a [Phone Script for Offering Abortion Options & Information](#).

Support Tools

Obtaining NAF Membership

Apply to become a member of NAF using this [website](#). The benefits of NAF membership include:

- Medical quality assurance
- Onsite medical and administrative technical assistance
- 24/7 security support, trainings, and onsite assessments
- Access to NAF's continuing medical education (CME)-accredited online learning modules and resources
- Discounted registration to NAF meetings and on NAF publications
- Eligibility to purchase medical supplies and pharmaceuticals at reduced costs through NAF's Group Purchasing Program

These are just a few examples of the assistance available to NAF members. More information can be found [here](#). The membership form can be found [here](#).

Training Resources

Several resources are available to train health center staff to be prepared to offer full pregnancy options counseling for students who are undecided, in order to best meet their needs and reproductive goals.

If a physician, physician assistant, nurse practitioner or nurse midwife wants to receive additional training on medication abortion, a number of resources are available:

- NAF Accreditation Council for Continuing Medical Education (ACCME) accredited training on medication abortion, available [here](#). NAF provides continuing medical

education training through online learning, in-person training, regional meetings, and webinars.

- Training in Early Abortion for Comprehensive Healthcare (TEACH) offers video-based medication abortion training, available [here](#).
- The Center for Reproductive Health Education in Family Medicine offers a number of different trainings, tools, and checklists relevant to the provision of medication abortion. These resources, including interactive case studies can be found [here](#).
- Essential Access Health helped all the California schools comply with their mandate to provide medication abortion on campus by January 1, 2023. Essential Access Health is available to serve as a resource and offers training on medication abortion, available [here](#).
- As part of the UCSF Bixby Center for Global Reproductive Health, Advancing New Standards in Reproductive Health (ANSIRH), offers a training workbook that includes resources on medication abortion, available [here](#).

Readiness Plan for Public Colleges and Universities

Yes indicates that you are currently doing or have done this task on campus.

Not yet indicates that you are not currently doing or have not done this task on campus, but have plans for beginning the task **within the next 12 months**.

No indicates that you are not currently doing this task on campus and do not have plans to begin this task within the next 12 months.

Readiness Plan for Implementing Access to Medication Abortion on Campus			
Preliminary Questions			
Yes	No	Question	
		Does your campus have an on-site health center? If yes, please complete the following two questions.	
		(1) Do your health center staff prescribe medications to students?	
		(2) Does your campus have the capacity to provide telehealth services to students, either with on-site or off-site providers?	
Please locate the nearest abortion provider to your campus, including distance by car and by public transportation. (Use Reproductive Equity Now's New England Abortion Care Guide or for outside of New England, use Abortion Finder's search tool .)			
Name:		Driving distance (miles):	Public transport distance (minutes):
Initial Planning & Buy-In			
Yes	Not yet	No	Question
			Have you established a planning committee with administrative, student, faculty, and clinical staff stakeholders to address the requirements of this law?
			Have you created specific opportunities for students to provide input on the planning process?
			Have you completed a staff attitude survey?

			Have you completed a student attitude survey?
			Have you developed an institution-wide policy to provide supports for students seeking abortion care, with student input?
Establishing Referral Relationships			
Yes	Not yet	No	Question
			Have you contacted the facility or clinic nearest to you to discuss referring students in need of medication abortion, surgical abortion, or complex abortion care?
			Have you considered establishing a relationship with a telehealth medication abortion provider, such as Hey Jane?
			Have you established and signed a memorandum of understanding with any facilities or clinics to which you will refer students? (Template MOU available in the toolkit.)
Do you have a referral plan for the following services, if not offered on-site? (Select "No" for services that are offered on site.)			
			(a) Medication abortion?
			(b) Procedure (surgical) abortion?
			(c) Pregnancy options counseling?
			(d) Contraceptive services?
			(e) Emergency contraception?
			(f) Testing and treatment for sexually transmitted infections?
			(g) HIV testing and prevention?
			(h) Diagnosis and treatment of common reproductive tract infections and menstrual disorders?
			(i) Gender affirming care?
			(j) Behavioral health services?
Communications and Awareness			

Yes	Not yet	No	Question
			Do you have a plan for informing students about the availability of medication abortion or referral for abortion services?
			Do you have a plan for informing faculty and staff about the availability of medication abortion or referral for abortion services?
			Do you have a plan for training faculty, staff, and key student groups to refer students in need of abortion services?

