



# NEW JERSEY

## Medication Abortion Care & Telehealth At A Glance

### Abortion Care in New Jersey

- Almost one in four women in New Jersey live in a county that does not have an abortion provider.<sup>1</sup>
- *Abortion is an essential, time sensitive health care service.* The FDA has approved the use of medication abortion care, a non-invasive option, up to 10 weeks in pregnancy. But, medically unnecessary restrictions may push this option out of reach for some.
- *Being denied care can negatively impact 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.<sup>2</sup>
- *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.<sup>3</sup>
- *New Jersey residents support access to abortion care.* A majority [62%] of New Jersey voters say that abortion should be legal in all or most cases.<sup>4</sup>

### Telehealth: A Tool for Expanding Access to Medication Abortion Care

- *Telehealth is a tool that can expand abortion access.* Research shows that telehealth reduces barriers to care and can help patients access care earlier in pregnancy.<sup>5</sup>
- Overall, telehealth for medication abortion care policy in New Jersey is expansive<sup>6</sup>, but temporary telehealth policy needs to be made permanent and improved to fully cover medication abortion care.
- Given the threat that many states may severely restrict - or ban - abortion access, flexibilities in telehealth care are imperative for New Jersey 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

- **Blood testing requirement:** New Jersey law requires patients to undergo certain blood testing prior to a medication abortion.<sup>7</sup>
  - **Impact:** Mandated Rhesus (Rh) factor testing forces patients to undergo tests that may not be medically necessary and increases the cost of care. Rh testing and treatment should be determined by a pregnant person's physician.
    - Guidance from leading medical organizations, including the American College of Obstetricians and Gynecologists, specifically states that Rh testing and treatment should not pose barriers to people accessing medication abortion care.<sup>8</sup>

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<sup>1</sup>Guttmacher Institute. [State Facts About Abortion: New Jersey](#) 2022.

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

<sup>3</sup> Boonstra, H. [Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters](#). Guttmacher Policy Review. 2016.

<sup>4</sup> <https://www.nytimes.com/2022/05/04/upshot/polling-abortion-states.html>

<sup>5</sup> 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.

<sup>6</sup> Permits a broad range of telehealth modalities (video, audio, asynchronous store-and-forward), does not restrict originating sites for telehealth encounters (i.e., patients can receive care via telehealth from their homes), and allows a broad range healthcare professionals to provide telehealth for medication abortion care. [30:4D-6k State Medicaid, NJ FamilyCare programs to provide coverage, payment](#)

<sup>7</sup> N.J. Stat. § 26:2-143-144

<sup>8</sup> ACOG. "[Practice Bulletin No. 225: Medication Abortion Up to 70 Days of Gestation](#)." *American College of Obstetricians and Gynecologists*. October 2020.

- The World Health Organization (WHO) and many countries – including the U.K., the Netherlands, Denmark, Sweden, and Canada – do not recommend or do not require testing and treatment for Rh-negative individuals early in pregnancy.<sup>9</sup>
- **New Jersey requires intrusive, inequitable, and burdensome certification requirements:** Every New Jersey Medicaid patient must reveal the reason for their abortion, and a medically unnecessary certification that utilizes gendered language must be submitted.<sup>10</sup>
  - **Impact:** The use of gendered language and requiring identification of medical necessity for abortion exacerbates inequities in accessing care, especially for non-binary people, people of color, and those struggling to make ends meet.
  - **Impact:** This requirement also saddles providers with unnecessary administrative burdens and is not medically necessary.

### Policy Impacting Coverage of Telehealth for Medication Abortion Care in New Jersey

- **There is uncertainty regarding parity beyond 2023:** 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.<sup>11</sup>
  - Payment parity is required of public and private insurers for interactive video visits. Audio-only visits are subject to coverage parity at a rate that is at least 50% of the in-person reimbursement rate. Both the payment and coverage parity requirements are temporary through the end of 2023.<sup>12</sup>
    - **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 and those struggling to make ends meet.
    - **Impact:** Providers may be less likely to offer patients access to telehealth services that cannot be reimbursed, forcing unnecessary in-person visits and inequitable access to care.
- **No coverage for translation services:** Providers participating in New Jersey Medicaid are required to provide translation services for Medicaid beneficiaries, including via telehealth.<sup>13</sup> 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 New Jersey, 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.

### More information on telehealth in New Jersey:

- [Northeast Telehealth Resource Center](#) and [Mid-Atlantic Telehealth Resource Center](#)
- Center for Connected Health Policy - [New Jersey State Telehealth Laws](#)

<sup>9</sup> *Id.*

<sup>10</sup> [https://www.state.nj.us/humanservices/dmahs/info/state\\_plan/Attachment3\\_Services\\_including\\_Scope\\_and\\_Limitations.pdf](https://www.state.nj.us/humanservices/dmahs/info/state_plan/Attachment3_Services_including_Scope_and_Limitations.pdf)

<sup>11</sup> [Parity Requirements for Private Payer Telehealth Services - CCHP](#)

<sup>12</sup> [https://pub.njleg.gov/bills/2020/PL21/310\\_.PDF](https://pub.njleg.gov/bills/2020/PL21/310_.PDF)

<sup>13</sup> <https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html>