

COVID-19 Underscores the Nonessential Nature of Abortion Restrictions

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with any questions.

As the COVID-19 pandemic continues in the United States, unnecessary restrictions on abortion care exacerbate the already difficult circumstances under which health care providers and pregnant people provide and access abortion care, respectively.

Comprehensive reproductive health care, including abortion care, is essential and time-sensitive health care and should be treated as such during the COVID-19 crisis. You can read more about abortion as an essential health care service [here](#).

In order to mitigate the impact and stop the spread of COVID-19, the Centers for Disease Control and Prevention and numerous state and federal leaders have urged citizens to quarantine, stay at home, and stay at least six feet away from others when leaving the home for essential services and activities.

Commonsense adjustments to everyday life have been adopted in order to allow health care providers to continue safely providing essential services. The same approach should be applied to essential reproductive health care services, including abortion care. For an overview of types of state orders and how they can impact abortion access, [click here](#).

Since 2011, anti-abortion politicians have enacted over 450 state laws that are medically unnecessary and restrict access to abortion care. During the current COVID-19 crisis, these restrictions continue to stigmatize abortion and make it difficult to access, while unnecessarily putting providers and patients at

greater risk of contracting or spreading COVID-19. In order to limit the spread of COVID-19 and ensure access to abortion, an essential service, states could and should streamline abortion care access by eliminating medically unnecessary restrictions and in-person interactions.

Medically unnecessary abortion restrictions that should be eliminated generally, but especially during the current pandemic, include but are not limited to the following:

Restrictions on medication abortion and telemedicine

While many states across the country are relaxing telehealth regulations so more people can access health care at home, some states' laws explicitly ban telemedicine abortion care. Additionally, Risk Evaluation and Mitigation Strategy (REMS), as required by the U.S. Food and Drug Administration, only allow medication abortion to be provided in a clinic, medical office, or hospital setting, among other unnecessary restrictions. This has shown to be medically unnecessary. Removing these restrictions would allow patients to access medication abortion care safely at home through telemedicine instead of needing to



**Abortion
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visit a health care provider in person, which unnecessarily increases the risk of contracting or spreading COVID-19.

Restrictions requiring in-person visits

Some states require additional, unnecessary in-person visits for abortion care, such as biased, medically inaccurate counseling sessions that must be provided at least 24 hours (and in some cases up to 72 hours) prior to a procedure. This requires patients to make at least two in-person trips to the provider. Removing this restriction or allowing state-mandated counseling to be provided by phone would allow patients to be seen faster, enable providers to focus on patient care instead of medically unnecessary consultations, and cut in-person contact by half.

Restrictions requiring providers to give medically inaccurate information

Some states force abortion providers to spread misinformation on topics like “fetal pain,” infertility, breast cancer, so-called “abortion regret,” and more. Removing these requirements would allow patients to get out of the clinic faster or access medication abortion through telemedicine more quickly. This change would not only reduce the amount of time patients and providers spend together in-person, but where telemedicine is provided, would additionally allow health care providers to serve more patients by eliminating unnecessary time spent on delivering misinformation meant to dissuade patients from accessing abortion.

Restrictions limiting the ability of abortion providers to delegate tasks

Some states require that the same health care provider attend to each step of a patient appointment, including biased counseling appointments. Removing these restrictions would enable clinics to: 1) share responsibilities among all qualified staff without exhausting

abortion providers’ limited capacity, 2) prevent unnecessary delays caused by scheduling difficulties with physicians, and 3) improve patient experiences by removing unnecessary obstacles.

Restrictions that only physicians may provide abortion care

Some states have treated abortion differently from other medical services by restricting the provision of abortion only to physicians, excluding other medical professionals who are qualified and trained to provide abortion care. Lifting physician-only requirements would enable other health care professionals, such as physician assistants, certified nurses, and other qualified medical professionals, to share responsibilities in clinics. This change would lessen burdens on physicians and create needed additional capacity.

Restrictions requiring unnecessary tests or procedures

Some states require patients to undergo medically unnecessary mandatory ultrasounds prior to accessing abortion care. Removing these restrictions would prevent patients and providers from being forced to have needless contact.

Restrictions requiring parental involvement for young people

Some states require providers or clinics to notify parents or legal guardians of minors seeking abortion prior to an abortion, or to document parents’ or legal guardians’ consent to a minor’s abortion. Most young people involve their parents in their decision, but young people who cannot obtain consent or notification are required to seek judicial approval to obtain care. Removing this requirement would prevent young people from being forced into conversations that could lead to unsafe outcomes while in quarantine.

This change would also eliminate unnecessary court involvement that may be unavailable or severely delayed during quarantine, or that could otherwise delay or prevent access to time-sensitive abortion care.

Preexisting abortion restrictions disproportionately affect people of color, low-income people, and immigrants. Taken together, these restrictions make abortion extremely difficult to access, and the burdens they impose are only exacerbated by the COVID-19 pandemic. Not only are these restrictions medically unnecessary, they are currently putting providers and patients at unnecessary risk of contracting or spreading COVID-19.

You can learn more about the types of abortion restrictions discussed in this factsheet [here](#).