Integrating Medication Abortion into Primary Care

A Toolkit for Clinicians, Advocates, and Health Systems

reproductive health access project

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Introduction

The Reproductive Health Access Project trains, supports, and mobilizes primary care clinicians to ensure equitable access to sexual and reproductive health care, including abortion. By centering communities most impacted by barriers to care, RHAP fills critical gaps in clinical education and care delivery. RHAP strives to integrate early abortion into primary care so that patients can receive this essential care in the same health care setting where they get their general medical care.

Integrating medication abortion (MAB) care into primary care is not just a matter of adding a new medication or procedure; it often requires systems change and culture change. At the end of a thoughtful implementation process, patients gain access to abortion care in a safe, private, and familiar environment and health center staff members at all levels gain a deeper understanding of reproductive health, rights, and justice.

Integrating MAB care requires planning and persistence to overcome obstacles and barriers. These challenges depend on the existing culture of the practice, clinicians' level of knowledge and skill, federal and state laws and regulations, as well as the knowledge, attitudes, and feelings of the administration and staff. To effectively integrate MAB care, questions and concerns from stakeholders need to be identified and meaningfully addressed.

No single strategy will work for all health centers; cultural, geographic, and political differences call for individualized approaches. This toolkit outlines a range of approaches and key considerations for integrating MAB into primary care settings, including organizations that receive federal funding, like Federally Qualified Health Centers (FQHCs) - so use only the tools and resources you need. Throughout this toolkit, we discuss laws and policies affecting the provision of abortion care to date. These materials do not constitute legal or accounting advice. If legal assistance or other expert assistance is required, the services of a competent professional with knowledge of your specific circumstances should be sought.

Acronyms

- **ACA:** Affordable Care Act
- **APC:** Advanced Practice Clinician (nurse practitioners, midwives, physician assistants)
- **CE:** Continuing Education
- **CFR:** Code of Federal Regulations
- **CMS:** Centers for Medicare and Medicaid Services
- **CPT:** Current Procedural Terminology, billing
- **E/M:** Evaluation and Management, billing
- **EHR:** Electronic Health Record
- **EPL:** Early Pregnancy Loss
- **FDA:** Food and Drug Administration
- **FFS:** Fee for Service
- **FQHC:** Federally Qualified Health Center
- **FTCA:** Federal Tort Claims Act
- **FTE:** Full Time Equivalent
- **GA:** Gestational Age
- **GAAP:** Generally Accepted Accounting Principles
- **GASB:** Government Accounting Standards Board
- **HHS:** Department of Health and Human Services (Federal)
- **HRSA:** Health Resources and Services Administration (Federal)
- **ICD:** International Classification of Diseases, billing
- **LMP:** Last Menstrual Period
- **MAB:** Medication Abortion
- **MVA:** Manual Vacuum Aspiration
- **NDC:** National Drug Code
- **NFI:** Notice of Federal Interest
- **NHSC:** National Health Service Corps
- **NIH**: National Institutes of Health
- **PPS:** Prospective Payment System
- **REMS:** Risk Evaluation and Mitigation Strategies
- **RHAP:** Reproductive Health Access Project
- **RVU:** Relative Value Unit
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **SRH:** Sexual and Reproductive Health
- **UCC:** Uniform Commercial Code

Letter from the Authors

RHAP was born out of an FQHC in 2000, after our founders overcame the many barriers to implementing abortion care in primary care. These barriers have stemmed from abortion's history of separation from mainstream health care and ongoing structural policy barriers, including the longstanding presence of the Hyde Amendment. Our founders believed that providing, teaching, and advocating for full-scope sexual and reproductive health in primary care had the power to begin destigmatizing abortion and increasing person-centered access to care in the communities where people already get their health care. Recognizing these benefits and the systemic obstacles created by restrictive policies and a legacy of stigma, they set out to support other health centers that were determined to do the same. And now, RHAP's vision is not only to expand access, but to normalize abortion as a fundamental component of comprehensive health care -- ensuring that everyone everywhere can receive the health care they need.

This toolkit was built on the foundation of their experience and the culmination of knowledge from the many champions and clinician leaders who have done this work. We have revised and expanded upon earlier versions of this resource, based on our research, experiences, and lessons learned working with health care organizations and in collaboration with partners like Abortion Defense Network, Access Delivered, Advocates for Youth, Birth Control Pharmacist Digital Defense Fund, Essential Access Health, ExPAND Mifepristone, Maine Family Planning, National Health Law Program, Resources for Abortion Delivery, Ropes and Gray LLP, TEACH, The American College of Obstetricians and Gynecologists, Won't Go Back, and *countless* others.

We cannot overstate how invaluable all of your contributions have been to making this toolkit feel complete. We appreciate every question, answer, challenge, resource, connection, opinion, and idea that has been shared with us. There is little official guidance on how to implement abortion in a primary care setting, so this community built it - together. It is a privilege to be a part of this innovative and driven group of advocates, and we hope (and know) that our knowledge and community will only continue to grow.

We welcome you to send us any feedback, requests, or suggestions. And, of course, if you would like any support to implement mediation abortion care in your practice, please reach out. We are here for you!

With gratitude,

Rory Tito
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Establishing a Planning Committee & Building Buy-in

Learning Objectives

- Recognize the importance of building buy-in amongst all levels of staff for implementing MAB services
- Apply communication strategies to conversations about abortion
- Describe the potential tasks and necessary skills for the planning committee
- Prepare to engage with potential planning committee members and key stakeholders

Introduction

Adding MAB care to a primary care practice involves more than just adding clinical services, it involves building buy-in across the organization and shifting the culture. While it can take time, building buy-in is crucial for creating change because it can increase commitment, support, and accountability while reducing potential resistance and misinformation. This change requires at least one committed individual to serve as the organizing champion, though having at least two champions who can support one another in the face of various challenges is preferable.

Champions can identify other clinicians, administrators, and/or staff who might be allies committed to providing MAB and then initiate an informal discussion about implementing MAB at your health center. If these colleagues show interest, invite them to meet as a Planning Committee.

A well-rounded Planning Committee is key, as there is a lot to do! Members will work on a variety of tasks, like:

- Meeting with leadership and staff to gain support
- Tracking implementation progress
- Scheduling meetings
- Determining the clinical workflow of MAB care
- Coordinating and facilitating staff training
- Providing updates to different departments about MAB-related changes

They will be responsible for coming together and making many key decisions as you move through this process.

Talking about Abortion

It is important to recognize that talking about abortion can be challenging for people, especially in a work setting. Allow people to express their honest opinions and ask questions without judgement. Your job is not to convince staff to feel exactly the way you feel about abortion, but to get them to a place where they feel genuinely comfortable participating in this care, or at the very least, working at a health center that offers this care. Highlight your shared goals and values, and the ways in which access to abortion care is important for your patients. Understand concerns, acknowledge the nuance, and give people space to learn and grow.

In gaining support for abortion provision, effective and strategic communication is essential. This toolkit from the National Network of Abortion Funds provides support, tips, and resources to support you in leading compassionate conversations about abortion to a variety of audiences.

Use these strategies in the "Develop Your Pitch" exercise in this chapter's worksheet!

Framing Strategies and Talking Points

- Use patient perspectives or stories (with permission)
- Patients will not face picketers or harassment outside the clinic
- Patients can make their health care decisions with a known, trusted health care system/clinician who knows their medical and social history
- Many patients prefer receiving abortion care through their primary care clinician, citing comfort as a key reason
- Patients will have increased continuity of and access to care – sometimes when referrals are made to another system, some patients fall through the cracks
- Patients won't have to travel for care, which can save time and money (travel costs, childcare, time off of work, coordinating logistics, etc.)
- Decreased stigma towards patients and abortion providers if abortion is normalized in primary care settings
- Relate to strategic plan or mission of organization
- Retention and satisfaction for staff who are passionate about care
- Increased access for complex cases with specialty providers

Worksheet

Brainstorm Planning Committee Members and Key Messaging

- Who are clinicians, administrators, and/or other staff at your health center who might want to be involved in implementation of MAB care at your health center?

- Who needs to be involved in the process of implementing a new service at your health center? Are there people who need to give approval for implementing a new service?

- Brainstorm a message to outreach to potential planning committee members. Keep it concise and compelling. Include:
  - Services you want to add and why - highlight the impact of providing MAB to your patients.
  - What stage of planning you are at and who else is involved.
  - The reason you want them involved - why *their* participation matters.
  - The ask (informal chat, join meeting, etc.).

- Brainstorm a general timeline.
  - I will reach out to all potential committee members by: _____
  - The first planning committee meeting should be by: _____
  - Frequency of meetings: _____

- Do you know anyone who has successfully integrated MAB at their health center, or anyone who has implemented a new service at your health center that would be willing to chat with you about their experience?

Engaging Stakeholders

In addition to assembling a planning committee, you will want to identify and engage relevant stakeholders early on in the planning process. These are people who will not be intimately involved in the implementation of MAB services, but hold power and influence over your potential for success. Consider the key players within and outside your institution and what information or perspective they might need in order to be supportive of implementing MAB into your practice. It is important to understand and address their concerns. Here are some examples:

Role	Name(s)	Supportive?	Priorities/Perspectives
CEO			
Board			
Compliance			
Medical Director			
Primary Care Clinicians			
OB/GYNs			
Nursing Director			
Patient Services Director			
Operations Director			
Hospital/Referral Partner			
Primary Care Association			
Medicaid Office			
Department of Health			
Others?			

Develop a Pitch

You will want to be able to articulate why and how you are going to do this. This messaging does not have to be delivered all at once, as people are less likely to be open to change if they are overwhelmed with new information. Depending on how open-minded your audience is to providing MAB care at your organization, you may have to be strategic and deliver different messages over time.

Start with a hook

People most often respond to emotions before they do to data. Did you recently have to refer out a patient you could have cared for? Is abortion access decreasing in your state?

Articulate your vision

What could MAB care look like at your health center? Let them know you have a plan, but are flexible, and value their feedback/ideas.

Highlight the value

How does providing MAB benefit the health center and its patients?

Provide data

Highlight the safety and efficacy of MAB, and the feasibility of providing it in your setting.

Allow space for questions

Be prepared to address common concerns and myths about MAB.

Call to action

Clearly state what you are asking for from your audience.

Follow up

Let your audience know when they will hear from you.

Additional Resources

- Demystifing Medication Abortion (We Testify)
- Ethical Storytelling (Planned Parenthood Advocacy Fund of Massachusetts)
- Patient Attitude Survey (RHAP)
- Power Mapping (Human Impact Partners)
- Saying Abortion Aloud (Renee Bracey Sherman and the Sea Change Program)
- Staff Attitude Survey (RHAP)
- Stigma Training Series (Provide)
- The Safety and Quality of Abortion Care in the United States (National Academies of Sciences, Engineering, and Medicine)
- Values Clarification Workshop Guide (RHAP)

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Administrative & Operational Logistics

Learning Objectives

- Identify the different administrative and operational challenges associated with providing MAB in primary care
- Utilize the correct CPT and ICD-10 codes for billing MAB
- Explain presumptive eligibility and how it relates to abortion care
- Recognize the challenges and potential solutions related to professional liability insurance and abortion
- Understand the FDA Risk Evaluation and Mitigation Strategy for mifepristone and how to become a certified prescriber

Introduction

For medical settings that are not currently offering abortion care, adding MAB can raise both clinical and administrative issues, of which the latter tend to be more complex. In this chapter, we will cover the various administrative issues you may encounter when implementing or providing MAB in primary care.

Billing, Coding, and Insurance

Accurate coding for MAB can vary from payer to payer. In general, there are two different ways to bill for MAB services - a **bundled code** or standard **evaluation and management (E/M) codes**. It is important to check with individual payers to determine the appropriate ICD-10 and CPT codes to use to ensure reimbursement. Most health insurance companies have developed policies for MAB.

Some health insurances utilize a **bundled code** for MAB billing. This all-inclusive code includes all appointments and services associated with a MAB, except for the medication. Because it covers the initial visit and follow-up, you will need to utilize a “from-through” method and put the order on hold until the patient has completed follow-up (similar to a global package for prenatal care and delivery billing). If you are dispensing mifepristone and misoprostol in-clinic, you will bill these separately. You should include the name of the drug, dosage, and 11-digit National Drug Code with it. If you are sending prescriptions to a pharmacy, you will not bill for the medication.

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Other health insurances will use standard **E/M codes**, plus billing for associated services and supplies separately. In this instance, any follow-up visits will also be billed separately.

In general, you will only bill for the medication if you are dispensing it in-clinic (also known as "buy and bill"). If you are sending a prescription to a retail pharmacy, the patient will be billed by the pharmacy and pay when they pick up the prescription. While these are the most typical billing options, some pharmacies may have other options. For example, Honeybee mail order pharmacy offers clinicians two options: the provider can either a) collect payment from the patient and then send the prescription or b) send the prescription and the patient will be emailed a link to complete the order and submit payment.

Billing for "Gender Incongruent" Services

For many insurance plans, abortion is considered a "gendered service", meaning only patients with certain gender markers are eligible for coverage. Health insurance companies will likely have policies for how to bill services if a patient's gender marker on their insurance does not "match" a service they are receiving. Given 2025 executive orders on sex and gender, it is possible some health insurance companies will not accept billing for gender incongruent services.

Bundled MAB CPT Codes

- **S0199**: Medically induced abortion by oral ingestion of medication including all associated services & supplies (e.g., counseling, visits, confirmation of pregnancy by hCG, ultrasound to confirm duration of pregnancy and/or confirm completion of abortion) except drugs)
- **S0190**: Mifepristone, oral, 200 mg
- **S0191**: Misoprostol, oral, 200 mcg

E/M + Medication CPT Codes

- **99202-99205** (new) or **99212-99215** (established): office visit or other outpatient visit involving evaluation and management
- **81025**: urine hCG
- **S0190**: Mifepristone, oral, 200 mg
- **S0191**: Misoprostol, oral, 200 mcg

"Gender Incongruent" Billing

- **For UB-04/CMS 1450 Billing (institutions)**: Use Condition Code 45 (Ambiguous gender category) in boxes 18-28
- **For CMS 1500 (individuals)**: Use Modifier KX to indicate the procedure/diagnosis is appropriate for patient whose gender differs from sex assigned at birth
- Use **F64.00** as secondary ICD-10 code

Insurance Coverage

Insurance coverage for abortion services varies greatly. Some states require abortion coverage for all health insurance plans, including Medicaid, Private, and/or ACA Marketplace plans, while others restrict it. Under the Hyde Amendment, federal Medicaid funds cannot be used for abortion except in cases of rape, incest, or life endangerment. All state Medicaid programs must cover abortions under these circumstances, while they have the option to cover other abortion services using their own funds.

It is best to have patients check with their insurance plans or assign a staff member to check for them. You may be able to partner with a local abortion fund to help assist patients who must pay out of pocket. If you are unable to partner with a fund, familiarize yourself with the funds available in your area so that you can share the information with patients.

For health insurance plans that cover abortion services, mifepristone has historically been covered as a "**medical benefit**" because it was dispensed in-clinic. With the addition of the pharmacy dispensing option in 2023, some plans have been slow to also add it as a **pharmacy benefit**. This might mean that the way that mifepristone is dispensed will determine if it is covered, so make sure the patient or staff obtain that information when verifying coverage.

In some states, qualified entities are allowed to enroll patients in presumptive eligibility, which allows uninsured patients to qualify for immediate Medicaid coverage based on their income, household size, and pregnancy status without having to wait for their application to be processed. Even if the patient is found to not be eligible for "full-scope" Medicaid upon review of application, the provider will be reimbursed for the covered services provided. Coverage under Presumptive Eligibility varies from state to state.

See FQHC Chapter for information on Medicaid Billing for FQHCs.

Malpractice Coverage

Obtaining affordable malpractice coverage is currently a challenge for clinicians in every area of medicine, and abortion care in particular. Currently, there are no federal standard or uniform requirements set for malpractice insurance coverage as they are overseen by different departments at the state-level.

When it comes to purchasing malpractice insurance, an organization or clinician must work with an insurance broker who works with a variety of insurance carriers. The broker will provide applications to fill out for different insurance carriers. These applications are then submitted to the insurance company's underwriter, who will put the clinician in a tier or class based on the risk of providing coverage. This process, along with other factors like location and specialty, determines the price of your premium.

However, we have found anecdotal evidence that underwriters may use factors that the application does not ask for. For example, they might provide a lower premium rate for coverage of first trimester MABs versus second trimester procedural abortions, without asking the consumer to provide that information in the application.

Due to this, you should provide specifics about the care you intend to provide (type of abortion care, gestational age limits, volume) to ensure your application includes all factors that the underwriter uses.

If you plan to purchase individual insurance, check with the insurance commissioner of your state that your carrier is on the approved list. It is important to ensure that the coverage option is adequate for your services.

For some providers, coverage for abortion may very well already be in your current plan - especially if you have coverage for pregnancy related care, gynecological care, or have clinical privileges as a part of a larger hospital system. If it is not specified in the policy, refer to the application that you submitted, which typically lists out different categories of services provided and what they entail.

Abortion provider shield laws in some states provide protections related to professional liability insurance, including: specific protections against an insurer's refusal to issue insurance, increase in premiums, or denial of coverage based solely on providing protected care, and protections for contracts with health plans and insurers.

The TEACH Early Abortion Options Workbook section on Reimbursement Considerations contains a chart detailing malpractice insurance coverage options and their advantages and disadvantages.

See FQHC Chapter for a note on FQHCs and malpractice insurance (FTCA).

Ordering and Prescribing Mifepristone

As of publication, mifepristone can be dispensed in a clinic setting by a clinician or at a brick and mortar or mail order pharmacy. When providing MAB, it is allowable to do both, which maximizes options for your patients and models of care. There are different requirements for each of these options.

FDA Risk Evaluation and Mitigation Strategy

While decades of research has established the safety and efficacy of mifepristone, the medication is subject to an FDA Risk Evaluation and Mitigation Strategy (REMS). Due to this, mifepristone may only be dispensed by or under the supervision of a certified prescriber, or by a certified pharmacy on a prescription issued by a certified prescriber. Any qualified clinician can become certified to prescribe and dispense mifepristone. Any pharmacy, including mail order, independent, and national retailers, may become certified to dispense mifepristone. Detailed information about the mifepristone REMS is available on the FDA website.

