



Medication Abortion Care & Telehealth Policies At A Glance

Abortion Care in Illinois

- While Illinois has many policies that enable access to abortion care, 90% of Illinois counties do not have an abortion provider.¹
- Abortion is essential, time sensitive health care. 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 can harm the health and wellbeing of women and their families. Births that result from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes. These include delayed prenatal care, premature birth, low birth weight, and other negative health effects for children.²
- *People seeking abortion already face significant barriers to quality care.* Restrictions on abortion care and insurance coverage disproportionately impact people working to make ends meet, immigrants, young people, and women of color.³
- A majority [56%] of Illinois voters say abortion should be legal in all or most cases.⁴

Telehealth: A Tool for Expanding Access to Medication Abortion Care

- Research shows that telehealth reduces barriers to care and can help patients access care *earlier* in pregnancy.⁵
- Overall, telehealth policy for medication abortion care in Illinois is expansive, but Medicaid's permanent policy needs to be improved to fully cover telehealth for medication abortion care. Illinois:
 - Allows a broad range of telehealth modalities.
 - Requires private insurers to reimburse for video and audio-only visits at parity with in-person care.
 - Does not restrict originating sites for telehealth encounters patients can receive care via telehealth from their homes.
 - Allows a broad range of health care professionals to provide telehealth for medication abortion care.⁶
- Illinois' geographic proximity to states that severely restrict and may ban abortion access, will likely lead to a significant uptick in demand for services. This makes flexibilities in telehealth care imperative for Illinois 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

There are no notable barriers identified that would limit the ability of individuals to receive telehealth for medication abortion care in the state of Illinois.

¹Guttmacher Institute. <u>State Facts About Abortion: Illinois</u> 2022.

² Greene Foster, G. <u>The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion</u>. June 2020.

³ Boonstra, H. <u>Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters</u>. Guttmacher Policy Review. 2016.

⁴ Pew Research Center. <u>Views about abortion by state - Religion in America: US Religious Data, Demographics and Statistics.</u> 2014.

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 <u>https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0104</u>

Policy Impacting Coverage of Telehealth for Medication Abortion Care in Illinois:

- In Illinois, Medicaid's permanent policy is a notable barrier to telehealth for medication abortion care. As background, coverage parity requires the same *services* delivered in-person be covered if delivered by telehealth. Payment parity requires the same *payment rate* or amount to be reimbursed via telehealth as would be if it had been delivered in-person.⁷
 - Temporary flexibilities have allowed for parity, but Illinois Medicaid's permanent policy does not include payment parity or coverage for audio-only visits and requires the presence of a person called a "telepresenter' to be with the patient at the originating site.
 - 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.
 - **Impact:** This has a disproportionate impact on people of color, especially Black people, in Illinois.⁸
- No coverage for translation services: Providers participating in Illinois Medicaid are required to provide translation services, including via telehealth, for Medicaid beneficiaries.⁹ 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.
- No coverage for mailing medications: In Illinois, there is no requirement for public or private payors to cover the cost of mailing medications.
 - Impact: Without this coverage, providers and/or pharmacies may be less likely to offer patients the option of mailing medications, forcing unnecessary in-person visits and inequitable access to care.
- While coverage for medication abortion care via telehealth is required¹⁰ for most private insurers and under state Medicaid in Illinois, providers report a dense bureaucracy to register and for getting reimbursed.¹¹
 - Impact: Difficulties with reimbursement discourage providers from offering expanded services, including telehealth, or taking public or private insurance altogether, placing additional burdens on patients to find and/or fund care. Difficulties include burdens with verification and Medicaid enrollment with the various MCO registration requirements.

More information on telehealth in Illinois:

- Upper Midwest Telehealth Resource Center
- Center for Connected Health Policy Illinois State Telehealth Laws

⁷ Parity Requirements for Private Payer Telehealth Services - CCHP

⁸ <u>https://www.kff.org/medicaid/state-indicator/medicaid-distribution-nonelderly-by-raceethnicity/?</u>

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⁹ https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html

¹⁰ https://www.ilga.gov/legislation/ilcs/documents/021500050K356z.4a.htm

¹¹ <u>https://www2.illinois.gov/hfs/impact/Pages/ProviderEnrollment.aspx</u>