

Banning or Limiting Medication Abortions

Medication Abortion

- Medication abortion, as opposed to surgical abortion, terminates a pregnancy through the use of a drug or drugs that can be taken orally, sublingually, or vaginally.¹
- The most common type is a combination of mifepristone (also known as RU-486), which is a synthetic steroid that blocks the production of progesterone, a hormone needed to sustain a pregnancy, and misoprostol, which then causes the uterus to contract and expel the contents.²
- The combination of mifepristone and misoprostol is 95% effective during the first 7 weeks of pregnancy; it can still be used up to the 9th week, but with a decreased efficacy rate.³
- In September 2000, the U.S. Food and Drug Administration (FDA) approved the use of mifepristone in combination with misoprostol for early medication abortion. Since the approval of the mifepristone/misoprostol regimen, more than 130,000 women in the U.S. have used this regimen for safe and effective early pregnancy termination. The number of abortion providers offering medication abortion alternatives to aspiration abortion has steadily increased. In the U.S., the brand names of mifepristone and misoprostol are Mifeprex and Cytotec, respectively.⁴
- The cost of a medication abortion is between \$350-\$650.⁵

RU-486 Suspension and Review Act (H.R. 63)

- Versions of a bill that would withdraw FDA approval for mifepristone have been introduced in each Congress for the past three years. The current version, as of May 3, 2008, has been introduced by Roscoe Bartlett, R-MD, and is cosponsored by 46 Republicans and one Democrat in the House of Representatives.⁶ Although the bill appears to be dead in subcommittee, it is important to note that sometimes the text of one bill may be incorporated into another.⁷
 - The bill would withdraw FDA approval for RU-486, despite the fact that the drug has been used safely and effectively since its approval for use in the U.S. in 2000.
- The bill would also withdraw the use of misoprostol for use in the medication abortion regimen.⁸
 - Proponents of the bill claim the drug is misbranded if it bears labeling that indicates it may be used for the non-surgical termination of an intrauterine pregnancy, because it was only approved by the FDA as an ulcer medication.
 - However, many medications are commonly prescribed for off-label use.

Patient Health and Safety Protection Act (H.R. 482/ S.3939)

- The bill aims to require the FDA to establish restrictions on physicians before they are allowed to prescribe RU-486. Introduced in September 2006, the bill was sponsored by four

¹ What is medication abortion?, <http://www.medicationabortion.com/questions/whatis.html> (last visited Aug. 17, 2008).

² Id.

³ How effective is medication abortion at terminating a pregnancy?, <http://medicationabortion.com/questions/effective.html> (last visited Aug. 17, 2008).

⁴ Mifepristone/Misoprostol regimen, <http://medicationabortion.com/mifepristone/index.html> (last visited Aug. 17, 2008).

⁵ Planned Parenthood, The Abortion Pill (Medication Abortion), <http://www.plannedparenthood.org/health-topics/abortion/abortion-pill-medication-abortion-4354.htm> (last visited Aug. 17, 2008).

⁶ H.R. 63: RU-486 Suspension and Review Act of 2007, <http://www.govtrack.us/congress/bill.xpd?bill=h110-63> (last visited Aug. 17, 2008).

⁷ Id.

⁸ Id.



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Republican senators. It has died in the past three congressional sessions,⁹ and as of June 2008, the current version was stalled in committee.¹⁰

- If passed, the bill would put stringent federal requirements on the qualifications of healthcare professionals who administer medication abortions.¹¹ Only doctors who: 1) perform surgical abortions; 2) handle ectopic (extrauterine) pregnancies; 3) are “certified” in ultrasound techniques; 4) have completed a “program” regarding the prescription of mifepristone [subject to a curriculum by the Secretary of Health]; 5) have admitting privileges at a hospital less than one hour away; and 6) have been trained to recognize fever infections would be allowed to prescribe mifepristone.¹²
 - The bill would direct the Secretary to require that information provided to patients in connection with the prescription of the drug include additional “strongly worded warnings” about the nature of life-threatening febrile infections and instructions on how to recognize such infections, and against all possible deviations from FDA-approved methods of administration.¹³
- The FDA made the determination that requiring certification in ultrasound dating and ectopic pregnancy detection is not required to administer mifepristone safely.¹⁴
 - Internationally, an ultrasound is not a routine part of medication abortion care.

⁹ S. 3939, RU-486 Patient Health and Safety Act, <http://www.govtrack.us/congress/bill.xpd?bill=s109-3939> (last visited Aug. 17, 2008).

¹⁰ S. 3939, <http://thomas.loc.gov/cgi-bin/bdquery/z?d109:SN03939:@@L&summ2=m&> (last visited Aug. 17, 2008).

¹¹ Id.

¹² Id.

¹³ Id.

¹⁴ The Guttmacher Institute Report on Public Policy, Vol. 4 No. 2 (April 2004), Voicing Concern for Women, Abortion Foes Seek Limits on Availability of Mifeprestone, available at <http://www.guttmacher.org/pubs/tgr/04/2/gr040203.html> (last visited Aug. 17, 2008).