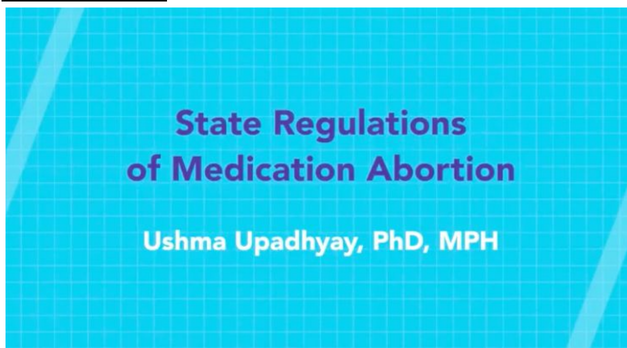
VIDEO COMPANION GUIDE

EXPLAINED: Abortion Research & Policy
State Regulation of Medication Abortion

Learning Objectives:
By the end of the session, learners will be able to:

- Describe the impact of state regulations of medication abortion on abortion provision and women's health outcomes.

Video Lecture:



State Regulation of Medication Abortion
Presented by Ushma Upadhyay, PhD, MPH

Available at: InnovatingEducation.org/Explained

Joyce TJ et al., The Impact of State Mandatory Counseling and Waiting Period Laws on Abortion: A Literature Review, New York: Guttmacher Institute, 2009

Suggested Readings:

- American College of Obstetricians and Gynecologists. "Practice bulletin no. 143: medical management of first-trimester abortion." *Obstet Gynecol.* 2014;123(3):676–92.
- Boonstra HD. "Medication Abortion Restrictions Burden Women and Providers—and Threaten U.S. Trend Toward Very Early Abortion." *Guttmacher Policy Review.* 2013;16(1).
- Chong E, et al. "A prospective, non-randomized study of home use of mifepristone for medical abortion in the U.S." *Contraception*. 2015;92(3):215-219.
- Greene MF, et al. "A New Label for Mifepristone." *N Engl J Med.* 2016;374(23):2281–2.
- Grossman D, et al. "Effectiveness and acceptability of medical abortion provided through telemedicine." *Obstet Gynecol.* 2011;118(2 Pt 1):296-303.
- Grossman DA, et al. "Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa." *Am J Public Health.* 2013;103(1):73-78.
- Upadhyay UD, et al. "Comparison of Outcomes before and after Ohio's Law Mandating Use of the FDA Approved Protocol for Medication Abortion: A Retrospective Cohort Study." *PLoS Med*. 2016;13(8): e1002110.

- Winikoff B, et al. "Fifteen years: looking back and looking forward." *Contraception*. 2015;92(3):177–8.

Lesson Plan in a Flipped Classroom Setting
EXPLAINED: State Regulation of Medication Abortion

Using a flipped classroom model, this lesson plan will use the video lecture and additional resources to provide learners with an engaging learning environment. Here's how to use this course in a "flipped-classroom" at your own institution.

Teaching Points

- Medication abortion accounts for almost a quarter of all abortions in the US and has been proven to be extremely safe. It involves the use of two types of medications available as pills: mifepristone and misoprostol.
- The current evidence-based process of a medication abortion involves taking mifepristone in a clinician's office, then taking misoprostol at home 1 or 2 days later. A follow-up visit is recommended within one to two weeks to confirm that the abortion is complete.
- Since mifepristone was first approved in 2000, state legislatures have passed numerous laws restricting its availability and access, including:
  - requirements that providers use outdated regimens for medication abortion.
  - limitations on the types of providers that can offer it.
  - restrictions on the provision of medication abortion remotely through telemedicine.
  - restrictions on home self-administration.
- Providing medication abortion using the outdated FDA regimen as opposed to the current evidence-based regimen is more logistically burdensome, has led to increased percentages of women needing additional treatments and of women reporting at least one side effect, and has decreased the proportion of medication abortion among all abortions.
- Telemedicine provision of medication abortion has increased the number of sites where women could obtain medication abortion and has been proven to be just as safe. Allowing patients to take one or both medications at home can accommodate personal schedules and circumstances and improve efficiency in the healthcare system.