If you plan to dispense on-site, you only need one certified prescriber per location - others can work under the supervision of this prescriber. Danco and GenBioPro are currently the only manufacturers of mifepristone in the US. GenBioPro is the manufacturer of the generic mifepristone pill, which is distributed by R&S Northeast. Danco is the manufacturer of the branded mifepristone pill, called Mifeprex®, which is distributed by AmerisourceBergen. If you plan to dispense on-site and your organization already has an account with one of

Steps to Becoming a Certified Prescriber

GenBioPro (Generic)	Danco (Mifeprex®)
1 Download **Prescriber Agreement Form** OR **submit online** (if submitting online, skip next two steps)	1 Download **Prescriber Agreement Form** OR **submit online** (if submitting online, skip next two steps)
2 Review, fill out, and sign form	2 Review, fill out, and sign form
3 Return signed form to RxAgreements@GenBioPro.com or fax to 1-877-239-8036	3 Return signed form to Mifeprex@dancodistributor.com or fax to 1-866-227-3343
4 The distributor will contact you to set up an account	4 The distributor will contact you to set up an account

these distributors, it may make the account set-up process easier. Once you are certified, you will be able to place orders directly with the manufacturer. RHAP's guide on How to Order Mifepristone provides additional information.

Under the REMS, the clinician must review the Patient Agreement Form (Danco/GenBioPro) with the patient, sign it, and have the patient sign it. The patient must be provided with a copy of this form. They must also be provided with the FDA mifepristone Medication Guide. Both of these documents can be provided electronically or as a hard copy.

Pharmacy Dispensing

In order to prescribe mifepristone to be dispensed at a pharmacy, clinicians must provide the certified pharmacy their Prescriber Agreement Form by email, fax, or electronically if the pharmacy is listed on Danco's form. This can be done prior to sending a prescription or the first time you send a prescription, but it is advisable to do it ahead of time in order to avoid delay. You can submit a Prescriber Agreement Form from either manufacturer, regardless of which medication the pharmacy dispenses. The pharmacy is responsible for documenting the NDC and lot number of the package of mifepristone received by the patient. The patient must pick up the prescription within four calendar days of the day the prescription was sent to the pharmacy. If this does not happen, the pharmacy will contact the prescriber. Some pharmacies will hold the medication longer if the clinician puts a note in prescription with a "valid until" date.

As of publication, CVS and Walgreens pharmacies in CA, CO, CT, DC, DE, HI, IL, MA, MD, ME, MI, MN, NH, NJ, NM, NV, NY, OR, PA, RI, VA, VT, and WA are certified to dispense

mifepristone. The specific locations have not been made public. Some pharmacies have elected to be listed on GenBioPro's Pharmacy Directory. Certified prescribers may locate additional pharmacies by contacting GenBioPro at info@genbiopro.com or Danco at 1-877-4 Early Option (1-877-432-7596).

There are several mail order pharmacies that can work with you to send mifepristone to your patients (as well as misoprostol, pain medicine, pregnancy tests, and heating pads, if desired), including American Mail Order Pharmacy (bob@hpsrx.com), Honeybee Health (prescribers@honeybeehealth.com), Manifest, and ArloRX. You must still register as a certified prescriber, but will also enter into an agreement with the online mail order pharmacy. This will allow the distributor to ship mifepristone directly to the online pharmacy, rather than only your office.

If you work for an organization that has a pharmacy on site and you would like to be able to send prescriptions there, the pharmacy will have to become certified. They will have to designate an authorized representative to carry out the process of becoming certified and oversee compliance with the REMS program.

The Pharmacists CARE Initiative has a training program, implementation package, and hosts office hours to provide support to pharmacy certification.

Certified Pharmacy Dispensing Challenges and Tips

As pharmacy dispensing is still a relatively new process, clinicians have reported that it has come with some challenges, such as:

- Many pharmacies do not stock mifepristone on site. For CVS, individual pharmacies must contact a centralized team that sends the mifepristone out the next business day.

Steps to Becoming a Certified Pharmacy

GenBioPro (Generic)	Danco (Mifeprex®)
1 Download a **Pharmacy Agreement Form**	1 Download a **Pharmacy Agreement Form** OR **submit online** (if submitting online, skip next two steps)
2 Review, fill out, and sign form	2 Review, fill out, and sign form
3 Return signed form to RxAgreements@GenBioPro.com or fax to 1-877-239-8036	3 Return signed form to Mifeprex@dancodistributor.com or fax to 1-866-227-3343
4 The distributor will contact you to discuss next steps	4 The distributor will contact you to discuss next steps

- Most pharmacies *do* stock misoprostol on site, so some will fill the prescription for this immediately and alert the patient their mediation is ready. This can cause some confusion for patients, so make sure they know that they should be picking up two separate medications, and one might be ready before the other.
- Some pharmacies have refused to dispense mifepristone or claim they do not carry it. Try to develop relationships with local pharmacies so that you have a reliable location to send patients to.
- There have been some privacy concerns with text updates, especially with younger patients if their parent/guardian phone numbers are linked to their account at the pharmacy. Make sure your patients are aware of this and instruct them to update their contact information with the pharmacy you will be sending the prescription to. If possible, do this before the prescription is sent so that no one besides them gets updates about the prescription being worked on (as these often include the name of the prescription in them).

If you are experiencing issues prescribing mifepristone to CVS, contact the CVS Mifepristone Team (833-287-4335) for assistance.

Reporting and Vital Statistics

Most states require organizations that provide abortions to report data to a central agency, such as the state health department or department of vital statistics. Exactly what information is collected varies by state, but generally, will include: where the abortion was performed, method of payment, demographic characteristics, etc. This resource from the Guttmacher Institute provides more state-specific information.

Your health center may already have a process in place to report vital statistics data. If so, reach out to the department responsible for this to discuss abortion reporting requirements. If not, look into how abortion data is reported in your state and assess how this will fit into your workflow.

Worksheet

Checklist - Prepare to Prescribe Mifepristone

- ☐ Review the mifepristone payer policies for your state.
  - ☐ Schedule a meeting with your Billing Department to discuss any steps they will need to take in order for you to be able to bill for MAB.
  - ☐ Determine the need and pricing for a self-pay policy.
- ☐ Once you have a sense of the extent of insurance coverage in your state, research and outreach to local abortion funds to determine if they would be available to partner with you to help cover the cost of providing care to patients who won't be able to use insurance.
- ☐ Reach out to the appropriate department to determine how insurance verification checks and presumptive eligibility work at your health center.
- ☐ Determine if your professional liability insurance covers MAB. You will likely need to review your policy and application for coverage. This may require legal support. If so, reach out to the Abortion Defense Network for assistance.
- ☐ Determine how prescribing will work and submit the necessary Prescriber Agreement Forms by answering these questions.
  - Who will become a certified prescriber?
  - Do we have a process in place for ordering and stocking medications that mifepristone can be added to?
  - Does dispensing the medication on site work with our workflow?
  - Will we be providing telehealth, or only in-person care?
  - Are there any certified pharmacies nearby?
  - Will my patients feel comfortable picking up the medication at a pharmacy?
  - Will my patients have privacy concerns picking up the medication at a pharmacy or receiving it through the mail?

Additional Resources

- Coding for Medication Abortion (RHAP)
- Interactive: How State Policies Shape Access to Abortion Coverage (Kaiser Family Foundation)
- Interactive Map: US Abortion Policies and Access (Guttmacher)
- Know Your State's Abortion Laws (Abortion Defense Network)
- Safe Access to Abortion Pills from Major U.S. Pharmacies (Same-Day Abortion Pills)

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Preparing Staff

Learning Objectives

- Complete Training Needs Assessment
- Identify training resources available online
- Develop a training plan for clinical and non-clinical members of staff
- Prepare to engage with different levels of staff on the topic of abortion
- Understand common safety and security considerations and resources

Introduction

To integrate MAB successfully, it is critical that all clinic staff who will be interacting with patients seeking abortion care are prepared to perform their jobs. For some staff, this may mean receiving training on specific tasks they will be performing, like scheduling appointments or submitting referrals. For others, it may involve more clinical training on how to counsel or triage MAB patients. There is no one-size-fits all approach to training.

Training

Special certification is not required to prescribe mifepristone and misoprostol, though clinical training is necessary just like any clinical care. Due to unnecessary laws and restrictions, in some states only physicians can provide MAB care. In other states, advanced practice clinicians (physician assistants, nurse midwives, and nurse practitioners) can provide abortion care. Check out your state's rules using the Guttmacher Institute's abortion policy map.

RHAP provides various types of support for health centers who want to implement MAB, from in-person or virtual trainings, technical assistance, and an extensive online library of patient education and clinical tools and resources. RHAP has also compiled a wealth of clinical training materials and guidance that can serve as a standing resource for clinicians as they begin to offer MAB. Many invaluable resources from partner organizations exist for clinicians and health center staff who want to learn about and provide MAB care:

- Abortion Provider Toolkit supports APCs to compile evidence to support integration of early abortion care into their practices.
- Access, Delivered Toolkit for Clinicians Offering MAB provides a step-by-step guide for initiating MAB services within primary care practices.

- Essential Access Health offers Family Planning Health Worker and Pregnancy Options Counseling Certifications, as well as Introduction to SRH, Integrating SRH in Primary Care and Diverse Health Settings, Motivational Interviewing, and Talking with Patients about Permanent Contraception.
- Innovating Education in Reproductive Health offers an online, video-based course in abortion and is easily accessible to all levels of clinical and non-clinical staff.
- Provide offers training to help health and social service providers develop a clearer understanding of their own values around abortion, gain medically-accurate knowledge about abortion care, and practice making referrals.
- TEACH's Abortion Training Curriculum is an interactive curriculum with tools to train new reproductive health providers to competence. Their workshops and simulations, including a Medication Abortion CME, are designed to aid clinical instructors who are teaching abortion care to the next generation of providers. TEACH also offers an exhaustive list of Office Practice Tools designed to aid primary care clinicians to integrate reproductive health services into their own practice.

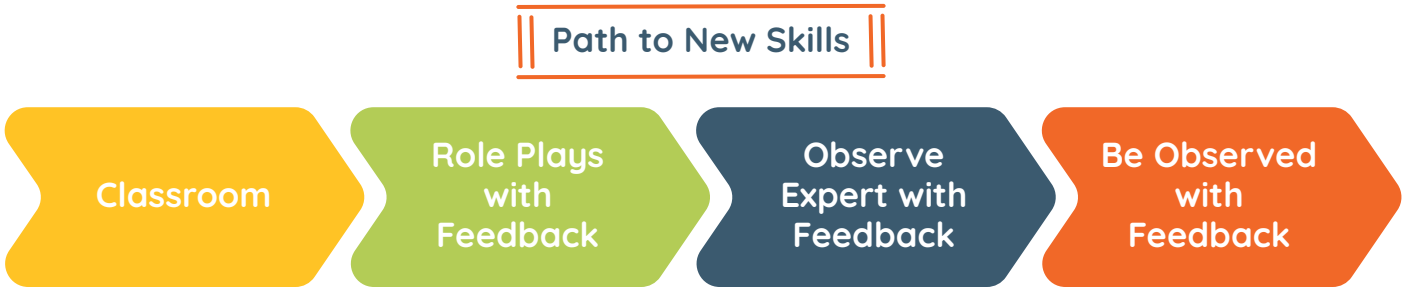
In clinics where an ultrasound machine is available on site, it is important to ensure clinicians are properly trained to use it for gestational dating and identifying pregnancy location. The Evaluation of Ultrasound Skills Form can be used for hands-on, onsite training to assess a learner's grasp of basic early pregnancy ultrasound skills. Acquiring hands-on ultrasound training can be a challenge for some. Companies like Sonosim, APCA, GUSI, and Ultrasound for WH Providers offer training forvarious skill levels and specialties. Also consider reaching out to clinics, hospitals, and residency programs in your area - could your clinicians shadow or receive ultrasound training from these institutions?

See our Resource Index for an extended list of training opportunities and resources.

Designing Training Plans

It can be helpful to think about competency based training instead of role based training. For example, if you're thinking, "I need training for my mental health staff," you'll need to be able to answer the question "What do I want mental health staff to be able to do?" in order to identify the appropriate training.

It can be useful to identify or train an in-house expert for each new competency area. This person may: serve as the go-to when staff have questions, be observed by new learners, observe new learners, be in charge of sign-offs.



Talking to Staff About Abortion

Clinicians who want to add MAB care to their health center's practice often wonder how to discuss this subject with staff and colleagues whose views on abortion are unknown. The best approach will vary depending on many factors - how well you know your staff, how well they know you, people's personal beliefs, people's personal and professional experience with abortion, the political climate, and so on.

If there are colleagues who you know or think are supportive of abortion, you can always start by having one on one conversations to gauge their interest and support for implementing services. If you are newer to an institution, it may be helpful to do this to gain some organizational history or advice from those who have been there longer.

Another starting point is a Values Clarification Workshop, where staff will be able to:

- Identify the myths and reality surrounding the provision of abortion care in the US and the patients who have abortions
- Identify their own beliefs and attitudes toward the provision of abortion care and toward patients who have abortions
- Separate their personal beliefs from their professional role in the provision of abortion services

Some organizations prefer to do Values Clarification with all staff, regardless of if they will be involved in abortion care or not. Other organizations find it is more effective to do just with the staff directly involved in abortion care. Take into account the size, culture, and bandwidth of your organization.

Another way to gauge how staff feel about providing MAB and what their concerns might be is to send out a staff survey. This can be done on paper or electronically. It can be helpful to give staff dedicated time to fill this out to ensure the data you get is useful. The results of this survey will give you an idea of which areas to focus on when working through implementation.

RHAP has also found it useful to bring up the subject in the context of a hypothetical or real patient case. In addition to focusing on specific examples, there are a number of other reasons patients could benefit from going to their primary care clinician for a MAB that might resonate with clinic staff:

- Patients will not face picketers or harassment outside the clinic
- Patients with an unwanted pregnancy can make their health care decisions with a known, trusted health care system/clinician who knows their medical and social history
- Some studies show that many patients prefer receiving abortion care through their primary care clinician, citing comfort as a key reason
- Patients will have increased continuity of and access to care – sometimes when referrals are made to another system, some patients fall through the cracks
- Patients won't have to travel for abortion care, which can save time and money (travel costs, childcare, time off of work, coordinating logistics, etc.)
- There will be decreased marginalization of and stigma towards patients and abortion providers as abortion is normalized in primary care settings

Hosting trainings that invite all clinic staff to attend are helpful strategies to introduce and continue conversations about abortion care and to train staff. RHAP can also help facilitate

presentations on these topics. Potential topics include:

- Medication Abortion 101
- Updates in contraception, unintended pregnancy, early pregnancy loss (EPL) management, and abortion.
- Public health impacts of limited access to reproductive health services and the safety of abortion. Helpful maps, charts, infographics, and evidence can be accessed through the Guttmacher Institute to help develop presentations.
- Findings from your patient attitude survey or staff attitude survey to guide conversation about MAB care at your health center.
- Information on Early Abortion, including MAB and manual vacuum aspiration (MVA). This initial overview can help demystify the process, support staff in realizing the benefits of abortion access, and help to embrace the possibility of abortion integrated into one's practice.
- Role-play sessions on abortion options counseling, the consent process, and answering common telephone questions. Even if all staff are never formally counseling or obtaining consent, it is important for staff to understand the process because they have contact with patients that the provider does not. Staff should feel empowered to bring any concerns to the provider's attention.
- Gender-affirming abortion care: how can your health center reflect and adapt to become a more inclusive space for non-binary and trans people also seeking abortion care?
- Facilitate a Papaya Workshop with this accompanying role-play to offer staff an orientation and icebreaker to demystify MVA. You can also request RHAP to host a Papaya Workshop at your site.

Safety and Security

Safety and security may be one of the most common concerns shared by your staff. However, we have found safety and security incidents to be **very uncommon** for those providing abortion in primary care. In fact, one of the many benefits of providing this care in primary care is that it is not often on the radar of anti-abortion protestors because it is a small part of the many services you provide.

Your existing safety and security protocols for situations like disruptive patients/partners, active shooter/bomb threats, and IT-related concerns are likely sufficient and applicable to any potential situation you may encounter while providing abortion care. Despite this, it is important to hear and address staff members' concerns, and to have solid safety and security policies and protocols in place - not just for abortion care, but for the health center as a whole.

> Common concerns from staff are about protestors, intruders, angry partners or caregivers, and personal information about staff or patients being made public.

If you are a member of the National Abortion Federation, they offer staff preparedness training, facility and residential security assessments, and law enforcement assistance. The National Clinic Access Project may also be able to provide your organization with security assessments and security procedures. Endora can help with monitoring, on-site support, investigative support, and community outreach. You may also be able to get free security

assessments from your local government, fire department, or law enforcement. College campus health centers can talk to offices of public safety, campus security, and student affairs. These resources will make recommendations on how to best address any potential vulnerabilities found during the assessment.

Staff who are answering phones and making appointments may benefit from training on identifying suspicious calls. Some signs of suspicious calls include:

- Caller refuses to answer questions after multiple repeated attempts, but remains on the line
- Caller asks questions that are framed as false statements or misinformation about abortion

If staff feel they have received a suspicious call, they can place the caller on hold and ask a manager to listen in, or ask for the caller's full name and contact information so that someone can call them back. It can be helpful for staff to have a script to handle these types of calls.

Did you know that there is a federal law that makes it a crime to use force, the threat of force, or physical obstruction to prevent individuals from obtaining or providing reproductive health care services? The extent to which the FACE Act is enforced has varied from administration to administration. Unfortunately, the Trump administration has said it will only enforce this law in extraordinary circumstances. However, there may be state laws in place that offer additional protection for clinics.

De-escalation training is beneficial for anyone working in the health care field. Vision Change Win offers workshops in verbal and physical de-escalation practices and other topics that may be beneficial to making staff feel more secure and prepared in the event of an incident.

