



NEW YORK

Medication Abortion Care & Telehealth At A Glance

Abortion Care in New York

- *Nearly 40%* of New York counties have no physical clinic that provides abortion care.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
- *New York voters support access to abortion care.* More than 6 in 10 voters in New York 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 New York is expansive. The state recently enacted the below requirements:
 - plans are to provide coverage of audio-only visits,
 - flexible definitions for originating and distant sites that permit patients to receive care from any location,
 - allows a broad range of provider types to deliver care via telehealth, and
 - removal of pre-telehealth visit requirements.
 - In addition, the Medicaid program allows NY-licensed and currently registered providers from all 50 states to deliver care via telehealth to its members and provides translation services.
- 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 New York 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 New York:

- **Reporting requirements:** A report must be filed within 72 hours after the performance of any abortion with the state, the local clerk, and the state vital records, which requires patients to reveal information that is medically unnecessary.

¹ Guttmacher, State Facts About Abortion <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-new-york>

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 [Pew Research: Views about abortion by state](#).

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.

- **Impact:** This requirement saddles providers with unnecessary administrative burdens and is not medically necessary, especially since all medication abortion, especially where care is rendered via telehealth, takes place away from the facility, usually at a patient's home.⁶

Policy Impacting Coverage of Telehealth for Medication Abortion Care in New York:

- **There is uncertainty regarding parity beyond April 1, 2024:** 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.⁷
 - Payment parity is required of public⁸ and private⁹ insurers for interactive video visits, but only through April 1, 2024, at which time these requirements will expire and be repealed.
 - **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.
- **There is no requirement that (asynchronous)¹⁰ visits be covered:** New York telehealth policies and statutes that govern both Medicaid¹¹ and other payors¹² only cover video visits.
 - **Impact:** These restrictions disproportionately impact people of color and those struggling to make ends meet as it limits 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.
- **Restrictions on mailing medications:** In New York, delivery of prescription drugs is an *optional* service under Medicaid and there is no requirement for public or private payors to cover the cost of mailing medications. There are additional signature requirements when medications are mailed that Medicaid recipients are not allowed to waive.
 - **Impact:** These requirements are not placed on those paying with insurance or through self-pay. 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 coverage for medication abortion care via telehealth is possible under New York Medicaid, providers report a dense bureaucracy for registration to be able to be reimbursed.¹³
 - **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 New York:

- Center for Connected Health Policy - [Telehealth in New York](#)
- [Northeast Telehealth Resource Center](#)

⁶ N.Y. Pub. Health Law § 4160(2)

⁷ [Parity Requirements for Private Payer Telehealth Services - CCHP](#)

⁸ [Public Health Law, Article 29-G, Section 2999-D](#)

⁹ NY Insurance Law Sections [3217-h](#)

¹⁰ "...online or mobile app communications to transmit a patient's personal health data, vital signs, and other physiologic data or diagnostic images to a healthcare provider to review and deliver a consultation, diagnosis, or treatment plan at a later time." American Telemedicine Association, <https://www.americantelemed.org/resource/why-telemedicine/>

¹¹ [Public Health Law, Article 29-G, Section 2999-CC](#)

¹² NY Insurance Law Sections [3217-h](#) and [4306-g](#)

¹³ <https://www.emedny.org/info/ProviderEnrollment/enrollguide.aspx#web=step1&webtab=tabstep6>