Time Required

Total Time of Video Lecture: 9 minutes
Estimated Independent Prep Time Required by Learner: 30 minutes
Total Estimated Time Required for In-Classroom Activity: 30 minutes

Materials Required and Instructor Preparation

- Learners will need internet access with enough bandwidth to view streaming videos.
- The instructor should print copies of the small group activity quiz (page 4) included in this packet.

Activity

Independent Preparation (conducted by learner before in-classroom activity)

- Learners should independently view the video lecture.
- Learners may be assigned any of the relevant readings (determined by instructor's desired learner work-load) as outlined in the "Suggested Readings" section on page 1.

In-Classroom Activity (Small Group Activity)

- Divide the classroom into small groups and distribute the small group activity quiz (page 4-5). Instruct learners spend 15 minutes and work together to answer the questions provided.
- At the end of this activity, convene the class. Present the questions and have learners share their answers and discuss.
- Write the correct answers on the board for the class to see. Collect each handout from learners.
  - The instructor can reference the answer sheet on page 6.

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Names

EXPLAINED: State Regulation of Medication Abortion
Small Group Activity

In your group, answer the following questions referencing the video lecture assigned before class. Be prepared to turn in this handout at the end of class.

Questions

1. Medication abortion accounts for ____________ of all abortions in the US.
   - ☐ 1/2
   - ☐ 1/3
   - ☐ 1/4
   - ☐ 2/5
   - ☐ 2/3

2. List at least three laws states have implemented that restrict access to medication abortion.

   i.

   ii.

   iii.

3. Which of the following statements about the effects of requiring providers to use outdated regimens for medication abortion is FALSE?
   - ☐ Providing medication abortion using the outdated regimen is more logistically burdensome.
   - ☐ The percentage of women needing an additional treatment, often in the form of an extra dose of misoprostol or an aspiration procedure, had increased.
   - ☐ The proportion of medication abortion among all abortions remained consistent.
   - ☐ The percentage of women reporting at least one side effect had doubled.
   - ☐ None of the above

Open-Ended Question

Telemedicine provision of medication abortion has the potential to greatly increase access to abortion in the 89% of US counties that do not have an abortion provider, particularly for people in rural areas. What

are some other benefits of telemedicine provision of medication abortion, and how would telemedicine provision effect the abortion-seeking experience for the women in your county and your state?

EXPLAINED: State Regulation of Medication Abortion
Quiz Answer Sheet

Questions and Answers

1. Medication abortion accounts for ____________ of all abortions in the US.
   - ☐ 1/2
   - ☐ 1/3
   - ✓ 1/4
   - ☐ 2/5
   - ☐ 2/3

2. List at least three laws states have implemented that restrict access to medication abortion.

Answer: Acceptable answers include:
1. Requirements that providers use outdated regimens for medication abortion.
2. Limitations on the types of providers that can offer it; physician-only laws.
3. Restrictions on telemedicine provision of medication abortion.
4. Restrictions on home self-administration of medication abortion.

3. Which of the following statements about the effects of requiring providers to use outdated regimens for medication abortion is FALSE?
   - ☐ Providing medication abortion using the outdated regimen is more logistically burdensome.
   - ☐ The percentage of women needing an additional treatment, often in the form of an extra dose of misoprostol or an aspiration procedure, had increased.
   - ✓ The proportion of medication abortion among all abortions remained consistent.
   - ☐ The percentage of women reporting at least one side effect had doubled.
   - ☐ None of the above

Explanation: A study comparing the several outcomes of the Ohio law that required clinicians to provide medication abortion according to the original FDA regimen as approved in 2000 found that the law led to a major decline in medication abortion in the state, going against national trends. The proportion of medication abortions among all abortions declined from 22% before the law to 5% after the law, reflecting an 80% decline.