

Key points:

- Telehealth abortion care is as safe and effective as in-clinic care.
- Telehealth offers important benefits compared to in-clinic care for some patients.
- Telehealth abortion is increasing abortion access, especially for patients who face the most barriers to care.
- An upcoming Supreme Court case may eliminate access to telehealth abortion.
- Bans on telehealth abortion are not based in science.

Overview and Background

Access to abortion care in the United States is increasingly limited and highly unequal.¹

- In 2022, the Supreme Court’s *Dobbs v. Jackson* decision ended constitutional protections for abortion.
- Since *Dobbs*, 14 states have banned abortion, increasing barriers to abortion care.²
- Abortion clinics are closing in record numbers and patients are traveling longer distances to clinics that currently remain open.³
- In states where abortion is still legal, clinics are facing increased demand, which is increasing wait times for appointments.
- The 2024 *Alliance for Hippocratic Medicine v. FDA* Supreme Court case could ban telehealth abortion across the country.

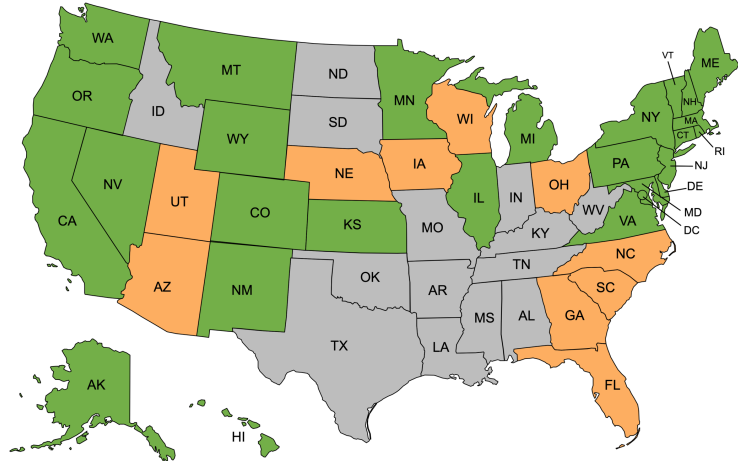
What is telehealth abortion?

- Telehealth abortion allows patients to be screened for medical eligibility remotely by a clinician, receive abortion medications by mail, and complete their abortion process under the remote care of their clinician.
- Telehealth abortion has grown since its introduction in 2020 and now accounts for 16% of U.S. abortions.⁴
- However, in addition to states that ban abortion, 12 states* allow abortion but prohibit telehealth.
- This means that telehealth abortion is only legally available for patients living in 24 states and D.C.

* - AZ, FL, GA, IA, NC, NE, OH, SC, UT, WI

Telehealth abortion is only legal in 24 states

Adapted from the Reproductive Health Initiative for Telehealth Equity & Solutions.⁴



26 states and D.C. allow telehealth for abortion
10 states allow abortion, restrict telehealth
14 states ban abortion

The California Home Abortion by Telehealth (CHAT) Study

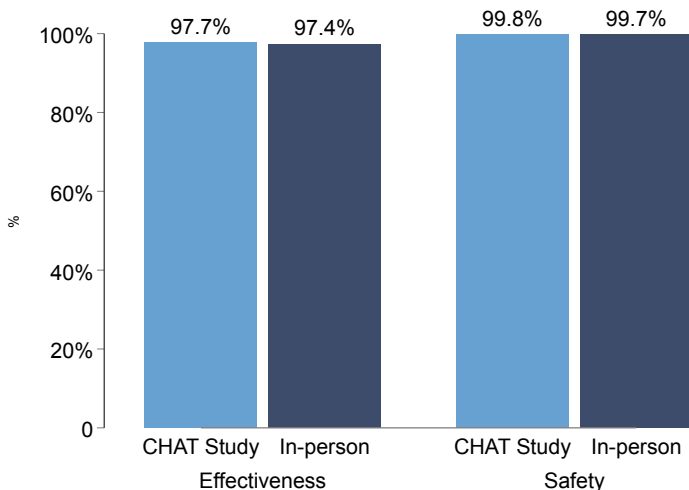
- Researchers at the University of California, San Francisco’s ANSIRH program conducted the CHAT Study, the largest study of telehealth abortion in the U.S.
- The CHAT Study includes data from over 6,000 patients who received telehealth abortion care from 3 virtual abortion clinics.
- Data were collected in 2021 and 2022, before the *Dobbs* decision.
- Patients were mailed medications in 20 states and Washington, D.C.

