



Increase Access to Abortion Pills via Telemedicine

Carrie N Baker, Smith College

Telemedicine abortion can significantly increase the safety and privacy of pregnant people seeking abortion care. Telemedicine abortion combines medication abortion, which uses pills to end a pregnancy, and telemedicine, which allows health providers to supervise the use of abortion pills via videoconferencing or telephone consultations. **Policymakers should eliminate barriers to telemedicine abortion and increase access to this essential healthcare service during a critical time.**

Approved by the FDA for use during the first ten weeks of pregnancy, medication abortion uses **two types of pills**: mifepristone and misoprostol. Misoprostol alone (with an 85% effective rate), or in combination with mifepristone (97% effective), is an **extremely safe way** to end a pregnancy in the first 12 weeks of gestation. Millions of women around the world have been safely and successfully using abortion pills for decades.

Nevertheless, **numerous policy barriers** limit the reach of telemedicine abortion in the United States. Many states prohibit patient access to the abortion pill via telemedicine, despite its proven safety. **Eighteen states** currently require the prescribing clinician to be physically present when prescribing the abortion pill. **Thirty-three states** require the clinician prescribing the abortion pill to be a physician, and bar other types of qualified healthcare professionals like Advanced Practice Nurses. Neither of these requirements are necessary because the abortion pill is extremely **safe and effective**.

Another significant barrier to telemedicine abortion is that the FDA restricts the distribution of mifepristone. When initially approved in 2000, the U.S. Food and Drug Administration placed mifepristone under the Risk Evaluation and Mitigation Strategy (REMS), a drug safety program that allows the FDA to restrict the circulation of certain medications. As a result, mifepristone must be dispensed by a clinic, medical office, or hospital under the supervision of a healthcare provider and health care providers cannot prescribe mifepristone via telemedicine. This restriction is **outdated and contrary to medical evidence**. The American College of Obstetricians, the American Medical Association, and the American Association of Family Physicians all support removal of the REMS on medication abortion.

In order to increase safe access to abortion health care, especially during the COVID-19 crisis, policymakers should eliminate barriers to telemedicine abortion by removing the REMS limitation from mifepristone and allowing patient access to the abortion pill via telemedicine.