Digital Security

Oftentimes, digital security in the workplace focuses more on the organizational level and less on the individuals who work for the organization. However, there are many tactics you can take to help keep yourself and your information safe online:

- Turn off the ad identifier on your phone
- Use Firefox browser for more privacy or Tor for your highest privacy needs
- Utilize tracker blockers for your browser like DuckDuckGo (can also set as your default search engine), Privacy Badger, or uBlock Origin
- Utilize Pi-hole for blocking trackers at the network level
- Utilize Mullvad VPN for privacy (obscures your IP address and doesn't track you)
- Remove your info from data broker websites using services like DeleteMe or Kanary
- Do a threat model and audit of devices and accounts
- Set up two factor authentication and/or multifactor authentication
- Consider a password manager like bitwarden or 1Password
- Use a secure communications platform, like Signal
- Make sure devices and apps are updated

Organizations like The Digital Defense Fund and Access Now provide support, resources, and training on how to best protect yourself and your organization in the digital security space. Thank you to the Digital Defense Fund for providing many of these resources and recommendations!

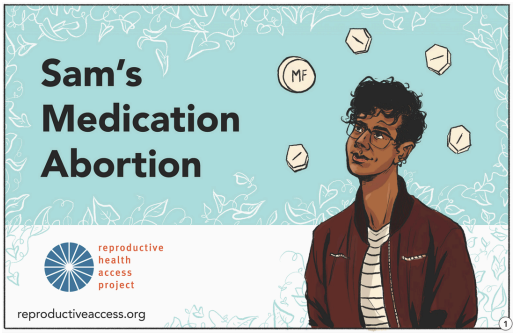
Promoting Services

Organizations often wonder what the best way to let patients know they are offering MAB services, especially if there are safety and security concerns around promoting services publicly. Some elect to not put the information on their website and rely on internal referrals and word of mouth. While others want to get the word out as much as possible by being listed on abortion care websites like abortionfinder.org or ineedana.com in addition to providing information on their own websites. You can also connect with your city or state departments of health to be listed on their abortion care referral platforms, like the New York City Abortion Access Hub.

Other ways you can indicate to patients that you offer MAB care without being overtly public about it is by creating a clinical environment where patients feel comfortable discussing abortion care with you:

- Consider putting up posters that promote respect for patients' pregnancy options, along with all the other health information posters and patient-friendly artwork on the walls of your exam room.
- Place stickers and buttons on your bulletin boards with slogans such as, "Abortion is Essential Health Care" or "Ask Me About Abortion Care".

- Print and pin RHAP's zines or factsheets on abortion care to your bulletin board, or have them available for patients to read while waiting.



- While asking patients about contraceptive practices or sexual history, clinicians can also ask or say something like: "If you ever have an unwanted pregnancy, you can make an appointment with me to talk through all your options, including abortion care if that is what you want."

Signs, stickers, and more from **Shout Your Abortion** available **here!**

Worksheet

Training Needs Assessment and Planning

Having a structure for training current staff and onboarding new staff will help ensure the consistency and quality of care for all patients. Assess staff training needs in the following areas:

- Scheduling appointments and telephone triage
- Telehealth coordination
- Counseling and consent
- Ultrasound training, if needed
- Emergency preparedness and safety
- Sterilization and disinfection
- Fetal tissue questions and disposal, where applicable

Brainstorming for Training

- What will the clinical flow look like from the time a patient makes an appointment to follow-up?

- How will you incorporate training into your onboarding process?

- How will you determine when staff have been sufficiently trained to perform a new role in the clinic? Who will determine this?

- Will you allow current staff to opt-out of participating in MAB care? Will there be a process in place for opting out?

- Do you have current staff with the necessary skills to train new learners, or will you need to bring in external trainers?

Needs Assessment

What roles will be involved in MAB care? It is helpful to think through the steps of the patient's visit, who will be involved, and what competencies you want them to have.

Appointment Making

- How do patients make appointments?
- Which staff are involved in making appointments?
- Think about your ideal workflow. Will the person answering the phone transfer to a specific staff member/team, verify LMP, refer pts to other health centers if over GA limit, discuss potential need for U/S? When a patient calls to make a MAB appt, I want the person answering the phone to:
- What training will staff need in order to be able to do this?
- What job aides will staff need in order to be able to do this?
- Potential concerns?

Pre-Visit Communication

- Will the patient receive outreach prior to the appointment?
- If so, which role will do this outreach and what will they go over with the patient?
- What training will staff need in order to be able to do this?
- What job aides will staff need in order to be able to do this?
- Potential concerns?

Check-in

- Will the check-in process for MAB appointments be any different than other appointments?
- If so, what training will staff need in order to be able to do this?
- If so, what job aides will staff need in order to be able to do this?
- Potential concerns?

Rooming

- Who will room MAB patients?
- Think about your ideal workflow. Will you want the staff that rooms the patient to do any counseling, labs, assess for reproductive coercion?
- What training will staff need in order to be able to do this?
- What job aides will staff need in order to be able to do this?
- Potential concerns?

MAB Visit

- Who will be conducting MAB visits?
- What training will staff need in order to be able to do this?
- What job aides will staff need in order to be able to do this?
- Potential concerns?

Post-Visit

- Will patients be required to make a follow-up visit?
- Will patients utilize the typical after-hours service for post-MAB concerns or will these calls go to a specific group of providers?
- Will someone follow up with the patient after the visit to check-in?
- What training will staff need in order to be able to do this?
- What job aides will staff need in order to be able to do this?
- Potential concerns?

Planning

Now that you have an understanding of what roles will be involved in MAB care, list them out, and brainstorm who will be responsible for training and assessing competencies.

Additional Resources

Abortion 101

- Reproductive Justice 101 Webinar (Innovating Education in Reproductive Health)

Contraceptive Counseling

- Client-Centered Reproductive Goals Flow Chart (Envision SRH)
- Contraception Counseling and Simulation Workshop (IERH)
- Contraception Counseling Training Videos (RHEDI)
- Implementing the Path Model of Person-Centered Counseling (Envision SRH)
- New Contraceptives: Long Awaited Innovations in Pills, Patches, Rings, & Injections Slide Deck (Envision SRH)
- PATH Movies: Contraceptive Counseling Videos (Envision SRH)
- Contraceptive Counseling and Education Checklist (Reproductive Health National Training Center)
- Patient-Centered Contraceptive Counseling Slide Deck (RHEDI)

MAB Counseling

- Counseling for Pregnancy Ambivalence (IERH)
- Informed Consent, Decision Assessment, and Counseling in Abortion Care (IERH)
- Medication Abortion Checklist (RHEDI)
- Mifepristone/Misoprostol Abortion: Step by Step (TEACH)
- OARS Model: Essential Communication Skills (Reproductive Health National Training Center)
- Reproductive Health Access and Justice - (AMA Ed Hub)

Implementation Support & Technical Assistance

- Access Bridge Fellowship - Emergency Medicine (Access Bridge)
- ExPAND Mifepristone Learning Collaborative (ExPAND Mifepristone)
- Integrate Reproductive Health Initiative (TEACH, CA-based only)
- Medication Abortion Access Program (Essential Access Health)
- Project ACCESS Technical Assistance Program (RHAP)
- Promoting Reproductive Health Care Access on Campus: Implementation Toolkit (American College Health Association Reproductive Rights Task Force)
- Won't Go Back Initiative (University of Washington)

Options Counseling and Referrals

- Decision Counseling for Positive Pregnancy Test Results (IERH)
- Exploring All Options: Pregnancy Counseling Without Bias Video Series (Reproductive Health National Training Center)
- Patient-Centered Pregnancy Options Counseling (RHEDI/IERH)
- Practice Guide for All-Options Pregnancy Counseling (Provide)
- Pregnancy Options Workshops (All-Options)
- Pregnancy Referrals Toolkit (Provide)
- Stigma Training Series (Provide)

Additional Resources

Safety and Security

- Address Confidentiality Programs (Security Positive)
- Clinic Emergency Simulations (TEACH)
- Data Breach Checker (Have I Been Pwned)
- Freaked Out? 3 Steps to Protect your Phone (NY Times)
- Guide to Abortion Privacy (Digital Defense Fund)
- NGO Security Toolbox (Global Interagency Security Forum)
- Provider Security (NAF)
- Safety Risk Assessment Tool and Toolkit (The Center for Health Design)
- Shira (Horizontal)

Self Managed Abortion (SMA)

- If/When/How
- Self Managed Abortion (RHAP)
- Self Managed Abortion FAQs (RHAP)
- When Abortion is Not Available: Caring for Patients After Self-management of Abortion (IERH)

Telehealth

- Telemedicine for Medication Abortion (Innovating Education in Reproductive Health)

Triage

- Guide to Phone Triage: After Hours Medication Abortion (RHAP)
- Management of Side Effects and Complications in Medical Abortion: A Guide for Triage and On-Call (National Abortion Federation)
- Triaging Medication Abortion Related Calls Video (RHAP)

Ultrasound

- Methods for Estimating the Due Date (ACOG)
- Pre Abortion Evaluation (TEACH)
- Ultrasound Course (University of Washington Medicine)
- Ultrasound Teaching Tools (Association for Medical Ultrasound)

Values Clarification

- Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences (Ipas)
- Challenging Patient Encounters Digital Module: Family Planning and Abortion (IERH)
- Conscientious Refusal: A Workshop to Promote Reflective and Active Learning of Ethics, Communication Skills and Professionalism (Innovating Education in Reproductive Health)
- IMPACT Program (ACOG)

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Clinical Workflow & Patient Education

Learning Objectives

- Develop clinical protocol for MAB care at your organization, including indications for ultrasound, referral processes, and telehealth workflows
- Determine who patients will contact for questions after-hours
- Design EHR template and patient education materials for MAB visits

MAB Protocol

Your clinical protocol will define and standardize the clinical workflow for MAB care at your health center (ie. how many office visits are needed for the service, what pre-procedure lab work is needed, what supplies and medications are required onsite vs. by prescription, who is identified as an emergency back-up, etc.). Below are several sample clinical policies for MAB:

- Protocol for Medication Abortion Using Mifepristone and Misoprostol (includes regimens for various routes of misoprostol and guidance on providing MAB care without ultrasound)
- Protocol for Medication Abortion Using Misoprostol Alone
- Other Misoprostol-Only Clinical Protocols (by Gynuity Health Projects, Ibis Reproductive Health, Society of Family Planning, the World Health Organization, and others)
- Telehealth Care for Medication Abortion Protocol and Workflow

Ultrasound

Make sure to develop a policy for pre-abortion early dating ultrasound referrals if needed (i.e. indications, location of ultrasound on-site versus off-site, etc.). Ensure clinical policies standardize the provision of services while considering state laws and regulations in place. Guttmacher Institute provides detailed and up-to-date information on abortion restrictions in every state.

It is *not* necessary for a health center to have an ultrasound machine in order to offer MAB. This RHAP resource on Indications for Sonography for Medication Abortion provides a list of absolute indications for using an ultrasound for MAB.

Acquiring hands-on ultrasound training can be a challenge. Companies like Sonosim, APCA, GUSI, and Ultrasound for WH Providers offer training for various skill levels and specialties.

After-hours and Back-up Care

Many organizations utilize external after-hours call centers or care lines. If this is the case for you, it is best to check with the company to understand if they are equipped to handle calls from MAB patients. They may require training or job aides. Some organizations elect to work with their current after hours service to provide this training, others prefer to develop a call system staffed with their own MAB clinicians.

If you are a small team, consider your ability to rotate on-call clinicians and/or nurses who are part of the abortion care team who can be responsible for receiving after-hours calls from MAB patients. This could involve setting up a pager, Google Voice number, or Signal chat that the patient would be instructed to call if they cannot reach the clinic. This will depend on volume, capacity, etc. Well-counseled patients are less likely to need after hours support, so take that into account when developing your clinic workflow.

As a back-up resource, patients can also be provided with the number for the M+A Hotline, which is staffed by clinicians to provide confidential and free support and resources to people managing their abortions or miscarriages. However, this hotline is meant to be for patients who do not have access to a trusted clinician, so consider this option as a last resort as the Hotline's clinicians will not have access to your patient's medical history and will not be able to communicate back to you as the care provider.

In most cases, you do not need to have a written agreement with a referral site or hospital if a patient requires a higher-level of care. However, it is best practice to connect with the places you will be sending patients to ensure a smooth transition of care and to ensure your patients will be treated with respect in the event they need to receive care outside of your health system.

The Reproductive Health Hotline (ReproHH) can serve as a resource for clinicians. This hotline is staffed by UCSF clinicians who specialize in SRH and can answer clinical questions from all U.S.-based healthcare providers.

Providing MAB care involves a lot of counseling! Do you have clinical support staff, such as nurses or health educators, that can assist with counseling? Even basic pre-visit outreach can help ensure a MAB visit goes smoothly and that the limited time you have to spend with a patient can be best utilized! In general, MAB visits should take around the same amount of time as typical problem or follow-up visits, and less time than procedures or annual visits.

Referrals

There may be times when patients will want or need to be referred out for abortion services. Provide offers a Pregnancy Referrals Toolkit to help improve your organization's abortion referral practices. Unfortunately, a quick internet search for "abortion care" can unknowingly lead patients to Crisis Pregnancy Centers, organizations often run by non-licensed staff that use unethical practices and medically inaccurate information to deter people from seeking abortions. Even to the trained eye, these can sometimes be difficult to identify (see tips on how to do so here). If you are referring patients out, it is best to have a list of known abortion

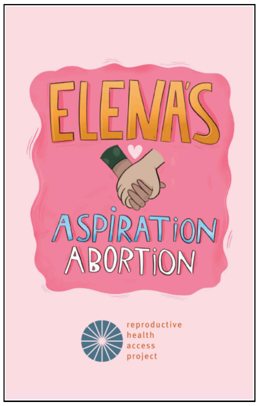
clinics in your area. You can use sites like Abortion Finder or INeedAnA to help build a trusted referral list, as well as find information on costs and financial support, interpreter services, and more.

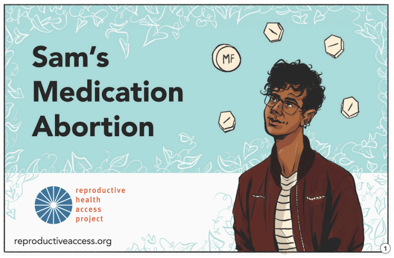
Job Aides, Electronic Health Record Templates, and Patient Education

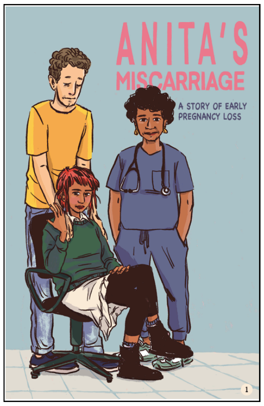
Each health center can and should develop their own MAB clinic materials that meet each site's standards, expectations, and norms as well. Developing EHR templates and/or smart phrases that reflect your protocol can ensure that consistent care is given across clinicians and sites. This can also be useful for new clinicians and learners to ensure they are not missing any steps of the visit. In these templates, you can also link the Patient Agreement Form (Danco/GenBioPro), consent forms and patient education materials.

> RHAP has an expansive library of teaching tools, job aides, patient education materials, posters, and more online.

