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Medication Abortion Access in Vermont Primary Care Settings

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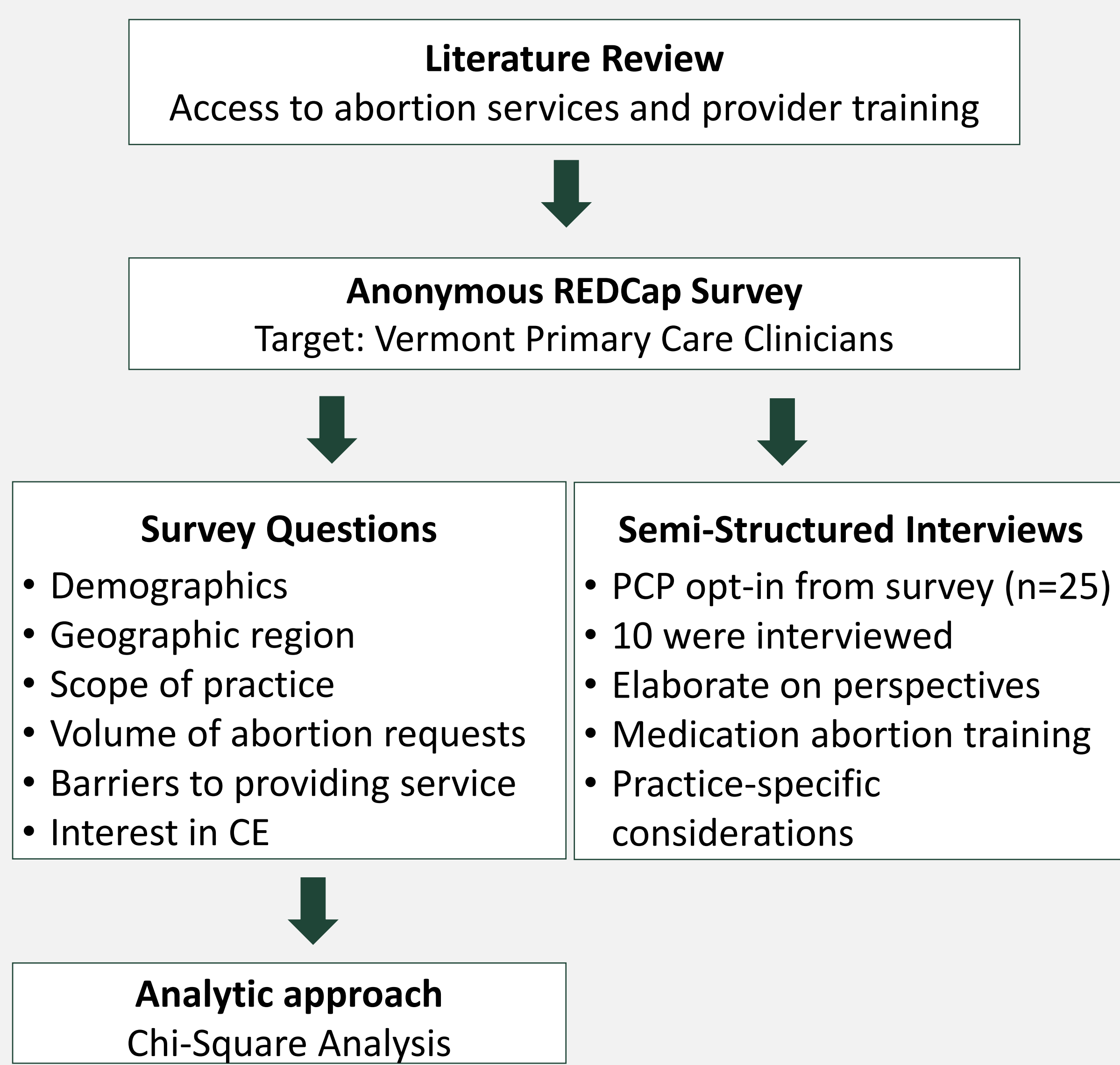
INTRODUCTION

