TELEHEALTH FOR MEDICATION ABORTION CARE [1]

EMAA EXPANDING MEDICATION ABORTION ACCESS

	WHERE VIRTUAL CARE IS UNRESTRICTED [2]	WHERE VIRTUAL CARE IS RESTRICTED [3]
STEP 1 Contact, Consultation, & Counseling	Patient contacts provider and schedules appointment	
	Patient meets with a health care provider via phone, video, or recorded video for consultation and counseling from the place (originating site) that works best for them	Patient travels to a clinic for consultation and counseling in person or via phone/video (clinic-to-clinic telehealth model)
	Patient and provider confirm the pregnancy and gestational age through screening questions and an at-home test	Patient travels to a clinic again to be asked screening questions and may undergo ultrasound, pelvic exam, and/or blood tests if needed or required by state law [4]
STEP 2 Prescribing & Dispensing Medication	Provider delivers the medications directly to the patient via mail **OR** Provider submits prescription to a pharmacy, which delivers the medication to the patient via mail	Patient travels to a clinic to pick up the medications, which may require more than one visit
STEP 3 Taking Medication	Patient takes mifepristone at home	Patient takes mifepristone at the clinic or at home
	Patient takes misoprostol at home 24-48 hours later & Patient repeats the misoprostol dose if needed	
STEP 4 Follow-up Care	Provider is available during the medication abortion care process to answer any questions Patient confirms the abortion is complete via an at-home pregnancy test and telehealth consultation with the provider at one and week 4-5 weeks later	Patient travels to a clinic for follow up care in person to confirm the abortion is complete via a pregnancy test and screening questions and may undergo an ultrasound, blood test, and/or physical exam a second time [6]
	Medication abortion care process is complete	

POLICY BARRIERS TO EQUITABLE CARE*

- **Bans on the use of telehealth for abortion care**, including in-person visit and testing requirements, gestational age bans, and bans on medication abortion care[5]
- **Restrictions on who can provide care,** including physician-only requirements and certified prescriber requirements
- **Bans on or inadequate coverage and reimbursement rates for care**, including coverage for limited telehealth modalities, lack of payment parity, limited telehealth definitions, and no coverage for mailing medications
- **Costs to patients**, including out of pocket medical costs, childcare, transportation, time off work, and access to internet and internet capable devices

***A note on equitable access:** While telehealth usage exploded during the COVID-19 public health emergency, telehealth's impact on health equity is being evaluated on an ongoing basis. Even within telehealth models, existing inequities limit the availability, affordability, and accessibility of medication abortion care. For example, while delivering prescriptions by mail may be safe and convenient for some people, others may not be able to receive and take medication at home. In addition, some may not have smartphones or the internet access necessary for telehealth care. Gaps in and access to information also remain a problem, especially for people living in medically underserved areas.*

For a list of equity considerations, please see: Telehealth Medication Abortion Care Equity Values Checklist.

(1) 90% of U.S. counties do not have an abortion provider.
(2) Some changes to the medication abortion care protocol, such as home pregnancy tests, screening questions to confirm gestational age, taking mifepristone at home instead of at the clinic, etc., were already under way before COVID-19. However, these changes went into broader practice due to the pandemic.
(3) Restrictions may be legislative, regulatory, or related to payment and coverage. Note some patients may be clinically indicated for or prefer in-person care.
(4) According to the American College of Obstetricians and Gynecologists, screening for gestational age does not require in-person testing unless clinically indicated, which can be determined via telehealth. In addition, the World Health Organization just recommended against anti-immunoglobulin administration for Rh-negative individuals below 12 weeks of pregnancy undergoing surgical or medical abortion care.
(5) 19 states ban telehealth for medication abortion care. In the 31 states where it is not explicitly banned, health care providers may use telehealth to provide care. However, the availability of telehealth services may be limited by other medically unnecessary state restrictions.
(6) According to the American College of Obstetricians and Gynecologists, "routine in-person follow-up is not necessary after uncomplicated medication abortion."

Sources: Guttmacher Institute; Gynuity Telabortion Study; Kaiser Family Foundation; National Abortion Federation; Reproductive Health Access Project