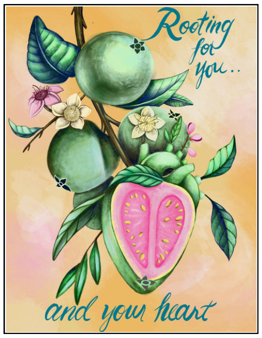
Zines



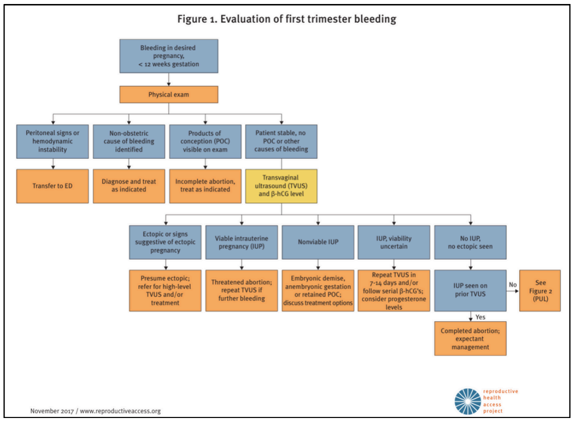




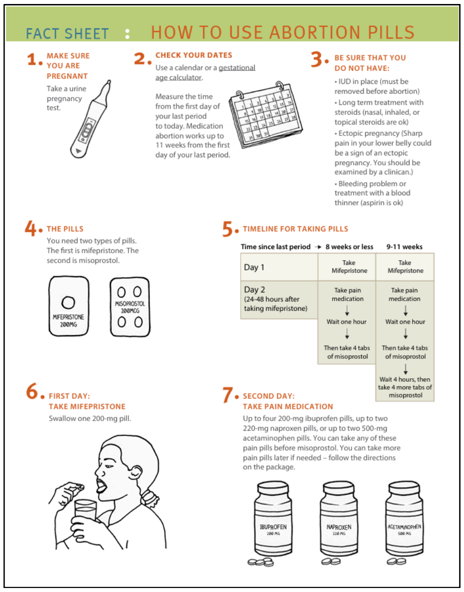
Self-care Card

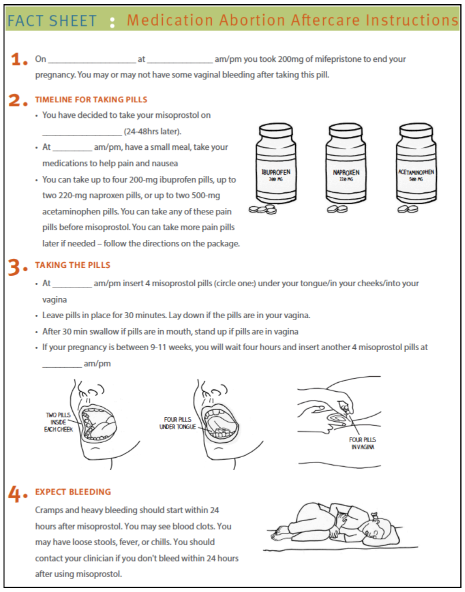


Job Aides



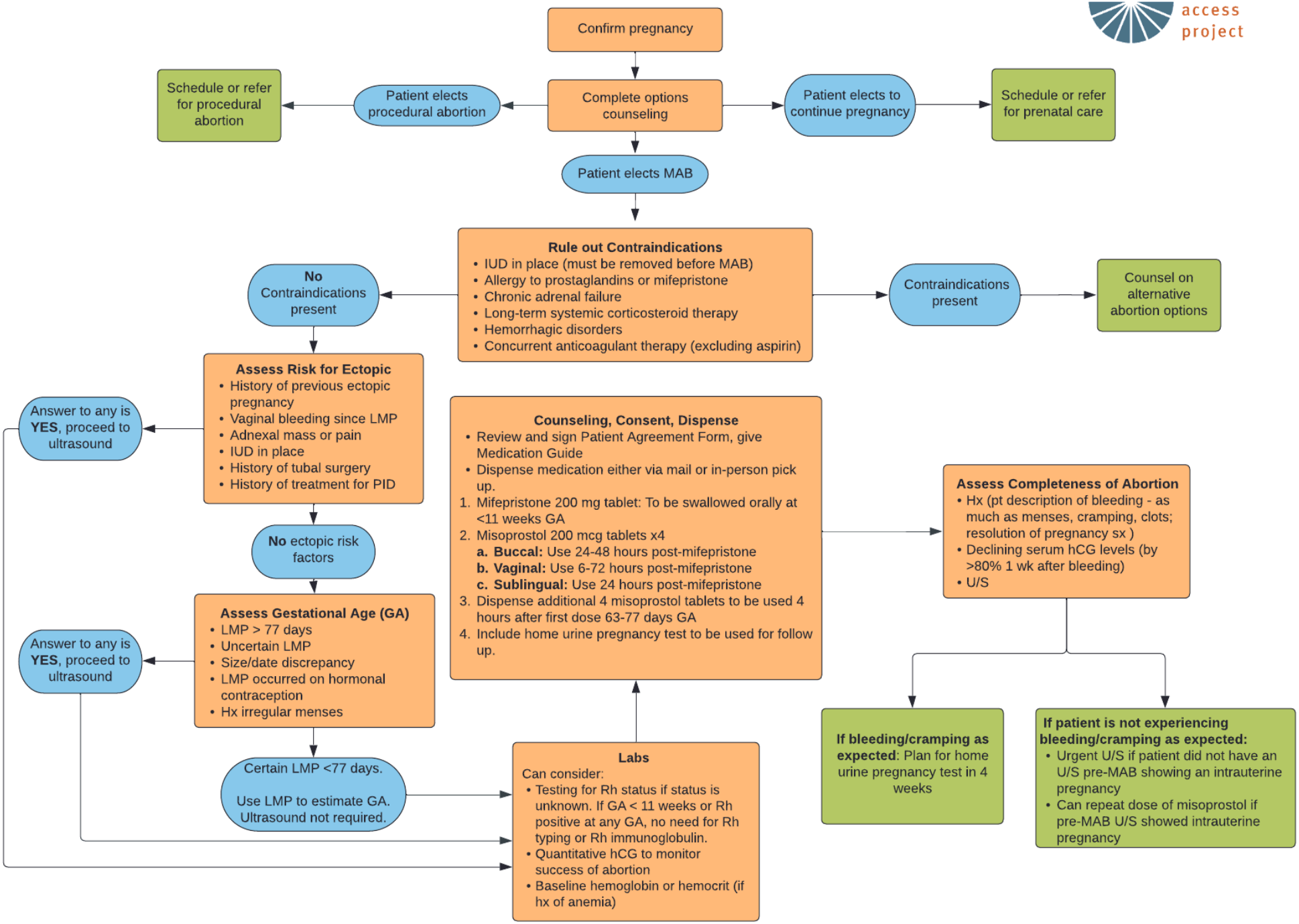
Fact Sheets





Medication Abortion Workflow

reproductive health access project



Worksheet

Clinical Workflow Planning

Re-visit your brainstorming and Needs Assessment from the Preparing Staff chapter. Does the clinical workflow you came up align with your current workflows? Make a note of anywhere the MAB workflow deviates from your current one.

- ☐ Appointment Making
- ☐ Pre-visit Communication
- ☐ Check-in
- ☐ Rooming
- ☐ Visit (Counseling and Medication/Prescription Dispensing)
- ☐ Post-Visit

- Make note of what should be included in your MAB policy, procedure, and/or protocol.

- Review RHAP's sample abortion care protocols. Make any necessary changes to reflect how MAB care will work at your organization.

Additional Resources

- Abortion Defense Network
- Medical Abortion Contraindications and Precautions (Ipas)
- Medication Abortion in the Emergency Department (Access Bridge)
- Protocol for Ectopic Pregnancy Treatment (RHAP)
- Protocol for Pregnancy of Unknown Location (RHAP)
- Ultrasound Chart Form (RHAP)

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Navigating Federal Funding Restrictions on Abortion

Learning Objectives

- Describe federal funding restrictions on abortion, such as the Hyde Amendment and Title X rules
- Explain the cost allocation process necessary to ensure separation between federal funding and funding utilized for abortion care
- Identify potential challenges unique to FQHCs, such as federal property interest, state Medicaid Billing, FTCA, and sliding scale

Introduction

There are many laws, regulations, and statutes that dictate federal funding restrictions on abortion care. The information presented in this chapter reflects the rules to date at time of publishing and focuses on organizations that receive federal funding under Title X and/or Section 330 of the Public Health Service Act. However, in today's political landscape, such regulations can shift rapidly and/or be interpreted with greater scrutiny. If your organization operates in a state that has imposed further abortion restrictions or prohibitions, your organization's ability to provide abortion services may be subject to unique, separately enforceable state restrictions and enforcement risks, which fall outside the scope of this chapter. These materials do not constitute legal or accounting advice. If legal assistance or other expert assistance is required, the services of a competent professional with knowledge of your specific circumstances should be sought.

For many FQHC administrators, concerns about integrating MAB care have less to do with objections to the service, and more to do with the financial compliance challenges created by restrictions on federal funding and abortion. It is a common misconception that FQHCs cannot provide abortions. In reality, the restrictions that health centers face regarding abortion are on their federal funds, not on the institution as a whole.

The restrictions that health centers face regarding abortion are on their federal funds, not on the institution as a whole.

Any services that fall outside of the health center's HRSA-approved scope of project are considered "other lines of business" or "out of scope services". It is completely allowable to provide these services as long as they do not utilize Health Center Program funding or related federal program benefits.

Regulations and Restricted Programs

The Hyde Amendment

If you work at an FQHC and have interest in providing abortion, you have likely heard about the Hyde Amendment. It is a statutory provision that has been renewed annually since 1976 as a rider to the Congressional appropriations bill for the U.S. Departments of Labor, Health and Human Services, and Education, and related agencies. The Hyde Amendment prohibits expending federal funds received through these programs from supporting abortion services in all but narrow circumstances.

FQHCs receive federal funds under Section 330 of the Public Health Services Act to cover costs incurred within the FQHC's defined Scope of Project, which may include operational costs (e.g., direct clinical services, general and administrative costs, and entering new contracts with insurers) and capital costs (e.g., facilities, including construction and improvement costs, equipment, and information technology). While the Hyde Amendment prohibits FQHCs from utilizing Section 330 funds to cover costs incurred in providing abortion services, no law, regulation or express agency guidance prohibits FQHCs from furnishing abortion services, provided that such services are carried out as "other lines of business".

Title X

Many health centers, including some FQHCs, also receive Title X funding from the federal government which is specific to family planning services. As with 330, Title X funding is prohibited from supporting or paying for the cost or provision of abortion services. Relevant Title X rules have shifted from administration to administration. The first Trump administration instituted a "gag rule" that prohibited grantees from referring patients for abortion services and/or having abortion services co-located with family planning services (e.g., the physical separation requirement). The Biden administration issued regulations to reverse this ruling, removing the physical separation requirement and requiring grantees to provide nondirective counseling for all pregnancy options - including abortion, and to refer for abortion services if that is what the patient elects. It is important to remain aware of any such changes to the Title X program, which should be communicated to you through your Title X grantor or the Department of Health and Human Services (HHS).

Other Federal Programs and Benefits

FQHCs are reimbursed using what is called a **Prospective Payment System (PPS) rate**, which allows them to bill for services within their 330 scope of project at a higher rate than the traditional fee for service (FFS) Medicaid rate. Out of scope services cannot be reimbursed using the PPS rate. FQHCs in some states may be able to bill for abortion services using the FFS rate. For example, California's Medi-Cal program has resolved this issue and provides FQHCs, Rural Health Clinics, Indian Health Services, and Tribal FQHCs an option to be reimbursed at a fee-for-service rate for abortion services. Please see additional state-based information in **Appendix B**. You can reach out to your state Medicaid office to determine your options for billing abortion at a FFS rate, and work with your Billing Department to ensure you have the systems in place to do so.

The 340B Drug Pricing Program allows eligible organizations to purchase prescription drugs at discounted prices. This program cannot be utilized to purchase prescription drugs utilized in abortion care or other out of scope services at an FQHC. However, it is likely that FQHC clinics and pharmacies that participate in the 340B program can still dispense mifepristone and misoprostol, so long as they are purchased using a non-340B account with non-federal funding. The distributor can assist you with setting up a non-340B account. In-house pharmacy dispensing must be accounted for in cost allocation plans, and not implicate federal property interest or other federal benefits associated with your FQHC-status.

The National Health Services Corps Program (NHSC) supports clinicians that work in areas with significant health professional shortages through scholarships and loan repayment programs. Time spent providing out of scope services at an FQHC, like abortion, does not count toward NHSC service credit.

Most providers who work at FQHCs are eligible for liability protections under the **Federal Tort Claims Act** (FTCA) for medical, dental, and surgical services that fall within their health center scope of project. Generally, any services an FQHC provides that are not included in their scope of project are not covered under FTCA. However, many health centers have gap insurance or wrap-around insurance in place to cover activities outside the approved scope of project, like deliveries at the hospital or surgery.

As an FQHC, you are required to offer a **sliding scale,** which is a schedule of discounts that adjusts the amount a patient owes for health care services based on their ability to pay. As this is a benefit provided by HRSA and supported with federal funding, you cannot offer a sliding scale for MAB visits using the system you already have in place. However, you can come up with a similar system to offer to patients so long as it is not supported by federal funds.

The Health Center Teaching Grant is awarded to health centers in community based settings with a focus on rural and underserved communities. Funding is applied for and awarded each academic year. Recipients of this funding must ensure that if a provider whose salary and/or benefits are supported by the grant is participating in abortion provision, this is accounted for in the health center's cost allocation plan.

Other Federal Funding

If you receive other types of federal funding (e.g. NIH, Ryan White, SAMHSA), there may or may not be rules in the program manual that mention restrictions on abortion. In the absence of rules, you should operate under the assumption that the funding prohibitions created by the Hyde Amendment apply to any funding you receive through the Departments of Labor, Health and Human Services, and Education, and related agencies.

Cost Allocation

You will need to accurately calculate all direct and indirect costs used to provide abortion services, and ensure you have non-federal funding to cover those costs. There are a variety of acceptable cost allocation methods to do this (FTE or staff time, usable square footage, number of patients served, "units" of services).

Does your health center have a way to track certain costs associated with certain grants? Think of this similarly, but instead of a grant, it is your "abortion cost center". What works best for your health center will depend on size, volume, service delivery model, your current cost allocation systems and grant management strategies, and a number of other factors.

While it can be tedious to go through and identify the direct and indirect costs of providing care, HRSA will want to see these documented in writing. Doing this now can also help you estimate the cost of providing services.

The Code of Federal Regulations, which outlines regulations for federal programs, provides definitions for many of the terms used in cost allocation:

- Direct costs: "those costs that can be identified specifically with a particular final cost objective, such as a Federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy." In other words, an expense that can be directly attributed to the cost of providing abortion care like employee compensation and benefits, and supplies and space.
- Indirect costs: "those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective." While it can sometimes be difficult to determine what are direct vs. indirect costs across all health centers, "typical examples of indirect cost for many nonprofit organizations may include facilities (depreciation on buildings and equipment, the costs of operating and maintaining facilities), and administration (general administration and general expenses such as the director's office, accounting, personnel, and all other types of expenditures not listed specifically under one of the subcategories of "Facilities") general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration, and accounting."

The more accurately you can measure the direct and indirect costs of providing care, the better. For example, while facilities are considered an indirect cost, you may benefit from separating out direct and indirect facility costs. If your health center has multiple locations, you can calculate the direct facility cost using the square footage of only the building that MAB care is provided in and the indirect facility cost using the square footage of all health center buildings combined (see example 1). This also ensures

Steps to Cost Allocation

1. Identify "Fully-Loaded Costs" relating to the provision of abortion services, including:
   - Direct Costs: Employee compensation and benefits, supplies
   - Indirect Costs: Facilities, administration
2. Determine cost allocation method(s): FTE or staff time, usable square footage, number of patients served, "units" of services (charges, visits/encounters, RVUs) and then set up systems
3. Secure sufficient funding for abortion services
4. Continuous review and audits

you are not overpaying your abortion cost center - reducing the burden of locating non-federal funding to support this service. Many payroll, ordering, and accounting systems are interoperable, which makes tracking certain costs less time consuming and less prone to human error.

If you would like to see a sample cost allocation policy and procedure, which explains many different cost allocation options and can be used as a starting point to develop your own policy, please reach out to program@reproductiveaccess.org.

Cost Allocation Examples

Please note: these examples are for educational purposes only. They may not encompass all the costs of operating your health center, provide accurate estimates of your health centers budget, or showcase the best cost allocation method for your health center. A qualified accountant with expertise in cost allocation methodology should develop and approve your cost allocation plan.

Example 1

MAB services are provided one day a week by one clinician and one medical assistant. The health center is open 5 days a week. Staff use a distinct "abortion" code when filling out their time cards, which allows the direct cost of labor, benefits, and labor to be calculated accordingly and brought into the appropriate cost center in the general ledger. Below are the steps to calculating the monthly direct and indirect cost of providing abortion care.

Step 1. Calculate the direct cost of labor

The cost of labor can be calculated using the formula:

% of time providing abortion care*cost of labor

In this example:

- Time spent providing abortion care (1/5 days a week) = .2
- Overall cost of labor = 34,083

.2 X 34,083 = 6,816.6

The monthly direct cost of labor is $6,816.60.

Role	Monthly Overall Cost
MAB Clinician Salary	16,667
Benefits	2,000
Taxes	8,000
Medical Assistant Salary	4,167
Benefits	1,250
Taxes	2,000
Total	**34,083**

Step 2. Calculate the direct cost of supplies

In this example, all the supplies used for MAB are ordered separately from other medical supplies, so the cost is easily tracked. **The supply cost is $2,000.**

Step 3. Calculate the direct facility cost

Because services are provided one day a week (20% of the 5-day week) in one room, you can calculate the facility costs using the formula:

(20%*(sq. footage of room / sq. footage of clinical site))*facility cost

In this example:

- Sq footage of room=100
- Sq footage of facility=20,000
- Facility cost=$30,000

.2*(100/20,000))*30,000=30

The direct facility cost is $30.

Example 1 (cont.)

Step 4. Calculate the indirect cost of labor (General and Administrative cost)

You will want to account for the cost of labor and facility cost of any staff indirectly involved in care. These roles should be listed out in your cost allocation policy. For example, CEO, Accounting Department, Medical Director, etc. Roles that do not interact with abortion services in any capacity do not have to be accounted for.

You can calculate the indirect labor cost using this formula:
(abortion visits/visits for whole health center)*salaries of staff indirectly involved

In this example:
- Abortion visits=25
- Visits for the whole health center=1,000
- Salaries of staff indirectly involved=$60,000

(25/1,000)*60,000=1,500

The indirect labor cost is $1500.

Step 5. Calculate the indirect facility cost (General and Administrative cost)

You can calculate the indirect facility cost using this formula:
(Sq footage of offices for staff indirectly involved/sq footage of admin offices)*admin office facility costs

In this example:
- Sq footage of offices for staff indirectly involved= 800
- Sq footage of administrative offices=10,000
- Administrative office facility costs=$10,000

(800/10,000)*10,000=800

The indirect facility cost is $800.

Step 6. Add all direct and indirect costs togeter

6,816.60+2,000+30+1,500+800=11,146.6

The monthly overall cost of providing abortion care is $11,146.60.

Example 2

For many health centers, it is not feasible to block off entire sessions for staff to provide MAB. Especially if MAB appointments are dispersed throughout the week, it can be a challenge for staff to fill out time cards accordingly. While recording hours is the gold standard for cost allocation, this can also be done by volume of appointments, assuming MAB appointments take up about the same amount of time as other appointments.

In this example, MAB services are provided by a team of 5 clinicians and 5 medical assistants. Each clinician has their own exam room. This month, 2 of the team's 900 appointments were abortion appointments.

Step 1. Calculate the direct cost of labor

The cost of labor can be calculated using the formula:

(Number of abortion visits/number of total visits)*cost of labor

In this example:

- Number of abortion visits: 2
- Number of total visits: 900
- Overall cost of labor: 170,417

(2/900)*170,417=378.704

The monthly direct cost of labor is $378.70.

Role	Monthly Overall Cost
MAB Clinician Salaries	83,333
Benefits	10,000
Taxes	40,000
Medical Assistant Salaries	20,833
Benefits	6,250
Taxes	10,000
Total	**$170,417**

The remainder of the costs (Steps 2-5) can be calculated similarly to Example 1, using (number of abortion visits/number of total visits) instead of the percentage of time and effort.

Example 3

MAB services are provided by multiple clinicians, and do not have a set day or designated staff. On their timesheets, all staff record time spent working on abortion care. This allows their payroll system to measure the **direct costs** of labor (salaries, fringe benefits, payroll taxes). Each month, they use the timesheet information to calculate the % of time and effort staff spent working on abortion care, and use this as the basis for cost allocation for **facility costs**. All **pharmacy supplies** are ordered and charged directly to the abortion cost center. Because it is impractical to separately order and store certain shared supplies, such as table paper, gloves, cleaning wipes, they use a per unit charge for an "exam room kit" multiplied by the number of abortion visits completed that month. **General and administrative** costs are calculated using their federally negotiated indirect cost rate, which is an organization-specific approved rate that determines what proportion of indirect cost each cost center should bear.

