

Telehealth Equity & Medication Abortion Care

An Introduction to State Policy Trends

April 2024



TELEHEALTH AS A TOOL FOR HEALTH CARE EQUITY & MEDICATION ABORTION ACCESS

- ▶ **Improved Access:** Telehealth can improve access by extending the geographic reach of physicians and facilities and may reduce, patient travel time, wait times, and related stresses.
- ▶ **Patient-Centered Care:** Telehealth can expand access to translators or clinicians with knowledge of specific cultures and languages that match patient preferences. This can increase patient trust, comfort, and ability to treat conditions effectively.
- ▶ **Improved Quality:** **Studies** consistently show the quality of health care services delivered via telehealth is at least as effective as in-person. **Recent data** shows that audio-only telehealth care is as effective for patient outcomes as video for medication prescribing.
- ▶ **Cost Efficiencies:** Telehealth can reduce costs of transportation, childcare, and other accommodations required for an in-person visit, as well as, improve staffing options and decrease lengths of hospital stays.
- ▶ **Growing Popularity:** Since the COVID-19 pandemic, telehealth use in the United States has rapidly increased. In 2022, telehealth reached the **80% adoption mark**, becoming the preferred channel by patients for prescription care and minor illnesses.
 - TMAB usage and service-delivery options have similarly increased. TMAB is now available by virtual care providers, mobile clinics, and brick-and-mortar clinics. Additionally, providers living in states with certain legal protections (“shield laws”) are choosing to prescribe medication abortion to patients in abortion-ban states through TMAB visits. TMAB makes up **at least 16%** of all care provided.



STATE LEGISLATION IMPACTING PATIENT ACCESS TO TMAB

- 1) **Regulations Limiting Telehealth Modalities & Practitioner Eligibility:** Limitations on modalities and practitioner eligibility often exclude or limit audio-only or asynchronous care from state telehealth definitions and limit provider’s eligibility to offer telehealth services even when such care is within their scope of practice.
 - ▶ **Limitations on Audio-Only or Asynchronous Care:** When audio-only or asynchronous visits are restricted, people living in areas with low broadband access are less likely and able to see a health care provider via telehealth, log in to patient portals, and ultimately, access care. States are trending towards expanding “audio-only” permissions.¹
 - ▶ **Limitations on Practitioner Eligibility Offer Telehealth:** Some states exclude non-physician providers from telehealth eligibility, even where practitioners may be appropriately credentialed to offer such service, sometimes called “physician-only” requirements.

The Stakes: Reliable internet access is crucial if your telehealth program relies on video. Modality limitations excluding or limiting audio-only or asynchronous care, disproportionately impact patients with preexisting barriers. An estimated **forty-two million Americans** are without high-speed internet access. Limiting provider eligibility and **abortion services via telehealth**, reduces access to care for patients already living in healthcare and abortion care deserts. An estimated 83 million people in the U.S. live in areas without sufficient access to a primary care physician. This number is expected to increase, as the **American Association of Medical Colleges** projects a national physician shortfall of at least 37,000 over the next decade.

The Opportunity: A quality-oriented, provider and patient-centered health system enables many kinds of telehealth, not just live video. “**Modality-neutral**” telehealth legislation includes various methods and technologies, centering patient preference and typically deferring to clinical indication. Expanding practitioner eligibility helps ensure all patients are afforded the full range of healthcare options and receive high-quality care, even in locations with provider and service shortages.

- 2) **Regulations Limiting Parity, Coverage & Reimbursement:** Coverage and payment parity requirements enable clinicians to invest in new technologies and fully implement telehealth in their practice. Payment parity is **important** so that patients can receive affordable care and providers receive

appropriate reimbursement for services. Eligibility requirements act as an additional barrier even where states require payment and coverage parity.

