TITLE: Removing Routine Ultrasound in Medication Abortion Protocols

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WHEREAS, abortion rates have declined in the last decade, but patients choosing medication abortion over other methods have increased from 5% to 39% from 2001 to 2017 and

WHEREAS, demedicalized protocols for medication abortion have been increasingly accepted in the US, and may especially improve access in primary care settings, and

WHEREAS, clinical dating by last menstrual period (LMP) plus exam has been shown to be an acceptable alternative to pre-treatment ultrasound with rare underestimation in early pregnancy, and

WHEREAS, using protocols with ultrasound-as-needed has similar outcomes to routine ultrasound for medication abortion, and

WHEREAS, a standardized symptom assessment by phone combined with serial serum hCG tests is an acceptable alternative to post-abortion ultrasound, and

WHEREAS, ultrasounds are costly for patients and clinics, and require additional training that not all family medicine physicians possess, and

WHEREAS, requiring pre- and post-treatment ultrasound creates additional barriers to abortion access and to its provision by family physicians, and

WHEREAS, Medicaid reimbursement is currently bundled in many states, including California, requiring both pre-and post-abortion ultrasounds despite above-cited evidence, now, therefore be it

RESOLVED: that the CAFP support demedicalization of early medication abortion by eliminating requirements for routine ultrasound in medication abortion provision, and be it further

RESOLVED: that CAFP lobby for the unbundling of pre- and post-abortion ultrasound in the Medi-Cal reimbursement requirements for medication abortion, and be it further

RESOLVED: that the CAFP support this resolution at the AAFP and work to unbundle ultrasound in medication abortion protocols for Medicaid reimbursement in all states.
Citations:


