

**From:** "Waves Rebecca" [REDACTED]  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
**Date:** 1/5/2021 1:21:46 AM  
**Subject:** Re: UT Austin Contract 2019 4681 For Signature

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dear abigail,  
is this the moment for the invoice? how much should i invoice?

Warmly

rebecca

On 4 Jan 2021, at 20:18, Vijalapuram, Jayashree <jayashreev@austin.utexas.edu> wrote:

Rebecca:

Please send the invoice to Professor Aiken, she will approve and forward it to me for payment.  
It usually takes 8-10 business days to process the payment.

Please feel free contact me with any questions.

Thanks

Jayashree

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**From:** Jeff Meserve <meserve@austin.utexas.edu>  
**Date:** Monday, January 4, 2021 at 12:44 PM  
**To:** Waves Rebecca [REDACTED]  
**Cc:** LBJ Accounting <lbjaccounting@austin.utexas.edu>, araa2@utexas.edu <araa2@utexas.edu>, Vijalapuram, Jayashree <jayashreev@austin.utexas.edu>  
**Subject:** Re: UT Austin Contract 2019 4681 For Signature

Dear Rebecca,

Thank you for your kind email. I am copying Jayashree, who can assist with any payment questions.

Jayashree, could you please let Rebecca know what is needed for her request?

Best,  
Jeff

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**JEFF MESERVE** | Sr. Grants & Contracts Specialist  
The University of Texas at Austin | LBJ School of Public Affairs | Office of Research | 512.471.3043 | SRH 3.388

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**From:** Waves Rebecca [REDACTED] >  
**Date:** Saturday, December 26, 2020 at 10:05 AM  
**To:** Jeffrey Meserve <meserve@austin.utexas.edu>  
**Cc:** LBJ Accounting <lbjaccounting@austin.utexas.edu>, Abigail Aiken <araa2@utexas.edu>  
**Subject:** Re: UT Austin Contract 2019 4681 For Signature

Dear Jeff,

I would like to reach out to you concerning this contract.  
I would gratefully appreciate it if you could let me know what is the schedule for payment  
Thank you so much  
Warm regards  
Rebecca

On 6 May 2019, at 20:08, Jeff Meserve <[meserve@austin.utexas.edu](mailto:meserve@austin.utexas.edu)> wrote:

Dear Rebecca,

Please find attaching the UT Austin services agreement for your work on Dr. Abigail Aiken's grant project. Please review and sign on page 5 of the attached PDF and return to us at your convenience. Please let us know of any questions.

Best,

Jeff Meserve

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**JEFF MESERVE** | Sr. Grants & Contracts Specialist

The University of Texas at Austin | LBJ School of Public Affairs | Office of Research | 512.471.3043 | SRH 3.388

<Rebecca\_Gomperts.pdf>

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**From:** [REDACTED]  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
["Rebecca Gomperts" <\[REDACTED\]>](mailto:[REDACTED])  
["Melissa Madera" <mmadera@utexas.edu>](mailto:mmadera@utexas.edu)  
**Date:** 2/5/2021 1:54:44 PM  
**Subject:** Social Science and Medecine Manuscript Submission

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Dear All,

I submitted our manuscript to Social Science and Medicine this morning. Thank you all for taking the time with this research, and offering such thorough and thoughtful comments on the manuscript. I really appreciate it! You should receive an author confirmation from the journal, if you have not already.

Thank you again, I am grateful for all your help on this!!

Hope you all have lovely weekend :)

Best,

[REDACTED]

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[REDACTED]

From: "Abigail Aiken" <araa2@utexas.edu>  
To: "Jennifer E Starling" <jstarling@utexas.edu>  
"Rebecca Gomperts" [REDACTED]  
Date: 3/5/2021 7:58:32 PM  
Subject: Fwd: JAMA Network Open JNO21-0447-T Decision Letter

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Hi there,

Some positive news from JAMA Network Open—an R&R on our paper!

I took a quick look through all of the comments and I think it's pretty straight forward, although there is quite a lot of it! I'll start working on it next week and then I'll be in touch with any reviewer points where I need input from you all.

Jenn: there are a few stats things I think I'll need your help with. Would you have time over the next couple of weeks for that? They are asking for the revision back within 3 weeks but have also said that an extension is OK if we ask for it. I think I will need a week's extension since I'm out for Spring Break March 15th-19th. I'll wait to hear if that sounds OK to you before I write back to them.

Thanks so much, this is very exciting!  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](http://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

----- Forwarded message -----

From: <[jamanetworkopen@jamanetwork.org](mailto:jamanetworkopen@jamanetwork.org)>  
Date: Fri, Mar 5, 2021 at 1:55 PM  
Subject: JAMA Network Open JNO21-0447-T Decision Letter  
To: <[araa2@utexas.edu](mailto:araa2@utexas.edu)>

PLEASE REPLY TO CONFIRM RECEIPT OF THIS LETTER

March 5, 2021

Dr Abigail Aiken  
University of Texas at Austin  
LBJ School of Public Affairs  
PO Box Y  
Austin, Texas 78712

RE: Factors Associated with Accessing Self-Managed Medication Abortion from an Online Telemedicine Service in the United States

Dear Dr Aiken:

We have completed our review of your manuscript "Factors Associated with Accessing Self-Managed Medication Abortion from an Online Telemedicine Service in the United States." We are interested in your paper but not in its current state. We would be interested in evaluating a revised version that

2/8/2024

addresses the Comments and Editorial Requirements listed below.

When revising the manuscript, please include an "Author Response Letter" with an itemized, point-by-point response to each item under the following categories, which are listed below my signature in this email:

- Editorial Requirements
- Editor Comments (if included)
- Reviewer Comments

If you decide to revise your manuscript along these lines, please note that the decision regarding publication will be based on our priorities at the time, the quality of your revision, and perhaps additional review. We would like to receive your revised manuscript within 3 weeks. If that timeline is too stringent, please let me know.

After reviewing this letter and all comments, please confirm that you can submit a revision within this time. Or, let us know if you require additional time or do not plan to submit a revised manuscript.

To log in to our online submission system and submit the revised manuscript, click on the link below. You will be required to enter your password. If you are unable to locate your password please click the "Unknown/Forgotten password" link.

<https://manuscripts.jamanetworkopen.com/cgi-bin/main.plex?el=A1Np3lxL6A5BACL5I1A9ftdnDtOXMQxEkNgGsxCQRM36gZ>

Please do not share this email with anyone.

Please feel free to contact me if you have any questions.

Thank you for the privilege of reviewing your work.

Sincerely yours,

Olugbenga Ogedegbe, MD, MS, MPH  
Associate Editor - JAMA Network Open  
<https://jamanetwork.com>

Confidentiality Note: This communication, including any attachments, is solely for the use of the addressee, may contain privileged, confidential, or proprietary information, and may not be redistributed in any way without the sender's consent.

## EDITORIAL REQUIREMENTS

### AUTHOR RESPONSE LETTER

Please itemize and indicate how you have addressed each of the items and comments below in a detailed response letter accompanying your revised manuscript. Include the original comment or specific reference to each comment along with page numbers and sections or line numbers for each item/comment as they appear in the new clean version without tracked changes. Such itemization will facilitate a timely and efficient review of your revision.

### REVISED MANUSCRIPT

The text of the revised manuscript should be double spaced and all pages should be numbered.

Two versions: (1) Submit your revised manuscript text file in Word, with revisions marked using the "track changes" or "edit" feature. (2) Also submit a clean version with all changes accepted.

### TITLE PAGE(S)

On the title page(s), include the title and subtitle; names, academic degrees, and affiliations of all authors; date of the revision; and a word count for text only (ie, not including the title, abstract, acknowledgments, references, tables, and figure legends).

#### TEXT WORD LENGTH

Limit the length of the text of your revised manuscript (not including title, abstract, references, and acknowledgment) to 3000 words.

#### CORRESPONDING AUTHOR

Identify a corresponding author and include that author's address, telephone numbers, and email address on the title page and in the JAMA Network Open manuscript submission screen.

#### COAUTHORS

All coauthors' complete names and email addresses, in the correct order as they appear in the manuscript, are required to be listed in the manuscript submission system.

#### AUTHORSHIP FORMS

Each author will be sent an email with instructions for submitting the Authorship Forms, with information about authorship responsibility, funding and conflicts of interests, and a publishing agreement.

**NOTE:** If your manuscript is accepted, all authorship forms must be obtained at the time of revision before we can move forward with publication. We ask that you provide an accurate, current email address of each coauthor in the manuscript submission system when you submit your revision.

#### AUTHOR CONFLICT OF INTEREST DISCLOSURES

Please verify and confirm that all conflict of interest disclosure information for you and all coauthors is accurate, complete, up-to-date, and reported in the Acknowledgment section of the manuscript in a manner that is consistent with that reported in the disclosures of potential conflicts of interest section of the journal's Authorship Form.

Our policy requires that all authors disclose:

- Any potential conflicts of interest involving the work under consideration for publication (during the time involving the work, from initial conception and planning to present);
- Any relevant financial activities outside the submitted work (during the 3 years prior to submission);
- And any other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what is written in the submitted work (based on all relationships that were present during the 3 years prior to submission).

Potential conflicts of interest include but are not limited to employment, affiliation, grants or funding, consultancies, honoraria or payment, speakers' bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued. For example, authors of a manuscript about hypertension should report all financial relationships they have with all manufacturers of products used in the management of hypertension, not only those relationships with companies whose specific products are mentioned in the manuscript.

Authors without potential conflicts of interest, including specific financial interests and relationships and affiliations relevant to the subject of their manuscript, should include a statement of no such interests. If you are uncertain about what constitutes a relevant financial interest or relationship, please let me know. Each author will be sent an email with further instructions for submitting the Authorship Form, which includes the ICMJE Disclosure of Potential Conflicts of Interest section.

#### KEY POINTS

In the manuscript, include a separate section called "Key Points" before the Abstract.

This feature provides a quick structured synopsis of the findings of your manuscript (required only for research and review manuscripts), following 3 key points: Question, Findings, and Meaning. Limit this section to 75-100 words or less.

**Question:** Focused question based on the study hypothesis or goal/purpose. Limit to 1 sentence.

**Findings:** Results of the study/review. Include the design (eg, clinical trial, cohort study, case-control study, meta-analysis, systematic review). Focus on primary outcome(s) and finding(s). Do not emphasize secondary outcomes. Report basic numbers only but state if results are statistically significant or not significant; do not include results of statistical tests or measures of variance (see example below). Limit to no more than 1-2 sentences.

**Meaning:** Key conclusion and implication based on the primary finding(s). Limit to 1 sentence.

#### TWEET

Please submit a Tweet of no more than 257 characters that conveys the essential message of your paper, which we will then edit and publish through JAMA Network Open's Twitter account to promote your article. A field for the Tweet will be available on the manuscript revision submission form. Please also provide your Twitter handle if you have one. Note: We may add an image and hashtags (a word or phrase preceded by a hash or pound sign and used to identify messages on a specific topic).

#### ABSTRACT

Submit a structured abstract of no more than 350 words using Abstracts for Reports of Original Data. See Instructions for Authors at

<https://jamanetwork.com/journals/jamanetworkopen/pages/instructions-for-authors#SecAbstracts>.

#### --ACKNOWLEDGMENT SECTION--

##### FUNDING/SUPPORT

All financial and material support for the research and/or the work reported in the manuscript should be clearly and completely identified in the Acknowledgment. If the work was not funded, please state "no funding".

##### ROLE OF FUNDER/SPONSOR STATEMENT

Using the exact language enclosed in the following quotation marks, the specific role of the funding organization or sponsor in each of the following should be specified: "design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication." The work should be clearly and completely identified in the Acknowledgment section of the manuscript.

##### NON-AUTHOR CONTRIBUTIONS to Data Collection, Analysis, or Writing/Editing Assistance

All persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, or writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions in an Acknowledgment section of the manuscript. Provide complete names, affiliations, academic degrees, roles/contributions, and indication if compensation was received for all persons named in the Acknowledgment. Please confirm that you have obtained written permission to include the names of individuals in the Acknowledgment section of the manuscript (you do not need to submit copies of such permission to the journal).

##### ACCESS TO DATA AND DATA ANALYSIS

Using the exact language enclosed in the following quotation marks, provide a statement from 1 author (eg, the principal investigator), or no more than 2 authors, that she or he "had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis" and include this in the Acknowledgment section of the manuscript.

For all reports containing original data, the names and affiliations of all authors (or other individuals) who conducted and are responsible for the data analysis must be indicated in the Acknowledgment section of the manuscript. If the individual who conducted the analysis is not named as an author, a detailed explanation of his/her contributions and reasons for his/her involvement with the data analysis should be included.

## MEETING PRESENTATION

If you are planning to present this work at a major meeting, please confirm the date and time of your planned meeting presentation so that we may consider possible publication to coincide with your presentation, and include this information in the designated field on the manuscript submission screen when you upload your revised manuscript.

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## ORIGINALITY OF CONTENT

Please verify that all information and materials in the manuscript are original. JAMA Network Open generally does not republish text, tables, figures, or other material from other publishers, except in rare circumstances. If you believe that you must include content that is owned by a third party, please let us know.

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## --REPORTING REQUIREMENTS--

### ETHICAL REVIEW OF STUDY

Add a statement to the Methods section on review and approval of the study by an IRB or ethics committee, or institutional or regulatory determined waiver/exemption of such review.

### INFORMED CONSENT OF STUDY PARTICIPANTS

Add a statement to the Methods section on how informed consent (oral or written) was obtained from study participants, or note if a waiver/exemption of such consent was granted by an IRB or ethics committee or regulatory authority.

### REPORTING RACE/ETHNICITY

If race and/or ethnicity is reported, add information to the Methods section indicating who classified individuals, whether options were defined by the investigator or participant, and why race and/or ethnicity was assessed in the study.

### REPORTING SEX

Report the sex distribution of study participants or samples in the Results section, including studies of humans and preclinical studies of tissues, cells, or animals, if appropriate. If data from participants of only 1 sex are reported, or participants of only 1 sex are included in the study, explain why the other sex is not reported or included, except for studies of diseases/disorders that are sex-specific.

### IDENTIFIABLE PATIENTS AND PERMISSION

Provide written permission from all individuals who are identifiable in any photograph, case description, pedigree, video, or audio file. You will be sent an email with further instructions for submitting the Patient Permission Form.

### USE OF CAUSAL LANGUAGE

Causal language (including use of terms such as "effect," "efficacy," "cause," and "x increased y") should be used only for randomized trials. For all other study designs (including meta-analyses of randomized trials), methods and results should be described in terms of association or correlation (eg, "x associated with an increase in y") and should avoid cause-and-effect wording.

Avoid use of the words "predict" and "predictive of" for reports of observational studies assessing independent and dependent variables, unless your study design is a diagnostic/prognostic study and has used an appropriate approach to quantifying predictive performance such as (but not limited to) split sampling, cross-validation, or bootstrapping.

### PRESENTATION OF STATISTICS AND DATA

Provide a brief description of all statistical tests used in the study and levels of statistical significance.



For reports of original data, present numerical results (eg, absolute numbers, proportions, rates, ratios, or differences) with appropriate indicators of uncertainty, such as confidence intervals.

For baseline data and descriptive studies only, use means and standard deviations (SDs) for normally distributed data and medians and ranges or interquartile ranges (IQRs) for data that are not normally distributed. Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fails to convey important quantitative information.

When P values are provided, they should be exact and expressed to 2 digits to the right of the decimal point, or to 3 digits if  $<.01$ .

Please provide an assessment of missing values and participants lost to follow-up.

All units of measure should be expressed in conventional units, accompanied by conversion factors to System International (SI) units (see Instructions for Authors at:

<https://jamanetwork.com/journals/jamanetworkopen/pages/instructions-for-authors#SecUnitsofMeasure>).

#### PERMISSION FOR PERSONAL COMMUNICATION

Provide written permission from all individuals named in personal communications (oral or written) stating that they agree to be named and that the information cited in the personal communication is accurate.

#### REFERENCES

See Instructions for Authors (<https://jamanetwork.com/journals/jamanetworkopen/pages/instructions-for-authors#SecReferences>) for guidance on manuscript reference style and format.

#### --TABLES, FIGURES, AND ONLINE SUPPLEMENTAL FILES--

Please limit your paper to include a maximum of 5 tables and/or figures, which will be included in the main article. For other tables, figures, and supporting materials that are important to the understanding and interpretation of the manuscript and have not been previously published elsewhere, please provide these materials as a supplemental document for online-only material. If the manuscript is accepted, these materials will be posted online (unedited) at the time of publication, at the discretion of the editors.

Do not indicate in the text of the manuscript where tables and figures should be placed.

#### TABLES

Tables should be constructed in Word using single spacing and the table editor feature and be placed at the end of the manuscript file. Do not embed tables as images in the manuscript file or upload tables in image formats. Each unit of information must be in its own cell. Do not use tabs or spaces to set up tables. See the Table Creation section in the Instructions for Authors at:

<https://jamanetwork.com/journals/jamanetworkopen/pages/instructions-for-authors#SecTables>

#### FIGURES

Please give each figure its own descriptive title of no more than 10-15 words, as well as an explanatory figure legend. Do not submit figures with more than 4 panels unless otherwise justified.

Each figure should be loaded as a separate file.

See Figure Files Requirements for Publication in the Instructions for Authors at:

<https://jamanetwork.com/journals/jamanetworkopen/pages/instructions-forauthors#SecFigures>

**IMPORTANT:** For all figures displaying bar graphs, line graphs and statistical plots, provide graphs

output directly from the software used to create these in an editable VECTOR file format, such as .wmf, .eps, .pdf, or as an Excel graph, if created in Excel. If you provide .pdf files, be sure that these are in VECTOR file format, not Raster file format. Raster (picture) files, such as .jpg or .tif are not acceptable. All statistical graphs in accepted manuscripts are recreated in-house.

Provide axis labels (numbers and units of measure) for all statistical graphs.

**IMPORTANT:** Photographs, clinical images, photomicrographs, gel electrophoresis, and the like that include labels, arrows, or other markers must be submitted in 2 versions: one version with the markers and one without. Provide an explanation for all labels, arrows, or other markers in the figure legend. The Figure field in the File Description tab of the manuscript submission form allows for uploading of 2 versions of the same figure.

#### ONLINE SUPPLEMENTAL FILES

Online-only material should be submitted in a single Word document with pages numbered consecutively. Each element included in the online-only material should be cited in the text of the main manuscript (eg, eTable in the Supplement) and numbered in order of citation in the text (eg, eTable 1, eTable 2, eFigure 1, eFigure 2, eMethods). The first page of the online-only document should list the number and title of each element included in the document.

For additional instructions for preparing online-only materials, please see guidelines for Online-Only Supplements at:

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#### EDITOR'S SPECIFIC COMMENTS:

There are several issues that the authors should address, the most important of which is the assertion that race is a major factor associated with increased use of this service. As noted by reviewer #1, the effects of race should and must be untangled from the myriad of factors studied; it is important to account for collinearity and paramount to show that magnitude of the effects of the other factors. Simply mentioning race does not really mean anything other than falsely equivocating causality without untangling the underlying factors that are proxies for race. For example, would be important to untangle the relationship between race and social deprivation in the zip codes where that have the highest request; the same is true for the proportion of healthcare facilities in the counties and zip codes with highest density of Black and Brown populations. Finally, you studied many factors but only presented four - is there a reason for this? Would be important to show the demographics in Table 1 particularly of race and ethnicity to provide the reader with a sense of the proportion of Blacks and Hispanics that used the service compared to whites.

#### ADDITIONAL COMMENTS:

Change title to, "Factors associated with use of an Online Telemedicine Service to Access Medical Abortion in the United States"

Provide a Structured Abstract per the journal's format. See <https://jamanetwork.com/journals>

[/jamanetworkopen/pages/instructions-for-authors#SecAbstracts](#)

Include Exposure

Abstract, Results: The number of patients and summary demographic information (eg, baseline characteristics of study participants) should be reported in the first line of the Results section.

Please correct rates in abstract reported for Louisiana.

Key Points, Findings: Include the design, cross-sectional

Key Points, Meaning: Please edit to focus on study findings, (individual reported factors and geographic distance at a county level)

Throughout: Avoid use of causal language not justified by this study design: Causal language (including use of terms such as "effect," "efficacy," "cause," and "x increased y") should be used only for randomized trials. For all other study designs (including meta-analyses of randomized trials), methods and results should be described in terms of association or correlation (eg, "x associated with an increase in y") and should avoid cause-and-effect wording.

Introduction: Please edit last sentence to avoid use of causal language.

Methods: Indicate how this report follows the STROBE reporting guideline for cross-sectional studies. See <http://www.equator-network.org/reporting-guidelines/strobe/>

Results (main text): Summary demographic information (eg, baseline characteristics of study participants) should be reported in the first line of the Results section.

Please review and correct rates/100,000 as relevant.

Discussion: Avoid use of jargon ie. "doubled down"

Edit to avoid attribution of geographic associations as relevant to individual decisions.

Discussion: Provide separate sections for Limitations and Conclusions.

Tables: Any notes following the table should have an accompanying footnote symbol within the table to indicate where the information is applicable.

Statistical graphs in the main manuscript, technical: All statistical graphs in accepted manuscripts are re-created in-house using Adobe Illustrator. To facilitate preparation for publication if this manuscript is accepted, please provide graphs output directly from the software used to create them in an editable vector file format, such as .wmf or .eps, or as Excel graphs (including the linked data file), if created in Excel. Raster (picture) files, such as .jpg or .tif, output directly or embedded in vector files, are not acceptable. Figures inserted in PowerPoint or Word are not acceptable.

## REVIEWER COMMENTS:

If the reviewers have opted to reveal their identity, please refrain from contacting them directly.

The following individuals involved in review of your submission have agreed to reveal their identity: Blair G Darney (Reviewer #1); Donald D McIntire (Reviewer #2).

Reviewer #1

Overall comments to author

1) Thank you for the opportunity to review this well-written paper. My comments are primarily clarification issues, with some requests for revisions to the Discussion section

## Key points

2) Line 38: It seems to me that you present data about distance as a barrier and about race but not together. So can you really say that "these barriers [distance] disproportionately impact people of color" based on your data ?

## Abstract

3) Line 49: Design: the term request is a bit confusing, does this mean they ordered meds? The pills obtained or requested an appointment? A bit more clarity here would be helpful.

4) Line 56-57: Why were these two items the distance to clinic and race considered the most important hypothetical factors thought to increase demand? In the methods there are other elements that are explored, you can make a statement here in the abstract to show this is only a couple of the factors you explored.

5) Line 66: clarify this is per 100,000 reproductive-aged women?

6) Conclusion: again, this goes a bit beyond your data. Online telemedicine may be partly a response to access barriers but that is not what you measured - you measured that distance is associated with more requests. And proportion non-white likewise - but these are distinct findings, not distance\*race, for example (or I have missed something?). And does the distance barrier disproportionately impact people of color? Or do you mean different barriers here? Can you present some data that help unpack the possible relationship between race/ethnicity density and distance

7) Line 68 "partly a response" - this sounds causal - is that the intent? Change to "associated with"?

## Introduction

8) Line 74-75: "fraught with challenges"? Just simply state that "...in many states, access to abortion in clinics or hospital settings is limited" ?

9) Line 79-80: if you get into Hyde seems important o also state that XX states use state funds to pay for abortions for Medicaid-eligible individuals?

10) Line 82-87: this paragraph does not quite flow - need to explain why the REMS are in place for mife (the theoretical, if non-evidence based, reason for the REMS). "Perceived need for oversight not supported by evidence" or something like that?

11) Line 93-94: change ""a national phenomenon" to "at the population level"?

12) Line 102-106: study purpose. Any hypotheses to state here? Clarify what the local/county factors are (e.g. distance)

## Methods

13) Line 1132: consider deleting "age" throughout - say "gestation of 10 weeks" ? "Age" anthropomorphizes the fetus.

14) Line 115: cite for WHO medication abortion protocol?

15) Line 188: recognize signs of potential complications and when to seek care? Is the knowing when to see care in a health facility important or relevant?

16) Line 122: while stopping the study period pre-COVID seems cleaner and reasonable, I was curious about "necessitated some temporary changes to the service model" - why? Model seems perfectly suited to COVID. Is this about delays in drug supply related to the pandemic?

17) Line 165: poverty line - is this FPL - Federal Poverty Level.

18) Line 166-167: this measurement is a bit crude. Counties and zip codes do not overlap. Did you aggregate zip codes up to counties? What about zip codes that are in more than 1 county? I got confused about where you have zip code, where you have county, and how accurate the distance measures are. Distance analysis seems very granular but actually does not seem to be. Please clarify.

19) Line 179: specify how you are operationalizing "increased requests" - increased relative to what? It seems like it is counts per 10,000 - so increased counts compared to some baseline? I got a bit confused (and see Fig 3 confusion as well) Ah! Line 184-186 I see - perhaps revise this paragraph to make outcome more clear up front?

20) Line 179: Clarify this is at the county level? Explicitly state the unit of analysis and N for the model

- 21) Line 180: not sure negative binomial needs to be capitalized  
 22) Line 190: I thought you had zip code?

## Results

23) Lines 202-204: I'm curious about whether there is threat of social desirability bias in responses that could determine access to the service (somebody who can be with them during abortion, etc).

24) Line 225-226: and see below Table 2 - this was not clear reading Table 2.

25) Line 230: Save speculation for Discussion. Also, isn't this study likely overpowered?

26) Line 232: state-level intercepts - OK magnitude is bigger but help reader interpret that number, what does it represent?

27) Line 232: "more restrictive abortion policies" - is this in your study measures or you just know this? Seems the latter. This needs to be explained to help the reader interpret the Figure and state estimates.

28) Table 1.

a. In the title, should it be N (not n) - isn't this the entire sample?

b. Table can be reduced by presenting only one response option (yes?) for binary variables (e.g. Respondent had an US prior to abortion request :15.5%)

c. Do you not have data on education level? Just curious as it is always a key variable. Ditto rural /urban.

d. Reorder Table 1 to present requestor/client demographics first (age, parity) the clinical data? I'm not used to seeing age towards the bottom of a table

29) Table 2

a. How to interpret distance - clarify how you got 47 miles (Line 225) and help reader interpret estimate since distance is not a proportion - so interpretation can't be change in request for a 10% change in proportion as for other variables. Clear in text 225-226 but not in Table)

b. Ditto poverty line (See above)

30) Figure 2.

a. Delete "Map showing" from title.

b. It would be helpful in Discussion to have some point of reference for these rates - how do they compare to know /published abortion rates. And what if they were annual instead of 24 mo rates?

31) Figure 3

a. I got very confused trying to interpret this Figure. Please help reader understand what we are looking at. Tell the reader what the state-level intercept means. Please define terms better - this is density of requests to Aid Access, so what does 0.05 mean?

b. Make clear this is the county-level rate model?

c. Is the 10% change really "adjusted" - which implies adjusted for covariates. It is scaled - would that be more accurate? I got confused between a multivariable, adjusted model and the scaling.

d. Title says "predicting" - did you do out of sample prediction? Estimating?

## Discussion

32) Please summarize your findings, including key data points, in the first paragraph

33) Line 244-245: is "states with the most burdensome abortion restrictions" ever defined?

34) Line 245-249: this is important but move down (One notable exception....increased request rate.) - getting into the weeds in the summary paragraph

35) Line 250: is a higher density or a relatively higher density (back to my confusion with Fig 3)

36) Line 252: people of color - this makes sense but do your data say this? Where is the law/policy independent variable? Is state a proxy for it? Are restrictive states ever defined?

37) Line 254-260: move this paragraph down

38) Line 260: Can you suggest some hypotheses here? Why might racial minorities need increased access to self manage abortion? What would future studies be trying to answer if focused more on causality?

39) Line 264-266: How/where does Hyde fit here? And what about Medicaid states, does it make sense to discuss Hyde as a state-level impact (although a federal policy)? I was unclear as to how Hyde is framed in Discussion and Introduction - no explicit mention of Medicaid states, that Hyde plays out as a state policy despite being federal policy.

40) Line 265: Please use Roe vs Wade to be complete

41) Line 271-275: this seems like Key point #1 - Suggest leading paragraph with your key points based on your results, then support the assertion with literature (as written you present a lot of context then end with your results)

42) Line 277-279: key point #2. Is it relevant to cite evidence about SMA in legal contexts from global settings?

43) Line 287-290: key point #3

44) Line 288: You should consider including that as far as Aid Access know they have not had any serious complications. Again, these medications appear to be safe (even though the source is technically not legal)

45) Lines 296-308: not clear how this links to your results. Focus the conclusion on your data, stay close to the data. Repeat your key findings and implications. Again, state restrictions are not defined or incorporated into the analysis - this needs to be defined up front if you want to draw conclusions about state level restrictions

46) Line 302-304: Is this a call for providers to state that they are prescribing meds for miscarriage when in fact it is for induced termination? Please clarify

47) Does the ongoing Gynuity study impact your results or interpretation in any way?

48) I expected a more developed Discussion of race/ethnicity given the conclusions about race

49) Could the Discussion be focused on the 3 key points (if these are in fact your key points:

a. Increase in SMA in context of declining abortion rates

b. Some chose SMA even when they have access (SMA is not just an access issue)

c. But increase in SMA can also indicate poor access and highlights disparities in access to facility services

Reviewer #1 (Explain how the manuscript can be improved to follow the reporting guidelines.):

would be useful to ask authors to submit STROBE if they have not already

Reviewer #2

"Factors Associated with Accessing Self-Managed Medication Abortion from an Online Telemedicine Service in the United States"

The most telling information of this report is Figure 1. Distance and cost are not surprising. Of the top ten reasons only three are "process" and the other seven are "fear and convenience". It depends on your position on abortion in general as to whether one finds this alarming or comforting. Some may not find convenience a plus. Some will find this heartening. With that understanding the authors need to assess their position on this highly charged issue and ensure that the presentation doesn't obscure the facts. This reviewer would recommend the authors reread the piece and lessen the implications of a possible perceived opinion. There is very good information in this report, but it could be ignored if there is a perceived agenda. Some greater explanation and evaluation of safety should be emphasized as well. There is a glancing reference to safety on line 280 (which should be expanded) and hospital miscarriage protocols on line 304. This will be an important concern to the expanded use of self-management.

Let me re-emphasize that this is good information, well described, and an interesting read. Don't let the a possibly perceived notion of favor diminish the message.

Reviewer #3

Personally, I think this article is generally good and is useful to abortion. Maybe the adverse reactions of patients after their self-managed medication abortion can be considered in further study

**From:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**To:** ["Jennifer E Starling" <jstarling@utexas.edu>](mailto:jstarling@utexas.edu)  
["Rebecca Gomperts"](#) [REDACTED] >  
["Rebecca Gomperts"](#) <[REDACTED]>  
**Date:** 3/8/2021 8:49:49 AM  
**Subject:** Author forms for JAMA Network Open paper

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Hi Jenn and Rebecca,

Following on from my last email about the R&R at JAMA Network Open, I wanted to also check that you both received an email asking you to complete an authorship form and disclose any conflicts of interest?

We need to complete these before we submit the revision. As far as I'm aware, the only COIs we have are the grants I need to report (which I've put on my form) and Rebecca's position as Founder and Director of AA.

Once you've completed your form, please send me the PDF copy you will receive by email from the journal.

Let me know of any questions, and thanks so much!  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
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**From:** "Waves Rebecca" <[REDACTED]>  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
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March 9, 2021

Dear Dr Gomperts,

Thank you for submitting your Authorship form for JAMA Network Open. Your authorship form will be reviewed for accuracy and completeness. If there are any omissions, the form will be returned to you for correction and resubmission. A PDF copy of the form is attached for your reference.

Sincerely yours,

Editorial Staff

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1. Authorship Responsibility, Criteria, and Contributions
2. Disclosure of Potential Conflicts of Interest
3. Publishing Agreement
4. Confirmation

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JAMA Network Open

Manuscript # JNO21-0447-T

Manuscript Title: Factors Associated with Accessing Self-Managed Medication Abortion from an Online Telemedicine Service in the United States

Author Name: Rebecca Gomperts

Corresponding Author: Abigail Aiken

Phone:

Email:

**Step 1. Authorship Responsibility, Criteria, and Contributions.** Each author should meet all criteria below (A, B, C, and D) and should indicate general and specific contributions by reading criteria A, B, C, and D and checking the appropriate boxes. **A contribution statement based on this form will be published with the final version of your article; please ensure the contributions are accurate.**

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- I agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved; and
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## Step 2. Disclosure of Potential Conflicts of Interest

The purpose of this section is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The section includes the questions from the ICMJE Form for Disclosure of Potential Conflicts of Interest and is divided into 5 subsections.

Authors are expected to provide detailed information about all relevant financial interests, activities, relationships, and affiliations (other than those affiliations listed in the title page of the manuscript) including, but not limited to, employment, affiliation, funding and grants received or pending, consultancies, honoraria or payment, speakers bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued.

### • 2A. The work under consideration for publication.

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The revision is in! (PDF attached for your records). Fingers crossed for a positive outcome...  
Thanks so much,  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
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To: <[araa2@utexas.edu](mailto:araa2@utexas.edu)>

Dear Dr Aiken:

On April 1, 2021, we received your revised manuscript, "Factors Associated with use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the United States," (Manuscript #JNO21-0447R). We will contact you as soon as this revision has been evaluated.

