

KANSAS:

Medication Abortion Care & Telehealth At A Glance

Updated: August 2023

ABORTION CARE IN KANSAS

- ▶ *Pregnant people in Kansas have limited access to abortion care.* 98% of Kansas 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
- ▶ *Kansans support access to abortion care.* In August 2022, nearly 6 in 10 [59%] of Kansas voters rejected a proposed state constitutional amendment that would have said there was no right to an abortion in the state.⁴

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

- ▶ *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
- ▶ Overall, telehealth policy in Kansas is broad. The state:
 - Has payment parity in Medicaid;
 - Places no restrictions on originating and distant sites;
 - Allows patient/provider relationships to be established via telehealth.
 - In addition, Kansas has established a waiver system by which eligible out-of-state physicians can apply for a waiver to practice telehealth with in-state residents.
- ▶ However, for the state to offer equitable access to medication abortion care, payment parity and abortion policy needs to be improved, including coverage for abortion care.
- ▶ Kansas is geographically positioned to offer abortion care to patients from the Midwest and the South, which makes expanding access to abortion critical. This makes flexibility in telehealth care imperative for Kansas and the abortion care ecosystem.

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 THE PROVISION OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **Limitation on Authorized Providers:** Kansas restricts the provision of abortions to licensed physicians.⁶
 - **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, non-physicians may prescribe medication abortion care.⁷
 - ACOG and other medical associations affirm that nurse practitioners, physician assistants, and midwives can safely and effectively provide medication abortion care.
 - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.
- ▶ **Biased Counseling:** Kansas requires patients seeking abortions to receive biased counseling.⁸
 - **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

¹ Guttmacher Institute. [State Facts About Abortion: Kansas](#). 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 CNN Politics. [Kansas Amendment 1- No constitutional right to abortion](#). 2022.

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 [65-4a10](#)

⁷ KFF. [Legal Challenges to the FDA Approval of Medication Abortion Pills](#). March 13 2023.

⁸ <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-kansas>

intended less to inform women about the abortion procedure than to discourage them from seeking abortions altogether.⁹

- ▶ **Waiting Period:** Kansas requires patients seeking abortions to undergo a mandatory 24-hour waiting period.¹⁰
 - **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.¹¹
 - An overwhelming majority of women who choose abortion are already certain of their decision.¹²
- ▶ **Abortion Certification and Reporting:** Prior to an abortion, there must be written certification of a patient's receipt of required information documented in the patient's chart.¹³ Physicians in Kansas who perform abortions must report the total number of certifications received monthly to the Department of Health and Environment. The total number of certifications must be reported by the physician as part of a written report made by the physician to the Secretary of Health and Environment.¹⁴ Kansas also requires a provider billing Medicaid for an abortion to submit additional documentation with the claim, including a Physician Certification.
 - **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. This requirement creates medically unnecessary burdens for providers.

POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **In Kansas, reimbursement for telehealth differs by type of insurance coverage:** 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.^{15 16}
 - While there is payment parity for telehealth services under the Medicaid program, other payers must cover medically necessary telehealth services¹⁷, but are not required to reimburse telehealth services at parity with in-person care.
 - **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.¹⁸
 - **Impact:** This has a disproportionate impact on people of color and those struggling to make ends meet.
- ▶ **Kansas' Medicaid program is prohibited from covering most abortion services, including via telehealth, and there are no coverage protections for patients using private insurance¹⁹:** Many payers do not cover abortion services in Kansas, 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,²⁰ unless individuals purchase an optional rider at an additional cost.²¹
 - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.²²
 - 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.²³
 - **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.^{24 25}

MORE INFORMATION ON TELEHEALTH IN KANSAS

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

⁹ [Misinformed Consent: The Medical Accuracy of State-Developed Abortion Counseling Materials | Guttmacher Institute](#)

¹⁰ [K.S.A. 65-6709](#)

¹¹ National Academies of Sciences, Engineering and Medicine. [The Safety and Quality of Abortion Care in the United States](#). National Academies Press. 2018.

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

¹³ K.S.A. § 65-6709.

¹⁴ K.S.A. § 65-445.

¹⁵ Center for Connected Health Policy. [Parity Requirements for Private Payer Telehealth Services](#). 2022.

¹⁶ [Parity Requirements for Private Payer Telehealth Services - CCHP](#)

¹⁷ [Statute | Kansas State Legislature](#)

¹⁸ [40-2-213](#)

¹⁹ <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid>

²⁰ <https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion>

²¹ <https://allaboveall.org/state/kansas/>

²² All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022.

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

²⁴ 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.

²⁵ Upadhyay, U., et al. [Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017-20](#). Health Affairs. April 2022.