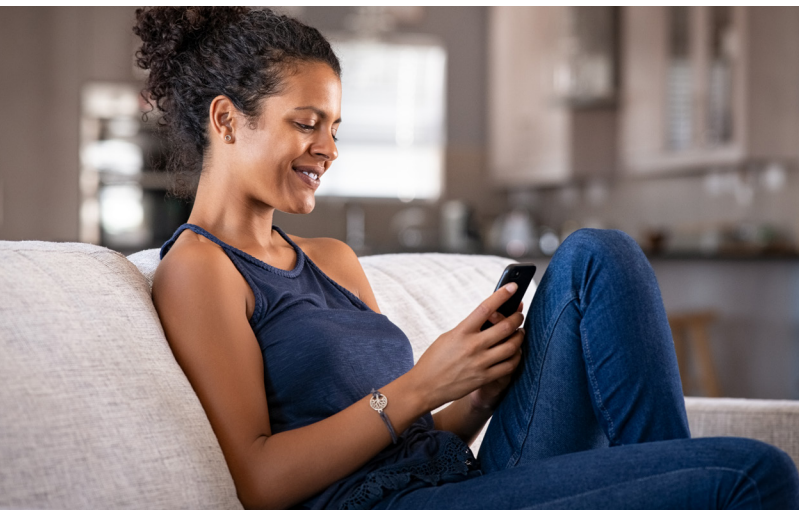


ISSUE BRIEF

# Expanding Access to Telehealth for Medication Abortion Care in a Constrained Policy Environment

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## About RHITES

RHITES (the Reproductive Health Initiative for Telehealth Equity & Solutions) is dedicated to advancing equitable sexual & reproductive health care access, guided by reproductive justice principles. We believe in the power of telehealth to foster innovation and bridge equity gaps, especially for medication abortion. We recognize that for telehealth to reach its full potential, the industry must integrate reproductive & sexual health care into the larger health care system. RHITES serves as a resource and convener among the telehealth and reproductive health, rights, and justice (RHRJ) communities to lift equity impacts of policy on the delivery of the full spectrum of telehealth for sexual & reproductive health care. For more information, please visit [rhites.org](https://rhites.org).