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Editorial Assistant  
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(312) 464-5437



**Factors Associated with use of an Online Telemedicine Service to Access Self-managed  
Medical Abortion in the United States**

Abigail R.A. Aiken, MD, PhD<sup>1,2,\*</sup>, Jennifer E. Starling, PhD<sup>3</sup>, Rebecca Gomperts, MD, PhD<sup>4</sup>

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Date of Revision: March 31<sup>st</sup> 2021

**Manuscript Word Count: 3,000**

**Key Points**

**Question:** What factors are associated with accessing self-managed medication abortion using online telemedicine in the United States?

**Findings:** This cross-sectional study of 57,506 people in 2,458 counties examined individual reasons for requesting self-managed abortion, as well as state- and county-level factors and rate of requests. At the individual level, the cost of in-clinic care was the most commonly cited factor. At the county level, a 47 mile increase in distance to the nearest clinic was significantly associated with a 41% increase in requests, while a 10% increase in the population living in poverty was significantly associated with a 20% increase in requests.

**Meaning:** Clinic access barriers at the individual level and both distance to an abortion clinic and poverty at the county level are associated with higher demand for self-managed abortion.

## 43 Abstract (350)

44 **Importance:** Evidence shows that people in the United States are self-managing abortions outside  
 45 the formal healthcare system using medications obtained through online telemedicine. However,  
 46 little is known about this practice, including potential motivating factors.

47 **Objective:** To examine individual reasons for accessing medication abortion through online  
 48 telemedicine, as well as associations between state- and county-level factors and rate of requests.

49 **Design:** A population-based study examining all requests through the service's online consultation  
 50 form between March 20<sup>th</sup> 2018 and March 20<sup>th</sup> 2020.

51 **Setting:** The sole online telemedicine organization in the US.

52 **Participants:** All people who made a request to the online telemedicine service.

53 **Main Outcomes and Measures:** We examined individual-level reasons for accessing the service  
 54 and the rate of requests per 100,000 reproductive-aged women by state. We then used zip code data  
 55 provided by requestors to examine county-level factors hypothesized to increase demand for self-  
 56 management: distance to a clinic, calculated using location data on US abortion clinics, and the  
 57 population proportion identifying as a racial/ethnic minority, living below the FPL, and with  
 58 broadband internet access, calculated using Census data.

59 **Results:** During the two-year study period, 57,506 people in 2,458 counties in 50 states requested  
 60 self-managed medication abortion; 52% were aged 20-29 years, 50% had children, and 99% were 10  
 61 weeks pregnant or less. The most common reasons cited by requestors were inability to afford in-  
 62 clinic care (74%), privacy (49%), and clinic distance (40%). States with the highest rate of requests  
 63 were Louisiana (202.7 per 100,000) and Mississippi (199.9 per 100,000). At the county-level, a one  
 64 standard deviation (47 mile) increase in distance to the nearest clinic was significantly associated with  
 65 a 41% increase in requests (IRR =1.41 95% C.I. 1.31 - 1.51,  $p<0.001$ ), and a 10% increase in the  
 66 population living below the FPL was significantly associated with a 20% increase in requests (IRR  
 67 =1.20, 95% C.I. 1.13-1.28,  $p<0.001$ ).

68 **Conclusions and Relevance:** Demand for self-managed medication abortion using online  
 69 telemedicine is associated with clinic access barriers at the individual level and with distance to an  
 70 abortion clinic and poverty at the county level. State and federal legislation could address these  
 71 access barriers.

## Introduction

Self-managed medication abortion is the practice of using mifepristone and misoprostol, or misoprostol alone, to conduct a medication abortion outside of the formal healthcare setting.<sup>1</sup> This practice may be increasing in the United States for two main reasons. First, in many states, access to abortion in the clinical setting is limited.<sup>2</sup> At the state level, TRAP (Targeted Regulation of Abortion Provider) laws have forced clinics to close<sup>3</sup>, while state-mandated requirements such as pre-abortion ultrasounds, waiting periods, and parental consent have placed significant and sometimes insurmountable burdens on individuals seeking clinical abortion care.<sup>4,5</sup> At the federal level, the Hyde Amendment, which bans federal funding for almost all abortions, may put clinical care out of financial reach in states that do not use state Medicaid dollars to cover abortion care.<sup>6</sup>

Second, there is growing evidence that medication abortion provided without ultrasound and with minimal oversight from healthcare professionals is safe and effective.<sup>7,8</sup> Since its approval, mifepristone has been subject to a REMS (Risk Evaluation Management Strategy), which restricts its use in ways not supported by evidence, including an in-person dispensing requirement. Healthcare professionals have called for the FDA to remove the REMS and enable mifepristone to be obtained from pharmacies following remote provider consultation.<sup>9</sup> There is thus a growing movement that views self-managed medication abortion as part of the spectrum of abortion care.

Little is known, however, about who uses self-managed medication abortion in the U.S., or the factors that influence the need or desire to self-manage. Insights have come from mixed-methods studies in Texas and from abortion clinics in major cities, where women discuss self-managing using a variety of methods and cite myriad reasons, including both barriers to clinic access and personal

96 preference.<sup>10,11</sup> Few studies have engaged in quantitative analysis of self-management at the national  
97 level, except for one assessing life-time prevalence<sup>12</sup> and another finding that demand for medication  
98 self-management exists in every state.<sup>13</sup>

99  
100 Until recently, access to self-managed medication abortion in the U.S. has been mainly through  
101 pharmacies in Mexico, social networks, or online pharmacies<sup>14</sup> which are often perceived as  
102 suspicious by people seeking pills<sup>5</sup>, despite usually offering genuine medications.<sup>15</sup> However, access  
103 changed dramatically in 2018, when Aid Access, the first online telemedicine service to offer  
104 abortion medications to people living anywhere in the U.S., was launched.<sup>16</sup> Using data from this  
105 service, we examine the individual-level characteristics and motivations of people who made  
106 requests for abortion medications, the rate of requests by state, and the relationship between the rate  
107 of requests at the county-level and factors that might be associated with increased demand for self-  
108 management.

## 109 110 **Methods**

111 People make requests to Aid Access by filling out an online consultation form. A doctor reviews the  
112 form to check for contraindications and a reported gestation of 10 weeks or fewer. Mifepristone and  
113 misoprostol are then prescribed according to the World Health Organization (WHO)-recommended  
114 medication abortion protocol<sup>17</sup> and mailed by a partner organization. The Aid Access helpdesk is  
115 available to users any time during and after their abortion. Trained helpdesk members provide email  
116 instructions for how to use the medications as well as information about recognizing complications  
117 that may require in-person medical attention.

We analyzed all online consultation forms received by Aid Access between March 20<sup>th</sup> 2018 and March 20<sup>th</sup> 2020. These dates represent the first two years of service operation, from official launch to the emergence of COVID-19, which necessitated temporary changes to the service model. Consultation forms contained information about age, parity, state of residence, circumstances of pregnancy, gestation at the time of request, whether or not gestation had been determined by ultrasound, reasons for not having an ultrasound, contraindications to medication abortion (allergy to medications, IUD in place, chronic adrenal failure, inherited porphyria), distance to a hospital, presence of a support person, and motivations for accessing the service. Those making the request could decline to answer any question that did not determine medical eligibility. They also provided information about their location for mailing purposes.

Motivations for accessing the service were asked about using the question “Please share with us the reasons why you are requesting treatment through this online service”. Answer options were based on prior insights from qualitative and quantitative studies<sup>5,11,18</sup> and included an “other” option for specifying motivations not explicitly included. The options listed included: cost of clinical services; distance to a clinic; difficulty finding childcare; difficulty taking time away from work or school; legal restrictions (such as being required to view an ultrasound); experienced or perceived stigma or judgement; intimidation or harassment by protestors; inability to maintain confidentiality from family members when accessing clinic services; fear of negative consequences from a controlling or abusive partner; the comfort of the home environment; preferring autonomy during the abortion process; feeling empowered by self-management; the privacy of the home environment; and the ability to have a support person present during the abortion. Respondents could choose as many motivations as they felt applied to their situation.

Reasons for not obtaining an ultrasound prior to making a request were asked about using the question “Please share with us why you did not obtain an ultrasound” and included a range of answer options: inability to afford an ultrasound, certainty about gestation based on last menstrual period, fear of pregnancy being discovered by others by attending a clinic, inability to get to a clinic due to distance or lack of transport, inability to take time off school or work to visit a clinic, and uncertainty about where to obtain an ultrasound. An “other” option was included to capture motivations explicitly listed. Respondents could choose as many reasons as they felt applied to their situation.

In addition to examining characteristics and motivations at the individual-level, we also examined per capita requests to Aid Access at the state level. We measured the rate of requests in each state per 100,000 women of reproductive age to visualize heterogeneity in demand across states. We then conducted an analysis of factors associated with increased requests to Aid Access at the county-level. We used zip code data from consultation forms to create a count of Aid Access requests per 10,000 women of reproductive age in each county, mapping zip codes to counties based on centroid latitude and longitude. Reproductive-age population for each county was obtained from the US Census Bureau’s 2019 data<sup>19</sup> and is defined as 15-44 years.

We also obtained information on county-level spatial and demographic covariates that we hypothesized might be related to requests for medication self-management, including average distance across zip codes in each county to the nearest abortion clinic, and the proportion of the county’s population that: has broadband internet access; is non-white; and lives below the Federal Poverty Level (FPL). We calculated clinic distance for each county by averaging the distance in miles from each zip code in the county to the zip code of the nearest abortion clinic, using the Great

Circle Distance Formula.<sup>20</sup> We obtained information on abortion clinic location using three separate sources which are updated regularly, the Abortion Care Network (ACN) clinic list, UCSF's Abortion Clinic Database, and Ineedana.com, compiled by A Team Tech<sup>21,22</sup>, which we cross-referenced to ensure maximum inclusion and accuracy. We calculated the proportion of each county's population with broadband internet access from the Federal Communications Commission Mapping Broadband Health in America project's open-source data<sup>23</sup>, and the proportion of each county's population of women of reproductive age that identifies as a racial/ethnic minority using the most recent available data (2019) from the US Census Bureau, Population Division.<sup>19</sup> We calculated the proportion of each county's population living below the FPL using data from the US Census Bureau's Small Area Income and Poverty Estimates data.<sup>24</sup>

To explore the factors associated with increased requests to Aid Access per 10,000 reproductive-aged women compared to state-level averages, we fit a multi-level negative binomial model to the county-level request data (N=2,458), where the response variable is the reproductive age population-adjusted total request count for each county and the explanatory variables are the county-level spatial and demographic covariates described above. We selected variables using a step-wise procedure and used variance inflation factors to guard against collinearity. We also tested for interactions between each of these variables and used likelihood ratio tests to select the best model fit. To account for the distinct state contexts in which the counties are nested, including both state abortion policy context as defined by the Guttmacher Institute's state policy classification system<sup>25</sup> and other unmeasured state-specific factors, we allowed model intercepts to vary at the state level. For ease of interpretability, we re-scaled the county-level regression coefficient estimates and confidence intervals to represent expected change in requests associated with one standard deviation



in clinic distance (47 miles), and 10% changes in the percent of the population that identifies as a racial/ethnic minority, has broadband access, and lives below the FPL.

We used R statistical software (Version 3.5.3, R Foundation for Statistical Computing, Vienna, Austria) to conduct all data analysis and the ‘mpath’ package to fit our models.<sup>26</sup> We consider significance at the 0.05 level. Aid Access provided all data in a fully de-identified format. Researchers had access only to the state and zip code aspects of mailing information. At the time of accessing the service, respondents consented to the fully anonymized use of their data for research purposes. The study received ethical approval from the Institutional Review Board at the University of Texas at Austin. The principles of the STROBE reporting guideline for cross-sectional studies were followed.

## Results

Between March 20<sup>th</sup> 2018 and March 20<sup>th</sup> 2020, 57,506 people requested medication abortion from Aid Access and Table 1 shows their demographic and clinical characteristics. 52% were aged between 20 and 29 years old, with 20% aged under 20 years, and half had children. At the time of making the request, 44% were 6 weeks pregnant or less, 56% were between 7 and 10 weeks, and less than 1% were over 10 weeks. 54% had experienced a contraceptive failure. The majority (85%) had not had an ultrasound scan, the most common reasons being inability to afford one (56%) and certainty about gestation based on last menstrual period (33%). Most (96%) were within an hour’s drive to a hospital and had somebody who could be with them during their abortion. Less than 1% had any contraindication and 99% felt sure about their decision.

The most common reason for seeking medication abortion via Aid Access was inability to afford an in-clinic abortion, cited by 74% of people making requests (Figure 1). Almost half (49%) were afraid

of a partner or family member finding out if they tried to go to the clinic, 40% said the nearest clinic was too far away, and 38% were unable to take time away from work or school to go to a clinic.

While the most common reasons were barriers to clinic access, preferences for self-managed abortion were also cited: 28% percent said they would be more comfortable at home, and 27% said self-managing at home would be more convenient. Figure 1 shows the full range of motivations.

Requests to Aid Access came from all 50 states and Figure 2 shows the rate of requests by state, per 100,000 women of reproductive age. Louisiana has the highest rate of requests (202.7 per 100,000), followed by Mississippi (199.9 per 100,000), Wyoming (173.2 per 100,000), and Alabama (166.1 per 100,000). Vermont has the lowest rate of requests (36.7 per 100,000), followed by Connecticut (41.8 per 100,000) Oregon (43.7 per 100,000), and California (44.6 per 100,000).

County-level factors associated with a higher rate of requests to Aid Access include distance to the nearest abortion clinic and the proportion of the population living below the FPL (Table 2). The mean distance to the nearest clinic across all counties is 56.5 miles (standard deviation 47.4 miles). On average, a 47 mile (one standard deviation) increase in distance to the nearest clinic is associated with an 41.0% increase in Aid Access requests (95% CI 31.0%- 51.0%,  $p<0.001$ ), while a 10% increase in population living below the FP is associated with a 20.0% increase in requests (95% C.I. 13.0% - 28.0% , $p<0.001$ ). The interaction between clinic distance and the proportion living below the FPL is associated with a 12.0% lower rate of requests (95% CI 16.0% - 8.0%,  $p<0.001$ ).

Figure 3 shows the magnitude of the state-level intercepts, which are scaled to represent the baseline expected request rate per 100,000 women of reproductive age for each state under the reference level for all other covariates in the model (i.e. mean clinic distance, and all county-level

characteristics set to zero). The magnitude of the state-level intercepts was larger in states with more restrictive abortion policy climates<sup>25</sup>—the top five being Louisiana, Mississippi, Nevada, Kansas, and Wyoming—suggesting that such policies, as well as other state-specific factors, are associated with increased rates of self-management. The magnitude of the intercepts was smaller in states with more supportive policy climates<sup>25</sup>, the lowest being Vermont, Massachusetts, Oregon, California, and Connecticut.

## Discussion

Our study offers the first examination of requests for self-managed medication abortion using online telemedicine in the U.S and the factors associated with these requests. We show that clinic access barriers, most notably the cost of an in-clinic abortion, are major reasons cited by those making requests. We also find evidence that these individual-level barriers are reflected at the state level, where the highest rates of requests are found in states with more restrictive abortion policy climates, and at the county level, where longer average distance to the nearest abortion clinic, and a higher proportion living in poverty are associated with an increased rate of requests.

Our findings suggest a strong influence of barriers to in-clinic abortion access, including cost and clinic distance, on demand for self-managed abortion. In light of the declining abortion rate in the U.S., these findings lend support to the possibility there has been a shift in the location of some abortions to outside of the clinic setting and thus an increase in self-managed abortions.<sup>27</sup> Policies restricting access to in-clinic abortion have accelerated over the last decade,<sup>28</sup> and there is evidence that in-clinic abortion rates have decreased most in states with more restrictions.<sup>29</sup> Moreover, the Midwest and the South have seen a 6% and 9% decline in clinic numbers, respectively,<sup>30</sup> resulting in increased distance to an abortion clinic and an associated decline in the in-clinic abortion rate.<sup>31</sup>

These patterns mirror our findings that cost and distance to a clinic are associated with increased demand for self-management.

At the individual level, three-quarters of those making requests to Aid Access cited cost as a motivating factor and at the county level we found an association between the proportion of people living below the FPL and increased requests. The interaction we examined between poverty and clinic distance also shows that while closer clinic distance is associated with a decrease in requests to Aid Access, this association does not hold for people living in poverty. In other words, in places where people cannot afford the cost of an in-clinic abortion, closer clinics do not improve access.

On top of the difficulties poverty exacerbates, such as finding information, taking time away from work and childcare, and keeping multiple state-mandated clinic appointments, one of the most significant financial obstacles is likely to be lack of Medicaid abortion coverage under the Hyde Amendment.<sup>32</sup> While 16 states do use state Medicaid funds to pay for abortion care, most (34) do not<sup>33</sup>, and many of these same states also prohibit ACA health insurance plans from covering abortion.<sup>34</sup> Although the state-level intercepts in our model account for more than policy differences, we note that the states with restrictions on insurance and Medicaid coverage tend to have higher baseline request rates. These policies mean that most people must pay out-of-pocket for abortion care, and while abortion funds play a critical role in making this possible, our findings suggest that self-management also fills a key access gap.

We note, however, that barriers to clinic access were not the sole or primary motivation among all individuals. Some also cited preferences for the comfort and convenience of using abortion medications at home. Such preferences are also commonly reported in other countries where self-managed abortion is provided using online telemedicine.<sup>14</sup> Moreover, studies have demonstrated

high levels of effectiveness and safety, with very few reported serious adverse events.<sup>7,14</sup> Self-managed abortion as a preference thus calls attention to the need for a wider spectrum of abortion care models that center individual autonomy and preferences.

## **Limitations**

The main limitation of our study is that there are other routes to self-managed medication abortion in the U.S., as well as other types of self-management. Our results may therefore not be generalizable beyond the population using online telemedicine. Furthermore, our methodological approach lends itself to exploring associations rather than establishing causality. Nonetheless, we hope that future work will examine in more detail the factors linked with higher rates of self-managed medication abortion we have highlighted.

## **Conclusion**

With many states planning further restrictions on in-clinic abortion and the possibility that *Roe v. Wade* is severely diminished by the Supreme Court, we can expect to see demand for self-managed medication abortion increase further. The temporary adjustment to the mifepristone REMS during the COVID-19 pandemic spurred some states increase access to medication abortion by introducing no-test protocols, telemedicine consultation, and medications by mail.<sup>35</sup> These innovations also have the potential to expand access for those living in poverty by negating the costs of in-person clinic attendance and paying for medical tests. Yet other states have kept in place laws that prohibit telemedicine and in some cases moved to further restrict clinic access,<sup>36</sup> with consequent increases in demand for self-management.<sup>37</sup> For clinicians, this increased demand for self-managed abortion means being equipped to provide follow-up to those who might require it, including being informed on ACOG's position on self-management<sup>38</sup> and on the lack of reporting requirements to protect

patient confidentiality.<sup>39</sup> For policymakers, it means serious consideration of the consequences of laws that make in-clinic abortion less accessible and the expansion of medication abortion access to help overcome existing barriers and meet people's preferences.

### **Acknowledgements**

ARAA conceived of the original research question. All authors contributed to the study design. RG provided the de-identified Aid Access data. JES designed the statistical models, conducted the statistical analyses, and prepared the tables and figures. ARAA and JES did the initial data interpretation and wrote the first draft of the manuscript. All authors contributed to final data interpretation, revised the manuscript for important intellectual content, and approved the final version of the manuscript. No medical writers or Editors were involved in the creation of the manuscript. All authors agree to be accountable for all aspects of the work. ARAA had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. ARAA reports grant support from the Society of Family Planning (Grant # SFPRF12-MA1) and received infrastructure support from the National Institutes of Health (Grant # P2CHD042849). RG is the Founder and Director of Aid Access and Women on Waves. ARAA and JES declare no competing interests. None of the sources of funding had any involvement in the design and conduct of the study; the collection, management, analysis, and interpretation of the data; the preparation, review, or approval of the manuscript; or the decision to submit the manuscript for publication.

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470 content/uploads/2020/04/20\_04\_Final\_SMA\_TheLaw\_COVID-19\_FactSheet\_PDF.pdf (Ac-  
471 cessed January 12<sup>th</sup> 2021).

472 **Table 1: Characteristics of people requesting medication abortion from Aid Access between**  
 473 **March 20<sup>th</sup> 2018 and March 20<sup>th</sup> 2020 (N=57,506)**  
 474

Characteristic	Frequency (Percent)
<b>Age</b>	
Under 20	11,283 (19.6)
20-24	16,056 (27.9)
25-29	13,884 (24.1)
30-34	9,317 (16.2)
35-39	5,077 (8.8)
40-44	1,606 (2.8)
45 and over	283 (0.5)
<b>Number of children</b>	
0	28,754 (50.0)
1	11,288 (19.6)
2	9,592 (16.7)
3+	7,872 (13.7)
<b>Gestation</b>	
6 weeks or less	25,100 (43.6)
Between 7 and 10 weeks	32,399 (56.3)
More than 10 weeks	7 (0.1)
<b>Circumstances of pregnancy*</b>	
Contraceptive failure	30,766 (53.5)
Contraceptive non-use	23,891 (41.6)
Sexual assault	2,848 (4.9)
<b>Ultrasound before abortion request</b>	
Yes	8,895 (15.5)
No	48,611 (84.5)
<b>Reason for no ultrasound**</b>	
Cannot afford to pay for one	27,436 (56.4)
Don't need one since feel sure of gestation	16,244 (33.4)
Afraid someone will find out if go to a clinic to get one	15,350 (31.6)
Cannot get to a clinic to get one (distance, lack of transport)	11,557 (23.8)
No time to get one	4,863 (10.0)
Not sure where to get one	4,725 (9.7)
Other reason	1,105 (2.3)
<b>Contraindication to medication abortion</b>	
Yes	340 (0.6)
No	57,166 (99.4)
<b>Within a 60 min drive to a hospital</b>	
Yes	55,383 (96.3)
No	2,123 (3.7)
<b>Somebody to be present during abortion</b>	
Yes	55,449 (96.4)
No	2,057 (3.6)
<b>Feelings about decision</b>	

OK with decision	56,960 (99.1)
Troubled by decision	546 (0.9)

475

476 \*1 missing response

477 \*\*Respondents could choose more than one response

478 **Table 2: County-level factors associated with requests to Aid Access (N=2,458)**

479

Covariate	IRR (95% CI)	P-value
Clinic distance z-score (average miles to nearest abortion clinic, standardized)*	1.41 (1.31, 1.51)	<0.001
Proportion of population below Federal Poverty Level**	1.20 (1.13, 1.28)	<0.001
Proportion of population that is racial/ethnic minority**	0.99 (0.95, 1.02)	0.499
Proportion of population with broadband internet access**	1.01 (1.00, 1.02)	0.058
Interaction between clinic distance and proportion of population below Federal Poverty Level.**	0.88 (0.84, 0.92)	<0.001
Interaction between Federal Poverty Level and racial/ethnic minority proportions.**	0.92 (0.77, 1.09)	0.335

480 \* Mean distance to a clinic is 56 miles, with standard deviation 47 miles. The estimate represents the  
 481 expected associated change in requests for a one standard deviation increase in clinic distance.

482 \*\* Adjusted so that the estimate represents the expected change in requests for a 0.1 change in pro-  
 483 portion.

484

485



Figure 1: Reasons for requesting self-managed medication abortion using online telemedicine, N=57,506.

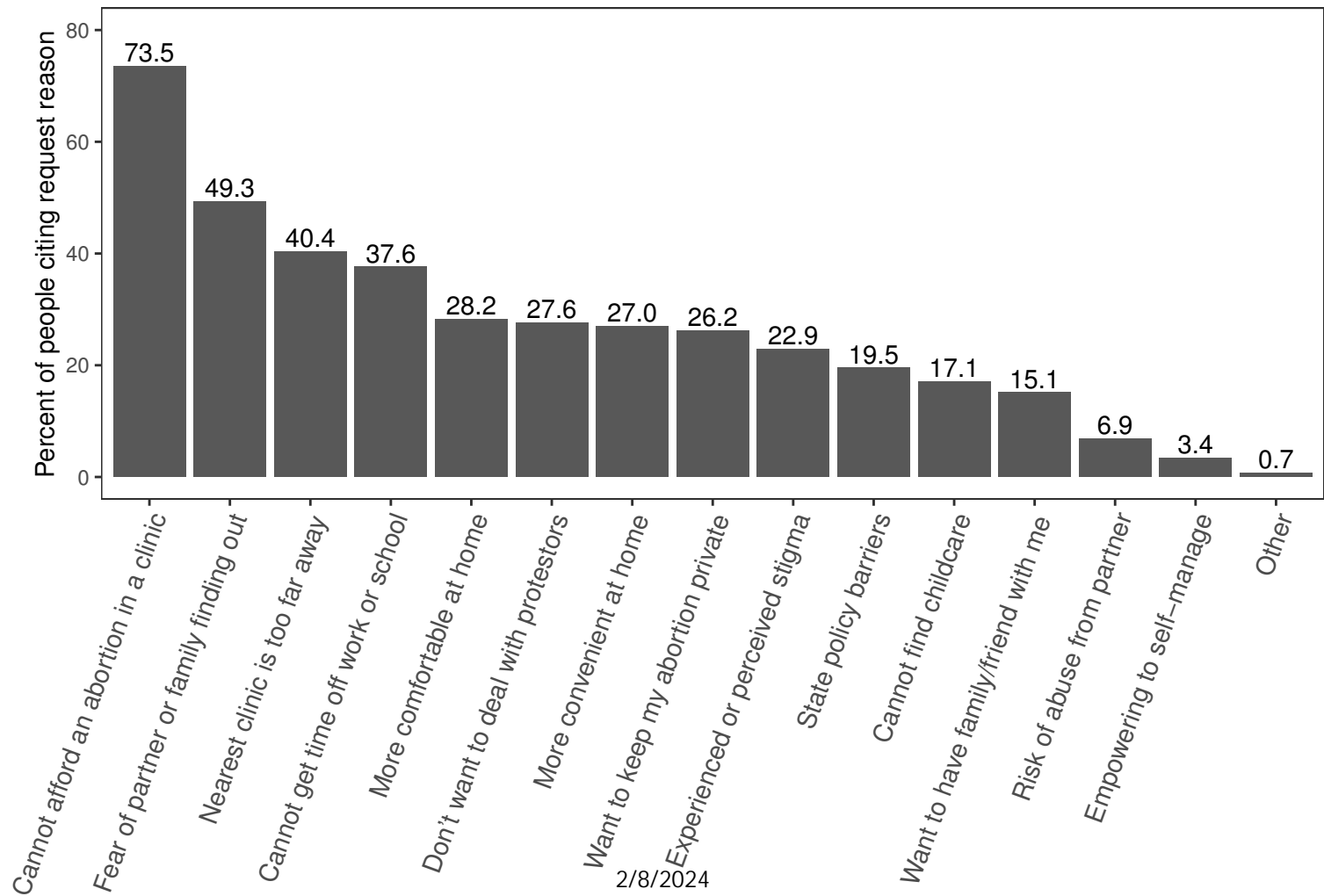
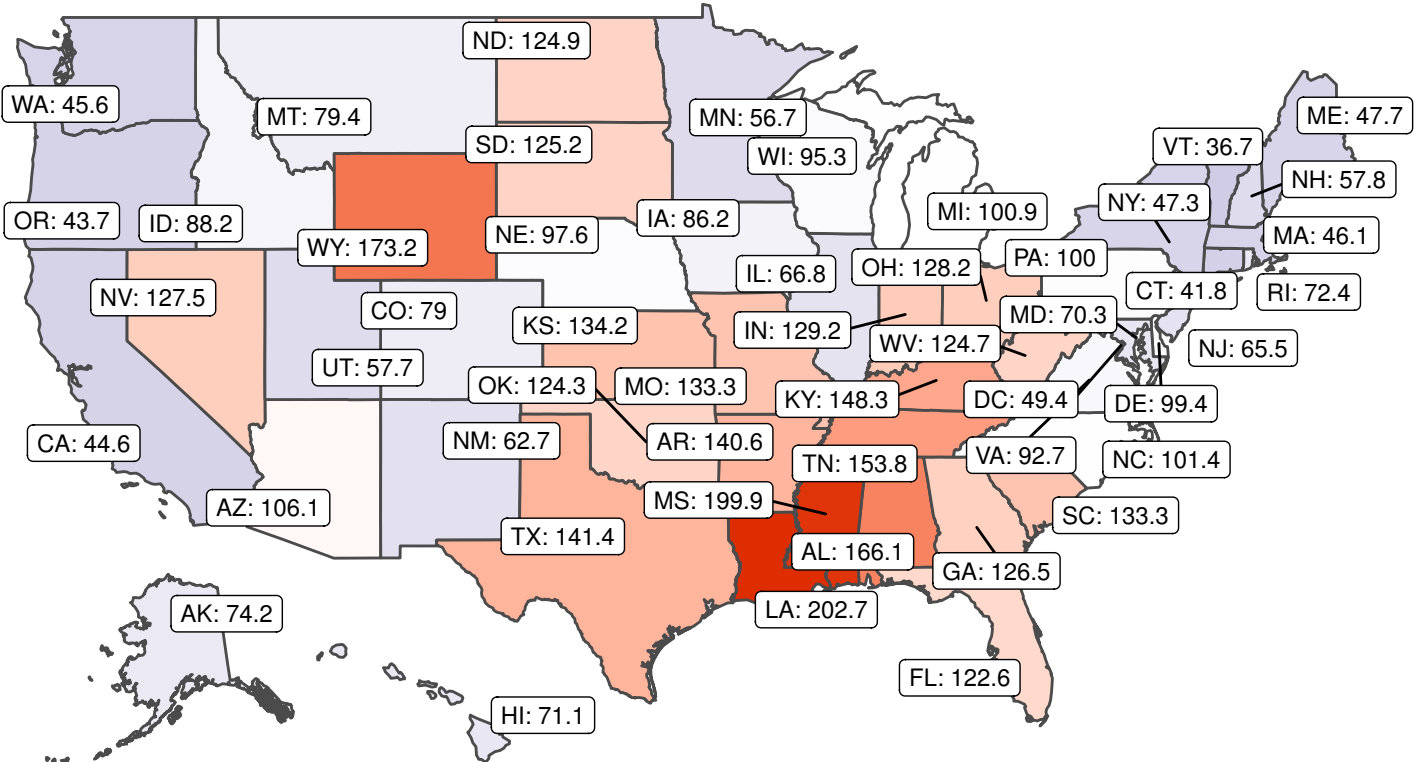


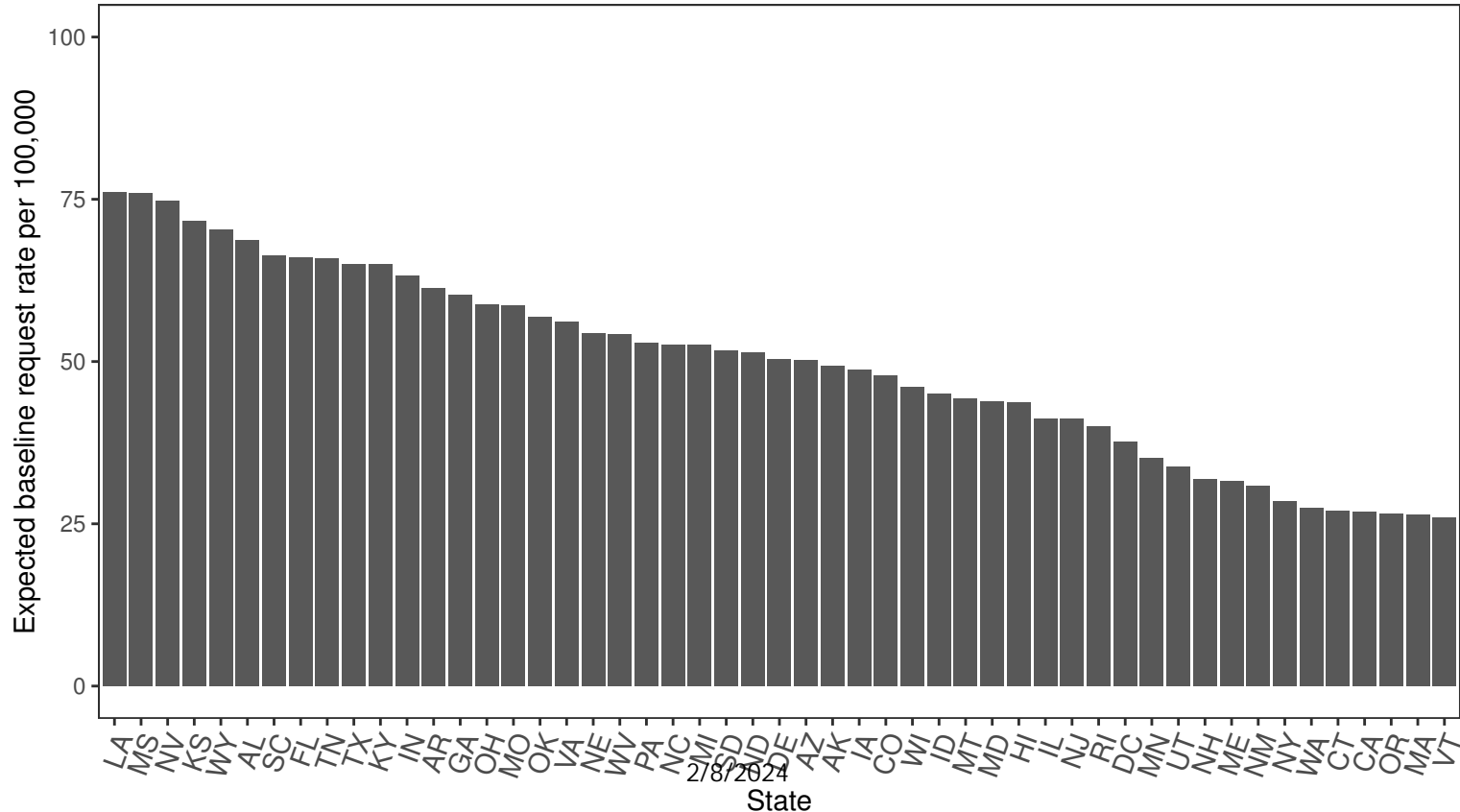
Figure 2. Requests for Abortion Medications to Aid Access by State Between March 20th 2018 and March 20th 2020.



