Telemedicine Provision of Medication Abortion

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See also Abortion, pp. 1273–1317.

The first documented use of telemedicine in US abortion care was in Iowa in 2008, where it was used to extend the reach of the small number of physicians willing to provide medication abortion there.[1] Because of regulations imposed by the US Food and Drug Administration (FDA), patients still needed to come into a medical office to receive the mifepristone, used together with misoprostol. However, telemedicine connecting a physician in one health center to a patient in another allowed patients to go to a facility closer to their home, or perhaps to a location with an earlier appointment.

In the first 16 months of the service, 33% of medication abortions at a Planned Parenthood affiliate in Iowa were provided using telemedicine.[1] This proportion increased over time, and data from the affiliate spanning seven years after the service was introduced demonstrated that 46% of medication abortions were provided using telemedicine.[2]

Research on this model of providing telemedicine found it to be safe and effective, with a high level of satisfaction among patients.[1,2] In our previous article,[3] we found that in the two years after the model was introduced, there was a small but significant decline in second-trimester abortion. We also observed a small decline in the distance traveled for abortion care and found that people living farther from a facility providing aspiration services were more likely to obtain an abortion after telemedicine was introduced. Overall, our findings suggested that telemedicine improved access to medication abortion and to early abortion generally.

Since our article was published, there has been a rapid expansion of the use of telemedicine in all aspects of medicine, including for abortion care. Telemedicine is now used to provide state-mandated preabortion counseling and preoperative care before second-trimester dilation and evacuation.[4]

Telemedicine is also used to assess patients for eligibility for medication abortion without routine ultrasound or other testing, with the mifepristone and misoprostol mailed to patients. This model of care was critical to maintaining access to safe abortion care during the COVID-19 pandemic, and research found it to be safe and effective.[5,6] On the basis of this evidence, the FDA changed its policy regarding mifepristone and permanently lifted the in-person dispensing requirement for the drug.

Now that the Supreme Court has overturned *Roe v. Wade*, access to facility-based abortion care is likely to disappear in about half of US states, and telemedicine will undoubtedly play an increasingly important role. In states where abortion remains legal, telemedicine provision of medication abortion will help to provide care to patients directly in their homes, making more in-clinic appointments available for patients who may be traveling for care from other states. In states where abortion is restricted or banned, telemedicine provision of abortion care is likely to be banned as well; indeed, it is already banned in 19 states.[7] Unless there are new federal or state protections enacted, clinicians licensed in the United States will be unable to legally provide medication abortion across state lines to patients living in states with bans. However, online telemedicine platforms such as Aid Access, which operates outside of the US regulatory framework, will provide a critical service to those who may be unable to travel to another state for care.

Back in 2008, the idea of using telemedicine for abortion care was revolutionary. Although the model we studied in Iowa was simple, it was a first step toward documenting how technology could be used to improve access to safe, early abortion care. Fast-forward 14 years, and it is hard to imagine medical practice without the use of telemedicine. And for abortion, the expansion of new service delivery models based on telemedicine could mean the difference between obtaining care or not as access to facility-based care becomes increasingly constrained in much of the United States. AJPH

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CONFLICTS OF INTEREST

The author has no conflicts of interest to disclose.

REFERENCES

1. Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K. Effectiveness and acceptability of medical abortion provided through telemedicine. *Obstet Gynecol.* 2011;118(2 pt 1):296–303. https://doi.org/10.1097/AOG.0b013e318224d110
2. Grossman D, Grindlay K. Safety of medical abortion provided through telemedicine compared with in person. *Obstet Gynecol.* 2017;130(4):778–782. https://doi.org/10.1097/AOG.0000000000002212
3. Grossman DA, Grindlay K, Buchacker T, Potter JE, Schmertmann CP. Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. *Am J Public Health.* 2013;103(1):73–78. https://doi.org/10.2105/AJPH.2012.301097
4. Daniel S, Raifman S, Kaller S, Grossman D. Characteristics of patients having telemedicine versus in-person informed consent visits before abortion in Utah. *Contraception.* 2020;101(1):56–61. https://doi.org/10.1016/j.contraception.2019.08.010
5. Aiken A, Lohr PA, Lord J, Ghosh N, Starling J. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. *BJOG.* 2021;128(9):1464–1474. https://doi.org/10.1111/1471-0528.16668
6. Upadhyay UD, Raymond EG, Koenig LR, et al. Outcomes and safety of history-based screening for medication abortion: a retrospective multicenter cohort study. *JAMA Intern Med.* 2022;182(5):482–491. https://doi.org/10.1001/jamainternmed.2022.0217
7. Guttmacher Institute. Medication abortion. Available at: https://www.guttmacher.org/state-policy/explore/medication-abortion. Accessed June 23, 2022.