

## MICHIGAN:

# Medication Abortion Care & Telehealth At A Glance

Updated: August 2023

## ABORTION CARE IN MICHIGAN

- ▶ *Pregnant people in Michigan have limited access to abortion care.* 87% of Michigan counties in 2017 did not have an in-person abortion clinic.<sup>1</sup>
- ▶ *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.<sup>2</sup>
- ▶ *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.<sup>3</sup>
- ▶ *Michiganders support access to abortion care.* In November 2022, voters approved an amendment to the state's constitution guaranteeing the right to abortion and other reproductive health services.<sup>4</sup>

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

- ▶ *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.<sup>5</sup>

## 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 MICHIGAN

- ▶ **In-person consent and facility requirements:** Michigan requires patients to receive certain information from a physician “personally and in the presence of the patient.”<sup>6</sup> Moreover, Michigan requires that all facilities that perform more than 120 or more surgical abortions per year meet a significant number of standards for a freestanding surgical outpatient facility “despite lack of medical necessity” for abortion care.<sup>7</sup>
  - **Impact:** These medically unnecessary restrictions force patients to visit a clinic for consultation and consent. 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.<sup>8</sup>
- ▶ **24 hour waiting period requirement:** Patients in Michigan must be given biased information 24 hours in advance of the procedure.<sup>9</sup>
  - **Impact:** This misinformation unnecessarily delays access to time sensitive care and can create confusion or a false sense of risk for the patient.
    - There is no evidence that waiting periods improve medication abortion care's safety.<sup>10</sup>
    - An overwhelming majority of women who choose abortion are already certain of their decision.<sup>11</sup>
- ▶ **Parental consent is required 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.<sup>12</sup>
  - **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.

<sup>1</sup> Guttmacher Institute. [State Facts About Abortion: Michigan](#). 2022.

<sup>2</sup> Greene Foster, D. [The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion](#). June 2 2020.

<sup>3</sup> Boonstra, H. [Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters](#). Guttmacher Policy Review. 2016.

<sup>4</sup> Pew Research Center. [Views about abortion by state - Religion in America: US Religious Data, Demographics and Statistics](#). 2014.

<sup>5</sup> 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.

<sup>6</sup> [Mich. Comp. Laws § 333.17015\(6\)](#)

<sup>7</sup> [Mich. Comp. Laws Ann. § 333.20115\(2\)](#); Mich. Admin. Code r. 325.3802(d), (h).

<sup>8</sup> Schummers, L., et al., [Abortion Safety and Use with Normally Prescribed Mifepristone in Canada](#). *The New England Journal of Medicine*. 9 January 2022.

<sup>9</sup> [Mich. Comp. Laws § 333.17015](#)

<sup>10</sup> National Academies of Sciences, Engineering and Medicine. [The Safety and Quality of Abortion Care in the United States](#). National Academies Press. 2018.

<sup>11</sup> Ralph, L. et. al. [Measuring decisional certainty among women seeking abortion](#). *Contraception*. March 2017.

<sup>12</sup> [Mich. Comp. Laws § 722.903](#)

- ▶ **Limitations on qualified health care providers:** Abortion care in Michigan can only be provided by physicians, including via telehealth.<sup>13</sup>
  - **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.<sup>14</sup>
    - ACOG and other medical associations affirm that nurse practitioners, physician assistants and midwives can safely and effectively provide medication abortion care.<sup>15</sup>
    - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.<sup>16</sup>

## POLICY THAT IMPACTS COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **Michigan’s Medicaid program is prohibited from covering most abortion services, including via telehealth, and there are restrictions for patients using private insurance:** Michigan Medicaid only covers abortion services when the abortion has been determined medically necessary to save the life of the mother or the pregnancy is the result of rape or incest. Additionally, many private payers do not cover abortion services in Michigan, including for telehealth. In fact, many 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, unless individuals purchase an optional rider at an additional cost.<sup>17,18,19</sup>
  - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.<sup>20</sup>
  - 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.<sup>21</sup>
  - 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.<sup>22,23</sup>
- ▶ **In Michigan, while Medicaid and private payers are required to cover video telehealth services, there is no payment parity. In addition, there are no coverage requirements for audio-only services<sup>24</sup>:** 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.<sup>25</sup>
  - Michigan rescinded its audio-only flexibilities for Medicaid in May 2023 at the end of the federal PHE. Audio-only services will be allowed for a small number of procedure codes.<sup>26</sup>
    - **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.
    - **Impact:** Video requirements limit 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 MICHIGAN

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

<sup>13</sup>[Michigan Legislature - Section 333.17015](#).

<sup>14</sup> Jones, R. & Boonstra, H. [The Public Health Implications of the FDA Update to the Medication Abortion Label](#). Guttmacher Institute. June 2016.

<sup>15</sup> ACOG. [Committee Opinion Number 815: Increasing Access to Abortion](#). December 2020.

<sup>16</sup> 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

<sup>17</sup> Guttmacher Institute. [State Facts About Abortion: Michigan](#). 2022.

<sup>18</sup> [Michigan Legislature - Section 550.542](#)

<sup>19</sup> [Michigan Legislature - Section 550.543](#)

<sup>20</sup> All\* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022.

<sup>21</sup> Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). Guttmacher Institute. June 2009.

<sup>22</sup> Bhutta, N. & Dettling, L. [Money in the Bank? Assessing Families’ Liquid Savings using the Survey of Consumer Finances](#). U.S. Federal Reserve 13 16 Board. 2019.

<sup>23</sup> 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.

<sup>24</sup> “Telemedicine services are subject to all terms and conditions of the health insurance policy agreed upon between the policy holder and the insurer, including, but not limited to, required copayments, coinsurances, deductibles, and approved amounts.” [Michigan Legislature - Section 500.3476](#)

<sup>25</sup> [Parity Requirements for Private Payer Telehealth Services - CCHP](#)

<sup>26</sup> [Changes to Telemedicine Policy Post-COVID-19 Public Health Emergency](#)