Requests to Aid Access  
per 100,000 women of  
reproductive age

2/8/2024 0 100 200

Figure 3: State-level baseline expected requests (intercepts) per 100,000 women of reproductive age for multi-level negative binomial regression model.



From: [REDACTED]  
To: "Abigail Aiken" <araa2@utexas.edu>  
CC: "Waves Rebecca" [REDACTED]  
"Mira Michels-Gualtieri" [REDACTED] >  
Date: 4/5/2021 6:53:35 AM  
Subject: Re: Abstract was Accepted!

---

Congrats, Mira!!!  
Best,  
[REDACTED]

On Mon, Apr 5, 2021 at 7:15 AM Abigail Aiken <araa2@utexas.edu> wrote:  
This is great, Mira, congratulations! The poster looks excellent as well.

Hope you enjoy the conference!  
Abigail

On Mon, Apr 5, 2021 at 5:24 AM Waves Rebecca [REDACTED] > wrote:  
Congratulations!

On 3 Apr 2021, at 04:06, Mira Michels-Gualtieri [REDACTED] wrote:

Hi Rebecca, [REDACTED] and Abigail,

I hope you're having a nice weekend!

I wanted to let you know that I was accepted to the NESS Conference (hosted by Harvard Medical School!). I'll be presenting at the end of April.

Thanks for your help in making this happen! I attached my poster if you want to check it out.

Sending you all the best and a huge hug,

Mira

--

Mira Michels-Gualtieri  
Vassar College Class of 2021  
Science, Technology, and Society (STS)  
she/her/hers

<Michels-Gualtieri.Miralah.Summary.pdf>

--  
Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs

2/8/2024

University of Texas at Austin  
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**From:** "JE Starling" <jstarling@utexas.edu>  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
**Date:** 4/5/2021 5:50:44 PM  
**Subject:** Re: JAMA Network Open JNO21-0447R Decision Letter

---

Aaaaaa this is wonderful news!!! Thank you for sharing!

Sent from my iPhone

On Apr 5, 2021, at 7:18 PM, Abigail Aiken <araa2@utexas.edu> wrote:

Very good news from JAMA network open! I will find out the expected date of publication and circle back shortly. Thanks so much to you both for making this work possible!

All best,  
A

----- Forwarded message -----

**From:** <jamanetworkopen@jamanetwork.org>  
**Date:** Mon, Apr 5, 2021 at 3:01 PM  
**Subject:** JAMA Network Open JNO21-0447R Decision Letter  
**To:** <araa2@utexas.edu>

PLEASE REPLY TO CONFIRM RECEIPT OF THIS LETTER

April 5, 2021

Dr Abigail Aiken  
University of Texas at Austin  
LBJ School of Public Affairs  
PO Box Y  
Austin, Texas 78712

RE: Factors Associated with use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the United States

Dear Dr Aiken:

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Olugbenga Ogedegbe, MD, MS, MPH  
Associate Editor - JAMA Network Open  
<https://jamanetwork.com>

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--

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin

2/8/2024

Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)



From: ["Melissa Madera" <mmadera@utexas.edu>](mailto:mmadera@utexas.edu)  
To: ["Rebecca Gomperts"](mailto:Rebecca Gomperts) [REDACTED] >  
CC: ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
Date: 4/29/2021 1:29:27 PM  
Subject: Re: Trying out an Aid Access consultation

---

Thanks so much, Rebecca! I'll drop you a note as soon as I've completed it (sometime in the next few days). I'm in Florida so there shouldn't be a problem based on my state of residence.

Best,  
Mel

On Thu, Apr 29, 2021 at 12:46 PM Rebecca Gomperts [REDACTED] wrote:  
of course !!

let me know when you completed it and i will process it, please not that for the 10 states where there are now US doctors providing the process is different than the states where i provide

warmly  
rebecca

On 29 Apr 2021, at 18:43, Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:

Hi dear,

Melissa is writing up the results of the interviews with people who used Aid Access and she would like to have some context for what the consultation process, follow-ups, and emails with the service look like. Could she submit a test consultation so that she can get a feel for the process herself?

Thanks so much and hope you're very well!  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
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--

Melissa Madera, Ph.D.  
Research Fellow & Senior Project Manager  
[Project SANA](#)  
LBJ School of Public Affairs  
University of Texas at Austin  
Founder & Director, [The Abortion Diary Podcast](#)

From: ["Waves Rebecca"](#) [REDACTED]

To: [jayashreev@austin.utexas.edu](mailto:jayashreev@austin.utexas.edu)

CC: ["Abigail Aiken" <araa2@utexas.edu>](#)

Date: 5/7/2021 5:01:55 AM

Subject: Invoice research

Attachments: invoice research.pdf

---

Dear Jayashree

Hereby I would like to submit the invoice for the research for Prof Aiken  
Warm regards

rebecca

AidAccess  
Mooslackengasse 17,  
Vienna, 1190  
Austria

May 7-2021

Invoice

To whom it might concern

Hereby I would like to send the invoice for my work for the work for the research for Prof. Abigail Aiken.

I worked 24 hours in preparing the data at \$250 per hour.

Please reimburse 6000 USD to:

- Name: Aid Access
- IBAN: [REDACTED]
- Bank: Bank Austria
- BIC: BKAUATWW

Thank you

Dr. Rebecca Gomperts

A handwritten signature in black ink, appearing to read 'Rebecca Gomperts', with a long horizontal stroke extending to the right.

Director Aid Access

From: "Abigail Aiken" <[araa2@utexas.edu](mailto:araa2@utexas.edu)>

To: "Waves Rebecca" [REDACTED] >

Date: 5/21/2021 7:29:10 AM

Subject: Re: Copy of final paper in JAMA

Attachments: Aiken et al. 2021 Aid Access .pdf

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Yes, of course! Here it is, attached.  
It will also be published online today at 10:00am CT.

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
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Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Fri, May 21, 2021 at 6:52 AM Waves Rebecca [REDACTED] > wrote:  
Dear Abigail,

Would it be possible for you to send me a copy of the final paper that was published in Jama?  
Thanks sooo much

Warmly  
Rebecca

On 22 Apr 2021, at 00:44, Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:

That's OK! I'll just clarify that in the proofs that I send back. They may want you to complete a new author form, so please look out for a possible request coming by email.  
Thanks for getting back to me so quickly!

On Wed, Apr 21, 2021 at 5:34 PM Waves Rebecca [REDACTED] > wrote:  
Dear Abigail,

Sorry I must have ticked that box by accident. There is no other in either Aid Access or Women on Waves. How can I correct?

Warmly  
Rebecca

On 22 Apr 2021, at 00:10, Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:

Hi dear,

JAMA Network Open has sent me the page proofs for our Aid Access paper and they are asking for them to be sent back within 24hrs (i.e. tomorrow, April 22nd).

They have a query about your author form (attached). In Step 2B, you mention "other" under both Aid Access and Women on Web. They are asking about what "other" refers to?

Could you send me a brief explanation that I could send back to them before the end of the day tomorrow?

Thank you so much and apologies for the quick turnaround on this,  
A xx

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
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Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

<Gomperts JAMA Network Open Authorship Form.pdf>

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## Original Investigation | Obstetrics and Gynecology

# Factors Associated With Use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the US

Abigail R. A. Aiken, MD, PhD; Jennifer E. Starling, PhD; Rebecca Gomperts, MD, PhD

## Abstract

**IMPORTANCE** People in the US have been seeking self-managed abortions outside the formal health care system using medications obtained through online telemedicine. However, little is known about this practice, including potential motivating factors.

**OBJECTIVE** To examine individual reasons for accessing medication abortion through an online telemedicine service as well as associations between state- and county-level factors and the rate of requests.

**DESIGN, SETTING, AND PARTICIPANTS** This population-based cross-sectional study examined all requests for self-managed medication abortion through an online consultation form available from Aid Access, a telemedicine service in the US, between March 20, 2018, and March 20, 2020.

**MAIN OUTCOMES AND MEASURES** Individual-level reasons for accessing the telemedicine service were examined as well as the rate of requests per 100 000 women of reproductive age by state. Zip code data provided by individuals making requests were used to examine county-level factors hypothesized to be associated with increased demand for self-managed abortion: distance to a clinic (calculated using location data for US abortion clinics) and the population proportion identifying as a member of a racial/ethnic minority group, living below the federal poverty level, and having broadband internet access (calculated using census data).

**RESULTS** During the 2-year study period, 57 506 individuals in 2458 counties in 50 states requested self-managed medication abortion; 52.1% were aged 20 to 29 years (mean [SD] age, 25.9 [6.7] years), 50.0% had children, and 99.9% were 10 weeks' pregnant or less. The most common reasons cited by individuals making requests were the inability to afford in-clinic care (73.5%), privacy (49.3%), and clinic distance (40.4%). States with the highest rate of requests were Louisiana (202.7 per 100 000 women) and Mississippi (199.9 per 100 000 women). At the county level, an increase of 1 SD (47 miles) in distance to the nearest clinic was significantly associated with a 41% increase in requests (incidence rate ratio, 1.41; 95% CI, 1.31-1.51;  $P < .001$ ), and a 10% increase in the population living below the federal poverty level was significantly associated with a 20% increase in requests (incidence rate ratio, 1.20; 95% CI, 1.13-1.28;  $P < .001$ ).

**CONCLUSIONS AND RELEVANCE** In this cross-sectional study, clinic access barriers were the most commonly cited reason for requesting self-managed medication abortion using an online telemedicine service. At the county level, distance to an abortion clinic and living below the federal poverty level were associated with a higher rate of requests. State and federal legislation could address these access barriers.

JAMA Network Open. 2021;4(5):e2111852. doi:10.1001/jamanetworkopen.2021.11852

## Key Points

**Question** What factors are associated with use of an online telemedicine service for accessing self-managed medication abortion in the US?

**Findings** In this cross-sectional study of 57 506 individuals in 2458 counties, the cost of in-clinic care was the most commonly cited reason for accessing self-managed abortion using online telemedicine. At the county level, a 47-mile increase in distance to the nearest clinic was significantly associated with a 41% increase in requests, and a 10% increase in the population living below the federal poverty level was significantly associated with a 20% increase in requests.

**Meaning** In this study, clinic access barriers were the most common reason for accessing self-managed medication abortion, and both distance to an abortion clinic and living below the federal poverty level were associated with higher demand for self-management.

Author affiliations and article information are listed at the end of this article.

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## Introduction

Self-managed medication abortion is the practice of using mifepristone and misoprostol or misoprostol alone to conduct a medication abortion outside the formal health care setting.<sup>1</sup> This practice may be increasing in the US for 2 main reasons. First, in many states, access to abortion in the clinical setting is limited.<sup>2</sup> At the state level, Targeted Regulation of Abortion Provider (TRAP) laws have forced clinics to close,<sup>3</sup> and state-mandated requirements, such as pre-abortion ultrasonography, waiting periods, and parental consent have placed substantial and sometimes insurmountable burdens on individuals seeking clinical abortion care.<sup>4,5</sup> At the federal level, the Hyde Amendment, which bans federal funding for almost all abortions, may put clinical care out of financial reach in states that do not use state Medicaid dollars to cover abortion care.<sup>6</sup>

Second, there is increasing evidence that medication abortion provided without ultrasonography and with minimal oversight from health care professionals is safe and effective.<sup>7,8</sup> Since its approval, mifepristone has been subject to a risk evaluation management strategy (REMS), which restricts its use in ways not supported by evidence, including an in-person dispensing requirement. Health care professionals have called for the US Food and Drug Administration to remove the REMS and enable mifepristone to be obtained from pharmacies after remote consultation with a provider.<sup>9</sup> Thus, an increasing number of individuals view self-managed medication abortion as part of the spectrum of abortion care.

Little is known, however, about who uses self-managed medication abortion in the US or the factors associated with the need or desire to self-manage. Insights have come from mixed-methods studies in Texas and from abortion clinics in major cities where individuals discuss self-management using a variety of methods and cite myriad reasons, including barriers to clinic access and personal preference.<sup>10,11</sup> Few studies have engaged in quantitative analysis of self-management at the national level, including 1 study that assessed lifetime prevalence<sup>12</sup> and another that assessed the demand for medication self-management and found that there was demand in every state.<sup>13</sup>

Until recently, access to self-managed medication abortion in the US has been mainly through pharmacies in Mexico, social networks, or online pharmacies.<sup>14</sup> Online pharmacies are often viewed with suspicion by individuals seeking medication<sup>5</sup> despite the medications usually being authentic.<sup>15</sup> However, access changed markedly in 2018, when Aid Access, the first online telemedicine service to offer abortion medications to individuals living anywhere in the US, was launched.<sup>16</sup> Using data from this service, we examined the individual-level characteristics and motivations of individuals who made requests for abortion medications, the rate of requests by state, and the factors associated with the rate of requests at the county level.

## Methods

This cross-sectional study examined all requests for a self-managed medication abortion through Aid Access between March 20, 2018, and March 20, 2020. Individuals make requests to Aid Access by filling out an online consultation form. A doctor reviews the form to check for contraindications and a reported gestation of 10 weeks or less. Mifepristone and misoprostol are then prescribed according to the World Health Organization–recommended medication abortion protocol<sup>17</sup> and mailed by a partner organization. The Aid Access help desk is available to users at any time during and after an abortion. Trained help desk members provide email instructions for use of the medications and information about recognizing complications that may require in-person medical attention. Aid Access provided all data for this study in a fully deidentified format. Researchers had access only to the state and zip code aspects of mailing information. At the time of accessing the service, respondents consented to the fully anonymized use of their data for research purposes. Written informed consent was obtained from all individuals. The study received ethical approval from the institutional review board at The University of Texas at Austin. This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.

The study dates represent the first 2 years of service operation, from official launch to the beginning of the COVID-19 pandemic in the US, which necessitated temporary changes to the service model. Consultation forms contained information about age, parity, state of residence, circumstances of pregnancy, gestation at the time of request, whether gestation had been determined by ultrasonography, reasons for not undergoing ultrasonography, contraindications to medication abortion (eg, allergy to medications, intrauterine device in place, chronic adrenal failure, and inherited porphyria), distance to a hospital, presence of a support person, and motivations for accessing the service. Those making the request could decline to answer any question that did not determine medical eligibility. These individuals also provided information about their location for mailing purposes.

Motivations for accessing the service were sought using the request, "Please share with us the reasons why you are requesting treatment through this online service." Answer options were based on prior insights from qualitative and quantitative studies<sup>5,11,18</sup> and included an "other" option for specifying motivations not explicitly listed. The options listed included cost of clinical services, distance to a clinic, difficulty finding childcare, difficulty taking time away from work or school, legal restrictions (such as being required to view ultrasonography findings), experienced or perceived stigma or judgment, intimidation or harassment by protestors, inability to maintain confidentiality (eg, preference to avoid informing family members) when accessing clinic services, fear of negative consequences from a controlling or abusive partner, the comfort of the home environment, preferring autonomy during the abortion process, feeling empowered by self-management, the privacy of the home environment, and the ability to have a support person present during the abortion. Respondents could choose as many motivations as they believed applied to their situation.

Reasons for not undergoing ultrasonography before making a request were sought using the request, "Please share with us why you did not obtain an ultrasound." A range of answer options were provided, including inability to afford ultrasonography, certainty about gestation based on the date of the last menstrual period, fear of pregnancy being discovered by others by attending a clinic, inability to get to a clinic because of distance or lack of transportation, inability to take time off school or work to visit a clinic, and uncertainty about where to access ultrasonography. An "other" option was included to capture motivations not explicitly listed. Respondents could choose as many reasons as they believed applied to their situation.

In addition to examining characteristics and motivations at the individual level, we examined per capita requests to Aid Access at the state level. We measured the rate of requests in each state per 100 000 women of reproductive age to visualize heterogeneity in demand across states. We then conducted an analysis of factors associated with increased requests to Aid Access at the county level. We used zip code data from consultation forms to create a count of Aid Access requests per 10 000 women of reproductive age in each county, mapping zip codes to counties based on centroid latitude and longitude. The population of women of reproductive age in each county was obtained from US Census Bureau 2019 data,<sup>19</sup> and reproductive age was defined as 15 to 44 years.

We also obtained information on county-level spatial and demographic covariates that we hypothesized might be associated with requests for medication self-management, including mean distance across zip codes in each county to the nearest abortion clinic and the proportion of the county's population that had broadband internet access, was non-White, and lived below the federal poverty level (FPL). To determine the clinic distance for each county, we calculated the mean distance in miles from each zip code in the county to the zip code of the nearest abortion clinic using the Great Circle Distance Formula.<sup>20</sup> We obtained information on abortion clinic locations using 3 separate sources that are updated regularly: ineedana.com (compiled by A Team Tech),<sup>21</sup> the Abortion Care Network clinic list, and the University of California, San Francisco, abortion clinic database.<sup>22</sup> We cross-referenced these data to ensure maximum inclusion and accuracy. We calculated the proportion of each county's population with broadband internet access using open-source data from the Federal Communications Commission Mapping Broadband Health in America project<sup>23</sup> and the proportion of each county's population of women of reproductive age identifying



as members of a racial/ethnic minority group using the most recent available data (2019) from the US Census Bureau, Population Division.<sup>19</sup> We calculated the proportion of the population living below the FPL in each county using data from the US Census Bureau's Small Area Income and Poverty Estimates.<sup>24</sup>

### Statistical Analysis

To explore the factors associated with increased requests to Aid Access per 10 000 women of reproductive age compared with state-level mean requests, we fit a multilevel negative binomial model to the county-level request data ( $N = 2458$ ), in which the response variable was the reproductive-age population-adjusted total request count for each county and the explanatory variables were the county-level spatial and demographic covariates described above. We selected variables using a stepwise procedure and used variance inflation factors to guard against collinearity. We also tested for interactions between each of these variables and used likelihood ratio tests to select the best model fit. To account for the distinct state contexts in which the counties are nested, including both state abortion policy context as defined by the Guttmacher Institute state policy classification system<sup>25</sup> and other unmeasured state-specific factors, we allowed model intercepts to vary at the state level. For ease of interpretability, we rescaled the county-level regression coefficient estimates and 95% CIs to represent the expected change in requests associated with 1 SD in clinic distance (47 miles) and 10% change in the percentage of the population identifying as members of a racial/ethnic minority group, having broadband access, and living below the FPL.

We used R statistical software, version 3.5.3 (R Project for Statistical Computing) to conduct all data analysis and the *mpath* package to fit our models.<sup>26</sup> We considered  $\alpha < .05$  to indicate statistical significance.

### Results

Between March 20, 2018, and March 20, 2020, 57 506 individuals requested a medication abortion from Aid Access; **Table 1** shows their demographic and clinical characteristics. A total of 52.1% of these individuals were aged 20 to 29 years, and 19.6% were younger than 20 (mean [SD] age, 25.9 [6.7]); 50.0% had children. At the time requests were made, 99.9% reported being pregnant for 10 weeks or less; gestation was 6 weeks or less for 43.6%, between 7 and 10 weeks for 56.3%, and more than 10 weeks for 0.1%. A total of 53.5% had experienced a contraceptive failure. Most individuals (84.5%) had not undergone ultrasonography, with the most common reasons being inability to afford it (56.4%) and certainty about gestation based on date of last menstrual period (33.4%). Most individuals (96.3%) were within an hour's drive to a hospital, and 96.4% had a companion who could be with them during the abortion. A total of 0.6% of individuals had any contraindication, and 99.1% felt sure about their decision.

The most common reason for seeking a medication abortion through Aid Access was inability to afford an in-clinic abortion, cited by 73.5% of individuals making requests (**Figure 1**). Almost half (49.3%) were afraid of a partner or family member finding out if they tried to go to a clinic, 40.4% reported that the nearest clinic was too far away, and 37.6% were unable to take time away from work or school to go to a clinic. Although the most common reasons involved barriers to clinic access, preferences for self-managed abortion were also cited: 28.2% responded that they would be more comfortable at home, and 27.0% said self-managing at home would be more convenient.

Requests to Aid Access came from all 50 states. **Figure 2** shows the rate of requests by state per 100 000 women of reproductive age. Louisiana had the highest rate of requests (202.7 per 100 000 women), followed by Mississippi (199.9 per 100 000 women), Wyoming (173.2 per 100 000 women), and Alabama (166.1 per 100 000 women). Vermont had the lowest rate of requests (36.7 per 100 000 women), followed by Connecticut (41.8 per 100 000 women), Oregon (43.7 per 100 000 women), and California (44.6 per 100 000 women).

**Table 1. Characteristics of 57 506 Individuals Requesting Medication Abortion From Aid Access Between March 20, 2018, and March 20, 2020**

Characteristic	Frequency of requests, No. (%)
Age, y	
<20	11 283 (19.6)
20-24	16 056 (27.9)
25-29	13 884 (24.1)
30-34	9317 (16.2)
35-39	5077 (8.8)
40-44	1606 (2.8)
≥45	283 (0.5)
Children, No.	
0	28 754 (50.0)
1	11 288 (19.6)
2	9592 (16.7)
≥3	7872 (13.7)
Gestation	
≤6 wk	25 100 (43.6)
7-10 wk	32 399 (56.3)
>10 wk	7 (0.1)
Circumstances of pregnancy <sup>a</sup>	
Contraceptive failure	30 766 (53.5)
Contraceptive nonuse	23 891 (41.6)
Sexual assault	2848 (4.9)
Ultrasonography performed before abortion request	
Yes	8895 (15.5)
No	48 611 (84.5)
Reason for no ultrasonography <sup>b</sup>	
Cannot afford to pay for one	27 436 (56.4)
Do not need one owing to feeling sure of gestation	16 244 (33.4)
Afraid someone will find out if trip to a clinic is made to get one	15 350 (31.6)
Cannot get to a clinic to get one <sup>c</sup>	11 557 (23.8)
No time to get one	4863 (10.0)
Not sure where to get one	4725 (9.7)
Other reason	1105 (2.3)
Contraindication to medication abortion	
Yes	340 (0.6)
No	57 166 (99.4)
Within a 60-min drive to a hospital	
Yes	55 383 (96.3)
No	2123 (3.7)
Another individual can be available and present during the abortion	
Yes	55 449 (96.4)
No	2057 (3.6)
Feelings about decision	
OK with decision	56 960 (99.1)
Troubled by decision	546 (0.9)

<sup>a</sup> One missing response.

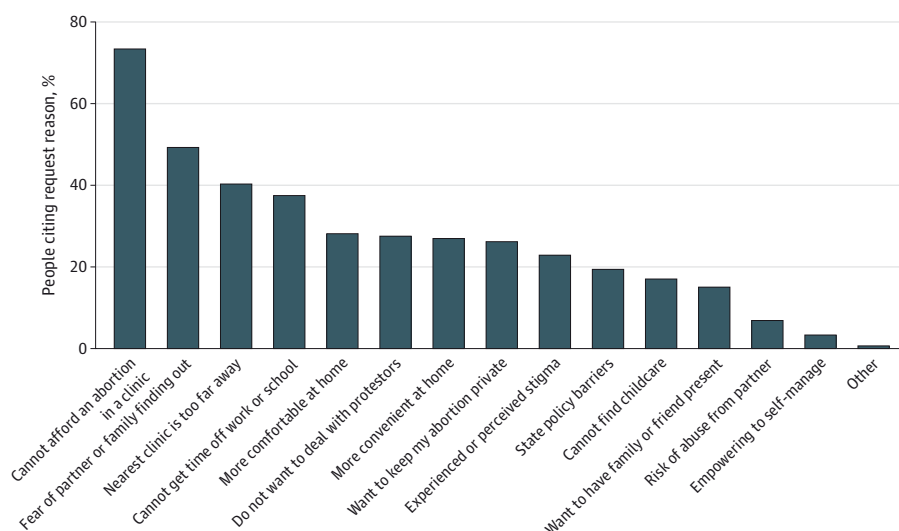
<sup>b</sup> Respondents could choose more than 1 response.

<sup>c</sup> Reasons include distance and lack of transportation.

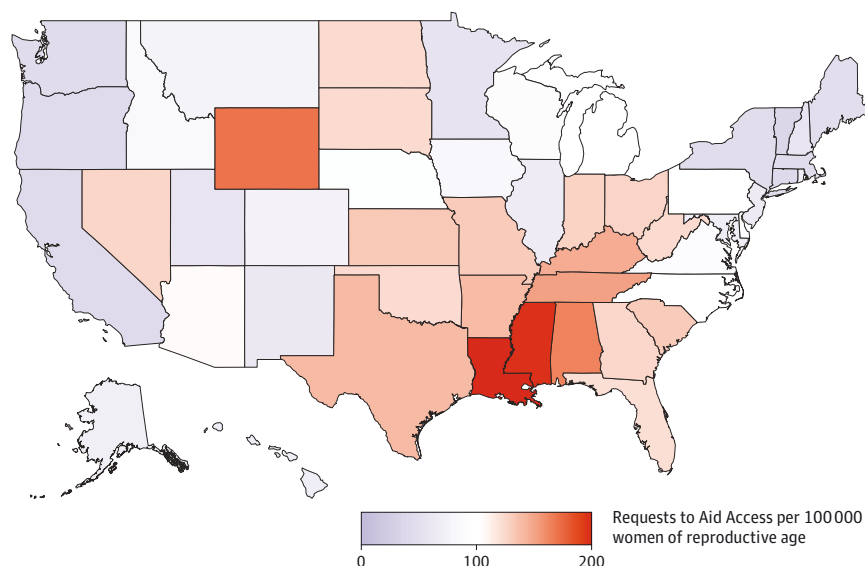
County-level factors associated with a higher rate of requests to Aid Access included distance to the nearest abortion clinic and the proportion of the population living below the FPL (**Table 2**). The mean (SD) distance to the nearest clinic for all counties was 56.5 (47.4) miles. A 47 mile (1 SD) increase in distance to the nearest clinic was associated with a 41.0% increase in Aid Access requests (incidence rate ratio [IRR], 1.41; 95% CI, 1.31-1.51;  $P < .001$ ). A 10% increase in the population living below the FPL was associated with a 20.0% increase in requests (IRR, 1.20; 95% CI, 1.13-1.28;  $P < .001$ ). The interaction between clinic distance and the proportion living below the FPL was associated with a 12.0% lower rate of requests (IRR, 0.88; 95% CI, 0.84-0.92;  $P < .001$ ).

**Figure 3** shows the magnitude of the state-level intercepts, which are scaled to represent the baseline expected request rate per 100 000 women of reproductive age for each state under the reference level for all other covariates in the model (ie, mean clinic distance and all county-level

**Figure 1. Reasons for Requesting Self-managed Medication Using an Online Telemedicine Service**



**Figure 2. Rate of Requests for Abortion Medications to Aid Access by State Between March 20, 2018, and March 20, 2020**



characteristics set to 0). The magnitude of the state-level intercepts (SD of the intercepts, 0.33) was larger in states with more restrictive abortion policy climates,<sup>25</sup> with the top 5 being Louisiana (76.1), Mississippi (75.8), Nevada (74.7), Kansas (73.2), and Wyoming (71.0). The magnitude of the intercepts was smaller in states with more supportive policy climates,<sup>25</sup> with the lowest being Vermont (27.0), Massachusetts (27.2), Oregon (27.6), California (28.5), and Connecticut (28.7).

## Discussion

To our knowledge, this study is the first to examine requests for self-managed medication abortion using an online telemedicine service in the US and the factors associated with these requests. We found that clinic access barriers, most notably the cost of an in-clinic abortion, were the reasons most frequently cited by those making requests. We also found that these individual-level barriers were reflected at the state level, where the highest rates of requests were associated with residence in states with more restrictive abortion policy climates, and at the county level, where longer mean distance to the nearest abortion clinic and a higher proportion living below the FPL were associated with an increased rate of requests.

In light of the declining abortion rate in the US, these findings lend support to the possibility that there has been a shift in the location of some abortions to outside the clinic setting and thus an increase in the number of self-managed abortions.<sup>27</sup> Policies restricting access to in-clinic abortion have increased over the past decade,<sup>28</sup> and some findings suggest that the decrease in the rate of in-clinic abortions has been associated with residence in states with more restrictions.<sup>29</sup> Moreover,

**Table 2. County-Level Factors Associated With Requests to Aid Access**

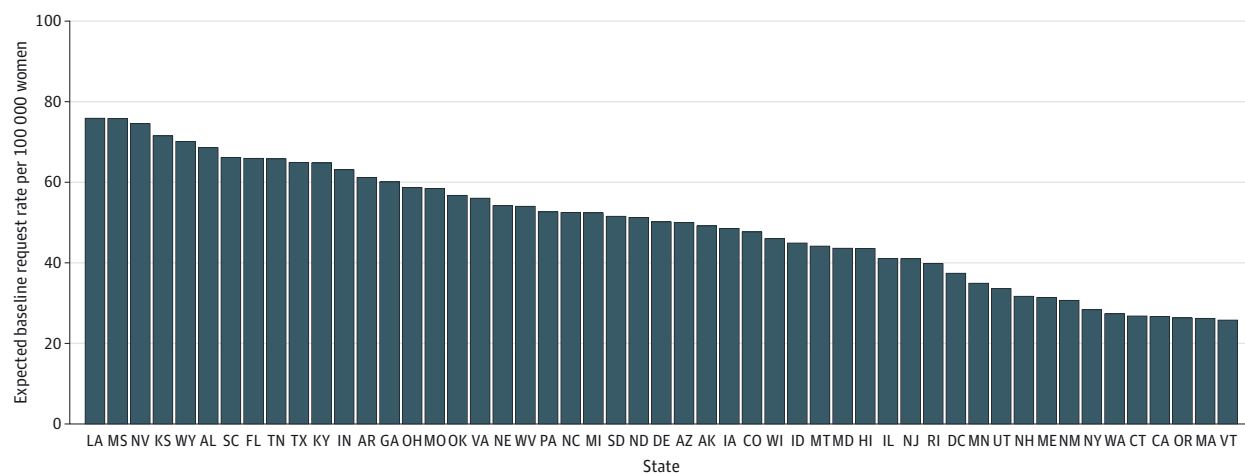
Covariate	IRR (95% CI)	P value
Clinic distance z score <sup>a</sup>	1.41 (1.31-1.51)	<.001
Proportion of population living below the FPL <sup>b</sup>	1.20 (1.13-1.28)	<.001
Proportion of population belonging to racial/ethnic minority group <sup>b</sup>	0.99 (0.95-1.02)	.499
Proportion of population with broadband internet access <sup>b</sup>	1.01 (1.00-1.02)	.058
Interaction between clinic distance and proportion of population living below the FPL <sup>b</sup>	0.88 (0.84-0.92)	<.001
Interaction between and proportion of population living below the FPL and belonging to racial/ethnic minority group <sup>b</sup>	0.92 (0.77-1.09)	.34

Abbreviations: FPL, federal poverty level; IRR, incidence rate ratio.

<sup>a</sup> The mean (SD) distance to a clinic was 56 (47) miles. The estimate represents the expected associated change in requests for a 1-SD increase in clinic distance.

<sup>b</sup> Adjusted so that the estimate represents the expected change in requests for a 0.1-change in proportion.

**Figure 3. State-Level Intercepts in the Multilevel Negative Binomial Regression Model**



Baseline expected requests to Aid Access per 100 000 individuals of reproductive age under reference covariate levels are shown. Variability in intercepts (mean, 50.9; SD, 14.8) reflects state-specific policy and other differences that are not captured by covariates.

the number abortion clinics in the Midwest and South has decreased by 6% and 9%, respectively,<sup>30</sup> resulting in increased distance to an abortion clinic and an associated decrease in the in-clinic abortion rate.<sup>31</sup> These patterns mirror our findings that cost and distance to a clinic were associated with increased demand for self-management. The interaction examined between poverty and clinic distance also showed that although closer clinic distance was associated with a decrease in requests to Aid Access, this association did not hold for people living in below the FPL. In other words, in places where individuals could not afford the cost of an in-clinic abortion, a shorter distance to a clinic was not associated with improved access.

