

**Congress of the United States**  
**House of Representatives**

COMMITTEE ON OVERSIGHT AND REFORM

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March 15, 2022

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Becerra:

We write to commend you for the recent establishment of the Department of Health and Human Services (HHS) Reproductive Health Care Access Task Force and to urge the Task Force to take immediate action to protect and expand access to medication abortion care in accordance with the recent elimination of the medically unnecessary in-person dispensing requirement for the medication abortion drug mifepristone.<sup>1</sup>

Patients have safely used the medication abortion drugs mifepristone and misoprostol for more than two decades. Medication abortion now comprises more than half of all abortions provided in the United States.<sup>2</sup> According to the National Academies of Science, Engineering, and Medicine, complications after medication abortion occur “in fewer than 1.0 percent of patients.”<sup>3</sup>

On December 16, 2021, the Food and Drug Administration (FDA) announced that it was modifying the Risk Evaluation and Mitigation Strategy (REMS) for mifepristone by eliminating the medically unnecessary in-person dispensing requirement for the drug—permanently permitting mifepristone to be delivered by mail.<sup>4</sup> This decision—which followed the FDA’s temporary suspension of the in-person dispensing requirement for the duration of the coronavirus

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<sup>1</sup> Department of Health and Human Services, *HHS Secretary Becerra Takes Action to Protect Reproductive Health Care* (Jan. 21, 2022) (online at [www.hhs.gov/about/news/2022/01/21/hhs-secretary-becerra-takes-action-to-protect-reproductive-health-care.html](http://www.hhs.gov/about/news/2022/01/21/hhs-secretary-becerra-takes-action-to-protect-reproductive-health-care.html)).

<sup>2</sup> Guttmacher Institute, *Medication Abortion Now Accounts for More Than Half of All US Abortions* (Feb. 24, 2022) (online at [www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions](http://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions)).

<sup>3</sup> National Academies of Science, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* (2018) (online at [www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states](http://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states)).

<sup>4</sup> Food and Drug Administration, *Mifeprex (mifepristone) Information* (online at [www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information](http://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information)) (accessed Mar. 15, 2022).

pandemic public health emergency—was a crucial step forward in expanding access and destigmatizing abortion care.

Now that the in-person dispensing requirement for mifepristone has been eliminated, the federal government must continue to use every tool at its disposal to ensure that medication abortion is accessible, affordable, and convenient for patients who seek it—including by facilitating the dispensing and safe provision of care via clinics, mail-order pharmacies, retail pharmacies, the mail and other forms of delivery, as well as telehealth.

A growing body of evidence demonstrates the safety and efficacy of dispensing mifepristone and misoprostol outside of clinic, hospital, and medical office settings.<sup>5</sup> During the coronavirus pandemic, the use of telehealth in medication abortion care increased. One study of independent abortion providers in the United States found that more than 70% of providers converted follow-up appointments to phone or video during the coronavirus pandemic, and more than 40% of providers began using—or increased their use of—telehealth for initial patient consultations and screenings.<sup>6</sup> Another study conducted in the United Kingdom determined that medication abortions delivered via telehealth during the coronavirus pandemic were as safe and as effective as those provided to patients in-person.<sup>7</sup>

Research has also shown that some of the services traditionally accompanying abortions may not be medically necessary or may be effectively conducted via telehealth. For example, the American College of Obstetricians and Gynecologists has determined that medication abortion care can be safely provided without ultrasounds or exams, and multiple studies have demonstrated that post-abortion ultrasounds are not always necessary and that follow-up visits can be conducted without an in-person clinic visit.<sup>8</sup> Providers, in consultation with their

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<sup>5</sup> Letter from Dr. Patricia Cavazzoni, Director, Center for Drug Evaluation and Research, Food and Drug Administration, to Dr. Donna J. Harrison, Executive Director, American Association of Pro-Life Obstetricians and Gynecologists, and Dr. Quentin L. Van Meter, President, American College of Physicians (Dec. 16, 2021) (online at [www.regulations.gov/document/FDA-2019-P-1534-0016](http://www.regulations.gov/document/FDA-2019-P-1534-0016)); Dr. Daniel Grossman et al., *Medication Abortion with Pharmacist Dispensing of Mifepristone*, *Obstetrics and Gynecology* (Apr. 1, 2021) (online at <https://pubmed.ncbi.nlm.nih.gov/33706339/>); Dr. Daniel Grossman et al., *Mail-Order Pharmacy Dispensing of Mifepristone for Medication Abortion After In-Person Clinical Assessment*, *Contraception* (Mar. 2022) (online at <https://pubmed.ncbi.nlm.nih.gov/34555420/>).

