



MASSACHUSETTS

Medication Abortion Care & Telehealth

At A Glance

Abortion Care in Massachusetts

- *Women in Massachusetts have limited access to abortion care.* 43% of Massachusetts counties in 2017 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 FDA for use up to 10 weeks in pregnancy, out of reach for many.
- *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.²
- *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.³
- *Massachusetts voters support access to abortion care.* More than 3 in 4 voters in Massachusetts support abortion access and believe the state should protect the right to abortion care.⁴

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.⁵
- Overall, telehealth for medication abortion care policy in Massachusetts is expansive, but MassHealth's (the Massachusetts Medicaid program) permanent policy needs to be improved to fully cover telehealth for medication abortion care. Massachusetts:
 - Permits a broad range of telehealth care models,⁶
 - Does not restrict originating sites for telehealth encounters (i.e., patients can receive care via telehealth from their homes),
 - Allows a broad range health care professionals to perform telehealth for medication abortion care.
- Given the expansive nature of policy and the threat that many states may severely restrict - or ban - abortion access, flexibilities in telehealth care are imperative for Massachusetts 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

- **Parental consent requirements for patients under 16:** 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.⁷

¹Gutmacher Institute. [State Facts About Abortion: Massachusetts](#) 2022.

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

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

⁴Change Research. [Massachusetts Statewide Poll on ROE Act](#). 2020.

⁵Aiken, 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<https://www.mass.gov/lists/physician-regulations-policies-and-guidelines#new-policies-and-guidelines->

⁷[MGL c.112 S 12R](#)

- **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.
- **Certification requirements:** Every MassHealth patient must reveal the reason for their abortion and a medically unnecessary certification that utilizes gendered language must be submitted.^{8, 9}
 - **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 saddles providers with unnecessary administrative burdens and is not medically necessary.

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

- **There is uncertainty regarding parity beyond 2022:** 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.¹⁰
 - MassHealth is required to reimburse for interactive video and audio-only visits at parity with in-person care, but only through the end of 2022.¹¹ There are no payment parity requirements for private payors to cover telehealth for medication abortion care.
 - **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.
- **No coverage for translation services:** Providers participating in MassHealth are required to provide translation services for Medicaid beneficiaries, including via telehealth.¹² 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 Massachusetts, 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 providers of medication abortion care via telehealth may be reimbursed under MassHealth or private insurers, providers report a dense bureaucracy for getting reimbursed.
 - **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 Massachusetts:

- [Northeast Telehealth Resource Center](#)
- Center for Connected Health Policy - [Massachusetts State Telehealth Laws](#)

⁸ <https://www.mass.gov/doc/physician-regulations-0/download>

⁹ <https://www.mass.gov/doc/certification-for-payable-abortion-cpa-2/download>

¹⁰ [Parity Requirements for Private Payer Telehealth Services - CCHP](#)

¹¹ <https://www.mass.gov/doc/all-provider-bulletin-327-access-to-health-services-through-telehealth-options-corrected-0/download>

¹² <https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html>