In addition to the difficulties exacerbated by living below the FPL, such as finding information, taking time away from work and childcare, and keeping multiple state-mandated clinic appointments, 1 of the most significant financial obstacles may be the lack of Medicaid coverage for abortion under the Hyde Amendment.<sup>32</sup> Although state Medicaid funds can be used to pay for abortion care in 16 states, they cannot be used in 34 states,<sup>33</sup> and Patient Protection and Affordable Care Act health insurance plans are prohibited from covering abortion in many of these same 34 states.<sup>34</sup> Although the state-level intercepts in our model accounted for more than policy differences, we note that the states with restrictions on insurance and Medicaid coverage tended to have higher baseline request rates. These policies mean that most individuals must pay out of pocket for abortion care, and although abortion funds assist with these payments, our findings suggest that self-management also fills a gap in access.

Of note, barriers to clinic access were not the sole or primary motivation for all individuals. Some also cited preferences for the comfort and convenience of using abortion medications at home. Such preferences are also commonly reported in other countries where self-managed abortion is provided using online telemedicine services.<sup>14</sup> Moreover, studies have demonstrated high levels of effectiveness and safety, with few reported serious adverse events.<sup>7,14</sup> Self-managed abortion as a preference thus calls attention to the need for a wider spectrum of abortion care models that center on individual autonomy and preferences.

With many states planning further restrictions on in-clinic abortion and the possibility that *Roe v Wade* will be severely diminished by Supreme Court rulings, we may expect to see demand for self-managed medication abortion increase. The temporary adjustment to the mifepristone REMS during the COVID-19 pandemic has spurred some states to increase access to medication abortion by introducing no-test protocols, telemedicine consultation, and delivery of medications by mail.<sup>35</sup> These innovations also have the potential to expand access for those living below the FPL by negating the costs of in-person clinic attendance and medical tests. However, other states have kept in place laws that prohibit telemedicine consultation and, in some cases, have moved to further restrict clinic access,<sup>36</sup> with associated increases in demand for self-management.<sup>37</sup> For clinicians, this increased demand for self-managed abortion means being equipped to provide follow-up to those patients who might require it, including being informed on the American College of Obstetricians and Gynecologists' position on self-management of abortion<sup>38</sup> and the lack of reporting requirements to protect patient confidentiality.<sup>39</sup> For policy makers, increased demand means that the consequences of laws that make in-clinic abortion less accessible and the expansion of medication abortion access should be considered to help overcome existing barriers and meet patients' preferences.

## Limitations

This study has limitations. The main limitation of our study was that other routes to self-managed medication abortion and other types of self-management are available in the US. Therefore, our results may not be generalizable beyond the population using an online telemedicine service. Furthermore, our methodological approach lends itself to exploring associations rather than establishing causality. Nonetheless, we hope that future studies will examine in more detail the factors associated with higher rates of self-managed medication abortion that were revealed in the present study.

## Conclusions

In this cross-sectional study, clinic access barriers owing to cost and distance were the most commonly cited barriers by individuals accessing self-managed medication abortion using an online telemedicine service. At the county level, longer distance to an abortion clinic and living below the FPL were associated with increased demand for the service. At the state level, the highest rates of requests to the service were found in states with more restrictive abortion policy climates. Repeal of the Hyde Amendment and permanent removal of the mifepristone REMS may help to address these barriers.

## ARTICLE INFORMATION

**Accepted for Publication:** April 4, 2021.

**Published:** May 21, 2021. doi:[10.1001/jamanetworkopen.2021.11852](https://doi.org/10.1001/jamanetworkopen.2021.11852)

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**Author Contributions:** Dr Aiken had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

*Concept and design:* Aiken, Starling.

*Acquisition, analysis, or interpretation of data:* All authors.

*Drafting of the manuscript:* Aiken, Starling.

*Critical revision of the manuscript for important intellectual content:* Aiken, Gomperts.

*Statistical analysis:* Aiken, Starling.

*Obtained funding:* Aiken.

*Supervision:* Aiken, Gomperts.

**Conflict of Interest Disclosures:** Dr Aiken reported receiving grants from the Society of Family Planning and the National Institutes of Health during the conduct of the study. Dr Gomperts reported being the founder and director of Aid Access and Women on Waves and receiving salary from Aid Access and Women on Waves outside the submitted work. No other disclosures were reported.

**Funding/Support:** This research was supported by grant SFPRF12-MA1 from the Society of Family Planning (Dr Aiken).

**Role of the Funder/Sponsor:** The funder had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

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Dear Dr Aiken:

Thank you for sending *JAMA Network Open* your manuscript and congratulations on its publication. Below is a link to the article, which is now live on the *JAMA Network Open* website. Feel free to share the link with colleagues, and most importantly your family and friends.

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**Publication Date:** 05-21-2021

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thanks sooo much!!

On 1 Jun 2021, at 22:38, Abigail Aiken <araa2@utexas.edu> wrote:

Hi there,

Here's a summary of the coverage for our JAMA article :)

Article here: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780272>

<https://abcnews.go.com/Health/cost-care-distance-clinics-drives-demand-managed-abortion/story?id=77826875>

<https://msmagazine.com/2021/05/27/order-abortion-pills-medication-abortion-online-affordability-privacy-convenience-aid-access/>

<https://www.kxan.com/state-of-texas/state-of-texas-legal-challenges-likely-for-abortion-law-identity-thieves-target-unemployment-benefits/>

<https://www.politico.com/news/2021/05/31/supreme-court-abortion-fda-491375>

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Date: 6/17/2021 10:24:17 AM  
Subject: Fwd: Decision on your submission to SSM - Qualitative Research in Health

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Hi Abigail, Melissa, and Rebecca-

Below is the decision from SSM Qualitative Research in Health regarding the telemedicine in-depth interviews financial hardship paper. Overall, I think the comments are very helpful! I'm working on drafting the response and incorporating revisions, and I will send out a draft for everyone to look over once I am finished. If anyone has any specific comments they have thoughts on, please let me know! I am around on email or a phone call anytime :)

Hope everyone is doing well, and I look forward to talking soon.

Best,  
[REDACTED]

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Manuscript Number: SSMQR-D-21-00036

[REDACTED]  
Dear [REDACTED],

We have completed our evaluation of your manuscript. As you can see, the reviewers are split on your manuscript. I would like to encourage you to take reviewer 1's suggestions seriously and aim for a stronger and more original contribution. The reviewers recommend reconsideration following revision, and we invite you to resubmit your manuscript after addressing the comments below. Please resubmit your revised manuscript by Aug 09, 2021.

When revising your manuscript, please consider all issues mentioned in the reviewers' comments carefully: please outline every change made in response to their comments and provide suitable rebuttals for any comments not addressed. Please note that your revised submission may need to be re-reviewed.

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Kind regards,

Dr. Stefan Timmermans  
Editor-in-Chief

Zachary Griffen  
Editorial Assistant

SSM - Qualitative Research in Health

## Editor and Reviewer comments:

Reviewer #1:

This manuscript draws on a unique dataset that has the potential to fill an important knowledge gap. There is little qualitative data and analysis on people who self-manage their abortions in the US. I think, however, that the authors do not hit the mark in mining the unique aspects of these data. Much of the findings are not specific to telemedicine abortion nor, in several cases, even to abortion care. Below, I offer some concerns about the framing, methods, and results.

On the overall framing of the manuscript, there is some circularity. The introduction, for example, starts with the presumption that people choose telemedicine when clinical care is out of reach—but then the study purpose is to understand how finances matter to someone's decision to use telemedicine. This is circular. My second concern with the framing that people are choosing between in-clinic and telemedicine care is the timeline participants describe. All of the participants quoted describe first seeking an in-clinic abortion and then, only after determining that they cannot afford in-clinic care, seeking a telemedicine abortion. This is not so much, then, a choice between two options: there is one option (in-clinic) that becomes out of reach and then a second option (telemedicine). The framing, however, presents participants as having a simultaneous choice between the two. I don't think this matches what participants describe their experience to have been. Finally, I don't think the authors place enough of the emphasis for the distress participants experience on Medicaid abortion bans. The reason the cost of an in-clinic abortion is consequential is because insurance doesn't cover abortion (in most states). If abortion were not an out of pocket service—and were like most health care—the price differential between telemedicine and in-clinic abortion would not be a factor in decision making.

In the Methods, I would like to know:

- \* Was the interview audio only? Or was there also video? What about text?
- \* How many different people conducted interviews? What was the quality control on ensuring that all interviews had similar level of investigation/probing?
- \* How many coders were there? What was their relationship to the interviewers?
- \* Why was inter-rater reliability assessed? That seems to conflict with grounded theory methods, which are not premised on agreement. Inter-rater reliability seems relevant to deductive coding, but the authors do not describe that.
- \* What were the domains of the interview guide?

Broadly, the results did not break new ground as I think they have the potential to. The literature already demonstrates that finances matter for having an abortion, that people have multiple reasons for abortion, that people already parenting cite their responsibilities to existing children as a reason for seeking an abortion. How does this study extend that knowledge? (As noted above, I don't think the manuscript evidences that finances affect the decision between in-clinic and telemedicine because they are sequential decisions.) Further, I think the emphasis on how finances matter flattens the nuance of participants' decision making and under-utilizes what I imagine is rich data. Qualitative data promises the ability to understand multiple, interactive factors that affect people's decision making. It doesn't make sense that all 80 participants would follow the same decision pathway. Indeed, some of the quotes actually seem to undermine the authors' assertion that financial challenges were the primary motivator for seeking telemedicine abortion (e.g. Carmen who thought it would simply be easier, Steph talked about wanting to avoid protesters and have more privacy) or at least offer additional factors (e.g. protesters). Asserting that finances were the deciding factor suggests that absent financial hardship, all participants would have preferred an in-clinic abortion—but the literature suggests that telemedicine abortion can be a first choice for some people.

I have some ideas of what the authors could do. While the data does not support the authors' contention that cost was what "prompt[ed] participants to seek an alternative pathway to care" (it shows that cost made in-clinic care out of reach), there is an important question about how people who were effectively denied abortion care because of cost had the imagination to find telemedicine. Why didn't they give up when they realized they couldn't afford an in-clinic abortion? There are hints of this in the text (news reports, friends). Examining this process would represent a contribution to the literature and could have practical implications for expanding knowledge of telemedicine options. How does knowledge about telemedicine abortion diffuse? I think fleshing out that process would represent a novel contribution to the literature.

Reviewer #2:

I am thrilled this manuscript is under review. The nuanced understanding that the authors provide of reasons participants sought out self-managed care highlights the critical importance that financial pressures play in the decision(?) to seek more affordable care (through telemedicine) due to the high cost of clinical care. The authors take a structural approach in the framing, analysis, and discussion. They highlight the compounding financial barriers to abortion (health care) access through direct participant quotes. I am particularly impressed by the comprehensive synthesis the authors provide of financial barriers to abortion access (through clinical cost, REMS restrictions, TRAP laws, etc), and their policy suggestions focused on insurance coverage for abortion, which is necessary to make abortion accessible. The authors'

Findings are contextualized within the framework of the US healthcare system, and are applicable beyond self-managed abortion care as they state "The critical piece here is not simply access to medication abortion, but access to services that people can afford". This article will be essential to anyone interested in better understanding the US healthcare system and the role that financial burden play in accessibility of care. Thank you for writing this incredible piece!

A couple of quick suggestions to take or leave:

1. "

3 "

May want to consider citing Witwer et al 2020 table 4 <https://pubmed.ncbi.nlm.nih.gov/33083783/> Cost range for 2017 in clinic med ab: \$250-\$2000 (Witwer et al. 2020)

2. Were the middle ground states grouped in with hostile states? The "middle ground" categorization is a bit odd (only a few states) and sometimes it is collapsed but I didn't see it noted and was just curious

3. I really appreciated the narratives of mothers and how compounding financial responsibilities played in their decision to self-manage. Many of these narratives were familiar to me as a former clinic worker (wanting the pregnancy but prioritizing the kids they already have, getting pregnant very quickly after giving birth), and I'm wondering if you could include a line to clarify that mothers who have abortion in clinic may struggle with these same difficult decisions but the key importance that may lead to seeking telemedicine abortion outside the clinic is cost (that is how I understood it but I felt like it could be more explicit).

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["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 6/24/2021 10:11:30 AM  
**Subject:** Congratulations on your recent publication in JAMA Network Open

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Dear Dr Aiken,

Thank you for submitting your manuscript to *JAMA Network Open*. Your article has received some attention in the media and we're pleased to provide you a [link](#) to some of its news coverage.

Congratulations, and we hope you will consider publishing with us again.

Sincerely yours,

Frederick Rivara, MD, MPH  
Editor in Chief



From: "Abigail Aiken" <araa2@utexas.edu>  
To: "Rebecca Gomperts" <[REDACTED]>  
"Jennifer E Starling" <jstarling@utexas.edu>  
"James Scott" <James.Scott@mcombs.utexas.edu>  
[REDACTED]  
Date: 7/6/2021 9:32:32 AM  
Subject: Media mention for our COVID-19 Aid Access paper

---

Hi all,

Just sending along a nice mention in Politico of the paper we did this time last year looking at increased demand for Aid Access during COVID-19 in states that restricted in-clinic abortion access: <https://www.politico.com/news/2021/07/06/abortion-rights-supreme-court-states-restrictions-497821>

Rebecca and Jenn, there's also a mention of our recent JAMA Network Open study, but annoyingly they did not include the link (I'll email to see if they can instate it).

Best to all,  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

From: "Melissa Madera" <[mmadera@utexas.edu](mailto:mmadera@utexas.edu)>

To: "Abigail Aiken" <[araa2@utexas.edu](mailto:araa2@utexas.edu)>

CC:

"Rebecca Gomperts" <[rebecca.gomperts@utexas.edu](mailto:rebecca.gomperts@utexas.edu)>

Date: 8/9/2021 9:29:28 AM

Subject: Re: SSM QHR Manuscript revision

Attachments: SSMQR-D-21-00036\_Revised-3.docx

---

Hey [REDACTED]

I think the paper (and all the new bits) looks great. I did have some questions that I went back and added in the intro and analysis section. They are about clarification and consistency. Otherwise, I think it's fantastic.

Best,  
Mel

On Fri, Aug 6, 2021 at 2:09 PM Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:

Hi there,

This looks great, [REDACTED]

I made a couple of additional edits and caught a few typos in the response to reviewers attached here (all in tracked changes), but I didn't have any changes to the main manuscript.

Let me know if you have any questions about any of the small revisions I made. I'd also suggest one final proof read before you submit on/by the Aug 9th deadline.

Great job and fingers crossed for a positive reception from the journal!  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Thu, Aug 5, 2021 at 9:26 AM [REDACTED] wrote:

Hi all!

Please see the updated revisions for our Social Science and Medicine Qualitative Health Research submission. Let me know if you have any final questions or comments!

Thanks,  
[REDACTED]

On Fri, Jul 30, 2021 at 1:05 PM Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:

Hi all,

[REDACTED] you did a great job on this!

Mel and Rebecca: I've given [REDACTED] a first round of comments and edits. I know you both are either on vacation or traveling right now. If possible, please hold off on giving your comments until [REDACTED] has had a chance to send out an updated version of the manuscript and response

to reviewers.

Thanks so much, and best to all,  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Thu, Jul 29, 2021 at 1:12 PM [REDACTED] wrote:

Hi All!

Attached is a draft of our revisions of the [REDACTED] paper submitted to Social Science and Medicine Qualitative Health Research.

If you have comments or anything you'd like to go over, please let me know! Happy to jump on a zoom call or anything, or take feedback over email. If possible, please let me know any thoughts you might have by August 7th (the final revision is due to the journal Monday August 9th.) I highlighted in track changes a few pieces I thought folks would have specific thoughts on.

Thanks so much!

Best,  
[REDACTED]

--  
[REDACTED]

--  
[REDACTED]

--

Melissa Madera, Ph.D.  
Research Fellow & Senior Project Manager  
[Project SANA](#)  
LBJ School of Public Affairs  
University of Texas at Austin  
Founder & Director, [The Abortion Diary Podcast](#)

**From:** [ijnournals@jamanetwork.org](mailto:ijnournals@jamanetwork.org)  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
**CC:** "Jennifer E Starling" <jstarling@mathematica-mpr.com>  
"Rebecca Gomperts" <[REDACTED]>  
**Date:** 8/19/2021 9:03:40 PM  
**Subject:** Update on your publication in JAMA Network Open

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Dear Dr Aiken:

In the 3 months since your article, [Factors Associated With Use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the US](#), was published in *JAMA Network Open*, it has attracted readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:



You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Note that the citations metric usually takes 6 months or more to populate.

*JAMA Network Open* is committed to making your author experience positive and to maximizing the impact and reach of your article. If you have any questions or concerns, please let us know.

Best Regards,

Frederick P. Rivara, MD, MPH  
Editor in Chief, *JAMA Network Open*



This message was sent to **araa2@utexas.edu** by **tjnjournals@jamanetwork.org**.

The JAMA Network | 330 N. Wabash Avenue | Chicago, IL 60611

Click [here](#) to unsubscribe from these emails.

From: "Melissa Madera" <mmadera@utexas.edu>  
To: [REDACTED]  
CC: "Abigail Aiken" <araa2@utexas.edu>  
"Rebecca Gomperts" <[REDACTED]>  
Date: 8/23/2021 12:43:50 PM  
Subject: Re: Decision on submission to SSM - Qualitative Research in Health

---

Yay! Congrats! Very exciting!

On Fri, Aug 20, 2021 at 2:58 PM [REDACTED] wrote:  
Yes- I will absolutely let you know once I hear back on the date! Also, very exciting to be discussing a communications plan at our next meeting!

Best,  
[REDACTED]

On Thu, Aug 19, 2021 at 11:13 AM Abigail Aiken <araa2@utexas.edu> wrote:  
YAYYYYYYYYYYYY!! This is wonderful!! Congratulations all, and especially [REDACTED] for great leadership on this paper and her first first-authored publication :) :)

[REDACTED] when you have word on the date of online publication, could you let me know? (You may have to ask the journal if they don't offer that info). I'd like to give a heads up to our communications folks. And, we'll be discussing our SANA communications plan at our next team meeting, so in the meantime, if you could make a list of folks you'd like the published paper to be shared with, that would be really useful.

Excellent work!

A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Thu, Aug 19, 2021 at 11:02 AM [REDACTED] wrote:  
Congratulations, all!!!!

----- Forwarded message -----

From: **SSM - Qualitative Research in Health** <[em@editorialmanager.com](mailto:em@editorialmanager.com)>  
Date: Thu, Aug 19, 2021 at 10:51 AM  
Subject: Decision on submission to SSM - Qualitative Research in Health  
To: [REDACTED]

Manuscript Number: SSMQR-D-21-00036R1

[REDACTED]  
Dear [REDACTED]

Thank you for submitting your manuscript to SSM - Qualitative Research in Health.

I am pleased to inform you that your manuscript has been accepted for publication.

2/8/2024

My comments, and any reviewer comments, are below.

Your accepted manuscript will now be transferred to our production department. We will create a proof which you will be asked to check, and you will also be asked to complete a number of online forms required for publication. If we need additional information from you during the production process, we will contact you directly.

We appreciate you submitting your manuscript to SSM - Qualitative Research in Health and hope you will consider us again for future submissions.

Kind regards,

Dr. Stefan Timmermans  
Editor-in-Chief

Zachary Griffen  
Editorial Assistant

SSM - Qualitative Research in Health

Editor and Reviewer comments:

More information and support

FAQ: When and how will I receive the proofs of my article?

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<https://www.editorialmanager.com/ssmqr/login.asp?a=r>). Please contact the publication office if you have any questions.

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Melissa Madera, Ph.D.  
Research Fellow & Senior Project Manager  
[Project SANA](#)  
LBJ School of Public Affairs  
University of Texas at Austin  
Founder & Director, [The Abortion Diary Podcast](#)



**From:** [Gomperts](#) [REDACTED]  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](#)  
**CC:** [REDACTED]  
["Melissa Madera" <mmadera@utexas.edu>](#)  
**Date:** 8/31/2021 12:44:33 AM  
**Subject:** Re: SSM Qualitative Research in Health Article

---

congratulations [REDACTED]

Sent from my iPhone

On 30 Aug 2021, at 22:06, Abigail Aiken <araa2@utexas.edu> wrote:

Oh wow, that was quick!

Great to see it online and we can still for sure do some outreach around this to make sure it's well disseminated. We'll talk about that at our team meeting on Friday, so if you ([REDACTED]) can do some thinking about who you want it to reach between now and then, that would be great!

Congrats, and best to all,

A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](http://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Mon, Aug 30, 2021 at 2:54 PM [REDACTED] wrote:

Hi all!

It looks like our article is live! My apologies for not having more of a heads up, I had emailed the journal about the publication timeline, and never heard back from them. But here it is!

[REDACTED]

Best,

[REDACTED]

--

[REDACTED]

This message is from an external sender. [Learn more about why this matters.](#)

**From:** "Abigail Aiken" <araa2@utexas.edu>  
**To:** "JE Starling" <jstarling@utexas.edu>  
**CC:** "Abigail Aiken" <araa2@utexas.edu>  
"Rebecca Gomperts" [REDACTED]  
**Date:** 9/14/2021 12:28:43 PM  
**Subject:** Re: More news coverage!

---

Thanks so much! Also this: <https://www.washingtonpost.com/world/2021/09/14/abortion-pills-texas/> :)  
:)

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Tue, Sep 14, 2021 at 10:55 AM JE Starling <[jstarling@utexas.edu](mailto:jstarling@utexas.edu)> wrote:

Hi there -

Saw this article this morning - it mentions our paper, thought I'd pass it along in case you hadn't seen it yet. :-)

<https://www.yahoo.com/lifestyle/abortion-pills-booming-worldwide-grow-102041837.html>

Have a great day!  
Jenn

From: "Clarissa-Jan Lim" [REDACTED]  
To: "Abigail Aiken" <araa2@utexas.edu>  
CC: Gomperts [REDACTED] >  
Date: 9/15/2021 7:13:54 AM  
Subject: Re: Aid Access Media Request

---

Thank you so much, Abigail, it was great talking to you too!

Dr. Gomperts, I'm Clarissa-Jan Lim, a reporter with BuzzFeed News. I'm doing some reporting on medication abortion access in light of Texas's new law and would love to speak with you — is there any time this week that works for you? I understand you're in Europe; happy to work around your schedule.

On Tue, Sep 14, 2021 at 2:26 PM Abigail Aiken <araa2@utexas.edu> wrote:

Hi Clarissa,

It was great talking with you just now. As promised, I'm following up to share some research studies that might be useful for your coverage. Hope these are helpful! If you end up citing any of them, inclusion of the links to the original papers in your story would be deeply appreciated.

I've also looped in Dr. Gomperts here since I know you also had some questions about the workings of the service.

Thanks, and all the best,  
Abigail

1. This paper looks at the number of requests to Aid Access over the first two years of the service (57,506). It's worth noting that requests have been increasing over time as well:

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780272>

The paper also shows that the states with the highest numbers of requests tend to be those with the most restrictive abortion policies (including Texas), and that the cost of in-clinic care and distance to a clinic are strong motivators among those who self-manage using the service. Since SB 8 is going to increase both the cost of in-clinic care and distance to a clinic, it's therefore very likely that the need for self-managed abortion will also increase.

2. This paper looks at the safety and effectiveness of self-managed medication abortion using online telemedicine and finds results on par with the clinic setting: <https://www.bmj.com/content/357/bmj.j2011>

Overall, 94.7% reported successfully ending their pregnancy without clinical intervention to help empty the uterus.

3. This study shows what happened to requests to Aid Access in the wake of the several weeks-long abortion ban in Texas back in March 2020 when the COVID pandemic first emerged. We saw that requests to the service from Texas almost doubled following the ban on clinic provision:

[https://journals.lww.com/greenjournal/Fulltext/2020/10000/Demand\\_for\\_Self\\_Managed\\_Online\\_Telemedicine.29.aspx](https://journals.lww.com/greenjournal/Fulltext/2020/10000/Demand_for_Self_Managed_Online_Telemedicine.29.aspx)

This study gives us a window on what is likely to happen now that a much longer hiatus in clinical services looks likely with SB 8.

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Sat, Sep 11, 2021 at 3:25 PM Clarissa-Jan Lim [REDACTED] wrote:  
Thank you! Looking forward to it.

On Sat, Sep 11, 2021 at 4:24 PM Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:  
Great! I'm at [REDACTED]  
Thanks and talk to you soon,  
Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Sat, Sep 11, 2021 at 3:21 PM Clarissa-Jan Lim [REDACTED] wrote:  
Thanks for getting back to me! Tuesday the 14th at 1pm CT is perfect. What's the best number to reach you at?

On Sat, Sep 11, 2021 at 4:20 PM Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:  
Hi Clarissa-Jan,

Thanks for getting in touch—I'd be happy to speak with you.

I could do Tuesday (Sep 14th) or Wednesday (Sep 15th) at 1:00pm CT. Would either of those work for you?

Thanks and all the best,  
Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Website: [abigailaiken.github.com](https://abigailaiken.github.com)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Fri, Sep 10, 2021 at 6:35 PM Clarissa-Jan Lim [REDACTED] wrote:

Thanks, Christie.

Abigail — great to meet you. I'm doing some reporting on SB 8 in Texas and I'd love to speak with you.

Are you free for a call next week? My schedule is flexible, happy to work around yours.

On Fri, Sep 10, 2021 at 7:29 PM Forward Midwifery [REDACTED] wrote:

Clarissa-Jan, Abigail Aiken is the research who I mentioned to you and she is CCed here.

Abigail, Clarissa-Jan is reporting on Aid Access for BuzzFeed.

Thank you,  
Christie



--  
**Clarissa-Jan Lim**(she/her)  
**BuzzFeed News**

--  
**Clarissa-Jan Lim**(she/her)  
**BuzzFeed News**

--  
**Clarissa-Jan Lim**(she/her)  
**BuzzFeed News**

--  
**Clarissa-Jan Lim**(she/her)  
**BuzzFeed News**

From: "Marit Pearlman Shapiro" <maritps@hawaii.edu>  
To: "Waves Rebecca" [REDACTED]  
CC: "Abigail Aiken" <araa2@utexas.edu>  
Date: 10/18/2021 2:24:14 AM  
Subject: Re: Systematic review article info request - no test medication abortion

---

Thanks so much for your reply!

Yes, we are planning on including the first study in our review. Found it on our initial search :)

Abigail has been amazing helping me out with this project already and we have her study as well.

Thank you both!

Marit

On Thu, Oct 14, 2021 at 8:46 PM Waves Rebecca [REDACTED] wrote:

Dear Marit

I think this study has looked at that <https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/1471-0528.15553>

But it is difficult because our follow up rates are low.

I cc Abigail , she published <https://www.bmj.com/content/357/bmj.j2011> and there are data about ultrasounds in this paper but i am not sur if there is anything about differences in outcome

as she is now looking into the data of Aid Access and might have looked at that

Warm regards

Rebecca Gomperts

On 13 Oct 2021, at 23:39, Marit Pearlman Shapiro <[maritps@hawaii.edu](mailto:maritps@hawaii.edu)> wrote:

Hi Dr. Gomperts,

My name is Marit Pearlman Shapiro and I'm the complex family planning fellow at the University of Hawai'i. We are conducting a systematic review of "no test" medication abortions, essentially those done without prior dating sono or exam. I am so impressed with all you've done to provide abortion services around the world -- thank you for all that you do!

We have quite a few of your studies that have made it down to our final list, however the data as published includes both participants who have had ultrasounds and those who have not with their outcomes reported together. Is disaggregated data available for those patients who have had prior sonos and those who haven't? The studies are:

- Provision of medical abortion using telemedicine in Brazil
- 10-year evaluation of the use of medical abortion through telemedicine: a retrospective cohort study (I'm also contacting Dr. Norton)
- Regional differences in surgical intervention following medical termination of pregnancy provided by telemedicine
- Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services

Please let me know if there is anything I can clarify. Thank you again for your important work!

Marit

Marit Pearlman Shapiro  
Complex Family Planning  
University of Hawai'i  
Phone/Whatsapp: +1 213 500 1208

From: "Abigail Aiken" <araa2@utexas.edu>

To: "Rebecca Gomperts" [REDACTED]  
evdokia.romanova <[REDACTED]>  
"Julia Morber" [REDACTED] >

Date: 11/8/2021 2:29:52 PM

Subject: Update and forms to sign for our Aid Access safety and effectiveness paper

Attachments: tlame-author-signatures.pdf  
COI disclosure form.docx

---

Hi everyone,

I have some good news about our Aid Access safety and effectiveness paper—we got an invitation to revise and resubmit at The Lancet Regional Health Americas! This is a great journal and it's open access, which will help our work to have a wide reach.

I'm working on the requested revisions now, but I also need your help with some forms that we have to sign and send back with the revised paper.

Attached you will find:

1) An ICMJE form. **We each need to fill out one of these.** Please fill out the date and your name, and then complete the tables asking about grant funding and other conflicts of interest. Please note that you only have to list these if they are plausibly related to the topic of our study (self-managed abortion). You will all need to declare your relationship to Aid Access plus any other work you do that relates to self-managed abortion.

2) An author signature form. **We only need one of these** and all you need to do is fill out your title and name, highest degree, date, and signature sign at the end of the second page. We all need to sign the same copy, **so please circulate among each other before you send back to me.**

If you could please send back these forms to me by the end of the week (Friday Nov 12th) that would be much appreciated!

Thanks so much, and best to all,  
Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

## Author statements

Please insert the relevant text under the subheadings below. A completed form must be signed by all authors. Please note that we will accept hand-signed and electronic (typewritten) signatures. Please complete multiple forms if necessary, and upload the signed copy with your submission, scan and email to: [americas@lancet.com](mailto:americas@lancet.com).

**Manuscript title:**

**Corresponding author:**

**Article type:**

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Does your manuscript have a reference number? No ☐ Yes ☐ If yes, enter number here:

Does your manuscript have a handling editor? No ☐ Yes ☐ If yes, enter name here:

### Authors' contributions

Please insert here the contribution each author made to the manuscript—eg, literature search, figures, study design, data collection, data analysis, data interpretation, writing etc. If all authors contributed equally, please state this. The information provided here must match the contributors' statement in the manuscript. We require that more than one author has verified the underlying data. Please state the named authors who have accessed verified the underlying data.



# THE LANCET *Regional Health* Americas

## Role of the funding source

Please disclose any funding sources and their role, if any, in the writing of the manuscript or the decision to submit it for publication. Examples of involvement include: data collection, analysis, or interpretation; trial design; patient recruitment; or any aspect pertinent to the study. Please also comment whether you have been paid to write this article by a pharmaceutical company or other agency. The information provided here must match the role of the funding source statement in the manuscript. If you are the corresponding author please state that all authors had full access to the full data in the study and accept responsibility to submit for publication.

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Please complete the ICMJE conflict of interest form, which is available at <http://download.thelancet.com/flatcontentassets/authors/icjme-coi-form.pdf>. Please ensure that a conflict of interest statement is included at the end of the manuscript, which matches what is declared on the ICMJE conflict of interest form.

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Please sign below to confirm that all necessary consents required by applicable law from any relevant patient, research participant, and/or other individual whose information is included in the article have been obtained in writing. **The signed consent form(s) should be retained by the corresponding author and NOT sent to *The Lancet Regional Health – Americas*.**

**I agree with: the plan to submit to *The Lancet Regional Health – Americas*; the contents of the manuscript; to being listed as an author; and to the conflicts of interest statement as summarised. I have had access to all the data in the study (for original research articles) and accept responsibility for its validity.**

Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:
Title and name:	Highest degree:	Signature: .....	Date:

## Corresponding author declaration

I \_\_\_\_\_ [Signature] \_\_\_\_\_, the corresponding author of this manuscript, certify that the contributors' and conflicts of interest statements included in this paper are correct and have been approved by all co-authors.

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Manuscript Title: Safety and Effectiveness of Self-Managed Medication Abortion Provided Using Online Telemedicine in the United States: A Population Based Study

Manuscript number (if known): TLRHAMERICAS-D-21-00321 \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please place an "X" next to the following statement to indicate your agreement:

\_\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

From: "Abigail Aiken" <araa2@utexas.edu>  
 To: "Forward Midwifery" [REDACTED]  
 CC: "Hanna, John D." [REDACTED]  
 "Abigail Aiken" <araa2@utexas.edu>  
 "Rebecca Gomperts" [REDACTED]  
 Date: 11/12/2021 2:53:53 PM  
 Subject: Re: Story on self-managed/medication abortions

---

Hi Christie,

Thanks for checking in—the paper is currently under review right now, so alas we don't have data to share yet.

But, the study John mentioned looking at what happened to requests the last time abortion was banned in Texas definitely gives us a good sense of what we can expect to see this time around. If you do cite that study in your piece, John, a link to the full article would be greatly appreciated ([https://journals.lww.com/greenjournal/Fulltext/2020/10000/Demand\\_for\\_Self\\_Managed\\_Online\\_Telemedicine.29.aspx](https://journals.lww.com/greenjournal/Fulltext/2020/10000/Demand_for_Self_Managed_Online_Telemedicine.29.aspx)).

