

Medication Abortion Care & Telehealth At A Glance

Updated: August 2023

ABORTION CARE IN INDIANA

- ▶ *Pregnant people have limited access to abortion care.* 96% of Indiana counties in 2017 did not have an in-person abortion clinic.¹
- ▶ *Abortion is essential, time sensitive health care.* 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 can harm 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 quality care.* Restrictions on abortion care and insurance coverage disproportionately impact people working to make ends meet, immigrants, young people, and women of color.³
- ▶ *Indianans support abortion access.* More than 6 in 10 [61%] of Indiana voters say abortion should be legal in all or most cases.⁴

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

- ▶ *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, Indiana's policies regarding the delivery of telehealth services are somewhat restrictive with limited coverage for services, providers, and modalities for both private and public insurance programs.⁶
- ▶ **Indiana has a telehealth ban on the delivery of abortion services and prescriptions.⁷**
 - **Impact:** A telehealth ban on abortion prevents patients from using a safe and effective option and limits the reproductive autonomy of individuals seeking care.
 - In one study on access, efficacy, safety, and acceptability of telemedicine for medication abortion, 96% of patients were "satisfied or very satisfied" with their care and 80% reported that they would choose telemedicine in the future or that it was their "preferred option".⁸
 - **Impact:** Prohibiting abortion services via telehealth could lead to reduced access to health care services for individuals who live in rural areas or have limited access to transportation.⁹
 - **Impact:** Without telehealth options, individuals may have to travel further distances to receive care, leading to increased costs for transportation and childcare.¹⁰

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 IN INDIANA

- ▶ **Limitations on Authorized Providers:** Indiana restricts the provision of abortions to licensed physicians.¹¹
 - **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 health care professional may prescribe the medication.¹²
 - ACOG and other medical associations affirm that nurse practitioners, physician assistants and midwives can safely and effectively provide medication abortion care.¹³
 - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.¹⁴

¹ Guttmacher Institute. [State Facts About Abortion: Indiana](#). 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 https://provider.indianamedicaid.com/lhcp/Publications/providerCodes/Telehealth_Services_Codes.pdf

⁷ [IC 25-1-9.5-0.5](#)

⁸ 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.

⁹ <https://www.guttmacher.org/gpr/2019/05/improving-access-abortion-telehealth>

¹⁰ <https://www.nytimes.com/interactive/2022/09/28/us/abortion-costs-funds.html>

¹¹ Ind. Code § 16-34-2-1(a)(1)(A).

¹² Jones, R. & Boonstra, H. [The Public Health Implications of the FDA Update to the Medication Abortion Label](#). Guttmacher Institute. June 2016.

¹³ ACOG. [Committee Opinion Number 815: Increasing Access to Abortion](#). December 2020.

¹⁴ 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

- ▶ **Biased Counseling:** Indiana requires patients seeking abortions to receive biased counseling information about abortion pill reversal, misinformation about health risks, including future fertility, fetal pain warnings, “alternatives to abortion” that push adoption, etc.¹⁵
 - **Impact:** The information presented through state-required counseling materials is often either out-of-date, biased or both. This lends credence to the charge that states’ abortion counseling mandates are sometimes intended less to inform women about the abortion procedure than to discourage them from seeking abortions altogether.¹⁶
- ▶ **Waiting Period:** Indiana requires patients seeking abortions to undergo a mandatory 18-hour waiting period.¹⁷
 - **Impact:** This restriction delays a person’s ability to obtain abortion care.
 - Patients already undergo informed consent as part of standard medical care.
 - There is no evidence that waiting periods improve medication abortion care’s safety.¹⁸
 - An overwhelming majority of women who choose abortion are already certain of their decision.¹⁹
- ▶ **Abortion Certification and Reporting:** Indiana imposes several reporting-related requirements on physicians performing abortions. Indiana requires a provider billing Medicaid for an abortion to submit additional documentation with the claim, including a Physician Certification.²⁰
 - **Impact:** This requirement creates medically unnecessary burdens for providers.

POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **In Indiana, there is no requirement that private payers cover or reimburse telehealth services at parity with in-person care.**²¹ 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.²²
 - **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.
- ▶ **Audio-only visits are explicitly excluded from the definition of telehealth and thus are not covered by private insurance.**²³
 - **Impact:** A video visit requirement unnecessarily limits access to care for patients who are in areas with limited bandwidth or who lack devices or sufficient minutes on cellular plans for telehealth video visits.
- ▶ **The Medicaid program requires that video and audio telehealth visits be reimbursed at parity with in-person visits, but this is limited to very few services and providers.**²⁴
 - The Medicaid program covers only a select list of medical, dental, and remote patient monitoring services via video visit. A subset of those telehealth-eligible services are allowable via audio-only.²⁵
 - **Impact:** A video visit requirement unnecessarily limits access to care for patients who are in areas with limited bandwidth, or who lack devices or sufficient minutes on cellular plans for telehealth video visits, disproportionately impacting people of color and those struggling to make ends meet.^{26 27}
- ▶ **Indiana’s Medicaid program is prohibited from covering most abortion services, including via telehealth, and there are no coverage protections for patients using private insurance:** Indiana’s state Medicaid program only provides coverage of abortion services when necessary for physical health, to preserve the life of the pregnant person or in the case of rape or incest.²⁸ Many payers do not cover abortion services in Indiana, 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, severe health, rape, or incest, unless individuals purchase an optional rider at an additional cost.²⁹
 - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.³⁰
 - 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.³¹
 - This forces patients with private insurance 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. ^{32,33}

MORE INFORMATION ON TELEHEALTH IN INDIANA

- ▶ [Upper Midwest Telehealth Resource Center](#)
- ▶ Center for Connected Health Policy - [Indiana State Telehealth Laws](#)

¹⁵ Ind. Code §§ 16-34-2-1.1(a)(1); 16-34-2-1.1(a)(5); 16-34-2-1.5.

¹⁶ [Misinformed Consent: The Medical Accuracy of State-Developed Abortion Counseling Materials | Guttmacher Institute](#)

¹⁷ Ind. Code § 16-34-2-1.1.

¹⁸ National Academies of Sciences, Engineering and Medicine. [The Safety and Quality of Abortion Care in the United States](#). National Academies Press, 2018.

¹⁹ Ralph, L. et. al. [Measuring decisional certainty among women seeking abortion](#). Contraception. March 2017 12

²⁰ Ind. Code § 16-34-2-5; Ind. Code §§ 16-34-2-1.1(a)(3); 16-34-2-1.5; Ind. Code § 16-34-2-1.1(a)(3); Ind. Code § 16-34-2-4(l); Ind. Code. § 16-34-3-2(d); Ind. Code § 16-34-2-1(a)(1).

²¹ [C 27-8-34-6](#)

²² Center for Connected Health Policy. [Parity Requirements for Private Payer Telehealth Services](#). 2022.

²³ [C 27-8-34-5](#)

²⁴ [Telehealth and Virtual Services | Providers | IN.gov](#)

²⁵ Indiana Health Coverage Programs. [Telehealth and Virtual Services | Providers](#). September 27 2022; [C 27-8-34-5](#)

²⁶ <https://telehealth.hhs.gov/providers/health-equity-in-telehealth/improving-access-to-telehealth>

²⁷ <https://aspe.hhs.gov/sites/default/files/private/pdf/263601/internet-access-among-low-income-2019.pdf>

²⁸ <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicare>

²⁹ <https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion>

³⁰ All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022.

³¹ Henshaw, S., et al. Restrictions on Medicaid Funding for Abortions: A Literature Review. Guttmacher Institute. June 2009.

³² 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.

³³ 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.