



MICHIGAN

Medication Abortion Care & Telehealth Policies At A Glance

Abortion Care in Michigan

- *Women in Michigan have limited access to abortion care.* As of 2017, 87% of Michigan counties did not have an abortion provider.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 women 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
- Michigan Medicaid only covers abortion when it has been determined medically necessary to save the life of the mother or the pregnancy is the result of rape or incest.³
- *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 women of color.⁴
- *Michiganders support access to abortion care.* A majority [55%] of Michigan voters believe abortion should be legal in all or most cases.⁵

Telehealth: A Tool for Expanding Access to Medication Abortion Care in Michigan

- *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.⁶
- Telehealth was also shown to eliminate historic racial health gaps for patients in medically underserved urban areas during the pandemic.⁷

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 that Impacts the Provision of Telehealth for Medication Abortion Care in Michigan

- **In-person consent and facility requirements:** Michigan requires patients to receive certain information from a physician “personally and in the presence of the patient.”⁸ Moreover, Michigan requires that all facilities that perform more than 120 or more surgical abortions per year to meet a significant number of standards for a freestanding surgical outpatient facility “despite lack of medical necessity” for abortion care.⁹
 - **Impact:** These medically unnecessary restrictions force patients to visit a clinic for consultation and consent. Research shows that medication abortion care can be

¹ Guttmacher Institute. [State Facts About Abortion: Michigan](#). 2022.

² Greene Foster, G. [The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion](#). June 2020.

³ [Michigan Medicaid Provider Manual](#)

⁴ Boonstra, H. [Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters](#). *Guttmacher Policy Review*. 2016.

⁵ Cohn, N., [Do Americans Support Abortion Rights? Depends on the State](#), NYTimes, May 4, 2022, available at <https://www.nytimes.com/2022/05/04/upshot/polling-abortion-states.html>

⁶ 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.

⁷ Ahebee, S. [Study shows rise in telemedicine during the pandemic eliminated a historic racial health gap](#). WESA. February 2022.

⁸ Mich. Comp. Laws § 333.17015(6)

⁹ Mich. Comp. Laws Ann. § 333.20115 (Enacted 1978; Last Amended 1999); Mich. Admin. Code r. 325.3802(d), (h).

dispensed safely and effectively via telehealth or at a clinic and that medications can be safely mailed or picked up through a pharmacy.¹⁰

- **24 hour waiting period requirement:** Patients in Michigan must be given biased information 24 hours in advance of the procedure.¹¹
 - **Impact:** This misinformation unnecessarily delays access to time sensitive care and can create confusion or a false sense of risk for the patient. There is no evidence that waiting periods improve medication abortion care's safety.¹² An overwhelming majority of women who choose abortion are already certain of their decision.¹³
- **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.¹⁴
 - **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. 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.
- **The Michigan penal code contains problematic sections related to medication abortion care:** These make it a felony¹⁵ or misdemeanor¹⁶ to administer or sell medications for the purpose of procuring a miscarriage or abortion, engage in certain abortion services, such as medication abortion, subject to very limited exceptions.
 - **Impact:** These restrictions could effectively ban the provision of medication abortion care, including via telehealth. These laws are also in the penal code, which could result in criminal charges.
- **Limitations on qualified health care providers:** Abortion care in Michigan can only be provided by physicians, including via telehealth.¹⁷
 - **Impact:** This medically unnecessary restriction limits the number and type of providers available to provide abortion care.
 - This contradicts the FDA's guidance which says a licensed health care professional may prescribe the medication.¹⁸
 - ACOG and other medical associations affirm that nurse practitioners, physician assistants and midwives can safely and effectively provide medication abortion care.¹⁹
 - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.²⁰

Policy that Impacts Coverage of Telehealth for Medication Abortion Care

- **Michigan's Medicaid program is prohibited from covering most abortion services, including via telehealth, and there are restrictions for patients using private insurance:** Michigan Medicaid only covers abortion services when the abortion has been determined medically necessary to save the life of the mother or the pregnancy is the result of rape or incest. Additionally, many private payors do not cover abortion services in Michigan, including for telehealth. In fact, many

¹⁰ Schummers, L., et al., [Abortion Safety and 11 Use with Normally Prescribed Mifepristone in Canada](#). *The New England Journal of Medicine*. 9 January 2022.

