Now that the Food and Drug Administration has approved the abortion pill RU-486, many state officials are examining how their laws might apply. Although states have a patchwork of laws regulating surgical abortions, none of these address drug-induced, or medical, abortions. Also unclear is how many doctors will offer RU-486 and how many women will want it. State officials need answers, both about the drug itself and about how women, doctors, insurance companies, other states and Congress are responding to its approval.

Some state officials and abortion opponents have already sought to have existing restrictions on surgical abortions in many states extended to medical abortions. Thirty-one states have laws requiring that a parent or guardian be notified or consent before a minor can have an abortion; Virginia officials announced in October that the state’s “parental-notification” law applies to medical as well as surgical abortions. Other restrictions that might be applied to medical abortions include laws in 43 states that prohibit nonphysicians such as nurse practitioners from performing surgical abortions and laws in 14 states that specify how doctors who perform surgical abortions must lay out and staff their offices.

Right to Life spokesmen quoted in The Washington Post said they might seek to amend a proposed “conscience-based exemption” law in Indiana to include hospital pharmacists who might not wish to dispense the abortion drug, and a Michigan bill to remove state-funded health-care coverage for surgical abortions to include medical abortions. And some have speculated that a strict interpretation of laws such as one in North Dakota that requires doctors to examine fetal remains might force women to collect the products of their medical abortions and take them to their doctors’ offices.

In approving RU-486, to be marketed under the name Mifepristone, the continued on page 35

Abortion pill raises questions for states

Some state officials are looking to apply restrictions to the use of RU-486, recently approved by the Food and Drug Administration.

BY CATHERINE COWAN

Doctors may prescribe RU-486 to women in the first seven weeks of pregnancy.
Abortion pill raises questions for states

FDA set relatively few restrictions on doctors who want to prescribe it and on women who want to use it. Doctors must be able to determine the length of time a woman has been pregnant and must make sure she has ready access to a surgical abortion. They must also give the woman written instructions on the drug's use and side effects, and the woman must sign a statement saying she has read the instructions, will comply with them exactly and will have a surgical abortion if the drug does not work.

To receive RU-486, a woman must make three visits to a doctor's office over a period of two weeks - the first to determine how long she has been pregnant, the second to receive the pills and the third to determine that the abortion was successful. The drug may be prescribed only during the first seven weeks of pregnancy. In clinical trials, it was 95 percent effective, although 1 to 2 percent of women suffered side effects such as excessive bleeding.

Wide use not expected

Many question whether the abortion pill will be widely used across the United States. "People in the past have perhaps created an exaggerated climate of expectations for RU-486," David J. Garrow, a professor at Emory University who is a historian of the abortion-rights movement, told The New York Times. First, he said, many women might not discover they are pregnant and decide to abort in time to use the drug; two-thirds of surgical abortions occur later than seven weeks. Second, he said many women might not be able to make the three visits to the doctor that the drug requires; currently, one in four women has to travel more than 50 miles to get a surgical abortion.

Even for those women who accept these conditions, RU-486 may be hard to get. To prescribe the drug, doctors must be able to accurately determine the date of a pregnancy; this is usually done with an ultrasound machine, which most doctors don't have in their offices. Doctors also must be able to quickly arrange a surgical abortion if the medical abortion doesn't work, but this may be difficult in areas where few, if any, providers offer the procedure. Currently, 86 percent of U.S. counties have no abortion provider at all. Finally, many doctors may shy away from offering the drug, either because they don't want to stir up controversy in their communities or because they object to abortion on moral grounds.

What's next?

Still, many people are interested in the possibilities that RU-486 opens up. In a June 2000 survey of doctors by the Kaiser Family Foundation, 44 percent of gynecologists and 31 percent of family physicians said they were somewhat or very likely to offer the drug if it were approved by the FDA. A nother study by the Population Council found that two-thirds of women who had received both medical and surgical abortions rated their experience with RU-486 as far preferable, citing the drug's lack of invasive procedures and the privacy it afforded. Several insurance companies, such as Aetna, United Healthcare and Cigna, have said they will cover it. Nor does the drug necessarily herald an increase in the total number of abortions. In France, where RU-486 has been available for a decade, the number of women getting abortions has fallen slightly, although 29 percent are seeking medical over surgical abortions.

Meanwhile, several members of Congress have introduced legislation to tighten standards for doctors who prescribe RU-486. A bill by U.S. Rep. Tom Coburn, R-Oklahoma, and U.S. Sen. Tim Hutchinson, R-Arkansas, would require such a physician to be legally able to perform surgical abortions, trained in the drug's administration and have admitting privileges at a nearby hospital. The legislation is needed, they said, because the FDA has "caved in" to abortion-rights groups seeking easy access to abortion. Kate Michelman, president of the National Abortion and Reproductive Rights Action League, disagreed, saying the proposed legislation would reduce medical abortion "to a non-option for women," who could obtain it only from the declining number of doctors that perform surgical abortions.

RU-486 is a controversial drug whose FDA approval came only after 12 years of research, protests and politics, and the controversy is not likely to end now that the drug has been approved. But armed with as much information as possible, both about the drug itself and about its social effects, officials can make the best decisions about its place in their states.