Expanding Telehealth Access for Medication Abortion Care

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DEFINING TELEHEALTH

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

- Telehealth allows patients and providers to talk to each other via video, send or receive messages via chat, text, or email, and monitor a patient's progress remotely.[2]
- A growing number of health care providers use telehealth to provide primary, mental health, and reproductive health care services, which increases access to care that might otherwise be out of reach. Physicians' use of telemedicine increased from 15% in 2018-2019 to 87% in 2021.[3]

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

- Nearly six-in-ten respondents (58%) say access to medical care is a problem where they live. Among underserved patient populations: Hispanic Americans (78%), African Americans (73%), Americans making below $40k a year (60%), and rural Americans (59%); all say access is a problem.[4]
- For telehealth to help reduce health disparities, policies and programs must tackle issues such as disparate broadband and smartphone access, health literacy, cultural and language needs, and social determinants of health that impact provision of care.[5]

DEFINING MEDICATION ABORTION CARE

Medication abortion care is a safe and effective FDA-approved medication regimen for ending an early pregnancy. It is an abortion option that is approved for use up to 10 weeks in pregnancy.[6]

- The regimen involves two different pills. One pill, called mifepristone, is taken first and then pills, called misoprostol, are taken 24-48 hours later. Medication abortion is incredibly safe and effective, with a more than 99% safety rate.[7]
- It is also safe and effective to use misoprostol only as a regimen for medication abortion.[8][9] As restrictions around mifepristone complicate its availability, it's important to note that misoprostol is safe, effective, widely available, and easy to administer.[10, 11]
- A growing number of individuals are deciding to end their pregnancies with medication abortion care. As of 2020, medication abortions accounted for just over half of all US abortions (53%).[12] A majority of women who use medication abortion care are satisfied with the method.[13]
    - One study found that 97% of women would recommend the method to a friend.[14] Another study indicated that transgender, nonbinary, and gender-expansive people prefer medication abortion to surgical abortion in a 3:1 ratio – but more gender-inclusive research is needed to better understand the abortion experiences of LGBTQI+ communities.[15]

THE CASE FOR TELEHEALTH MEDICATION ABORTION CARE

Using telehealth, health care providers can provide medication abortion care virtually so that patients can receive the same safe and effective care at home or wherever works best for them. Research shows that telehealth for medication abortion care reduces logistical barriers and is supported by patients.[16, 17]

- Telehealth models for medication abortion care are equally as safe as in-person models and could enable patients to access abortion care earlier in their pregnancy.[18]
    - Data from the TelAbortion study in the U.S. confirms previous findings that providing medication abortion through telehealth and mailed medication is safe and effective. Among nearly 1,400 abortions provided this way, 95% were completed without a procedure and 99% experienced no serious adverse events.[19]
    - When comparing mailed to in-person dispensing of abortion pills, one study found that mailing did not significantly prolong the time from patients' first contact with the clinic to mifepristone ingestion, nor did it increase pregnancy duration at mifepristone ingestion.[20] Another study found telehealth for medication abortion to be a more accessible option than in-person care due to client perception of the burdens of travel, clinic availability, and costs associated with in-person care.[21]
    - After telehealth was implemented in Iowa, patients seeking abortion care were 46% more likely to have an abortion earlier in their pregnancy compared to patients obtaining abortion care before the program was