Additional Comments (optional):

If your campus does not have an on-site health center, [stop here](#). You have completed the plan. If your campus has an on-site health center, please [continue](#).

Health Center/Clinical Staff

Yes	Not yet	No	Question
			Have you held a values clarification workshop for clinical staff?
			Have all staff received training appropriate to their roles to prepare them to offer this new service?
			Have staff received training on offering full pregnancy options counseling?
			Have you identified who on staff will provide medical abortion care? If yes, please answer the two questions below.
			(1) Has this clinician completed any necessary training(s) to be able to provide medical abortion care within their scope of practice?
			(2) Has this clinician become a certified prescriber of mifepristone?

Establishing Protocols and Providing Care			
Yes	Not yet	No	Question
Do you provide the following services on-site?			
			(a) Medication abortion?
			(b) Procedure (surgical) abortion?
			(c) Pregnancy options counseling?
			(d) Contraceptive services?
			(e) Emergency contraception?
			(f) Testing and treatment for sexually transmitted infections?
			(g) HIV testing and prevention?
			(h) Diagnosis and treatment of common reproductive tract infections and menstrual disorders?
			(i) Gender affirming care?
			(j) Behavioral health services?
Have you selected, developed, or modified protocols and standard operating procedures for:			
			(a) Separating funding (if your institution receives federal funding for health care)?
			(b) Separating medication stock storage if you are dispensing medication abortion on campus (as opposed to contracting with a mail-order pharmacy that will mail medication directly to the student)?
			(c) Coding/billing policies and procedures?
			(d) Customer service and information training for front desk and scheduling staff?

			(e) Patient screening training for front desk and scheduling staff?
			(f) Scheduling?
			(g) Electronic Health Records?
			(h) Medical protocols based on current, evidence-based standards of care for the provision of medication abortion?
			(i) Telehealth?
			(j) Clinic workflow/patient flow?
			(k) Referrals to outside clinics for ultrasounds, further testing, surgical abortion, or complex abortion care?
			Does your health center have a plan to address urgent health concerns during the hours it is not open?
Administrative Requirements			
Yes	Not yet	No	Question
			Have you joined the National Abortion Federation (NAF) (Membership form can be found here.)?
			Have you partnered with a mifepristone manufacturer and either ordered mifepristone or selected a mail-order pharmacy?
			Are you prepared to provide information to patients about what to expect with medication abortion?
			Have you obtained the necessary written consent forms?
			Are you prepared to integrate the appropriate reporting mechanisms to meet DPH's requirements for reporting medication abortion procedures?
Safety			

Yes	Not yet	No	Question
			Has your school conducted a security assessment, either with NAF or another resource?
			Have you addressed any security concerns identified?
			Have you developed a plan to ensure student safety in the event that offering medication abortion on campus draws negative attention or protests?
Additional Comments (optional):			

Template Memorandum of Understanding

PARTIES

This Memorandum of Understanding (hereinafter referred to as the “Agreement”) is entered into on _____ (the “Effective Date”), by and between _____, with an address of _____ (hereinafter referred to as the “_____”), and _____, with an address of _____ (hereinafter referred to as the “_____”) (collectively referred to as the “Parties”).

PURPOSE

This Agreement is entered into for the following reasons:

1. _____
2. _____
3. _____
4. _____
5. _____

RESPONSIBILITIES OF THE PARTIES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of Massachusetts.

AMENDMENTS

The Parties agree that any amendments made to this Agreement must be in writing and they must be signed by both Parties to this Agreement. - As such, any amendments made by the Parties will be applied to this Agreement.

ASSIGNMENT

The Parties hereby agree not to assign any of the responsibilities in this Agreement to a third party unless consented to by both Parties in writing.

ENTIRE AGREEMENT

This Agreement contains the entire agreement and understanding among the Parties hereto with respect to the subject matter hereof, and supersedes all prior agreements, understandings, inducements and conditions, express or implied, oral or written, of any nature whatsoever with respect to the subject matter hereof. The express terms hereof control and supersede any course of performance and/or usage of the trade inconsistent with any of the terms hereof.

REPRESENTATION AND WARRANTIES

The Parties agree and disclose that they are authorized fully for entering this Agreement. Both Parties' performances and obligations are not to violate the rights of any third party or else violate other, if any, agreements made between them and/or any other organization, person, business or law/governmental regulation.

