

Medication abortion use and access in Texas

Kari White, PhD, MPH | Klaira Lerma, MPH | Lauren Thaxton, MD, MBA | Anitra Beasley, MD, MPH

Since 2021, there have been numerous changes to federal and state regulations around medication abortion that affect how and where the method can be used. In this brief, we summarize information on medication abortion regimens for early pregnancy. We also discuss how recent policy changes and state restrictions that prohibit most abortions in Texas affect pregnant Texans’ access to evidence-based care.

WHAT IS MEDICATION ABORTION?

Medication abortion is often referred to as the “abortion pill.” There are two common medication abortion regimens that can be used safely and effectively to end pregnancy at 12 weeks of gestation or less.

Mifepristone and misoprostol regimen:

Pregnant people using this regimen first take mifepristone, which blocks the hormone progesterone and stops the pregnancy from progressing. Then, 24-48 hours later, they take the second medication, misoprostol, which softens the cervix and causes the uterus to contract and expel the pregnancy.

Misoprostol-only regimen:

Pregnant people using this regimen take several doses of misoprostol to pass the pregnancy.

These regimens are recommended by medical and public health organizations, such as the American College of Obstetricians and Gynecologists, the International Federation of Gynecology and Obstetrics, and the World Health Organization.¹⁻³ The mifepristone and misoprostol regimen is often used because it is highly effective. Still, the misoprostol-only regimen can be effectively used if mifepristone is not legally available or accessible or if a pregnant person prefers it.

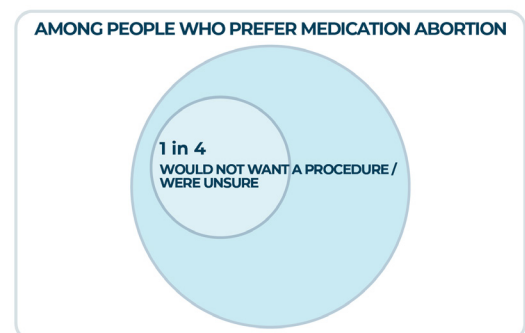
MEDICATION ABORTION: A COMMON AND PREFERRED ABORTION METHOD

Since the US Food and Drug Administration (FDA) approved mifepristone in 2000, medication abortion with the mifepristone and misoprostol regimen has become more common than procedural abortion (also called an in-clinic aspiration or surgical abortion). In 2020, more than half (53%) of all abortions in the US were medication abortions, most of which (98%) used this regimen.^{4,5}

In 2020, prior to the implementation of Texas Senate Bill 8 (SB 8) that prohibited most abortions before approximately 6 weeks of pregnancy, medication abortion accounted for 53% of all abortions provided in the state.⁶

Medication and procedural abortion are not interchangeable for some people, even when both methods are available. In a 2022 study of Texans seeking abortion care, over two-thirds (65%) wanted to use medication abortion.⁷ Additionally, one in four who preferred this method indicated that they did not want to have a procedural abortion.

For many people, abortion methods are not interchangeable





ACCESS TO MEDICATION ABORTION VARIES ACROSS STATES

In US states in which abortion is legal, medication abortion using mifepristone and misoprostol can be provided by a certified clinician in a clinic, medical office, or hospital (see Box). In accordance with revised FDA guidelines issued in 2021, some states also allow the medications to be provided by mail following a telemedicine assessment with a certified healthcare provider.^{8,9} In 2022, the FDA also authorized certified “brick and mortar” pharmacies to fill prescriptions for medication abortion; however, it is unclear how many pharmacies will seek certification and stock the medications.¹⁰

Following the US Supreme Court’s June 2022 decision overturning *Roe v Wade*, Texas banned the provision of medication and procedural abortions, except in cases of medical emergencies.¹¹ The state also has other restrictions that prohibit the use of telemedicine for medication abortion and impose criminal penalties on people who mail or distribute medications that can induce an abortion into the state.

US Food and Drug Administration (FDA) oversight of mifepristone

When the FDA approved mifepristone in 2000, it imposed additional regulations on the medication that are not supported by scientific evidence.¹² These regulations, which became part of the FDA’s Risk Evaluation and Mitigation Strategy (REMS) program, are intended for medications that carry risks of serious side effects, unlike mifepristone.

In addition to the dispensing requirements, the REMS for mifepristone requires clinicians who will provide the medication to register with the drug manufacturers as certified prescribers. People who take the medication must also sign a patient agreement form that is separate from other informed consent procedures that a clinician or facility may require.⁸

SELF-MANAGED MEDICATION ABORTION

People can self-manage their abortion outside of a healthcare setting using medications. For example, people can request and purchase the mifepristone and misoprostol regimen from online sources that mail the medications from international pharmacies. Online requests are more common among people living in states where the provision of abortion care is highly restricted or has been banned, including Texas.^{13,14} Although medications from online vendors are not subject to oversight from the US government or the FDA, studies of medications procured online have found that the pills contain active ingredients, enabling people who obtain the medications from reputable sources to safely and effectively end their pregnancies.¹⁵⁻¹⁷

