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Expanding Telemedicine Can Ensure Abortion Access During COVID-19 Pandemic

Please reach out to statepolicy@reprorights.org with any questions.

Abortion Access

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During the COVID-19 pandemic, offering an essential service safely and effectively through telemedicine to minimize patient contact is a public health priority.

Leading medical and health organizations agree that maintaining timely access to abortion care during the COVID-19 pandemic is essential. Increased use of telemedicine to provide medication abortion can play an important role in ensuring access to abortion while reducing both patients' and providers' risk of exposure to COVID-19. **Telemedicine** is the provision of health care (both diagnostic and treatment) via telecommunication methods, such as audio, video or electronic communications.

SAFETY AND EFFICACY OF MEDICATION ABORTION

Since the FDA approved Mifeprex for marketing in the U.S. in 2000, more than four million patients have used this medication. Medication abortion accounts for 39% of all abortions in the U.S. and 60% of abortions occurring before 10 weeks' gestation.

For the purpose of this resource, **medication abortion** refers to the U.S. Food and Drug Administration ("FDA") approved use of Mifeprex (mifepristone) in a regimen with misoprostol to end a pregnancy. According to the FDA, this medication abortion regimen "has been increasingly used as its efficacy and safety have become well-established by both research and experience, and serious complications have proven to be extremely rare."

Evidence shows that medication abortion is safe, with a major complication rate of 0.31%, and effective, with 96.7% of medication abortions requiring no further care to complete the abortion through 63 days of gestation. While medication abortion delivered in-person typically includes an ultrasound, pelvic examination, and/or blood tests before and after treatment, there is overwhelming evidence that the safety and effectiveness of medication abortion is the same whether it is provided via telemedicine or through in-person provision, as shown by a seven-year cohort study with tens of thousands of patients, systematic reviews, and an evaluation of a telemedicine abortion service across five states. An independent report by the National Academies of Sciences, Engineering, and Medicine has confirmed that "[t]here is no evidence that the dispensing or taking of [medication abortion pills] requires the physical presence of a clinician."

The provision of medication abortion through telemedicine has been shown to increase access to abortion care, improve patient-centered care, and reduce second-trimester abortion rates. While abortion is an incredibly safe procedure, improving access to care at earlier gestational ages through telemedicine decreases the risk of complications and reduces patient costs.

For individuals and communities who face barriers to accessing care, which are exacerbated during the COVID-19 pandemic, telemedicine provision of abortion is essential in addressing health inequities.

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FEDERAL ACTIONS TO EXPAND TELEMEDICINE

The Secretary of Health and Human Services has encouraged the increased use of telemedicine as a critical risk-mitigation tool during the COVID-19 public health emergency. The Centers for Medicare and Medicaid Services have expanded Medicare telehealth benefits so that patients can "avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness." To encourage providers to use a variety of remote communications technologies (including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype), the Office for Civil Rights (OCR) will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Privacy, Security and Breach Notification Rules (HIPAA Rules) against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

RECOMMENDATIONS FOR THE FEDERAL GOVERNMENT TO EXPAND TELEMEDICINE FOR MEDICATION ABORTION

The FDA's approval of Mifeprex is subject to a series of drug safety restrictions known as a Risk Evaluation and Mitigation Strategy ("REMS"). The FDA may impose a REMS only when it is necessary to ensure that a drug's benefits outweigh its risks, and only a small percentage of drugs approved by the FDA are subject to any REMS. The current Mifeprex REMS includes a medically unnecessary distribution limitation to registered providers in clinics, hospitals, and medical offices, so unlike almost every other prescription drug, Mifeprex cannot be distributed to or dispensed at pharmacies.

The FDA recently published guidance indicating that it would waive enforcement of certain REMS during the COVID-19 public health emergency. Given the safety and effectiveness of direct-to-patient abortion care, and the unique COVID-19 exposure risks presented by in-person contact, the FDA should consider explicitly waiving the REMS requirements that unnecessarily restrict the provision of medication abortion to a clinic, medical office, or hospital setting.

Waiving enforcement of this requirement would allow certified health care providers —in compliance with all other elements of the Mifeprex REMS, federal and state laws, and the standard of care— to dispense medication abortion to eligible patients by mail rather than in-person. The FDA already allows patients to self-administer the mifepristone portion of the medication abortion regimen at home based on studies documenting the safety and efficacy of home administration of both mifepristone and misoprostol.

RECOMMENDATIONS FOR STATES TO EXPAND TELEMEDICINE FOR MEDICATION ABORTION

While increasing access to medication abortion through telemedicine has significantly expanded the availability of safe, high quality abortion care in numerous states, other states have restricted access to medication abortion for reasons unrelated to medical necessity. Eighteen states prohibit the use of telemedicine for medication abortion, requiring patients to visit the prescribing provider in person to obtain the pills. The COVID-19 pandemic underscores the importance of removing restrictions on telemedicine and improving access to medication abortion.

Many states have improved access to telemedicine during the pandemic through executive orders and agency actions. States should consider the following strategies to improve access:

- Suspend existing bans on telemedicine provision of medication abortion.
- Lift requirements for in-person counseling or follow up visits.
- Increase the types of providers who are able to provide telehealth services. Multiple studies have found that advanced practice clinicians (APCs), such as nurse practitioners, certified nurse midwives, and physician assistants, can administer medication abortion as safely and effectively as physicians. Despite this, 33 states require that medication abortions be provided by a licensed physician, barring APCs from providing care.
- Waive licensing requirements to allow out-of-state providers to provide telehealth.
- Require insurance coverage of visits and check-ins for established or new patients conducted through a variety of technologies: video conferencing, telephone or audio-only consultations, and communications through online patient portals. It is imperative that a variety of communication platforms are covered to ensure that patients without access to internet or video-capable devices can receive care. States should further require that telemedicine care should be covered at the same rate as in-person visits.

Taking these steps to remove unnecessary abortion restrictions will allow patients to access medication abortion care safely at home through telemedicine instead of unnecessarily visiting a health care provider in person, which increases the risk of contracting or spreading the COVID-19 virus.