LIMITATION OF LIABILITY

Under no circumstances will either party be liable for any indirect, special, consequential, or punitive damages (including lost profits) arising out of or relating to this Agreement or the transactions it contemplates (whether for breach of contract, tort, negligence, or other form of action) in case such is not related to the direct result of one Party's negligence or breach.

SEVERABILITY

In an event where any provision of this Agreement is found to be void and unenforceable by a court of competent jurisdiction, then the remaining provisions will remain to be enforced in accordance with the Parties' intention.

SIGNATURE AND DATE

The Parties hereby agree to the terms and conditions set forth in this Agreement and such is demonstrated throughout by their signatures below:

Name: _____ Organization: _____
Signature: _____
Date: _____

Name: _____ Organization: _____
Signature: _____
Date: _____

Understanding Medication Abortion as Existing within Larger Reproductive Health Contexts

The availability of medication abortion on college campuses should be viewed as one component of sexual and reproductive health. Regardless of whether a public college or university integrates direct medication abortion care on campus or develops a referral program to connect students to a trusted nearby abortion provider, institutions can and should take steps to increase access to and awareness of contraception, emergency contraception, and other sexual and reproductive health services.

First, any individual with a Massachusetts fully-insured health plan, MassHealth, or insurance purchased through the Health Connector is eligible for the benefits of the 2017 Contraceptive ACCESS law. Under [the ACCESS law](#), all state-regulated Massachusetts insurance carriers must provide one of each FDA-approved contraceptive method with no copay, including over-the-counter emergency contraception. This law also allows consumers to access up to a 12-month supply of a patient's prescribed contraception at once, once they have been on that method for at least three months. More information about the ACCESS law can be found at www.mass.gov/access-law. Note that self-insured or out-of-state insurance plans are not subject to the ACCESS law, so not all students will have access to the benefits describe above.

Second, colleges and universities can take steps to help students access emergency contraception. Colleges and universities can install vending machines to dispense Plan B One-Step® or its generic equivalents. Colleges and universities can also help students engage in peer-to-peer distribution. The [American Society for Emergency Contraception](#) has resources and information on low-cost mechanisms to help students obtain emergency contraception. Massachusetts also has a [statewide standing order](#) that allows individuals to go directly to a pharmacy, where a pharmacist can dispense Plan B One-Step® or other brands of levonorgestrel EC, or ella®, and utilize insurance so that patients can get the medication with no copay. This removes barriers to obtaining emergency contraception in a timely manner.

The [Department of Public Health](#) has information about additional sexual and reproductive health (SRH) services and where to access them through their statewide network of providers. In partnership with JSI, DPH is also available to provide training and technical assistance through our Sexual and Reproductive Health Program's training center (www.masrh.org) to support SRH service expansion in your health center.

Text of Relevant Portion of Ch. 127 of the Acts of 2022

SECTION 6. Chapter 15A of the General Laws is hereby amended by adding the following 2 sections:-

Section 46. (a) As used in this section and section 47, the following words shall have the following meanings unless the context clearly requires otherwise:

“Institution”, a public institution of higher education listed in section 5.

“Medication abortion”, abortion provided by medication techniques.

“Medication abortion readiness”, each institution’s preparedness to provide medication abortions to students or assist students in obtaining medication abortions, including, but not limited to, having in place equipment, protocols, patient educational materials, informational websites and training for staff; provided, however, that “medication abortion readiness” may include the provision of medication abortions.

“Health center”, a clinic or health center providing primary health care services to students operated by an institution.

(b)(1) Each institution shall develop a medication abortion readiness plan for its students.

(2) The department of public health shall issue guidance to all institutions regarding the required contents of medication abortion readiness plans in accordance with the varied capabilities of institutions to provide services including, but not limited to, directly providing medication abortions to students in a health center, providing referrals for abortion care services not provided in the health center or providing information to students about obtaining a medication abortion. In developing the guidance, the department shall consider factors including, but not limited to, whether the institution has an operational health center on campus, the institution’s proximity to a hospital, clinic or other facility that provides medication abortion, availability, convenience and cost of public transportation between the institution and closest facility that provides medication abortion and whether the institution employs health care workers on campus.

(3) The department of public health shall review medication abortion readiness plans annually, taking into consideration any changes to the capacity of each institution to provide services to students since the preceding approval of the plan.

(c) Each institution shall annually submit any amendments or revisions to its medication abortion readiness plan to the department of public health.

