

Support Telemedicine Medication Abortion

Author(s): [Name(s) and State Chapter]

WHEREAS, the American Academy of Family Physicians (AAFP) supports expanded use of telehealth and telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care¹, and

WHEREAS, the appropriateness of a telemedicine service should be dictated by the standard of care and not by arbitrary policies, and

WHEREAS, the AAFP supports a woman's access to reproductive health services and opposes non-evidence-based restrictions on medical care and the provision of such services (2014 COD), and

WHEREAS, 90% of US counties do not have a clinic that provides abortion and 39% of reproductive age women live in these counties ², and

WHEREAS, 31% of patients in rural areas traveled more than 100 miles for abortion services ³, and

WHEREAS, medication abortion accounted for 45% of abortions before nine weeks' gestation in 2014⁴, and

WHEREAS, telemedicine abortion has been shown to increase a patient's odds of accessing abortion care earlier in pregnancy when abortions are safer⁵, and

WHEREAS, telemedicine services for medication abortion are as safe and effective as those provided in person⁶, and

WHEREAS, telemedicine medication abortion can to increase women's access to care earlier in pregnancy, particularly in remote areas, therefore, be it

¹ American Academy of Family Physicians. Policy: Telemedicine and Telehealth (2016). Retrieved from <http://www.aafp.org/about/policies/all/telemedicine.html>

² Guttmacher Institute 2017. Abortion Incidence and Service Availability in the United States, 2014. Retrieved from <https://editor.guttmacher.org/journals/psrh/2017/01/abortion-incidence-and-service-availability-united-states-2014>

³ Jones RK, Jerman J. How far did US women travel for abortion services in 2008? *J Womens Health (Larchmt)*. 2013;22(8):706-713.

⁴ Jones RK and Jerman J, Abortion incidence and service availability in the United States, 2014, *Perspectives on Sexual and Reproductive Health*, 2017, 49(1), doi:10.1363/psrh.12015.

⁵ Daniel A. Grossman, Kate Grindlay, Todd Buchacker, Joseph E. Potter, and Carl P. Schmertmann. Changes in Service Delivery Patterns After Introduction of Telemedicine Provision of Medical Abortion in Iowa. *American Journal of Public Health: January 2013, Vol. 103, No. 1, pp. 73-78*.doi: 10.2105/AJPH.2012.301097

⁶ Raymond EG, Chong E, Hyland P. Increasing Access to Abortion With Telemedicine. *JAMA Intern Med*. 2016 May 1;176(5):585-6. doi: 10.1001/jamainternmed.2016.0573.

RESOLVED, that the *[Your State Academy]* opposes any legislation that singles out medication abortion as a service to ban from telemedicine care.

RESOLVED, that the *[Your State Academy]* bring a resolution to the COD of the AAFP to oppose the singling out of medication abortion services as service to ban, given its proven safety record of providing access in low resource settings.