**The Right to Sexual & Reproductive Health:**

*Access to Abortion Pills and Safe Home Abortion during the COVID-19 Pandemic*

**Background on Abortion Access in the US**

Abortion is a common practice in the US, where 1 in 4 women will choose an abortion by age 45. Though the right to abortion is protected by Federal ruling Roe v. Wade (1973), this *right* does not guarantee *access* to abortion. The US is a patchwork of prohibitive and complex state laws restricting abortion services, with many additional restrictions passed this last year. And abortion continues to be used as a political tool to deepen the party divide, causing people with unwanted pregnancies to suffer as a result.

Before the pandemic, 89% of counties in the US—home to 38% of women aged 15-44—lacked an abortion provider [[Guttmacher Report](https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017)]. And yet, a majority of Americans (61%) supported legal and accessible abortion, leading to growing disconnect between those who legislate access to abortion—and those in need of access [[Pew Research](https://www.pewresearch.org/fact-tank/2021/05/06/about-six-in-ten-americans-say-abortion-should-be-legal-in-all-or-most-cases/)].

Not surprisingly, limited access to abortion care disproportionately affects marginalized, lower-income and BIPOC communities, leading to greater economic hardship, single parenting and abusive relationships. Children born to parents who were denied abortion access are more likely to live in poverty and suffer from poor development. [[Contraception study on Aid Access](https://authors.elsevier.com/c/1d1IG2SvwNwJI)]

In addition to restrictions on abortion providers, a decades-long strategy exists to restrict access to abortion pills, which are also known as medication abortion. For over 30 years, a combination of two medications - mifepristone and misoprostol – has been used to safely and effectively end first-trimester pregnancies. In Europe today approximately 90% of all first-trimester abortions are done with this combination of pills, and the World Health Organization has endorsed abortion pills as an “essential medicine.” But in the US, the use and distribution of mifepristone has been severely restricted by the FDA since 2000. As a result, few abortion clinics offer medication abortion, and those that do require all the same tests and procedures necessary for surgical procedures, which institutionalizes unnecessary obstacles to care and inflates the cost.

**The transformative nature of abortion pills**

In 2014, Plan C (plancpills.org) was created as a project of the National Women’s Health Network (nwhn.org) to raise US-based awareness on the transformative power of abortion pills. At the time, we knew that millions of people all around the world were self-managing their early abortions using mife and miso, and that the risk of complications was extremely low ([ANSIRH Report](https://www.ansirh.org/sites/default/files/publications/files/mifepristone_safety_4-23-2019.pdf)). We also recognized that because of the method’s convenience, cost, ease of use, and safety, it had the potential to greatly improve access to abortion at a time when clinics in the US were being shut down. We began to educate health care providers and the public about this modern method of abortion and advocate for its broader acceptance and use. Along the way, we championed a more patient-driven model with people taking abortion pills at home and needing minimal interaction with a provider.

An important partner in this effort was the international organization Aid Access (aidaccess.org) who, in 2018 began serving the US with an online physician-supported service that allowed people to receive pills by mail and manage their early abortions at home, without going to a clinic or talking to a provider. Patients could communicate with the provider via email, but most communication was online and asynchronous. Despite a warning letter from the FDA (to which they responded by filing a suit with the backing of dozens of reproductive justice agencies), Aid Access served a groundbreaking 57,000 abortion patients between March 2018 and March 2020, the success of which was researched and published in the May 2021 Journal of American Medical Association [[JAMA Study on Telemedicine Abortion](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780272?resultClick=1)].

In 2020, the pandemic provided numerous and powerful incentives to capitalize on the transformative nature of medication abortion.

