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**Title**

*Request for abortion from U.S.-based primary care clinicians through an online telehealth platform 2020-2022*

**Priority 1 (Research Category)**

Women's health

**Presenters**

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**Abstract**

Context: Online abortion services offer discreet, convenient, and affordable access for individuals who have limited financial resources, lack nearby abortion clinics, or live in states with restrictive abortion laws. Despite high success and patient satisfaction rates, the legal and healthcare landscape around online abortion services continues to change. Understanding the demand for and impact of these services by primary care clinicians is essential. Objective: To investigate individual characteristics, reasons for seeking services, and geographic factors influencing requests for online abortion services in states where US-based primary care clinicians can legally provide medication abortion. Study Design/Analysis: Cross-sectional study of Aid Access online abortion services using descriptive analyses and Poisson models with quadratic specification of distance to estimate the association between per capita county-level requests and distance to the nearest abortion facility. Dataset: De-identified data from Aid Access electronic medical records from licensed US-based clinicians serving 21 permissible states and the District of Columbia. Population studied: Persons who requested abortion pills between June 2020 and May 2022 via the Aid Access online platform in permissible states. Outcome Measures: Number of requests for medication abortion, distance to abortion facility based on zip code. Results: A total of 8,411 individuals requested abortion pills through Aid Access that were filled by eight US-based primary care clinicians. Requests for Aid Access abortion pills showed a steady increase across 871 counties and 11,688 county months over the study period. Most counties (66%) averaged a non-zero number of abortion pill requests per month during the study period. For every 100-mile increase in distance to an abortion facility, there was a 60% increase in requests. This relationship remained positive but attenuated when controlling for county characteristics, with a 25.3% increase in requests. Conclusions: Primary care clinicians who administer abortion pills using online abortion services provide important accessible and confidential care for individuals across the U.S., particularly for those living in areas with limited abortion clinic availability. These findings add valuable insights for policymakers, healthcare providers, and advocates working to ensure equitable access to safe abortion care for all individuals in the U.S.