ABORTION CARE IN GEORGIA

- Pregnant people in Georgia have limited access to abortion care. 89% of Georgia counties in 2017 did not have an in-person abortion provider.1
- Abortion care is only available up to six weeks following the last menstrual cycle in Georgia.2
- Abortion is an essential, time-sensitive health care service. Medically unnecessary restrictions push medication abortion care, which is an abortion pill option that is approved by FDA for use up to 10 weeks in pregnancy, out of reach for many.3
- Being denied care negatively impacts the health and well-being of women and their families. Research has shown that women who are denied a wanted abortion have four times greater odds of living below the Federal Poverty Level and are more likely to experience poorer health outcomes for years after pregnancy.4
- 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.5
- Georgians support access to abortion care. More than 6 in 10 [62%] of Georgians oppose Georgia’s restrictive abortion ban.6

TELEHEALTH: A TOOL FOR EXPANDING ACCESS TO MEDICATION ABORTION CARE IN GEORGIA

- 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.6
- Telehealth can increase access to health care for those in rural or medically underserved communities. 120 of Georgia’s 159 counties are rural.7 Georgians would benefit from increased access to care through telehealth.8
- Telehealth was also shown to eliminate historic racial health gaps for patients in medically underserved urban areas during the pandemic.9

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

- Georgia prohibits abortion after approximately six weeks of pregnancy, including via telehealth.
  - Many individuals—and the majority of young people—do not find out they’re pregnant until after six weeks.10
  - People of color, living with food insecurity, people with unplanned pregnancies, and those who rely on clinic-based testing to confirm a pregnancy are also more likely to discover pregnancy past seven weeks’ gestation.11
  - Impact: Gestational age bans disproportionately prevent people from marginalized communities from accessing abortion care.
- Ultrasound Requirement: While there is no explicit ultrasound requirement, Georgia prohibits physicians from performing abortions without first determining whether there is a “detectable human heartbeat.”12
  - In practice, this requirement to test for the presence of a “detectable human heartbeat” will require an ultrasound in many scenarios.
  - Impact: State-mandated ultrasounds contradict best clinical practice. Research has shown that health care providers can accurately date a pregnancy via telehealth and there is no difference in safety or outcomes between those receiving an ultrasound and those who did not receive one before having an abortion.13
- Abortion certification and reporting: Georgia imposes several reporting-related requirements on physicians performing abortions and the facilities where abortions are performed. Georgia requires a provider billing Medicaid for an abortion to submit additional documentation with the claim, including a Physician Certification.14
  - Impact: These are medically unnecessary restrictions that limit a provider’s ability to offer care and create confusing legal requirements for health care providers, exacerbating inequities in accessing care.
  - Reporting requirements put patients at higher greatest risk for violations of privacy and exposure.

---

1 Guttmacher Institute, State Facts About Abortion: Georgia, 2022.
5 New poll finds nearly two-thirds of Georgia voters object to state’s new abortion restrictions, October 12, 2022.
7 Georgia Department of Community Health, The State Office of Rural Health Fact Sheet, 2020.
8 Guttmacher Institute, State Facts About Abortion: Georgia, 2022.
9 Ahebee, S. Study shows rise in telemedicine during the pandemic eliminated a historic racial health gap, WESA, February 2022.
10 One in three people learn they’re pregnant past six weeks’ gestation | ANSIRI.
11 One in three people learn they’re pregnant past six weeks’ gestation | ANSIRI.
POLICY THAT IMPACTS COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

- **Georgia’s Medicaid program is prohibited from covering most abortion services, including via telehealth, and private payers are largely prohibited from covering abortion services in the state of Georgia, including via telehealth.**
  - **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. Our ACOG and other medical associations affirm that nurse practitioners, physician assistants, and midwives can safely and effectively provide medication abortion care.
    - Research shows that expanding the pool of qualified healthcare providers would expand the availability and accessibility of care.

- **In Georgia, there is a lack of clarity on payment parity for telehealth services for both private and public payers: As background, coverage parity requires the same services delivered via telehealth in-person as would be covered if delivered in-person. Payment parity requires the same payment rate or amount to be reimbursed via telehealth as would be if it had been delivered in-person.**
  - **Impact:** These restrictions disproportionately impact people of color and those struggling to make ends meet.
  - While private payers are required to cover video visits, there is no requirement that they cover audio-only visits or store-and-forward (asynchronous) visits. There is also a lack of clarity as to whether Medicaid requires coverage or payment parity at all for telehealth visits.

MORE INFORMATION ON TELEHEALTH IN GEORGIA:

- Center for Connected Health Policy - Telehealth in Georgia
- Southeastern Telehealth Resource Center