



# VIRGINIA

## Medication Abortion Care & Telehealth At A Glance

### Abortion Care in Virginia

- *Women in Virginia have limited access to abortion care.* 93% of Virginia counties in 2017 did not have an abortion provider and 80% of Virginia women lived in those counties.<sup>1</sup>
- *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 Food and Drug Administration (FDA) for use up to 10 weeks in pregnancy, out of reach for many.
- *Being denied care can negatively impact the health and well-being 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>
- *Virginians support access to abortion care.* A majority [53%] of Virginia 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

- Research shows that telehealth reduces barriers to care and can help patients access care earlier in pregnancy.<sup>5</sup>
- While telehealth for medication abortion has restrictions, Virginia's 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.
  - Virginia requires Medicaid and other payers to pay for telehealth services regardless of the patient's location.
- 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

- **Limitations on qualified health care providers:** Abortion care, including care provided via telehealth, can only be provided by physicians.<sup>6</sup>
  - **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 healthcare professional may prescribe the medication.<sup>7</sup>
    - ACOG and other medical associations affirm that nurse practitioners, physician

<sup>1</sup>Guttmacher Institute. [State Facts About Abortion: Virginia](#) 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>[VA Code Ann. § 18.2-76](#)

<sup>7</sup>Jones, R. & Boonstra, H. [The Public Health Implications of the FDA Update to the Medication Abortion Label](#). Guttmacher Institute. June 2016.

- assistants and midwives can safely and effectively provide medication abortion care.<sup>8</sup>
    - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.<sup>9</sup>
  - **Additional written consent requirement:** Prior to performing an abortion, a physician must first obtain the informed written consent of the pregnant individual.<sup>10</sup>
    - **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.

### Policy Impacting Coverage of Telehealth for Medication Abortion Care in Virginia:

- **Virginia’s Medicaid program is prohibited from covering most abortion services, including via telehealth, and there are restrictions for public employees using private insurance:** The Virginia Medicaid program only provides coverage of abortion services “upon the physician’s certification that [...] the life of the mother would be substantially endangered if the fetus were carried to term.”<sup>11</sup>
  - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to afford health care.<sup>12</sup> 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.<sup>13</sup>
    - 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.<sup>14,15</sup>
  - **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.
- **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.<sup>16</sup>
  - **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.

### More information on telehealth in Virginia:

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

<sup>8</sup> ACOG. [Committee Opinion Number 815: Increasing Access to Abortion](#). December 2020.

<sup>9</sup> 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.

<sup>10</sup> VA Code Ann. § 18.2-76

<sup>11</sup> [Medicaid Physician/Practitioner Manual](#)

<sup>12</sup> All\* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022

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

<sup>14</sup> Bhutta, N. & Dettling, L. [Money in the Bank? Assessing Families’ Liquid Savings using the Survey of Consumer Finances](#). U.S. Federal Reserve Board. 2019.

<sup>15</sup> Upadhyay, U., et al. [Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017–20](#). Health Affairs. April 2022.

<sup>16</sup> <https://law.lis.virginia.gov/vacode/title16.1/chapter11/section16.1-241/>