Frequently Asked Questions about Integrating Medication Abortion Care into Community Health Centers

1. **Our CHC gets Title X and/or 330 funds. Does that mean we can't provide abortions?**

   No. While Title X or other federally restricted funds can't be used for abortion services, your clinic has many revenue streams that do not restrict the type of services you can provide to your patients. FQHCs may provide abortion services so long as no Title X or 330 funds, directly or indirectly, support the provision of the abortion services. Several federal statutes and rules dictate this conclusion and provide guidance as to how FQHCs may offer abortion services consistent with their federal 330 grant. You will need to fiscally separate out supplies and time used to provide abortions services. To assist you, RHAP and AAP have collaborated to create a guide for your administrative/billing department to facilitate this. Click here for information on billing for early abortion services.

2. **I've been told that our CHC malpractice won't cover abortions. How do I find out if that is true?**

   Your business office should be able to give you a copy of your clinic's malpractice policy. If your CHC is a Federally Qualified Health Center AND purchases FQHC insurance from the federal government, your malpractice policy specifically excludes abortion services. However, "add-on" or "wrap around" policies are available and health centers have sometimes already purchased a wrap around policy for other areas of care that the Federal insurance does not cover (hospital medicine, obstetrics); contact RHAP for more information.

3. **We want to add MVA for miscarriage management to the services we provide. We are an FQHC with FQHC malpractice insurance which excludes abortions; can we still provide miscarriage management?**

   Yes. Miscarriage management does not involve a viable pregnancy. Therefore it is not an abortion and can be treated like any other minor surgical procedure that you routinely provide.

4. **Our administrators are worried about increased security risks if we provide abortions. What can I tell them?**

CHCs already deal with issues of patient and staff security on a regular basis. For example, you see patients with mental illness, substance abuse problems and issues of domestic violence. All CHCs should have good security protocols in place for the protection of patients and staff. The threat of violence from an anti-abortion protestor is significantly less likely than from the other patients you already see regularly. RHAP can also provide a security consultation to ensure that the protocols in place are appropriate.

5. **Why should our CHC provide abortion services when we can refer our patients to Planned Parenthood or another clinic?**

Your patients count on you for quality primary health care services. There are many reasons why early abortion services are important for the health of your patients:

- You are a known and trusted health care system/health care provider. Continuity means better care for your patients.
- Providing abortion services at the CHC provides continuity of care. As you know well, every time a referral is made to another system, some of your patients will fall through the cracks.
- At many high-volume abortion clinics, patients must deal with picketers or harassment.
- Many patients struggle intensely with the decision to have an abortion. Being able to talk it through and then just take a pill given by their own physician with support and understanding can make all the difference.
- Referral to a clinic means additional appointments and travel for your patient, delaying needed care. The earlier abortion is provided the safer it is.
- By providing abortion as an integrated part of primary health care, you are decreasing the marginalization of patients who need this service and the clinicians who provide it.

6. **Our administration is somewhat supportive of adding abortion services, but they say that the Board will never allow it. What can we do?**

It is important to research your Board and find out who the members are. CHC guidelines require that the Health Center Board be made up of community representatives and include patients. It will take some legwork, but you need to find someone who knows a Board member who can become an ally and help you make a presentation to the Board about why this service is so critical to your community. You can also identify good community members to run for the Board. Massachusetts NARAL and RHAP will work with you to identify potential candidates.

Additionally not all health centers allow their Board to determine their scope of services. Many health centers believe these decisions are medical and are best left in the hands of the medical director of the health center. Make sure that, if you hear that the provision of abortion services is to be debated by the board, that it is a usual and customary practice for the board to be determining the scope of the medical care. Did they go to the board when colposcopy services were added? Or is this just an anti-choice administrator trying to put up roadblocks?

However, if this does go to your Board, it is important that clinicians' voices be heard. RHAP can help you make a very compelling presentation to your Board about why your patients need this service.

7. **Can our nurse practitioner provide medication abortion? How about our midwives and physician assistants?**

In many states, advanced practice clinicians (physician assistants, nurse midwives, and nurse practitioners) can provide medication abortion. Contact RHAP for information about the status of APC scope of practice in your state.

