MASSACHUSETTS:
Medication Abortion Care & Telehealth At A Glance
Updated: August 2023

ABORTION CARE IN MASSACHUSETTS

▸ *Pregnant people in Massachusetts have limited access to abortion care.* 43% of Massachusetts 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]

▸ Voters in Massachusetts support access to abortion care. Nearly 8 in 10 [79%] of Massachusetts voters say that abortion should be legal in all or most cases.[4]

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

▸ *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 for medication abortion care policy in Massachusetts is expansive, but MassHealth's (the Massachusetts Medicaid program) permanent policy needs to be improved to fully cover telehealth for medication abortion care. Massachusetts:
   o Permits a broad range of telehealth care models;[6]
   o Does not restrict originating sites for telehealth encounters (i.e., patients can receive care via telehealth from their homes);
   o Allows a broad range of health care professionals to perform telehealth for medication abortion care.

▸ Given the expansive nature of policy and the threat that many states may severely restrict - or ban - abortion access, flexibilities in telehealth care are imperative for Massachusetts 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 PROVISION OF TELEHEALTH FOR MEDICATION ABORTION CARE

▸ **Parental consent requirements for patients under 16:** 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.[7]
   o **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. Young people needing abortion services are also often those with fewer financial and logistical resources and may be more in need of telehealth as the most accessible option.

▸ **Certification requirements:** Every MassHealth patient must reveal the reason for their abortion and a medically unnecessary certification that utilizes gendered language must be submitted.[8,9]
   o **Impact:** The use of gendered language and requiring identification of medical necessity for abortion exacerbates inequities in accessing care, especially for non-binary people, people of color, and those struggling to make ends meet.
   o **Impact:** This requirement creates medically unnecessary burdens for providers.

[1] Guttmacher Institute. State Facts About Abortion: Massachusetts. 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://www.mass.gov/lists/physician-regulations-policies-and-guidelines#new-policies-and-guidelines-
[7] https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section12R
[8] https://www.mass.gov/doc/physician-regulations-0/download
[9] https://www.mass.gov/doc/certification-for-payable-abortion-cpa-2/download

POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **There is uncertainty regarding parity beyond 2023:** 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.[10][11]
  - ○ MassHealth is required to reimburse for interactive video and audio-only visits at parity with in-person care, but only through September 30, 2023.[12] There are no payment parity requirements for private payers to cover telehealth for medication abortion care.
    - ▪ **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.
    - ▪ **Impact:** This has a disproportionate impact on people of color and those struggling to make ends meet.
- ▶ **No coverage for translation services:** Providers participating in MassHealth are required to provide translation services for Medicaid beneficiaries, including via telehealth.[13] However, there is no requirement for public or private insurance to cover the costs associated with translation.
  - ○ **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.
- ▶ **No coverage for mailing medications:** In Massachusetts, there is no requirement for public or private payers to cover the cost of mailing medications.
  - ○ **Impact:** Without this coverage, providers and/or pharmacies may be less likely to offer patients the option of mailing medications, forcing unnecessary in-person visits and inequitable access to care.
- ▶ While providers of medication abortion care via telehealth may be reimbursed under MassHealth or private insurers, providers report a dense bureaucracy for getting reimbursed.
  - ○ **Impact:** Difficulties with reimbursement discourage providers from offering expanded services, including telehealth, or taking public or private insurance altogether, placing additional burdens on patients to find and/or fund care. Difficulties include burdens with verification and Medicaid enrollment with the various MCO registration requirements.

MORE INFORMATION ON TELEHEALTH IN MASSACHUSETTS

- ▶ **Northeast Telehealth Resource Center**
- ▶ Center for Connected Health Policy - **Massachusetts State Telehealth Laws**

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[10] Center for Connected Health Policy. Parity Requirements for Private Payer Telehealth Services. 2022.
[11] https://www.cchpca.org/topic/parity/
[12] https://www.mass.gov/doc/all-provider-bulletin-355-access-to-health-services-through-telehealth-options-amendment-0/download
[13] https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html