

Medication Abortion

BACKGROUND: The U.S. Food and Drug Administration (FDA) approved the use of mifepristone for early nonsurgical abortion in 2000. Since then, states have enacted several types of restrictions targeting medication abortion. Many states limit provision of medication abortion to physicians, despite recommendations from the World Health Organization and the National Abortion Federation that midlevel providers, such as physician assistants and advanced practice nurses, can safely provide medication abortion. Several states have adopted laws that require mifepristone to be provided in accordance with the FDA-approved protocol, which is based on a regimen for mifepristone developed in Europe in the late 1980s. It has been surpassed by a newer regimen that, based on scientific studies, has been shown to be just as effective while using less medication, resulting in fewer side effects and requiring fewer visits to the provider. Since health care providers are legally permitted to adapt FDA-approved protocols, and many medications are prescribed “off label,” including drugs for children and cancer patients, these protocol laws interfere with medical practice. In an effort to reach rural women, some providers began offering medication abortion services via telemedicine. However, some states require clinicians to be in the physical presence of the patient when prescribing abortion-inducing drugs. These laws therefore restrict the use of telemedicine in the case of abortion and reduce access to abortion services in rural areas.

HIGHLIGHTS:

- 39 states require clinicians who perform medication abortion procedures to be licensed physicians.
- 1 state requires mifepristone to be provided in accordance with the long-standing FDA protocol rather than the simpler evidence-based protocol that has been proven to be safe and effective.
- 5 states require that the clinician providing a medication abortion be physically present during the procedure, thereby prohibiting the use of telemedicine to prescribe medication for abortion remotely.



Advancing sexual and reproductive health worldwide through research, policy analysis and public education.

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CONTINUED

MEDICATION ABORTION

STATE	MUST BE PROVIDED BY A LICENSED PHYSICIAN	MUST BE PROVIDED USING FDA PROTOCOL	PRESCRIBING CLINICIAN MUST BE IN THE PHYSICAL PRESENCE OF PATIENT
Alabama	X		
Alaska	X		
Arizona	X	♦	X
Arkansas	X		
Colorado	X		
Delaware	X		
Florida	X		
Georgia	X		
Hawaii	X		
Idaho	X		
Indiana	X		
Iowa	X		
Kansas	X		X
Kentucky	X		
Louisiana	X		
Maine	X		
Maryland	X		
Massachusetts	X		
Michigan	X		
Minnesota	X		
Mississippi	X		
Missouri	X		
Nebraska	X		X
Nevada	X		
New Jersey	X		
New Mexico	X		
North Carolina	X		
North Dakota	X	§	§
Ohio	X	X	
Oklahoma	X	§	§
Pennsylvania	X		
South Carolina	X		
South Dakota	X		X
Tennessee	X		♦
Texas	X		
Utah	X		
Virginia	X		
Wisconsin	X		X
Wyoming	X		
TOTAL	39	1	5

§ Enforcement temporarily enjoined by court order; policy is not in effect, pending the outcome of litigation.

♦ New laws in Arizona and Tennessee will go into effect later in 2012.

FOR MORE INFORMATION:

For information on state legislative and policy activity, click on Guttmacher's [Monthly State Update](#), for state-level policy information, see Guttmacher's [State Policies in Brief](#) series, and for information and data on reproductive health issues, go to Guttmacher's [State Center](#). To see state-specific reproductive health information, go to Guttmacher's [Data Center](#), and for abortion-specific information, click on [State Facts About Abortion](#). To keep up with new state relevant data and analysis, sign up for the [State News Quarterly Listserv](#).

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