Thanks so much,  
 Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
 Associate Professor  
 LBJ School of Public Affairs  
 University of Texas at Austin  
 Principal Investigator, [Project SANA](#)  
 Twitter: [@ProjectSANAteam](#)  
 Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

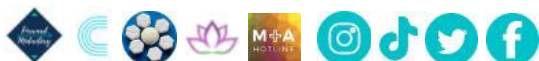
On Fri, Nov 12, 2021 at 1:09 PM Forward Midwifery [REDACTED] wrote:  
 Hi Abigail,

You have not yet published on data since 9/1/21, correct? Just wanted to check in for John and his story (see email below).

Thanks!  
 Christie



**Christie Pitney, MS, RN, NP, CNM**  
 Pronouns: she/her/hers  
 Forward Midwifery - CEO, CNM  
 Plan C Pills - Provider Coordinator  
 Aid Access - CA & MA Provider  
 MYA Network - Advisory Group  
 M&A Hotline - Volunteer Provider  
 [REDACTED]



On Fri, Nov 12, 2021 at 7:12 AM Hanna, John D. [REDACTED] wrote:

Christie, Dr. Gomperts,

My story on self-managed medication abortion is close to publication, and I wanted to touch base with you on one issue to clarify:

When Christie and I talked, as I recall, Aid Access did not have hard numbers on how interest/usage had increased since Texas SB 8 took effect at the start of September. Is that still the case?

I am aware of the study earlier this year using Aid Access data about the increase in demand when Texas and other states shut down clinics early in the coronavirus pandemic and I've not seen anything more recent, outside of some data shared by Plan C about visits to its website.

If anything has changed in that regard, please let me know.

Thanks for all your help.

**John Hanna**  
Correspondent

Associated Press  
300 S.W. 10<sup>th</sup> Ave.  
Room 37H-E  
Topeka, Kan., 66612

785-234-5654 (office)  
785-608-5060 (cell)

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**From:** [evdokia.romanova](mailto:evdokia.romanova) [REDACTED]  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
["Julia Morber"](mailto:Julia.Morber@utexas.edu) [REDACTED]  
[Gomperts](mailto:Gomperts@utexas.edu) [REDACTED]  
**Date:** 11/13/2021 3:07:06 PM  
**Subject:** Re: Fwd: Submission Confirmation for TLRHAMERICAS-D-21-00321R1

---

Thank you so much Abigail!  
Congratulations on your amazing work!  
Warmly,  
Dunia

Sent from ProtonMail for iOS

On Sat, Nov 13, 2021 at 21:30, Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:

Hi all,

I just sent our revised manuscript back to the journal! Attached here please find the submission PDF for your records.

Thanks so much and fingers crossed for a good outcome!  
Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

----- Forwarded message -----

**From:** **The Lancet Regional Health - Americas Team** <[em@editorialmanager.com](mailto:em@editorialmanager.com)>  
**Date:** Sat, Nov 13, 2021 at 2:28 PM  
**Subject:** Submission Confirmation for TLRHAMERICAS-D-21-00321R1  
**To:** Abigail Rosemary Anne Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)>

Reference: TLRHAMERICAS-D-21-00321R1  
Title: Safety and Effectiveness of Self-Managed Medication Abortion Provided Using Online Telemedicine in the United States: A Population-Based Study  
*The Lancet Regional Health - Americas*

Dear Dr. Abigail Rosemary Anne Aiken,

This message is to acknowledge that we have received your revised manuscript for reconsideration for publication in *The Lancet Regional Health - Americas*.

You may check the status of your manuscript by logging into the Editorial Manager as an author at <https://www.editorialmanager.com/tlrhamericas/>.

Thank you for submitting your work to *The Lancet Regional Health - Americas*.

Kind regards,  
*The Lancet Regional Health - Americas*

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*In compliance with data protection regulations, you may request that we remove your personal registration details at any time. [\(Remove my information/details\)](#). Please contact the publication office if you have any questions.*

**From:** ["Rebecca Gomperts"](#) [REDACTED]  
**To:** ["Alice Ollstein"](#) [REDACTED]  
["Abigail Aiken" <araa2@utexas.edu>](#)  
**Date:** 11/25/2021 6:45:51 AM  
**Subject:** Re: connecting on U.S. distribution

---

dear alice  
thank you so much for your email

I am ccing abigail aiken as she is analysing the data of aid access and can answer your questions  
Warm regards  
Rebecca Gomperts

On 22 Nov 2021, at 19:20, Alice Ollstein [REDACTED] wrote:

Good afternoon! I'm reaching out to see if you could talk for a couple minutes today or tomorrow about how Aid Access is preparing for the potential fall of Roe vs. Wade in the U.S. next year, and what kind of demand you're seeing now. Please let me know as soon as you can,

Best,  
Alice Miranda Ollstein  
POLITICO



From: "Waves Rebecca" [REDACTED]

To: "Abigail Aiken" <araa2@utexas.edu>

Date: 1/15/2022 7:06:07 AM

Subject: Fwd: Authorship Form Received for JNO21-13290-T

Attachments: authorship\_e\_form\_jno21-13290-t\_gomperts\_eqfhjf.pdf

---

Begin forwarded message:

From: [jamanetworkopen@jamanetwork.org](mailto:jamanetworkopen@jamanetwork.org)

Subject: Authorship Form Received for JNO21-13290-T

Date: 15 January 2022 at 14:05:16 CET

To: [REDACTED]

Reply-To: [jamanetworkopen@jamanetwork.org](mailto:jamanetworkopen@jamanetwork.org)

January 15, 2022

Dear Dr Gomperts,

Thank you for submitting your Authorship form for JAMA Network Open. Your authorship form will be reviewed for accuracy and completeness. If there are any omissions, the form will be returned to you for correction and resubmission. A PDF copy of the form is attached for your reference.

Sincerely yours,

Editorial Staff

Confidentiality Note: This communication, including any attachments, is solely for the use of the addressee, may contain privileged, confidential or proprietary information, and may not be redistributed in any way without the sender's consent. Thank you.

## The JAMA Network Journals' Authorship Responsibility, Funding and Conflicts of Interest, and Publishing Agreement for Coauthor

Each author must read and complete the following sections:

1. Authorship Responsibility, Criteria, and Contributions
2. Disclosure of Potential Conflicts of Interest
3. Publishing Agreement
4. Confirmation

---

JAMA Network Open

Manuscript # JNO21-13290-T

Manuscript Title: Requests for Self-Managed Medication Abortion in Texas After Senate Bill 8

Author Name: Rebecca Gomperts

Corresponding Author: Abigail Aiken

Phone: [REDACTED]

Email: [REDACTED]

**Step 1. Authorship Responsibility, Criteria, and Contributions.** Each author should meet all criteria below (A, B, C, and D) and should indicate general and specific contributions by reading criteria A, B, C, and D and checking the appropriate boxes. **A contribution statement based on this form will be published with the final version of your article; please ensure the contributions are accurate.**

☒ A. I certify that

- The manuscript represents original and valid work and that neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as described in the journal's submission form and cover letter submitted with the manuscript, and copies of closely related manuscripts have been provided; and
- I agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved; and
- If requested, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees; and
- For papers with more than 1 author, I agree to allow the corresponding author to serve as the primary correspondent with the editorial office, to review the edited manuscript and proof, and to make decisions regarding release of information in the manuscript to the media, federal agencies, or both; or, if I am the only author, I will be the corresponding author and agree to serve in the roles described above.

☒ B. I have given final approval of the submitted manuscript.

C. I have participated sufficiently in the work to take public responsibility for (check 1 of 2 below)

- ☐ part of the content.  
☒ the whole content.

D. To qualify for authorship, you must check at least 1 box for each of the 3 categories of contributions listed below.

I have made substantial contributions to the intellectual content of the paper as described below.

1. Check at least 1 of 2 below

- ☒ concept and design  
☒ acquisition, analysis, or interpretation of data

2. Check at least 1 of 2 below

- ☐ drafting of the manuscript  
☒ critical revision of the manuscript for important intellectual content

3. Check at least 1 below

- ☐ statistical analysis
- ☐ obtained funding
- ☐ administrative, technical, or material support
- ☐ supervision
- ☒ no additional contributions
- ☐ other

## Step 2. Disclosure of Potential Conflicts of Interest

The purpose of this section is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The section includes the questions from the ICMJE Form for Disclosure of Potential Conflicts of Interest and is divided into 5 subsections.

Authors are expected to provide detailed information about all relevant financial interests, activities, relationships, and affiliations (other than those affiliations listed in the title page of the manuscript) including, but not limited to, employment, affiliation, funding and grants received or pending, consultancies, honoraria or payment, speakers bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued.

### • 2A. The work under consideration for publication.

This subsection asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party—that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes."

### • 2B. Relevant financial activities outside the submitted work.

This subsection asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations, or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### • 2C. Intellectual property.

This subsection asks about patents and copyrights, whether pending, issued, licensed, and/or receiving royalties.

### • 2D. Relationships not covered above.

Use this subsection to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

### Definitions.

**Entity:** Government agency, foundation, commercial sponsor, academic institution, etc

**Grant:** A grant from an entity, generally (but not always) paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc

**Other:** Anything not covered under the previous 3 boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

- **2E. Disclosure statement.**

### Step 2A. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc)? Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. If you have more than 1 entity, press the "Add" button to add a row. Excess rows can be removed by pressing the "Remove" button. If you have selected the "Other" checkbox, a "Comment" will be required.

No

### Step 2B. Relevant Financial Activities Outside the Submitted Work

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. If you have more than 1 entity, press the "Add" button to add a row. Excess rows can be removed by pressing the "Remove" button. If you have selected the "Other" checkbox, a "Comment" will be required. You should report relationships that were **present during the 36 months prior to publication**

No

### Step 2C. Intellectual Property—Patents and Copyrights

Do you have any patents, whether planned, pending, or issued, broadly relevant to the work? Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions.

No

### Step 2D. Relationships Not Covered Above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

I am the Founder and Director of Aid  
Access

At the time of manuscript acceptance, the journal will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, the journal may ask authors to disclose further information about reported relationships.

### Step 2E. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement in the box below after you click

the “Generate Disclosure Statement” button. Any subsequent changes will also update the disclosure statement automatically after clicking the “Submit” button.

Dr Gomperts reports I am the Founder and Director of Aid Access.

**Step 3. Publishing Agreement.** The corresponding author has indicated that this work is eligible for an open access CC-BY license, which requires transfer of a publication license to the journal.

**License rights:** Immediate open access on journal website on the day of publication, access to a PDF copy of the published article, retention of copyright, and the granting of a CC-BY license that permits others to distribute, remix, tweak, and build on the work, even commercially, without permission—provided that credit is given to the original authors and journal.

All authors must select only 1 of the following: A, or B, or C.

- ☒ A. Publication License. In consideration of the action of the American Medical Association (AMA) in reviewing and editing this submission (manuscript, tables, figures, video, audio, and other supplemental files for publication), I hereby transfer, assign, or otherwise convey first publication rights exclusively to the AMA, in the event that such work is published by the AMA, in addition to the attributes of a CC-BY license.
- ☐ B. Federal Employment. I was an employee of the US federal government or that of another nation when this work was conducted and prepared for publication; therefore, it is not protected by the Copyright Act.
- ☐ C. Work for Hire. I am employed by an institution that considers this submission a “work made for hire” and therefore I cannot transfer a publication license.

**Step 4. Confirmation.** Confirm that all information provided is accurate by checking the box below and then enter your complete name **as it appears at the top of this form** and date of confirmation in the fields below.

☒ I certify that all information I have provided is accurate.

Complete Name: Rebecca Gomperts

Date: 15-1-2022

local\_p\_id: 152298

time: 1642251915

ip address:

[REDACTED]

**From:** "Julia Morber" [REDACTED]  
**To:** [evdokia.romanova](mailto:evdokia.romanova) [REDACTED]  
**CC:** "Rebecca Gomperts" [REDACTED]  
"Abigail Aiken" <[araa2@utexas.edu](mailto:araa2@utexas.edu)>  
**Date:** 2/25/2022 3:52:51 AM  
**Subject:** Re: Our paper on safety and effectiveness of Aid Access out today!

---

Congratulations Abigail! Well written and super relevant article.

I will definitely share it with everyone I know and on social media.

Thank you for letting us be a part of it. I'm really proud to be mentioned!

Thank you

All the best,  
Julia

Op vr 18 feb. 2022 om 12:51 schreef evdokia.romanova [REDACTED]  
wow!

congratulations!  
amazing work Abigail!

thank you so much again for allowing me to be a part of this process

warmly,  
dunia

Sent from ProtonMail for iOS

On Thu, Feb 17, 2022 at 22:53, Rebecca Gomperts [REDACTED] wrote:

Congratulations!!

On 17 Feb 2022, at 15:55, Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:

Hi all,

Our paper detailing the safety, effectiveness, and acceptability of self-managed medication abortion provided by Aid Access is out today in The Lancet Regional Health: <https://www.sciencedirect.com/science/article/pii/S2667193X22000175>

Please share the link above on your social media, websites, and with anyone you think might be interested!

Thanks so much, and congrats to you all!  
Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs

University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** [ijnournals@jamanetwork.org](mailto:ijnournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Jennifer E Starling"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](#)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 2/27/2022 10:02:24 PM  
**Subject:** Congratulations on your publication in JAMA Network Open

---



Dear Dr Aiken:

Thank you for sending *JAMA Network Open* your manuscript and congratulations on its publication. Below is a link to the article, which is now live on the *JAMA Network Open* website. Feel free to share the link with colleagues, and most importantly your family and friends.

**Article:** [Association of Texas Senate Bill 8 With Requests for Self-managed Medication Abortion](#)

**Publication Date:** 02-25-2022

On the online version of your article, there is a small panel at the top of the page that shows some early metrics such as views and media and social media coverage. These metrics and citations will accumulate and grow throughout this year and thereafter. Below is an example of what the metrics panel looks like:



*JAMA Network Open* is committed to making your author experience a positive one and to maximizing the impact and reach of your article. If you have any questions or concerns, please let us know at [JAMA Network Open](#).

Best Regards,

Frederick P. Rivara, MD, MPH

2/8/2024



Editor in Chief, *JAMA Network Open*

---



This message was sent to [araa2@utexas.edu](mailto:araa2@utexas.edu) by [tjnjournals@jamanetwork.org](mailto:tjnjournals@jamanetwork.org).

The JAMA Network | 330 N. Wabash Avenue | Chicago, IL 60611

Click [here](#) to unsubscribe from these emails.

**From:** "Waves Rebecca" [REDACTED]  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
**CC:** [REDACTED]  
"Mira Michels-Gualtieri" [REDACTED]  
**Date:** 3/3/2022 3:03:47 AM  
**Subject:** Re: Manuscript PSRH-3911 has been successfully submitted to Perspectives on Sexual and Reproductive Health

---

well done!!

On 3 Mar 2022, at 01:07, Abigail Aiken <araa2@utexas.edu> wrote:

Yay! This is great news. I received the submission email and have my fingers crossed for a positive outcome!

Well done [REDACTED] and best to all,  
Abigail

On Wed, Mar 2, 2022 at 5:08 PM [REDACTED] wrote:

Hi all,  
I submitted our misoprostol manuscript for consideration at Perspectives on Sexual and Reproductive Health. You should all have received an email from them about co-authorship.

Mira- if you have any questions about the process - please drop me a note!

Thank you everyone for all your help throughout! Here's to hoping :)

Best,  
[REDACTED]

--  
[REDACTED]

--  
Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** "Rowland, Christopher" [REDACTED]  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
"Waves Rebecca" [REDACTED]  
**Date:** 5/3/2022 1:12:29 PM  
**Subject:** Re: Washington Post question/interview request about telemedicine and abortion pills access

---

Abigail,

Yes, absolutely will do -- sorry about the confusing tag-team.

Chris

---

**From:** Abigail Aiken <araa2@utexas.edu>  
**Sent:** Tuesday, May 3, 2022 3:10 PM  
**To:** Waves Rebecca [REDACTED]  
**Cc:** Abigail Aiken <araa2@utexas.edu>; Rowland, Christopher [REDACTED]  
**Subject:** Re: Washington Post question/interview request about telemedicine and abortion pills access

**CAUTION: EXTERNAL SENDER**

Hi Chris,

I spoke with your colleague Laurie just now—would you mind sharing the studies with her as well? If you do cite/use them, a live link to the research papers would be greatly appreciated.

Many thanks and all best,  
Abigail

On Tue, May 3, 2022 at 5:23 PM Waves Rebecca [REDACTED] wrote:

Dear Chris  
as promised the studies

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789428> [jamanetwork.com]  
<https://www.sciencedirect.com/science/article/pii/S2667321522000373?via%3Dihub>  
[sciencedirect.com]  
[https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(22\)00017-5/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(22)00017-5/fulltext)  
[thelancet.com]  
[https://journals.lww.com/greenjournal/Fulltext/2020/10000/Demand\\_for\\_Self\\_Managed\\_Online\\_Telemedicine.29.aspx](https://journals.lww.com/greenjournal/Fulltext/2020/10000/Demand_for_Self_Managed_Online_Telemedicine.29.aspx) [journals.lww.com]

and the turn away study

<https://www.ansirh.org/research/ongoing/turnaway-study> [ansirh.org]

warm regards

rebecca

---

On 3 May 2022, at 16:41, Rowland, Christopher [REDACTED] wrote:

Good Morning,

Responding to the news from the Supreme Court abortion decision leak, I am looking at the economic and business factors that are in play for telemedicine, insurance, and abortion pill manufacturers, as the demand for these services undoubtedly will skyrocket.

I saw your excellent December article about this.

Would one of you be available to speak with me this morning about the current supply of pills and number of manufacturers, telemedicine abortion services, and also insurance coverage issues?

I am on an immediate deadline.

Best regards,  
Chris

**Christopher Rowland**

Business of Health Care Reporter, The Washington Post

mobile. Signal: 401-580-0795

Twitter: @PostRowland

USPS: [1301 K Street NW \[google.com\]](#) [Washington DC 20071 \[google.com\]](#)

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--

Abigail R.A. Aiken, MD, MPH, PhD

Associate Professor

LBJ School of Public Affairs

University of Texas at Austin

Principal Investigator, [Project SANA \[sites.utexas.edu\]](#)

Twitter: [@ProjectSANAteam \[twitter.com\]](#)

Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** "Abigail Aiken" <araa2@utexas.edu>  
**To:** [REDACTED]  
**CC:** "Alejandra Tello Perez" <alejandratello@utexas.edu>  
"Abigail Aiken" <araa2@utexas.edu>  
"Baldwin, Aleta M." <aleta.baldwin@csus.edu>  
"Broussard, Kathleen" <rkbroussard@prc.utexas.edu>  
"Carol Ze-Noah" <carolzenoah@berkeley.edu>  
"Melissa Madera" <mmadera@utexas.edu>  
"Rebecca Gomperts" [REDACTED]  
**Date:** 5/4/2022 8:24:16 AM  
**Subject:** Re: PLEASE TAKE ACTION - Share your article [SSMQR\_100075]

---

Sorry to be so late to the party (I'm still out of office and checking email only sporadically) but this is wonderful and couldn't come at a more important time. Congrats to all and especially to Mel for leading this effort!

Best to all,  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Thu, Apr 21, 2022 at 2:44 PM [REDACTED] wrote:  
So exciting!!!!

On Thu, Apr 21, 2022 at 1:50 PM Alejandra Tello Perez <[alejandratello@utexas.edu](mailto:alejandratello@utexas.edu)> wrote:  
Amazing and so timely. Congrats everyone, cheers!

Best,  
Ale

On Apr 21, 2022, at 12:30 PM, Baldwin, Aleta M. <[aleta.baldwin@csus.edu](mailto:aleta.baldwin@csus.edu)> wrote:

So exciting to have this work out there—congrats indeed!

-A

**Aleta Baldwin, PhD, MPH | Associate Professor**  
Pronouns: She/Her/Hers

Department of Public Health, Sacramento State  
Solano Hall 3014  
6000 J Street | Sacramento, CA 95819  
[Aleta.Baldwin@csus.edu](mailto:Aleta.Baldwin@csus.edu)

---

**From:** Melissa Madera <[mmadera@utexas.edu](mailto:mmadera@utexas.edu)>  
**Date:** Thursday, April 21, 2022 at 10:20 AM  
**To:** Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)>, Luisa A Tello Perez <[alejandratello@utexas.edu](mailto:alejandratello@utexas.edu)>, Baldwin, Aleta M. <[aleta.baldwin@csus.edu](mailto:aleta.baldwin@csus.edu)>, [REDACTED], [REDACTED], Rebecca Gomperts [REDACTED], Carol-  
2/8/2024

Armelle Ze-Noah <[carolzenoah@berkeley.edu](mailto:carolzenoah@berkeley.edu)>, Broussard, Kathleen  
<[rkbroussard@prc.utexas.edu](mailto:rkbroussard@prc.utexas.edu)>

**Subject:** Fwd: PLEASE TAKE ACTION - Share your article [SSMQR\_100075]

Yay! Paper is online. Check it out! Congrats to us all.

----- Forwarded message -----

From: **Elsevier - Article Status** <[Article\\_Status@elsevier.com](mailto:Article_Status@elsevier.com)>

Date: Thu, Apr 21, 2022 at 1:02 PM

Subject: PLEASE TAKE ACTION - Share your article [SSMQR\_100075]

To: <[mmadera@utexas.edu](mailto:mmadera@utexas.edu)>

**ELSEVIER**

## Share your article!

Dear Dr. Madera,

We are pleased to let you know that the final open access version of your article *Experiences seeking, sourcing, and using abortion pills at home in the United States through an online telemedicine service* is now available online, containing full bibliographic details.

The URL below is a quick and easy way to share your work with colleagues, co-authors and friends. Anyone clicking on the link will be taken directly to the final version of your article on ScienceDirect.



Your article link:

<https://doi.org/10.1016/j.ssmqr.2022.100075>

Click on the icons below to share with your network:



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--

Melissa Madera, Ph.D.  
Research Associate & Senior Project Manager  
[Project SANA](#)  
LBJ School of Public Affairs  
University of Texas at Austin  
Founder & Director, [The Abortion Diary Podcast](#)

--

Alejandra Tello, MA in Global Policy Studies  
Junior Project Manager  
Research Science Associate

[Project SANA](#)

LBJ School of Public Affairs  
University of Texas at Austin

--



**From:** [ijnournals@jamanetwork.org](mailto:ijnournals@jamanetwork.org)  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
**CC:** "Jennifer E Starling" [REDACTED]  
"Rebecca Gomperts" [REDACTED]  
**Date:** 5/21/2022 9:04:48 PM  
**Subject:** Update on your publication in JAMA Network Open

---



---

Dear Dr Aiken:

In the 12 months since your article, [Factors Associated With Use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the US](#), was published in *JAMA Network Open*, it has continued to attract readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:



You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Please contact me if you have any questions or to discuss publication opportunities for your current and future work.

Best Regards,

Frederick P. Rivara, MD, MPH  
Editor in Chief, *JAMA Network Open*





This message was sent to **araa2@utexas.edu** by **tjnjournals@jamanetwork.org**.

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**From:** "Abigail Aiken" <araa2@utexas.edu>  
**To:** "James Scott" <James.Scott@mcombs.utexas.edu>  
"Jennifer E Starling" <jstarling@utexas.edu>  
"women on web" [REDACTED]  
**CC:** "Abigail Aiken" <araa2@utexas.edu>  
**Date:** 8/9/2022 3:11:55 PM  
**Subject:** Re: Invitation from JAMA

---

Wow...this is a big opportunity!

Do you want to get back to them, Rebecca, and let them know we should have an original research study on requests to Aid Access post-Roe ready to submit?

Thanks so much!  
A

On Tue, Aug 9, 2022 at 12:56 PM women on web [REDACTED] wrote:

Sent from my iPhone

Begin forwarded message:

**From:** "Kirsten Bibbins-Domingo (she/her/hers)" [REDACTED]  
[REDACTED]  
**Date:** 9 August 2022 at 19:53:26 CEST  
**To:** [REDACTED]  
**Subject:** Invitation from JAMA

**CONFIDENTIAL**

Please kindly confirm receipt

Dear Dr. Gomperts,

I am writing to invite you to write for a special issue of JAMA. We are planning to publish a cluster of research articles and viewpoints on health care post the Supreme Court Dobbs decision in an upcoming issue of JAMA. We are hoping you may be interested in preparing a manuscript for consideration for inclusion in this issue.

We are particularly interested your original research.

The guidelines for research articles in JAMA can be found here. I would focus your attention to the guidelines for Original Research and for the shorter Research Letters <https://jamanetwork.com/journals/jama/pages/instructions-for-authors>. Very occasionally we also publish Special Communications; these publication types require additional discussion with an editor.

Because we are planning timely publication, we would like to receive a submission by so that it can undergo peer review.

Also, while we cannot make an absolute guarantee in advance that the manuscript will be

accepted for publication, we can promise an enthusiastic and prompt evaluation once the manuscript is submitted.

Please let us know as soon as possible if you are interested in submitting your work for this special issue. I would also be happy to address any questions.

Thank you for considering this invitation.

Sincerely,

**Kirsten Bibbins-Domingo, PhD, MD, MAS**

Editor in Chief

JAMA and the JAMA Network

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--

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

From: "Abigail Aiken" <araa2@utexas.edu>

To: "Rebecca Gomperts" [REDACTED]

Gomperts [REDACTED]

"Jennifer E Starling" <jstarling@utexas.edu>

Date: 8/19/2022 5:50:34 AM

Subject: Time Sensitive: Paper for JAMA

Attachments: SMA via AA Post-Roe.docx

Figure 1.png

Figure 2.png

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Hi there,

Attached here is the research paper in response to the invitation from JAMA. It's in the form of a research letter where the max. is 600 words, so it's pretty short, but I think the result is very clear.

The Editor asked for submissions by this Monday (August 22nd), so if you could please take a look and let me know your comments/edits before then, that would be much appreciated!

Thanks so much,

A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

## **Demand for Self-Managed Medication Abortion in the United States Post-Roe**

Abigail R.A. Aiken PhD<sup>1\*</sup>, Jennifer E. Starling, PhD<sup>2</sup>, James G Scott PhD<sup>3</sup>, Rebecca Gomperts PhD<sup>4</sup>

<sup>1</sup> LBJ School of Public Affairs, University of Texas at Austin, Austin, TX, 78712, USA

<sup>2</sup> Mathematica Policy Research Inc., Cambridge, MA, 02139

<sup>3</sup> Department of Statistics and Data Sciences, University of Texas at Austin, Austin, TX 78712, USA

<sup>4</sup> Women on Web, Amsterdam, The Netherlands

\* Corresponding author:

[araa2@utexas.edu](mailto:araa2@utexas.edu)

██████████  
LBJ School of Public Affairs  
University of Texas at Austin  
PO Box Y  
Austin, TX, 78712  
USA

**Word count:** 600

## Introduction

On June 24<sup>th</sup> 2022, the Supreme Court decision *Dobbs vs. JWHO* overturned *Roe v. Wade* creating a patchwork of state abortion laws from total pre-*Roe* bans and trigger bans to 6-week bans to no changes in existing laws.<sup>1</sup> This new legal landscape raises the question of whether more people now seek to self-manage their abortions outside the formal healthcare setting.

## Methods

Since 2018, self-managed medication abortion has been available in the U.S. through nonprofit online telemedicine service Aid Access.<sup>2</sup> We analyzed anonymized data from Aid Access between September 1<sup>st</sup> 2021 and July 31<sup>st</sup> 2022 to assess changes in requests following the *Dobbs* decision. We omitted requests for advance provision and requests from 21 states where Aid Access provides within the formal healthcare setting. We created four state categories: 1) states that banned abortion following the decision announcement (bans in three of these were enjoined in mid-late July, so we consider them ban states in our analysis); 2) states that implemented 6-week bans; 3) states that did not enact bans but indicated that bans or restrictions are likely; and 4) states with no current or planned legal changes.<sup>3</sup> We examined absolute changes in weekly requests per 100,000 female residents of reproductive age in each state<sup>4</sup> from the baseline period (September 1<sup>st</sup> 2021-May 1<sup>st</sup> 2022) to the period after the Supreme Court decision was leaked (May 2<sup>nd</sup>- June 23<sup>rd</sup> 2022), and from baseline to the period after the decision was formally announced (June 24<sup>th</sup>-July 31<sup>st</sup> 2022). We also examined changes in requestor reasons for accessing the service for each time period.

## Results

Between September 1<sup>st</sup> 2021 and July 31<sup>st</sup> 2022, Aid Access received 37,288 requests from 29 states. Overall, average daily requests increased from 82.6 at baseline to 135.7 following the leaked decision (64% increase,  $p < 10^{-6}$ ) and to 264.1 following its formal announcement (120% increase,  $p < 10^{-6}$ ). Requests increased in over baseline in all four state categories after the leak and after the announcement (Figure 1). The states with the largest increases in weekly requests per 100,000 female residents of reproductive age were Louisiana (5.6 to 17.3), Mississippi (2.2 to 8.9) and Arkansas (2.1 to 8.2), Texas (2.9 to 8.1), and Alabama (1.9 to 7.0), all of which implemented total bans on abortion during the study period (Figure 1). In states with total bans, the percentage of requestors citing “current abortion restrictions” increased to 62.6% post-decision from 31.4% at baseline ( $p < 10^{-6}$ , Figure 2). In states with 6-week bans, 28.6% of requestors cited that specific ban post-decision, compared with 3.8% at baseline ( $p < 10^{-6}$ ). In states where future bans are likely, 40.2% of requestors cited “possible future legal restrictions” versus 12.5% at baseline ( $p < 10^{-6}$ ). We did not observe substantial changes in states where laws did not and are not likely to change.

## Discussion

Demand for self-managed abortion through Aid Access increased substantially following the *Dobbs* decision. While states with the largest increases in requests are those that implemented total bans, we also observed increases in states where the legal status of abortion did not immediately change. In states that enacted complete or partial bans, requestors frequently cited these as their motivation for accessing the service. While we cannot pinpoint why requests increased in states where laws did not change, possible explanations include increased awareness of the service, confusion about state laws post-*Dobbs*, and disruption to in-clinic services due to increases in out-of-state patients.

Limitations include having information on only one possible pathway to self-management. However, findings support prior research suggesting that severely limiting abortion within the formal healthcare setting results in more self-managed abortions.<sup>5</sup> Those provided by Aid Access are safe, effective, and supported.<sup>6</sup>



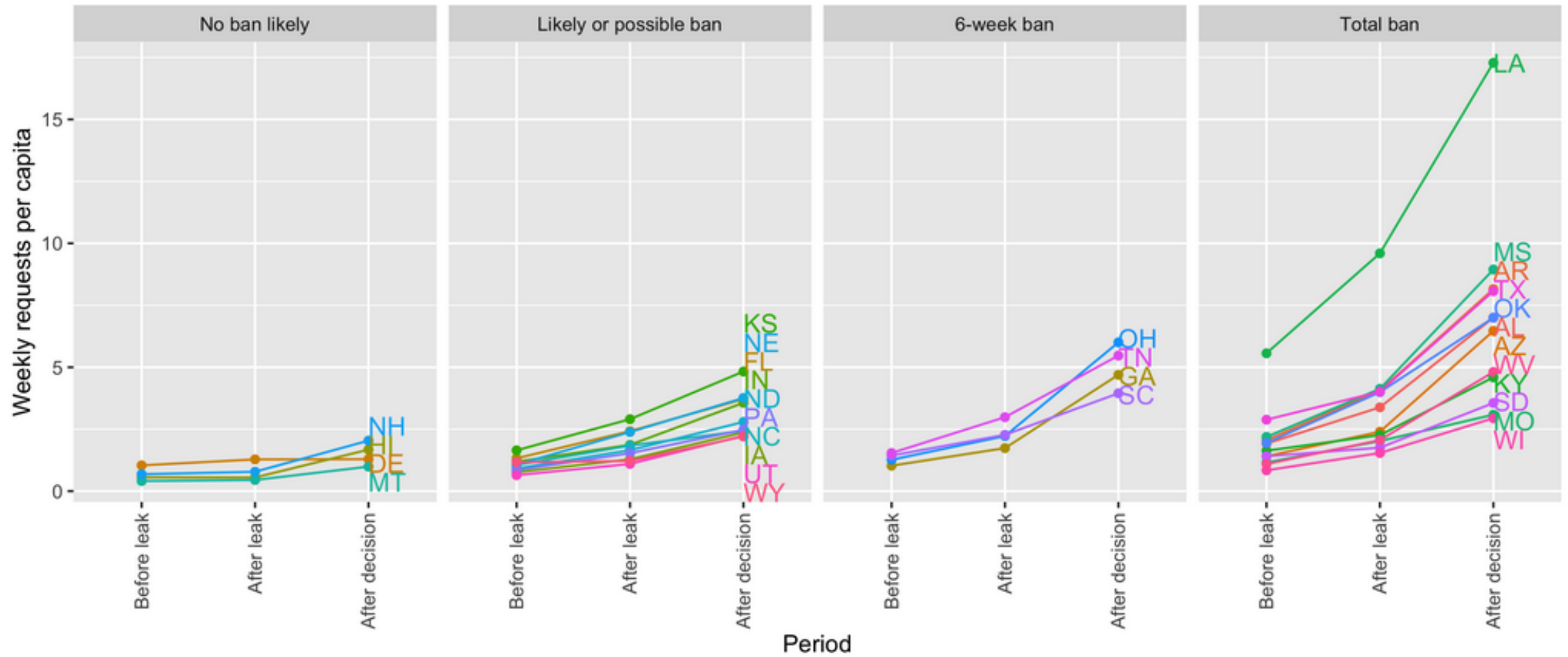
## References

1. Guttmacher Institute. State Laws and Policies. Abortion Policy in the Absence of Roe. August 1<sup>st</sup> 2022. <https://www.guttmacher.org/state-policy/explore/abortion-policy-absence-roe> (Accessed August 19<sup>th</sup> 2022).
2. Aiken AR, Starling JE, Gomperts R. Factors Associated With Use of an Online Telemedicine Service to Access Self-managed Medical Abortion in the US. JAMA Network Open. 2021 May 3;4(5):e2111852-.
3. Center for Reproductive Rights. After Roe Fell: Abortion Laws by State. <https://reproductiverights.org/maps/abortion-laws-by-state/> (Accessed August 19<sup>th</sup> 2022).
4. US Census Bureau, Population Division. Annual Estimates of the Resident Population for Selected Age Groups by Sex: April 1, 2020 to July 1, 2021. <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-detail.html> (Accessed August 19<sup>th</sup> 2022).
5. Aiken AR, Starling JE, Scott JG, Gomperts R. Association of Texas Senate Bill 8 With Requests for Self-managed Medication Abortion. JAMA Network Open. 2022 Feb 1;5(2):e221122-.
6. Aiken AR, Romanova EP, Morber JR, Gomperts R. Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study. The Lancet Regional Health-Americas. 2022 Feb 17:100200.

