



PENNSYLVANIA

Medication Abortion Care & Telehealth Policies At A Glance

Abortion Care in Pennsylvania

- *Women in Pennsylvania have limited access to abortion care.* 85% of Pennsylvania 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
- *Pennsylvanians support access to abortion care.* A majority of Pennsylvania [83%] voters believe abortion should be legal in all or certain cases.⁴

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

- *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
- *Telehealth can increase access to health care for those in rural or medically underserved communities.* Roughly 75% of the state is considered rural and Pennsylvanians would benefit from increased access to care through telehealth.⁶
- Telehealth was also shown to eliminate historic racial health gaps for patients in medically underserved urban areas during the pandemic.⁷

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 that Impacts the Provision of Telehealth for Medication Abortion Care

- **Facility requirements:** The Pennsylvania Department of Health has interpreted that certain facility requirements apply to medication abortions on the basis of prior statements of the FDA⁸ (it may not be provided under a prescription, only dispensed), however, the revised FDA Risk Evaluation and Mitigation Strategy (“REMS”) for mifepristone removed the in-person dispensing requirement, which may be at odds with recent FDA changes
 - **Impact:** These medically unnecessary restrictions force patients to visit a provider in-person for consultation and consent. Research shows that

¹ Guttmacher Institute. [State Facts About Abortion: Pennsylvania](#). 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 Adams, A. [Pennsylvania to be One of the Biggest Battlegrounds for Abortion Rights in Coming Year](#) April 2022.

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 Butzner, M. & Cuffee, Y. [Telehealth Interventions and Outcomes Across Rural Communities in the United States: Narrative Review](#). *Journal of Medical Internet Research*. August 2021.

⁷ Ahebee, S. [Study shows rise in telemedicine during the pandemic eliminated a historic racial health gap](#). WESA. February 2022.

⁸ see [18 Pa.C.S.A. § 3207](#); 28 Pa. Code § 29.33, [30 Pa.B. 6278](#)

medication abortion care can be prescribed safely and effectively via telehealth and mailed or picked up at a local pharmacy.⁹

- **Informed consent and waiting period:** Patients must be given medically unnecessary information 24 hours in advance of the procedure.¹⁰
 - **Impact:** This restriction delays a person's ability to obtain abortion care.
 - Patients already undergo informed consent as part of standard medical care, and this additional paperwork exacerbates inequities in accessing care, especially for people of color and those struggling to make ends meet.
 - This requirement saddles providers with unnecessary administrative burdens and is not medically necessary.
 - There is no evidence that waiting periods improve medication abortion care's safety.¹¹ An overwhelming majority of women who choose abortion are already certain of their decision.¹²
- **Blood testing requirement:** Pennsylvania law requires that patients undergo certain blood testing prior to a medication abortion.¹³
 - **Impact:** Mandated Rhesus (Rh) factor testing forces patients to undergo testing 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.¹⁴
 - The World Health Organization (WHO) and many countries – including the U.K., the Netherlands, Denmark, Sweden, and Canada – do not recommend or require testing and treatment for Rh negative individuals early in pregnancy.¹⁵
- **Limitations on qualified health care providers:** Abortions in Pennsylvania can only be performed by physicians.¹⁶
 - **Impact:** This medically unnecessary restriction limits the number and type of providers available to provide abortion care. As part of changes made by FDA in 2016, non-physicians may prescribe medication abortion care.¹⁷
 - ACOG and other medical associations affirm that nurse practitioners, physician assistants, and midwives can safely and effectively provide medication abortion care.¹⁸
 - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.¹⁹
- **Parental consent requirements 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.²⁰
 - **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

⁹ Schummers, L., et al., [Abortion Safety and 11 Use with Normally Prescribed Mifepristone in Canada](#). *The New England Journal of Medicine*. 9 January 2022.

¹⁰ [18 Pa.C.S.A. § 3205 \(a\) \(31\); 30 Pa.B. 6278](#).

¹¹ National Academies of Sciences, Engineering and Medicine. [The Safety and Quality of Abortion Care in the United States](#). *National Academies Press*. 2018.

