

Medication Abortion Care & Telehealth Policies At A Glance

Updated: August 2023

ABORTION CARE IN GEORGIA

- ▶ *Pregnant people in Georgia have limited access to abortion care.* 89% of Georgia counties in 2017 did not have an in-person abortion provider.¹
- ▶ *Abortion care is only available up to six weeks following the last menstrual cycle in Georgia.*²
- ▶ *Abortion is an essential, time-sensitive health care service.* Medically unnecessary restrictions push medication abortion care, which is an abortion pill 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 well-being of women 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.³
- ▶ *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 women of color.⁴
- ▶ *Georgians support access to abortion care.* More than 6 in 10 [62%] of Georgians oppose Georgia's restrictive abortion ban.⁵

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

- ▶ *Telehealth is a tool that can expand abortion access.* Research shows that telehealth reduces barriers to care and can help patients access care earlier in pregnancy.⁶
- ▶ *Telehealth can increase access to health care for those in rural or medically underserved communities.* 120 of Georgia's 159 counties are rural.⁷ Georgians would benefit from increased access to care through telehealth.⁸
- ▶ Telehealth was also shown to eliminate historic racial health gaps for patients in medically underserved urban areas during the pandemic.⁹

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 THAT IMPACTS THE PROVISION OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **Georgia prohibits abortion after approximately six weeks of pregnancy, including via telehealth.**
 - Many individuals—and the majority of young people—do not find out they're pregnant until after six weeks.¹⁰
 - People of color, people living with food insecurity, people with unplanned pregnancies, and those who rely on clinic-based testing to confirm a pregnancy are also more likely to discover pregnancy past seven weeks' gestation.¹¹
 - **Impact:** Gestational age bans disproportionately prevent people from marginalized communities from accessing abortion care.
- ▶ **Ultrasound Requirement:** While there is no explicit ultrasound requirement, Georgia prohibits physicians from performing abortions without first determining whether there is a “detectable human heartbeat.”¹²
 - In practice, this requirement to test for the presence of a “detectable human heartbeat” will require an ultrasound in many scenarios.
 - **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.¹³
- ▶ **Abortion certification and reporting:** Georgia imposes several reporting-related requirements on physicians performing abortions and the facilities where abortions are performed. Georgia requires a provider billing Medicaid for an abortion to submit additional documentation with the claim, including a Physician Certification.¹⁴
 - **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.

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

² State of Georgia v. SisterSong Women of Color Reprod. Just. Collective, Case No. S23M0358 (Ga. Nov. 23, 2022); H.B. 481, 2019 Leg., Reg. Sess. (Ga. 2019).

³ Greene Foster, D. [The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion](#). June 2020.

⁴ Boonstra, H. [Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters](#). Guttmacher Policy Review. 2016.

⁵ [New poll finds nearly two-thirds of Georgia voters object to state's new abortion restrictions](#). October 12 2022.

⁶ 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.

⁷ Georgia Department of Community Health. [The State Office of Rural Health Fact Sheet](#), 2020.

⁸ Butzner, M. & Cuffee, Y. [Telehealth Interventions and Outcomes Across Rural Communities in the United States: Narrative Review](#). *Journal of Medical Internet Research*. August 2021.

⁹ Ahebe, S. [Study shows rise in telemedicine during the pandemic eliminated a historic racial health gap](#). WESA. February 2022.

¹⁰ [One in three people learn they're pregnant past six weeks' gestation | ANSIRH](#).

¹¹ [One in three people learn they're pregnant past six weeks' gestation | ANSIRH](#).

¹² [Ga. Code Ann. § 31-9B-2\(a\)](#).

¹³ 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.

¹⁴ [Ga. Code Ann. § 31-9A-3\(3-5\)](#).

