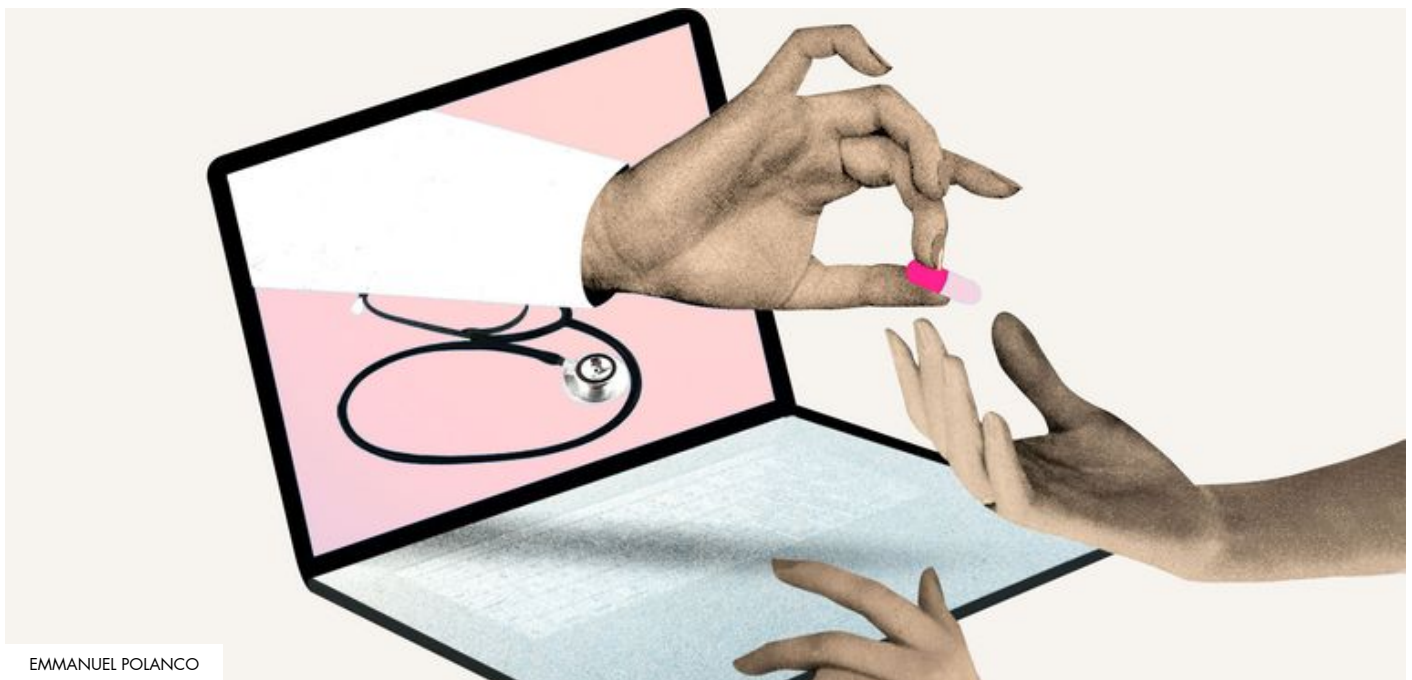


## Planned Parenthood Will Launch 10 New Video Chat Abortion Locations in 2018

Although telemedicine abortion has been threatened by recent legislation in 19 states, the chain of women's health clinics plans to expand the practice to new areas.

by JENNIFER GERSON FEB 6, 2018



EMMANUEL POLANCO

Imagine you are pregnant but don't want to be. The nearest abortion provider is 300 miles away, and you don't have enough vacation days or money for an overnight trip. So you drive to your local health clinic and meet with a nurse. He gives you an ultrasound and blood test. Then together, you video-chat a doctor who provides abortions and who could be sitting clear across the state. You talk to the MD for a while. She reviews your medical info and confirms that you're a good candidate for a -medication abortion, an early-pregnancy -termination via two small pills. She authorizes the nurse to give you the meds. You swallow the first tablet as they watch. Then you go home and, later, take the second pill. After a day or two, you're no longer pregnant.

