FRC Backgrounder: Telemedicine Abortion Ban

The rise in the use of telemedicine to diagnose and treat patients has grown over the years, and is expected to continue to grow as doctor shortages increase and the cost of seeing a doctor in person continues to rise. Yet, one should not ignore the medical risks of doctors diagnosing patients they have never physically examined in person, as a camera can only provide one with limited detail and symptoms could be overlooked.

Telemedicine providers say this new frontier in modern medicine works well for treating common ailments and conditions like colds, sprains, flu and pink eye. But telemedicine abortion where women are not physically examined by providers before being dispensed abortion drugs to have their abortion at home, and who often do not return for a follow-up visit, is not a medical frontier we should embrace.

States must move to enact telemedicine abortion bans to protect women's health, to preserve the doctor and patient relationship and to ensure that abortion drugs, such as RU-486 are dispensed correctly and according to the drug protocol outlined by the Food and Drug Administration (FDA).

The (FDA) approved the abortion drug, RU-486 on September 28, 2000. RU-486 is a 2 drug regimen (Mifepristone and Misoprostol) and has been approved for use within 49 days of the woman's last menstrual period to induce an abortion. First trimester abortions make up an overwhelming majority of the overall number of abortions performed each year. One third of abortions occur at 6 weeks or earlier, and 89% occur in the first twelve weeks of pregnancy according to the Guttmacher Institute. While the overall number of abortions performed each year continues to decline in the U.S., the number of chemical abortions has continued to increase accounting for 6% of all abortions in 2001 and increasing to 23% of all abortions in 2011.

The FDA acknowledges that there are severe adverse risks to the RU-486 abortion drug regimen. However, since the approval of RU-486 by the FDA, physicians have routinely prescribed this drug to women seeking a medical abortion in an off-label manner, specifically by prescribing the drug to women who are further along in their pregnancy than the FDA approved 49 days, even up to 63 days or later. In addition to violating the FDA approved 49 day protocol, some physicians allow and even recommend that women take the second dose of Misoprostol vaginally. The FDA clearly states that Mifepristone and Misoprostol must be administered orally. The FDA protocol of RU-486 also requires a follow-up visit with a physician on the 14th day after the first dose of Mifepristone is administered so the woman can be examined to ensure the abortion has been completed.

Not only have physicians been prescribing RU-486 to women in an off-label manner, but recently we have seen the beginning of what is commonly termed "skype abortions." In a

skype abortion, a woman seeking a chemical abortion communicates with a physician via a computer webcast while a medical assistant is in the room with the woman. If the doctor believes that the woman qualifies to have an abortion, he pushes a button to dispense RU-486 to her, even though the woman is in a different physical location than the physician. In this scenario, the woman is never physically examined by the doctor.

Physical examination by a physician for any medical procedure is essential to ensuring appropriate medical care is administered. In the case of women seeking a chemical abortion with RU-486, the exam ensures they do not have an ectopic pregnancy and that after they take the first drug, Mifepristone , they do not have any side effects or complications before taking the 2nd drug, Misoprostol.

In 2010, Planned Parenthood of the Heartland in Iowa began performing webcast abortions. This not only violates FDA protocol on the appropriate and approved dispensing of RU-486, but also is dangerous to the health and safety of patients. In 2013, the Iowa Board of Medicine passed a regulation to ban webcast abortions in the state, which was recently upheld in Court. Planned Parenthood of the Heartland is currently appealing the decision to the Iowa Supreme Court.

Supporters of telemedicine abortions argue that this practice is necessary because women who live in rural areas may not live in close proximity to an abortion facility, and driving many miles to a facility is burdensome. Distance from a facility or the length of drive time is not sufficient reason to prescribe dangerous drugs which end a human life and could cause serious medical complications to a woman.

There are severe medical complications that may arise after taking RU-486. In November, 2004, the FDA even strengthened its warning label for RU-486 following the death of a young woman after taking the abortion drug regimen. Due to these harmful medical risks and the nature of the RU-486 regimen that ends an unborn human life, states have taken swift and decisive actions to ban telemedicine abortions. These states insist that the drug be prescribed according to the protocol outlined by the FDA when they approved the drug to go to market and become available to the public.

Currently, 17 states ban telemedicine abortions and require a physician to be physically in the same room as the patient when prescribing RU-486 for a chemical abortion. Of those, two are currently enjoined (Iowa and North Dakota). Thirty-eight states require the drugs to be administered by a licensed physician. Additionally, 2 states (Ohio and Texas) require mifepristone to be prescribed to women seeking abortions according to the FDA protocol, and two other states (Arizona and North Dakota) are currently in the middle of legal challenges over RU-486 being provided using FDA protocol so the policy is not enforced. Further, three states (California, Georgia, and Rhode Island) specifically impose minimal administrative regulations on the dispensing of abortion-inducing drugs.

States have been passing pro-life legislation at record rates over the past few years to protect unborn children's lives and preserve safety standards for women seeking services in abortion facilities. As states have been passing legislation dealing with mandatory waiting periods for women seeking abortions, as well as facility regulations, 20 week pain bans and admitting privileges, facilities have begun to close their doors. As abortion facilities close their doors, the rise in the use and frequency of telemedicine "skype" abortions will only increase. States must act to prohibit this practice in their state and to preserve medical standards and protective regulations as they push back against the abortion industry.