(d) Annually, not later than January 31, the department of public health shall determine whether the plan is adequate in proportion to each institution’s capacity. The department shall provide further guidance to institutions with plans deemed inadequate that includes remedial measures for the institution to develop an adequate plan.

Section 47. (a) There shall be established and set up on the books of the commonwealth a separate fund to be known as the Public University Health Center Sexual and Reproductive Health Preparation Fund for the purpose of medication abortion readiness. The fund shall be administered by the department of public health, in consultation with the department of higher education. The fund shall be credited with: (i) revenue from appropriations or other money authorized by the general court and specifically designated to be credited to the fund; and (ii) funds from non-state entities, including, but not limited to, gifts, grants and donations from private entities and local and federal government agencies. Amounts credited to the fund shall not be subject to further appropriation and any money remaining in the fund at the end of a fiscal year shall not revert to the General Fund

(b) The department of public health shall utilize money in the fund to:

(i) provide a grant to each health center to pay for the cost of direct and indirect medication abortion readiness; provided, however, that, the department shall prioritize applications from the University of Massachusetts and state university segments and create a simple application process for community colleges to apply for funding; and provided further, that allowable expenses under these grants shall include, but not be limited to: (A) the purchase of equipment used in the provision of medication abortions; (B) facility and security upgrades; (C) costs associated with enabling the health center to deliver telehealth services; (D) costs associated with training staff in the provision of medication abortions; (E) staff cost reimbursement and clinical revenue offset while staff are in trainings; and (F) billing specialist consultation

(ii) pay the direct and indirect costs of the department of public health associated with administration of the fund, including the costs of hiring staff; and

(iii) maintain a system of financial reporting on all aspects of the fund.

(c) Each health center grantee shall, as a condition of receiving a grant award from the fund, participate in an evaluation of its medication abortion readiness and its provision of medication abortions.

(d) The department of public health, working with the health centers, shall assist and advise on potential pathways for health centers to access public and private payers to provide funding for ongoing costs of providing medication abortions. (e)(1) Annually, not later than December 31, the department of public health shall submit a report to the clerks of the senate and house of representatives, including, but not limited to, all of the following information for each reporting period:

(i) an accounting of the medication abortion plans of all institutions, including, but not limited to, a list of institutions that have submitted plans deemed adequate by the department, a list of institutions that are actively developing a remedial plan and a list of institutions that have not submitted an adequate plan to the department;

(ii) the number of medication abortions provided at health centers, disaggregated, to the extent possible, by the health center;

(iii) the total amount of funds granted by the department of public health to each institution and its health center from the fund that is expended on medication abortion readiness and the total amount of any other funds expended on medication abortion readiness and the source of those funds, disaggregated by use and, to the extent possible, health center; and

(iv) the total amount of funds expended on the provision of medication abortions and the source of those funds, disaggregated by use and, to the extent possible, health center.

(2) The report required in paragraph (1) and any associated data collected shall comply with state and federal privacy laws, including, but not limited to, section 70E of chapter 111, the federal Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g and the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

SECTION 45. An institution, as defined in section 46 of chapter 15A of the General Laws, shall not be required to utilize money from its general fund or student fees for medication abortion readiness required under said section 46 of said chapter 15A until January 1, 2026.

SECTION 46. Each institution's first medication abortion readiness plan as required under subsection (b) of section 46 of chapter 15A of the General Laws shall be submitted to the department of public health not later than November 30, 2023 and the department shall review such plans for suitability by January 31, 2024.

SECTION 47. Subsections (c) and (d) of section 46 of chapter 15A of the General Laws shall take effect on February 1, 2024.

Further Resources and Suggested Readings

Statutes

MGL c. 15A, § 46

MGL c. 15A, § 47

Government Documents

Committee on Reproductive Health Services Assessing the Safety and Quality of Abortion Care in the U.S., Chapter 3: Essential Clinical Competencies for Abortion Providers (Mar. 16, 2018), in *The Safety and Quality of Abortion Care in the United States*. Washington (DC): National Academies Press (US), available at <https://www.ncbi.nlm.nih.gov/books/NBK507233/>.

Information about Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation, FDA (Updated Jan. 3, 2023), available at <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation>.

Mifeprex (mifepristone) Information, FDA (updated Dec. 16, 2021), available at <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information>.

