NEW MEXICO:
Medication Abortion Care & Telehealth At A Glance
Updated: July 2023

ABORTION CARE IN NEW MEXICO

‣ Pregnant people in New Mexico have limited access to abortion care. 91% of New Mexico counties do 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
‣ New Mexicans support access to abortion care. More than 6 in 10 New Mexico voters [66%] say that abortion should be legal in all or most cases.⁴
  o A separate survey of Indigenous and people of color, people of faith, and people living in rural communities found that 74% agree personal decisions about abortion need to remain with New Mexican women, their families, and their medical providers.⁵

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

‣ 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
‣ Relative to other states’ policies, New Mexico’s policies regarding the delivery of telehealth services to Medicaid members and enrollees of other health plans are expansive.
‣ Advocates have accomplished much to advance abortion access in New Mexico. Given the geographic proximity to states that severely restrict - or may ban - abortion access, there will likely be a significant uptick in demand for services. This makes flexibility in telehealth care imperative for New Mexico 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

‣ Inequitable and burdensome reporting requirements: Every Medicaid patient must reveal the reason for their abortion as part of an additional certification providers must submit.⁷ In addition, for all patients who undergo an abortion in New Mexico, providers must submit a medically unnecessary report.
  o Impact: 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.

POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

‣ In New Mexico, reimbursement differs by insurance provider and type of care delivery model: 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.⁸ While payment parity exists for live video (synchronous) and asynchronous (store and forward) care delivered through telehealth, regardless of whether the patient has public or private insurance, other barriers to care coverage exist.⁹

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.
⁷ N.M. Admin. Code 8.310.2.12 (n)
⁸ Parity Requirements for Private Payer Telehealth Services - CCHP
⁹ N.M. Admin. Code 8.310.2.12 (M)
No parity for audio-only: A temporary policy mandates Medicaid coverage for audio-only telehealth for a) brief check-ins with patients and b) select behavioral health visits only.\textsuperscript{10}

- **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.\textsuperscript{11}

No coverage for translation services: Providers participating in New Mexico Medicaid are required to provide translation services for Medicaid beneficiaries, including via telehealth.\textsuperscript{12} However, there is no requirement for public or private insurance to cover the costs associated with translation.

- **Impact:** Providers may be less likely to offer patients with translation needs access to telehealth services, forcing unnecessary in-person visits and inequitable access to care.

No coverage for mailing medications: In New Mexico, there is no requirement for public or private payers to cover the cost of mailing medications.\textsuperscript{13}

- **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.

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**MORE INFORMATION ON TELEHEALTH IN NEW MEXICO**

- New Mexico Telehealth Alliance
- New Mexico State Telehealth Laws
- New Mexico Southwest Telehealth Resource Center

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\textsuperscript{10} Special COVID LCD #13: Telehealth Services during the COVID-19 Emergency August 4, 2020

\textsuperscript{11} Although patients and providers enjoyed the benefits of telehealth, the widespread adoption of telehealth has unfortunately been hampered by a variety of barriers including technology use among older adults and Internet bandwidth speeds in rural or underserved areas. Telehealth Benefits and Barriers - PMC

\textsuperscript{12} Translation and Interpretation Services | Medicaid

\textsuperscript{13} https://www.hsd.state.nm.us/wp-content/uploads/8.308.9-NMAC-Ben-Pkg-1.pdf