Findings

The largest study of telehealth abortion in the U.S. has demonstrated that it is safe and effective, preferable for many patients, and increases access to abortion care.

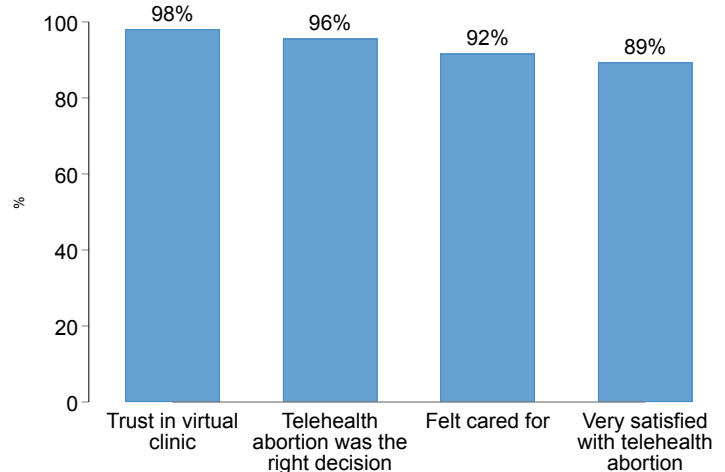
Telehealth is as safe and effective as abortion care in a clinic⁶

- Telehealth is extremely safe: More than **99%** of patients who had telehealth abortions did not experience a complication like hospitalization or surgery.
- Telehealth is highly effective: over **97%** had a complete abortion without an intervention, like more medication or a procedure, to complete their abortion. The overwhelming majority had an uneventful abortion and were able to complete the process without stepping foot in a doctor's office.



Telehealth is very satisfactory⁷

- Nearly all patients trusted the telehealth provider, felt telehealth was the right decision, felt cared for, and were very satisfied.
- The most commonly reported benefits of telehealth abortion were privacy, lower cost, and fast access to care.



Telehealth can increase abortion access⁸

- Patients avoid a large amount of travel to abortion clinics by using telehealth for abortion.
- 43% of patients would not have been able to obtain a timely abortion without telehealth.
- This was especially true for younger people, those living on lower incomes, those living in rural areas, and those who lived far from an abortion clinic.

Policies that prohibit telehealth abortion:

- Are not based in science
- Reduce quality of care
- Widen existing gaps in abortion access

States that restrict telehealth for abortion should change policies to allow this type of care, so that more people, especially those who face the most barriers, can access this care.

A nationwide restriction on telehealth abortion resulting from the *Alliance for Hippocratic Medicine v. FDA* Supreme Court case would limit access to a safe, vital healthcare service that can increase abortion access.

References

1. Rader B, Upadhyay UD, Sehgal NKR, Reis BY, Brownstein JS, Hswen Y. Estimated Travel Time and Spatial Access to Abortion Facilities in the US Before and After the *Dobbs v Jackson Women's Health Decision*. *JAMA*. 2022;7.
2. *The New York Times*. "Tracking the States Where Abortion Is Banned." July 24, 2023.
3. Kirstein, Marielle, J Dreweke, R Jones, and J Philbin. "100 Days Post-Roe: At Least 66 Clinics Across 15 US States Have Stopped Offering Abortion Care." Guttmacher Institute, 2022.
4. "Telehealth Medication Abortion Laws by State." Reproductive Health Initiative for Telehealth Equity and Solutions.
5. "#WeCount February 2024 Report." Society of Family Planning, February 28, 2024.
6. Upadhyay, UD, LR Koenig, J Ko, E Valladares, K Meckstroth, and Ma Biggs. [Safety and Effectiveness of Synchronous and Asynchronous Telehealth Medication Abortion Provided by Us Virtual Clinics](#). *Contraception* 116 (December 2022): 69–70.
7. Koenig, LR, J Ko, E Valladares, F Coeytaux, E Wells, C Lyles, and UD Upadhyay. Patient Acceptability of Telehealth Medication Abortion Care in the United States, 2021-2022: A Cohort Study. *American Journal of Public Health* 2 (February 2024): 241-250.
8. Koenig, LR, A Becker, J Ko, and UD Upadhyay. [The Role of Telehealth in Promoting Equitable Abortion Access in the United States: Spatial Analysis](#). *JMIR Public Health and Surveillance* 9 (November 7, 2023): e45671.