



MINNESOTA

Medication Abortion Care & Telehealth Policies At A Glance

Abortion Care in Minnesota

- *Women in Minnesota have limited access to abortion care.* 97% of Minnesota 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 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
- *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
- *Minnesotans support access to abortion care.* A majority [63%] want Minnesota laws to support people's rights and access to abortion.⁴

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

- *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 policy in Minnesota is expansive. The state:
 - Permits a broad range of telehealth care models,
 - Does not restrict originating sites for telehealth encounters (i.e., patients can receive care via telehealth from their homes),
 - Requires payment parity for video visits.⁶
- However, permanent parity for audio-only coverage and abortion policy need to be improved, including coverage for abortion care, to fully offer telehealth for medication abortion care.
- Given the expansive nature of policy and the fact that surrounding states may severely restrict - or ban - abortion access, flexibilities are imperative for Minnesota residents 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 the Provision of Telehealth for Medication Abortion Care

- **Reporting requirements:** Every patient must reveal the reason for their abortion and a medically unnecessary certification that utilizes gendered language must be submitted.⁷

¹ Guttmacher Institute. [State Facts About Abortion: Minnesota](#). 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 Boonstra, H. [Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters](#). *Guttmacher Policy Review*. 2016.

⁴ [Minnesotans Views on Abortion](#). 2019.

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 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. <https://www.cchpca.org/topic/parity/>

⁷ <https://www.health.state.mn.us/data/mchs/pubs/abrpt/reporting.html>

- **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 Minnesota, reimbursement, as well as coverage and payment parity, differ by modality and whether the patient has private v. public insurance:** While payment parity exists for live video (synchronous) modalities of care delivered through telehealth, regardless of whether the patient has public or private insurance, other barriers to care coverage exist:
 - A temporary Medicaid policy mandates parity for audio-only telehealth but will expire once the public health emergency has ended.⁸
 - Private payers must reimburse audio visits at the same rate as an in-person visit, but this policy is set to expire in July 2023.⁹
 - **Impact:** These restrictions 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 coverage limitations for abortion care in Minnesota, including via telehealth¹⁰:** While the Medical Assistance state Medicaid program covers abortion services under a broad health exception, MinnesotaCare, which seeks to close the health care gap for those not eligible for Medical Assistance, only provides coverage if the pregnancy is the result of rape, incest, to “prevent substantial and irreversible impairment of a major bodily function,” or life endangerment. There are no coverage protections for patients using private insurance.¹¹
 - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.¹²
 - 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.^{13,14}
 - Studies show that severe restrictions on Medicaid coverage of abortion forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.¹⁵
- **No coverage for mailing medications:** In Minnesota, there is no requirement for public or private payors to cover the cost of pharmacies dispensing medications by mail.¹⁶
 - **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.¹⁷
- Providers of medication abortion care via telehealth report a dense bureaucracy for getting reimbursed. Difficulties include burdens with verification and Medicaid enrollment with the various MCO registration requirements.

⁸ [MHCP Physician and Professional Services Manual \(Revised Jan. 28, 2020\)](#); [MHCP COVID-19 Provider Manual \(Revised Aug. 5, 2021\)](#)

⁹ [MN Session Laws 2021, Chapter 7 – H.F. No 33, Article 6: Telehealth](#);
[MN Session Laws 2020, Chapter 74 – H.F. No 4556, Article 15: Telemedicine Coverage During a Peacetime Emergency](#)

¹⁰ The case *Doe v. Minnesota* [decided](#) July 11, 2022, overturned funding restrictions on abortion care, but it is uncertain to what extent this will impact both MinnesotaCare, the Medical Assistance program, or private insurance coverage. On July 28, 2022 the Attorney General [announced](#) that he was not going to appeal the decision.

¹¹ <https://www.dhs.state.mn.us/main/idcplg?>

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¹² All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022

¹³ Bhutta, N. & Dettling, L. [Money in the Bank? Assessing Families' Liquid Savings using the Survey of Consumer Finances](#). U.S. Federal Reserve Board. 2019.

¹⁴ Upadhyay, U., et al. [Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017–20](#). *Health Affairs*. April 2022.

¹⁵ Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). *Guttmacher Institute*. June 2009.

¹⁶ <https://www.dhs.state.mn.us/main/idcplg?>

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¹⁷ <https://www.dhs.state.mn.us/main/idcplg?>

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- **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.

More information on telehealth in Minnesota:

- [Great Plains Telehealth Resource & Assistance Center](#)
- [Minnesota State Telehealth Laws](#)
- [Telemedicine review: Minnesota Department of Human Services](#)