- ▶ **Biased counseling and waiting period:** Patients must be given medically unnecessary, biased information and then provide consent, either by phone or in person, 24 hours in advance of the abortion.¹⁵
 - **Impact:** This medically unnecessary 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.
 - This requirement saddles providers with unnecessary burdens and is not medically necessary.
 - There is no evidence that waiting periods improve medication abortion care's safety.¹⁶ An overwhelming majority of women who choose abortion are already certain of their decision.¹⁷
- ▶ **Limitations on qualified health care providers:** Abortions in Georgia can only be performed by physicians licensed in Georgia.¹⁸
 - **Impact:** This medically unnecessary restriction limits the number and type of providers available to provide abortion care.
 - This contradicts the FDA's guidance, which says a licensed healthcare professional may prescribe the medication.¹⁹
 - ACOG and other medical associations affirm that nurse practitioners, physician assistants, and midwives can safely and effectively provide medication abortion care.²⁰
 - Research shows that expanding the pool of qualified healthcare providers would expand the availability and accessibility of care.²¹
- ▶ **Parental consent requirements for patients under 18:** Consent of one of the patient's parents or guardians must be obtained or the patient must seek judicial bypass before obtaining abortion care, including via telehealth.²²
 - **Impact:** The majority of young people faced with an unintended pregnancy involve a parent or guardian in their decision to seek abortion care. For youth who can't, they must seek a judicial bypass or waiver, which is permission from a judge to consent to their own abortion care.
 - This additional burden often delays care by days or weeks and undermines a young person's bodily autonomy. Telehealth may be the most accessible option for young people struggling to make ends meet in need of abortion services.

POLICY THAT IMPACTS COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **Georgia's Medicaid program is prohibited from covering most abortion services, including via telehealth, and private payers are largely prohibited from covering abortion services in the state of Georgia, including via telehealth.**
 - Georgia's state Medicaid program only covers abortion care only if the life of the mother would be endangered if the fetus were carried to term, or if the pregnancy was a result of rape or incest.²³
 - 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 incest.²⁴
 - **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.^{25,26}
 - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.²⁷ 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.²⁸
- ▶ **In Georgia, there is a lack of clarity on payment parity for telehealth services for both private and public payers:** As background, coverage parity requires the *same services* delivered via telehealth in-person 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.²⁹
 - While private payers are required to cover video visits, there is no requirement that they cover audio-only visits or store-and-forward (asynchronous) visits. There is also a lack of clarity as to whether Medicaid requires coverage or payment parity at all for telehealth visits.³⁰
 - **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.

MORE INFORMATION ON TELEHEALTH IN GEORGIA:

- ▶ Center for Connected Health Policy - [Telehealth in Georgia](#)
- ▶ [Southeastern Telehealth Resource Center](#)

¹⁵ [Ga. Code Ann. § 31-9A-3](#); <https://dph.georgia.gov/womens-right-know-wrtk>

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

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

¹⁸ [Ga. Code Ann. § 16-12-141\(e\)\(2\)](#).

¹⁹ Jones, R. & Boonstra, H. The Public Health Implications of the FDA Update to the Medication Abortion Label. *Guttmacher Institute*. June 2016.

²⁰ ACOG. [Committee Opinion Number 815: Increasing Access to Abortion](#). December 2020.

²¹ Weitz, T.A., et al. [Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a 11 California Legal Waiver](#). *American Journal of Public Health*. March 2013.

²² [Ga. Code Ann. § 15-11-682](#).

²³ Georgia Department of Community Health, Division of Medicaid, Policies and Procedures for Hospital Services, § 911 (2016), available at gshp.wildapricot.org/resources/Documents/procedures_hospital.pdf; [Ga. Code Ann. § 45-18-4](#).

²⁴ [Ga. Code Ann. § 45-18-4](#).

²⁵ 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.

²⁶ Upadhyay, U., et al. [Trends in Self-Pay Charges and Insurance Acceptance For Abortion in The United States, 2017-20](#). *Health Affairs*. April 2022.

²⁷ All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022

²⁸ Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). Guttmacher Institute. June 2009.

²⁹ Center for Connected Telehealth Policy. [Telehealth Parity](#). 2022.

³⁰ [Ga. Code Ann. § 33-24-56.4\(g\)](#)