Anti-abortion lawmakers have enacted laws across the United States that ban certain abortion methods. For decades, states have attempted to limit access to abortion after the first trimester, and method bans are often used as a tool to do so. These bans interfere with medical decisions made between a provider and a patient, and further reduce the accessibility of and options for abortion care. Emboldened by their success on second trimester method bans, states hostile to abortion rights have more recently targeted methods commonly used in the first trimester as well. Method bans include restrictions on:

**D&X**

"Dilation and extraction," or D&X, is an abortion procedure that, prior to being federally banned, was used in a small share of abortions (.02 percent) that occur after 26 weeks gestation. In 2007, the U.S. Supreme Court upheld a federal-level restriction of the procedure in the case of *Gonzales v. Carhart*, enforcing a ban on D&X nation-wide, except when a pregnant person’s life is endangered. The federal law is currently in effect, along with 21 state-level bans on the D&X method of abortion.

**D&E**

"Dilation and evacuation," or D&E, is the abortion method most commonly used in the second trimester. Almost all abortions (95 percent) performed at or after 21 weeks are performed by a D&E procedure. States hostile to abortion rights have started enacting laws targeting this method of abortion. Currently, three states have bans on the D&E procedure, allowing the use of the method only when necessary to protect the patient’s life or when their physical health is severely compromised.

**Medication Abortion**

Of late, states have adopted multiple restrictions related to medication abortion, which can limit access to abortion in the first trimester. There are 32 states that require providers who administer medication abortion to be physicians. Furthermore, five states have specifically banned telemedicine for abortion provision, and an additional 16 states require that the provider is physically present when the medication is administered, thus prohibiting the prescription of medication for abortion via telemedicine. Indiana even prohibits the use of medication abortion starting at 10 weeks of pregnancy.5

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*Federal law in effect for D&X method of abortion*
WHAT IS MEDICATION ABORTION?

Medication abortion is an early, nonsurgical method of abortion that is a safe and effective option at early gestations. It is noninvasive and can be done in a patient’s preferred setting, like in the privacy and comfort of their own home. Medication abortion, a protocol that typically involves taking two different drugs — mifepristone and misoprostol — was approved by the U.S. Food and Drug Administration in 2000. It is approved for use up to 10 weeks of gestational age, with additional clinical guidance allowing use up to 11 weeks. Recently, telemedicine has emerged as a viable option to expand the availability of abortion to individuals who either have a far distance to travel to the nearest abortion clinic or wish to have an abortion in the setting of their choosing. However, 19 states require the prescribing provider be physically present when medication abortion is dispensed, effectively banning the use of telemedicine.

Endnotes
9 ibid
11 American College of Obstetricians and Gynecologists v. U.S. Food and Drug Administration. (United States District Court, District of Maryland July 2020)