

Expanding Medication Abortion Care Beyond NJ Borders

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Policy Problem

Since the 2022 Dobbs v. Jackson Women's Health Organization Supreme Court decision overturning Roe v. Wade, many states have moved to heavily restrict or ban abortion care. As patients in these states continue to require abortions, many are seeking care from states which have become abortion safe havens. These states now face the task not only of ensuring access to abortion to their own residents, but also of finding ways to extend care to those in states where abortion has become illegal.

Background

In the aftermath of the Dobbs decision, New Jersey has passed legislation protecting abortion as an accessible and available form of healthcare. While this applies to any patient seeking care in NJ, whether a NJ resident or from out-of-state, the protections are only explicit when the care occurs in NJ, requiring that most patients from other states travel to NJ. For many patients from more distant parts of the country with abortion bans, traveling to receive care may not be feasible.

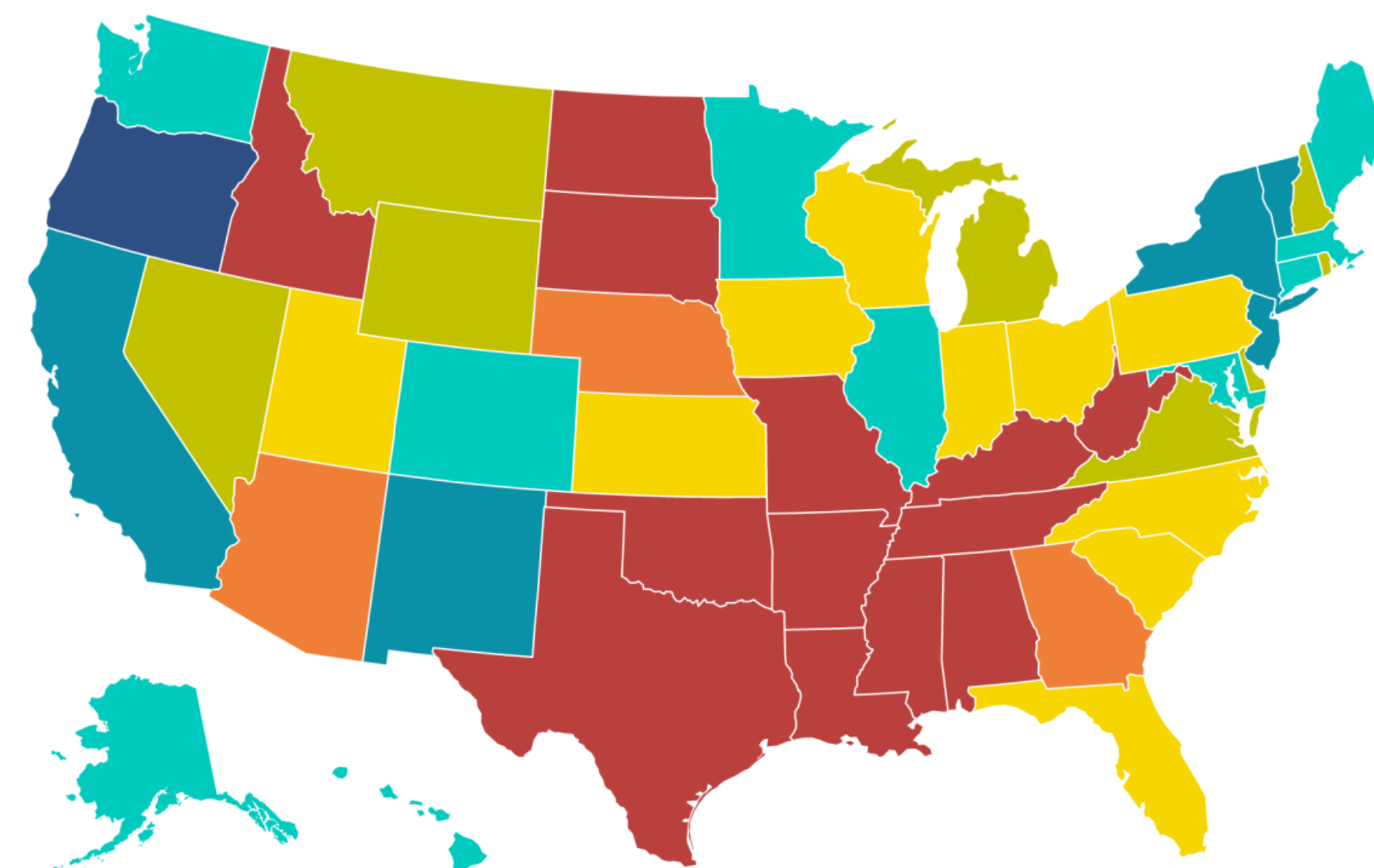
Options

1. Establishment of more telehealth abortion providers within New Jersey.
2. Expansion of existing laws protecting NJ abortion providers from laws in other states. Explicitly legislate that NJ providers can use telehealth services to prescribe and send abortion medication to patients in states where abortion is restricted or illegal.
3. Procurement of a NJ government stockpile of abortion medications mifepristone and misoprostol.

Analysis and Recommendations

These policy recommendations are informed by measures that states in similar positions to NJ have taken to help expand abortion care to out-of-state patients facing restrictions. Over 50% of abortions today are medication abortions, thus directly protecting providers who offer telehealth services to provide these medications to out-of-state patients will facilitate establishment of these services and increase ease and accessibility for patients. Creating state stockpiles of mifepristone and misoprostol, the two medications that together are the most effective medication abortion regimen, will help ensure that enough medication is available both for NJ residents and out-of-state patients, and ensure that these pills remain available even as FDA approval is challenged by those looking to restrict and/or ban abortions.

■ Most restrictive ■ Very restrictive ■ Restrictive
■ Some restrictions/protections ■ Protective
■ Very protective ■ Most protective



Abortion restrictions a year after Roe vs. Wade was overturned (Guttmacher Institute, June 2023). As many states have enacted highly restrictive measures, NJ legislation is "very protective".



A physician in New York packages prescribed doses of mifepristone and misoprostol to mail to out-of-state telehealth patients. (Nadia Sablin for the Washington Post, July 2023)

Limitations

The telehealth shield laws that I recommend, although currently effective in other states, are very new and thus unchallenged. The limits of protections under these laws are not yet clear, as it remains to be seen how officials from states with abortion bans may challenge them. Additionally, stocks of abortion medications can only stretch so far and may only be a temporary solution if FDA approval of mifepristone is reversed, as has been attempted by a federal judge and may be done by the Supreme Court.

Conclusion

While NJ has made significant progress protecting abortion in the state, it can still do more to expand accessible care for out-of-state patients and prepare to combat future challenges to the administration of medication abortions nationwide.