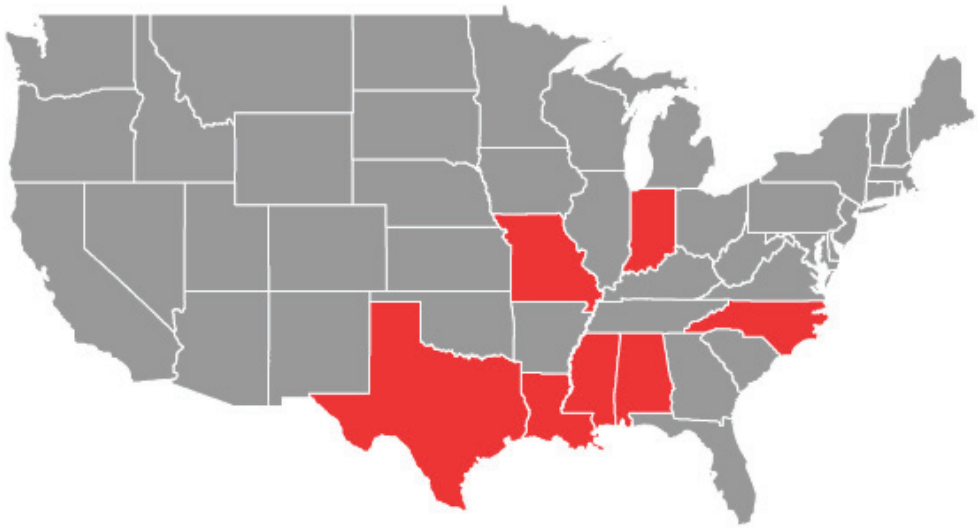
THE STATE OF THE STATES: ATTACKS ON MEDICATION ABORTION ACCESS IN 2013



ALABAMA: HB 57 targets women's access to care by prohibiting the use of telemedicine to provide medication abortion. For rural and low-income individuals, telemedicine has become a critical delivery method for health care, enhancing the accessibility of quality care for many people in the United States. Abortion care should not be exempted from this vital expansion of health care provision. However, other sections of HB 57 are the subject of a federal lawsuit filed by the ACLU and Planned Parenthood.

INDIANA: SB 371 requires patients seeking medication abortion to have an ultrasound and prohibits providing medication abortion through telemedicine. The law also requires facilities where only medication abortion is provided to comply with the same onerous and medically unnecessary physical plant requirements that apply to facilities that provide surgical abortion. The ACLU and Planned Parenthood filed a challenge to the physical plant requirements in federal court, and that provision is enjoined.

LOUISIANA: SB 90 prohibits the use of telemedicine for medication abortion. For rural and low-income individuals, telemedicine has become a critical delivery method for health care, enhancing the accessibility of quality care for many people in the United States. Abortion care should not be exempted from this vital expansion of health care provision.

MISSISSIPPI: SB 2795 prohibits the provision of medication abortion through telemedicine. For rural and low-income individuals, telemedicine has become a critical delivery method for health care, enhancing the accessibility of quality care for many people in the United States. Abortion care should not be exempted from this vital expansion of health care provision.

MISSOURI: HB 315 prohibits physician assistants from providing medication abortions, which only clarifies and reinforces an existing policy prohibiting physician assistants from performing any abortions. HB 400 prohibits the provision of medication abortion through telemedicine, a critical delivery method for health care for rural and low-income women. Abortion care should not be excluded from this vital expansion of health care provision.

NORTH CAROLINA: SB 353 is an omnibus bill that, among other restrictions, prohibits the provision of medication abortion through telemedicine. For rural and low-income individuals, telemedicine has become a critical delivery method for health care, enhancing the accessibility of quality care for many people in the United States. Abortion care should not be exempted from this vital expansion of health care provision.

TEXAS: HB 2 is an omnibus bill that, among other provisions, requires health care providers to follow an outdated regimen for the provision of medication abortion and mandates that only a doctor may administer the medication. The net effect is that women will have to make two additional visits to their doctor, a severe hardship for the many women not close to a provider. The medically unnecessary restrictions on medication abortion are currently in effect. The Center, with the ACLU and Planned Parenthood, challenged the medication abortion restrictions. **See the brief to learn more about the Center's legal battle to stop this law.**

HOW STATES ARE RESTRICTING MEDICATION ABORTION

Since the Food and Drug Administration (FDA) approved medication abortion in 2000, more than 1.4 million women in the United States have chosen to use this method to end a pregnancy. It is a safe, less invasive, and more private method of ending a pregnancy in its earliest stages, and is done in consultation with health care provider.

Restrictions on medication abortion have taken several different shapes in recent years. In 2013, anti-abortion legislators targeted women's access to medication abortion by proposing legislation in at least 10 states that would make it more difficult for women to access this early method of abortion care.

One way that has become prevalent requires a physician to be physically present, thereby prohibiting the use of telemedicine for abortion. For rural and low-income individuals, telemedicine has become a critical delivery method for many kinds of health care, enhancing the accessibility of quality care for many people in the United States. In the context of medication abortion, a rural patient is able to visit a local health clinic and be examined by an on-site health care professional, then talk with a physician working remotely who can review her health records, answer her questions, and provide the necessary medication. This protocol represents an innovative, safe approach to improving abortion access for rural women.

Seven states—Alabama, Indiana, Louisiana, Mississippi, Missouri, North Carolina, and Texas—enacted laws that ban the use of telemedicine for medication abortion. North Carolina's bill could also limit medication abortion provision by requiring it to be dispensed in a building that meets extensive facility and construction requirements meant for surgical centers, a policy that is completely medically unnecessary.