- In 2022, Vermont enacted the Reproductive Liberty Amendment, solidifying **reproductive autonomy** as a state constitutional right. This includes a right to **medication abortion**, i.e. termination of a pregnancy using a combination of mifepristone and misoprostol^{1,2}.
- Between 2019 and 2023, approximately 1,000 abortions were provided per year in Vermont³.
- While most patients receive abortion care through OBGYN clinics or Planned Parenthood, primary care providers (PCPs) are often more accessible in rural regions^{3,4}. Additionally, with use of mail services for medication abortions, PCPs may see an increase in complication management.
- Furthermore, six Vermont Planned Parenthood locations have closed since 2022, reshaping access to abortion care⁵.

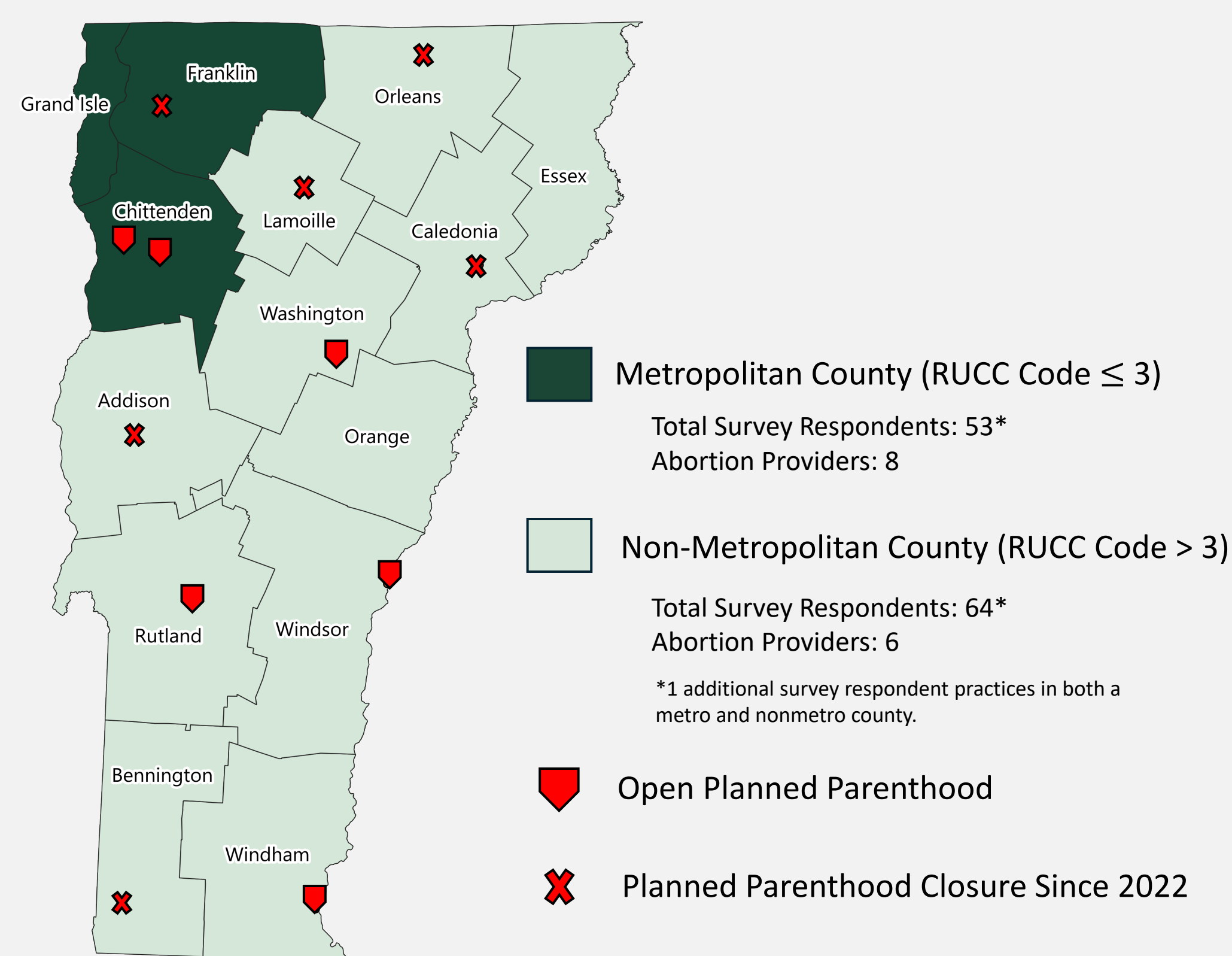
STUDY AIMS

Our study explored **local access to medication abortion** in primary care, identified **barriers** preventing PCPs from offering this care, and evaluated PCP interest in **continuing education** (CE) on medication abortion.