**The COVID-19 Pandemic and political response**

As the COVID-19 pandemic took hold in the US in March/April of 2020, access to abortion care became even more difficult, particularly in the states whose legislatures had made it their mission to shut down abortion clinics. Some deemed abortion “nonessential services” while others used the public health crisis to serve their anti-choice agendas. This strategy ultimately backfired, catalyzing public health and political leaders like the American College of Obstetrics & Gynecologists, the Society for Family Planning and the American Society for Reproductive Medicine to unite and push back, issuing a joint statement on the risks of delayed abortion care [[ACOG Statement on Abortion Access](https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion-access-during-the-covid-19-outbreak)]. This set the stage for many developments that were to emerge.

As the nation responded to the pandemic as a public health crisis and embraced telemedicine as a solution for basic healthcare needs, the hollowness of abortion pill restrictions was revealed. Numerous groups and communities raised their voices demanding better access to the pills, and the ACLU took the FDA to court for blocking access to this essential service. In March 2020 the Attorneys General of 21 states led by Javier Becerra of California, who is now US Secretary of Health and Human Services, signed a joint statement asking the FDA to release the REMS and increase access to reproductive telehealth care during the pandemic [[AG Statement](https://www.oag.ca.gov/news/press-releases/attorney-general-becerra-leads-coalition-21-attorneys-general-asking-fda)]. This indicated a readiness from these states to be guided by science and not outdated restrictions. Not surprisingly, this also meant that access would get easier in states already favorable toward progressive reproductive health policies, and likely harder in others.

The courts also began to address the FDA’s 20-year stranglehold on mifepristone. First, in July 2020 a federal court temporarily suspended the restrictions, overlooking dispensing requirements during the national health emergency that medical professionals had interpreted as in-person only. But in January 2021, the restrictions were reinstated by the Supreme Court, passing the onus back to the FDA, a temporary blow for the reproductive justice community. On April 12, 2021, thanks to the new Biden Administration, the FDA announced that they would no longer be enforcing the dispensing restrictions on mifepristone during the nationwide public health emergency. And soon after, they announced a formal review of the REMS to factor in all updated research and medical evidence to make a new determination.

**New access involving new medical providers**

The pandemic illuminated the medical community’s opportunity to step up and innovate: even family practice doctors realized they could become medication abortion providers. In April 2020, Plan C put out a “Call to Arms,” an invitation for providers to step forward and serve remotely during the pandemic with telehealth and mailed pills. The Plan C team has since spoken with more than 200 providers, nurse practitioners, doulas and other clinicians and has presented to hundreds of other clinicians via organizations like Reproductive Health Access Project, National Abortion Federation and Medecins sans Fronteres. Out of this process came the development of a Toolkit for Providers (plancpills.org/providers). Researched and developed by Plan C in collaboration with the University of Washington and published in July 2020, the Toolkit shares current information on the online model of care and US-based telehealth abortion, used by providers seeking to launch similar offerings from their home state.

In June 2020 the Association of Obstetricians and Gynecologists also published a simplified “no-test” abortion protocol, updating the standard of medication abortion care to eliminate the medically unnecessary exams and bloodwork, bringing the US up to global standards and setting the stage for greatly reducing barriers to care [[No-Test Abortion Protocol](https://gynuity.org/resources/no-test-medication-abortion-a-sample-protocol-for-increasing-access-during-a-pandemic-and-beyond)]. This, and the success of this model as documented by Aid Access, further encouraged the medical community to embrace change and innovate toward a more patient-centered model of telehealth and mailed pills. But individual state-based laws still made every state unique.

**Telemedicine and mailed abortion pills**

Out of sheer necessity, the vision that Plan C had been promoting for years – one of access to safe and effective abortion pills for at-home abortion - would become better understood and in-demand across the US, just as it had around the world. The US media and general public began to spotlight the opportunity with the question, *why can’t we mail the pills like we would so many other medications, with the option for televisit consults and remote follow-up*? An examination of the barriers started to unfold, as did new actions from reproductive justice groups and medical professionals to solve the problem of access.