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# Abstract

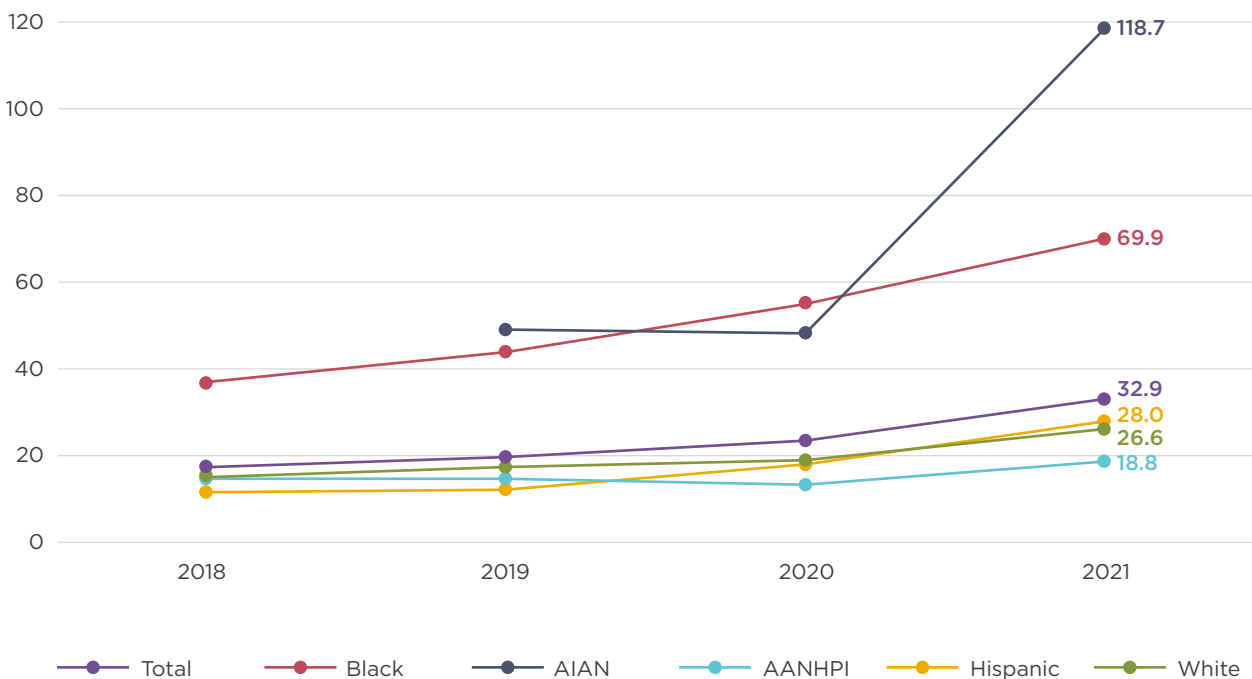
- **Issue:** As states continue to enact new restrictions on abortion since the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, access to critical reproductive health and abortion care services have been severely threatened. Abortion medications prescribed after a telehealth visit present a safe and effective option; expanding telehealth for medication abortion care (TMAB) would increase access to and equity in the provision of reproductive health care.
- **Goals:** Identify practical and near-term opportunities to expand equitable access to TMAB care across the United States.
- **Methods:** Interviews and a roundtable workshop with a range of stakeholders, representing policy experts, abortion and reproductive health providers, nonprofits, investors, and telehealth companies.
- **Key Findings:** Opportunities include:
  1. Improving the public understanding of the safety and effectiveness of TMAB care;
  2. Addressing regulatory barriers to telehealth delivery generally and TMAB care specifically;
  3. Improving the overall economics, coverage, and reimbursement of telehealth for reproductive health care, including TMAB care;
  4. Expanding the training of TMAB care to expand the availability of providers and therefore, patient access; and
  5. Establishing referral channels and education around the availability of services.
- **Conclusion:** Even within a highly constrained policy environment, there are practical opportunities to expand access to TMAB care that will improve equitable access to telehealth.

# Introduction

Abortion is a safe and an essential health care service.<sup>1</sup> For over 20 years, medication has been used for abortion care safely during the first trimester through the use of two medications: mifepristone and misoprostol. Beginning in 2020, over 50% of abortions occurred using medication, which is increasingly the preferred abortion method by pregnant persons.<sup>2</sup>

The Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* eliminated the constitutional right to abortions. Many states immediately began to curtail individuals' access to abortions, forcing pregnant persons into unsafe pregnancies or unwanted parenthood at the same time as access to high-quality maternal care has deteriorated. Restrictions on abortion access exacerbate the persistent inequities and access challenges across the nation that disproportionately continue to impact people of color. American Indian/Alaska Native and Black individuals continue to experience worse outcomes than white, hispanic and Asian American and Native Hawaiian/Pacific Islander AANHPI women in the U.S., and states with abortion restrictions also have the worst maternal health outcomes.<sup>3</sup>

## MATERNAL MORTALITY RATE PER 100,000 LIVE BIRTHS, UNITED STATES (2018–2021)



Source: Donna L. Hoyert, Maternal Mortality Rates in the United States, 2021 (National Center for Health Statistics, March 2023) and authors' calculations using CDC WONDER

States with abortion restrictions also have the worst maternal health outcomes.

A recent report highlights that 36% of all U.S. counties are considered maternity care deserts.<sup>4</sup> Expanding access to reproductive health services is not just important in access states—but in all states, even in urban areas—as the effects of the *Dobbs* decision may impact availability of reproductive health and family planning services nationally, especially for people of color and those who are struggling to make ends meet.<sup>5</sup> Telehealth can help address access and equity issues.

Telehealth has increased access to many services, including reproductive health care. Through a series of Federal Drug Administration (FDA) actions, individuals were able to access direct-to-patient TMAB care for the first time beginning in the pandemic.<sup>6</sup>

### What is TMAB Care?

TMAB stands for Telehealth for Medication Abortion. Through the use of telehealth, licensed and qualified providers virtually consult with a patient, synchronously or asynchronously, and, as clinically appropriate, prescribe abortion medications which may be dispensed by a mail-order pharmacy or certified retail pharmacy. The person takes the medication as instructed by their provider, and follows up with the provider as directed. This is called “TMAB care”.