METHODS

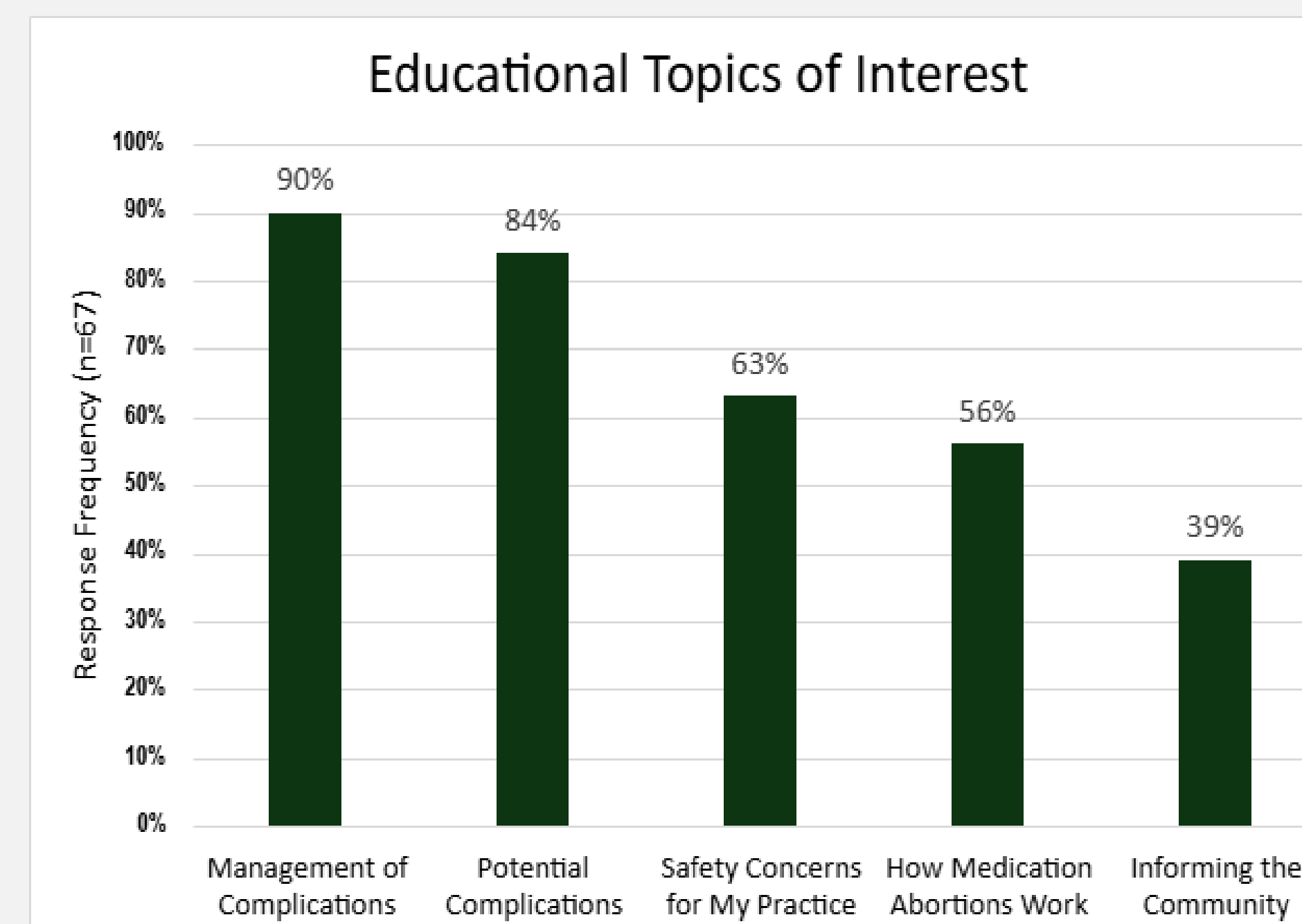