<sup>6</sup> Ushma D. Upadhyay, Rosalyn Schroeder, and Sarah C.M. Roberts, *Adoption of No-Test and Telehealth Medication Abortion Care Among Independent Abortion Providers in Response to COVID-19*, *Contraception: X* (Nov. 21, 2020) (online at [www.ncbi.nlm.nih.gov/pmc/articles/PMC7718446/pdf/main.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7718446/pdf/main.pdf)).

<sup>7</sup> Abigail Aiken et al., *Effectiveness, Safety and Acceptability of No-Test Medical Abortion (Termination of Pregnancy) Provided via Telemedicine: A National Cohort Study*, *BJOG: An International Journal of Obstetrics and Gynaecology* (Feb. 18, 2021) (online at <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.16668>).

<sup>8</sup> American College of Obstetricians and Gynecologists, *Medication Abortion Up to 70 Days of Gestation* (Oct. 2020) (online at [www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation](http://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation)); Elizabeth G. Raymond et al., *Commentary: No-Test Medication Abortion: A Sample Protocol for Increasing Access During a Pandemic and Beyond*, *Contraception* (June 1, 2020) (online at [www.contraceptionjournal.org/article/S0010-7824\(20\)30108-6/fulltext](http://www.contraceptionjournal.org/article/S0010-7824(20)30108-6/fulltext)); National Academies of Science, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* (2018) (online at

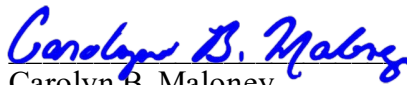
patients, should be afforded the flexibility to determine the most appropriate form of abortion care for their patients.

Expanding access to medication abortion services outside of clinic, hospital, and medical office settings removes barriers to care for patients with less income, including financial burdens associated with travel, arranging childcare, and taking time away from work. For communities where abortion care has historically been pushed out of reach—including for people of color, people with less income, people with disabilities, and people in rural communities—facilitating access to medication abortion care is crucial to advancing reproductive justice.

For these reasons, we request that the HHS Reproductive Health Care Access Task Force determine actions that can be taken to protect and expand medication abortion care access in accordance with the recent elimination of the medically unnecessary in-person dispensing requirement for mifepristone. We urge the Task Force to consider measures that will facilitate access via in-clinic dispensing, mail-order pharmacies, retail pharmacies, the mail and other forms of delivery, and telehealth, and ask that HHS implement these measures as expeditiously as possible. In addition, we request a meeting with members of the Task Force to discuss its urgent work.

Thank you for your attention to this matter.

Sincerely,



Carolyn B. Maloney  
Chairwoman  
Committee on Oversight  
and Reform



Ayanna Pressley  
Member of Congress



Cori Bush  
Member of Congress



Eleanor Holmes Norton  
Member of Congress



Alexandria Ocasio-Cortez  
Member of Congress



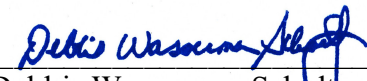
Rashida Tlaib  
Member of Congress




Katie Porter  
Member of Congress



Shontel M. Brown  
Member of Congress

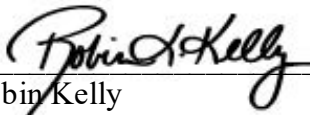


Debbie Wasserman Schultz  
Member of Congress




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Jackie Speier  
Member of Congress



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Robin Kelly  
Member of Congress



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Brenda Lawrence  
Member of Congress

cc: The Honorable James Comer, Ranking Member  
Committee on Oversight and Reform

The Honorable Admiral Rachel Levine, MD, Assistant Secretary for Health  
Department of Health and Human Services

The Honorable Loyce Pace, Assistant Secretary for Global Affairs  
Department of Health and Human Services