This is already playing out in more than 10 U.S. states — and the process, called telemedicine abortion, could soon become a game changer for millions more people. Despite the fact that abortion is legal in all 50 states (thank you, *Roe v. Wade*), politicians have been chipping away at access for years, imposing harsh regulations (e.g., long waiting periods, insurance coverage limits) on the

procedure and who can perform one. Today, some 90 percent of U.S. counties have zero abortion providers.

**“There is no increased risk of complications with a telemedicine visit.” —Daniel Grossman, MD**

In 2000, hope arrived in the form of mifepristone, the so-called abortion pill. Taken with a drug called misoprostol, it's FDA-approved to end pregnancies that are up to 10 weeks along (after that, a surgical procedure is required). The combo works by blocking progesterone, the hormone your body needs to sustain pregnancy, then prompting your uterus to empty. Mifepristone has a stellar safety record — with far lower rates of complications than many common mood drugs and pain relievers — yet you can't just grab an Rx from your doctor and roll up to a pharmacy to pick it up. The pill must be dispensed at a clinic, hospital, or MD's office, and to stock it, that facility must be willing to invite potential political protests or violence.

Telemedicine allows a patient to meet with an abortion provider even if she doesn't live near one. Instead of driving long distances, women can go to a closer clinic or Planned Parenthood and video-chat a live, somewhere-in-state abortion provider who prescribes and (virtually, via on-site clinic staff) hands over the meds. “There is no increased risk of complications with a telemedicine visit,” says Daniel Grossman, MD, director of Advancing New Standards in Reproductive Health at the UCSF Bixby Center for Global Reproductive Health. He led a groundbreaking study published last fall that found telemedicine abortions are just as safe as those in which a woman swallows mifepristone in the same room as a physician.

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Another bonus: Telemedicine helps patients receive care sooner in their pregnancies, says Raegan McDonald-Mosley, MD, chief medical officer of Planned Parenthood of Maryland. A study of Planned Parenthood's Iowa telemedicine effort, also led by Dr. Grossman, found that it decreased second-trimester abortions in the state's clinics (a good thing, since later surgical procedures do carry some increased risks).

Other groups are also pioneering ways to increase access to safe abortions. The research organization Gynuity Health Projects is running a program in four states (Hawaii, Maine, Oregon, and Washington) that lets women video-chat a doctor and then receive the pills in the mail, along with instructions. "When I meet with patients in their home, they feel a lot safer," says ob-gyn Ghazaleh Moayed, DO, a fellow in the Division of Family Planning at the University of Hawaii John A. Burns School of Medicine, which is collaborating with Gynuity. Through telemedicine, she's been able to see women on six Hawaiian Islands, only two of which have abortion clinics.

**"When I meet with patients in their home, they feel a lot safer." —ob-gyn  
Ghazaleh Moayed, DO**

Since Planned Parenthood opened its pilot telemedicine abortion program in Iowa in 2008, 19 states have passed laws that say mifepristone must be dispensed in the physical presence of the prescribing clinician. Nevertheless, the org has built up 24 telemedicine locations and is planning to roll out programs in at least 10 new locations (some in new states) this year. (The group, which is not the only one running such programs, declined to say which states, for fear that politicians will rush to pass more restrictive laws. To find out what's available in your area, call the national Planned Parenthood hotline at 800-230-PLAN.)

The frustrating legal tangle has created a new risk: Women are ordering mifepristone and misoprostol online, without a prescription. "Some women do this because they can't practically or conveniently get the pills through the health-care system," explains Elizabeth Raymond, MD, a senior medical associate at Gynuity. In a recent study, the group ordered the pill duo from 16 websites for \$110 to \$360, and the meds arrived without instructions and sometimes with damaged packaging.

The best way to avoid a risky scenario is to increase access to safe abortions, says Dr. McDonald-Mosley. If you want to help, contact your state representatives to voice support for telemedicine abortion, or get involved with Planned Parenthood's political action committee. In the meantime, if you become pregnant and are wondering about your options, call that hotline.

*This article was originally published as "Abortion's Next Frontier: Video Chat" in the March 2018 issue of Cosmopolitan. [Click here to subscribe to the digital edition.](#)*

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