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As more people search for abortion pills online, Texas opponents push to restrict access

A recent UT study found that states with more restrictive abortion policies had the highest rates of online requests.



A bottle of misoprostol and a box of Mifeprex (mifepristone) medications at the Whole Women's Health clinic in Fort Worth, Texas, on Thursday, November 21, 2019. These medications can terminate a pregnancy if taken together within 10 weeks of a person's last menstrual period. Federal Drug Administration regulations require mifepristone to be dispensed directly by a qualified health care provider. (Lynda M. Gonzalez / Staff Photographer)

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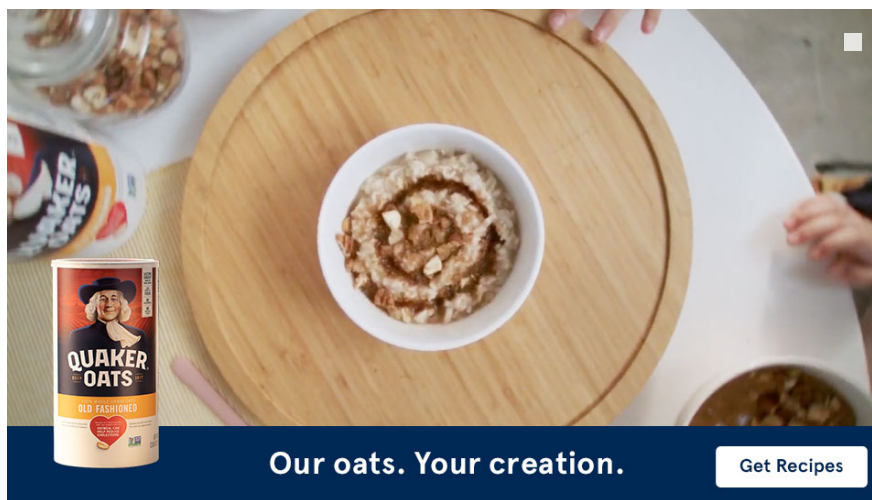
By [María Méndez](#)
5:00 AM on Dec 2, 2019

AUSTIN — Policies restricting abortions in states such as Texas may be leading more people to seek abortion medication online, according to a [University of Texas at Austin study](#) released in October.

The study, which looked at requests for pills to the telemedicine abortion service Women on Web between October 2017 and August 2018, found that states with more restrictive abortion policies had the highest rates of online requests. Texas had the fifth-highest rate at 14.4 requests per 100,000 people, behind Mississippi, Louisiana, Alabama and Tennessee.

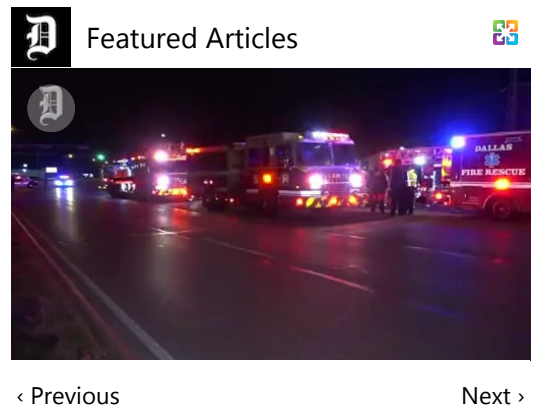
Abigail Aiken, the study's lead author, said that although Women on Web doesn't dispense abortion pills in the U.S. due to federal and state regulations, the requests to the website indicate demand for the medication.

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“Paradoxically, the laws that try to restrict abortion may actually push people into finding other ways of having abortions,” said Aiken, an assistant professor at UT’s LBJ School of Public Affairs.

Rebecca Gomperts, the Dutch doctor who formed Women on Web, launched the U.S. telemedicine website [Aid Access](#) in 2018 to provide abortion medication to individuals burdened by costs, domestic violence or distance. The Federal Drug Administration ordered Aid Access to stop distributing the medicine in March, but Gomperts is suing to continue providing the drugs to U.S. patients.



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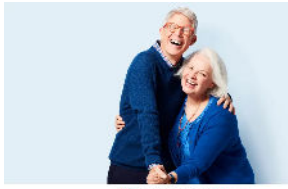


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The study's findings come as no surprise to abortion rights groups, who say Texas' policies have made it more difficult for people to undergo abortions in a clinic and shuttered several providers. But abortion opponents in Texas are pushing to crack down on efforts to distribute the pills online.

What are abortion pills?

Mifepristone and misoprostol pills can terminate a pregnancy if taken together within 10 weeks of a person's last menstrual period, said Lauren Thaxton, an obstetrician-gynecologist at UT Health Austin's Women's Health Institute. They are different from the morning-after pill, levonorgestrel, which can prevent a pregnancy if taken after having unprotected sex.