Example 3 (cont.)

Step 1. Calculate the direct cost of labor

To get these numbers for Clinician 1, first find the % of time spent on abortion care vs. non-abortion care:
% of abortion care hours = (5/160)*100
= 3.125%

Then, apply that % to the monthly salary, benefits cost, and taxes cost.
3.125%*13,000=**406.25** 3.125%*2,000=**62.50** 3.125%*4160=**130**

Repeat these steps for all staff members.

Staff	Non-Abortion Care Hours	Abortion Care Hours	Total Hours	Monthly Salary	Salary Costs for Abortion	Monthly Benefits Cost	Benefits Costs for Abortion	Monthly Taxes	Taxes Costs for Abortion
Clinician 1	155	5	160	13000	**406.25**	2000	**62.5**	4160	**130**
Clinician 2	158	2	160	13000	**162.5**	2000	**25**	4160	**52**
Medical Assistant 1	156	4	160	4000	**100**	2000	**50**	880	**22**
Medical Assistant 2	159	1	160	4000	**25**	2000	**12.5**	880	**5.5**
Scheduler	156	4	160	4000	**100**	2000	**50**	880	**50**
Nurse	156	4	160	7500	**187.5**	2000	**50**	1650	**41.25**
Totals					**981.25**		**250**		**300.75**

Add all costs together:
981.25+250+300.75 = $1532

The monthly direct cost of labor is $1532.

Example 3 (cont.)

Step 2. Calculate the direct facility costs

First, calculate the average percentage of time and effort spent working on abortion care for all staff members directly involved in care.

Then, calculate the average percentage of time and effort spent working on abortion care for all staff members directly involved in abortion care.

Staff	Non-Abortion Care Hours	Abortion Care Hours	Total Hours	% Non-Abortion Care Hours	% Abortion Care Hours
Clinician 1	155	5	160	96.875	3.125
Clinician 2	158	2	160	98.75	1.25
Medical Assistant 1	156	4	160	97.5	2.5
Medical Assistant 2	159	1	160	99.375	0.625
Scheduler	156	4	160	97.5	2.5
Nurse	156	4	160	97.5	2.5
Average % Time and Effort					**2.083**

Next, use that percentage and monthly overall facility costs to calculate the direct facility cost to provide abortion care.

	Cost	% of time and effort	Abortion Care Facility Costs
Occupancy	4000	2.083	83.32
Maintenance	1000	2.083	20.83
Utilities	1000	2.083	20.83
Miscellanous	6000	2.083	124.98
Total			**249.96**

The direct facility cost is $249.96.

Example 3 (cont.)

Step 3. Calculate the direct cost of MAB pharmacy supplies.

In this example, they use invoices/order history.

The monthly MAB pharmacy supply cost is $630.

Invoice 1	400
Invoice 2	230
Total	**630**

Step 4. Calculate the cost for medical supplies.

In this example, they do this by multiplying the number of MAB visits (7) by a previously determined "exam room kit" fee of $7.80.

7*7.80= 54.60

The monthly medical supply cost is $54.60.

Step 5. Calculate General and Administrative costs.

In this example, they use their federally negotiated indirect cost rate of 13%, and apply this to all other costs associated with abortion care.

Total Costs of Step 1-4:
1443.75 + 249.96 + 630 + 54.60 = $2378.31

Indirect Cost Rate Calculation:
2378.31*13% = $309.18

Step 6. Add all costs together.

2378.31 + 309.18 = $2687.49

The monthly cost of providing abortion care is $2687.49.

The abortion cost center in the general ledger is updated to reflect this. All calculations and reports are documented.

To cover the cost of your abortion cost center, your clinic may have revenue streams, such as grants, state funding, or revenue from other out of scope services (also known as "other lines of business") that do not restrict the type of services you can provide to your patients. There are also many instances where you can bill insurance or state Medicaid programs and be reimbursed for abortion services. You will need a system in place to ensure those reimbursements can be accurately counted and applied to your abortion cost center (like sending MAB billing out under a separate location, running reimbursement reports, etc).

Given MAB will likely be a small percentage of your organization's visits, the cost of providing care should not be excessive. However, it can be difficult to estimate and will also be impacted by state Medicaid coverage for abortion and the variability in reimbursement rates for MAB care. Mifepristone is typically reimbursed at cost if you are dispensing on site. The other medications needed for MAB (eg. misoprostol, ibuprofen) are inexpensive and billable.

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:

- 45 CFR Part 75 covers Federal Cost Principles for Generally Accepted Accounting Principles (GAAP) for private non-profit health centers or Government Accounting Standards Board (GASB) principles for public agency health centers.
- HRSA Health Center Program Compliance Manual
  - Chapter 15: Financial Management and Accounting Systems
  - Chapter 17: Budget
- National Association of Community Health Center's Federal Law Requirements for Women's Reproductive Health Services at Health Centers provides federally-funded health centers with information regarding federal rules, regulations and statutes related to the provision of reproductive health services. Their Women's Reproductive Health Services: Sample Policy and Procedure is a sample policy and procedure that health centers may wish to review to ensure that their relevant policies and procedures are up to date with the current federal requirements addressed in the compendium above.

RHAP has created many resources to assist organizations in understanding and navigating the restrictions imposed by federal law on the use of federal funding to provide or facilitate the provision of abortion services.

- Administrative Billing Guide: guidance on setting up administrative systems to provide abortion care in sites that receive Title X, Section 330 and other federal funding.
- Guidelines for General Ledger Recordkeeping for FQHCs: these guidelines are intended to be in compliance with the requirements of 45 CFR Part 75 and address the development of cost centers for activities outside of the Health Center's Section 330 grant.
- Practical Guide on How to Provide Abortion Care at FQHCs and Title X Health Centers: designed as a practical, step-by-step overview, the guide is intended to address regulatory compliance concerns and other challenges faced by family planning agencies, federally qualified health centers and other organizations that receive federal funding under Title X and/or Section 330 of the Public Health Service Act when they elect to offer abortion services

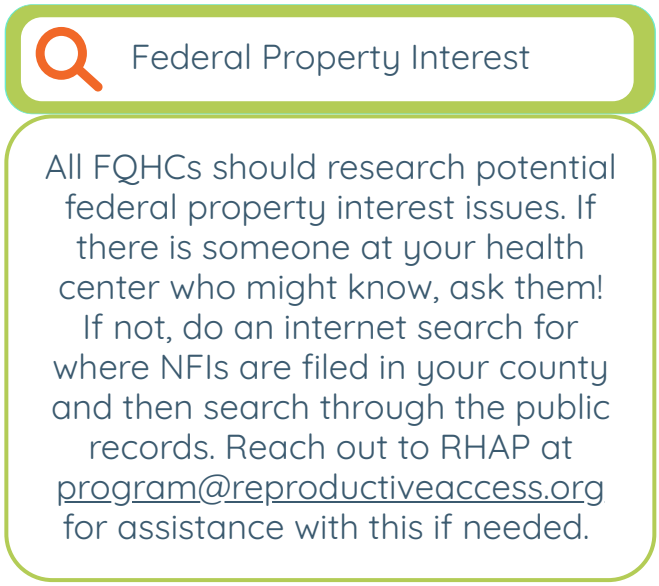
Federal Property Interest

Federal property interest is the federal government's share in a property, based on the federal funding that went towards acquiring or upgrading it. It dictates that the property may not be used for any purpose "inconsistent with the statute and any program regulations governing the award under which the property was acquired". In other words, because the Hyde Amendment applies to the HHS, it also applies to any real property built with HHS funds.

Depending on the level of record keeping at your health center, it can be difficult to determine if your health center has federal interest attached to it. However, there will be a document called a **Notice of Federal Interest (NFI)** on file, typically within the county your facility is located. In every state except Hawaii, NFIs are filed in the county or district office in which the facility is located - typically the County Court Clerk, Probate Office, or the Register of Deeds. In the State of Hawaii, NFIs are filed with the State Department of Land and Natural Resources, Bureau of Conveyances.

You will also want to look for a **UCC lien**, a legal form that a lender or creditor files to give notice that they have interest in a specific property. While these are typically associated with private creditors or loans as opposed to the federal government, it is worth checking to be safe. UCC liens are typically filed with a state's Secretary of State Office. It is advisable to do a full review of your financial records for any other federal funding utilized to upgrade or expand the facility, or even to purchase equipment.

There are potential solutions based on your health center's specific situation. Details, like how the federal interest was created, the underlying application for the funding, and the filed notice of federal property interest are extremely important when assessing federal interest issues, so you will want to locate those documents and seek qualified legal advice around this topic. If you have determined the federal interest in your buildings does exclude you from providing abortion in those buildings, some solutions may be using telehealth, mobile services, or leasing a separate facility. It will be important to have a lawyer review everything and advise you on what is allowable.



Worksheet

Brainstorm MAB Costs

When advocating for adding MAB to your health center's services, you will likely get the question, "How much will this cost?". While it is difficult to estimate, it will be beneficial to have a ballpark number that you can provide with an explanation of where you got that number.

- Brainstorm costs
  - List out the staff that will be directly involved in MAB care.
  - List out the supplies used during a MAB visit, and costs if you have them.
  - List out the space that will be utilized for MAB visits (ie. how many exam rooms do MAB providers utilize)
  - List out the staff that will be indirectly involved in MAB care. For example, financial staff that will run monthly cost reports, nursing staff who will do pre-visit outreach or follow-up, patient services staff that will schedule appointments.
  - List out the space that will be utilized by the staff indirectly involved in MAB care.
- Estimate volume of MAB visits. How many patients have you referred out for abortion care?
- Determine potential for reimbursement, and if so, the amount. Here is a list of states that cover MAB using their state Medicaid funds, along with reimbursement rates.
- Brainstorm other sources of revenue (local abortion funds, grants, ideas for fundraising campaigns).

Additional Resources

- 2021 Revision to 2019 Title X Regulations (HHS)
- Application of the Hyde Amendment to the Provision of Transportation for Women Seeking Abortions (Department of Justice)
- California Abortion Access and the Role of The FQHC (Deborah J. Rotenberg)
- Code of Federal Regulations
- 2 CFR Part 200 (see 200.316, 200.1, 200.311)
- Compliance Manual (HRSA)
- Cost Allocation Methodology Best Practices (UCSF Controller's Office)
- FAQ: Federal Interest in Real Property (HRSA)
- FAQs On Integrating Abortion Into Community Health Centers (RHAP)
- Grants Policy Statement (HHS)
- Health Center Program Site Visit Protocol (HRSA)
- OMB Circular A-122, Cost Principles for Non-Profit Organizations (Office of Management and Budget)
- OMB CIRCULAR A-87 REVISED | The White House (Office of Management and Budget)
- Policy Information Notices (PINs) and Program Assistance Letters (PALs) (HRSA)

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Sustainability

Learning Objectives

- Explain the elements of sustainability and how they apply to sustaining MAB services
- Develop a plan to ensure sustainability of MAB services once implementation is complete

Introduction

Change is hard. Organizational change is even harder. You must apply as much effort to sustaining new services like MAB as you did implementing them. Fortunately, there are many strategies, tools, and resources to support you in this. Sustainability is an effort, it just does not happen by chance!

Elements of Sustainability

Leadership and staff buy-in is one of the biggest predictors of sustained change. Keep people engaged and communicate your progress. Remember, people like to know what the change is, why it's happening, and what the impact will be. No one likes to feel like change is happening to them. Continue to give staff opportunities to provide feedback or ask questions.

You will want **data** to support the continuation of services. Perhaps you want numbers to showcase volume or how many patients attempt to schedule an appointment, but aren't able to get in in a timely fashion. Determine what kind of data you want to collect, and have a system in place to do so. Think of what leadership, staff, and potential donors want to know.

Even once services are up and running, you will want to schedule **regular check-ins** to make sure everything is working well. You can also use this time to do case presentations and brainstorm ways to improve the delivery of MAB services.

Thinking of more in-depth evaluation of new services? Here are two examples of research that was done to evaluate how teleMAB services were going after implementation into one primary care setting.

- Telehealth Medication Abortion in Primary Care: A Comparison to Usual in-Clinic Care
- Telemedicine Abortion in Primary Care: An Exploration of Patient Experiences

Sites that receive large amounts of federal funding or are unable to bill for MAB services will likely need to find additional sources of **funding**. So frequently monitoring your abortion cost center, direct and indirect abortion expenses, your abortion patient volume, and opportunities to increase funding will be important.

While inevitable, you can **plan for staff turnover**. Try to build MAB-related responsibilities into job descriptions, so that when someone leaves, the responsibility does not leave with them. You can also ensure new staff members are prepared to provide MAB care by adding questions to the interview process and/or training to the onboarding process.

Even once you've crossed the finish line of implementation, continuing to assess the sustainability of your MAB services will be essential to ensuring you can continue to offer them safely and effectively.

Worksheet

Sustainability Planning

- **Leadership and staff engagement:** list out opportunities for your team to update leadership and staff on MAB progress (i.e. senior leadership meetings, morning huddles)

- **Data collection:** brainstorm potential data points to collect, and who can help you set up and maintain a data collection system (i.e. volume, demographic data, referrals, patient experience, follow-up calls, completed abortion, etc.).

- **Regular check-ins:** list out potential days/times that your Planning Committee can check-in about MAB implementation, and how often you would like to meet.

- **Funding:** list out internal and external resources where you might be able to obtain additional funding (i.e. state grants, foundations, fundraisers) and what you could use the funding for.

- **Staff turnover:** list any staff roles that you might be able to add MAB-related responsibilities to and list opportunities to incorporate MAB-related training into onboarding for new staff or annual training.

- **Competing priorities:** Are there any other projects happening at your organization that may affect urgency, resources, or capacity? Brainstorm ways you can keep MAB moving forward in the midst of these additional priorities.

Additional Resources

- How to Improve: Model for Improvement (Institute for Healthcare Improvement)
- Model for Improvement: Testing Changes (Institute for Healthcare Improvement)

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Resource Index

Establishing a Planning Committee and Building Buy-in

- Abortion Conversations Toolkit and Resources: National Network of Abortion Funds toolkit on how to lead compassionate conversations about abortion in various settings.
- Demystifing Medication Abortion: Video testimonial series by We Testify and Mayday.Health that features 6 abortion storytellers.
- Ethical Storytelling: Guide from Planned Parenthood on how to ethically share someone's abortion story.
- Patient Attitude Survey: Health centers that are considering adding MAB to their scope of services can use this survey to assess patient attitudes toward abortion.
- Power Mapping: Activity Guide by Human Impact Partners to "assess the power landscape in regards to a specific policy or practice change you're working toward and identify strategic pressure points."
- Saying Abortion Aloud: Resource by Renee Bracey Sherman and the Sea Change Program that outlines research and recommendations for organizations on how to support abortion storytellers.
- Staff Attitude Survey: Health centers that are considering adding MAB to their scope of services can use this tool to assess staff attitudes towards abortion.
- Stigma Training Series: Webinars by Provide that dive deeper into the ways that provider bias and stigma impact specific populations seeking abortion care.
- The Safety and Quality of Abortion Care in the United States: National Academies of Sciences, Engineering, and Medicine's comprehensive review of the safety and efficacy data related to the provision of safe, high-quality abortion services in the United States.
- Values Clarification Workshop Guide: Activity Guide for Values Clarification Workshop facilitators. Includes background information, sample activities, facilitation trips, and resources.

Administrative Logistics

- **Legal and Reporting**
  - Abortion Defense Network: Organization that connects abortion providers and supporters with pro-bono values-aligned attorneys and legal defense funds. Their State Abortion Law Guides for Medical Providers provide clarification, where possible, of the conduct permitted in the states with the most restrictive laws.
  - Abortion Reporting Requirements: Overview from the Guttmacher Institute on state policies and requirements for reporting abortion data
  - Shield Laws for Reproductive and Gender-Affirming Health Care: State law guide from UCLA's Reproductive Health, Law, and Policy that overviews protections offered by each state's current shield law
  - US Abortion Policies and Access: Interactive map from the Guttmacher Institute with details about abortion policies, bans, restrictions, and/or protections, as well as characteristics of state residents and key abortion statistics.
- **Billing and Coding**
  - Billing and Coding for Medication Abortion: RHAP guide on billing and coding for MAB
  - Mifeprex State Payer Policies: Danco web page with state-specific information on how to bill for MAB to various private insurances and Medicaid

Resource Index

Administrative Logistics

- **Mifepristone Prescribing, Ordering, and Dispensing**
  - AMOP: Mail-order pharmacy that dispenses mifepristone.
  - HoneyBee: Mail-order pharmacy that dispenses mifepristone.
  - How to Order Mifepristone: RHAP guide for clinicians and pharmacies in the U.S. on how to become a certified prescriber or pharmacy with additional information on ordering
  - Manifest: Mail-order pharmacy that dispenses mifepristone.
  - Medication Guide: FDA Medication Guide that must be given to any patient that receives mifepristone.
  - Mifeprex Electronic Prescriber Agreement Form: Web page where you can fill out and submit a Prescriber Agreement Form to Danco.
  - Mifeprex Materials: Danco web page with Patient Agreement Form and Medication Guide in English, Spanish, Arabic, Chinese Traditional, French, Haitian Creole, Hindi, and Vietnamese.
  - Mifeprex Page: Danco web page with information, including how to become a certified prescriber and/or pharmacy, for Mifeprex (brand name mifepristone).
  - Mifeprex Pharmacy Agreement Form & Online Form: Danco form to fill out in order to become a certified pharmacy.
  - Mifepristone Electronic Prescriber Agreement Form: Web page where you can fill out and submit a Prescriber Agreement Form to GenBioPro and select pharmacies.
  - Mifepristone Materials: GenBioPro web page with Patient Agreement Form and Medication Guide in English, Spanish, Portuguese, Arabic, Chinese Simplified, Chinese Traditional, Vietnamese, French, Haitian, and Russian.
  - Mifepristone Page: GenBioPro web page with information, including how to become a certified prescriber and/or pharmacy, for generic mifepristone
  - Mifepristone Pharmacy Agreement Form: GenBioPro form to fill out in order to become a certified pharmacy.
  - Mifepristone Pharmacy Directory: GenBioPro web page where you can view a list of pharmacies that distribute mifepristone
  - Pharmacists CARE Initiative: A training program and implementation package for pharmacies to become certified to dispense abortion medications and provide the full range of reproductive health services.
  - Q&A on Mifepristone: FDA web page that includes general information about mifepristone and a Q&A about the Mifepristone REMS program
  - Same Day Pharmacy Directory: Pharmacy Directory from Same-Day Abortion Pills, highlighting locations that offer same-day pick-up
- **Insurance Coverage and Paying for Abortion**
  - Abortion Coverage Under Medicaid: Q&A from National Health Law Program that provides an overview of how the federal government and states cover abortion under Medicaid.
  - National Network of Abortion Funds: Network of abortion funds where you can find a fund in your state, what services each fund can provide, how to contact them, and more.
  - Presumptive Eligibility and Abortion: Legal brief from the National Health Law Program on presumptive eligibility (immediate Medicaid coverage), including list of each state's Medicaid abortion coverage and presumptive eligibility for pregnant people.