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[1] Department of Health and Human Services. What is Telehealth. June 2022.
[2] Ibid.
[3] Office of the National Coordinator for Health Information Technology. Use of Telemedicine among Office-Based Physicians, 2021. March 2023.
[4] Public Opinion Strategies. Key findings from a national online survey. February 2021.
[5] Centers for Disease Control and Prevention. Telehealth & health equity: considerations for addressing health disparities during the COVID-19 pandemic. September 2020.
[6] The National Academies of Sciences, Engineering, and Medicine (NASEM). The Safety and Quality of Abortion Care in the United States. March 2018.
[7] Advancing New Standards in Reproductive Health. Safety and effectiveness of first-trimester medication abortion in the United States. May 2021.
[8] World Health Organization. Medical management of abortion. 2018.
[9] Raymond, E. et al. Medication abortion with misoprostol-only: A sample protocol. *Contraception*. February 2023.
[10] Raymond E., Harrison M., & Weaver, M. Efficacy of misoprostol alone for first-trimester medical abortion: A systematic review. *Obstetrics & Gynecology*. January 2020.
[11] Blanchard K., Winikoff B., & Ellertson, C. Misoprostol used alone for the termination of early pregnancy. Contraception
[12] Guttmacher Institute. Medication Abortion Now Accounts for More Than Half of All US Abortions. February 2022.
[13] ACOG. Medication Abortion Up to 70 Days of Gestation. October 2020.
[14] Hollander, D. Most abortion patients view their experience favorably, but medical abortion gets a higher rating than surgical. *Perspectives on Sexual & Reproductive Health*. September 2000.
[15] Moseson, H. et al. Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States. *American Journal of Obstetrics & Gynecology*. April 2021.
[16] Ramaswamy, A., Weigel, G., & Salganicoff, A. Medication abortion and telemedicine: innovations and barriers during the COVID-19 emergency. Kaiser Family Foundation. June 2020.
[17] Grossman, D. & Thompson, T-A. Patient satisfaction with telemedicine for medication abortion: Survey data from seven US states. Ibis Reproductive Health. April 2021.
[18] Grossman, D. & Grindlay, K. Safety of medical abortion provided through telemedicine compared with in person. *Obstetrics & Gynecology*. October 2017.
[19] Chong, E. et al. Expansion of a direct-to-patient telemedicine abortion service in the United States and experience during the COVID-19 pandemic. *Contraception*. March 2021.
[20] Koenig, L. et al. Mailing abortion pills does not delay care: A cohort study comparing mailed to in-person dispensing of abortion medications in the United States. *Contraception*. February 2023.
[21] Kerestes, C. et al. "It was close enough, but it wasn't close enough": A qualitative exploration of the impact of direct-to-patient telemedicine abortion on access to abortion care. *Contraception*. April 2021.

implemented.[22]

- A study from the U.K. examined what happens when in-person dispensing requirements are lifted. This study, which included 85% of all medication abortions that took place in England over 3 months in 2020, shows that telehealth models result in clinical outcomes that are equivalent to in-person care. And, access to medication abortion care is better under the telehealth model with waiting times significantly reduced.[23]
- Researchers found that removing all state telehealth medication abortion bans – and expanding site-to-site telehealth medication abortion services to all Planned Parenthood clinics – could result in over 3.5 million additional U.S. women living within 30 minutes of a health facility that offers abortion services.[24]

- Studies have spotlighted the acceptability – and at times, preference – of medication abortion clients utilizing a telehealth model.
  - While overall abortions decreased in the US following the reversal of *Roe v. Wade*, abortion via telehealth increased by 137% from April to December 2022.[25]
  - One study of more than 7,000 women of reproductive age showed that nearly half support an alternative to in person medication abortion care and say privacy is a main factor.[26]
  - Another study that focused on patient experience using telehealth for medication abortion found that most patients were comfortable using the service and felt that medication abortion was more accessible due to its availability. In some instances, patients were more comfortable meeting with a clinician via telehealth versus in-person.[27]
  - A survey found that 98% of clients who received medication abortion pills via telehealth were satisfied with the service.[28]

