

FLORIDA:

Medication Abortion Care & Telehealth At A Glance

Updated: August 2023

ABORTION CARE IN FLORIDA

- ▶ *Pregnant people in Florida have limited access to abortion care.* 73% of Florida counties in 2017 did not have an in-person abortion clinic.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 the 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.* Women who were denied a wanted abortion had four times greater odds of living below the Federal Poverty Level and were more likely to experience poorer health outcomes for years after the 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
- ▶ *Floridians support access to abortion care.* More than 6 in 10 Floridian voters [64%] say that abortion should be legal in all or most cases.⁴

TELEHEALTH: A TOOL FOR EXPANDING ACCESS TO MEDICATION ABORTION CARE IN FLORIDA

- ▶ *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

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

- ▶ [Expanding Access to 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 IN FLORIDA

- ▶ **The Florida Legislature has passed Senate Bill 300, which created a six-week abortion ban as well as an explicit ban on telehealth for medication abortion and the mailing of medication abortion pills in 2023.⁶ The law will not take effect until the Florida Supreme Court issues a ruling in *Planned Parenthood of Southwest and Central Florida, et al. v. State of Florida, et al.*⁷**
 - **Impact:** Pregnant people in Florida will have limited access to time-sensitive health care in their state and individuals will be forced to find alternatives or continue their pregnancies.
 - Abortion bans disproportionately affect the most marginalized communities, including but not limited to people of color⁸, people struggling to make ends meet⁹, people with disabilities¹⁰, LGBTQ+ individuals¹¹, young people¹², and people in rural areas.¹³
- ▶ **Florida has several in-person requirements that have the impact of severely limiting telehealth for medication abortion:** Florida law requires patients to receive certain information, “orally, while physically present in the same room, and at least 24 hours before the procedure.”¹⁴ Florida law also requires patients undergo an ultrasound prior to an abortion.¹⁵ While there is a mandated in-person visit for abortion care and ultrasound, Florida does not ban telehealth usage. Providers may be able to satisfy any in-person requirements in one visit and use telehealth to meet any remaining requirements, followed by mail delivery of the medications so patients are not forced to visit the clinic twice.
 - **Impact:** These medically unnecessary restrictions force patients to visit a clinic for consultation and consent. In addition, waiting periods force patients to undergo a second medically unnecessary visit and delay a person’s ability to obtain abortion care.
 - There is no evidence that waiting periods improve medication abortion care’s safety.¹⁶

¹ Guttmacher Institute. [State Facts About Abortion: Florida](#). 2022.

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 PRRI. [Abortion Attitudes in a Post-Roe World: Findings From the 50-State 2022 American Values Atlas](#). February 23 2023.

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 [ENROLLED 2023 Legislature SB 300, 1st Engrossed 2023300er Page 1 of 11 CODING](#)

⁷ [Planned Parenthood of Southwest and Central Florida, et al. v. State of Florida, et al.](#)

⁸ [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

⁹ [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹⁰ [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹¹ [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹² [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹³ [100 Days Post-Roe: At Least 66 Clinics Across 15 US States Have Stopped Offering Abortion Care | Guttmacher Institute](#). October 2022.

¹⁴ [Fla. Stat. 390.0111](#)

¹⁵ [Fla. Stat. 390.0111](#)

¹⁶ National Academies of Sciences, Engineering and Medicine. [The Safety and Quality of Abortion Care in the United States](#). National Academies Press. 2018.

- An overwhelming majority of women who choose abortion are already certain of their decision.¹⁷
- Research shows that medication abortion care can be dispensed safely and effectively via telehealth or at a clinic and that medications can be safely mailed or picked up through a pharmacy.¹⁸
- **Impact:** State-mandated ultrasounds contradict best clinical practice. Research has shown that health care providers can accurately date a pregnancy via telehealth and there is no difference in safety or outcomes between those receiving an ultrasound and those who did not receive one before having an abortion.¹⁹
- ▶ **Waiting Period:** Florida patients seeking abortions to undergo a mandatory 24-hour waiting period.²⁰
 - **Impact:** This restriction delays a person's ability to obtain abortion care.
 - Patients already undergo informed consent as part of standard medical care, and this additional paperwork exacerbates inequities in accessing care, especially for people of color and those struggling to make ends meet.
 - There is no evidence that waiting periods improve medication abortion care's safety.²¹
 - An overwhelming majority of women who choose abortion are already certain of their decision.²²
- ▶ **Limitations on qualified health care providers:** Abortions, including medication abortion care via telehealth, can only be performed by licensed physicians.²³
 - **Impact:** This medically unnecessary restriction limits the number and type of providers available to provide abortion care. As part of changes made by the FDA in 2016, any licensed health care provider is eligible to prescribe medication abortion care.²⁴
 - ACOG and other medical associations affirm that nurse practitioners, physician assistants and midwives can safely and effectively provide medication abortion care.²⁵
 - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.²⁶