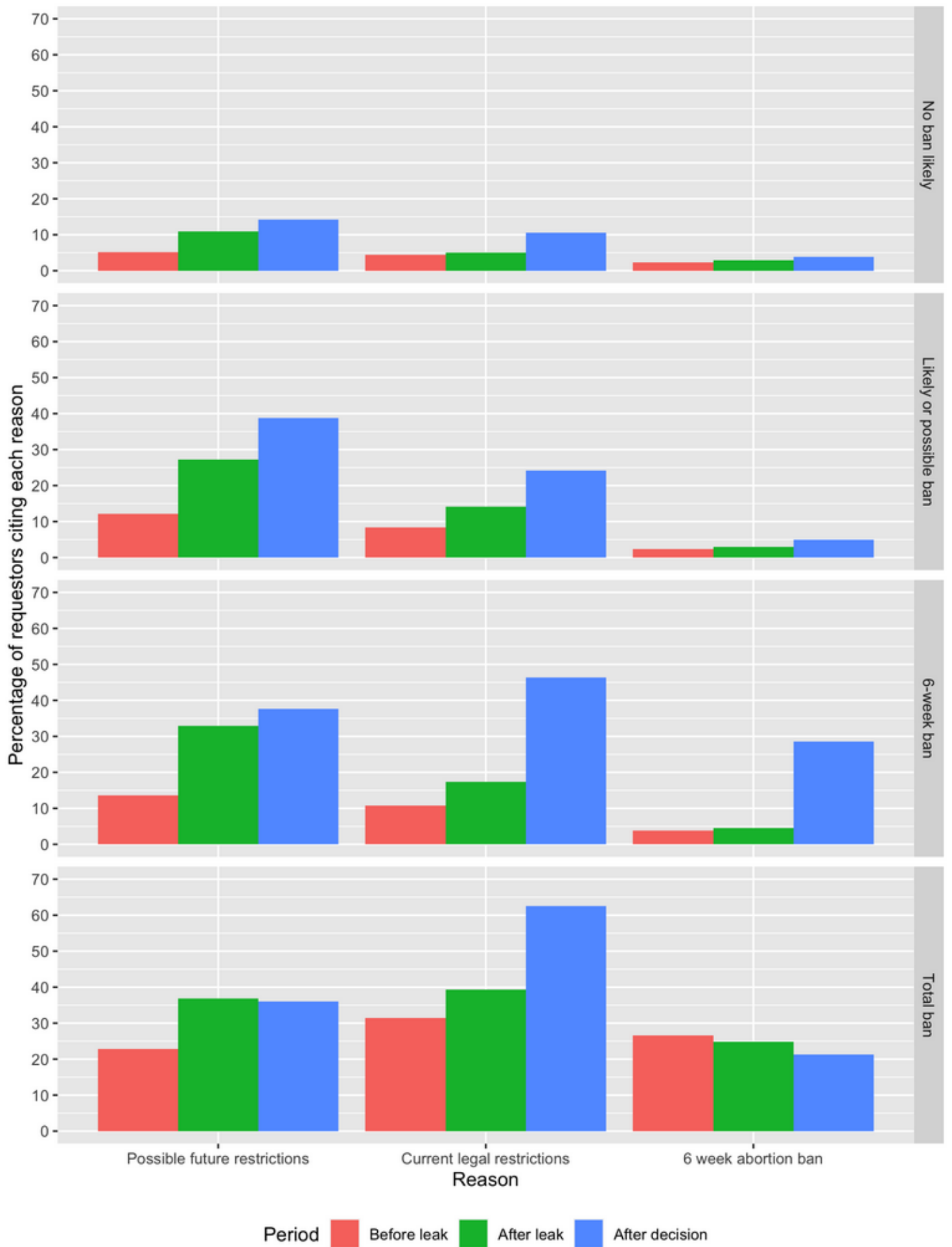
## Declaration of Interests

ARAA report grants from the Society of Family Planning and the National Institutes of Health. RG is Founder and Director of Aid Access. JES and JGS declare no competing interests. Neither of the sources of funding had any involvement in data collection,

analysis or interpretation, and no role in the writing of this manuscript or the decision to submit for publication.



Per capita rates calculated as weekly average requests per 100,000 female residents of reproductive age.



**From:** "Kirsten Bibbins-Domingo \ (she/her/hers\)" [REDACTED]  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
**CC:** "Rebecca Gomperts" [REDACTED]  
"Jody Zylke" [REDACTED]  
**Date:** 8/20/2022 10:49:41 AM  
**Subject:** Re: Submission of invited paper for post-Dobbs special issue

---

Thank you for this submission.

We look forward to reviewing. - Kirsten

**Kirsten Bibbins-Domingo, PhD, MD, MAS**  
Editor in Chief  
JAMA and the JAMA Network

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---

**From:** Abigail Aiken <araa2@utexas.edu>  
**Sent:** Saturday, August 20, 2022 5:40:36 AM  
**To:** Kirsten Bibbins-Domingo (she/her/hers) [REDACTED]  
**Cc:** Rebecca Gomperts [REDACTED]  
**Subject:** Submission of invited paper for post-Dobbs special issue

Dear Dr. Bibbins-Domingo,

Many thanks for your invitation to submit our original research for a special issue of *JAMA* focused on the impacts of the *Dobbs* Supreme Court Decision.

We are pleased to let you know that we have submitted a research letter that examines how state abortion laws following *Dobbs* have impacted the need for self-managed abortion, provided by the Aid Access service. The full cover letter is attached and the manuscript number is JAMA22-7172.

We look forward to your comments.

Sincerely,  
Abigail Aiken and Rebecca Gomperts

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**To:** ["James Scott" <James.Scott@mcombs.utexas.edu>](mailto:James.Scott@mcombs.utexas.edu)  
["Jennifer E Starling" <jstarling@utexas.edu>](mailto:jstarling@utexas.edu)  
["Rebecca Gomperts" <\[REDACTED\]>](mailto:Rebecca.Gomperts@utexas.edu)  
**Date:** 9/2/2022 11:16:56 AM  
**Subject:** JAMA submission

---

Hi all,

I just got an email to say that we got an R&R on our submission to JAMA! It looks very doable and I will reply back to them to let them know that we will submit a revision and also advise them that it will likely take a couple of weeks (they are asking for a 1-week turnaround) since the new baby has just arrived :)

I think we will be able to incorporate the August data into the analysis and I'll send out a plan for how we'll coordinate that in the coming days. I'll also send you specific instructions for the authorship form you'll have received an email about so that they will match what we have in the paper.

So, all this is to say please hold off doing anything for now. Just wanted to let you know the good news and will be in touch with a plan shortly.

Thanks so much!  
A

--

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** "Lisa Hardin" [REDACTED]  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
**Date:** 9/14/2022 11:57:16 AM  
**Subject:** RE: Out Jody Zylke [REDACTED] on parental leave Re: JAMA22-7172 Decision Letter

---

You are very welcome!

Lisa

---

**From:** Abigail Aiken <araa2@utexas.edu>  
**Sent:** Wednesday, September 14, 2022 12:50 PM  
**To:** Lisa Hardin [REDACTED]  
**Subject:** Re: Out Jody Zylke [REDACTED] >on parental leave Re: JAMA22-7172 Decision Letter

[Warning External Email]

Thanks, Lisa!

All best,

Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Wed, Sep 14, 2022 at 9:53 AM Lisa Hardin [REDACTED] wrote:

Hello,

I previously sent it on 9/2 and will resend it again now.

Lisa

---

**From:** Rebecca Gomperts [REDACTED]  
**Sent:** Wednesday, September 14, 2022 4:26 AM  
**To:** Lisa Hardin <[REDACTED]>  
**Cc:** [REDACTED] <[James.Scott@mcombs.utexas.edu](mailto:James.Scott@mcombs.utexas.edu)>; Jody Zylke <[REDACTED]>; Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)>  
**Subject:** Re: Out Jody Zylke [REDACTED] >on parental leave Re: JAMA22-7172 Decision Letter

[Warning External Email]

Dear Lisa,

Can you please send me the author form

Thanks so much

Rebecca

On 2 Sep 2022, at 19:48, Lisa Hardin [REDACTED] wrote:

Hello,

Can you help with this revision request? We would like your revised manuscript back in a week but received the following message from your corresponding author.

From: "Abigail Aiken" <araa2@utexas.edu>  
To: "James Scott" <James.Scott@mcombs.utexas.edu>  
"Jennifer Starling" [REDACTED]  
"Rebecca Gomperts" [REDACTED]  
Date: 9/23/2022 10:53:35 AM  
Subject: Fwd: JAMA22-7172R1 Decision Letter

---

Hi everyone,

Great news! Congrats to all and I'll send more details about the anticipated publication date as soon as I have that info.

Very best,  
A

----- Forwarded message -----

From: [REDACTED]  
Date: Fri, Sep 23, 2022 at 10:05 AM  
Subject: JAMA22-7172R1 Decision Letter  
To: <araa2@utexas.edu>

PLEASE REPLY TO CONFIRM RECEIPT OF THIS LETTER

September 23, 2022

Dr Abigail Aiken  
University of Texas at Austin  
LBJ School of Public Affairs  
PO Box Y  
Austin, Texas 78712

RE: Requests for Self-Managed Medication Abortion Provided Using Online Telemedicine in 30 US States Before and After the Dobbs vs Jackson Women's Health Organization Decision

Dear Dr Aiken:

We have completed our review of your Research Letter, entitled "Requests for Self-Managed Medication Abortion Provided Using Online Telemedicine in 30 US States Before and After the Dobbs vs Jackson Women's Health Organization Decision", and are pleased to accept it for publication in JAMA. Your manuscript is accepted with the understanding that its contents, all or in part, have not been published elsewhere and will not be published elsewhere in print or electronic format without the consent of the editor. Also, please remember that you should not disclose the fact that your manuscript has been accepted to anyone, except coauthors and contributors and as noted below, without permission of the editor.

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Any relevant financial activities outside the submitted work (during the 3 years prior to submission);

And any other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what is written in the submitted work (based on all relationships that were present during the 3 years prior to submission).

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Authors without potential conflicts of interest, including specific financial interests and relationships and affiliations relevant to the subject of their manuscript, should include a statement of no such interests. If you are uncertain about what constitutes a relevant financial interest or relationship, please let me know. Each author will be sent an email with further instructions for submitting the Authorship Form, which includes the ICMJE Disclosure of Potential Conflicts of Interest section.

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Thank you for submitting your Research Letter for our consideration and we look forward to seeing it in JAMA.

Sincerely yours,

Jody W Zylke, MD  
Deputy Editor, JAMA  
Email: [REDACTED]

Confidentiality Note: This communication, including any attachments, is solely for the use of the addressee, may contain privileged, confidential or proprietary information, and may not be redistributed in any way without the sender's consent. Thank you.

--

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin

2/8/2024

Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** "Rebecca Gomperts" [REDACTED]  
**To:** "Abigail Aiken" <araa2@utexas.edu>  
**Date:** 10/26/2022 12:43:37 AM  
**Subject:** Re: TIME SENSITIVE: Authorship form for JAMA

---

Dear abigail

Do we know when the paper will be published?

How is [REDACTED] doing? How are you doing as [REDACTED]

Lots of love  
R

On 14 Sep 2022, at 19:51, Abigail Aiken <araa2@utexas.edu> wrote:

Oops, sorry about that—attached this time.  
Looks like all of the author forms are in—thanks for doing it so quickly.  
Fingers crossed for a good response on the revision!

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

On Wed, Sep 14, 2022 at 4:26 AM Rebecca Gomperts [REDACTED] wrote:

dear abigail  
did not receive the author form

PDF is not attached, can you please send it?  
Thanks a lot  
rebecca

On 13 Sep 2022, at 21:43, Abigail Aiken <araa2@utexas.edu> wrote:

Hi there,

The revised MS for JAMA is all done! Please see PDF attached.

We now need author forms from all authors (you should have received an email request for one of these from Lisa Hardin on Sep 2nd).

Here are instructions for completing your form:

Step 1

Check A, B, C (whole content)

For D check:

1. acquisition, analysis, or interpretation of data

2/8/2024

2. critical revision of the manuscript for important intellectual content

3. administrative, technical, or material support

Skip Step 1A

Step 2: Disclose that you are the founder and director of Aid Access. Check no for everything else.

Step 3: Check A

Step 4: Type your name as it appears at the top of the form and then type the date.

That should be it! Please let me know if you have any questions or need any help with this. Fingers crossed for a positive response on the revision...

All best,  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

<JAMA22-7172R\_Merged\_PDF.pdf>

**From:** [ijnournals@jamanetwork.org](mailto:ijnournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Jennifer E Starling"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](#)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 11/3/2022 9:01:26 PM  
**Subject:** Congratulations on your publication in JAMA

---

**JAMA**

---

Dear Dr Aiken:

Thank you for sending *JAMA* your manuscript and congratulations on its publication. Below is a link to the article, which is now live on the *JAMA* website. Feel free to share the link with colleagues, and most importantly your family and friends.

**Article:** [Requests for Self-managed Medication Abortion Provided Using Online Telemedicine in 30 US States Before and After the Dobbs v Jackson Women's Health Organization Decision](#)

**Publication Date:** 11-01-2022

On the online version of your article, there is a small panel at the top of the page that shows some early metrics such as views and media and social media coverage. These metrics and citations will accumulate and grow throughout this year and thereafter. Below is an example of what the metrics panel looks like:



*JAMA* is committed to making your author experience a positive one and to maximizing the impact and reach of your article. If you have any questions or concerns, please let us know at [JAMA](#).

Best Regards,

Kirsten Bibbins-Domingo, PhD, MD, MAS

2/8/2024

Editor in Chief, *JAMA*

---



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The JAMA Network | 330 N. Wabash Avenue | Chicago, IL 60611

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**From:** [ijnjournals@jamanetwork.org](mailto:ijnjournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Jennifer E Starling"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](#)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 11/9/2022 1:46:34 PM  
**Subject:** Congratulations on your recent publication in JAMA

---

# JAMA

Dear Dr Aiken,

Thank you for submitting your manuscript to *JAMA*. Your article has received some attention in the media and we're pleased to provide you a [link](#) to some of its news coverage.

Congratulations, and we hope you will consider publishing with us again.

Kirsten Bibbins-Domingo, PhD, MD, MAS  
Editor In Chief

JAMA

From: "Perspectives on Sexual and Reproductive Health" <onbehalf@manuscriptcentral.com>

To: [REDACTED]

CC: [REDACTED]  
[REDACTED]  
[araa2@utexas.edu](mailto:araa2@utexas.edu)

Date: 11/13/2022 9:57:22 PM

Subject: Manuscript PSRH-3911.R2 has been successfully submitted to Perspectives on Sexual and Reproductive Health

---

13-Nov-2022

Dear Ms. Johnson:

A revision of your manuscript entitled [REDACTED]

[REDACTED]  
Michels-Gualtieri, Mira; Gomperts, Rebecca; Aiken, Abigail, has been successfully submitted online and is presently being given full consideration for publication in Perspectives on Sexual and Reproductive Health.

Co-authors: Please contact the Editorial Office as soon as possible if you disagree with being listed as a co-author for this manuscript.

Please include your manuscript ID (PSRH-3911.R2) in all future correspondence with the Editorial Office. You can view the status of your manuscript at any time by logging in to <https://mc.manuscriptcentral.com/psrh> and checking your Author Center.

If you need to update your e-mail address or other account information, please log in to Manuscript Central and click on your name in the upper right hand corner.

Thank you for submitting your manuscript to Perspectives on Sexual and Reproductive Health.

Sincerely,

Mariam Omar  
Editorial Assistant  
[PSRH\\_EA@uottawa.ca](mailto:PSRH_EA@uottawa.ca)



From: "Perspectives on Sexual and Reproductive Health" <onbehalf@manuscriptcentral.com>

To: [REDACTED]

CC: [REDACTED]

[REDACTED]  
[araa2@utexas.edu](mailto:araa2@utexas.edu)

Date: 12/30/2022 4:54:29 PM

Subject: Manuscript PSRH-3911.R3 has been successfully submitted to Perspectives on Sexual and Reproductive Health

---

30-Dec-2022

Dear Ms. Johnson:

A revision of your manuscript entitled [REDACTED];  
[REDACTED];  
Michels-Gualtieri, Mira; Gomperts, Rebecca; Aiken, Abigail, has been successfully submitted online and is presently being given full consideration for publication in Perspectives on Sexual and Reproductive Health.

Co-authors: Please contact the Editorial Office as soon as possible if you disagree with being listed as a co-author for this manuscript.

Please include your manuscript ID (PSRH-3911.R3) in all future correspondence with the Editorial Office. You can view the status of your manuscript at any time by logging in to <https://mc.manuscriptcentral.com/psrh> and checking your Author Center.

If you need to update your e-mail address or other account information, please log in to Manuscript Central and click on your name in the upper right hand corner.

Thank you for submitting your manuscript to Perspectives on Sexual and Reproductive Health.

Sincerely,

Mariam Omar  
Editorial Assistant  
[PSRH\\_EA@uottawa.ca](mailto:PSRH_EA@uottawa.ca)

**From:** "Perspectives on Sexual and Reproductive Health" <onbehalf@manuscriptcentral.com>  
**To:** [REDACTED]  
**CC:** [REDACTED]  
[REDACTED]  
[araa2@utexas.edu](mailto:araa2@utexas.edu)  
**Date:** 1/6/2023 10:50:01 AM  
**Subject:** Manuscript PSRH-3911.R4 has been successfully submitted to Perspectives on Sexual and Reproductive Health

---

06-Jan-2023

Dear Ms. Johnson:

A revision of your manuscript entitled [REDACTED];  
[REDACTED];  
Michels-Gualtieri, Mira; Gomperts, Rebecca; Aiken, Abigail, has been successfully submitted online and is presently being given full consideration for publication in Perspectives on Sexual and Reproductive Health.

Co-authors: Please contact the Editorial Office as soon as possible if you disagree with being listed as a co-author for this manuscript.

Please include your manuscript ID (PSRH-3911.R4) in all future correspondence with the Editorial Office. You can view the status of your manuscript at any time by logging in to <https://mc.manuscriptcentral.com/psrh> and checking your Author Center.

If you need to update your e-mail address or other account information, please log in to Manuscript Central and click on your name in the upper right hand corner.

Thank you for submitting your manuscript to Perspectives on Sexual and Reproductive Health.

Sincerely,

Mariam Omar  
Editorial Assistant  
[PSRH\\_EA@uottawa.ca](mailto:PSRH_EA@uottawa.ca)

From: [REDACTED]

To: "Rebecca Gomperts" [REDACTED]

"Mira Michels-Gualtieri" [REDACTED]

"Abigail Aiken" <araa2@utexas.edu>

Date: 1/9/2023 2:35:56 PM

Subject: Fwd: Perspectives on Sexual and Reproductive Health - Decision on Manuscript ID PSRH-3911.R4

Attachments: Johnson-ManuscriptR4-AFcomments.docx

---

Dear all,  
Wonderful news! The [REDACTED] is finally accepted for publication in PSRH! Thank you for all your help with this manuscript, it's been a pleasure working with all of you!

Best,  
[REDACTED]

----- Forwarded message -----

From: **Perspectives on Sexual and Reproductive Health** <[onbehalf@manuscriptcentral.com](mailto:onbehalf@manuscriptcentral.com)>

Date: Mon, Jan 9, 2023 at 2:31 PM

Subject: Perspectives on Sexual and Reproductive Health - Decision on Manuscript ID PSRH-3911.R4

To: [REDACTED]

09-Jan-2023

Dear [REDACTED]:

Thank you for your revised paper [REDACTED]. I appreciate your attention to the reviewers' and editors' concerns, and I am happy to accept the paper for publication in Perspectives.

Perspectives is now published online only, and we get most articles posted well before the quarterly publication date. An editor will be in touch to let you know when to expect edited galleys; meanwhile, feel free to check in with me if you need any updates on the schedule or anticipate being unavailable at a particular time.

After your article has been finalized and sent for typesetting, you will receive an e-mail from our publishing partner, Wiley-Blackwell, with instructions for completing a copyright assignment form and information about options for publishing your article on an open access basis. Completion of the copyright assignment form is required before the article can be published, so to avoid having this important detail fall between the cracks, please be sure to open any e-mail you get from Wiley-Blackwell.

Many thanks for this contribution.

Sincerely,

Angel M. Foster, DPhil, MD, AM  
Editor-in-Chief  
Perspectives on Sexual and Reproductive Health  
[PSRH\\_EIC@uottawa.ca](mailto:PSRH_EIC@uottawa.ca)

Editor's comments: I have included a few minor comments in the attached. You can incorporate these changes during the production checklist and proof stages. Congratulations - excited to see this in

2/8/2024

print.

--  
[REDACTED]

**From:** [ijnournals@jamanetwork.org](mailto:ijnournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Jennifer E Starling"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](#)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 1/30/2023 10:01:26 PM  
**Subject:** Update on your publication in JAMA

---

**JAMA**

---

Dear Dr Aiken:

In the 3 months since your article, [Requests for Self-managed Medication Abortion Provided Using Online Telemedicine in 30 US States Before and After the Dobbs v Jackson Women's Health Organization Decision](#), was published in *JAMA*, it has attracted readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:



You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Note that the citations metric usually takes 6 months or more to populate.

*JAMA* is committed to making your author experience positive and to maximizing the impact and reach of your article. If you have any questions or concerns, please let us know.

Best Regards,

2/8/2024

Kirsten Bibbins-Domingo, PhD, MD, MAS  
Editor in Chief, *JAMA*

---



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From: "Waves Rebecca" [REDACTED]  
To: [REDACTED]  
CC: "Abigail Aiken" <araa2@utexas.edu>  
"Mira Michels-Gualtieri" [REDACTED]  
Date: 2/6/2023 1:41:54 PM  
Subject: Re: Published: Your article is now published online!

---

they took too long!  
very timely now though

looks like we will go back to misoprostol soon

xxxxr

On 6 Feb 2023, at 20:15, [REDACTED]:

Hi All!

The [REDACTED] article is like on the PSRH web page, and can be accessed here: [REDACTED]

Thanks so much,  
[REDACTED]

----- Forwarded message -----

From: <cs-author@wiley.com>  
Date: Mon, Feb 6, 2023 at 1:05 PM  
Subject: Published: Your article is now published online!  
To: [REDACTED]

Dear [REDACTED],

Your article S [REDACTED]  
[REDACTED] in Perspectives on Sexual and  
Reproductive Health has the following publication status: Published Online

To access and share your article, please click the following link to register or log in:

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You can also access your published article via this link: [REDACTED]

If the above link leads to an error page, please try again later. If the link is still not working after 48 hours, contact our Support team for help.

If you need any assistance, please click [here](#) to view our Help section.

Sincerely,

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--  
[Redacted signature block]



**From:** [injournals@jamanetwork.org](mailto:injournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Jennifer E Starling"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](#)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 2/25/2023 10:03:59 PM  
**Subject:** Update on your publication in JAMA Network Open

---



---

Dear Dr Aiken:

In the 12 months since your article, [Association of Texas Senate Bill 8 With Requests for Self-managed Medication Abortion](#), was published in *JAMA Network Open*, it has continued to attract readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:



You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Please contact me if you have any questions or to discuss publication opportunities for your current and future work.

Best Regards,

Frederick P. Rivara, MD, MPH  
Editor in Chief, *JAMA Network Open*



This message was sent to **araa2@utexas.edu** by **tjnjournals@jamanetwork.org**.

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From: "Rebecca Gomperts" [REDACTED]  
To: "Kelcie Moseley-Morris" [REDACTED]  
"Abigail Aiken" <araa2@utexas.edu>  
Date: 3/16/2023 3:32:27 AM  
Subject: Re: Interview request

---

Dear Kelcie

The statistical data are being researched by Texas University and i cannot give these at hand. I am cc ing abigail

At the moment we are receiving more than 1000 emails per day.

concerning payments: i checked and in february 57% of the people can only pay less than 50 euro.

It is important to continue this work, because the people we help cannot travel to other states to get a safe abortion,

On 15 Mar 2023, at 17:36, Kelcie Moseley-Morris [REDACTED] wrote:

Hi Rebecca,

I know it might be hard to find a good time for us to talk by phone, so if you have a chance, I'd love to get your response to a few questions I have by email:

- 1.) How many packages of abortion pills has Aid Access mailed since July 2022?
- 2.) What are the most popular destinations for those packages?
- 3.) Has the distribution to locations within the United States increased since July 2022?
- 4.) Do you have an estimate of how many clients of yours need financial assistance to be able to order?
- 5.) Why is it important to you to continue doing this work and providing this service?

Thank you!  
Kelcie

On Tue, Mar 14, 2023 at 11:35 AM Kelcie Moseley-Morris [REDACTED] wrote:

Hi Rebecca,

For some reason my call isn't going through to that number. Are you able to call me? My number is 208-724-9732. I'm available anytime between now and 1 p.m. Mountain Time (3 p.m. Eastern). Thank you!

On Tue, Mar 14, 2023 at 1:17 AM Rebecca Gomperts [REDACTED] wrote:

Dear Kelcie  
Thanks so much  
I am available by phone  
+ [REDACTED]  
Warm regards

Rebecca Gomperts

On 13 Mar 2023, at 17:22, Kelcie Moseley-Morris [REDACTED] wrote:

Hello,

I am a national reproductive rights reporter with States Newsroom, and I'm working on a story about abortion pill access in the U.S., particularly as we await a ruling from a Texas judge about the FDA's approval of the drug. I wanted to see if I could speak with someone from Aid Access (perhaps Dr. Gomperts, but it doesn't have to be) about the latest statistics of pill distribution and if the organization foresees any issues with continuing to distribute regardless of the outcome of the lawsuit in Texas.

If possible, could we set up a time to speak this week?

Thank you!

--

**Kelcie Moseley-Morris, MPA**

Reproductive Rights Reporter | States Newsroom

call/text: [208-724-9732](tel:208-724-9732)

email: [REDACTED]

website: [newsfromthestates.com](https://newsfromthestates.com)

Note: I am in the Mountain Standard Time zone.

--

**Kelcie Moseley-Morris, MPA**

Reproductive Rights Reporter | States Newsroom

call/text: [208-724-9732](tel:208-724-9732)

email: [REDACTED]

website: [newsfromthestates.com](https://newsfromthestates.com)

Note: I am in the Mountain Standard Time zone.

--

**Kelcie Moseley-Morris, MPA**

Reproductive Rights Reporter | States Newsroom

call/text: [208-724-9732](tel:208-724-9732)

email: [REDACTED]

website: [newsfromthestates.com](https://newsfromthestates.com)

Note: I am in the Mountain Standard Time zone.

**From:** ["Elizabeth Sully"](#) [REDACTED]  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](#)  
["James Scott" <James.Scott@mcombs.utexas.edu>](#)  
["Isaac Maddow-Zimet"](#) [REDACTED]  
["Rachel Jones"](#) [REDACTED]  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 3/23/2023 9:01:24 PM  
**Subject:** Guttmacher/AidAccess/Abigail/James call on next steps with SMA incidence pilot work

---

Hi all,

Please let us know if this time still works for everyone on Monday. I've included a proposed agenda, but let me know if there is anything else you'd like to add

1. Update on funding, objectives and timeline for study
2. Data collection: recruitment options
3. AOB

---

## Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 271 461 787 378

Passcode: yq35JT

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[Learn More](#) | [Meeting options](#)

---

From: [REDACTED]

To: [REDACTED]

"Abigail Aiken" <araa2@utexas.edu>

"Rebecca Gomperts" [REDACTED]

Date: 4/19/2023 7:10:03 AM

Subject: Society of Family Planning 2023 Abstract

Attachments: SFP\_2023.docx

---

Hi [REDACTED] Abigail, and Rebecca!

SFP extended their deadline for submitting an abstract for the annual meeting (in Seattle, WA Oct. 28-30). I thought it might be good to submit something on the physical experiences with miso alone, from our in-depth interviews, and some of the pain management strategies. Given the legal environment around mife[r]istone, I think folks might be keen to know how the miso alone experiences it.

Do folks mind taking a look at this draft? **The deadline is April 21st.** Apologies for the tight turn around - and more than happy to talk through the abstract!!

The draft is attached, and the [call for abstracts is here](#).

Best,

[REDACTED]

--

[REDACTED]

**From:** "Mullin, Emily" [REDACTED]  
**To:** "Rebecca Gomperts" [REDACTED]  
**CC:** "Abigail Aiken" <araa2@utexas.edu>  
"Rhian Lewis" <press@aidaccess.org>  
**Date:** 5/15/2023 9:44:25 AM  
**Subject:** Re: Media inquiry: Medication abortion post-Dobbs

---

I believe my colleague Kate Knibbs may be in touch with Abigail already (we're working together on the story). Have you spoken with her, Rebecca?

**Emily Mullin**

Staff writer, biotechnology

WIRED

[wired.com/author/emily-mullin](https://www.wired.com/author/emily-mullin)

[@emilylmullin](#)

On Mon, May 15, 2023 at 10:32 AM Rebecca Gomperts [REDACTED] wrote:

Dear Emily

Thank you so much

I am available to talk with you

I also include Abigail Aiken professor of Texas university who has been analysing all our data

Warm regards

Rebecca Gomperts

On 15 May 2023, at 16:30, Mullin, Emily [REDACTED] wrote:

Hello,

I'm a reporter at WIRED magazine, and I'm working on a story tied to the one-year anniversary of the Dobbs decision on the role of medication abortion in a post-Roe world. I was wondering if anyone from Aid Access might be available to speak with me this week on whether you've seen an increase in medication requests in the past year compared to previous years.

Thanks very much,

**Emily Mullin**

Staff writer, biotechnology

WIRED

[wired.com/author/emily-mullin](https://www.wired.com/author/emily-mullin)

[@emilylmullin](#)

**From:** [ijnournals@jamanetwork.org](mailto:ijnournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Jennifer E Starling"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](#)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 11/1/2023 9:01:47 PM  
**Subject:** Update on your publication in JAMA

---

**JAMA**

---

Dear Dr Aiken:

In the 12 months since your article, [Requests for Self-managed Medication Abortion Provided Using Online Telemedicine in 30 US States Before and After the Dobbs v Jackson Women's Health Organization Decision](#), was published in *JAMA*, it has continued to attract readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:



You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Please contact me if you have any questions or to discuss publication opportunities for your current and future work.

Best Regards,

Kirsten Bibbins-Domingo, PhD, MD, MAS  
Editor in Chief, *JAMA*





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From: [REDACTED]  
To: "Rebecca Gomperts" [REDACTED]  
"Abigail Aiken" <araa2@utexas.edu>  
Date: 11/20/2023 10:08:19 AM  
Subject: Improving measurement of abortion incidence and safety meeting

---

Dear Rebecca and Abigail,

I was thinking of submitting the Aid Access miso-alone safety and effectiveness paper to this call for papers - do folks have thoughts or experiences with this meeting?

<https://iussp.org/en/improving-measurement-abortion-incidence-and-safety-innovations-methodology-and-recent-empirical>

Thanks so much!

[REDACTED]

--

[REDACTED]

From: "DANA M JOHNSON" <dmjohnson27@wisc.edu>

To: "Abigail Aiken" <araa2@utexas.edu>

[REDACTED]

Date: 11/19/2024 11:27:18 PM

Subject: Fw: Your Paper has been Accepted to an Oral Session at PAA2025

Dear all,

Great news! Our second Advance Provision paper was accepted to the Population Association of America as an oral session! I'm excited to get more of this work out there. The meeting will be held in Washington D.C., April 10-13th. Please let me know if you have any questions.