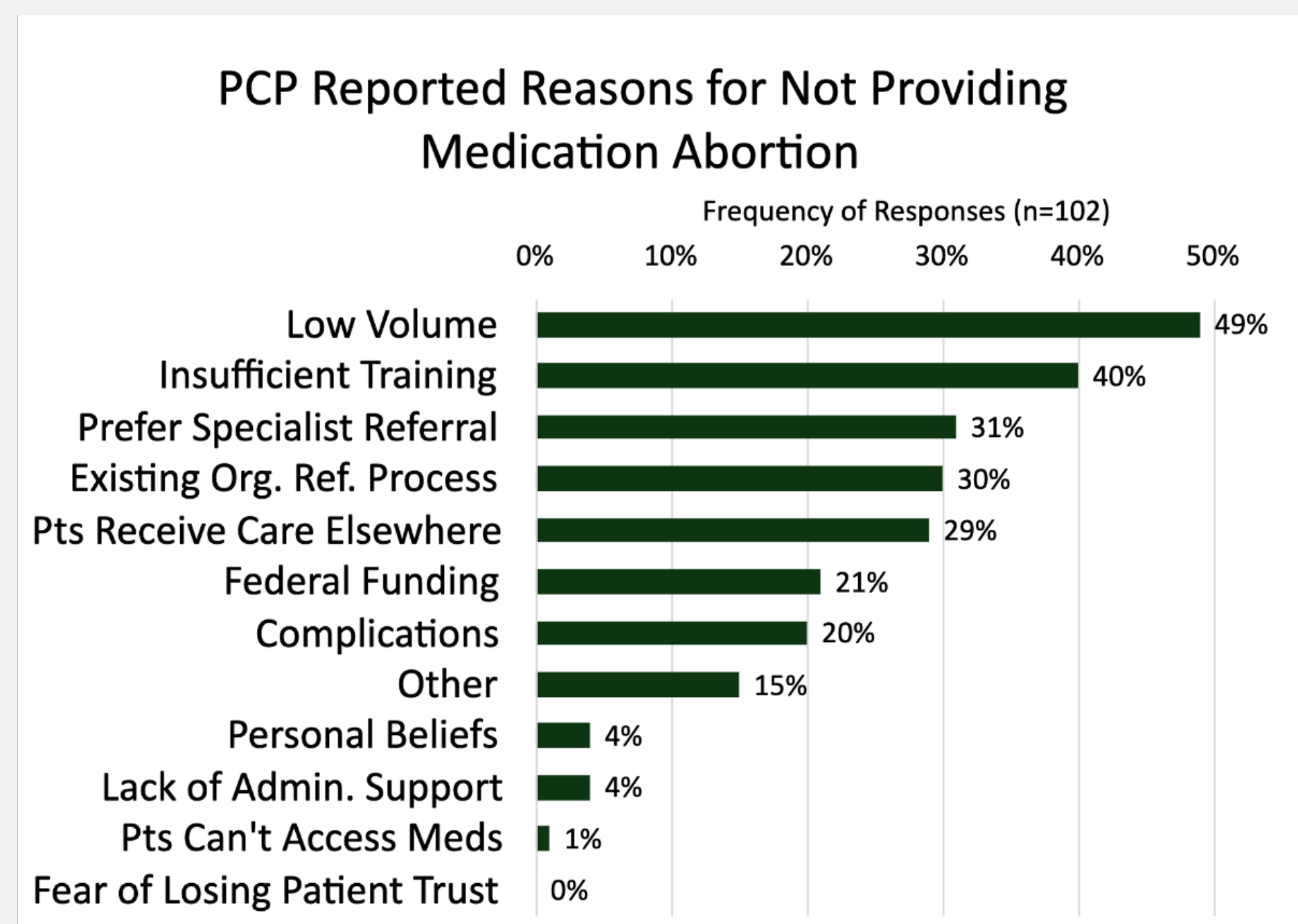


