

## PENNSYLVANIA:

# Medication Abortion Care & Telehealth Policies At A Glance\*\*

Updated: August 2023

### ABORTION CARE IN PENNSYLVANIA

- ▶ *Pregnant people in Pennsylvania have limited access to abortion care.* 85% of Pennsylvania counties in 2017 did not have an in-person abortion provider.<sup>1</sup>
- ▶ *Abortion is an essential, time sensitive health care service.* Medically unnecessary restrictions push medication abortion care, which is an abortion option that is approved by the United States Food and Drug Administration (“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.* Research has shown that women who are denied a wanted abortion have four times greater odds of living below the Federal Poverty Level and are more likely to experience poorer health outcomes for years after 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 women of color.<sup>3</sup>
- ▶ *Pennsylvanians support access to abortion care.* More than 8 in 10 [83%] Pennsylvania voters believe abortion should be legal in all or certain cases.<sup>4</sup>

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

- ▶ *Telehealth is a tool that can expand abortion access.* Research shows that telehealth reduces barriers to care and can help patients access care earlier in pregnancy.<sup>5</sup>
- ▶ *Telehealth can increase access to health care for those in rural or medically underserved communities.* Roughly 75% of Pennsylvania is considered rural and residents of the state would benefit from increased access to care through telehealth.<sup>6</sup>
  - From 2000 to 2020, rural Pennsylvania’s population became more racially diverse, with non white / Hispanic populations increasing by 7%.<sup>7</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

- ▶ **Informed consent and waiting period:** Patients must be given medically unnecessary information 24 hours in advance of the procedure.<sup>8</sup>
  - **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.
    - This requirement saddles providers with unnecessary administrative burdens and is not medically necessary.
    - There is no evidence that waiting periods improve medication abortion care’s safety.<sup>9</sup> An overwhelming majority of women who choose abortion are already certain of their decision.<sup>10</sup>
- ▶ **Blood testing requirement:** Pennsylvania law requires that patients undergo certain blood testing prior to a medication abortion.<sup>11</sup>
  - **Impact:** Mandated Rhesus (Rh) factor testing forces patients to undergo testing 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.<sup>12</sup>
    - The World Health Organization (WHO) and many countries – including the U.K., the Netherlands, Denmark, Sweden, and Canada – do not recommend or require testing and treatment for Rh negative individuals early in pregnancy.<sup>13</sup>

<sup>1</sup> Guttmacher Institute. [State Facts About Abortion: Pennsylvania](#), 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 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> Adams, A. [Pennsylvania to be One of the Biggest Battlegrounds for Abortion Rights in Coming Year](#). April 2022.

<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> Butzner, M. & Cuffee, Y. [Telehealth Interventions and Outcomes Across Rural Communities in the United States: Narrative Review](#). *Journal of Medical Internet Research*. August 2021; Kyle C.

<sup>7</sup> Kopko, Ph.D. [Center for Rural Pennsylvania, Pennsylvania Senate Committee Hearing](#), May 26, 2021.

<sup>8</sup> Center for Rural Pennsylvania. [Demographics](#). 2000.

<sup>9</sup> [18 Pa.C.S.A. § 3205 \(a\) \(31\); 30 Pa.B. 6278](#).

<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> [28 Pa. Code § 29.33; 30 Pa.B. 6278](#)

<sup>13</sup> ACOG. [“Practice Bulletin No. 225: Medication Abortion Up to 70 Days of Gestation.”](#) *American College of Obstetricians and Gynecologists*. October 2020.

<sup>14</sup> Id.

- ▶ **Limitations on qualified health care providers:** Abortions in Pennsylvania can only be performed by physicians.<sup>14</sup>
  - **Impact:** This medically unnecessary restriction limits the number and type of providers available to provide abortion care.
    - 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>
- ▶ **Parental consent requirements 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>17</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.

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

- ▶ **In Pennsylvania, there is no requirement that private payers cover or reimburse telehealth services at parity with in person care:**<sup>18</sup>
  - **Impact:** Without laws defining telehealth coverage requirements for private payers, members of health plans across Pennsylvania may have limited or no access to care via telehealth, and coverage across payers in the state may be uneven.
- ▶ **There is no Medicaid coverage requirement or payment parity for audio-only or asynchronous telehealth services:** While Medicaid in Pennsylvania is required to reimburse video telehealth visits at parity with in-person visits, it is only required to cover and reimburse audio-only telehealth services when the beneficiary does not have video capability or for an urgent medical situation, if consistent with state and federal law<sup>19</sup>. Store and forward, electronic mail, and telephone are not considered telemedicine for the purposes of Medicaid.<sup>20</sup>
  - **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. This has a disproportionate impact on people of color and those struggling to make ends meet.
- ▶ **Pennsylvania’s Medicaid program is prohibited from covering most abortion services, including via telehealth, and there are no coverage protections for patients using private insurance:** Pennsylvania’s state Medicaid program only covers abortion care to “avert the death of the mother” or when the pregnancy is a result of rape or incest. Many payers do not cover abortion services in Pennsylvania, 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, rape, or incest, unless individuals purchase an optional rider at an additional cost.<sup>21</sup>
  - **Impact:** A lack of coverage can create insurmountable barriers for those already struggling to get affordable health care.<sup>22</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>23</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 can be less than the cost of early abortion care.<sup>24,25</sup>

## MORE INFORMATION ON TELEHEALTH IN PENNSYLVANIA:

- Center for Connected Health Policy - [Telehealth in Pennsylvania](#)
- [Mid-Atlantic Telehealth Resource Center](#)

*\*\*This fact sheet is intended to provide an overview of the equity impacts of telehealth and abortion care policy in Pennsylvania for educational purposes only. This document does not encourage or request, directly or indirectly, any foreseeable state legislative or administrative action on these matters.*

<sup>14</sup> [18 Pa.C.S.A. § 3204; 18 Pa.C.S. § 3213; 30 Pa.B. 6278.](#)

<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 California Legal Waiver](#). *American Journal of Public Health*. March 2013.

<sup>17</sup> [18 Pa.C.S.A. § 3206 \(a\), \(b\)](#)

<sup>18</sup> Center for Connected Telehealth Policy. [Telehealth Parity](#). 2022 (“no reference found”).

<sup>19</sup> <https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2022050601.pdf>

<sup>20</sup> [PA Dept of Public Welfare, Medical Assistance Bulletin: Updates to Guidelines for the Delivery of Physical Health Services via Telemedicine \(May 6, 2022\)](#)

<sup>21</sup> Guttmacher Institute. [State Facts About Abortion: Pennsylvania, 2022](#). <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-pennsylvania#:~:text=Health%20plans%20offered%20in%20the,rider%20at%20an%20additional%20cost>.

<sup>22</sup> All\* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022

<sup>23</sup> Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). *Guttmacher Institute*. June 2009.

<sup>24</sup> 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.

<sup>25</sup> Upadhyay, U., et al. [Trends in Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017-20](#). *Health Affairs*. April 2022.