¹¹ Mich. Comp. Laws § 333.17015

¹² National Academies of Sciences, Engineering and Medicine. [The Safety and Quality of Abortion Care in the United States](#). *National Academies Press*. 2018.

¹³ Ralph, L. et. al. [Measuring decisional certainty among women seeking abortion](#). *Contraception*. March 2017

¹⁴ Mich. Comp. Laws § 722.903

¹⁵ Mich. Comp. Laws § 750.14

¹⁶ Mich. Comp. Laws § 750.15

¹⁷ Mich. Comp. Laws § 750.15

¹⁸ Jones, R. & Boonstra, H. [The Public Health Implications of the FDA Update to the Medication Abortion Label](#). Guttmacher Institute. June 2016.

¹⁹ ACOG. [Committee Opinion Number 815: Increasing Access to Abortion](#). December 2020.

²⁰ Weitz, T.A., et al. [Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a 11 California Legal Waiver](#). *American Journal of Public Health*. March 2013.

health plans offered in the state's health exchange under the Affordable Care Act can only cover abortion in cases of life endangerment, rape, or incest, unless individuals purchase an optional rider at an additional cost.^{21,22,23}

- **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.²⁴ Studies show that severe restrictions on Medicaid coverage or abortion forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.²⁵
 - 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.^{26,27}
- **In Michigan, there is no payment parity for telehealth services:** 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.²⁸
 - Currently, Michigan does not require that Medicaid or other payors reimburse eligible telehealth providers at parity with in-person care.²⁹
 - Related to audio-only visits, during the COVID-19 pandemic, the Medicaid program temporarily allowed providers to deliver care via audio-only visits; however, the law is unclear as to whether audio-only services will continue to be covered for Medicaid recipients moving forward.
 - **Impact:** These laws disproportionately impact people of color and those struggling to make ends meet as they limit access to care for patients who are in areas with limited bandwidth or who lack devices or sufficient minutes on cellular plans to ensure a telehealth video visit can take place.
- **There are no definitions for eligible originating or distant sites:** The telehealth policies and statutes that govern both Medicaid and other payors do not have specific definitions or requirements for originating or distant sites, and do not specify that a patient's home is an eligible originating site.³⁰
 - **Impact:** This could result in confusion by claims adjusters, in insurance contracts, or denial of claims, ultimately harming providers and patients.

More information on telehealth in Michigan:

- Center for Connected Health Policy - [Telehealth in Michigan](#)
- [Upper Midwest Telehealth Resource Center](#)

²¹ <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-michigan>

²² [http://www.legislature.mi.gov/\(S\(u3rfmru2aw1kcc1evgo5evbo\)\)/mileg.aspx?page=getObject&objectName=mcl-550-542](http://www.legislature.mi.gov/(S(u3rfmru2aw1kcc1evgo5evbo))/mileg.aspx?page=getObject&objectName=mcl-550-542)

²³ [http://www.legislature.mi.gov/\(S\(b1i4y1l1igowogyawbka004d\)\)/mileg.aspx?page=getObject&objectName=mcl-550-543](http://www.legislature.mi.gov/(S(b1i4y1l1igowogyawbka004d))/mileg.aspx?page=getObject&objectName=mcl-550-543)

²⁴ All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022

²⁵ Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). *Guttmacher Institute*. June 2009.

²⁶ Bhutta, N. & Dettling, L. [Money in the Bank? Assessing Families' Liquid Savings using the Survey of Consumer Finances](#). U.S. Federal Reserve Board. 2019.

²⁷ Upadhyay, U., et al. [Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017–20](#). *Health Affairs*. April 2022.

²⁸ Center for Connected Telehealth Policy. [Telehealth parity](#). 2022.

²⁹ [http://www.legislature.mi.gov/\(S\(kuyrcbfz5s0nc0kepcsrbrbmw\)\)/mileg.aspx?page=getObject&objectName=mcl-500-3476](http://www.legislature.mi.gov/(S(kuyrcbfz5s0nc0kepcsrbrbmw))/mileg.aspx?page=getObject&objectName=mcl-500-3476)

³⁰ [FL Admin. Code 59G-1.057](#)