

VIRGINIA:

Medication Abortion Care & Telehealth At A Glance

Updated: June 2023

ABORTION CARE IN VIRGINIA

- ▶ *Pregnant people in Virginia have limited access to abortion care.* 93% of Virginia counties in 2017 did not have an in-person abortion clinic.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
- ▶ *Virginians support abortion.* More than 7 in 10 [71%] of Virginia voters say that abortion should be legal in all or most cases.⁴

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

- ▶ *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
- ▶ While there are restrictions that inhibit full use of telehealth for medication abortion care in Virginia, overall Virginia telehealth policy is fairly broad:
 - Virginia requires payment parity for video visits for recipients of both Medicaid and other payers, and Medicaid explicitly covers audio-only services at parity.⁶
 - Virginia requires Medicaid and other payers to pay for telehealth services regardless of the patient's location.⁷
 - As of July 2023, health care providers are not required to maintain a physical presence in Virginia to enroll as a Medicaid provider,⁸ but state funds still cannot be used to cover abortion care delivered via telehealth for Medicaid recipients under most circumstances.
 - Given the threat that many states may severely restrict—or ban—abortion access, flexibilities in telehealth for medication abortion care are imperative for Virginians and the abortion care ecosystem.

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 VIRGINIA

- ▶ **Additional written consent requirement:** Prior to performing an abortion, a physician must first obtain the informed written consent of the pregnant individual.⁹
 - **Impact:** Patients already undergo informed consent as part of standard medical care.
 - **Impact:** This requirement saddles providers with unnecessary administrative burdens and is not medically necessary.
- ▶ **Parental consent is required 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.¹⁰
 - **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.

¹ Guttmacher Institute. [State Facts About Abortion: Virginia](#). 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 [Virginia Reimbursement for Telehealth](#)

⁷ [Virginia Reimbursement for Telehealth](#)

⁸ [LIS > Bill Tracking > HB1602 > 2023 session](#)

⁹ 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.

¹⁰ [§ 16.1-241. Jurisdiction: consent for abortion](#)

- **Impact:** 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 IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE IN VIRGINIA:

- ▶ **Virginia's Medicaid program (Cardinal Care) is prohibited from covering most abortion services, including via telehealth, and there are restrictions for public employees using private insurance:** The Virginia Department of Health (VDH) may use state funds for patients with Medicaid when they have 1) experienced rape or incest and have followed reporting requirements outlined by law, or 2) have a fetus with a documented incapacitating abnormality. The Virginia Department of Medical Assistance Services (DMAS), Virginia's Medicaid Program, may use public funds for patients with Medicaid in cases where the pregnancy threatens the life or health of the mother/birthing person.¹¹
 - **Impact:** A lack of coverage can create insurmountable barriers for those already struggling to afford health care.
 - Studies show that restrictions on Medicaid coverage or abortion force one in four poor women seeking an abortion to carry an unwanted pregnancy to term.¹²
 - 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 is less than the cost of first trimester abortion care.^{13,14}
 - **Impact:** Limiting coverage of abortion only to those for whom it is medically necessary exacerbates inequities in care, especially for people of color, and those struggling to make ends meet.
- ▶ **No coverage for translation services:** Providers participating in Cardinal Care are required to provide translation services for Medicaid beneficiaries, including via telehealth.¹⁵ However, there is no requirement for public or private insurance to cover the costs associated with translation.
 - **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.

MORE INFORMATION ON TELEHEALTH IN VIRGINIA

- ▶ [Mid-Atlantic Telehealth Resource Center](#)
- ▶ Center for Connected Health Policy - [Virginia State Telehealth Laws](#)

¹¹ [Physician-Practitioner | MES](#)

¹² All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022.

¹³ Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). Guttmacher Institute. June 2009.

¹⁴ 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.

¹⁵ <https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html>