Mifepristone is first taken to block the hormone that prepares the uterus for pregnancy. It must be followed up by misoprostol, which induces contractions to empty the uterus, within 24 to 48 hours.

These medication abortions, or non-surgical abortions, have become increasingly common since the FDA approved the use of mifepristone in 2000, Thaxton said. An estimated 39% of U.S. abortions in 2017 were completed through medication, according to the Guttmacher Institute, a progressive reproductive rights research and policy organization.

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“The more we make it available and usable for women, the more I think we’ll see that number increase,” Thaxton said.

Experts like Thaxton and Aiken say these medicines are highly safe and effective, but FDA guidelines still require mifepristone to be directly dispensed by a qualified health provider.

Impact of abortion restrictions

Women on Web opened its consultation form to people in the U.S. for 10 months. UT-Austin researchers found 76% of the 6,022 total requests during that time came from states that had more than two abortion policies **the Guttmacher Institute has deemed medically unnecessary or in conflict with scientific evidence.**

Examples of those policies include requirements for abortion providers to meet the same facility standards as ambulatory surgical centers and for doctors to have admitting privileges at nearby hospitals, which Texas attempted to enact in 2013. **The Supreme Court struck down the law in 2016.**

The law **shuttered over half of Texas’** abortion providers, many of which have not reopened. Abortion rights groups say this has made it more difficult for people to have the procedure, which could be leading them to seek medication for self-managed abortions.

“Texas has some of the most restrictive abortion laws in the nation,” said Aimee Arrambide, executive director of NARAL Pro-Choice Texas. “It also leads the nation in the state with the most ‘abortion deserts’, communities that are farther than 100 miles from an abortion provider. In a state that is as geographically big as ours, traveling for care is not always an option.”

A 2012 Texas law also requires women to have a sonogram and hear a description of it at least 24 hours before an abortion.

Those policies present barriers that may lead people to seek the pills online, but people may simply prefer a less physically invasive procedure or more privacy, Aiken said.

Many of Whole Woman’s Health patients across Texas call or ask about medication abortions in person based on information they find

online, said Marva Sadler, the director of clinical services. Anywhere from 46% to 51% of patients at Whole Woman’s clinics opt for a medication abortion, she said.

Restricting online access

Texas has passed a law requiring mifepristone to be dispensed by a doctor, mirroring the FDA’s regulations. But abortion opponents want to further restrict the online distribution of abortion medicine.

“The abortion industry will continue to kill preborn children, exploit vulnerable women, and push abortion through both legal and illegal means,” said Kimberlyn Schwartz of Texas Right To Life.

Joe Pojman, executive director of the Texas Alliance for Life, said he hopes the Legislature passes a bill making it a felony offense to mail abortion drugs to Texas. This would allow Texas to extradite and prosecute people from other states, Pojman said.

“Not having a doctor to follow up and administer these drugs is reckless,” he said. “Just because there’s a desire for a product online, it doesn’t mean that the government should allow it.”

U.S. Rep. Ron Wright, an Arlington Republican, **filed the Teleabortion Prevention Act** in October. It would essentially ban telemedicine abortions by requiring providers to physically examine patients, be present during the medication abortion and schedule a follow-up visit. It is co-sponsored by 12 Republicans and has been **referred to the House Judiciary Committee.**

“Although we currently have protections in place, pro-abortion groups are looking for ways to get around the law,” **Wright said on Twitter.**

Becky Visosky, executive director of Dallas’ Catholic Pro-Life Community, points to **the 2003 death of Holly Patterson** in California as a concern for allowing the use of abortion medications. Patterson died at 18 after taking mifepristone, formerly known as RU-486.

“This is a very significant pharmaceutical,” she said. “We have concerns about it being taken in any environment, but then add on to that removing a woman into her own home, not being in the care of a doctor.”

Thaxton said complications with medication abortions are rare, pointing to a 2015 study that [found a 0.3% risk of major complications for the procedure](#). In comparison, other studies have linked acetaminophen to [46% of acute liver failures](#) and over-the-counter sleep medication has been associated with a [46% increased risk for incident stroke](#), she noted.

“This is a sad and very unfortunate case and my heart aches for the family of this young woman,” Thaxton said. “Her situation is an extraordinarily rare outcome of medication abortion.”

Aiken said although her study does not detail the outcomes of medication abortions, it highlights that existing restrictions have not stopped people from searching for the medicine.

“You can be very opposed to abortion, but you also have to think about the consequences of restricting access to it,” she said. “You cannot control everything that people are going to do.”



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