NEW YORK: Medication Abortion Care & Telehealth At A Glance
Updated: August 2023

ABORTION CARE IN NEW YORK

- Pregnant people in New York have limited access to abortion care. 40% of New York 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
- New Yorkers support access to abortion care. More than 7 in 10 [71%) New Yorkers believe that abortion should be legal in all or most cases.⁴

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

- 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
- Overall, telehealth for medication abortion care policy in New York is expansive.
  - Has flexible definitions for originating and distant sites permit patients to receive care from any location (including their homes);
  - Allows a broad range of provider types to deliver care via telehealth;
  - Allows a provider-patient relationship to be established via a telehealth visit.
  - 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 reimbursement for translation services provided to Medicaid recipients.

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.⁶
  - Impact: This requirement saddles providers with medically unnecessary 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.

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 be covered via telehealth as would be 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.⁷ ⁸
  - Impact: There is permanent coverage parity for private payers, but payment parity is temporary until April 1, 2024. For Medicaid, payment parity is in effect for video visits only until April 1, 2024.¹⁰ Medicaid covers audio-only, but there is no payment parity requirement.¹¹

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.
⁶ N.Y. Pub. Health Law § 4160(2)
⁷ Center for Connected Health Policy. Parity Requirements for Private Payer Telehealth Services. 2022.
⁸ https://www.cchpca.org/topic/parity/
¹¹https://www.nysenate.gov/legislation/laws/PBH/2999-EE
- **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.

- **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 payers 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.
  - **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**

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