

Medication Abortion Care

For over 20 years, medication abortion care has been a safe and effective U.S. Food and Drug Administration (FDA)-approved option for ending an early pregnancy. The medication abortion regimen involves two medications: mifepristone and, after, misoprostol. Although proven to be safe and effective, outdated and unnecessary restrictions at the federal level and politically-motivated restrictions at the state level have blocked access to care.

In December 2021, the FDA lifted the medically unnecessary in-person dispensing requirement for mifepristone—meaning federal restrictions will no longer force people to travel to a hospital, clinic, or medical office to access medication abortion care. However, other outdated restrictions on medication abortion care remain in place at the federal level. Additionally, the onslaught of state-level attacks on abortion care—which resulted in more than 100 restrictions enacted in 2021 alone—included many targeted efforts to undermine access to medication abortion care.

Lawmakers hostile to reproductive freedom have pushed dozens of state-level restrictions on medication abortion care, including provisions forcing people to travel to a provider in-person to access care—unfortunately, these state laws stand even though the federal restriction has been lifted. These attacks are part of the anti-choice movement’s longstanding disinformation campaign around medication abortion care in an attempt to further stigmatize abortion, justify keeping medically unnecessary restrictions in place, and further restrict access to care.

Despite over two decades of evidence that it is safe and effective, many of these restrictions push falsehoods about the safety of medication abortion care. Other restrictions even mandate that doctors share stigmatizing, medically unproven information with their patients. What anti-choice activists and politicians refer to as the “reversal” of medication abortion is an unproven and unethical practice not supported by scientific evidence or reliable research claiming that the effects of mifepristone may be stopped or interrupted.



STATE MEASURES RESTRICTING REPRODUCTIVE FREEDOM**Bans on Medication Abortion Care:**

4 STATES ban medication abortion care after an arbitrary point in pregnancy: **IN, OK, MT, TX.**

- 3 STATES ban medication abortion care after 10 weeks: **IN, MT, OK.**
- 1 STATE bans medication abortion care after 7 weeks: **TX.**

Restrictions on Telemedicine for Medication Abortion Care:

22 STATES require that the prescribing clinician be in the physical presence of the patient, thereby prohibiting the use of telemedicine: **AL, AZ, AR, IN, IA, KS, KY, LA, MS, MO, MT, NE, NC, ND, OH, OK, SC, SD, TN, TX, WV, WI.**

- 5 of the states have an explicit ban on the use of telemedicine for abortion care: **AZ, AR, LA, TX, WV.**

6 STATES prohibit the dispensing of medication abortion through the mail*: **AR, AZ, MT, OK, SD, TX.**

*This number reflects the measures enacted in 2021 and may not be an exhaustive list of states with bans on dispensing by mail.

Biased Counseling on Medication Abortion Care:

13 STATES require that providers share stigmatizing, medically unproven information about the “reversal” of medication abortion care: **AR, ID, IN, KY, LA, MT, ND, NE, OK, SD, TN, UT, WV.**

STATE MEASURES EXPANDING REPRODUCTIVE FREEDOM**Expanding Providers of Medication Abortion Care:**

18 STATES and the DISTRICT OF COLUMBIA allow advanced practice clinicians (APCs) to provide medication abortion care: **CA, CT, CO, DC, HI, IL, ME, MD, MA, MT, NH, NJ, NM, NY, RI, VA, VT, WA, WV.**

2021 ENACTED STATE MEASURES RESTRICTING REPRODUCTIVE FREEDOM

4 STATES enacted bans on medication abortion care after an arbitrary point in pregnancy: **IN, MT, OK, TX.**

6 STATES enacted bans on dispensing medication abortion through the mail: **AR, AZ, MT, OK, SD, TX.**

4 STATES enacted requirements that force the prescribing clinician to be in the physical presence of the patient and force patients to make multiple, medically unnecessary trips to the clinic: **AR, IN, OH, OK.**