Professional Organizations

American College of Obstetricians and Gynecologists. Medical management of first-trimester abortion. Practice Bulletin No. 143. *Obstet Gynecol* 2014;123:676–92.

Medication Abortion Up to 70 Days of Gestation: Practice Bulletin Number 225, The American College of Obstetricians and Gynecologists (Oct. 2020), available at <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-upto-70-days-of-gestation>.

Royal College of Obstetricians and Gynaecologists. Coronavirus (COVID-19) infection and abortion care: information for healthcare professionals. July 31, 2020, <https://www.rcog.org.uk/media/bbhp12qa/2020-07-31-coronavirus-covid-19-infectionand-abortion-care.pdf>

The Royal College of Obstetricians and Gynaecologists. Best practice in abortion care. 2015. Updated 2022. <https://www.rcog.org.uk/media/geify5bx/abortioncare-best-practice-paper-april-2022.pdf>.

Tschann M. Society of family planning: uptake of no-test protocols. Presented at: Mifepristone Meeting: A flexible tool in difficult times; September 1, 2020

World Health Organization. Abortion care guideline. World Health Organization; 2022.

Toolkits and Resources

Integrating Medication Abortion into Primary Care, Reproductive Health Access Project (2022), <https://www.ansirh.org/sites/default/files/publications/files/sb320evaluating-access1-3-18b.pdf> .

Integrating Medication Abortion into Primary Care: Resources, Reproductive Health Access Project (2022), <https://www.reproductiveaccess.org/abortion/pc-abortion-resources/>.

Telehealth care for medication abortion workflow. Reproductive Health Access Project. March 2020. Updated June 2022.

<https://www.reproductiveaccess.org/resource/telehealth-care-formab-workflow/03-2020-no-touch-mab-workflow-final/>.

The Safety of Medication Abortion Care, The EMA Project (April 2022), https://emaaproject.org/wp-content/uploads/2022/02/Fact-Sheet_Safety-of-Medication-Abortion-Care_2-24-22.pdf.

UCSF Health, Medical Abortion (2019), https://www.ucsfhealth.org/treatments/medical_abortion/.

UW Medicine 'Access, Delivered' Research Team and Plan C, Access, Delivered: A Toolkit for Providers Offering Medication Abortion, University of Washington (2021), <https://digital.lib.washington.edu/researchworks/bitstream/handle/1773/48347/Access%20Delivered%20Provider%20Toolkit%203rd%20Ed.%202022.10.25.pdf?sequence=9&isAllowed=y>.

Journal Articles

Gomperts RJ, Jelinska K, Davies S, Gemzell-Danielsson K, Kleiverda G., *Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services*. BJOG. 2008;115(9):1171-1175

Horvath S, Goyal V, Traxler S, Prager S., *Society of Family Planning committee consensus on Rh testing in early pregnancy*. Contraception. 2022;114:1-5. doi:10.1016/j.contraception.2022.07.002

Horvath S, Tsao P, Huang ZY, et al., *The concentration of fetal red blood cells in first-trimester pregnant women undergoing uterine aspiration is below the calculated threshold for Rh sensitization*. *Contraception*. 2020;102(1):1-6.

doi:10.1016/j.contraception.2020.02.011

Jones RK, Nash E, Cross L, Philbin J, and Kirstein M, *Medication Abortion Now Accounts for More Than Half of All US Abortions*, Guttmacher Institute (Feb. 2022), available at <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions>.

Raymond E, Grossman D, Mark A, et al., *Medication abortion: a sample protocol for increasing access during a pandemic and beyond*. UC Davis. 2021.

<https://escholarship.org/uc/item/02v2t0n9>

Raymond E, Grossman D, Mark A *The comparative safety of legal induced abortion and childbirth in the United States*. *Obstet Gynecol* 2012;119(2):215-9.

Raymond EG, Tan YL, Comendant R, et al. *Simplified medical abortion screening: a demonstration project*. *Contraception*. 2018;97(4):292-296.

doi:10.1016/j.contraception.2017.11.005

Reale H, *What does new data tell us about abortions in Massachusetts? 5 key takeaways*, GBH News (Sept. 6, 2022), available at <https://www.wgbh.org/news/local-news/2022/09/06/what-does-new-data-tell-us-about-abortions-in-massachusetts-5-key-takeaways>.

Upadhyay UD, et al., *Incidence of emergency department visits and complications after abortion*. *Obstet Gynecol* 2015;125(1):175-83.