RESULTS



| Response Rate | 116/663 (17%) |
|------------------------------------|---------------|
| Professional Role | |
| Physician | 74 (64%) |
| Advanced Practice Registered Nurse | 37 (32%) |
| Physician Assistant | 5 (4%) |
| Provider Specialty | |
| Family Medicine | 76 (66%) |
| Internal Medicine | 24 (21%) |
| Pediatrics | 15 (13%) |
| Other | 1 (1%) |
| Provider Age | |
| 26-35 | 13 (11%) |
| 36-45 | 43 (37%) |
| 46-55 | 29 (25%) |
| 56-65 | 20 (17%) |
| 66-75 | 9 (8%) |
| 76-85 | 2 (2%) |

- 12%** (14/116) respondents **offer medication abortion**, and 8 of these 14 providers practice in metropolitan counties. Only 2 advertise this service publicly.
- 20%** of PCPs that do not provide medication abortion are **unsure if their patients have this need met in other ways**.
- 60% of providers surveyed are **interested in continuing education** about medication abortion. A higher percentage of APPs were interested than physicians (74% of APPs and 53% of MD/DO, $P=0.026$).
- 52% of surveyed PCPs expressed **willingness to expand** their practice to include medication abortion. **Providers 45 years of age and younger were more willing to expand** (83%) than those older than 45 years of age (57%) ($P=0.016$).



Selected quotes from interviews and survey comments:

"I feel this is something every provider should be able to provide and not need to seek this out as something different than primary care."

"I think we really would feel it [if we lost Planned Parenthood]"

"Even with training and desire to provide the service, my patient volumes would be really low, maybe difficult to have enough practice to feel competent."

"In our current political climate, advertising this service could put our entire clinic at risk...some thought needs to be given to how to convey this info to the patients who need it."

DISCUSSION

- A minority of surveyed PCPs provide medication abortion, reflecting **limited availability in primary care**. Reported barriers reflect practical challenges influencing PCPs' ability to integrate medication abortion into practice.
- Providers remarked on **low volume** of requests, which is a barrier to maintaining skills. If a need arises, PCPs are **willing to expand** their practices to include medication abortion; however, they highlighted barriers to expansion such as **existing workload, malpractice insurance concerns**, need for **staff buy-in**, and **organizational policies**, including restrictions associated with federal funding.
- Structural barriers also include a lack of clarity surrounding **use of funds**. At the state level, there is a need for clearer separation of Federally Qualified Health Center funding streams.
- The interest among PCPs in **continuing education** highlights the opportunity to connect PCPs to local, UVM-based or national resources (e.g., ExPAND Mifepristone).
- Limitations** to generalizability include non-response bias, potential bias related to Vermont's political environment, and geographic considerations.

FUTURE DIRECTIONS

- Improve access to continuing education for both PCPs and practice staff, with a focus on interested subgroups.
- Considering the shifting landscape of federal abortion policies, statewide forecasting would help policymakers and stakeholders identify and address potential gaps in care if Planned Parenthood experiences funding changes and service reductions.

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