Misoprostol can be obtained without a prescription at some pharmacies in Mexico, as well as from online vendors and organizations based in other countries.¹⁸⁻²⁰ With instructions about evidence-based protocols for use, self-managed abortion with misoprostol alone is as effective as clinician-managed abortion.^{20,21} Yet, because misoprostol sold over the counter at international pharmacies is marketed for reasons other than abortion, people who obtain the medication in this way may not have accurate information about how to use the medication, which can lead to ineffective use or more intense physical symptoms, such as nausea, cramping, and bleeding.²²

The FDA has tried to prevent non-certified providers operating outside the US from mailing abortion medications to US addresses.²³ However, laws aimed at preventing the mailing of medications are difficult to enforce. Additionally, there may still be legal risks, even though most states do not have laws that prohibit people from self-managing their abortion. Prosecutors have used other laws, such as child endangerment laws, to bring criminal charges against pregnant people experiencing miscarriage or fetal demise.²⁴

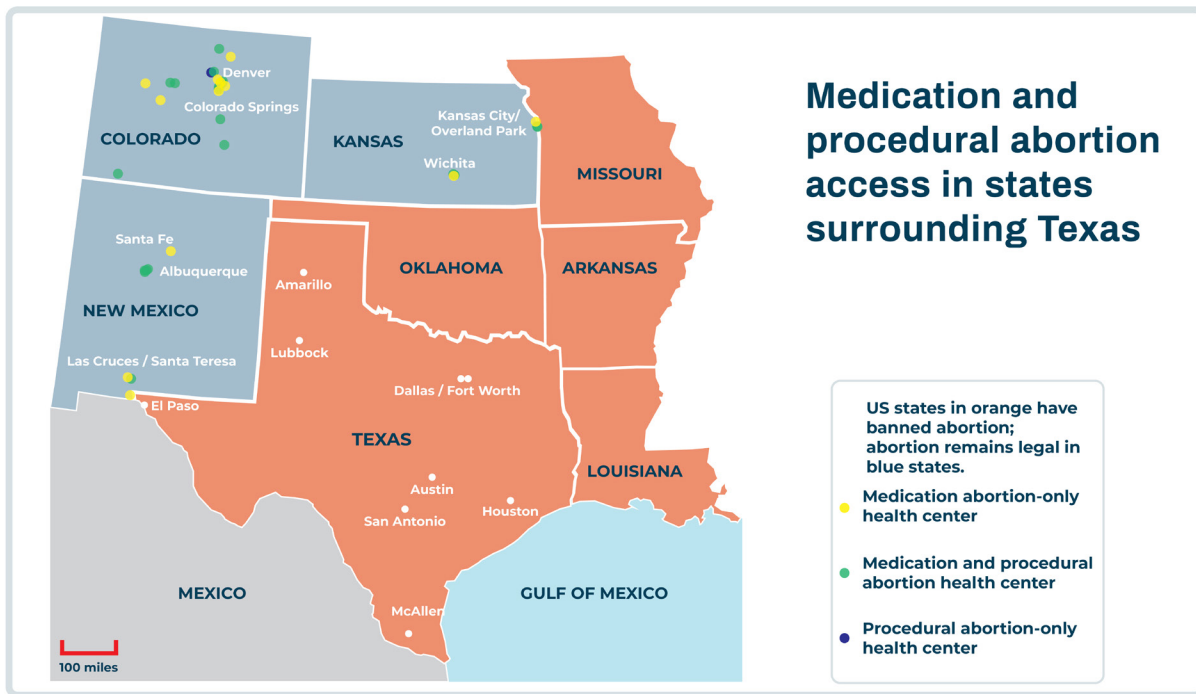


FUTURE ACCESS TO MEDICATION ABORTION

In 2022, the Alliance for Hippocratic Medicine and other anti-abortion groups filed a lawsuit against the FDA in federal district court in Texas, challenging the agency’s initial approval of mifepristone and its removal of the in-person dispensing requirement.²⁵ The intent of the lawsuit is to order the FDA to immediately suspend or withdraw its approval of mifepristone based on claims that the medication is unsafe—contrary to decades of scientific evidence.¹²

If the court rules against the FDA, the agency must follow a set of formal procedures before removing the drug from the US market, and it is unclear whether or how quickly this process would take place.²⁶ However, this decision could have nationwide implications and prevent the use of mifepristone for medication abortion, even in states where abortion remains legal.^{5, 27}

Prohibiting access to mifepristone would adversely affect Texans who travel out of state for abortion care. Since the implementation of SB 8 in September 2021, at least 1,300 Texans a month have traveled to a state where abortion remains legal to obtain care, and half obtain medication abortion.²⁸



IMPLICATIONS FOR OTHER PREGNANCY CARE

Both mifepristone and misoprostol can be used in other areas of pregnancy care, such as treatment for miscarriage.

Most miscarriages resolve on their own, without medical intervention, but miscarriages treated with misoprostol alone or with mifepristone and misoprostol are resolved more quickly than by letting “nature take its course,” also known as expectant management.^{29, 30} Many patients prefer to resolve their miscarriage quickly, and these medications give people more autonomy around the timing of completing the miscarriage in a safe and effective way.³¹

Evidence from Texas indicates that restrictions affecting the use of mifepristone nationwide are likely to adversely affect miscarriage care. Since the 2021 implementation of Texas Senate Bill 4 (SB 4), some pregnant people experiencing miscarriage have been unable to get medical treatment because physicians and pharmacists are afraid to provide the medications out of fear of legal repercussions.^{32, 33}



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