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3 **Title:** Reducing Barriers to Accessing Mifepristone
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5 **Introduced by:** Nicklas Bara for the Medical Student Section
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7 **Original Author:** Emily Chen and Maria Zou
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9 **Referred To:** Reference Committee A
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11 **House Action:** **APPROVED AS AMENDED**
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14 Whereas, a quarter of women in the United States will have an abortion in their lifetime, and

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16 Whereas, 39 percent of all abortions were medication abortions, and

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18 Whereas, telehealth improves access to medication abortion that would typically be limited
19 by barriers to travel, but state restrictions on telehealth continue to provide further barriers against
20 access to medication abortion, and

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22 Whereas, medication abortion such as mifepristone and misoprostol are safe, reliable, and
23 effective to be self-administered at home, and

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25 Whereas, the Food and Drug Administration notes that serious bleeding risks or infection,
26 are "exceedingly rare, generally far below 0.1 percent for any individual adverse event," and

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28 Whereas, medication abortion such as misoprostol and mifepristone is already approved for
29 over-the-counter (OTC) distribution in other countries, and

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31 Whereas, there are high levels of comprehension of drug labels and instructions for usage
32 of a potential OTC medication abortion without clinical supervision, and require minimal changes
33 to a medication abortion drug label for the general consumer to safely self-administer, and

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35 Whereas, the Advancing New Standards in Reproductive Health research group at the
36 University of California San Francisco states medication abortion including "mifepristone and
37 misoprostol meet many of the FDA's criteria for being available over the counter. They are safe,
38 have no risk of overdose, are not addictive, and people are already using them safely on their own
39 in many parts of the world," and

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41 Whereas, the American College of Obstetricians and Gynecologists (ACOG) advocates that
42 "Risk Evaluation and Mitigation Strategies (REMS) restrictions on the use of mifepristone do not
43 make the care safer, are not based on medical evidence or need, create barriers to clinician and
44 patient access to medication abortion, and disproportionately burden communities already facing
45 structural barriers to care," and

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47 Whereas, the American Medical Association is already resolved to support that abortion is a
48 human right, and to support mifepristone availability for reproductive health indications, including

49 via telemedicine, telehealth, and at retail pharmacies and continue efforts urging the Food and
50 Drug Administration to lift the “Risk Evaluation and Mitigation Strategy” on mifepristone, and

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52 Whereas, MSMS is already resolved to advocate for maintaining the privacy and
53 confidentiality of any purchasers of abortion insurance riders and telehealth access to abortions in
54 the first trimester; therefore be it

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56 RESOLVED: That MSMS will support reducing barriers to accessing mifepristone, including
57 the elimination of Risk Evaluation and Mitigation Strategies (REMS) restrictions on the use of
58 mifepristone.

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61 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$12,000-\$24,000

Relevant MSMS Policy

Hormonal Contraceptives Available Over-the-Counter

MSMS supports the American College of Obstetricians and Gynecologists’ Committee Opinion 788 which supports access to over-the-counter contraception including oral pills, vaginal rings, contraceptive patches, and depot medroxyprogesterone acetate.

Over-The-Counter Contraception as a Qualified Medical Expense

MSMS supports inclusion of over-the-counter contraception as a qualified medical expense under tax-advantaged accounts including but not limited to health savings accounts and flexible spending accounts.

Telemedicine for Access to Early Medical Abortion Care

MSMS supports access for medical abortions via telemedicine for first trimester pregnancies consistent with American College of Obstetricians and Gynecologists clinical management guidelines.

Relevant AMA Policy

Preserving Access to Reproductive Health Services D-5.999

Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions and the termination of medical liability coverage or clinical privileges against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for

contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; and (8) will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion.

Supporting Access to Mifepristone (Mifeprex) H-100.948

Our AMA will support mifepristone availability for reproductive health indications, including via telemedicine, telehealth, and at retail pharmacies and continue efforts urging the Food and Drug Administration to lift the Risk Evaluation and Mitigation Strategy on mifepristone.

Sources:

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3. Koenig LR, Becker A, Ko J, Upadhyay UD. The role of telehealth in promoting equitable abortion access in the United States: a spatial analysis (Preprint). *JMIR Public Health and Surveillance*. 2023;9:e45671. doi:10.2196/45671
4. Over-the-Counter Medication Abortion. ANSIRH. <https://www.ansirh.org/research/ongoing/over-counter-medication-abortion>
5. Biggs MA, Ehrenreich K, Morris N, et al. Comprehension of an Over-the-Counter Drug Facts label prototype for a mifepristone and misoprostol medication abortion product. *Obstetrics & Gynecology*. 2022;139(6):1111-1122. doi:10.1097/aog.0000000000004757
6. Kaye J, Reeves R, Chaiten L. The mifepristone REMS: A needless and unlawful barrier to care. *Contraception*. 2021;104(1):12-15. doi:10.1016/j.contraception.2021.04.025