

MEDICATION ABORTION: DISPELLING THE MYTHS



Medication abortion is a non-surgical option to safely and effectively end a pregnancy. Over the last 15 years, women have welcomed medication abortion as a less clinical, more private, non-invasive option for early abortion. Abortion opponents have pursued a number of strategies to limit women's access to medication abortion. It is clear that these laws single out abortion care and treat it differently than other types of health care in ways that could be detrimental to women's health.

1/3

of abortions in the U.S. occur at 6 weeks or earlier.



An overwhelming majority of women are satisfied with their medication abortion care, and 97% of women would recommend the method to others.



Medication abortion is safe. In fact, it is one of the safest medical procedures, with less than 0.05% risk of complications that require hospital care.

Despite all of this, states continue to impede access to medication abortion by...



PROHIBITING OFF-LABEL USE

North Dakota, Ohio, and Texas require mifepristone to be administered solely following the protocol stated on the drug's label, rather than based on the superior, evidence-based standards that have been developed in clinical practice since 2000.

It is common medical practice to rely on "off-label" use of a medication. Most physicians prefer the "off-label" regimen for mifepristone because it is safe, effective, and improves patient care.



IMPOSING PHYSICIAN-ONLY REQUIREMENTS

38 states require that medication abortion must be administered only by a licensed physician. There is no medical necessity for mifepristone to be provided solely by a doctor versus other types of licensed medical personnel, such as physicians' assistants or nurse practitioners. This limitation makes it more difficult and expensive to access medication abortion.



RESTRICTING TELEMEDICINE

18 states require the clinician providing a medication abortion to be physically present during the procedure, which effectively prohibits the use of telemedicine (i.e., video conferencing) to prescribe medication remotely.

In places where mifepristone is administered remotely by a provider after consultation via video, patients report a high level of satisfaction and studies have shown it to be safe and effective.



MANDATING INACCURATE INFORMATION ON ABORTION "REVERSAL"

Arizona and Arkansas passed laws in 2015 that would require doctors to provide medically inaccurate information to patients before administering medication abortion, indicating that it is possible to "reverse" the procedure and continue the pregnancy if they change their mind after taking the mifepristone pill.

There is no scientific basis for this unproven theory about "reversing" a medication abortion. Doctors should not be required to make such statements to their patients as if they are grounded in medical research.