As citizens were asked to shelter in place, more and more turned online to understand their options. Plan C, recognizing a unique opportunity to help the US “catch up” with so many other parts of the world where the pills were commonly used at home, took direct actions including developing the Plan C Guide to Pills ([plancpills.org/guide](http://plancpills.org/guide)), which continues to be the only comprehensive directory for online abortion pill access by state. With medical resources, links to hotlines, legal and funding support, as well as a list of online pharmacies that sell and ship abortion pills, the Guide garners tens of thousands of visitors per month, and has helped normalize and legitimize online pharmacies and self-managed abortion with pills found online.

**Innovating with new online-startups**

In the summer of 2020, with the court order in place clarifying the right to mail abortion pills during the pandemic (temporarily, as it turned out), several “online abortion clinic” startups we had been working with began to bring new patient-centered models of telemedicine to the market, in states that were friendly to abortion access. This was a major development: within a booming med-tech and sexual health and wellness industries, the need for accessible abortion care could finally be addressed. As of June 2021, the list of providers and clinics shipping abortion pills to patients’ doors instead of requiring an in-person visit has grown to 24 states. Patient-friendly sites like mychoix.co (CA), justthepill.com (MN, MT), carafem.org (GA, IL, MD, VA, DC), heyjane.co (NY and WA), and AbortionOnDemand.org (21 states) are making a modern, at-home abortion a reality in the United States. Honeybee Pharmacy, another female-founded startup, also became the first online pharmacy to ship medication abortion during this time, and continues to work with individual providers coming online [[Honeybee Press Release](https://msmagazine.com/2020/09/30/honeybee-health-us-based-online-pharmacy-first-to-ship-abortion-pills-to-patients-inside-the-u-s/)].

Aid Access continues to fill gaps by providing services in the states that restrict telemedicine and/or explicitly prohibit abortion services. It is worth noting that it is only because of Aid Access, an international organization, that all US residents no matter where they live can obtain access to this critical early abortion option. This began before the pandemic, when from 2018 to 2020, Aid Access served 57,500 people with telemedicine abortion care from overseas. A study on these patients showed a mean distance to the nearest clinic at 56.5 miles, and cost and distance as the most commonly cited barriers [[JAMA Study on Telemedicine Abortion](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780272?resultClick=1)].

A number of obstacles to receiving online care still exist, the main one being cost, which will be addressed below. More on barriers to care can be found in two recent research studies written up in Contraception Magazine [[Article 1](https://authors.elsevier.com/c/1d1IG2SvwNwIS) & [Article 2](https://authors.elsevier.com/c/1d1IG2SvwNwJI)]

**Funding & Costs**

The cost of an abortion in the US is a story of its own. Clinic-based medication abortion services are often priced the same as an aspiration or surgical abortion, as a way to eliminate bias in the decision-making process. But for a medication that reportedly costs $6 OTC in India where it is manufactured, the US price of $600 for a medication abortion is an unnecessary, even unjust burden on the patient. Further, insurance coverage is unreliable at best, often blocked by state or federal policy and left unclear to the individual whether abortion is covered. Abortion is healthcare: but once again, the politics influencing the US healthcare system mean that it is regarded as different from any other healthcare need.

Even before the pandemic, new affordable options were arriving in the form of online pharmacies selling “abortion kits” for $150-$350, approximately ⅓ of the cost of an in-clinic abortion. With the lift of FDA restrictions, new digital abortion clinics came to market in Fall/Winter 2020, with services priced at $250 – 400 including telehealth consults and shipping. These startups have not solved for Medicaid or private insurance, and have yet to be reimbursed by the major abortion funds. While most offer a sliding scale, the onus of cost, albeit less than a traditional clinic, still falls on the patient. With mounting data and evidence proving the safety and efficacy of an at-home, self-managed abortion, justice advocates continue to push for minimizing costs of the service which create unnecessary barriers and an undue burden for people needing low-cost solutions to end an early pregnancy safely and effectively.