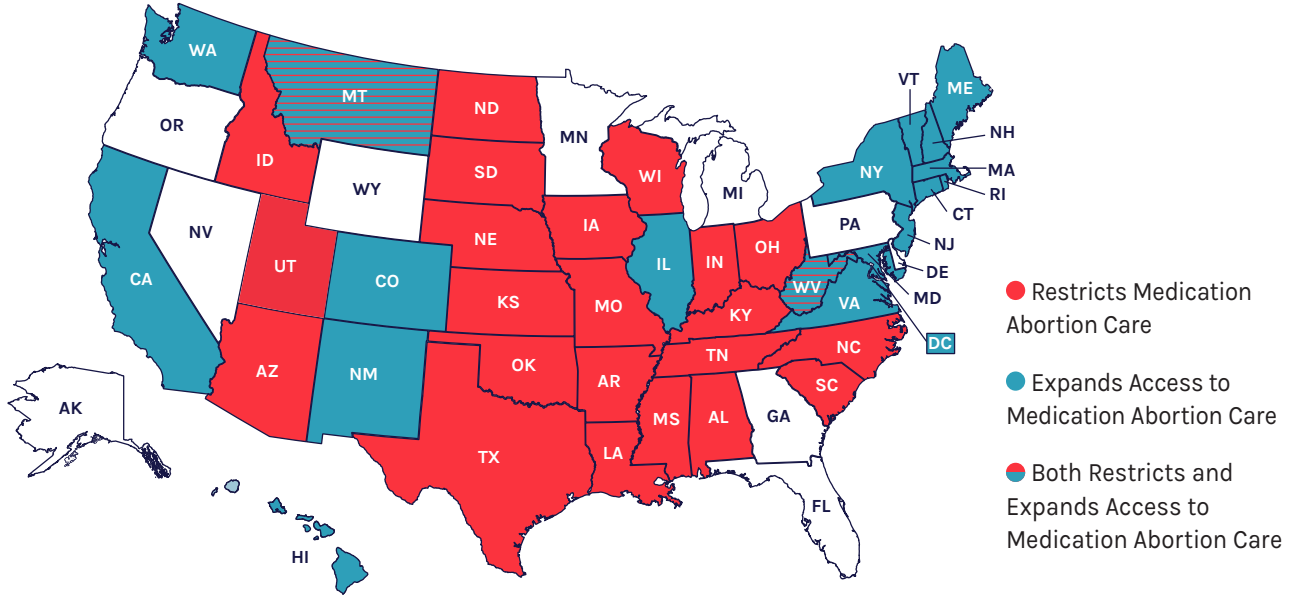
6 STATES enacted a requirement that forces providers to share unproven information on “reversing” a medication abortion: **AR, LA, IN, SD, OK, WV.**

2021 ENACTED STATE MEASURES EXPANDING REPRODUCTIVE FREEDOM

2 STATES expanded scope of practice to allow advanced practice clinicians (APCs) to provide medication abortion care: **HI, NJ.**

1 GOVERNOR vetoed legislation that would restrict access to medication abortion care: **WI.**

- Governor Tony Evers (D-WI) vetoed a bill that would have required providers to share stigmatizing, medically unproven information with their patients about medication abortion care. Gov. Evers vetoed similar legislation in 2019.



STATE	Prescriber In Physical Presence of Patient	Timing-Based Bans	Biased Counseling	Expanded Scope of Practice
Alabama	X			
Alaska				
Arizona	X			
Arkansas	X		X	
California				X
Colorado				X
Connecticut				X
Delaware				
D.C.				X
Florida				
Georgia				
Hawaii				X
Idaho			X	
Illinois				X
Indiana	X	Banned starting at 10 weeks	X	
Iowa	X			
Kansas	X			
Kentucky	X		X	
Louisiana	X		X	
Maine				X
Maryland				X
Massachusetts				X
Michigan				
Minnesota				
Mississippi	X			
Missouri	X			
Montana	X	Banned starting at 10 weeks	X	X

STATE	Prescriber In Physical Presence of Patient	Timing-Based Bans	Biased Counseling	Expanded Scope of Practice
Nebraska	X		X	
Nevada				
New Hampshire				X
New Jersey				X
New Mexico				X
New York				X
North Carolina	X			
North Dakota	X		X	
Ohio	X			
Oklahoma	X	Banned starting at 10 weeks	X	
Oregon				
Pennsylvania				
Rhode Island				X
South Carolina	X			
South Dakota	X		X	
Tennessee	X		X	
Texas	X	Banned starting at 7 weeks		
Utah			X	
Vermont				X
Virginia				X
Washington				X
West Virginia	X		X	
Wisconsin	X			
Wyoming				
TOTAL	22	4	13	19

► **Bold** indicates bans currently in effect. Courts have blocked the other bans, but these may go into effect if the Supreme Court overturns *Roe v. Wade* and allows states to ban abortion.