- ▶ **Coverage & Payment Parity:** During the COVID-19 pandemic, many states introduced temporary policies requiring [both types of parity](#). While most of these temporary policies expired in 2023, some states passed legislation to extend these provisions or to make them permanent.²
- ▶ **TMAB Coverage Bans:**
 - **Medicaid:** The [Hyde Amendment](#) prevents federal Medicaid funds from covering abortion care, except in limited circumstances. While states can elect to use state Medicaid funds to cover residents for abortion care, only [eighteen states](#) do so.³ Significantly, in these states, Medicaid pays for over [50%](#) of all abortions.
 - **Private Coverage:** Since 2010, many states have enacted private plan restrictions and also banned abortion coverage from marketplace plans, some of which are more restrictive than the Hyde limitations. Some states require private insurers to cover abortion. Post *Dobbs*, states with abortion access are moving towards
- ▶ **Reimbursement Eligibility and Rates:** Legislation that requires establishing the patient-provider relationship via an in-person visit can inhibit eligibility for reimbursement for all virtual telehealth services.⁴ Even in states that permit asynchronous and audio-only telehealth visits, policies may still limit Medicaid coverage for this care, disproportionately impacting lower-income patient population's ability to utilize [telehealth services](#).
- ▶ **Reimbursement for Language/ Interpretive Services:** Individuals with limited English proficiency (LEP) encounter [systemic inequities](#) when accessing healthcare, including unique challenges to benefiting from telehealth services. Legislation that centers language access, insurance coverage, and anti-discrimination can help ensure telehealth access to communities already facing barriers to care.
 - **Medicaid:** Federal Medicaid policies do not directly address [using telehealth for Medicaid benefits](#), including language services. Because of this, states have flexibility to cover Medicaid services provided via telehealth.

The Stakes: Without adequate parity doctors and clinicians may be less likely to offer patients telehealth services, [perpetuating inequities](#) in care accessibility and stifling innovation. The lack of significant coverage and reimbursement from Medicare, state Medicaid, and commercial payers for telehealth services is also a [substantial obstacle](#) to the widespread adoption and use of telehealth.

The Opportunity: Increasing payment parity, coverage, and reimbursement rates will foster innovation and ultimately save clinicians and practices time, effort, and money while increasing patient access. Similarly, ensuring that coverage for telehealth services extends as broadly as possible ensures that all patient populations can access equitable care.

For more information on telehealth and reproductive health care, please visit the RHITES (Reproductive Health Initiative for Telehealth Equity & Solutions) website at www.rhites.org.

ADDITIONAL INFORMATION CAN BE FOUND AT THE FOLLOWING:

- ▶ The American Telemedicine Association - <https://www.americantelemed.org/>
- ▶ The Center for Connected Health Policy - <https://www.cchpca.org/>
- ▶ Kaiser Family Foundation- <https://www.kff.org/>
- ▶ The Guttmacher Institute - <https://www.guttmacher.org/>
- ▶ The National Health Law Program - <https://healthlaw.org/>
- ▶ HealthTech4Medicaid - <https://ht4m.org/>
- ▶ American Medical Association- <https://www.ama-assn.org/>

¹ In Nevada, the legislature excluded audio-only services from their permanent parity policies. Five states passed new legislation expanding audio-only permissions in 2023: Hawaii (effective through December 2025) Maryland (effective through June 2025); Washington (through 2024); Utah; Florida H 627. Find out more information at: <https://www.cchpca.org/topic/definitions-medicare-medicare/>

² Maryland and Minnesota extended temporary telehealth coverage parity policies beyond 2023. Colorado, Nevada, and Hawaii passed payment parity requirements in 2023. [Legislation - SB0534](#) ; [Minnesota Study of Telehealth Expansion and Payment](#). Twenty-one states have implemented policies requiring payment parity, eight states have payment parity in place with caveats (e.g., temporary parity, applied to select service types) and twenty-one states have no payment parity for private plans (as of October 2023). [Parity - MN Dept. of Health](#) <https://www.ama-assn.org/system/files/ama-state-telehealth-policy-trends-2023.pdf> .

³ This count includes Nevada, which is in the process of implementing Medicaid coverage for abortion following a ruling in *Silver State Hope Fund v. Nevada Department of Health and Human Services* (8th Dist. of Nevada, 2024).The ruling will likely be appealed, impacting coverage. More information available at: <https://www.aclu.org/press-releases/nevada-court-will-block-state-ban-on-medicare-coverage-for-abortion>

⁴ As of 2024, Louisiana and Idaho allow the patient-provider relationship to be established without an in-person visit. [LA SB66 \(2023\)](#); [ID HB 162 \(2023\)](#)