

MINNESOTA: Medication Abortion Care & Telehealth At A Glance

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ABORTION CARE IN MINNESOTA

- ▶ *Pregnant people in Minnesota have limited access to abortion care.* 97% of Minnesota counties lack 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 women of color.³
- ▶ *Minnesotans support access to abortion care.* More than 6 in 10 [63%] want Minnesota laws to support people's rights and access to abortion.⁴

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

- ▶ *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 Minnesota is expansive. The state:
 - Permits a broad range of telehealth care models
 - Does not restrict originating sites for telehealth encounters (i.e., patients can receive care via telehealth from their homes)
 - Requires that video visits be reimbursed at parity by both public and private payers.⁶
- ▶ Given the expansive nature of policy and the fact that surrounding states may severely restrict - or ban - abortion access, flexibilities are imperative for Minnesota residents 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

- ▶ **Reporting Requirements:** Minnesota uses an Abortion Reporting System that requires providers to report information on each abortion performed.⁷
 - **Impact:** This requirement creates medically unnecessary burdens for providers and put patients at greater risk for violations of privacy and exposure.

POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **There are coverage limitations for abortion care in Minnesota, including via telehealth:** While the Medical Assistance (state Medicaid) and MinnesotaCare cover abortion services under a broad health exception, there are no coverage protections for patients using private insurance.
 - **Impact:** A lack of coverage can create insurmountable barriers for those already struggling to get affordable health care.⁸
 - 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.^{9 10}

¹ Guttmacher Institute. [State Facts About Abortion: Minnesota](#). 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 As background, coverage parity requires the same services delivered in person be covered if delivered by telehealth. Payment parity requires the same payment rate or amount to be reimbursed via telehealth as would be if it had been delivered in-person. <https://www.cchpca.org/topic/parity/>

⁷ MN Department of Human Services. [Abortion Reporting System](#).

⁸ All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022.

⁹ 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.

¹⁰ Ushma D. Upadhyay. [Trends in Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017-20 | Health Affairs](#)

- 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.¹¹
- ▶ **Audio-only telehealth is reimbursed at parity on a temporary basis only:** 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.¹² Both Medicaid and private insurance are required to reimburse audio-only visits at parity with in-person care, but this expansion is set to expire on June 30, 2023.^{13,14,15}
 - **Impact:** A lack of coverage for audio-only telehealth disproportionately impacts people of color and those struggling to make ends meet as they 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.
- ▶ **No coverage for mailing medications:** In Minnesota, there is no requirement for public or private payers to cover the cost of pharmacies dispensing medications by mail.¹⁶
 - **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.
- ▶ **Providers of medication abortion care via telehealth report a dense bureaucracy for getting reimbursed:** Difficulties include burdens with verification and Medicaid enrollment with the various MCO registration requirements.
 - **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.¹⁷

MORE INFORMATION ON TELEHEALTH IN MINNESOTA:

- ▶ [Great Plains Telehealth Resource and Assistance Center](#)
- ▶ Center for Connected Health Policy - [Minnesota State Telehealth Laws](#)
- ▶ [Telemedicine Review / Minnesota Department of Human Services](#)

¹¹ Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). Guttmacher Institute. June 2009.

¹² Center for Connected Health Policy. [Parity Requirements for Private Payer Telehealth Services](#). 2022

¹³ <https://www.revisor.mn.gov/laws/2021/1/Session+Law/Chapter/7/>

¹⁴ <https://www.health.state.mn.us/data/economics/telehealth/docs/telehealthfactsheet.pdf>

¹⁵ <https://www.revisor.mn.gov/statutes/cite/62A.673>

¹⁶ [Pharmacy Services](#)

¹⁷ [Pharmacy Services](#)