8. **Some of our nursing and administrative staff may be uncomfortable with abortion. We are a smooth team – how can I raise the issue of providing abortions at our CHC?**

Clinicians who want to add abortion services to their health center's practice often wonder how to discuss this subject with staff and colleagues whose views on abortion are unknown. It is useful to bring up the subject in the context of a case discussion. The

ideal case involves a patient well known to the staff who clearly needs an abortion – so much so that anyone but the most dogmatic "anti" would understand her need – but faces difficulty in getting the procedure done elsewhere. "If only she had been able to obtain this service from her own clinician, in the privacy of her provider's office." Once the conversation has started, involving the entire staff in values clarification exercises is often extremely helpful. You can find samples on the RHAP website:

How to Begin a Conversation about Abortion With Office Staff
Staff Attitude Survey
Values Clarification Workshop

Some talking points to consider:

- It is important to discuss abortion service delivery in the context of reproductive choice, family planning, and the concept of helping all parents to have children when they feel best able to care for them, and your CHC's commitment to primary care. Ask staff members: what do our patients do when faced with an unwanted pregnancy? How do we counsel them, and where do we refer them? How might this process change if we offered abortion here?
- Educate staff to the reality of the abortion provider shortage, and the potential impact on patients. Provide them with a history of abortion. Younger staff members may be unfamiliar with patients' experiences prior to abortion legalization. (See www.guttmacher.org State-by-State Trends in Abortion in the U.S., Overview of Abortion in the U.S.)
- Acknowledge that people on both sides of this issue have strong feelings.
- Allow staff members to talk about how they feel and demonstrate respect for powerful feelings, even if they are hard to understand.
- And, very important: Help staff to stay focused on the needs of patients!

9. **Our administration doesn't want our CHC to be known as an "abortion service". If we introduce abortion services, how can I let my patients know about the availability of services without advertising?**

When you take a sexual history of a new patient, or when you are doing an annual exam of your patients, you no doubt ask about contraceptive practices. It is quite natural to say something along the lines of, "As you know, contraception fails sometimes. If you ever have an unplanned pregnancy, I hope you will make an appointment with me right away so that we can discuss all of your options." Sometimes it can also be raised when a patient uses contraception sporadically.

"Well, in case your partner doesn't end up using condoms all of the time, I do provide abortion care here at the health center."

While office visits are short, patients often sit in the exam room for 10 or 15 minutes waiting for the clinician. Consider putting up prochoice posters along with all the other informational posters on the walls of your exam room, along with patient-friendly artwork. You can also place bumper stickers and buttons on your bulletin boards with slogans such as "You are not alone, 45% of women have had an abortion" and "Ask me about Emergency Contraception". For other ideas, click here.

10. **What can I tell our billing department about coding for medication abortion?**

There are standard billing codes for medication abortion. Click here for information on these codes, and other forms you'll need to provide abortion services.

11. **Where can our staff get trained to provide medication abortion?**

Though special certification is not required to prescribe mifepristone and misoprostol, clinical training is necessary, just as it would be for any clinical care you provide. You can get started with an excellent online CME course offered by the National Abortion Federation (NAF). RHAP can help you to organize a workshop for your staff about the clinical aspects of providing medication abortion. Additionally, contact RHAP to explore options for observing medical abortion counseling or building ultrasound skills.

12. **We don't have an ultrasound machine. Does this mean we can't provide abortion services?**

While many clinicians are trained to use an ultrasound machine, it is not essential to providing high quality abortion care. In fact, the Reproductive Health Access Project and other major organizations like NAF have an "ultrasound only as needed" protocol. The majority of patients will not need an ultrasound, but you should have access to a nearby ultrasound service for those times when the need does arise. It is important to make sure that the ultrasonographers are sensitive to your patients and do not make assumptions that the woman is happy to be pregnant. Consult RHAP's website to review protocols and join the Access list for guidance on providing the latest evidence-based care.

RHAP may also be able to provide you with some resources to help you locate an ultrasound machine, contact us for more information.

13. **How expensive is it to provide an abortion? Will our patients be able to afford it?**

If you work in a community health center, your CHC probably already has a sliding fee scale that can be applied to these office visits, plus the $90 to cover the cost of the medication.

Costs to the CHC are minimal. The mifepristone pill costs $90 each. Beyond that, the other medications that are needed for medication abortion - misoprostol, ibuprofen, and codeine or hydrocodone - are very inexpensive. For an MVA (manual vacuum aspiration), there are no direct costs once the MVA supplies are purchased. For more information about how to bill out the office visits, see the Billing Guide. Click here for information on billing for early abortion services