- **Insurance Coverage and Paying for Abortion (cont.)**
  - Reimbursement Considerations: Chapter from TEACH's Abortion Training Curriculum on considerations for adding abortion or early pregnancy loss care to your practice. Includes a chart on professional liability insurance options.
  - State Policies on Insurance Coverage for Abortion: Kaiser Family Foundation overview of state policies for abortion coverage in Medicaid, private insurance, and ACA Exchange plans
  - Medicaid Payment Rates for Abortion Services: Issue brief from Kaiser Family Foundation that provides reimbursement rates for abortion services for state Medicaid programs that cover abortion.

Preparing Staff

- **Implementation Support & Technical Assistance**
  - Access Bridge Fellowship - Emergency Medicine: Supports clinical champions within Emergency Departments to implement SRH protocols. They provide training, individual coaching, and collaboration with national professional associations.
  - ExPAND Mifepristone Learning Collaborative: Didactic and technical assistance program to support evidence-based use of mifepristone for early pregnancy loss (EPL) and/or abortion in primary care settings.
  - Integrate Reproductive Health Initiative: California initiative of TEACH to help integrate full spectrum reproductive health — including abortion and early pregnancy loss management — into existing primary care practices.
  - Medication Abortion Access Program: Essential Access Health Program supports the integration of medication abortion (MAB) and/or early pregnancy loss (EPL) management at university student health centers, primary care clinics, federally qualified health centers (FQHCs), and other diverse health settings.
  - Project ACCESS Technical Assistance Program: RHAP's technical assistance program to expand access to comprehensive and high-quality sexual and reproductive health, including medication abortion and early pregnancy loss care, in primary care settings.
  - Promoting Reproductive Health Care Access on Campus: Implementation Toolkit: Guidance from the ACHA Reproductive Rights Task Force to assist its members in ensuring the provision of comprehensive reproductive health care services, offering a broad menu of options to meet the unique needs of diverse campus communities.
  - Won't Go Back Initiative: University of Washington program to mentor and support primary care clinicians and staff to implement or grow abortion and reproductive health services in UW Medicine, the WWAMI (WA, WY, AK, MT, ID) region, and the Pacific Northwest. It is a virtual community with interdisciplinary exchange of expertise, guidance, and feedback.
- **Training, Curricula, and Toolkits**
  - Abortion Course: Collection of video lectures from Innovating Education in Reproductive Health that cover abortion in a public health context, counseling, safety and quality, professionalism, training, and more. Includes the option to create a free account to assign content to learners and track progress.
  - Abortion Provider Toolkit: Guide for Advanced Practice Clinicians (Nurse Practitioners, Midwives, and Physician Assistants) who are providing or would like to provide abortion care.

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- **Training, Curricula, and Toolkits (cont.)**
  - Abortion Training Workshops and Simulations: Workshops from TEACH designed to aid clinical instructors who are teaching abortion care
  - Access, Delivered Toolkit: University of Washington Family Medicine toolkit on integrating MAB services into practice
  - Early Abortion Abortion Training Curriculum: Interactive curriculum from TEACH with tools to train new reproductive health providers to competence
  - MAB Counseling Script: RHAP role-play script for use with 2-3 people that teaches the basic elements of MAB counseling.
  - Office Practice Tools: Tools from TEACH designed to aid primary care clinicians to integrate reproductive health services into their practices including patient counseling tools, clinical tools, and clinic administrative tools
  - Papaya Workshop & Role-play Script: Workshop that utilizes papayas to teach manual vacuum aspiration (MVA), IUD placement, and other GYN skills, with an accompanying role-play script for teaching MVA.
  - RHEDI Curriculum: Mixed method curriculum and tools from RHEDI that include Justice & SRH, Aspiration Abortion, MAB, Contraception, and Options Counseling designed for training residents in Family Medicine.
- **Training - Abortion 101**
  - Medication Abortion 101: RHAP presentation designed for those working in primary care settings to introduce MAB to staff and help facilitate conversation about providing MAB services at your organization.
  - Reproductive Justice 101: IERH, SisterSong, and RHEDI webinar that provides an introduction to the reproductive justice framework, brief history of reproductive oppression, and a deeper understanding of intersectionality.
- **Training - Contraceptive Counseling**
  - Client-Centered Reproductive Goals Chart: Flow chart from Envisioning SRH that is intended to guide discussions regarding reproductive goals and counseling.
  - Contraception Counseling and Simulation Workshop: Workshop from IERH that intends to teach contraception and counseling to 2nd year medical students in a way that prepares them for clinical encounters.
  - Contraceptive Counseling and Education Checklist: Observation tool from RHNTC to provide feedback to new contraceptive counselors or self-assess your own counseling skills.
  - Contraceptive Counseling Skills: A series of videos from Envisioning SRH that demonstrate a range of contraceptive counseling skills.
  - Contraceptive Counseling Video: This video-based learning tool from RHEDI features one patient's series of contraceptive counseling sessions with their physicians.
  - Implementing the PATH Model of Person-Centered Counseling: Slidedeck from Envisioning SRH that introduces the PATH Framework, a person-centered SRH care model.
  - New Contraceptives: Slidedeck from Envisioning SRH that covers innovations in pills, patches, rings, and injections.
  - OARS Model: Skills-based, client-centered model of essential skills for counseling from RHNTC.

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- **Training - MAB Counseling**
  - Counseling for Pregnancy Ambivalence: Video lecture from IERH with lesson plan/facilitator guide on working with ambivalence in pregnancy decision-making.
  - Informed Consent, Decision Assessment, and Counseling: Video lecture from IERH on the abortion consent and counseling process.
  - MAB Checklist: Checklist from RHEDI that walks through the steps of a MAB visit.
  - MAB Step by Step: Chapter from TEACH that provides step by step guide to MAB visit and counseling, including additional details for telemedicine.
  - Reproductive Health Access and Justice: American Medical Association Ed Hub CME course for health care professionals that covers how changes to abortion law impact medical care and training, the latest developments in emergency contraception and how to respond to gender-based sexual and reproductive violence.
- **Training - Options Counseling and Referrals**
  - Exploring All Options: Video series from Reproductive Health National Training Center on non-directive pregnancy options counseling without bias.
  - Pregnancy Options Counseling Certification Training: Essential Access Health's training is a nationally recognized counseling course that teaches participants how to offer unbiased support and assist patients in meeting their immediate reproductive goals.
  - Pregnancy Options Workshop: Facilitated, self-paced, or customized trainings from All-Options on pregnancy, parenting, abortion, and adoption, values clarification, and judgment-free options counseling.
  - Provide: Provide works in partnership with health and social service providers to reduce barriers to care at the intersection of abortion and other stigmatized health care by providing training and support, centering marginalized communities where there is demand and decreased access.
    - All-Options Pregnancy Counseling: Practice recommendations to counsel patients on all pregnancy options.
    - Pregnancy Referrals Toolkit: Toolkit from Provider that includes policies and procedures, pregnancy options counseling scripts and guides, templates and tools, suggestions for hiring and training employees, and visual aides.
    - Resource Library: Includes practice guide, job aides, language resources, posters, and more.
- **Training - Self Managed Abortion**
  - Caring for Patients after SMA: Video lecture from IERH on how to care for and protect patients after an SMA.
  - If/When/How: If/When/How offers technical assistance about state abortion regulations, including self-managed abortion, child welfare and abortion reporting requirements, and how to safely exercise your First Amendment right to speech.
  - Self Managed Abortion: RHAP web page with collection of SMA resources for clinicians and patients.
    - Self Managed Abortion FAQs: RHAP resource that covers common questions and concerns clinicians may hear about SMA and how you can answer patient questions.

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- **Training - Ultrasound**
  - Evaluation of Basic Ultrasound Skills: RHAP form to use to assess a learner's grasp of basic early pregnancy ultrasound skills.
  - Global Ultrasound Institute: Point of care ultrasound training and certification company offering a variety of training and resources.
  - Methods for Estimating Due Date: Committee Opinion from ACOG on methods for accurate pregnancy dating, including measurement guidelines.
  - On-Demand Ultrasound Courses: Association for Medical Ultrasound online learning center.
  - POCUS Certification Academy: Point of care ultrasound training and certification company offering a variety of training and resources.
  - Pre-Abortion Evaluation: Chapter from TEACH that covers when U/S is used and needed prior to an abortion.
  - SonoSim: Point of care ultrasound training and certification company offering a variety of training and resources.
  - Teaching Tools: Curriculum, articles, and resources from the Association for Medical Ultrasound.
  - Ultrasound Course: Online course from University of Washington designed to train health care workers to perform basic pregnancy ultrasound.
  - US For Women's Health Providers: Advanced Practice Clinic focused point of care ultrasound training company.
- **Training - Telehealth**
  - TeleMAB Workflow: RHAP guidance on how to provide MAB to patients remotely.
  - Telemedicine for MAB: Video lecture from IERH that reviews safety data, screening, informed consent, and follow-up for teleMAB.
- **Training - Values Clarification**
  - Abortion Attitude Transformation: Ipas toolkit is a resource for trainers, program managers and technical advisors who organize or facilitate training events and advocacy workshops in the field of sexual and reproductive health.
  - Challenging Patient Encounters: Family Planning and Abortion: IERH Digital Module to help learners develop skills to manage their own judgmental feelings in patient interactions by encouraging empathy, compassion, or acceptance.
  - Conscientious Refusal: IERH workshop to promote reflective and active learning of ethics, communication skills and professionalism.
  - IMPACT Program: ACOG Program that can coordinate training for organizations, including Values Clarification workshops with expert facilitators.
  - Values Clarification Workshop Guide: Activity Guide for Values Clarification Workshop facilitators. Includes background information, sample activities, facilitation tips, and resources.
- **Safety and Security (Physical)**
  - Clinic Emergency Simulations: TEACH simulations that allow clinics to run drills on active shooters, bomb threats, disruptions, hazardous exposures, and fires to ensure staff are prepared in the event of an emergency.

- **Safety and Security (Physical) (cont.)**
  - Endora: Diverse group of activists that provide services such as monitoring extremists, building security plans, providing investigative support, and connecting you to community resources.
  - Freedom of Access to Clinic Entrances (FACE) Act FAQ: NAF document that provides answers to common questions about the FACE Act.
  - National Clinic Access Project: Feminist Majority Foundation Project that has a variety of safety and security services for independent clinics and physicians as well as affiliated clinics, including security assessments and training.
  - NGO Security Toolbox: Variety of security resources on topics like assessment, planning and implementation, incident response, information management, collaboration and coordination, and training. Includes digital security resources as well.
  - Provider Security: NAF web page with resources for abortion providers and facilities
  - Safety Risk Assessment Tool and Toolkit : The Center for Health Design SRA targets six areas of safety (infections, falls, medication errors, security, injuries of behavioral health, and patient handling) as required in the FGI Guidelines.
  - Vision Change Win: Organization that facilitates a range of workshops including de-escalation and developing organizational safety plans and responses.
- **Safety and Security (Digital)**
  - Access Now: Access Now engages on a wide range of topics at the intersection of human rights and technology. They have a digital security helpline and provide grants to grassroots and frontline organizations.
  - Address Confidentiality Programs: State by state guide on address confidentiality programs.
  - Data Breach Checker: Tool to check if your information has been compromised in a data breach.
  - DeleteMe: Service that removes your personal information from data broker websites
  - Digital Defense Fund: Digital security organization for movements for autonomy and liberation. Can provide security evaluations and support for resulting recommendations, training, and support to codify tech security policies and procedures. These services are free to qualifying nonprofit organizations.
  - Disable Ad ID Tracking on iOS: Guide from the Electronic Frontier Foundation on how to disable third-party tracking on mobile devices
  - DuckDuckGo: Free, private search engine
  - Firefox: Preferred Internet browser for privacy.
  - Kanary: Service automatically removes you from Google's search engine and sends removal requests to the worst sites
  - Mullvad VPN: Technology that creates a secure, encrypted connection over the internet and obscures IP address
  - Pi-hole: Network-level ad blocker
  - Prevent Location Sharing: Article from the New York Times with steps to take to reduce your location data shared with companies.
  - Privacy Badger: browser extension that automatically learns to block invisible trackers

- **Safety and Security (Digital) (cont.)**
  - Shira: Tool to learn to better identify and defeat phishing attempts.
  - Two-factor Authentication Directory: List of sites/companies with two-factor authentication.
  - uBlock Origin: Free, open-source as content blocker.

Clinical Workflow and Patient Education

- **Clinical Protocols**
  - Medication Abortion Contraindications and Precautions: Ipas contraindications and precautions for the mifepristone and misoprostol regimen, and the misoprostol-only regimen, with quality of evidence grades for each contraindication.
  - Protocol for Ectopic Pregnancy Treatment: RHAP protocol for patients that have been diagnosed with an ectopic pregnancy and are clinically stable.
  - Protocol for Medication Abortion Using Mifepristone and Misoprostol: RHAP protocol for providing MAB using mifepristone and misoprostol, includes guidance on providing without ultrasound.
  - Protocol for Medication Abortion Using Misoprostol Alone: RHAP protocol for providing a MAB using misoprostol-only, includes guidance on providing without ultrasound.
  - Protocols for Medication Abortion Using Misoprostol Alone: Links to misoprostol-only MAB protocols from various organizations and sources such as: Gynuity Health Projects, How to Use Abortion Pill, IPAS, World Health Organization, National Abortion Federation (NAF), Contraception Journal, and Society of Family Planning.
  - Protocol for Pregnancy of Unknown Location: RHAP protocol to care for patients who have had an ultrasound without visualization of an intrauterine pregnancy and who have an indeterminate last menstrual period.
  - Protocol for Telehealth Medication Abortion Care: RHAP protocol for providing medication abortion care using mifepristone and misoprostol to patients remotely.
  - Protocols for Emergency Department Care: Access Bridge protocols for ED management of EPL, ED management of EPL (misoprostol-only), MAB in the ED, PUL and Ectopic Pregnancy in the ED in States where Abortion is Permitted, PUL and Ectopic Pregnancy in the ED in States with Limiting Abortion Care/Referrals, and Quick Start Contraception Care. (Click “Resources” on sidebar of the landing page).
- **Clinical Support**
  - The Reproductive Health Hotline: Hotline is staffed by UCSF clinicians who specialize in SRH and can answer clinical questions from all U.S.-based healthcare providers.
- **Consent Forms**
  - Medication Abortion Consent Form
  - TeleMAB Consent Form
- **Crisis Pregnancy Centers**
  - Crisis Pregnancy Centers: ACOG Issue Brief on how to recognize/avoid crisis pregnancy centers.
  - How to Spot and Avoid Fake Abortion Clinics: RHAP factsheet on how to spot and avoid fake abortion clinics. It provides things to look out for, questions to ask clinics, and resources to help you find judgment-free care.

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- **EHR Templates**
  - EHR Template for MAB Visit
  - EHR Template for U/S
- **Patient Education**
  - Abortion Pills Comparison: RHAP fact sheet that provides a simplified guide for comparing and contrasting using mifepristone and misoprostol together vs. misoprostol alone. Also available in Spanish.
  - Birth Control, Emergency Contraception, and Abortion Pills Comparison: RHAP and Free the Pill fact sheet explains the difference between birth control, EC, and MAB.
  - Early Abortion Options: RHAP fact sheet that compares and contrasts MAB and aspiration abortion procedure. Also available in Chinese (Simplified/Traditional), Spanish, Hindi, and Vietnamese.
  - Emergency Contraception vs. MAB: RHAP fact sheet that explains the difference between emergency contraception and MAB. Also available in Chinese (Simplified and Traditional), Vietnamese, Hindi.
  - How to Use Abortion Pills Fact Sheet: RHAP fact sheet that explains how to use mifepristone and misoprostol for an abortion with simple-to-follow steps and illustrations. Also available in Amharic, Arabic, Chinese (Simplified/Traditional), French, Hindi, Spanish, and Vietnamese.
  - How to Use Misoprostol-only for MAB: RHAP fact sheet that explains how to use misoprostol only for an abortion with simple-to-follow steps and illustrations. Also available in Spanish.
  - Pre-teleMAB Visit Information: Instructions and information to provide teleMAB patients prior to their visit. Also available in Spanish.
  - Sam's Medication Abortion Zine: RHAP evidence-based zine that follows one person's MAB experience. It explains the MAB process, side effects, and when to reach out for help.

FQHCs and Federal Funding

- **Federal Government Rules and Regulations**
  - Code of Federal Regulations: Regulations for executive departments and agencies of the Federal government.
    - Title 2, Subtitle A, Chapter II, Part 200, Subpart A, Acronyms, § 200.1: List of definitions of key terms used in 2 CFR Part 200.
    - Title 2, Subtitle A, Chapter II, Part 200, Subpart D, Property Standards, § 200.311: Real property rules.
    - Title 2, Subtitle A, Chapter II, Part 200, Subpart D, Property Standards, § 200.316: Property trust relationship rules.
    - Title 2, Subtitle A, Chapter II, Part 200, Subpart E: Covers the Cost Principles for federal awards.
    - Title 45, Subtitle A, Subchapter A, Part 75, Subpart E: Covers the Cost Principles applicable to non-Federal entities receiving federal awards from HHS.
  - DOJ Office of Legal Counsel Slip Opinion on Application of Hyde Amendment: Interpretation of the Hyde Amendment on allowability of funds for transportation purposes.

