

Federal, State, and Institutional Barriers to the Expansion of Medication and Telemedicine Abortion Services in Ohio, Kentucky, and West Virginia During the COVID-19 Pandemic

Kelsey Mello, Mikaela H. Smith, B. Jessie Hill, Payal Chakraborty, Katherine Rivlin, Danielle Bessett, Alison H. Norris, Michelle L. McGowan, Contraception (2021), https://authors.elsevier.com/a/1d1IG2SvwNwIG.

Abolishing the REMS on mifepristone would not increase access to medication abortion in states with restrictive telehealth and medication abortion policies.

Key Findings

Ohio and West Virginia enacted state executive orders in March and April of 2020, respectively, limiting procedural abortions. We document a sharp increase in the proportion of medication abortions at the start of the COVID-19 pandemic. However, there was not a significant increase in medication abortion use between July and December of 2020, when the REMS in-person dispensing requirement on mifepristone was temporarily removed. Due to state laws restricting the distribution of medication abortion, those in Ohio, West Virginia, and Kentucky were unable to take advantage of the temporary lifting of the REMS in-person dispensing requirement.

What is the REMS?

The REMS (Risk Evaluation and Mitigation Strategy) is a U.S. Food and Drug Administration (FDA) program requiring that the medication abortion drug mifepristone only be ordered, prescribed, and dispensed in a clinical setting by a certified provider. In July 2020, in response to the COVID-19 pandemic, a federal court temporarily suspended the requirement that patients pick up the drug in person.

Impact of Federal and State Policies on Medication Abortion Care in Ohio, Kentucky, and West Virginia During the COVID-19 Pandemic



Public Health Implications

- While the REMS is a barrier, it represents only one of several hindrances to the expansion of telemedicine abortion distribution across the United States.
- Eliminating state policies that limit access to comprehensive abortion services should be the focus of efforts to dismantle barriers and improve reproductive autonomy.
- Changing regulations to facilitate the distribution of medication abortion in Ohio, Kentucky, and West Virginia could particularly benefit people of color, people of a lower socioeconomic status, and people who live far from an abortion clinic.