Another form of medication abortion restrictions that some states are advancing is a requirement that it be provided using an outdated protocol, one that has since been supplanted in favor of an evidence-based regimen that is safer, more effective, and less expensive. In 2013, Texas passed an omnibus bill that, among other provisions, requires health care providers to follow the outdated regimen for the provision of medication abortion and mandates that only a doctor may administer the medication. Current Texas law already requires most women to make a separate trip to the clinic for a state-mandated ultrasound prior to their abortion procedure. The law forces women to make two additional visits to a clinic for medication abortion – for a second medication dosage and for mandatory follow up – resulting in a combined total of four mandatory visits. The Center for Reproductive Rights along with our allies challenged the law in federal court, but it remains in effect while litigation is pending.

A total ban on medication abortion has been found unconstitutional **in a recent decision**. In 2011, the Center filed a legal challenge, *Oklahoma Coalition for Reproductive Justice et al., v. Terry Cline, et al.,* to block an Oklahoma state law that would have prohibited the provision of medication abortion entirely in the state. The law was permanently struck down by a district court judge, and the Oklahoma Supreme Court later upheld the lower court's decision. However, state officials petitioned the U.S Supreme Court, which agreed to review the case, but asked that the Oklahoma Supreme Court first give a definitive ruling about the scope of the law. The Oklahoma Supreme Court ruled that the law is a complete ban on medication abortion and a ban on the most commonly used treatment for ectopic pregnancies. Following this clarification, the U.S. Supreme Court refused to hear the state's appeal in this case, ensuring women in Oklahoma have access to medication abortions and non-surgical treatment of ectopic pregnancies.

THE IMPACT OF RESTRICTIONS ON MEDICATION ABORTION

Women in the United States have been using medication abortion safely for more than a decade. In fact, when it is an available option, one in four women decides to use this method. Medical studies have shown that it is just as safe and effective as a surgical abortion, as a woman is overseen by a medical professional to whom she has access 24 hours a day, seven days a week.

Particularly for rural women, the use of telemedicine to provide safe medication abortion has been an innovative development in expanding abortion access in places where the lack of availability of abortion providers serves as a barrier to care. By banning this form of medication abortion provision, legislators are reducing access to abortion care for women purely for political purposes. This could make abortion care more difficult and more expensive to access, posing real potential threats to women's health and safety—especially those already disadvantaged. A woman's zip code should not define her access to care.

By requiring the provision of medication abortion to follow the outdated labeling protocol, extremist legislators are singling out a safe and common medical practice—known as the "off-label" use of drugs. These restrictions force doctors to administer medication in a way that counters the best practice of medicine and most recent scientific advances. According to the American Medical Association, up to 20 percent of all drugs are prescribed off-label, and up to 75 percent of medications prescribed by pediatricians are for off-label uses. Off-label use of medication is acceptable when it is based on sound science and clinical evidence. When state legislators require the outdated labeling protocol for medication abortion, they deny women the newer, evidence-based regimen for medication abortion that have been proven to be safer, more effective, and less expensive. This is not only forcing outdated health care on women, but also an unprecedented intrusion in the doctor-patient relationship and an underhanded effort to deny women their legal right to terminate a pregnancy safely, early, and in accordance with their health care providers' advice and their own wishes.

Lawmakers claim that these types of law are aimed at protecting women's health—and nothing could be further from the truth. Their real agenda is to make it so difficult for women to exercise their fundamental, constitutionally protected right to decide for themselves whether to continue or end a pregnancy that it becomes a right that exists only on paper. These laws do the very opposite of what legislators claim and will result in harm to women, depriving them of a less invasive and, in some cases, medically preferable alternative to a surgical procedure. No medical procedures other than abortion are targeted for restrictions aimed at reducing their effectiveness and increasing their expense and inconvenience. This is an assault on women's reproductive rights and health, pure and simple.

DRAW THE LINE

Politicians are making it harder, more dangerous, and more costly to have a medication abortion. Doctors know better than politicians what's right for their patients, and patients should be able to make these decisions according to their doctors' advice and expertise, not any politician's ideological agenda. In 2012, the Center launched the Draw the Line campaign with the express purpose of putting the rampant attacks on women's reproductive health care—like those described above—on the entire nation's radar. Nearly 300,000 people have signed the Bill of Reproductive Rights at **www.DrawtheLine.org,** sending politicians a loud and

clear message that reproductive rights are fundamental human rights, and must be protected from extremist politicians. Visit **www.DrawtheLine.org** to add your voice.

You can also urge your members of Congress to support the Women's Health Protection Act, which would create stronger federal protections for the essential health care, personal decision making, and individual constitutional rights of every woman in the United States, no matter where she lives. Take action now to support this historic bill.

CENTER FOR REPRODUCTIVE RIGHTS

Since 1992, the Center for Reproductive Rights has used the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to protect, respect, and fulfill. Reproductive freedom lies at the heart of the promise of human dignity, self-determination and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights. The Center works toward the time when that promise is enshrined in law in the United States and throughout the world. We envision a world where every woman is free to decide whether and when to have children; where every woman has access to the best reproductive health care available; and where every woman can exercise her choices without coercion or discrimination. More simply put, we envision a world where every woman participates with full dignity as an equal member of society.

For more information on state laws, please contact **Amanda Allen, State Legislative Counsel,** at **aallen@reprorights.org**. For press inquiries, please contact **Jennifer Miller, U.S. Press Officer,** at **jmiller@reprorights.org.**

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