



REPRODUCTIVE EQUITY NOW

Medication Abortion, Regulations, and Barriers to Access

What is medication abortion?

Medication abortion, or medical abortion, is a safe, effective, and non-surgical method of ending a pregnancy before the 11th week. The two drugs needed for medication abortion are mifepristone and misoprostol. Mifepristone is a hormonal drug that blocks progesterone. Misoprostol softens and dilates the cervix and causes contractions.¹

The FDA first approved medication abortion in 2000 for use in clinics in pregnant people up to 7 weeks.² In 2016, the FDA updated the approval for at-home use through 10 weeks.³ The American College of Obstetricians and Gynecologists notes: “The medication abortion regimen [is] supported by major medical organizations nationally and internationally.”⁴

How safe is medication abortion?

The American College of Obstetricians and Gynecologists calls medication abortion “a safe and effective method of providing abortion” and notes that the medication abortion regimen has broad national and international support from major medical organizations.⁵ Adverse reactions requiring medical treatment are rare.⁶

¹ Medication Abortion Up to 70 Days of Gestation: Practice Bulletin Number 225, The American College of Obstetricians and Gynecologists (Oct. 2020), available at <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation>.

² Mifeprex (mifepristone) Information, FDA (updated Dec. 16, 2021), available at <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information>.

³ *Id.*

⁴ Medication Abortion Up to 70 Days of Gestation: Practice Bulletin Number 225, *supra* note 1.

⁵ *Id.*

⁶ *Id.*

How common is medication abortion?

Medication abortion is increasingly common and accounted for 54% of abortions in 2022 nationally,⁷ and nearly 50% of abortions in Massachusetts in 2021.⁸

What State and Federal regulations exist for medication abortion?

Before 2021, the Risk Evaluation and Mitigation Strategy (REMS) put in place by the FDA severely limited the availability of medication abortion due to regulations on the dispensing of mifepristone. The FDA has now revised the REMS, making it possible to safely get these medications through the mail, delivered to a provider's office, and eventually, at a pharmacy.⁹

Massachusetts does not place any special restrictions on medication abortion. Therefore, residents in Massachusetts are only limited by their ability to reach a provider that will prescribe medication for abortion.

What other barriers exist to medication abortion, and why is it important to work to eliminate these barriers?

Many people experience barriers to accessing abortion care. For example, location and distance to a clinic, financial cost, time, scheduling conflicts, and reliable access to transportation are all barriers individuals may face. These barriers disproportionately impact people of color, low-income people, young people, and other vulnerable populations who already face disparities in health care access. Promoting initiatives that increase access to medication abortion is critical to helping individuals get the reproductive health care they need.

⁷ Rachel K. Jones, Elizabeth Nash, Lauren Cross, Jesse Philbin, and Marielle Kirstein, *Medication Abortion Now Accounts for More Than Half of All US Abortions*, Guttmacher Institute (Feb. 2022), available at <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions>.

⁸ Hannah Reale, *What does new data tell us about abortions in Massachusetts? 5 key takeaways*, GBH News (Sept. 6, 2022), available at <https://www.wgbh.org/news/local-news/2022/09/06/what-does-new-data-tell-us-about-abortions-in-massachusetts-5-key-takeaways>.

⁹ Mifeprex (mifepristone) Information, *supra* note 2.