RESTRICTIONS AROUND TELEHEALTH MEDICATION ABORTION CARE

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

- Since June 2022 – when the US Supreme Court's decision on *Dobbs v. Jackson Women's Health Organization* overturned the federal right to abortion – 13 states have enacted abortion bans and 5 states have enacted 6, 15, 18, or 20 week bans (as of March 2023).[29]
- 20 states ban the use of telehealth for medication abortion care or required in-person visits, which effectively bans the use of telehealth.[30]
- During the COVID-19 pandemic, the FDA temporarily suspended its requirement that patients travel in-person to receive medication abortion care, and as of January 2023, it permanently lifted the requirement.[31] However, providers may still be limited in their willingness to offer medication abortion care.[32]
  - A 2019 survey of OB/GYNs found that 72% reported having a patient who wanted or needed an abortion in the last year, but only 24% provide abortion services. Of those not providing abortion services, 28% said they would start offering medication abortion care if distribution restrictions were changed.[33]
- Bans on insurance coverage for abortion, including under Medicaid, limit access and disproportionately impact those who already face significant barriers to receiving quality care, such as immigrants, young people, and people of color.
  - A 2019 study in Louisiana found that 29% of Medicaid-eligible pregnant women who would have an abortion if Medicaid covered abortion instead give birth,[34] consistent with a landmark 2009 study that found that severe restrictions on Medicaid coverage of abortion force 1-in-4 low-income women who seek abortion to carry an unwanted pregnancy to term.[35]

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

- **World Health Organization**: Medical abortion plays a crucial role in the provision of access to safe and effective abortion care.
- **National Academies of Science, Engineering and Medicine (NASEM)**: The risks of medication abortion are similar in magnitude to the risks of taking commonly prescribed and over-the-counter medications such as antibiotics and NSAIDs.
- **American College of Obstetricians and Gynecologists (ACOG)**: The REMS restrictions for mifepristone do not make the care safer, are not based on medical evidence or need, and create barriers to clinician and patient access to medication abortion.
- **American Academy of Family Physicians (AAFP)**: The AAFP seeks changes in the drug's current REMS designation to conform to current evidence...The current drug label creates an unnecessary health care barrier for women who need it the most.
- **American Medical Association (AMA)**: We strongly urge [the FDA] to prioritize the following evidence-based decisions that will increase access to mifepristone: Reconsider the implementation of the REMS and Elements to Assure Safe Use (ETASU) requirements... and explicitly preempt state laws relating to mifepristone that are not evidence-based.

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[22] Grossman, D. et al. Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. *American Journal of Public Health*. January 2013.
[23] Aiken, A. et al. Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: a national cohort study. *British Journal of Obstetrics & Gynecology*. February 2021.
[24] Seymour, J. et al. Potential Impact of Telemedicine for Medication Abortion Policy and Programming Changes on Abortion Accessibility in the United States. *American Journal of Public Health*. August 2022.
[25] Society of Family Planning. #WeCount Report. April 2023.
[26] Biggs, M. et al. Support for and interest in alternative models of medication abortion provision among a national probability sample of U.S. women. February 2019.
[27] Ruggiero, S. et al. Patient and provider experiences using a site-to-site telehealth model for medication abortion. *MHealth.* October 2022.
[28] Aiken, A. et al. Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study. *The Lancet*. February 2022.
[29] Guttmacher Institute. Interactive Map: US Abortion Policies and Access After Roe. March 2023.
[30] Guttmacher Institute. State laws and policies: medication abortion. March 2023.
[31] ACOG. Updated Mifepristone REMS Requirements. January 2023. *Note that as of March 2023, a federal judge in Texas will decide a case in which an anti-choice coalition is suing the FDA on its 2000 approval of mifepristone.*
[32] U.S. Food and Drug Administration. Questions and answers on Mifeprex. April 2021.
[33] Grossman, D. et al. Induced abortion provision among a national sample of obstetrician-gynecologists. *Journal of Obstetrics & Gynecology*. March 2019.
[34] Roberts, S. et al. Estimating the proportion of Medicaid-eligible pregnant women in Louisiana who do not get abortions when Medicaid does not cover abortion. *BMC Women's Health.* June 2019.
[35] Henshaw, S. et al. Restrictions on Medicaid funding for abortions: a literature review. Guttmacher Institute. July 2009.