RESTRICTIONS THAT LIMIT COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **In Florida, there is no coverage or payment parity for telehealth services:** 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.²⁷
 - There is no payment parity for telehealth: Medicaid and other payers in Florida are *allowed* by law to cover synchronous and asynchronous care, including audio-only services, but are not *required* to cover or reimburse providers at all or at the same rate if the same care could be delivered in-person.²⁸
 - **Impact:** These restrictions disproportionately impact people of color and those struggling 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 telehealth video visit can take place.
 - **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.
- ▶ **Lack of clarity regarding home as an eligible originating site:** The permanent telehealth policies and statutes that govern both Medicaid and other payers do not have specific definitions or requirements for originating sites, and do not specify that a patient's home is an eligible originating site.²⁹
 - **Impact:** This could result in confusion by claims adjusters, in insurance contracts, or denial of claims, ultimately harming providers and patients.
- ▶ **Florida's Medicaid program is prohibited from covering most abortion services³⁰, and there are no coverage protections for patients using private insurance:** Many payers do not cover abortion services in Florida, including for telehealth. In fact, health plans offered in the state's health exchange under the Affordable Care Act can only cover abortion in cases of life endangerment, rape, or incest³¹, unless individuals purchase an optional rider at an additional cost.³²
 - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.³³ Studies show that severe restrictions on Medicaid coverage or abortion forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.³⁴

¹⁷ Ralph, L. et al. [Measuring decisional certainty among women seeking abortion](#). *Contraception*. March 2017.

¹⁸ Schummers, L., et al., [Abortion Safety and Use with Normally Prescribed Mifepristone in Canada](#). *The New England Journal of Medicine*. 9 January 2022.

¹⁹ 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.

²⁰ [Fla. Stat. 390.0111](#)

²¹ National Academies of Sciences, Engineering and Medicine. <https://nap.nationalacademies.org/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states> *The Safety and Quality of Abortion Care in the United States*. National Academies Press. 2018.

²² Ralph, L. et al. [Measuring decisional certainty among women seeking abortion](#). *Contraception*. March 2017 12

²³ [F.S.A. § 390.012 \(1\) \(c\) \(1\)](#); [F.S.A. § 390.0111 \(2\)](#)

²⁴ Jones, R. & Boonstra, H. [The Public Health Implications of the FDA Update to the Medication Abortion Label](#). *Guttmacher Institute*. June 2016.

²⁵ ACOG. [Committee Opinion Number 815: Increasing Access to Abortion](#). December 2020.

²⁶ Weitz, T.A., et al. [Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a 11 9 California Legal Waiver](#). *American Journal of Public Health*. March 2013.

²⁷ [Parity Requirements for Private Payer Telehealth Services - CCHP](#)

²⁸ https://ahca.myflorida.com/content/download/7633/file/Medicaid_Telemedicine_Guidance_20200318.pdf; [Florida Statutes Sec. 456.47](#)

²⁹ [59G-1.057 : Telemedicine - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking](#)

³⁰ <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicare>

³¹ <https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion>

³² <https://allaboveall.org/state/florida>

³³ All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022.

³⁴ Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). *Guttmacher Institute*. June 2009.

- This forces 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.^{35,36}

MORE INFORMATION ON TELEHEALTH IN FLORIDA

- ▶ [Southeastern Telehealth Resource Center](#)
- ▶ Center for Connected Health Policy - [Florida State Telehealth Laws](#)

³⁵ Bhutta, N. & Detting, L. [Money in the Bank? Assessing Families' Liquid Savings using the Survey of Consumer Finances](#). U.S. Federal Reserve 13 16 Board. 2019.

³⁶ Upadhyay, U., et al. [Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017-20](#). Health Affairs. April 15 2022.