

DISTRICT OF COLUMBIA: MEDICATION ABORTION CARE & TELEHEALTH AT A GLANCE

Updated: August 2023

ABORTION CARE IN THE DISTRICT OF COLUMBIA

- ▶ *Pregnant people in Washington, D.C. have access to abortion care.* However, access is inequitably distributed, as there are no in-person clinics in Southeast D.C., which is a predominantly Black area.¹
- ▶ *Abortion is an essential, time sensitive health care service.* Medically unnecessary restrictions push medication abortion care, which is a non-invasive abortion option that is approved by FDA for use up to 10 weeks in pregnancy, out of reach for many.
- ▶ *Being denied care negatively impacts the health and wellbeing of pregnant people and their families.* Research has shown that women who are denied a wanted abortion have four times greater odds of living below the Federal Poverty Level and are more likely to experience poorer health outcomes for years after pregnancy.²
- ▶ *People seeking abortion already face significant barriers to receiving quality care.* Restrictions on abortion care and insurance coverage disproportionately impact people working to make ends meet, immigrants, young people, and people of color.³
- ▶ *Washingtonians support access to abortion care.* More than 7 in 10 residents of DC support abortion in all or most cases.⁴

TELEHEALTH: A TOOL FOR EXPANDING ACCESS TO MEDICATION ABORTION CARE IN THE DISTRICT OF COLUMBIA

- ▶ *Telehealth is a tool that can expand abortion access.* Research shows that medication abortion care can safely and effectively be delivered through telehealth via a phone and/or video visit with a provider, reduces barriers to care, and can help patients access care earlier in pregnancy.⁵
- ▶ Relative to other states' policies, DC's policies regarding the delivery of telehealth services to Medicaid beneficiaries are broad with the DC Medicaid program requiring reimbursement at parity with in-person care for audio and video visits as well as having an expansive lists of eligible originating and distant sites (Medicaid recipients can receive care from the location of their choosing, including home).

FOR MORE INFORMATION ON TELEHEALTH FOR MEDICATION ABORTION CARE, VISIT:

- ▶ [Telehealth for Medication Abortion Care](#)
- ▶ [Telehealth for Medication Abortion Care Process Chart](#)
- ▶ [Equity in Telehealth for Medication Abortion Care Checklist](#)

POLICY IMPACTING PROVISION OF TELEHEALTH FOR MEDICATION ABORTION CARE

DC places virtually no barriers on access to abortion services, though there is one notable limitation:

- ▶ **Abortion Certification and Prior Authorization:** DC requires a provider billing Medicaid for an abortion to first obtain prior authorization and submit additional documentation, including a Physician Certification, in order to do so.
 - **Impact:** These are medically unnecessary restrictions that limit a provider's ability to offer care and create confusing legal requirements for health care providers, exacerbating inequities in accessing care.
 - Reporting requirements put patients at higher greatest risk for violations of privacy and exposure.
- ▶ **Licensing for Telehealth Providers:** In order to offer services to patients in DC, providers must be licensed to practice in DC.⁶
 - **Impact:** Individuals living in D.C. cannot access telehealth providers based outside of D.C. This can create additional barriers to accessing health care for those who have limited resources or who live in underserved areas.

POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **D.C.'s Medicaid program is prohibited from covering most abortion services, including via telehealth, and private payers are largely prohibited from covering abortion services in D.C., including via telehealth^{7,8:}**
 - While all health plans offered through DC Health Link in the Individual and Family marketplace state's health exchange under the Affordable Care Act offer coverage for abortion⁹, abortions are only covered for Medicaid patients in cases of life endangerment, rape, or incest.¹⁰
 - Studies show that severe restrictions on Medicaid coverage of abortion forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.¹¹

¹ [Abortion Providers in Washington, D.C. | U.S. State Abortion Guides](#). All abortion clinics in Washington, D.C. are located in the NW and NE quadrants of DC, none are located in the SE quadrant. SE is predominantly African-American. [Neighborhoods Demographics 94% 36% 46% 43%](#)

² Greene Foster, D. [The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion](#). June 2 2020.