¹² Ralph, L. et. al. [Measuring decisional certainty among women seeking abortion](#). *Contraception*. March 2017

¹³ [28 Pa. Code § 29.33; 30 Pa.B. 6278](#)

¹⁴ ACOG. "[Practice Bulletin No. 225: Medication Abortion Up to 70 Days of Gestation](#)." *American College of Obstetricians and Gynecologists*. October 2020.

¹⁵ *Id.*

¹⁶ [18 Pa.C.S.A. § 3204; 18 Pa.C.S. § 3213; 30 Pa.B. 6278](#).

¹⁷ Jones, R. & Boonstra, H. [The Public Health Implications of the FDA Update to the Medication Abortion Label](#). Guttmacher Institute. June 2016.

¹⁸ ACOG. [Committee Opinion Number 815: Increasing Access to Abortion](#). December 2020.

¹⁹ 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.

²⁰ [18 Pa.C.S.A. § 3206 \(a\), \(b\)](#)

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.

Policy that Impacts Coverage of Telehealth for Medication Abortion Care

- **In Pennsylvania, there is no coverage or payment parity for telehealth services:** 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 delivered in-person.²¹
 - There is no parity for video visits: Medicaid and other payers in Pennsylvania are allowed by law to cover real-time audio-video telehealth but are not required to reimburse providers at all or at the same rate if the same care could be delivered in-person.²²
 - There is no requirement that audio-only visits or store-and-forward (asynchronous) visits be covered: Pennsylvania telehealth policies and statutes that govern both Medicaid and other payers only allow coverage of telehealth that includes video visits.²³
 - **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.
 - Lack of clarity regarding home as an eligible originating site: The permanent telehealth policies and statutes that govern both Medicaid and other payers do not have specific definitions or requirements for originating sites, and do not specify that a patient's home is an eligible originating site.²⁴
 - **Impact:** This could result in confusion by claims adjusters, in insurance contracts, or denial of claims, ultimately harming providers and patients.
- **Pennsylvania's Medicaid program is prohibited from covering most abortion services, including via telehealth, and there are no coverage protections for patients using private insurance:** Pennsylvania's state Medicaid program only covers abortion care to "avert the death of the mother" or when the pregnancy is a result of rape or incest. Many payors do not cover abortion services in Pennsylvania, including for telehealth. In fact, health plans offered in the state's health exchange under the Affordable Care Act can only cover abortion in cases of life endangerment, rape, or incest, unless individuals purchase an optional rider at an additional cost.²⁵
 - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.²⁶
 - 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.²⁷
 - 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.^{28,29}

More information on telehealth in Pennsylvania:

- Center for Connected Health Policy - [Telehealth in Pennsylvania](#)
- [Mid-Atlantic Telehealth Resource Center](#)

²¹ Center for Connected Telehealth Policy. [Telehealth parity](#). 2022.

²² [PA Dept of Public Welfare. Medical Assistance Bulletin: Consultations Performed Using Telemedicine \(May 23, 2012\)](#)

²³ [PA Dept of Public Welfare. Medical Assistance Bulletin: Consultations Performed Using Telemedicine \(May 23, 2012\)](#)

²⁴ [PA Dept of Public Welfare. Medical Assistance Bulletin: Consultations Performed Using Telemedicine \(May 23, 2012\)](#)

²⁵ <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-pennsylvania#:~:text=Health%20plans%20offered%20in%20the,rider%20at%20an%20additional%20cost>.

²⁶ All* Above All. [Fact Sheet: About the Hyde Amendment](#). 2022

²⁷ Henshaw, S., et al. [Restrictions on Medicaid Funding for Abortions: A Literature Review](#). *Guttmacher Institute*. June 2009.

²⁸ Bhutta, N. & Dettling, L. [Money in the Bank? Assessing Families' Liquid Savings using the Survey of Consumer Finances](#). U.S. Federal Reserve 16 Board. 2019.

²⁹ Upadhyay, U., et al. [Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017–20](#). *Health Affairs*. April 2022.