The Role of Primary Care Clinicians in Protecting Access to Abortion Services

Nearly 1 million people have an abortion in the United States each year; 1 in 4 individuals capable of becoming pregnant will have an abortion in their lifetime. Abortion care is a basic health service, and access to a safe, timely abortion can save lives. Yet according to a 2021 count, there had been 1338 state-level abortion restrictions enacted since the 1973 Supreme Court decision in Roe v Wade established abortion as a constitutional right. In June 2022, the Supreme Court decision in Dobbs v Jackson Women’s Health Organization overturned the Roe v Wade decision and allowed states to ban abortion entirely.

Primary care clinicians have critical roles in responding to state abortion bans and other restrictions. Depending on where they practice, important actions that primary care clinicians can take include (1) providing abortion services, particularly medication abortion; (2) knowing how to counsel and refer individuals seeking to terminate a pregnancy; and (3) advocating for access to safe abortion as part of comprehensive health care.

Medication abortion can be safely and effectively provided by primary care clinicians following assessment of patients for eligibility and counseling. Medication abortion involves 2 medications, mifepristone (an antiprogestosterone) and misoprostol (a prostaglandin), taken 24 to 28 hours apart. This regimen is approved by the US Food and Drug Administration (FDA) for up to 10 weeks’ gestation (the gestational age under which 80% of abortions occur in the US). Medication abortion is more than 95% effective and safe ( <0.5% of medication abortions result in adverse events) and chosen by an increasing proportion of patients. Previously, the Risk Evaluation and Mitigation Strategies (REMS) program of the FDA required mifepristone to be stocked in clinics and dispensed directly in a health care facility, an onerous logistical requirement. During the COVID-19 pandemic, the FDA suspended the in-person dispensing requirement. In December 2021, the FDA permanently repealed the requirement. Thus, clinicians can send mifepristone prescriptions to pharmacies. A recent study demonstrated that medication abortion can be safely prescribed based on the patient’s medical history, without the need for an ultrasonography or physical examination. These findings support the use of simplified protocols for select patients, further enhancing the feasibility of medication abortion in primary care and telemedicine. As of May 2022, 31 states allowed physicians to prescribe medication abortion via telemedicine and send the drug to patients by mail or to a certified pharmacy. 18 states allow nonphysician clinicians to prescribe medication abortion.

Primary care provision of medication abortion would make abortion care more accessible for patients. It also could also facilitate access to medication abortion for other individuals in the same state, as well as patients traveling from other states where services are less available. The ripple effects of highly restrictive abortion laws were illustrated by the Texas S.B.8 “heartbeat” law of 2021, which banned almost all abortions beyond 6 weeks’ gestation. Abortion clinics in neighboring states were overwhelmed by Texas residents seeking abortion care, resulting in delays in care for all patients. Thus, as some states become destinations for patients requiring abortion care, medication abortions provided through primary care may reduce the workload of abortion clinics. Moreover, specialized clinics may be able to prioritize surgical abortion for patients who require second-trimester procedures or other more complex care.

Although some states are considering or have enacted legislation to prevent residents from obtaining out-of-state abortions, such restrictions may be extremely difficult, if not impossible, to enforce. In addition, states where abortion is legal can enhance legal protections for clinicians providing these services by enacting laws that prevent law enforcement from cooperating with out-of-state investigations regarding provision of legal abortion care in their state; some states have already taken such actions. Additionally, states can instruct their medical boards to refrain from taking disciplinary action against physicians in their state who offer legal abortion care to out-of-state patients.

Available resources can guide primary care clinicians who wish to integrate medication abortion into their practice. For example, the organization Training in Early Abortion for Comprehensive Healthcare (TEACH) provides an “Office Practice Toolkit” that includes resources such as medication abortion protocols, patient agreement form, instructions on ordering mifepristone, and aftercare instructions. The Reproductive Health Access Project (RHAP) also offers resources, including a “Toolkit for Integrating Abortion into Primary Care” that outlines various strategies and considerations for integrating medication abortion into primary care settings and community health centers.

Primary care provision of abortion will only indirectly address access for patients in states with abortion bans or restrictions. However, incorporating medication abortion into primary care is also important for destigmatizing abortion. Abortion care has been marginalized from mainstream medicine, with over 95% of procedures occurring in specialized, freestanding clinics. By integrating abortion into primary care, clinicians could help to normalize the provision of abortion care within the medical community, confirm its role as a fundamental health service, and, in the long term, decrease its...
political vulnerability. Moreover, since many medical trainees lack opportunities to train in abortion care, incorporating abortion into primary care would increase training opportunities for students, residents, and other clinicians.

In some states, the legal, regulatory, or clinical environment may make it impractical, unfeasible, or illegal for primary care physicians to prescribe medication abortion. In these states, primary care clinicians can contribute to comprehensive care by discussing all pregnancy options and providing high-quality referrals for abortion services, which may often only be available outside of their home state. AbortionFinder.org is a website that offers a comprehensive, up-to-date online directory of abortion providers across the country. Additionally, this resource provides information regarding state laws and policies impacting access to abortion care.⁹

In states where abortion may be banned or otherwise legally restricted, some patients may pursue self-managed abortion with mifepristone and/or misoprostol. Clinicians can support patients in pursuing their self-managed abortion safely in a variety of ways, depending on the legal and regulatory environment. Some clinicians may choose to play an active role in supporting patients through this process, for example by confirming gestational age and providing counseling. At a minimum, primary care clinicians should be familiar with potential complications (such as incomplete abortion) and be prepared to provide compassionate follow-up care or referrals.¹⁰

Finally, as was the case for clinicians who practiced prior to the 1973 Roe v Wade decision, primary care physicians can expect to see firsthand the effects of abortion restrictions on patients’ health and lives. An important concern is that decreased access to abortion services may widen existing inequities in maternal outcomes by leading to increases in major complications and pregnancy-related deaths among certain groups, including those who are socioeconomically disadvantaged, living in rural areas, or who are Black or American Indian/Alaska Native persons. Primary care clinicians can partner with local reproductive health care organizations, share patients’ stories, when the patient provides permission to do so, and advocate for evidence-based state and federal reproductive health policies.

Abortion is an essential health service, regardless of its legal and political status in the US. The legal and regulatory landscape of abortion care is uncertain, and there are many unanswered questions, for example about the relationship between FDA rules and state restrictions on medication abortion and the effects of state laws on prescribing medication abortion via telemedicine across state lines. Despite these uncertainties, one thing is clear: primary care clinicians across the country have essential roles in protecting access to abortion services.

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REFERENCES