³ Boonstra, H. [Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters](#). Guttmacher Policy Review. 2016.

⁴ Pew Research Center. [Views about abortion by state - Religion in America: US Religious Data, Demographics and Statistics](#). 2014

⁵ Aiken, A., et al. [Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: 16 a national cohort study](#). British Journal of Obstetrics & Gynecology. February 2021.

⁶ [DC Regs. Sec. 17-4618.1 & .6](#).

⁷ <https://www.nationalpartnership.org/our-work/resources/health-care/repro/abortion/the-dc-medicaid-abortion-ban.pdf>

⁸ <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid>

⁹ <https://www.dchealthlink.com/faqs/which-health-plans-offered-through-dc-health-link-include-coverage-elective-abortions-and>

¹⁰ <https://www.dchealthlink.com/faqs/which-health-plans-offered-through-dc-health-link-include-coverage-elective-abortions-and>

¹¹ 20 Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). Guttmacher Institute. June 2009.

- **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.¹²
 - **Impact:** These restrictions force patients to pay out of pocket for abortion care. 40% of adult Americans reported not being able to cover an unexpected \$400 expense, which is less than the cost of first-trimester abortion care.^{13,14}
- ▶ **There is no requirement that private payers in DC reimburse providers for telehealth at the same rate as in-person services:**¹⁵ As background, coverage parity requires the same services be covered via telehealth as would be covered if delivered in person. Payment parity requires the same payment rate or amount to be reimbursed via telehealth as would be if it had been delivered in-person.^{16,17} D.C. requires both coverage and payment parity for telehealth services under the DC Medicaid program; however, other payers are required to cover telehealth services, but not required to reimburse telehealth services at parity with in-person care.¹⁸
 - **Impact:** Providers may be less likely to offer patients access to telehealth services that cannot be reimbursed, forcing unnecessary in-person visits and inequitable access to care.
 - **Impact:** This has a disproportionate impact on people of color and those struggling to make ends meet.
- ▶ **There is no Medicaid coverage requirement for asynchronous telehealth services:** While Medicaid in D.C. is required to reimburse audio-video and audio-only telehealth visits at parity with in-person visits, there is no coverage for asynchronous communications. Store and forward and email are not considered telehealth for the purposes of Medicaid.¹⁹
 - **Impact:** This disproportionately impacts people of color and those working to make ends meet, as it limits access to care for patients who are in areas with limited bandwidth or who lack devices or sufficient minutes on cellular plans to ensure a synchronistic telehealth visit can take place.
- ▶ **Lack of clarity on coverage for translation services:** Providers may submit requests for Medicaid reimbursement for translation services, however, it is not clear whether telehealth is included.²⁰
 - **Impact:** Providers may be less likely to offer patients with translation needs access to telehealth services, forcing unnecessary in-person visits and inequitable access to care.

MORE INFORMATION ON TELEHEALTH IN DC

- ▶ [Mid-Atlantic Telehealth Resource Center](#)
- ▶ [Center for Connected Health Policy - DC Telehealth Laws](#)

¹² All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022.

¹³ Bhutta, N. & Dettling, L. [Money in the Bank? Assessing Families' Liquid Savings using the Survey of Consumer Finances](#). U.S. Federal Reserve 16 Board. 2019.

¹⁴ Upadhyay, U., et al. [Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017-20](#). Health Affairs. April 2022.

¹⁵ [DC Code Sec. 31-3862](#)

¹⁶ Center for Connected Health Policy. [Parity Requirements for Private Payer Telehealth Services](#). 2022.

¹⁷ [Parity Requirements for Private Payer Telehealth Services - CCHP](#)

¹⁸ [DC Code Sec. 31-3862](#)

¹⁹ DC Dept of Health Care Finance, Telemedicine Provider Guidance (Jan 2023); DC Code Sec. 31-3861.

²⁰ DHCF Transmittal #17-15 (June 23, 2017)