

## NEVADA:

# Medication Abortion Care & Telehealth At A Glance

Updated: August 2023

### ABORTION CARE IN NEVADA

- ▶ *Pregnant people in Nevada have limited access to abortion care.* 88% of Nevada 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>
- ▶ *Nevadans support access to abortion care.* Nearly 7 in 10 Nevada voters [69%] call themselves pro-choice.<sup>4</sup>

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

- ▶ *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>
- ▶ Telehealth access is important to Nevadans: 78% of respondents in a 2022 survey indicated that having a telehealth option for abortion care would have been “very helpful” to them when seeking an abortion and would address issues of privacy and circumvent having to find childcare or reliable transportation.<sup>6</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 IMPACTING PROVISION OF TELEHEALTH FOR MEDICATION ABORTION CARE IN NEVADA

- ▶ **Requirement that providers personally dispense medications to patients (and place a prohibition on mailing):** While providers are currently able to mail medications due to changes related to the public health emergency, the permanent policy still prohibits providers from dispensing medication through the mail.<sup>7</sup>
  - **Impact:** This medically unnecessary restriction forces patients to visit a clinic to pick up their medication.
  - **Impact:** This requirement may create barriers to access for patients who do not have easy access to a health care provider, particularly those in rural or underserved areas.
  - Research shows that medication abortion care can safely and effectively be dispensed at a clinic or through a pharmacy.<sup>8</sup>
- ▶ **Limitations on qualified health care providers:** Abortions, including medication abortion, can only be performed by licensed physicians.<sup>9</sup>
  - **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 are allowed to provide medication abortion care, though state law may restrict it.<sup>10</sup>
    - ACOG and other medical associations affirm that nurse practitioners, physician assistants and midwives can safely and effectively provide medication abortion care.<sup>11</sup>
    - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.<sup>12</sup>

<sup>1</sup> Guttmacher Institute. [State Facts About Abortion: Nevada](#). 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> OH Predictive Insights. [Majority of Nevada Voters Call Themselves Pro-Choice](#). October 2021.

<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> Nevada Reproductive Justice Coalition. Qualitative Journal Board and Provider IDs. March 2022.

<sup>7</sup> <https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec742>

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

<sup>9</sup> <https://www.leg.state.nv.us/nrs/nrs-442.html#NRS442Sec250>

<sup>10</sup> Jones, R. & Boonstra, H. [The Public Health Implications of the FDA Update to the Medication Abortion Label](#). Guttmacher Institute. June 2016.

<sup>11</sup> ACOG. [Committee Opinion Number 815: Increasing Access to Abortion](#). December 2020.

<sup>12</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

## POLICY THAT IMPACTS THE COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE IN NEVADA

- ▶ **In Nevada, reimbursement as well as coverage and payment parity differ by modality and whether the patient has private v. public insurance:** As background, coverage parity requires the *same services* be covered via telehealth as would be 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>13</sup> While coverage and payment parity exists for live video and asynchronous modalities of care delivered through telehealth, regardless of whether the patient has public or private insurance, other barriers to care coverage exist<sup>14</sup>:
  - Nevada law does not require coverage or payment parity of public or private insurers for audio-only telehealth services.<sup>15</sup>
  - **Impact:** These restrictions disproportionately impact people of color and those struggling to make ends meet as it limits 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.
- ▶ **Lack of clarity regarding home as an eligible originating site:** Even though the permanent policy is expansive, the Medicaid program's temporary Covid-19 flexibilities explicitly stated that reimbursement is not available when the patient's home is the originating site.
  - **Impact:** This could result in confusion by claims adjusters, in insurance contracts, or denial of claims, ultimately harming providers and patients.
- ▶ **Nevada Medicaid is prohibited from covering most abortion services, including via telehealth and there are no coverage protections for patients using private insurance for abortion care:**
  - Nevada's state Medicaid program only covers abortion care if the pregnancy is a result of rape or incest or to save the pregnant person's life.<sup>16</sup>
  - There is no requirement for private payers to cover abortion services in Nevada and most do not cover, including for telehealth.
    - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care. 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>17</sup>
    - **Impact:** This forces 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.<sup>18, 19</sup>

## MORE INFORMATION ON TELEHEALTH IN NEVADA

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

<sup>13</sup> Center for Connected Health Policy. [Parity Requirements for Private Payer Telehealth Services](#). 2022.

<sup>14</sup> [https://www.leg.state.nv.us/Session/81st2021/Bills/SB/SB5\\_EN.pdf](https://www.leg.state.nv.us/Session/81st2021/Bills/SB/SB5_EN.pdf), <https://www.leg.state.nv.us/NRS/NRS-689A.html#NRS689ASec0463>, [https://dhcfnv.gov/uploadedFiles/dhcfpnvgov/content/ReSOURCES/AdminSupport/Manuals/MSM/C3400/MSM\\_3400\\_17\\_07\\_27.pdf](https://dhcfnv.gov/uploadedFiles/dhcfpnvgov/content/ReSOURCES/AdminSupport/Manuals/MSM/C3400/MSM_3400_17_07_27.pdf)

<sup>15</sup> NRS: CHAPTER 689A - INDIVIDUAL HEALTH INSURANCE; <https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/9766/Text#> (Effective July 1, 2023)

<sup>16</sup> [State Funding of Abortion Under Medicaid](#) | Guttmacher Institute

<sup>17</sup> Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). Guttmacher Institute. June 2009.

<sup>18</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>19</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.