Another innovation emerged during the pandemic, to test the idea of sliding-scale fees for digital abortion clinics. Plan C mentored new digital abortion fund Reprocare (reprocare.com) which came online to reinvent the old abortion fund model by building technology to plugs into “checkout” on new digital abortion clinic websites. This effectively creates a seamless, stigma-free experience in which a patient can select what they are able to pay (pay-what-you-can sliding scale model) and Reprocare funds the rest. The technology is ready but the ongoing stream of funding to fill the digital abortion fund is a separate challenge, one in which they have found some success but will need to partner with larger organizations in order to keep going.

Overall, the Plan C organization has seen an increase in funding during the pandemic, with the groundwork we laid over the past five years finally paying off: suddenly our vision of mailed pills was not a “nice to have,” it was a critical solution to an immediate need. The multifaceted Plan C initiative (mentoring new digital clinics and funds, researching the provider opportunity and developing a toolkit, rebuilding the Guide and running a national communications campaign to share the information) became possible by raising an additional $1M from a visionary private donor in May 2020. We continue to be successful in raising funds for partnerships and communications initiatives, as well as “startup funding” to help new providers come online.

**Ongoing Challenges**

Despite the growing adoption of this tech-driven and medically-supported method, it is not yet of universal benefit to all. As of June 2021, politically-motivated laws in 19 states specifically restrict telemedicine abortion, preventing people in these states from accessing the convenience, confidentiality and control that these modern telehealth abortion services offer and creating a landscape of “haves” and “have-nots.” Today patients in states like California can go online, complete an intake form and have their questions answered, then receive their pills and instructions in the mail. In other states like Texas, a new law prohibits abortion after six weeks (before many know they are pregnant) and empowers individual citizens to sue anyone who aids the pregnant person in obtaining an abortion--including doctors, hotline workers and clinic employees. These laws are called “illegitimate” by pro-choice lawyers who claim they would not hold up in court, but still they succeed in causing confusion and fear, limiting individuals’ understanding of what they are able to do, and creating a culture in which it is normal to criminalize pregnant people and their choices. As people struggle to find work and protect themselves against continued virus exposure, the political focus on creating barriers to abortion care is a painful reality and galvanizes the pro-choice community to rally around empowered solutions.

Information dissemination continues to be a challenge. The option of online pills for a safe at-home abortion is only an option if someone knows about it in their time of need and also knows how to access it. Without systems of reliable information dissemination, individuals use word-of-mouth, social media, or leave it up to chance as to whether they find the information they seek. Additionally, there is a growing “fake clinic” problem in the US, thousands of clinics propogating misinformation to lure potential patients into their clinics and talk them out of having an abortion. To rise above misinformation and meet people in their time of need, Plan C invests in successful paid ad strategies to reach people on social media and google search: meeting them where they already are, in their moment of searching for the information they seek.

We believe that this modern option of abortion care, made possible by aligning forces of the internet, global markets and shipping, is here to stay. No matter the obstacles posed or legal battles waged, this is the future of how people will be able to access safe, reliable abortion care on their own, when they need it. A new abortion case will go before the Supreme Court in June 2021, seen as a direct challenge to Roe v. Wade. But, as demonstrated by the starkly diminished number of clinics and the criminalization of pregnant people and their doctors, the reality is that Roe has long ago failed to protect the rights of the people. We desperately want to live in a country where bodily autonomy is a protected human right, and we believe that access to medication abortion - a safe “*21st century abortion*” – can concrete way forward.

Abortion pills deserve to be in the hands of the people who need them. Thank you for the opportunity to report on abortion pill access in the US under the COVID-19 pandemic.

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**About Plan C**

Plan C is a trailblazing advocacy and information campaign for home abortion access in the US. Established in 2015 by veteran public health researchers, social justice activists and digital strategists, Plan C catalyzes access to the modern method of abortion pills in three ways: researching online sources of pills and sharing this research publicly, educating the public, and reducing barriers by incubating new initiatives that disrupt outdated models of care. Plan C’s bold initiatives take inspiration from the global context—where millions of people are safely self-managing abortions every year—and seek to realize a vision of a world in which the ability to end an early pregnancy rests in the hands of those who need it.