Individuals who cannot access TMAB care may be forced to forgo care entirely. TMAB, like other telehealth services, may be these individuals’ only option for care due to their location, cost, child care needs, work commitments, perception of stigma, or need for privacy.

TMAB care has been endorsed by the American College of Obstetricians and Gynecologists<sup>7</sup> and other professional associations as a safe and effective option for abortion up to 10 weeks gestational age.<sup>8</sup> Notwithstanding, there remains public misunderstanding over the safety and efficacy of TMAB care.

This brief explores practical and near-term opportunities to increase individuals’ access to TMAB care where abortion is legal. While the focus of this brief is on TMAB care, many of the action steps discussed can reduce barriers to care in general—not just abortion—and further access to other sensitive services.

## Key Findings

From interviews and a roundtable workshop with stakeholders, representing policy experts, abortion and reproductive health providers, nonprofits, investors, and telehealth companies, we identified five concrete actions that, even within a highly constrained policy environment, will expand access to TMAB care in the near term:

1. Improve the public understanding of the safety and effectiveness of TMAB care;
2. Address regulatory barriers to telehealth, including TMAB care;
3. Improve the overall economics and coverage of TMAB care;
4. Expand training on TMAB care to expand the availability of providers; and
5. Establish referral channels and education around TMAB services.

# Discussion of Findings

## ACTION 1: IMPROVE THE PUBLIC UNDERSTANDING OF THE SAFETY AND EFFECTIVENESS OF TMAB CARE

Telehealth is a safe and effective way to diagnose patients with a myriad of conditions and deliver a multitude of services. Medications are routinely prescribed after telehealth encounters.

Medication abortion care was FDA approved in 2000 and has an over-20 year safety and effectiveness record. It is additionally approved for use in nearly 100 countries. Providers can assess a patient's clinical appropriateness for TMAB care, just like providers can assess other complex conditions (e.g., diabetes, hypertension) or prescribe medications with side effects following a telehealth encounter for other needs (e.g., insulin, blood pressure medication). The American College of Obstetricians and Gynecologists and other professional organizations have endorsed telehealth as a safe and effective way of delivering abortion care.<sup>9</sup> A study found that "medical abortion via telemedicine without routine ultrasound up to 10 weeks' gestation is an effective, safe and acceptable service model. Clinical outcomes with telemedicine are equivalent to in-person care and access to abortion care is better, with both waiting times and gestational age at the time of the abortion significantly reduced."<sup>10</sup>

There remains public misunderstanding over TMAB care's safety and efficacy. A 2021 study highlighted that, although more people support TMAB care than oppose it, around 9% of U.S. adults who identified as abortion supporters did not support the use of telemedicine, and 17% were unsure, indicating that TMAB care may be misunderstood.<sup>11</sup>

TMAB care is delivered by a licensed provider acting within their scope of practice. A patient visits with a licensed provider synchronously (through video and audio or audio-only) or asynchronously (through secure messaging between the provider and patient), giving the provider information regarding their medical history, current clinical condition, and approximate gestational age, often gathering greater and more honest information than a patient may provide in an in-person visit.<sup>12</sup> Asynchronous TMAB care offers unique benefits as it allows for enhanced privacy and patient convenience. Providers can quickly screen out patients who have conditions for which TMAB care may be inappropriate, in which case the provider would refer the patient for in-person care. Providers follow similar clinical protocols whether medication abortion is prescribed at an in-person visit or a telehealth visit. Patients have access to a telehealth provider and resources or linkages to an in-person provider during and after taking the prescribed medication. Numerous studies have found that TMAB care, including when delivered asynchronously, is highly effective and safe. In one recent study, no patients had any adverse events, with 95% of patients having a complete abortion without additional intervention.<sup>13</sup>

