ABORTION CARE IN NORTH CAROLINA

- Pregnant people in North Carolina have limited access to abortion care. 91% of North Carolina 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 the FDA for use up to 10 weeks in pregnancy, out of reach for many.²
- 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.³
- 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
- North Carolinians support access to abortion care. More than 6 in 10 [62%] of residents believe that abortion should be legal in all or most cases.⁴

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

- 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 IMPACTING PROVISION OF TELEHEALTH FOR MEDICATION ABORTION CARE

- Telehealth for medication abortion care is effectively banned in North Carolina: North Carolina requires the first medication to be taken in the presence of a physician.⁶
  - **Impact:** This medically unnecessary restriction forces patients to visit a clinic for consultation and consent.
    - Research shows that medication abortion care can be prescribed safely and effectively via telehealth and mailed or picked up at a local pharmacy.⁷
- Blood testing requirement: North Carolina law requires patients to undergo certain testing prior to a medication abortion, including anemia testing and Rh factor testing.⁸
  - **Impact:** Mandated Rhesus (Rh) factor testing forces patients to undergo tests 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.⁹
    - The World Health Organization (WHO) and many countries – including the U.K., the Netherlands, Denmark, Sweden, and Canada – do not recommend or do not require testing and treatment for Rh-negative individuals early in pregnancy.¹⁰
- Limitation on Authorized Providers: North Carolina restricts the provision of abortions to licensed physicians.¹¹
  - **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.¹²
    - ACOG and other medical associations affirm that nurse practitioners, physician assistants, and midwives can safely and effectively provide medication abortion care.¹³
    - Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.¹⁴

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¹ Guttmacher Institute, *State Facts About Abortion: North Carolina*, 2022
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 NC ST § 90-218(v)(a)
⁸ 90A NC AD: 14E.0350W(3)
¹¹ NC ST § 48-45.16g
¹² Jones, R. & Boonestra, H. *The Public Health Implications of the FDA Update to the Medication Abortion Label*, Guttmacher Institute, June 2016
¹³ ACOG, Committee Opinion Number 859: Increasing Access to Abortion, December 2020
POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

North Carolina's Medicaid program and private insurers are prohibited from covering most abortion services, including via telehealth:
- While North Carolina’s telehealth Medicaid policies tend to be expansive (the program has implemented payment parity, covers a range of modalities and services, and places no restrictions on originating or distant sites), Medicaid will only cover abortion care in cases of life endangerment, rape, or incest.
- Many private insurers do not cover abortion services in North Carolina 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, unless individuals purchase an optional rider at an additional cost.
- 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 of abortion forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.
- These restrictions force patients 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.

North Carolina lacks coverage and payment parity laws for private insurers: 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.
- There is no legal mandate to cover or reimburse telehealth at parity, so health plans may opt not to cover telehealth services or may cover/reimburse below parity.
- Lack of coverage and payment parity can limit patient access to telehealth services.
- 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.

North Carolina does not allow for cross-state telehealth practice: North Carolina does not currently have any allowances in law or statute that permit out-of-state providers to provide telehealth to in-state residents without obtaining full North Carolina licensure.
- Individuals living in North Carolina cannot access telehealth providers based outside of the state. This can create additional barriers to accessing health care for those who have limited resources or who live in underserved areas.

Coverage for translation services: Providers participating in North Carolina Medicaid are required to provide translation services for Medicaid beneficiaries, including via telehealth. However, there is no requirement for public or private insurance to cover the costs associated with translation.
- 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.
MORE INFORMATION ON TELEHEALTH IN NORTH CAROLINA

⦁ Mid-Atlantic Telehealth Resource Center
⦁ North Carolina State Telehealth Laws - CCHP