- **Federal Government Rules and Regulations (cont.)**
  - Federal Law Requirements for Reproductive Health at FQHCs: Compendium commissioned by the National Association of Community Health Centers on federal rules, regulations, and statutes related to the provision of reproductive health services.
  - Sample Policy and Procedure: Commissioned by the National Association of Community Health Centers, this sample policy and procedure offers general guidance on applicable federal laws and regulations regarding reproductive health services.
  - HRSA Health Center Program Compliance Manual: HRSA's principal resource to assist health centers in understanding and demonstrating compliance with Health Center Program requirements.
    - Chapter 15: Financial Management and Accounting Systems
    - Chapter 17: Budget
  - HHS Grants Policies and Regulations: Policies and regulations applicable to HHS grants.
    - HHS Grants Policy Statement: Discussion of cost principles applicable to HHS awards starting on page 11.
  - HRSA Policy Information Notices (PINs) and Program Assistance Letters (PALs): Explainers and guidance for FQHC policies and procedures.
  - HRSA Health Center Program Site Visit Protocol: Guide to operational site visits (OSVs) at FQHCs. Includes what they look for and how they assess compliance.
  - HRSA Federal Interest in Real Property FAQ: Overview and FAQ about federal property interest and notices of federal interest.
  - Office of Management and Budget Circular A-122: Establishes cost principles for non-profit organizations.
  - Office of Management and Budget Circular A-87: Established principles and standards for determining costs for Federal Awards for State, Local, and Indian Tribal Governments.
  - Title X Statutes, Regulations, and Legislative Mandates: HHS web page that provides current Title X rules and regulations.
- **Federal Funding, Navigating/Understanding Restrictions**
  - Administrative Billing Guide: RHAP & Abortion Access Project guide that includes FAQ on federal funding restrictions on abortion, discusses Medicaid funding for abortion care, and billing considerations.
  - California Abortion Access and the Role of the FQHC: Article by Deborah J. Rotenberg on establishing other lines of business and overcoming challenges associated with providing abortions at FQHCs.
  - Cost Allocation Methodology Best Practices: UCSF Controller's Office resource on understanding cost allocation methodology. More digestible than regulatory documents.
  - FAQs on Integrating Abortion into Community Health Centers: RHAP answers to FAQs that often come up with staff when starting the process of integrating abortion care into an FQHC setting.
  - Guidelines for General Ledger Record Keeping: Guidelines to set up cost centers for out of scope activities (aka other lines of business) in compliance with 45 CFR 75.
  - Medi-Cal Billing Guidance: Department of Health Care Services memo on how to FQHCs, RHCs, and Tribal Clinics can bill for abortion services.

- **Federal Funding, Navigating/Understanding Restrictions (cont.)**
  - Practical Guide on How to Provide Abortion Care at FQHCs and Title X Health Centers: RHAP guide prepared by Ropes and Gray LLP that reviews regulatory compliance concerns for health centers that receive federal funding and provide abortion services. It highlights various considerations and walks through the steps of establishing a cost allocation plan.

Sustainability

- How to Improve: Model for Improvement (IHI): framework to guide and accelerate improvement work.
- Plan-Do-Study-Act (PDSA) Cycle (IHI): the Plan-Do-Study-Act (PDSA) cycle is a method for learning how the change works in the local environment — by planning it, trying it, observing the results, and acting on what is learned, teams can build their knowledge about the potential of a change to result in improvement in their local context.

Reproductive Health, Rights, and Justice Organizations

- Abortion Defense Network: Organization that connects abortion providers and supporters with pro-bono values-aligned attorneys and legal defense funds.
- Abortion On Our Own Terms: Abortion On Our Terms is a national campaign that uses culture change and advocacy to make safe, effective self-managed abortion accessible to all people without stigma or legal risk.
- Advancing New Standards in Reproductive Health: A collaborative research group at UCSF. ANSIRH researchers evaluate both the positive and negative repercussions of reproductive health policies, help ground conversations in science, and drive legal and legislative change at the local, state and national levels.
- Advocates for Youth: Advocates for Youth partners with young people and their adult allies to champion youth rights to bodily autonomy and build power to transform policies, programs and systems to secure sexual health and equity for all youth.
- American Civil Liberties Union: The ACLU works to ensure that every person can make the best decision for themselves and their family about whether and when to have a child without undue political interference.
- Center for Reproductive Rights: CRR works to protect and advance abortion rights around the world by removing restrictive laws and policies, promoting measures to improve access to safe and legal abortion, and countering efforts to undermine access to abortion care.
- Center for Reproductive Rights: The Center for Reproductive Rights is a global human rights organization of attorneys and advocates working to ensure reproductive rights are protected in law as fundamental human rights for the dignity, equality, health, and well-being of every person.
- Essential Access Health: Essential Access enhances abortion care capacity through training, technical assistance, and fund distribution. Their Medication Abortion Access Program helps integrate MAB in diverse health settings across the country.
- Expanding Medication Abortion Access: EMAA seeks to improve the way the medications prescribed for MAB care are dispensed in the US, to make the process consistent with the medical and scientific evidence, and to meet people's needs.

Reproductive Health, Rights, and Justice Organizations (cont.)

- ExPAND Mifepristone: ExPAND Mifepristone is a didactic and technical assistance program to support evidence-based use of mifepristone for early pregnancy loss (EPL) and/or abortion in primary care settings.
- Guttmacher Institute: The Guttmacher Institute is a leading research and policy organization committed to advancing sexual and reproductive health and rights (SRHR) worldwide.
- If/When/How: If/When/How We imagine a world where every person has the right and resources to make reproductive decisions free from discrimination, coercion, or violence. Their Repro Legal Defense Fund provides financial support for people investigated or fighting charges related to their pregnancy or abortion. Patients can contact their Repro Legal Helpline for answers to legal questions about abortion, pregnancy loss, and birth.
- Innovating Education in Reproductive Health: IERH generates, curates, and disseminates free curricula and learning tools about sexual and reproductive health, including abortion, in order to transform health professions education.
- In Our Own Voice: In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national-state partnership that amplifies and lifts the voices of Black women leaders to secure sexual and reproductive justice for Black women, girls, and gender-expansive people.
- Midwest Access Project/Repro TLC: MAP/Repro TLC improves access to comprehensive reproductive health care by training providers in abortion, miscarriage care, contraception, and pregnancy options counseling.
- National Abortion Federation: NAF unites, represents, serves, and supports abortion providers in delivering patient-centered, evidence-based care. Organizations that provide abortion can become members and can access a wealth of training and resources.
- National Asian Pacific American Women's Forum: NAPAWF builds collective power with AAPI women and girls so that we can have full agency over our lives, our families, and our communities.
- National Health Law Program: NHeLP protects and improves access to health care for low-income and underserved people and works to advance health equity.
- National Institute for Reproductive Health: NIRH is an advocacy organization that fights for just and equitable access to reproductive health care in states and cities nationwide.
- National Latina Institute for Reproductive Justice: Latina Institute centers and amplifies Latine voices to transform the systems and narratives to reclaim our bodies and our lives.
- National Network of Abortion Funds: NNAF is a network of nearly 100 abortion funds, which are grassroots organizations that support people seeking abortion access. Together, they organize at the crossroads of racial, economic, and reproductive justice.
- National Women's Law Center: NWLC fights for gender justice—in the courts, in public policy, and in our society—working across the issues that are central to the lives of women and girls.
- Nurses for Sexual and Reproductive Health: NSRH provides students, nurses and midwives with education and resources to become skilled care providers and social change agents in sexual and reproductive health and justice.
- Physicians for Reproductive Health: PRH organizes, mobilizes, and amplifies the voices of medical providers to advance sexual and reproductive health, rights, and justice.

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Reproductive Health, Rights, and Justice Organizations (cont.)

- Planned Parenthood: PP is the nation's leading provider and advocate of high-quality, affordable sexual and reproductive health care for all people, as well as the nation's largest provider of sex education. Planned Parenthood Action Fund works to advance access to sexual health care and defend reproductive rights.
- Power to Decide: Power to Decide provides trusted, high-quality, accurate information—backed by research—on sexual health and contraceptive methods so young people can make informed decisions.
- Provide: Provide provides free professional training and other technical assistance for health care and social service providers to give medically accurate, informed, and non-judgmental information and referrals for abortion care.
- Reproductive Freedom for All: Reproductive Freedom For All, formerly NARAL Pro-Choice America, has helped lead the charge for over 50 years in the fight for abortion rights, access to birth control, parental leave policies, and pregnancy protections.
- Reproductive Health Initiative for Telehealth Equity and Solutions: RHITES centers equity to bridge gaps in telehealth for reproductive health care through advancements in policy and partnerships.
- Reproductive Health National Training Center: RHNTC is a go-to source for family planning and adolescent health training and technical assistance.
- Society of Family Planning: SFP is the source for abortion and contraception science. Their Clinical Guidance Library supports provision of clinical care according to the best available evidence.
- Teaching in Early Abortion for Comprehensive Education: TEACH cultivates the next generation of diverse reproductive health champions through abortion training, mentorship, and curriculum development.
- Unite for Reproductive & Gender Equity: URGE envisions a liberated world where we can live with justice, love freely, express our gender and sexuality, and define and create families of our choosing.
- We Testify: We Testify is dedicated to the leadership and representation of people who have had abortions, increasing the spectrum of abortion storytellers in the public sphere, and shifting the way the media understands the context and complexity of accessing abortion care.

Abortion Care Finders and Providers

- AbortionFinder: Directory of abortion providers and resources including options for in-clinic procedures, pills by mail, and in-person pills.
- CamoCare: Website run by volunteer network to provide information and resources to service members and families of service members in need of abortion services.
- I Need an A: Directory of abortion providers and resources including options for in-clinic procedures, pills by mail, and in-person pills.
- Plan C: Directory of MAB providers and resources including online clinics, websites that sell pills, and in-person clinics.

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Patient Support

- All-Options: Confidential talkline that offers toll-free peer counseling and support for pregnancy options, abortion, adoption, parenting, pregnancy loss, infertility, or other reproductive decisions and experiences to people anywhere in the US and Canada.
- Apiary: Network of Practical Support Organizations (PSOs) across the country that provide logistical assistance to people seeking abortion care, including travel, lodging, food assistance, childcare, or other basic needs.
- Connect and Breathe: Confidential talkline that creates a safe space to talk about abortion experiences, staffed by people trained to listen and provide unbiased support and encouragement of self-care.
- Exhale Pro-Voice: Confidential text line available in US, Puerto Rico, and Canada that focuses on after-abortion emotional support.
- Faith Aloud: Confidential counseling line dedicated to providing compassionate spiritual and religious support for people in all their decisions about pregnancy, parenting, abortion, and adoption.
- M+A Hotline: Confidential call or text support line for medical questions staffed by a team of clinicians with years of experience in caring for miscarriage and abortion.
- National Network of Abortion Funds: Network of abortion funds where you can find a fund in your state, what services each fund can provide, how to contact them, and more.
- Reprocare: Anonymous healthline that offers accurate information and caring emotional support. Their Piggybank platform connects funds and health care providers to eligible patients.

Appendix

Appendix A. Implementation Checklist

Use this implementation checklist as a tool to guide the steps you may need to work on to successfully introduce MAB to your practice. Remember, some of these steps may not be applicable to your clinic, and other steps may be systems and processes that already exist.

Establishing a Planning Committee and Building Buy-in

Goal: gain leadership, staff, and organizational approval to provide MAB

- ☐ Establish planning committee by recruiting others aligned with your goals
- ☐ Schedule regular meetings with structured agendas and assigned tasks
- ☐ Develop plan to communicate implementation updates to staff
- ☐ Meet with staff to answer questions and address misinformation
- ☐ Values Clarification workshops
- ☐ Secure leadership approval to work on MAB provision
- ☐ Communicate implementation plans to staff

Administrative and Operational Logistics

Goal: set up the administrative and operational systems necessary to provide MAB services

- ☐ Billing and Coding
  - ☐ Determine correct method to bill for abortion for insurance plans used at your health center
    - ☐ If using bundled rate, ensure method to put the order on hold and close when follow-up is complete
  - ☐ Add CPT codes to EHR if necessary
  - ☐ Notify Billing Department you will be billing these CPT codes if they are new to your organization and share Mifeprex billing guide
- ☐ Insurance Coverage and Payment
  - ☐ Determine if state Medicaid covers abortion
  - ☐ Determine state rules for presumptive eligibility and abortion coverage
  - ☐ Determine if your organization is a “qualified entity” to enroll patients in presumptive eligibility
  - ☐ Assess insurance verification, presumptive eligibility, and/or PA/precertification process
  - ☐ Set self-pay price and policy
  - ☐ Reach out to local abortion funds to determine ability to partner or refer
- ☐ Professional Liability Coverage
  - ☐ Obtain or confirm abortion coverage in professional liability insurance policy
- ☐ Ordering and Prescribing Mifepristone
  - ☐ Become a certified prescriber by submitting agreement to Danco or GenBioPro
  - ☐ Research certified pharmacies in your area or mail order options
  - ☐ Send certified prescriber agreement form to pharmacies that you will be using
  - ☐ Set up ordering account with mifepristone distributor if you will be dispensing on-site

Appendix

- ☐ Reporting and Vital Statistics
  - ☐ Determine abortion reporting requirements in your state
    - ☐ If necessary, connect with person responsible for vital statistic reporting at your health center
    - ☐ If necessary, set up vital statistic reporting account

Preparing Staff

Goal: ensure all levels of staff feel comfortable and are prepared, equipped, and trained to either participate in MAB care or work at a health center that provides MAB care

- ☐ Training
  - ☐ Complete training needs assessment for clinical and non-clinical staff
  - ☐ Design and execute training plans
    - ☐ Determine curriculum for different levels of staff
    - ☐ Develop tracking system and sign-off for different levels of staff
    - ☐ Coordinate time, place, facilitators for training for different levels of staff
    - ☐ Designate training champions for different levels of staff
- ☐ Talking to Staff about Abortion
  - ☐ Facilitate MAB 101 or other training/discussions to introduce staff to MAB
  - ☐ Have one on one or group conversations with staff about support for abortion provision
  - ☐ Complete staff survey to determine staff comfort and concerns with providing abortion
- ☐ Safety and Security
  - ☐ Complete safety and security assessment
  - ☐ Execute necessary improvements from assessment
  - ☐ Complete any necessary staff preparedness training
  - ☐ Take any digital security measures, like removing information from data broker websites or utilizing 2-factor authentication for accounts
- ☐ Promoting services
  - ☐ Decide how you will promote services to patients
  - ☐ Update website with MAB information
  - ☐ Connect with abortion care finder websites to be listed as provider
  - ☐ Put up MAB-related patient education materials or posters in exam rooms to create open environment

Clinical Workflow

Goal: develop protocol and clinical flow of how MAB care will look at your health center, including visits, afterhours, referrals, and patient education.

- ☐ Develop protocols
  - ☐ MAB Clinical Protocol (including eligibility, procedure for dating, labs, dispensing options, after hours care, follow-up care, legal and reporting requirements)

- ☐ MAB Telehealth Protocol (including eligibility, procedure for dating, labs, dispensing options, after hours care, follow-up care, legal and reporting requirements)
- ☐ Create documents, visual aids, EHR templates, quicktexts for MAB care
- ☐ Develop back-up/referral system for patients
- ☐ If necessary, establish triage and/or after-hours call-system for MAB patients
- ☐ If necessary, provide current after-hours call system with job aides/training
- ☐ Select or create patient education materials

Navigating Federal Funding Restrictions on Abortion

Goal: set up systems to ensure federal funding is separated from direct and indirect costs of abortion provision, and that no other federal benefits are utilized for abortion provision.

- ☐ Determine what kind of federal funding health center gets and understand accompanying restrictions
- ☐ Develop cost allocation plan and policy to separate federal funding from abortion expenses
  - ☐ Identify direct and indirect costs associated with abortion provision
  - ☐ Determine cost allocation method
  - ☐ Create workflows and reports necessary for executing cost allocation plan
- ☐ Determine other federal programs and associated benefits that must be avoided in abortion provision
  - ☐ PPS rate billing
  - ☐ 340B drug pricing
  - ☐ National Health Service Corps Program
  - ☐ FTCA
  - ☐ Sliding scale
  - ☐ Health Center Teaching Grant
  - ☐ Other federal programs that fall under Departments of Labor, Health and Human Services, and Education, and related agencies

Sustainability

Goal: set up plans and systems to ensure MAB services are sustainable.

- ☐ If necessary, identify funding sources to sustain MAB provision
- ☐ Determine method of evaluating MAB services, data collection
- ☐ Build MAB related responsibilities into job descriptions and ensure hiring/onboarding training includes these responsibilities
- ☐ Schedule regular check-ins with leadership and planning committee

Appendix

Appendix B. FQHC State Medicaid Billing, Select States

This chart addresses whether FQHCs may bill abortions to state Medicaid programs for select states. If you have questions about your state and do not see it listed here, contact program@reproductiveaccess.org.

State: CA
Agency: Department of Health Care Services
Requirement:

- FQHCs may bill elective abortion services to Medi-Cal and obtain fee-for-service ("FFS") reimbursement outside the traditional FQHC Prospective Payment System ("PPS") rate methodology. To secure payment for these services, FQHCs must comply with FFS Medi-Cal policies, codes and claim submission procedures. See FQHC, RHC and Tribal Clinic Providers: Abortion Services
- Instructions on billing and coding are found here.

Conclusion: FQHCs can bill for elective abortions at an FFS rate separate from the PPS rate methodology.