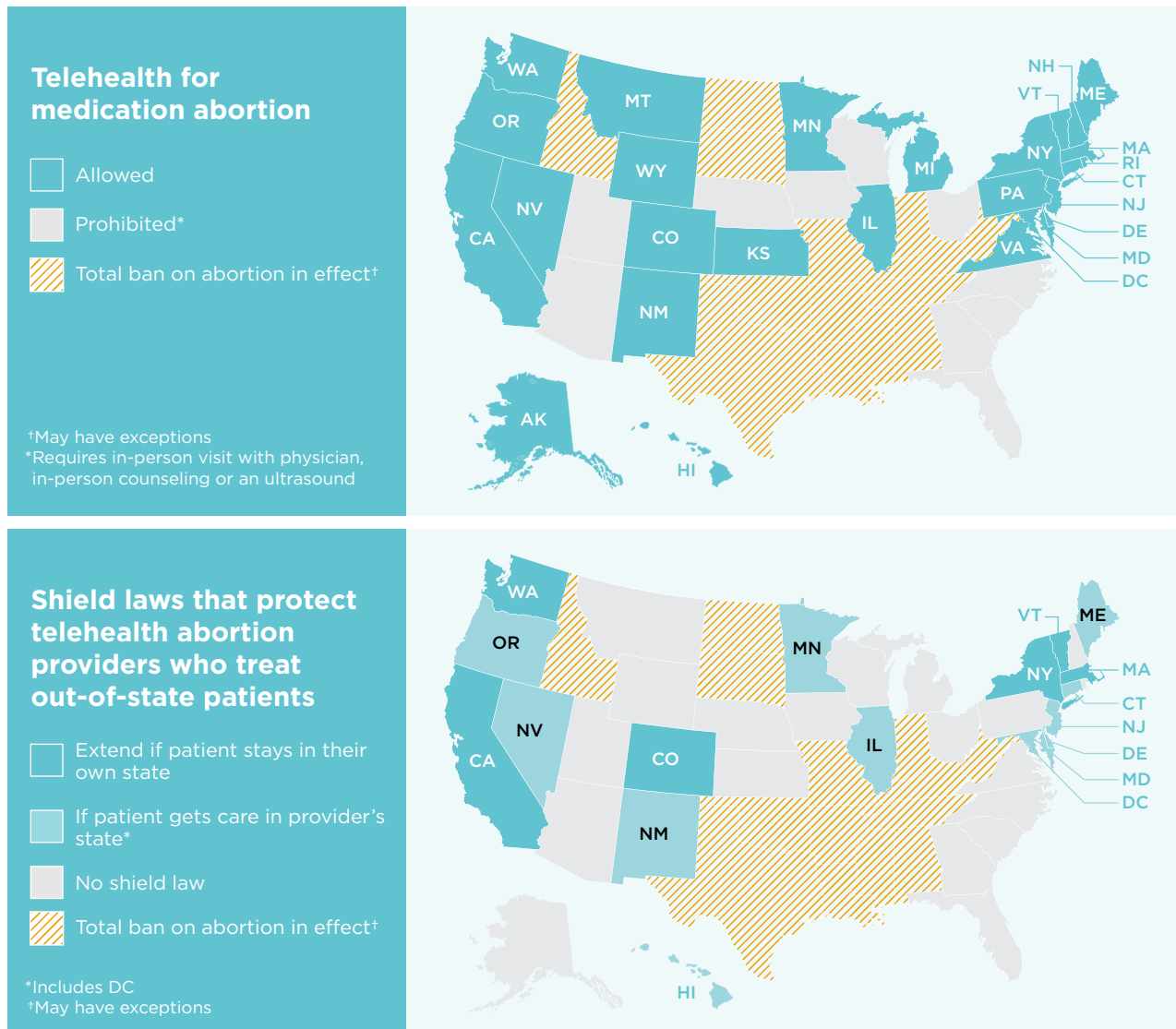
A public education campaign, including real patient stories, should be undertaken to bring facts regarding the safety and efficacy of and patient preference for TMAB care into the public discourse. The public must know that telehealth may be the only way some patients can access the health care system. This campaign should also underscore that TMAB care can and should be treated just like other types of care that have been determined to be consistent with the standard of care when delivered via telehealth. Providers can support awareness by educating patients on the safety and effectiveness of telehealth and TMAB care.

Numerous studies have found that TMAB care, including when delivered asynchronously, is highly effective and safe.