Best,  
Dana

**Dana M. Johnson, PhD** (she/her)  
Health Disparities Research Scholars Postdoctoral Fellow  
Department of Population Health Sciences  
University of Wisconsin-Madison School of Medicine and Public Health  
<https://www.dana-johnson.com/>

---

**From:** PAA@mirasmart.com <PAA@mirasmart.com>  
**Sent:** Tuesday, November 19, 2024 1:39 PM  
**To:** DANA M JOHNSON <dmjohnson27@wisc.edu>  
**Subject:** Your Paper has been Accepted to an Oral Session at PAA2025



Dear Dana Johnson,

Session organizers have completed their reviews and we are happy to inform you that your paper, ***Perceptions of advance provision of medication abortion in the United States and implications for reproductive autonomy***, has been accepted for the PAA 2025 Annual Meeting program in the session below:

**Title (session titles are subject to change):** 917 - Reproductive Justice, Autonomy, and Coercion.  
**Session Type:** Oral

Please note that PAA 2025 is scheduled for Thursday, April 10 to Sunday, April 13. This is a shift from our typical Wednesday – Saturday pattern. Your session(s) could be scheduled for any day between Friday-Sunday.

All presenting authors are required to pre-register for the annual meeting by February 3, 2025. Registration is scheduled to open the week of December 1, 2024. Registration information will be available on the [PAA Annual Meeting](#) page when it becomes available.

We are very pleased that your work will be included in the program and look forward to your participation in PAA 2025!

Sincerely,

6/30/2025

Irma T. Elo and Kyle Crowder  
PAA2025 Program Co-Chairs

From: "Abigail Aiken" <araa2@utexas.edu>

To: "Rebecca Gomperts" [REDACTED]

Date: 3/10/2025 8:48:42 AM

Subject: Shield law impact paper ready for your review

Attachments: Shield Law Distribution Paper\_10MAR2025.docx

---

Hi Rebecca,

Attached here is the research paper on the impact of shield law provision for your review. There is one green highlight on page 7 where we need some information as well.

We are thinking of submitting this to JAMA with a follow on to JAMA Internal Medicine if JAMA declines.

Thanks so much and very best,  
Abigail







































From: ["DANA M JOHNSON" <dmjohnson27@wisc.edu>](mailto:dmjohnson27@wisc.edu)

To: ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)

Date: 4/7/2025 12:00:05 PM

Subject: SFP 2025 Abstract

Attachments: Codes Pulled and Axial Coding for SFP 2025 Abstract.docx  
SFP 2025.docx

---

Dear all,

Happy Monday! I write with an abstract draft of findings from the advance provision interviews. The abstract is for the [Society of Family Planning Annual meeting](#), next October in Pittsburg PA.

This is a rough cut - and any suggestions are welcome. I am especially interested in folks' thoughts on the conclusion.

I am also attaching the coding excerpts in case they help provide a fuller picture of the results.

**If folks are able to take a look by April 9<sup>th</sup> at 5pm cst**, that would be amazing.

Thank you so much for your time and support on this project!

best,  
Dana

**Dana M. Johnson, PhD** (she/her)  
Health Disparities Research Scholars Postdoctoral Fellow  
Department of Population Health Sciences  
University of Wisconsin-Madison School of Medicine and Public Health  
<https://www.dana-johnson.com/>

























**From:** "DANA M JOHNSON" <dmjohnson27@wisc.edu>

**To:** "Abigail Aiken" <araa2@utexas.edu>

[REDACTED]

**Date:** 4/14/2025 9:42:48 AM

**Subject:** Fw: #SFP2025 scientific abstract submission received

Hi all!

Just writing to say that our SFP Abstract was submitted. Apologies for the late note here - I was traveling for PAA and a touch behind on email.

We will hear sometime in July!

Thanks so much, and let me know if you have any questions.

Best,  
Dana

**Dana M. Johnson, PhD** (she/her)  
Health Disparities Research Scholars Postdoctoral Fellow  
Department of Population Health Sciences  
University of Wisconsin-Madison School of Medicine and Public Health  
<https://www.dana-johnson.com/>

---

**From:** Abstract submissions SFP2025 <no-reply@oxfordabstracts.com>

**Sent:** Wednesday, April 9, 2025 6:05 PM

**To:** DANA M JOHNSON <dmjohnson27@wisc.edu>

**Subject:** #SFP2025 scientific abstract submission received

#SFP2025 scientific abstract submission received

Dear DANA JOHNSON,

Thank you for your abstract submission titled: Perspectives on over the counter and advance provision of medication abortion . Your submission has been received. Your reference number for this submission is: 253.

You can manage this submission here

<https://app.oxfordabstracts.com/stages/77999/submissions/1048562/form>

6/30/2025

[/view](#) and edit up until the

**Wednesday, April 9 at 11:59 pm PT/2:59 am ET** deadline when it will be moved forward in the review process. You will be notified in July whether or not

this abstract submission has been accepted for presentation.

Thank you,

Society of Family Planning

**OXFORD ABSTRACTS**

Powered by Oxford Abstracts

From: "DANA M JOHNSON" <dmjohnson27@wisc.edu>

To: "Abigail Aiken" <araa2@utexas.edu>

Date: 4/17/2025 11:43:02 AM

Subject: Fw: FIGO Cape Town 2025 – Late-breaking abstract confirmation

Attachments: FIGO2025-LB-5432-preview-1.pdf

Dear all,

We have submitted an abstract from the advance provision qualitative study to FIGO. We will be notified by June 2<sup>nd</sup> if our abstract is accepted.

Thank you so much, all!!

best,  
Dana

Dana M. Johnson, PhD (she/her)  
Health Disparities Research Scholars Postdoctoral Fellow  
Department of Population Health Sciences  
University of Wisconsin-Madison School of Medicine and Public Health  
<https://www.dana-johnson.com/>

From: figo.abs@mci-agency.com <figo.abs@mci-agency.com>

Sent: Wednesday, April 16, 2025 2:45 PM

To: DANA M JOHNSON <dmjohnson27@wisc.edu>

Subject: FIGO Cape Town 2025 – Late-breaking abstract confirmation

XXV FIGO World Congress  
of Gynecology and Obstetrics

5-9 October 2025  
Cape Town International Convention Centre

▶ [figo2025.org](https://figo2025.org)

FIGO  
WORLD CONGRESS  
OF GYNECOLOGY  
AND OBSTETRICS

## Final submission confirmed

Dear Dana Johnson,

Thank you for submitting a late-breaking abstract for the **XXV FIGO World Congress of Gynecology and Obstetrics** taking place 5 – 9 October 2025 at the Cape Town International Convention Centre, with workshops taking place on 4 October 2025.

Your submission reference number is: **FIGO2025-LB-5432**. Please find a copy of this submission attached. The Scientific Programme Committee will review this abstract and will let you know whether this has been accepted or not in June 2025.

If you would like to edit or withdraw this submission, please click this link: <https://b-com.mci-group.com/Abs/FIGO2025/Submission/Index?AbstractSubmissionWebSiteSetupCode=LB-EN>

You can modify your submission until the deadline on **Wednesday 16 April 2025, 23:59 UTC**. Only submissions with 'Final submission' status by this time will be reviewed by the Scientific Programme Committee.

Please do not hesitate to contact us for any further information you may require.

Kind regards,

**FIGO Events Team**

c/o MCI Suisse SA

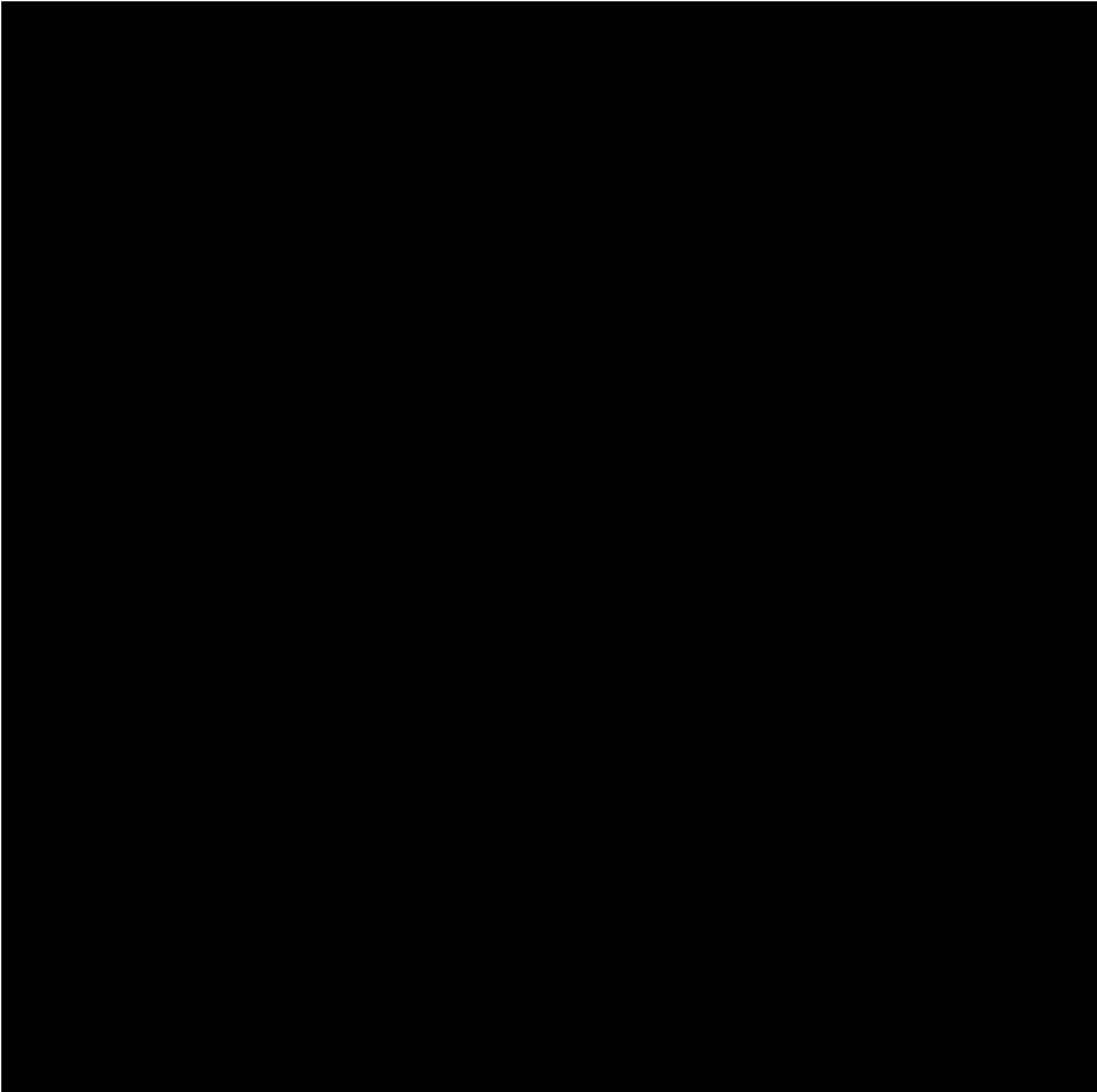
Geneva, Switzerland

E: [figo.abs@mci-agency.com](mailto:figo.abs@mci-agency.com)

**Office Opening Hours**

Monday to Friday

09:00 to 18:00 Geneva Local Time (CET)



From: "DANA M JOHNSON" <dmjohnson27@wisc.edu>  
To: [REDACTED]  
"Waves Rebecca" [REDACTED]  
"Abigail Aiken" <araa2@utexas.edu>  
Date: 6/9/2025 9:57:36 AM  
Subject: Fw: FIGO 2025 - Abstract Notification Letter (PO)

---

Dear all,

Very excited to share that our abstract from the advance provision in-depth interviews was accepted as a poster to the October FIGO conference!

Congrats all - and thank you so much for your work on this project.

Best,  
Dana

**Dana M. Johnson, PhD** (she/her)  
Health Disparities Research Scholars Postdoctoral Fellow  
University of Wisconsin-Madison School of Medicine and Public Health  
<https://www.dana-johnson.com/>

-

Some of my recent work:

[Abortion is back at SCOTUS](#), OpEd in *The Hill*

[Motivations for obtaining advance provision of medication abortion](#), *BMJ Sexual and Reproductive Health*

---

**From:** FIGO ABS <figo.abs@mci-agency.com>  
**Sent:** Tuesday, June 3, 2025 6:23 AM  
**To:** DANA M JOHNSON <dmjohnson27@wisc.edu>  
**Subject:** FIGO 2025 - Abstract Notification Letter (PO)

Confidential



Dear Doctor Dana Johnson ,

On behalf of the FIGO Cape Town 2025 Scientific Programme Committee, we are pleased to inform you that the following late-breaking abstract submission has been **accepted** for an **ePoster presentation** at the XXV FIGO World Congress of Gynecology and Obstetrics, to be held in Cape Town, South Africa, from **Sunday 5 to Thursday, 9 October 2025**:

- **Submission N°:** FIGO2025-LB-5432
- **Abstract Title:** Perspectives on innovations in abortion provision in a constrained policy context: Findings from US-based individuals who obtained advance provision of medication abortion

A new programme number will be allocated to your abstract after the late-breaking abstracts will have been selected (in late June 2025)

In line with the programme established by the Scientific Programme Committee, please find below the details

6/30/2025

of your presentation:

Location of display	Exhibition Area
Presenting author	Dana Johnson
Poster preparation guidelines	<i>Please note that all accepted abstracts for ePoster presentation will be in a digital-only format. There will be no printed abstract posters at FIGO Cape Town 2025. Further instructions will be provided on the FIGO Congress website soon.</i>

To facilitate meaningful discussions, the scientific programme committee are exploring options for designated viewing sessions, during which presenting authors may be required to present their ePoster at the ePoster stand in the exhibition hall. The schedule of viewing sessions will be confirmed once the late-breaking abstract submissions have been selected in June 2025.

## REGISTRATION & CONFIRMATION

We kindly remind you that as per the [submission guidelines](#), all speakers must **register** and need to pay the indicated registration fee to **attend and present at the Congress in-person**. Please make sure to register before **Wednesday 18 June, 23h59 CET**.

You will benefit from an extension of the early bird fee until this day, by using the following special code:  
**ABS\_early**

1. Access the registration platform here: <https://b-com.mci-group.com/CommunityPortal/ProgressivePortal/FIGO2025/App/Views/InformationPage/View.aspx?InformationPageID=18040>
2. Login by creating an account or using an existing account (if you have one)
3. Register (by following the instructions below) **before Wednesday 18 June, 23h59 CET**

Please make sure to enter the following special code in order to receive your complimentary registration:  
**ABS\_early**

After filling in your contact information, please click **YES** to "Did you receive a special code?" and enter the code indicated above.

**MEMBERSHIP OR SPECIAL CODE**

Are you a member or an official representative of a FIGO Member Society?\*

☐ Yes ☒ No

Are you a member of any other society?\*

☐ Yes ☒ No

Did you receive a special code?\*

☐ Yes ☒ No

**LATE-BREAKING ABSTRACT PRESENTER**

Do you have an accepted late-breaking abstract?\*

☒ Yes ☐ No

Please enter the code you have received, to benefit from the early bird fee:\*

## MULTIPLE PRESENTATIONS

Kindly note that FIGO only authorizes the presentation of one abstract per individual. We will check the number of presentations per person, and may contact you to appoint alternative presenters if you have several abstract accepted for the congress.

If no alternative presenter can be appointed, we will ask you to withdraw your abstracts from the programme and only keep one presentation.

## PUBLICATION

As per the [submission guidelines](#), accepted abstracts will be published as a supplement to the XXV FIGO



World Congress of Gynecology and Obstetrics in the International Journal of Gynecology and Obstetrics (IJGO).

A maximum of one abstract presentation and publication will be permitted to each presenting author. Only the presenting author's name will appear in the final Congress programme. All co-author names will be published in the IJGO supplement.

Failure to complete registration payment in time may result in exclusion from the programme and IJGO supplement.

#### **PROMOTE YOUR SESSION ON SOCIAL MEDIA**

We strongly encourage you to promote your participation and session at FIGO Cape Town 2025 on social media. Sharing your involvement helps build excitement around the congress and raises awareness of the important topics being discussed. Feel free to tag FIGO and use the official congress hashtag #FIGO2025 to maximize visibility @FIGOHQ.

For questions regarding the registration, please contact: [figo.reghot@mci-agency.com](mailto:figo.reghot@mci-agency.com)

For questions regarding your abstract, please contact: [figo.abs@mci-agency.com](mailto:figo.abs@mci-agency.com)

For general enquiries, please contact: [figo@mci-agency.com](mailto:figo@mci-agency.com)

We look forward to meeting you in Cape Town and do not hesitate to contact us for further information.  
Kind regards,

On behalf of the FIGO Cape Town 2025 Scientific Programme Committee.

#### **FIGO 2025 - Abstract Management**

c/o MCI Suisse SA  
Rue du Pré-Bouvier 9  
1242 Satigny  
Switzerland

**From:** "Essink, D.R. \ (Dirk)" <d.r.essink@vu.nl>

**To:** "Abigail Aiken" <araa2@utexas.edu>

"Rebecca Gomperts" [REDACTED]

"Jennifer E Starling" <jstarling@utexas.edu>

"Daniëlle van Blitterswijk" [REDACTED]

"Carlijn Looijen" [REDACTED]

"Thijs van Vliet" [REDACTED]

**Date:** 11/6/2023 10:11:02 AM

**Subject:** RE: Good news!

---

Wonderful! Congratulations!  
@ Rebecca, see you tomorrow

---

**Van:** Abigail Aiken <araa2@utexas.edu>

**Verzonden:** maandag 6 november 2023 16:10

**Aan:** Rebecca Gomperts [REDACTED]; Essink, D.R. (Dirk) <d.r.essink@vu.nl>; Jennifer E Starling <jstarling@utexas.edu>; Daniëlle van Blitterswijk [REDACTED] Carlijn Looijen [REDACTED]; Thijs van Vliet [REDACTED]

**Onderwerp:** Good news!

Hi all,

I'm very happy to report that JAMA Internal Medicine has accepted our advance provision article! I'll be in touch to let you know the anticipated date of publication and to share a PDF of the manuscript.

Thanks so much to everyone for all of your hard work on this and congratulations!

All best,  
Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Twitter: [@ProjectSANAteam](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** [ijnjournals@jamanetwork.org](mailto:ijnjournals@jamanetwork.org)  
**To:** ["Abigail R A Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Jennifer E Starling"](#) [REDACTED]  
["Danielle van Blitterswijk"](#) [REDACTED]  
["Carlijn Looijen"](#) [REDACTED]  
["Thijs van Vliet"](#) [REDACTED]  
["Dirk Essink" <d.r.essink@vu.nl>](mailto:d.r.essink@vu.nl)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 1/6/2024 11:01:47 PM  
**Subject:** Congratulations on your publication in JAMA Internal Medicine

---

## JAMA Internal Medicine

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Dear Dr Aiken:

Thank you for sending *JAMA Internal Medicine* your manuscript and congratulations on its publication. Below is a link to the article, which is now live on the *JAMA Internal Medicine* website. Feel free to share the link with colleagues, and most importantly your family and friends.

**Article:** [Advance Provision of Mifepristone and Misoprostol via Online Telemedicine in the US](#)

**Publication Date:** 01-02-2024

On the online version of your article, there is a small panel at the top of the page that shows some early metrics such as views and media and social media coverage. These metrics and citations will accumulate and grow throughout this year and thereafter. Below is an example of what the metrics panel looks like:

*JAMA Internal Medicine* is committed to making your author experience a positive one and to maximizing the impact and reach of your article. If you have any questions or concerns, please let us know at [JAMA Internal Medicine](#).

Best Regards,

6/30/2025

Sharon K. Inouye, MD, MPH  
Editor in Chief, *JAMA Internal Medicine*

---



This message was sent to **araa2@utexas.edu** by **tjnjournals@jamanetwork.org**.

The JAMA Network | 330 N. Wabash Avenue | Chicago, IL 60611

Click [here](#) to unsubscribe from these emails.

From: [REDACTED]

To: ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)

Date: 2/12/2024 3:03:33 PM

Subject: Fwd: Authorship Form Received for JAMA23-10913

Attachments: authorship\_e\_form\_jama23-10913\_gomperts\_ezdfdy.pdf

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Begin forwarded message:

**From:** [REDACTED]  
**Subject:** Authorship Form Received for JAMA23-10913  
**Date:** 12 February 2024 at 21:03:11 CET  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Reply-To:** [REDACTED]

February 12, 2024

Dear Dr Gomperts,

Thank you for submitting your Authorship form for JAMA. Your authorship form will be reviewed for accuracy and completeness. If there are any omissions, the form will be returned to you for correction and resubmission. A PDF copy of the form is attached for your reference.

Sincerely yours,

Josie Sheehy  
Editorial Assistant II, JAMA

[Email:](#) [REDACTED]  
T 312-464-4217

Confidentiality Note: This communication, including any attachments, is solely for the use of the addressee, may contain privileged, confidential or proprietary information, and may not be redistributed in any way without the sender's consent. Thank you.

**JAMA Authorship Responsibility, Funding and Conflicts of Interest, and Publishing Agreement for Coauthor**

Each author must read and complete the following sections:

1. Authorship Responsibility, Criteria, and Contributions
2. Reporting of Funding and Conflicts of Interest
3. Publishing Agreement
4. Confirmation

Manuscript # JAMA23-10913

Manuscript Title: Self-managed Medication Abortions Before and After Dobbs v Jackson Women's Health Organization

Author Name: Rebecca Gomperts

Corresponding Author: Abigail Aiken

Phone: [REDACTED]

Email: [REDACTED]

**Step 1. Authorship Responsibility, Criteria, and Contributions.** Each author should meet all criteria below (A, B, C, and D) and should indicate general and specific contributions by reading criteria A, B, C, and D and checking the appropriate boxes. **A contribution statement based on this form will be published with the final version of your article; please ensure the contributions are accurate.**

☒ A. I certify that

- The manuscript represents original and valid work and that neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as described in the journal's submission form and cover letter submitted with the manuscript, and copies of closely related manuscripts have been provided; and
- I agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved; and
- If requested, I will provide the data or will cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees; and
- For papers with more than 1 author, I agree to allow the corresponding author to serve as the primary correspondent with the editorial office, to review the edited manuscript and proof, and to make decisions regarding release of information in the manuscript to the media, federal agencies, or both; or, if I am the only author, I will be the corresponding author and agree to serve in the roles described above.

☒ B. I have given final approval of the submitted manuscript.

C. I have participated sufficiently in the work to take public responsibility for (check 1 of 2 below)

- ☒ part of the content.  
☐ the whole content.

D. To qualify for authorship, you must check at least 1 box for each of the 3 categories of contributions listed below.

I have made substantial contributions to the intellectual content of the paper as described below.

1. Check at least 1 of 2 below

- ☐ concept and design  
☒ acquisition, analysis, or interpretation of data

2. Check at least 1 of 2 below

- ☐ drafting of the manuscript  
☒ critical review of the manuscript for important intellectual content

3. Check at least 1 below

- ☐ statistical analysis  
☐ obtained funding  
☐ administrative, technical, or material support  
☐ supervision

- ☐ no additional contributions  
☒ other  
 contributed to final data interpretation

## Step 2. Disclosure of Potential Conflicts of Interest

The purpose of this section is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The section includes the questions from the ICMJE Form for Disclosure of Potential Conflicts of Interest and is divided into 5 subsections.

Authors are expected to provide detailed information about all relevant financial interests, activities, relationships, and affiliations (other than those affiliations listed in the title page of the manuscript) including, but not limited to, employment, affiliation, funding and grants received or pending, consultancies, honoraria or payment, speakers bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued.

### • 2A. The work under consideration for publication.

This subsection asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party—that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes."

### • 2B. Relevant financial activities outside the submitted work.

This subsection asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations, or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### • 2C. Intellectual property.

This subsection asks about patents and copyrights, whether pending, issued, licensed, and/or receiving royalties.

### • 2D. Relationships not covered above.

Use this subsection to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** Government agency, foundation, commercial sponsor, academic institution, etc  
**Grant:** A grant from an entity, generally (but not always) paid to your organization  
**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations  
**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc

**Other:** Anything not covered under the previous 3 boxes  
**Pending:** The patent has been filed but not issued  
**Issued:** The patent has been issued by the agency  
**Licensed:** The patent has been licensed to an entity, whether earning royalties or not  
**Royalties:** Funds are coming in to you or your institution due to your patent

- **2E. Disclosure statement.**

### Step 2A. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc)? Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. If you have more than 1 entity, press the "Add" button to add a row. Excess rows can be removed by pressing the "Remove" button. If you have selected the "Other" checkbox, a "Comment" will be required.

No

### Step 2B. Relevant Financial Activities Outside the Submitted Work

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. If you have more than 1 entity, press the "Add" button to add a row. Excess rows can be removed by pressing the "Remove" button. If you have selected the "Other" checkbox, a "Comment" will be required. You should report relationships that were **present during the 36 months prior to publication**

No

### Step 2C. Intellectual Property—Patents and Copyrights

Do you have any patents, whether planned, pending, or issued, broadly relevant to the work? Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions.

No

### Step 2D. Relationships Not Covered Above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

I am is the Founder and Director of Aid  
Access

At the time of manuscript acceptance, the journal will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, the journal may ask authors to disclose further information about reported relationships.

### Step 2E. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement in the box below after you click the "Generate Disclosure Statement" button. Any subsequent changes will also update the disclosure statement automatically after clicking the "Submit" button.

Dr Gomperts reports I am is the Founder and Director of Aid Access.

### Step 3. Publishing Agreement.\* All authors must select only 1 of the following: A, or B, or C.

- ☒ A. Copyright Transfer. In consideration of the action of the American Medical Association (AMA) in reviewing and editing this submission (manuscript, tables, figures, video, audio, and other supplemental files for publication), I hereby transfer, assign, or otherwise convey all copyright ownership, including any and all rights incidental thereto, exclusively to the AMA, of the published article (or version of record).



- ☐ B. Federal Employment. I was an employee of the US federal government or that of another nation when this work was conducted and prepared for publication; therefore, it is not protected by the Copyright Act, and copyright ownership cannot be transferred.
- ☐ C. Work for hire. I am employed by an institution that considers this submission a “work made for hire” and that requires an authorized representative of the institution to assign copyright on my behalf. (Note: Information in the following 3 fields is required before you can submit this agreement.)

\*For research articles, authors may deposit the accepted version of the manuscript (but not the final copyedited, formatted, and proofed version of record published by the journal) in a repository of their choice on or after the date of publication provided that it links to the final published article on the journal's website. JAMA Network will make the published research article (version of record) free public access 6 months after publication on the journal website and deposit it in PubMed Central for public access 6 months after publication.

**Step 4. Confirmation.** Confirm that all information provided is accurate by checking the box below and then enter your complete name **as it appears at the top of this form** and date of confirmation in the fields below.

☒ I certify that all information I have provided is accurate.

Complete Name: rebecca gomperts

Date: 12-2-2024

local\_p\_id: 445450

time: 1707768190

ip address:  
127.0.0.1

From: ["Elisa Wells"](#) [REDACTED]  
To: ["Abigail Aiken" <araa2@utexas.edu>](#)  
["James Scott" <James.Scott@mcombs.utexas.edu>](#)  
[Gomperts](#) [REDACTED]  
Date: 2/12/2024 5:57:51 PM  
Subject: Re: R&R from JAMA

---

Great news! I have completed the form. Let me know if there is any help you need with revision/review.

Congrats!

---

**From:** Abigail Aiken <araa2@utexas.edu>  
**Date:** Monday, February 12, 2024 at 11:25 AM  
**To:** James Scott <James.Scott@mcombs.utexas.edu>, Elisa Wells [REDACTED],  
Gomperts [REDACTED]  
**Subject:** R&R from JAMA

Hi all,

Good news—JAMA has asked for an R&R on our paper examining sma provision before and after Dobbs. They would like the revision back within 2 weeks, so I will get to work on it shortly.

You may have already received an email about authorship forms. Please follow the link in the email to complete and submit the form. Please note that the information in the form needs to exactly match the author contributions and COI information listed in the manuscript. **I've copied below what we currently have in the manuscript—please let me know if we need to make any changes based on the information you provide in your author form.**

Please let me know of any questions and thanks so much for all of your work on this paper!

Best to all,  
Abigail

ARAA conceived of the original research questions. All authors contributed to the study design. ESW and RG provided data. All authors agree to be accountable for all aspects of the work. ARAA had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. ARAA and JGS analyzed the data. JGS designed the statistical models. JGS and ARAA prepared the tables. ARAA and JGS did the initial data interpretation. ARAA wrote the first draft of the manuscript. All authors contributed to final data interpretation, revised the manuscript for important intellectual content, and approved the final version of the manuscript. No medical writers or Editors were involved in the creation of the manuscript. No AI or AI-assisted technologies were used in any aspect of this manuscript including the analysis and interpretation data, the drawing of scientific conclusions, or the writing of the manuscript. ARAA reports grant support from The Society of Family Planning (Grant # SFPRF12-MA1), The Kopcho Reproductive Freedom Fund, and The William and Flora Hewlett Foundation (Grant #2023-02900-GRA), and reports receiving infrastructure support from the National Institutes of Health (Grant # P2CHD042849). None of the funding sources had any role in the design and conduct of the study; collection, management, analysis,

and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication. ESW is a Co-founder and Co-director of Plan C. RG is the Founder and Director of Aid Access. JGS declares no competing interests.

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** [ijnjournals@jamanetwork.org](mailto:ijnjournals@jamanetwork.org)  
**To:** ["Abigail R A Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Jennifer E Starling"](#) [REDACTED]  
["DaniAlle van Blitterswijk"](#) [REDACTED]  
["Carlijn Looijen"](#) [REDACTED]  
["Thijs van Vliet"](#) [REDACTED]  
["Dirk Essink" <d.r.essink@vu.nl>](mailto:d.r.essink@vu.nl)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 2/21/2024 10:54:23 AM  
**Subject:** Congratulations on your recent publication in JAMA Internal Medicine

---

## JAMA Internal Medicine

Dear Dr Aiken,

Thank you for submitting your manuscript to *JAMA Internal Medicine*. Your article has received some attention in the media and we're pleased to provide you a [link](#) to some of its news coverage.

Congratulations, and we hope you will consider publishing with us again.

Sincerely yours,

Sharon Inouye, MD, MPH  
Editor in Chief

**From:** ["Elisa Wells"](#) [REDACTED]  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](#)  
[Gomperts](#) [REDACTED]  
["James Scott" <James.Scott@mcombs.utexas.edu>](#)  
**Date:** 3/6/2024 5:22:58 PM  
**Subject:** Re: Good news

---

Congrats! Will be great to have those numbers finally out there.

---

**From:** Abigail Aiken <araa2@utexas.edu>  
**Date:** Wednesday, March 6, 2024 at 11:36 AM  
**To:** Gomperts [REDACTED] Elisa Wells [REDACTED] James Scott  
<James.Scott@mcombs.utexas.edu>  
**Subject:** Good news

Hi everyone,

I just received an acceptance decision from JAMA on our paper examining the change in provision of medications for self-managed abortion pre and post-Dobbs. I anticipate having article proofs in the next week or so since the anticipated online publication date is March 25th. Everything is under embargo until then. I'll share the final copy-edited version of the article once I have it.

Congratulations to all and thank you for all of our hard work!  
Abigail

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** [ijnjournals@jamanetwork.org](mailto:ijnjournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Elisa S Wells"](#) [REDACTED]  
["Rebecca Gomperts"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](mailto:James.Scott@mcombs.utexas.edu)  
**Date:** 3/29/2024 10:00:51 PM  
**Subject:** Congratulations on your publication in JAMA

---



---

Dear Dr Aiken:

Thank you for sending *JAMA* your manuscript and congratulations on its publication. Below is a link to the article, which is now live on the *JAMA* website. Feel free to share the link with colleagues, and most importantly your family and friends.

**Article:** [Provision of Medications for Self-Managed Abortion Before and After the Dobbs v Jackson Women's Health Organization Decision](#)

**Publication Date:** 03-25-2024

On the online version of your article, there is a small panel at the top of the page that shows some early metrics such as views and media and social media coverage. These metrics and citations will accumulate and grow throughout this year and thereafter. Below is an example of what the metrics panel looks like:

*JAMA* is committed to making your author experience a positive one and to maximizing the impact and reach of your article. If you have any questions or concerns, please let us know at [JAMA](#).

Best Regards,

Kirsten Bibbins-Domingo, PhD, MD, MAS  
Editor in Chief, *JAMA*



This message was sent to **araa2@utexas.edu** by **tjnjournals@jamanetwork.org**.

