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ATTORNEY GENERAL RAOUL FIGHTS FOR ABORTION ACCESS DURING CORONAVIRUS PANDEMIC

Raoul, Coalition Take Legal Action to Remove Barriers to Women Accessing Abortion Pill

Chicago — Attorney General Kwame Raoul has joined a coalition of 23 attorneys general in taking legal action against the Food and Drug Administration (FDA) and the U.S. Department of Health and Human Services (HHS) for increasing the risk that women nationwide will contract COVID-19 as they seek abortions in their states.

[In an amicus brief](#), Raoul and the coalition support the request for a preliminary injunction to halt an FDA requirement that forces women to appear in person in a clinical setting to receive a drug known as mifepristone for an early abortion or for miscarriage care. The coalition argues that the drug should be readily accessible via telehealth, so as to not potentially expose women to COVID-19 by requiring unnecessary travel.

“Throughout this crisis, millions of Americans have received medical care through telehealth services,” Raoul said. “At a time when social distancing requirements have decreased the spread of COVID-19, women should not have to travel to receive vital medical care if it can be provided remotely.”

Since the widespread onset of COVID-19 across the United States in March, nearly 1.9 million Americans have contracted the disease, including more than 125,000 infections in Illinois. In response, officials across the nation have been instituting various emergency measures to slow the spread of the virus. The FDA’s current policy requiring patients to appear in person in a clinical setting to receive mifepristone heightens the risk of contracting and transmitting COVID-19 for patients and health care providers. Forcing women to travel at a time when many states and the federal government are urging people to stay home is shortsighted, putting women and their close contacts across the country in harm’s way. Further, this policy undermines different states’ ability to effectively manage the pandemic.

In the brief, Raoul and the coalition specifically argue that “many women will need to travel long distances in order to reach a clinic that dispenses” mifepristone, “especially if they reside in rural and medically underserved locations.” Additionally, forcing women in higher density cities to travel to a clinical setting for mifepristone would further burden health care systems already strained by COVID-19 patients. Raoul and the coalition argue that the counseling required prior to a medication abortion is already available through telehealth and that using measures like telehealth to reduce person-to-person contact could protect patients and health care workers by slowing the rate of infection.

Another division of HHS and one of the FDA’s sister agencies — the Centers for Disease Control and Prevention — has advocated for telehealth, stating, “[I]everaging telemedicine whenever possible is the best way to protect patients and staff from COVID-19.” The American College of Obstetricians and Gynecologists has likewise championed telehealth as an effective substitute for in-clinic dispensing of mifepristone that can improve patient safety and outcomes during the COVID-19 public health crisis. And even before the pandemic in 2018, the American Medical Association passed a resolution urging the FDA to lift the requirement because it “impedes the provision of” mifepristone and has no “demonstrated or even reasonably likely advantage.”

In March, Raoul and the coalition called on the federal government to waive or utilize its discretion not to enforce this mifepristone requirement because it dictates and subsequently impedes women’s access to a

medication abortion. The coalition stressed the states' need to ensure that women across the country have access to critical health care, including access to abortion services, without forcing them to travel and risk the spread of COVID-19.

Joining Raoul in filing the brief are the attorneys general of California, Colorado, Connecticut, Delaware, the District of Columbia, Hawaii, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia and Washington.