## ACTION 2: ADDRESS REGULATORY BARRIERS TO TELEHEALTH, INCLUDING TMAB CARE

TMAB care is banned or heavily regulated through medically unnecessary restrictions in many states. State requirements often make it difficult for providers to furnish TMAB care, especially across state lines. States generally regulate telehealth through laws and regulations governing provider licensure, limiting which providers-types may render telehealth, what type of patient consent is required, and whether a provider can prescribe medications following telehealth encounters.

States generally defer to clinical indication and provider expertise and do not dictate what specific information must be collected or tests must be performed before a provider makes a determination regarding clinically appropriate care. However, for abortion care, some states have imposed unnecessary clinical standards, such as mandatory ultrasounds, blood testing, and physical exams (e.g., AZ, KS, NC, FL). Other states mandate medically unnecessary in-person visits with a clinician which serve as de-facto bans on telehealth (e.g., IN, NE, NC, SC). States must defer to the licensed provider's clinical judgment for TMAB care, as they do for other services.



Source: Adapted from *The Wall Street Journal* reports on how telehealth is expanding access to medication abortion using RHITES and Guttmacher Institute maps.

The RHITES map can be found at [www.rhites.org/tmab-map](http://www.rhites.org/tmab-map).

Even states that aim to increase abortion access may impose barriers to TMAB care and exacerbate inequities. For instance, certain states (e.g., CA), require that providers maintain a physical location or a formal affiliation with a brick-and-mortar provider to enroll in Medicaid or limit which providers may enroll as a telehealth-only provider (e.g., CO). These requirements create additional barriers for Medicaid beneficiaries who often experience the most persistent access challenges and inequities.

Simply understanding the complex patchwork of state requirements imposes significant costs and operational burdens and deters many providers from delivering or referring for TMAB care. To increase the number of providers willing to provide and refer for TMAB care, an easily accessible, comprehensive resource should be developed that provides state-by-state regulatory information so that TMAB care providers can access current and accurate requirements to inform operations and planning activity.

### **ACTION 3: IMPROVE THE OVERALL ECONOMICS AND COVERAGE OF TELEHEALTH, INCLUDING TMAB CARE**

Coverage and reimbursement for telehealth is often inadequate, frequently being paid at lower rates than in-person care, even though safety and effectiveness are similar, and save patient time and expense. This includes TMAB care. As a result, approximately 69% of U.S. abortion care is paid for out-of-pocket. Patients in states that limit abortion often have added costs of travel, child care, and lodging to access care while often needing to miss work to receive this care.

## **Eleven states restrict abortion coverage by all private insurers.**

Medicaid is a critical source of coverage for people working to make ends meet, covering 20% of reproductive age women. In states with Medicaid coverage of abortion, Medicaid covers over 50% of all abortions. Unfortunately, many states limit Medicaid coverage of abortions because the Hyde Amendment prohibits federal funds from being used to pay for abortion except in limited circumstances. States may cover abortions more broadly using state-only funds, which 17 states do, increasing the number of abortions that may be covered by Medicaid. State Medicaid programs usually do not cover services received by individuals who travel to other states.

To increase equitable and expanded access to abortion, more states must cover abortion with state-only dollars. However, coverage is not enough—historically, Medicaid reimbursement has not covered the cost of providing the service. All states with coverage should increase Medicaid reimbursement for TMAB care to increase availability to those enrolled in Medicaid.

In addition, states should make other funding and grant opportunities available to abortion providers to supplement operational expenses, such as building security, to offset the cost of providing abortions in a low-reimbursement environment and to not further burden patients. Investors can support by encouraging the development of business models that incorporate Medicaid and providing legal resources to facilitate understanding of complex state policies.

For those individuals with commercial coverage, reimbursement for telehealth also is limited. Commercial coverage of virtual care lags behind Medicare and often does not cover all telehealth modalities. Commercial, employer, and exchange coverage of, and reimbursement for, TMAB care vary. Eleven states restrict abortion coverage by all private insurers. Approximately one-quarter of large U.S. employers limit coverage of abortions or do not pay for them at all.