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["Danielle van Blitterswijk"](#) [REDACTED]  
["Carlijn Looijen"](#) [REDACTED]  
["Thijs van Vliet"](#) [REDACTED]  
["Dirk Essink" <d.r.essink@vu.nl>](mailto:d.r.essink@vu.nl)  
["Rebecca Gomperts"](#) [REDACTED]  
**Date:** 4/1/2024 10:01:55 PM  
**Subject:** Update on your publication in JAMA Internal Medicine

---

## JAMA Internal Medicine

---

Dear Dr Aiken:

In the 3 months since your article, [Advance Provision of Mifepristone and Misoprostol via Online Telemedicine in the US](#), was published in *JAMA Internal Medicine*, it has attracted readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:

You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Note that the citations metric usually takes 6 months or more to populate.

*JAMA Internal Medicine* is committed to making your author experience positive and to maximizing the impact and reach of your article. If you have any questions or concerns, please let us know.

Best Regards,

Sharon K. Inouye, MD, MPH

6/30/2025



Editor in Chief, *JAMA Internal Medicine*

---



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**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Elisa S Wells"](#) [REDACTED]  
["Rebecca Gomperts"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](mailto:James.Scott@mcombs.utexas.edu)  
**Date:** 5/7/2024 3:19:47 PM  
**Subject:** Congratulations on your recent publication in JAMA

---

# JAMA

Dear Dr Aiken,

Thank you for submitting your manuscript to *JAMA*. Your article has received some attention in the media and we're pleased to provide you a [link](#) to some of its news coverage.

Congratulations, and we hope you will consider publishing with us again.

Kirsten Bibbins-Domingo, PhD, MD, MAS  
Editor In Chief

JAMA

**From:** [ijnournals@jamanetwork.org](mailto:ijnournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Elisa S Wells"](#) [REDACTED]  
["Rebecca Gomperts"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](mailto:James.Scott@mcombs.utexas.edu)  
**Date:** 6/23/2024 10:00:34 PM  
**Subject:** Update on your publication in JAMA

---



---

Dear Dr Aiken:

In the 3 months since your article, [Provision of Medications for Self-Managed Abortion Before and After the Dobbs v Jackson Women's Health Organization Decision](#), was published in *JAMA*, it has attracted readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:

You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Note that the citations metric usually takes 6 months or more to populate.

*JAMA* is committed to making your author experience positive and to maximizing the impact and reach of your article. If you have any questions or concerns, please let us know.

Best Regards,

Kirsten Bibbins-Domingo, PhD, MD, MAS  
Editor in Chief, *JAMA*



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From: "Dana Johnson" [REDACTED]  
To: [REDACTED]  
"Waves Rebecca" [REDACTED]  
[araa2@utexas.edu](mailto:araa2@utexas.edu)  
Date: 7/2/2024 1:40:36 PM  
Subject: Fwd: Information about your #SFP2024 scientific abstract

---

Hi all,  
Bummer news, SFP did not accept our abstract regarding the advance provision interviews. But..this only lights a fire under me MORE to get that manuscript out this summer. Stay tuned all!

If you have any questions, please feel free to send me a note.

Hope everyone is staying cool and taking care!

best,  
Dana

----- Forwarded message -----

From: [REDACTED]  
Date: Tue, Jul 2, 2024 at 2:08 PM  
Subject: Information about your #SFP2024 scientific abstract  
To: [REDACTED]



Dear Dana,

Thank you very much for your interest in the 2024 Society of Family Planning Annual Meeting and for submitting an abstract. After careful consideration, we regret to inform you that your abstract, *"You wouldn't live in a house without a fire extinguisher" Motivations for ordering medication abortion pills in advance in the United States (#204)*, was not selected for presentation. Please inform the other authors of this abstract.

We hope that you will still consider attending [#SFP2024](#), and we encourage you to submit a scientific abstract for next year's meeting. The Annual Meeting will be taking place in Detroit on October 19-21, preceded by two days of business meetings, pre-conference workshops, and a welcome reception.

Best,  
Christine

**Christine Hence, MS**

Events Manager

866.584.6758, ext. 402 (eastern time zone)

Pronouns: she/her/hers



[www.SocietyFP.org](http://www.SocietyFP.org)

--

**Dana M. Johnson, PhD**



<https://www.dana-johnson.com/>

From: "Dana Johnson" [REDACTED]

To: "Abigail Aiken" <araa2@utexas.edu>

"Waves Rebecca" [REDACTED]  
[REDACTED]

Date: 8/14/2024 9:53:46 AM

Subject: Draft of Advance Provision Manuscript 1 (Motivations)

Attachments: Manuscript1\_Motivations.docx

---

Dear All,

I hope everyone is going well! I am writing with draft of the Advance Provision in-depth interviews manuscript. This manuscript focuses on "motivations" for obtaining advance provision, and our second manuscript (in progress) will focus on who is ordering advance provision.

Two quick points:

1. Please take a look at the track changes, I left a few comments specific to folks (ie, Abigail for the funder, [REDACTED] for a second eye on our methods)

2. Abigail and I discussed trying BMJ Sexual and Reproductive Health first, but I am certainly open to any all suggestions!

Thank you SO much for all your work on this project!

best,  
Dana

--

**Dana M. Johnson, PhD**

[REDACTED]  
<https://www.dana-johnson.com/>









































From: "Dana Johnson" [REDACTED]

To: [REDACTED]

"Abigail Aiken" <araa2@utexas.edu>

"Waves Rebecca" [REDACTED]

Date: 9/10/2024 5:34:28 PM

Subject: Fwd: The Lancet Regional Health - Americas: Submission Confirmation

Attachments: TLRHAMERICAS-S-24-00753.pdf

---

Dear all,

We have submitted the first manuscript from the advance provision in-depth interview study to Lancet Regional Health - Americas! Please see full PDF submission for your records (and Abigail, updated on the Project SANA box as well).

Congratulations, all! Thank you so much for all your work on this project!!

Have a wonderful rest of your tuesday.

Best,  
Dana

----- Forwarded message -----

From: **The Lancet Regional Health - Americas Team** <em@editorialmanager.com>

Date: Tue, Sep 10, 2024 at 5:32 PM

Subject: The Lancet Regional Health - Americas: Submission Confirmation

To: Dana M Johnson [REDACTED]

Dear Dr Johnson,

We have received your article "Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study" for consideration for publication in *The Lancet Regional Health - Americas*.

Thank you for submitting your work to this journal.

Kind regards,

*The Lancet Regional Health - Americas*

---

*In compliance with data protection regulations, you may request that we remove your personal registration details at any time. ([Remove my information/details](#)). Please contact the publication office if you have any questions.*

--

**Dana M. Johnson, PhD**

[REDACTED]  
<https://www.dana-johnson.com/>

# The Lancet Regional Health - Americas

## Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study --Manuscript Draft--

<b>Manuscript Number:</b>	
<b>Article Type:</b>	Article (Original Research)
<b>Section/Category:</b>	
<b>Keywords:</b>	Abortion, advance provision, mifepristone, misoprostol, medication abortion, qualitative study, United States
<b>Corresponding Author:</b>	Dana M Johnson, PhD University of Wisconsin-Madison School of Medicine and Public Health UNITED STATES
<b>First Author:</b>	Dana M Johnson, PhD
<b>Order of Authors:</b>	Dana M Johnson, PhD <div style="background-color: black; width: 100px; height: 15px;"></div> Rebecca Gomperts, MD, PhD Abigail RA Aiken, MD, MPH, PhD
<b>Manuscript Region of Origin:</b>	UNITED STATES
<b>Abstract:</b>	<p>Background: Advance provision of medication abortion, or the prescription of mifepristone and misoprostol before pregnancy occurs, is an unexplored care model aimed at expanding abortion access. We examine motivations for obtaining advance provision from the online telemedicine service Aid Access, which supports people in the United States.</p> <p>Methods: Between May and November 2023, we conducted semi-structured in-depth interviews with 39 people who obtained advance provision between January 2022 and April 2023. Interviews were transcribed and thematically coded to assess individual motivations.</p> <p>Findings: 1) Participants were motivated to obtain medications because of the Dobbs vs. Jackson Women's Health Organization (Dobbs) draft opinion leak and eventual decision. Participants expressed concerns about access to abortion under current and future abortion restrictions. 2) Concerns about restrictions prompted people to make a back-up plan for themselves and loved ones, and participants compared advance provision to other emergency medications and practices. 3) Participants were motivated to have medications on hand because pregnancy would be either unsafe or difficult. Others were trying to become pregnant, but because of their health histories they were cognizant of the health risks of a desired pregnancy. 4) Participants had an active desire to take back control of their reproductive autonomy in the face of inevitable abortion bans.</p> <p>Interpretation: The need for autonomy, resistance and reassurance were woven throughout participant's motivations for obtaining advance provision. The Dobbs decision acted as a catalyst for action to take back reproductive autonomy and prepare for lack of access to abortion care.</p>









































From: ["SSRN Author Comment Notification" <ssrnsupport@elsevier.com>](#)

To: [araa2@utexas.edu](mailto:araa2@utexas.edu)



Date: 9/13/2024 7:11:41 AM

Subject: A Comment Has Been Added to SSRN Abstract ID 4953282

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Motivations for Obtaining Advance Provision of Medication Abortion in the United States: A Qualitative Study (Abstract ID 4953282):

Thank you for opting in to share your preprint with Preprints with The Lancet on SSRN. <br> <br> Your paper has not been accepted for posting on SSRN. The decision by Preprints with The Lancet is separate from the Lancet Group's editorial process at the journal where you submitted your paper. <br> <br> Please also refer to our FAQ page for more information: <https://www.thelancet.com/preprint-faq> <br> <br> For any questions about this message, you may contact [preprints@lancet.com](mailto:preprints@lancet.com).

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Thank you,  
The SSRN Team

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From: "Dana Johnson" [REDACTED]  
To: "Abigail Aiken" <araa2@utexas.edu>  
[REDACTED]  
"Waves Rebecca" [REDACTED]  
Date: 9/16/2024 8:52:16 AM  
Subject: Fwd: Your Submission TLRHAMERICAS-D-24-00618

---

Hi all!

I hope you had a nice weekend! Sorry to start off your Monday morning this way, but bummer news from Lancet Regional Health Americas, but not too unexpected? It looks like they have not published too much qual work..

I am a little unsure where to try next!

Sexual and Reproductive Health Matters seems great, but we have a miso-only in-depth interview paper under review there, does that matter?

Perspectives on Sexual and Reproductive Health also seems good, but I have been hearing from other folks that they are quite backed up - have folks heard anything about this?

Finally, perhaps mostly a question for Abigail, do you think BMJ Sexual and Reproductive Health has flexibility on word count? Happy to cut words as well!

If folks have any thoughts, please let me know!

best,  
Dana

----- Forwarded message -----

From: **The Lancet Regional Health - Americas Team** <[em@editorialmanager.com](mailto:em@editorialmanager.com)>  
Date: Mon, Sep 16, 2024 at 8:15 AM  
Subject: Your Submission TLRHAMERICAS-D-24-00618  
To: Dana M Johnson [REDACTED]

Manuscript reference number: TLRHAMERICAS-D-24-00618

Title: Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study

Dear Dr Johnson,

Many thanks for submitting your manuscript to *The Lancet Regional Health - Americas*. We read your paper with interest, but I regret to say that we are unable to proceed with it, after careful consideration. We currently receive far more submissions than we have space to publish and therefore have to reject many otherwise worthy papers.

We are sorry to disappoint you on this occasion and would like to suggest two alternative journals we believe might be suitable options:

Dialogues in Health <https://www.editorialmanager.com/DIALOG/>  
Public Health in Practice <https://www.editorialmanager.com/PUHIP/>

If you would like your paper to be considered by one of these alternative journals, we can transfer it directly on your behalf. To do this, please either accept or decline the transfer by clicking on the links below:

Accept to Transfer:

[Agree to Transfer](#)

Decline to Transfer:

[Decline to Transfer](#)

Please note, the transfer links will expire on Oct 16, 2024. Should this expire, please contact the alternative journal directly to submit your paper.

Although this decision has not been a positive one, we thank you for your interest in the journal and hope it does not deter you from considering us again in the future.

Yours sincerely,

Dr Taissa Vila

Editor-in-Chief, *The Lancet Regional Health - Americas*

Email: [REDACTED]

---

*In compliance with data protection regulations, you may request that we remove your personal registration details at any time. ([Remove my information/details](#)). Please contact the publication office if you have any questions.*

--

**Dana M. Johnson, PhD**

[REDACTED]

<https://www.dana-johnson.com/>

From: "Sharie Mae Cruz" <[onbehalf@manuscriptcentral.com](mailto:onbehalf@manuscriptcentral.com)>  
To: [REDACTED]  
[REDACTED]  
[araa2@utexas.edu](mailto:araa2@utexas.edu)  
Date: 9/19/2024 9:52:35 AM  
Subject: BMJ Sexual & Reproductive Health - Manuscript ID bmjsrh-2024-202580

---

19-Sep-2024

Dear Dr. Johnson:

Your manuscript entitled "Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study" has been successfully submitted online and is presently being given full consideration for publication in BMJ Sexual & Reproductive Health.

Your manuscript ID is bmjsrh-2024-202580.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at <https://mc.manuscriptcentral.com/bmjsrh> and edit your user information as appropriate.

Author names will be taken directly from the information held in ScholarOne and not from the article file. Please check that all names are correctly entered as this will be the name displayed on the final published article and in any indexes affiliated with the journal.

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Any individuals listed as co-authors on this manuscript are copied into this submission confirmation email. If you believe that you have received this email in error, please contact the Editorial Office.

Thank you for submitting your manuscript to BMJ Sexual & Reproductive Health.

Kind regards,  
Prof. Sharon Cameron Editor in Chief, BMJ Sexual & Reproductive Health

P.s. What did you think of the article submission process?

At BMJ, we constantly strive to improve our services for authors. We value your feedback and we'd be grateful if you could take 5 minutes to fill out our short survey. Your responses will remain confidential and you won't be identified in any results.

Please click on this link to access the survey <https://www.surveymonkey.co.uk/r/6DGV97V>:

We are constantly trying to find ways of improving our peer review system and continually monitor processes and methods by including article submissions and reviewers' reports in our research. If you do not wish your paper or review entered into our peer review research programme, please let us know by emailing [papersadmin@bmj.com](mailto:papersadmin@bmj.com) as soon as possible



**From:** "Sharie Mae Cruz" <[onbehalfof@manuscriptcentral.com](mailto:onbehalfof@manuscriptcentral.com)>  
**To:** [REDACTED]  
[REDACTED]  
[araa2@utexas.edu](mailto:araa2@utexas.edu)  
**Date:** 9/20/2024 12:54:00 PM  
**Subject:** BMJ Sexual & Reproductive Health - Manuscript ID bmjsrh-2024-202580

---

20-Sep-2024

Dear Dr. Johnson:

Your manuscript entitled "Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study" has been successfully submitted online and is presently being given full consideration for publication in BMJ Sexual & Reproductive Health.

Your manuscript ID is bmjsrh-2024-202580.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at <https://mc.manuscriptcentral.com/bmjsrh> and edit your user information as appropriate.

Author names will be taken directly from the information held in ScholarOne and not from the article file. Please check that all names are correctly entered as this will be the name displayed on the final published article and in any indexes affiliated with the journal.

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Any individuals listed as co-authors on this manuscript are copied into this submission confirmation email. If you believe that you have received this email in error, please contact the Editorial Office.

Thank you for submitting your manuscript to BMJ Sexual & Reproductive Health.

Kind regards,  
Prof. Sharon Cameron Editor in Chief, BMJ Sexual & Reproductive Health

P.s. What did you think of the article submission process?

At BMJ, we constantly strive to improve our services for authors. We value your feedback and we'd be grateful if you could take 5 minutes to fill out our short survey. Your responses will remain confidential and you won't be identified in any results.

Please click on this link to access the survey <https://www.surveymonkey.co.uk/r/6DGV97V>:

We are constantly trying to find ways of improving our peer review system and continually monitor processes and methods by including article submissions and reviewers' reports in our research. If you do not wish your paper or review entered into our peer review research programme, please let us know by emailing [papersadmin@bmj.com](mailto:papersadmin@bmj.com) as soon as possible

From: "DANA M JOHNSON" <dmjohnson27@wisc.edu>

To: "Abigail Aiken" <araa2@utexas.edu>



Date: 10/1/2024 11:20:08 AM

Subject: Fw: Submission 4286 Confirmation

---

Dear all,

I am sending along our confirmation (see below) that we submitted our abstract to the Population Association of America Annual Meeting! Thanks so much for your swift review of this abstract.

Best,  
Dana

**Dana M. Johnson, PhD** (she/her)  
Health Disparities Research Scholars Postdoctoral Fellow  
Department of Population Health Sciences  
University of Wisconsin-Madison School of Medicine and Public Health  
<https://www.dana-johnson.com/>

---

**From:** PAA2025 Site <PAA@mirasmart.com>  
**Sent:** Tuesday, October 1, 2024 10:44 AM  
**To:** DANA M JOHNSON <dmjohnson27@wisc.edu>  
**Subject:** Submission 4286 Confirmation

Congratulations on the successful submission of your Submission to the PAA2025 Site.  
For your records, please print a copy of this email.

**Start the Visa Process Now:** You can download a letter about the conference with information on your submission that you can use to request a visa. A more detailed letter will be available for all accepted submissions. To access the letter, click edit from the Author Home, and choose the manage button (number 6). Click the **"Submission Completed Letter"** button to get your letter.  
Submission ID: 4286

Submission Title: 'Perceptions of advance provision of medication abortion in the United States and implications for reproductive autonomy'

First Choice

Submission Topic: 9. Fertility, Family Planning, Sexual Behavior, and Reproductive Health  
Session: 902 - Abortion

Second Choice

Topic: 9. Fertility, Family Planning, Sexual Behavior, and Reproductive Health  
Session: 917 - Reproductive Justice, Autonomy, and Coercion

Please use the Submission ID in all communications about your Submission.

This email is being automatically sent to you from the PAA2025 Site.

From: "Waves Rebecca" [REDACTED]  
To: "Abigail Aiken" <[araa2@utexas.edu](mailto:araa2@utexas.edu)>  
Date: 10/11/2024 3:15:52 AM  
Subject: Re: New grant opportunity

---

yes!

On 10 Oct 2024, at 19:22, Abigail Aiken <[araa2@utexas.edu](mailto:araa2@utexas.edu)> wrote:

Hi there,

This grant opportunity has just come out and I would like to apply: [https://societyfp.org/wp-content/uploads/2024/09/2024-remote-provision-of-medab\\_rfp.pdf](https://societyfp.org/wp-content/uploads/2024/09/2024-remote-provision-of-medab_rfp.pdf)

I think there are some very interesting questions we could look at with AA data. Would you be supportive of this? Maybe you will have some interns in the spring who could be part of the research?

Thanks and hope all is well,  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

From: [gomperts](#) [REDACTED]  
To: ["Abigail Aiken" <araa2@utexas.edu>](#)  
CC: ["Rebecca Gomperts"](#) [REDACTED]  
Date: 10/29/2024 3:20:26 AM  
Subject: Re: Update on SFP grant proposal

---

great i am available tomorrow wednesday

Sent from my iPhone

On 28 Oct 2024, at 22:13, Abigail Aiken <araa2@utexas.edu> wrote:

Hi there,

Just an update that I am currently working on the SFP proposal. The idea for the grant is to explore: 1) multiple ordering of pills across services (how often and the reasons why); 2) the abortion experiences of people living in ban vs. non-ban states, particularly with respect to seeking and accessing in-person follow-up care if needed or desired; 3) the cost of shield law services: what proportion of people pay a reduced amount and what their circumstances are. So there would be both a quantitative and qualitative component to the work

It would be great to talk about the budget as well—would you have time for a call sometime soon?

Thanks so much and all best,  
A

Abigail R.A. Aiken, MD, MPH, PhD  
Associate Professor  
LBJ School of Public Affairs  
University of Texas at Austin  
Principal Investigator, [Project SANA](#)  
Email: [araa2@utexas.edu](mailto:araa2@utexas.edu)

**From:** "Sharie Mae Cruz" <[onbehalf@manuscriptcentral.com](mailto:onbehalf@manuscriptcentral.com)>  
**To:** [REDACTED]  
[REDACTED]  
[araa2@utexas.edu](mailto:araa2@utexas.edu)  
**Date:** 11/22/2024 6:06:26 AM  
**Subject:** BMJ Sexual & Reproductive Health - Manuscript ID bmjsrh-2024-202580.R1

---

22-Nov-2024

Dear Dr. Johnson:

Your manuscript entitled "Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study" has been successfully submitted online and is presently being given full consideration for publication in BMJ Sexual & Reproductive Health.

Your manuscript ID is bmjsrh-2024-202580.R1.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at <https://mc.manuscriptcentral.com/bmjsrh> and edit your user information as appropriate.

Author names will be taken directly from the information held in ScholarOne and not from the article file. Please check that all names are correctly entered as this will be the name displayed on the final published article and in any indexes affiliated with the journal.

You can view the status of your manuscript at any time by entering your manuscript ID bmjsrh-2024-202580.R1 into Where Is My Paper <https://whereismypaper.bmj.com/>, our fast and easy-to-use manuscript tracking tool or by checking your Author Center after logging in to <https://mc.manuscriptcentral.com/bmjsrh>.

Any individuals listed as co-authors on this manuscript are copied into this submission confirmation email. If you believe that you have received this email in error, please contact the Editorial Office.

Thank you for submitting your manuscript to BMJ Sexual & Reproductive Health.

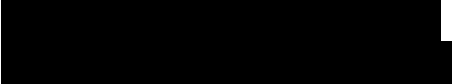
Kind regards,  
Editor in Chief, BMJ Sexual & Reproductive Health

P.s. What did you think of the article submission process?

At BMJ, we constantly strive to improve our services for authors. We value your feedback and we'd be grateful if you could take 5 minutes to fill out our short survey. Your responses will remain confidential and you won't be identified in any results.

Please click on this link to access the survey <https://www.surveymonkey.co.uk/r/6DGV97V>:

We are constantly trying to find ways of improving our peer review system and continually monitor processes and methods by including article submissions and reviewers' reports in our research. If you do not wish your paper or review entered into our peer review research programme, please let us know by emailing [papersadmin@bmj.com](mailto:papersadmin@bmj.com) as soon as possible

From: "Sharie Mae Cruz" <[onbehalf@manuscriptcentral.com](mailto:onbehalf@manuscriptcentral.com)>  
To: [dmjohnson27@wisc.edu](mailto:dmjohnson27@wisc.edu)  
CC: [dmjohnson27@wisc.edu](mailto:dmjohnson27@wisc.edu)  
  
[araa2@utexas.edu](mailto:araa2@utexas.edu)  
Date: 11/27/2024 9:16:26 AM  
Subject: Your submission to BMJ Sexual & Reproductive Health has been accepted

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27-Nov-2024

bmjsrh-2024-202580.R1 - Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study

Dear Dr. Johnson:

We are pleased to accept your article for publication in BMJ Sexual & Reproductive Health.

Your article will now be sent for copyediting and typesetting. We will email you a proof to check via our online tool usually within 10-15 days of acceptance; please check your junk mail folder.

The proof is your opportunity to check for typesetting errors and the completeness and accuracy of the text; including author names and affiliations, tables and figures; including legends, numerical, mathematical, or other scientific expressions. We ask that you only make minor corrections at this stage. Please provide any comments within 48 hours. There will be no further opportunities to make corrections prior to publication.

See <https://authors.bmj.com/after-submitting/accepted/> for more information about what to expect once your article has been accepted.

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BMJ Sexual & Reproductive Health has a popular blog (<https://blogs.bmj.com/bmjsrh/>) that is free to read. We would encourage you to consider contributing a short blog post of **500-1000** words to help promote your published article to the widest possible audience. Please contact the Social Media Editor at [social.srh@bmj.com](mailto:social.srh@bmj.com) for further information.

Any final comments from the reviewer(s) are included at the foot of this email. The comments are for your information only, but in the case of minor requests (e.g. typos) these can be corrected when you

receive your proof.

If your article is selected for press release by BMJ's Press Office you will be informed as soon as possible.

If you have any queries, please contact the Editorial Office at [info.bmj.srh@bmj.com](mailto:info.bmj.srh@bmj.com).

Kind regards,  
Prof. Sharon Cameron  
Editor in Chief, BMJ Sexual & Reproductive Health

Dr. Hang Wun Raymond Li  
Associate Editor, BMJ Sexual & Reproductive Health

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Reviewer(s)' Comments to Author (if any):

From: ["Waves Rebecca"](#) [REDACTED]

To: ["Abigail Aiken" <araa2@utexas.edu>](#)

Date: 12/19/2024 6:22:21 AM

Subject: Re: SFP grant support letter

Attachments: Aid Access\_Support letter\_Aiken .pdf

---



Abigail R. A. Aiken, MD, MPH, PhD  
Lyndon B. Johnson School of Public Affairs  
University of Texas at Austin  
2300 Red River Street  
Austin, TX, 78713

December 10<sup>th</sup>, 2024

Dear Dr. Aiken,

Hereby I would like to express the support of Aid Access for our research project “Patient experiences seeking, securing, and managing medication abortion provided through online asynchronous telemedicine across states with abortion bans, restrictions, and protections”. I am very happy to be Co-I on this project and as Founder and Director of Aid Access, I will provide access to the de-identified data required to fulfil our specific aims and will be happy for the service to let patients know about the opportunity to take part in in-depth interviews.

Having worked for over two decades providing early medication abortion in countries where safe abortion is not available, I have a wealth of knowledge and experience to contribute to our project. I look forward to collaborating on the design of data collection instruments for the examination of patient experiences and in discussing, interpreting, and preparing our findings for publication. I will also provide insights that will help place our results in the wider context of abortion access in the US and will assist in disseminating findings through national and international networks of advocates and activists.

It has been a pleasure to work closely with you in the past and I hope we will have the chance to continue to work together on this critically important study for women in the United States.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rebecca Gomperts', with a long horizontal flourish extending to the right.

Dr Rebecca Gomperts

**From:** [ijnjournals@jamanetwork.org](mailto:ijnjournals@jamanetwork.org)  
**To:** "Abigail Aiken" <[araa2@utexas.edu](mailto:araa2@utexas.edu)>  
**CC:** "Jennifer E Starling" [REDACTED]  
"Danielle van Blitterswijk" [REDACTED]  
"Carlijn Looijen" [REDACTED]  
"Thijs van Vliet" [REDACTED]  
"Dirk Essink" <[d.r.essink@vu.nl](mailto:d.r.essink@vu.nl)>  
"Rebecca Gomperts" [REDACTED] >  
**Date:** 1/1/2025 11:02:32 PM  
**Subject:** Update on your publication in JAMA Internal Medicine

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## JAMA Internal Medicine

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Dear Dr Aiken:

In the 12 months since your article, [Advance Provision of Mifepristone and Misoprostol via Online Telemedicine in the US](#), was published in *JAMA Internal Medicine*, it has continued to attract readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:

You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Please contact me if you have any questions or to discuss publication opportunities for your current and future work.

Best Regards,

Sharon K. Inouye, MD, MPH  
Editor in Chief, *JAMA Internal Medicine*



This message was sent to **araa2@utexas.edu** by **tjnjournals@jamanetwork.org**.

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**From:** ["DANA M JOHNSON" <dmjohnson27@wisc.edu>](mailto:dmjohnson27@wisc.edu)

**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  


**Date:** 1/2/2025 12:03:44 PM

**Subject:** Fw: Congratulations on your publication with BMJ Sexual & Reproductive Health

---

Hi all!

The first paper from the advance provision in-depth interview study is live online!

Thanks all for your work on this - I'm so excited to get the first paper from this project out into the world!

Best,  
Dana

**Dana M. Johnson, PhD** (she/her)  
Health Disparities Research Scholars Postdoctoral Fellow  
Department of Population Health Sciences  
University of Wisconsin-Madison School of Medicine and Public Health  
<https://www.dana-johnson.com/>

---

**From:** bmjjournals-mailer@alerts.stanford.edu <bmjjournals-mailer@alerts.stanford.edu>

**Sent:** Wednesday, January 1, 2025 1:10 AM

**To:** DANA M JOHNSON <dmjohnson27@wisc.edu>

**Subject:** Congratulations on your publication with BMJ Sexual & Reproductive Health

We are pleased to confirm that your article is now published online in BMJ Sexual & Reproductive Health:

**Article:** [Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study](#)

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BMJ is committed to improving its service to authors and we value your feedback: [please tell us about your experience in this short survey](#).

**From:** ["DANA M JOHNSON" <dmjohnson27@wisc.edu>](mailto:dmjohnson27@wisc.edu)

**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  


**Date:** 1/2/2025 12:03:44 PM

**Subject:** Fw: Congratulations on your publication with BMJ Sexual & Reproductive Health

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Best,  
Dana

**Dana M. Johnson, PhD** (she/her)  
Health Disparities Research Scholars Postdoctoral Fellow  
Department of Population Health Sciences  
University of Wisconsin-Madison School of Medicine and Public Health  
<https://www.dana-johnson.com/>

---

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**Article:** [Motivations for obtaining advance provision of medication abortion in the United States: a qualitative study](#)

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**From:** "Abigail Aiken" <araa2@utexas.edu>  
**To:** "James Scott" <James.Scott@mcombs.utexas.edu>  
"Rebecca Gomperts" [REDACTED]  
"Angel Foster" <Angel.Foster@uottawa.ca>  
**Date:** 3/7/2025 5:52:00 PM  
**Subject:** Fwd: Congratulations from the Society of Family Planning

---

Hi all,

Some great news from SFP, please see below!

I'll be in touch shortly to get the ball rolling. For now, thank you all for your willingness to collaborate in this research and looking forward to getting started.

Best to all,  
Abigail

----- Forwarded message -----

**From:** SFP Grants <grants@societyfp.org>  
**Date:** Fri, Mar 7, 2025 at 2:31 PM  
**Subject:** Congratulations from the Society of Family Planning  
**To:** Abigail Aiken <araa2@utexas.edu>

Dear Dr. Aiken,

Congratulations! It is my pleasure to share that the Society of Family Planning will be funding your proposal for the *Understanding people's experiences with remote provision of medication abortion* funding opportunity. We are delighted to be partnering with you around this important work.

Peer review was essential to the decision-making related to this funding opportunity. All proposals were reviewed by individuals with specific expertise in this topic. Recognizing how valuable peer review feedback can be, we are committed to sharing it with applicants. **Your application's reviews are now visible in the [online application portal](#).**

Keep in mind that each review reflects one individual's feedback on your proposal. As is often the case in peer review processes, perspectives may diverge between reviewers. All applications and feedback are evaluated holistically.

We will be announcing grant recipients publicly in the coming week, so please look out for an email announcement.

In the meantime, **please visit the [link here](#) to schedule your onboarding call**, ideally before April 1, to walk briefly through the administrative elements of your award, including a learning community for grantees.

Congratulations again! Please don't hesitate to be in touch with any questions in the interim.

All the best,

Rachel

--

**Grants staff**

Rachel Brooks, Senior Grants Manager (she/her)

Patty Fernandez Piñeros, Senior Grants Manager (she/her)

Ruth Manski, Director of Research Programming and Organizational Learning (she/her)

Ohvia Muraleetharan, Research Program Manager (she/her)

Jenny O'Donnell, Senior Director of Research and Evaluation (she/her)

Eunice Ruiz, Grants Administration Coordinator (he/him)

[Grants@SocietyFP.org](mailto:Grants@SocietyFP.org)

[www.SocietyFP.org](http://www.SocietyFP.org)



**From:** [ijnjournals@jamanetwork.org](mailto:ijnjournals@jamanetwork.org)  
**To:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**CC:** ["Elisa S Wells"](#) [REDACTED]  
["Rebecca Gomperts"](#) [REDACTED]  
["James G Scott" <James.Scott@mcombs.utexas.edu>](mailto:James.Scott@mcombs.utexas.edu)  
**Date:** 3/25/2025 10:01:21 PM  
**Subject:** Update on your publication in JAMA

---



Dear Dr Aiken:

In the 12 months since your article, [Provision of Medications for Self-Managed Abortion Before and After the Dobbs v Jackson Women's Health Organization Decision](#), was published in *JAMA*, it has continued to attract readership and attention.

We invite you to click the title of your article in the link above to see your article's reach and usage metrics as shown in this example:

You will see the numbers of times your article has been viewed and cited by other articles. The Altmetric score shows coverage by news and social media. By clicking the Altmetric link, you can explore where your article has been mentioned in the news media, blogs, social media accounts, and more.

Please contact me if you have any questions or to discuss publication opportunities for your current and future work.

Best Regards,

Kirsten Bibbins-Domingo, PhD, MD, MAS  
Editor in Chief, *JAMA*





This message was sent to **araa2@utexas.edu** by **tjnjournals@jamanetwork.org**.

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**From:** ["Abigail Aiken" <araa2@utexas.edu>](mailto:araa2@utexas.edu)  
**To:** ["Rebecca Gomperts"](#) [REDACTED]  
["Angel Foster" <Angel.Foster@uottawa.ca>](#)  
**Date:** 5/19/2025 4:27:12 PM  
**Subject:** Connecting on SFP grant

---

Hi Rebecca and Angel,

As the start date for the SFP grant approaches, I was hoping we might be able to schedule a meeting for the three of us sometime in early June.

Would you all please be able to share some good dates/times for the week of June 9th? I know you're both very busy and that the time difference may be a challenge, so I will do my best to work around you all's schedules.

Thanks so much and all best,  
Abigail