State: HI
Agency: State of Hawaii Department of Human Services
Requirement:

- State Medicaid Coverage of Abortions Generally: Hawaii reimburses elective abortions using state-only funds under a special FFS rate and billing mechanism. See Hawai'i Med-QUEST Fee-for-Service.
  - Hawaii Medicaid covers "[i]ntentional termination of pregnancy ("ITOP") ... and induced and surgical treatments of incomplete, missed abortions." See Provider Manual.
  - Hawaii Medicaid covers ITOPs with 100% state funds; as such, ITOPs are billed under a separate FFS rate structure and are carved out from the QUEST Integration plan. See Guidelines for Submittal and Payment of ITOP Pregnancy Claims
    - All ITOP claims must be billed to Conduent in the CMS 1500 claim format.
    - The ITOP claim fee schedule can be found here.
    - Hawaii Medicaid limits the coverage of ITOP services to services related to surgical and non-surgical methods for inducing an abortion. Examples of services not eligible for ITOP reimbursement include: (i) contraceptive management, (ii) long-acting reversible contraception, (iii) missed abortions, (iv) threatened abortions, (v) incomplete abortions, (vi) E&M services during and after ITOP, (vii) pregnancy tests and other related testing, (viii) complications related to the ITOP after ITOP follow-up, and (ix) immunizations.

State Medicaid Coverage of Abortions For FQHCs

- Although FQHCs generally bill Medicaid under a PPS rate, Hawaii Medicaid covers certain items and services solely on an FFS basis: See Provider Manual (Ch. 21); Guidance on Health Plan Reimbursement to FQHCs and RHCs.
- FQHCs submit claims for abortion services on the CMS-1500 claim form and do so directly to Hawaii Medicaid's fiscal agent. Through this method, FQHCs are paid at a discrete FFS rate, outside the PPS rate methodology.
- Codes include: 59840, 59841, 59840-22, 59841-22, S0199, S0190, S0191.
- As these are bundled codes, all services rendered by the abortion provider are included in these rates and are not separately payable. Abortion services must be rendered by a physician or an advanced practice registered nurse who is actively enrolled as a Hawaii Medicaid provider. The billing provider can be a FQHC or a rural health clinic.

Conclusion: FQHCs can bill for elective abortions at an FFS rate separate from the PPS rate methodology.

Appendix

State: IL
Agency: Illinois Department of Healthcare and Family Services
Requirement:

- State Medicaid Coverage of Abortions Generally
  - Illinois reimburses elective abortions using state-only funds at an FFS rate. Illinois Medicaid Abortion Coverage. See Fee Schedule.

State Medicaid Coverage of Abortions For FQHCs

- Illinois Medicaid covers an enumerated set of family planning services when billed by certain providers, including FQHCs. The list includes elective abortions. See Family Planning Program Covered Services.
- The Fee Schedule for such services specifies that FQHCs should bill for these services at the applicable FFS rate.

Conclusion: FQHCs can bill for elective abortions at an FFS rate separate from the PPS rate methodology.

State: MA
Agency: Department of Health and Social Services
Requirement:

- MassHealth defines abortions for which reimbursement may be provided as follows: 130 CMR 484.001. Definition of Payable Abortions
- "(A) **The MassHealth agency pays for abortion services performed in a Department of Public Health licensed clinic** when provided to MassHealth recipients . . . if all of the following conditions are met: (1) **the abortion is a medically necessary abortion**, or the abortion is performed upon a victim of rape or incest when such rape or incest has been reported to a law enforcement agency or public health service within 60 days of the incident; (2) the abortion is performed in accordance with law; and (3) the abortion claim is made in accordance with 130 CMR 484.000.
- (B) **For the purposes of 130 CMR 484.000, a medically necessary abortion is one which, according to the medical judgment of [certain enumerated providers], is necessary in light of all factors affecting the pregnant individual's health.** . . ."
- When submitting a claim for a medically necessary abortion, a MassHealth provider must submit a "Certification of Payable Abortion" form, which indicates that a provider has determined the abortion to be medically necessary either under federal standards, in which case federal Medicaid dollars may be used for reimbursement, or based on the broader Massachusetts definition, in which case MassHealth uses state funds for reimbursement. *See* 130 CMR 484.006.
- With respect to billing, MassHealth provides that (i) a provider of abortion services claiming reimbursement from the MassHealth agency must bill according to the fee schedule appropriate to its provider category and (ii) a provider of abortion services must bill the MassHealth agency on the appropriate claim form, in accordance with the billing instructions.

State Medicaid Coverage of Abortions For FQHCs

- FQHCs in Massachusetts are enrolled with MassHealth as community health centers ("CHCs"). 105 CMR 140.1100.
- MassHealth covers abortion services if they are provided through a Department Public of Health licensed clinic. A CHC is a facility licensed as a freestanding clinic by the MA Dept of Public Health. 101 CMR 304.02.

- In Massachusetts, each CHC that is an FQHC has an individual medical and behavioral health PPS rate established using the community health center's average total per-visit medical and behavioral health costs, adjusted by reasonableness and inflation-adjusted forward by the Medicare Economic Index. 101 CMR 304.04(1)(c). Reimbursement for other services is based largely on MassHealth fee schedules, as stated in 101 CMR 614.00.
- Billable procedure codes for CHCs can be found here and include the following CPT codes:
  - 59812 (treatment for incomplete abortion)
  - 59820 (first trimester **medically necessary abortion**)
  - 59821 (second trimester **medically necessary abortion**)
  - These procedures are paid at a fee schedule rate set forth in 101 CMR 316.00 (Rates for Surgery and Anesthesia Services). **Codes for elective/induced abortions (59840-59857, 59866) are not included on the list.**

Conclusion: FQHCs can bill for medically necessary abortions at an FFS rate separate from the PPS rate methodology. However, there is no mechanism for FQHCs to bill Medicaid for elective abortions.

- Note that MassHealth's definition of medically necessary abortions appears broader than the federal definition by making determinative the attending physician's judgment as to the effect of the pregnancy on the woman's health.

State: MN
Agency: Minnesota Department of Human Services
Requirement:

- State Medicaid Coverage of Abortions Generally: Minnesota Medicaid covers abortion services determined to be **medically necessary** by the treating provider and delivered in accordance with all applicable Minnesota laws. Minn. Rev. Stat. 256B.0625.16.
- "Medically necessary" or "medical necessity" means a health service that is consistent with the recipient's diagnosis or condition and: (i) is recognized as the prevailing standard or current practice by the provider's peer group; and (ii) is rendered in response to a life threatening condition or pain; or to treat an injury, illness, or infection; or to treat a condition that could result in physical or mental disability; or to care for the mother and child through the maternity period; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or (iii) is a preventive health service under part 9505.0355. Minn. Admin. Rule 9505.0175.25
- Payment for induced abortions and abortion-related services provided to Medicaid members is available under the following conditions: (i) the member suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by, or arising from the pregnancy itself that would, as certified by a physician, place the member in danger of death unless the abortion is performed; (ii) pregnancy resulted from rape; (iii) pregnancy resulted from incest; or (iv) **the abortion is determined to be medically necessary by the treating provider**. *See* Provider Manual.
- Providers must complete a Medical Necessity Statement for all patients in a FFS program or enrolled in managed care.

State Medicaid Coverage of Abortions For FQHCs

- FQHCs can be paid under PPS or an alternative payment methodology. Covered services include obstetrical and perinatal services, but not abortion services. *See* Provider Manual (FQHCs). *See also* Minn. Rev. Stat. 256B.0625.30.

- Eligible abortion providers include: (i) ambulatory surgery centers; (ii) certified registered nurse anesthetists; (iii) family planning agencies; (iv) hospitals; (v) Indian health facility providers; (vi) nurse practitioners; (vii) nurse midwives; (viii) physician assistants; and (ix) physicians. See Provider Manual (Abortion).
- This list does not include FQHCs.

Conclusion: Although Minnesota Medicaid has authorized certain providers to obtain FFS reimbursement for medically necessary abortions from state-only funds, it appears that no mechanism currently exists for FQHCs to bill medically necessary abortions at an FFS rate (separate from the PPS rate methodology). Further, there is no mechanism for FQHCs to bill Medicaid for elective abortions.

State: NM
Agency: New Mexico Human Services Department
Requirement:

- State Medicaid Coverage of Abortions Generally: New Mexico reimburses elective abortions using state-only funds under an FFS rate structure. See KFF – Hyde Amendment and Coverage for Medicaid Abortion; CPT Fee Schedule.

State Medicaid Coverage of Abortions For FQHCs

- New Mexico Medicaid requires FQHCs to bill at the PPS encounter rate, with certain exceptions not applicable to abortion services. See Billing and Payment to FQHCs; FQHC Billing for LARCs. New Mexico has not established a mechanism for FQHCs to bill outside the PPS rate for medically necessary or elective abortion services.

Conclusion: Although New Mexico Medicaid provides FFS reimbursement for elective abortions using state-only funds, no mechanism currently exists for FQHCs to bill for elective or medically necessary abortions at an FFS rate (separate from the PPS rate methodology).

State: NY
Agency: NYS Department of Health
Requirement:

- State Medicaid Coverage of Abortions Generally: NY Medicaid covers abortions that have been determined to be medically necessary by the attending physician. Patients can access medically necessary abortion services through both traditional FFS Medicaid (if eligible) and Medicaid Managed Care Plans. See Provider Manual.
- The Provider Manual defines medically necessary abortion, in accordance with Social Services Law Section 365-a, as *"necessary to prevent, diagnose, correct or cure conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with his/her capacity for normal activity or threaten some significant handicap and which are furnished to an eligible person in accordance with this title and the regulations of the Department."*
- Medically necessary abortions are those that both the pregnant person and provider agree are needed. See August 2022 Update.
- Medically necessary abortions are covered and billed under code D. See eMedNY Manual.
- In addition, New York City has elected to pay for elective abortions for NYC residents using city-only funds.
- eMedNY Manual provides that elective abortions for NYC members are covered and billed under code E for Induced Abortions.

Appendix

State Medicaid Coverage of Abortions For FQHCs

- FQHCs bill Medicaid under either the cost-based PPS rate or an alternative payment methodology ("APGs"), which is procedure and visit-specific.
  - FQHCs may participate in the ambulatory patient group ("APG") reimbursement methodology as an "alternative rate setting methodology" authorized by Public Health Law Section 2807(8)(f). If a facility's Medicaid reimbursement under APGs is lower than what its payment would have been under the PPS rate, the facility is entitled to receive a supplemental payment reflecting the difference between what they were paid under APGs and what they would have been paid using the PPS rate. See Subregulatory Guidance.
- With respect to abortion services, FQHCs may bill NY Medicaid for medically necessary abortions under the PPS rate, either via the member's managed care plan (if enrolled and the provider is in the plan network), or through eMedNY (if the member is not in a managed care plan or the provider does not participate in the plan's network). New York has not established a mechanism for FQHCs **outside the five boroughs of New York City** to bill a separate, non-federally matched FFS rate for elective abortion services.

Conclusion: FQHCs can bill for "medically necessary abortions" under the PPS rate methodology. **Note that NY Medicaid's definition of medically necessary abortions appears broader than the federal definition by making determinative the attending physician's judgment as to the effect of the pregnancy on the woman's physical and mental health.** However, there is no mechanism for FQHCs outside of NYC to bill Medicaid for elective abortions.

FQHCs in NYC may bill elective abortions to Medicaid at an FFS rate, which is funded exclusively with NYC tax levy funds.

State: OR
Agency: Oregon Health Authority
Requirement:

- State Medicaid Coverage of Abortions Generally: Oregon reimburses elective abortions using state-only funds under an FFS rate. See Medical/Dental Fee Schedule; KFF – Hyde Amendment and Coverage for Medicaid Abortion.

State Medicaid Coverage of Abortions For FQHCs

- Oregon Medicaid reimburses FQHCs for services according to the PPS rate methodology as follows: (i) when the service(s) meet the criteria of a valid encounter and (ii) reimbursement is limited to the Division's Medicaid-covered services according to a client's Medicaid benefit package. OR Stat. 410-147-0120(1)
  - Notably, medically induced abortions, which are associated with HCPCS codes S0199 and S2260, are not considered to constitute an encounter under Oregon Medicaid, and are therefore not reimbursable under the PPS rate methodology. See Procedures excluded from PPS encounter reimbursement.
- FQHCs may also bill certain services, including elective abortion services, outside PPS at an FFS rate, pursuant to the physician fee schedule. OR Stat. 410-147-0120(13). See Medical/Dental Fee Schedule
- Separately, FQHCs may become certified under Oregon's state-funded program to provide, among other things, abortion services to immigrants who are not eligible for federal Medicaid coverage, under the Reproductive Health Equity Act ("RHEA"). See What is the RHEA?

- Eligibility for immigrants only - In order for patients to be eligible for the RHEA fund, they must (i) have a household size and personal income at or below 250 percent of the FPL; (ii) have reproductive capacity; (iii) reside in Oregon; and (iv) be ineligible for medical assistance because of 8 U.S.C. 1611 or 1612. OR Admin. Rules 333-004-3090.
- The program works with over 100 clinics in Oregon to provide free reproductive health services (including abortions) and birth control. See RH Access Fund FAQs. Clinics in the network are certified as RHCare, CCare, or AbortionCare clinics. Depending on their certification, clinics can provide a variety of the services. Id.
  - "Abortion services" means any services provided in an outpatient setting to end a pregnancy so that it does not result in a live birth. Services include medication and therapeutic abortion procedures. Contraceptive drugs, devices, and supplies related to follow-up care are also included. OR Admin. Rules 333-004-3010.
    - Abortion services, and related services, are covered by the RHEA fund. OR Admin. Rules 333-004-3070.

- "AbortionCare Clinic" means a clinic operated by an agency certified with the RH Program to receive reimbursement for abortion services provided to enrollees who meet RHEA eligibility criteria. OR Admin. Rules 333-004-3010. Clinics can apply to be AbortionCare Clinics pursuant to OR Admin. Rules 333-004-3020(3)(c).
- Health care agencies and their clinics can become certified AbortionCare sites and receive reimbursement for services provided to clients enrolled in the RH Access Fund. The RH Access Fund is a coverage source, also administered by the RH Program, into which clients may enroll to cover many of their reproductive health needs. Clinics must then submit claims to the RH Program for reimbursement. See AbortionCare Certification Packet.

Conclusion: FQHCs can bill for elective abortions at an FFS rate separate from the PPS rate methodology. Additionally, FQHCs may also gain certification through Oregon's RH Access Fund to receive reimbursement for abortion services provided to patients ineligible for Medicaid due to their immigration status.

State: RI
Agency: Executive Office of Health and Human Services
Requirement:

- State Medicaid Coverage of Abortions Generally: Rhode Island Medicaid provides coverage for abortion services, including elective abortions, under H5006 (enacted at RI ST § 42-12.3-3):
  - "(h) Any person eligible for services under subsections (a) and (b) of this section, or otherwise eligible for medical assistance under Title XIX [42 U.S.C. § 1396 et seq.] and Title XXI [42 U.S.C. § 1397aa et seq.] of the Social Security Act, shall also be entitled to services for any termination of pregnancy permitted under § 23-4.13-2; provided, however, that no federal funds shall be used to pay for such services, except as authorized under federal law."
  - RI ST § 23-4.13-2 provides that "(a) Neither the state, nor any of its agencies, or political subdivisions shall: (1) Restrict an individual person from preventing, commencing, continuing, or terminating that individual's pregnancy prior to fetal viability," where "fetal viability means that stage of gestation where the attending physician, taking into account the particular facts of the case, has determined that there is a reasonable likelihood of the fetus' sustained survival outside of the womb with or without artificial support."
  - Expanded coverage took effect on May 18, 2023.

Appendix

State Medicaid Coverage of Abortions For FQHCs

- To receive payment for elective abortions, FQHCs must bill the applicable abortion CPT code with the modifier "FP." The abortion service claim with the FP modifier should be billed as a separate claim from the Encounter (T1015) claim.
  - 59840-FP; 59841-FP; 59850-FP
  - 59851-FP; 59852-FP; 59855-FP
  - 59856-FP; 59857-FP; 59866-FP
  - S0190-FP; S0191-FP; S0199-FP.
- Claims billed without the FP modifier will be denied, unless accompanied by the required form documenting that the reason for the abortion was rape or incest or because completion of the pregnancy would be life-threatening.

Conclusion: FQHCs can bill to Medicaid for elective abortion services, using the "FP" modifier.

The Following CPT codes can be billed:

- 59840-FP
- 59841-FP
- 59850-FP
- 59851-FP
- 59852-FP
- 59855-FP
- 59856-FP
- 59857-FP
- 59866-FP
- S0190-FP
- S0191-FP
- S0199-FP

State: WA
Agency: Washington State Health Care Authority
Requirement:

- State Medicaid Coverage of Abortions Generally: Washington Medicaid provides abortion coverage for people who qualify for assistance. Washington Medicaid covers abortion services, post-abortion care, and post-abortion family planning. See Subregulatory Guidance
- Pregnancy services include the assessment, management, treatment of pregnancy loss, and voluntary terminations. This includes spontaneous, incomplete, missed, induced, and elective abortions. Providers must bill using the appropriate diagnosis codes for the type of abortion – elective, induced, spontaneous, incomplete, or missed. An elective termination of pregnancy requires the ICD diagnosis code Z33.2. See Physician Related Services Billing Guide.
- Abortion care is reimbursed at an FFS rate, using the rates on the fee schedule, rather than using the PPS rate methodology. Abortion services are not encounter-eligible. See Fee Schedule.

State Medicaid Coverage of Abortions For FQHCs

- Professional services for abortion care, including elective abortions, are reimbursed on a FFS basis (J-claim) using the rates on the Physician-Related/Professional fee schedules. There are no blocks in the Medicaid provider portal that would prevent a FQHC for billing for these services on a J-claim.

Conclusion: FQHCs can bill for elective abortions at an FFS rate separate from the PPS rate methodology.

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Learning Objectives (Quicksand 18 Bold, x =.71, y=2.22)

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Introduction

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Champions can identify other clinicians, administrators, and/or staff who might be allies committed to providing MAB and then initiate an informal discussion about implementing MAB at your health center. If these colleagues show interest, invite them to meet as a Planning Committee.

A well-rounded Planning Committee is key, as there is a lot to do! Members will work on a variety of tasks, like:

- Meeting with leadership and staff to gain support
- Tracking implementation progress
- Scheduling meetings
- Determining the clinical workflow of MAB care
- Coordinating and facilitating staff training
- Providing updates to different departments about MAB-related changes

They will be responsible for coming together and making many key decisions as you move through this process.

Integrating Medication Abortion into Primary Care

A Toolkit for Clinicians, Advocates, and Health Systems

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