For patients who are under- or not insured, the cost of TMAB care is often prohibitive. About one-third of adults are not able to cover an unexpected \$400 expense with cash. Patients often turn to abortion funds and practical support organizations to address the financial burden, which are often supported by private donations and volunteers. Given limited coverage for abortion care and increased need for expensive travel to receive abortion care, abortion funds and practical support organizations serve a critical need and are not able to cover care for every person who contacts them. State and private investment should provide financial support to abortion funds to cover costs associated with TMAB care, including reimbursement for telehealth and abortion medication. Abortion funds could also benefit from technology to make it easier to coordinate funding streams and payment models.

#### **ACTION 4: TRAIN PROVIDERS ON TMAB CARE TO EXPAND THE AVAILABILITY OF PROVIDERS**

There are opportunities to expand the number of providers who are able and willing to provide reproductive health services, including TMAB care, through training and education.

It is anticipated that abortion restrictions will influence where providers will practice (e.g., OB/GYNs relocating to states with fewer restrictions), and fewer OB/GYNs will receive comprehensive training in abortion care as there are many medical schools located in states which severely limit abortion access.<sup>14</sup> These anticipated challenges threaten to worsen access. As a result, the number of providers able to provide TMAB care must increase to improve capacity for specialized providers to perform procedural abortions.

States also can expand the provider types who are authorized to provide TMAB care, including advanced practice registered nurses, physician assistants, and certified nurse midwives, within their scope of practice. As of April 2023, at least 21 states allow certain advanced practice clinicians to dispense medication abortions.<sup>15</sup>

Primary care providers (PCPs) and other advanced practice clinicians can be trained on how to determine if a patient is appropriate for TMAB care and prescribe medication abortion (just like PCPs prescribe other medications historically prescribed by specialists).<sup>16</sup> Academic institutions should incorporate telehealth, and specifically TMAB care, into standard clinical training programs. Training should include how providers can educate their patients on accessing TMAB care, supporting patients with limited digital literacy, and the safety and effectiveness of many synchronous and asynchronous telehealth services, including TMAB care.

#### **ACTION 5: ESTABLISH REFERRAL CHANNELS AND EDUCATION AROUND THE AVAILABILITY OF SERVICES**

Providers must view abortion care as an important health care service, just like other critical, time sensitive services for which they refer patients to other providers. Increasing providers' understanding and ability to provide TMAB care is crucial to improving availability and therefore patient access. A recent study highlights that among physicians willing to refer their patients for abortion care, about half did not know how and to where to make these referrals. Primary care providers (PCPs) and other advanced practice clinicians can be trained on how to determine if a patient is appropriate for TMAB care and prescribe medication abortion (just like PCPs prescribe other medications historically prescribed by specialists).

All PCPs, family physicians, and OB/GYNs must receive training and education on TMAB care, including referral pathways if the provider is not willing or able to deliver TMAB care, due to state restrictions or otherwise. Robust referral channels with warm handoffs by these providers to an abortion provider, including TMAB care-only providers, must be developed and reinforced to enable access and support continuity of care. As part of this handoff, providers must be equipped with information on abortion coverage, including options, costs, coverage, digital literacy, and health literacy.

# Conclusion

Despite a complex and highly constrained policy environment, there are actions that will expand access to TMAB care. This brief outlines how stakeholders across the health care ecosystem can participate in expanding access to critical services through these actions.

# Methods

We conducted interviews and facilitated a full-day roundtable workshop with stakeholders, representing policy experts, abortion and reproductive health providers, nonprofits, investors, and telehealth companies.

# Acknowledgements

This report is part of RHITES' (Reproductive Health Initiative for Telehealth Equity & Solutions) efforts to expand access to reproductive health care using telehealth and strengthen collaboration across communities to encourage policies which improve equitable access to telehealth. We recognize that people should have access to all forms of reproductive health care, including abortion and including, but not limited to, medication abortion via telehealth. There was no way to capture all the tremendous data gathered or all the data that exists on these topics. To our partners, interviewees, and survey participants, and those who have given feedback on prior versions of this report, we extend our deepest thanks. Specifically, we would like to acknowledge the Commonwealth Fund for their co-funding of this project and the following individuals who participated in interviews and/or the roundtable workshop for their time and contribution to this brief.

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# Endnotes

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