ABORTION CARE IN MICHIGAN

- Pregnant people in Michigan have limited access to abortion care. 87% of Michigan counties in 2017 did not have an in-person abortion clinic.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 the FDA for use up to 10 weeks in pregnancy, out of reach for many.
- Being denied care negatively impacts the health and wellbeing of pregnant people 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 people of color.3
- Michiganders support access to abortion care. In November 2022, voters approved an amendment to the state’s constitution guaranteeing the right to abortion and other reproductive health services.4

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

- Telehealth is a tool that can expand abortion access. Research shows that medication abortion care can safely and effectively be delivered through telehealth via a phone and/or video visit with a provider, reduces barriers to care, and can help patients access care earlier in pregnancy.5

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 IN MICHIGAN

- In-person consent and facility requirements: Michigan requires patients to receive certain information from a physician "personally and in the presence of the patient."6 Moreover, Michigan requires that all facilities that perform more than 120 or more surgical abortions per year meet a significant number of standards for a freestanding surgical outpatient facility “despite lack of medical necessity” for abortion care.7
  - Impact: These medically unnecessary restrictions force patients to visit a clinic for consultation and consent. Research shows that medication abortion care can be dispensed safely and effectively through telehealth or at a clinic and that medications can be safely mailed or picked up through a pharmacy.8
- 24 hour waiting period requirement: Patients in Michigan must be given biased information 24 hours in advance of the procedure.9
  - Impact: This misinformation unnecessarily delays access to time sensitive care and can create confusion or a false sense of risk for the patient.
    - There is no evidence that waiting periods improve medication abortion care’s safety.10
    - An overwhelming majority of women who choose abortion are already certain of their decision.11
- Parental consent is required 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.12
  - 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.

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2 Greene Foster, D. The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion. June 2 2020.
Limitations on qualified health care providers: Abortion care in Michigan can only be provided by physicians, 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 health care professional may prescribe the medication.  
  - 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 health care providers would expand the availability and accessibility of care.

**Policy that Impacts Coverage of Telehealth for Medication Abortion Care**

- **Michigan’s Medicaid Program is prohibited from covering most abortion services, including via telehealth, and there are restrictions for patients using private insurance:** Michigan Medicaid only covers abortion services when the abortion has been determined medically necessary to save the life of the mother or the pregnancy is the result of rape or incest. Additionally, many private payers do not cover abortion services in Michigan, including for telehealth. In fact, many 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.  
  
  - **Impact:** A lack of coverage can create insurmountable barriers for women already struggling to get affordable health care.  
  - Studies show that severe restrictions on Medicaid coverage or abortion forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.  
  - 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.

- **In Michigan, while Medicaid and private payers are required to cover video telehealth services, there is no payment parity. In addition, there are no coverage requirements for audio-only services:** As background, coverage parity requires the same services be covered via telehealth 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.  
  
  - Michigan rescinded its audio-only flexibilities for Medicaid in May 2023 at the end of the federal PHE. Audio-only services will be allowed for a small number of procedure codes.

  - **Impact:** Providers may be less likely to offer patients access to telehealth services that cannot be reimbursed via telehealth as would be if it had been delivered in-person.

- **MORE INFORMATION ON TELEHEALTH IN MICHIGAN**
  
  - Upper Midwest Telehealth Resource Center
  - Center for Connected Health Policy - Michigan State Telehealth Laws