

NORTH CAROLINA:

Medication Abortion Care & Telehealth At A Glance

Updated: August 2023

ABORTION CARE IN NORTH CAROLINA

- ▶ *Pregnant people in North Carolina have limited access to abortion care.* 91% of North Carolina counties in 2017 did not have an abortion provider.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
- ▶ *North Carolinians support access to abortion care.* More than 6 in 10 [62%] of residents believe that abortion should be legal in all or most cases.⁴

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

- ▶ *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

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

- ▶ **Telehealth for medication abortion care is effectively banned in North Carolina:** North Carolina requires the first medication to be taken in the presence of a physician.⁶
 - **Impact:** This medically unnecessary restriction forces patients to visit a clinic for consultation and consent.
 - Research shows that medication abortion care can be prescribed safely and effectively via telehealth and mailed or picked up at a local pharmacy.⁷
- ▶ **Blood testing requirement:** North Carolina law requires patients to undergo certain testing prior to a medication abortion, including anemia testing and Rh factor testing.⁸
 - **Impact:** Mandated Rhesus (Rh) factor testing forces patients to undergo tests that may not be medically necessary and increases the cost of care. Rh testing and treatment should be determined by a pregnant person's physician.
 - Guidance from leading medical organizations, including the American College of Obstetricians and Gynecologists, specifically states that Rh testing and treatment should not pose barriers to people accessing medication abortion care.⁹
 - The World Health Organization (WHO) and many countries – including the U.K., the Netherlands, Denmark, Sweden, and Canada – do not recommend or do not require testing and treatment for Rh-negative individuals early in pregnancy.¹⁰
- ▶ **Limitation on Authorized Providers:** North Carolina 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. As part of changes made by FDA in 2016, non-physicians may prescribe medication abortion care.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: North Carolina](#). 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 [NC ST § 90-21.82\(1\)\(a\)](#)

⁷ Schummers, L., et al., [Abortion Safety and 11 Use with Normally Prescribed Mifepristone in Canada](#). The New England Journal of Medicine. 9 January 2022.

⁸ 10A NC ADC 14E.0309(b)

⁹ ACOG. "Practice Bulletin No. 225: Medication Abortion Up to 70 Days of Gestation." American College of Obstetricians and Gynecologists. 8 October 2020.

¹⁰ ACOG. "Practice Bulletin No. 225: Medication Abortion Up to 70 Days of Gestation." American College of Obstetricians and Gynecologists. 8 October 2020.

¹¹ [NC ST § 14-45.1\(g\)](#)

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:** North Carolina requires patients seeking abortions to receive biased counseling.¹⁵ Additionally, while an ultrasound is not currently required due to a 2014 lawsuit¹⁶, the state-developed counseling materials still state that an ultrasound is required.¹⁷
 - **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.¹⁸
- ▶ **Waiting Period:** North Carolina requires patients seeking abortions to undergo a mandatory 72-hour waiting period.¹⁹
 - **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.²⁰
 - An overwhelming majority of women who choose abortion are already certain of their decision.²¹
- ▶ **Abortion Certification and Reporting:** North Carolina requires a provider billing Medicaid for an abortion to submit additional documentation with the claim, including a physician certification.²²
 - **Impact:** This requirement saddles providers with medically unnecessary administrative burdens.
 - Reporting requirements put patients at higher greatest risk for violations of privacy and exposure.

POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- ▶ **North Carolina's Medicaid program and private insurers are prohibited from covering most abortion services, including via telehealth²³:** While North Carolina's telehealth Medicaid policies tend to be expansive (the program has implemented payment parity, covers a range of modalities and services, and places no restrictions on originating or distant sites²⁴), Medicaid will only cover abortion care in cases of life endangerment, rape, or incest.
- ▶ Many private insurers do not cover abortion services in North Carolina 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, unless individuals purchase an optional rider at an additional cost.²⁵
 - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.²⁶
 - 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.²⁷
 - **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.^{28, 29}
- ▶ **North Carolina lacks coverage and payment parity laws for private insurers:** 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.³⁰
 - There is no legal mandate to cover or reimburse telehealth at parity, so health plans may opt to not cover telehealth services or may cover/reimburse below parity.
 - **Impact:** Lack of coverage and payment parity can limit patient access to telehealth services.
 - **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.
- ▶ **North Carolina does not allow for cross-state telehealth practice:** North Carolina does not currently have any allowances in law or statute that permit out-of-state providers to provide telehealth to in-state residents without obtaining full North Carolina licensure.
 - **Impact:** Individuals living in North Carolina cannot access telehealth providers based outside of the state. This can create additional barriers to accessing health care for those who have limited resources or who live in underserved areas.
- ▶ **Coverage for translation services:** Providers participating in North Carolina Medicaid are required to provide translation services for Medicaid beneficiaries, including via telehealth.³¹ However, there is no requirement for public or private insurance to cover the costs associated with translation.³²
 - **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.

¹⁵ [NC ST § 90-21.82\(2\)](#)

¹⁶ *Stuart v. Camnitz*, 774 F.3d 238 (4th Cir. 2014)

¹⁷ <https://www.ncdhhs.gov/awomansrighttoknow-web-1/download?attachment>

¹⁸ *Misinformed Consent: The Medical Accuracy of State-Developed Counseling Materials* | Guttmacher Institute

¹⁹ [NC ST § 90-21.82](#)

²⁰ National Academies of Sciences, Engineering and Medicine. *The Safety and Quality of Abortion Care in the United States*. National Academies Press. 2018.

²¹ Ralph, L. et al. *Measuring decisional certainty among women seeking abortion*. *Contraception*. March 2017 12

²² [NC ST 14-45.\(b1\)](#)

²³ <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicare>

²⁴ *NC Medicaid; NC Medicaid Medicaid and Health Choice Telehealth, Virtual Clinical Coverage Policy No. 1H Communications and Remote Patient Amended Date;*

²⁵ *Regulating Insurance Coverage of Abortion* | Guttmacher Institute

²⁶ All* Above All. *Fact Sheet: About the Hyde Amendment*. 2022.

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

²⁸ 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.

²⁹ Upadhyay, U., et al. *Trends in Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017-20*. Health Affairs. April 2022.

³⁰ *Parity Requirements for Private Payer Telehealth Services - CCHP*

³¹ *Translation and Interpretation Services | Medicaid*

³² *Medicaid and CHIP Reimbursement Models for Language Services*

MORE INFORMATION ON TELEHEALTH IN NORTH CAROLINA

- ▶ [Mid-Atlantic Telehealth Resource Center](#)
- ▶ [North Carolina State Telehealth Laws - CCHP](#)