AbortionCare

AbortionCare Certification Packet

Version 3.0

November 2022

Oregon Health Authority

AbortionCare Certification Packet

Table of Contents

AbortionCare Certification Requirements

The Reproductive Health (RH) Program is dedicated to ensuring all people in Oregon have access to high-quality reproductive and sexual health services, knowledge, and resources through partnerships with clinics, community organizations, and policy makers. By using funding from multiple sources, the RH Program supports clinics across the state, and works to ensure all people with reproductive capacity have access provide high-quality, culturally responsive reproductive health services.

RH Program Vision: All people in Oregon have reproductive autonomy.[1]

The RH Program commits to working towards racial equity by addressing racism and implicit bias and reducing systemic barriers to care. We acknowledge the past and present role of government in creating inequities and doing harm to communities of color and tribal and indigenous communities in Oregon, leading to historical and ongoing trauma. We envision an Oregon where all community members thrive, and racial inequities are eliminated. The RH Program's full statement on racial equity can be found here.

Chapter 1. AbortionCare Introduction

AbortionCare is a public health program administered by the Oregon Reproductive Health (RH) Program. 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.

The AbortionCare Certification Requirements provide the foundation for high-quality services based on national standards of care and align with best practices and recommendations for client-centered, culturally-responsive care. The Certification Requirements are based on the following:

- Nationally recognized standards of care, including National Abortion Federation, Society of Family Planning, and US Preventive Services Task Force
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

This document outlines the minimum requirements that health care clinics must meet to be a certified AbortionCare clinic per OAR 333-004-3000 through 333-004-3240. Clinics may provide services beyond these minimum requirements.

[1] Reproductive autonomy is having the power to decide and control contraceptive use, pregnancy, and childbearing. For example, women with reproductive autonomy can control whether and when to become pregnant, whether and when to use contraception, which method to use, and whether and when to continue a pregnancy. *From The Bixby Center for Global Reproductive Health, University of California, San Francisco.*

Chapter 2. AbortionCare Clinic Certification Process

a. To be eligible to become an AbortionCare Clinic, the clinic's parent agency must:
   1. Meet applicable licensing or regulatory requirements set forth by federal and state statutes, regulations, and rules.
   2. Have a valid business license if such a license is a requirement of federal, state, or local government to operate a business or to provide services.
   3. Have a current CLIA certification, if applicable.
   4. Have a current Board of Pharmacy license, if applicable.
   5. Be enrolled as an OHP Provider.
   6. If an applicant agency is located out of the state of Oregon, it may enroll under the following conditions:
      A. The applicant agency is appropriately licensed or certified and meets standards established within the provider's state for participation in Medicaid; and
      B. The applicant agency is located in a state contiguous to Oregon and is within 75 miles of the Oregon border.
   7. Meet with RH Program staff to discuss program requirements and clinic staff capacity. Applicant agency/clinic staff who must attend the meeting may include:
      A. Authorizing official(s);
      B. Clinical supervisor(s);
      C. Billing supervisor(s); and
      D. Front desk manager(s).
   8. An applicant agency or any of its providers that are currently subject to sanctions by the Authority or the federal government are not eligible for enrollment as an agency.

b. An agency must submit an AbortionCare Certification Application and all supporting documents to the RH Program. (Contact the RH Program to request an application: rh.program@oha.oregon.gov)

c. The RH Program will determine if the application is complete and notify the agency of its determination within seven calendar days of receipt of the application.
   1. If the RH Program determines that the application is not complete, the RH Program will notify the agency and the agency will have 30 calendar days to complete their application.
      A. If the agency does not complete their application within 30 calendar days, their application will be denied.
      B. The agency may then re-apply or appeal the decision per OAR 333-004-3220.

d. Once an application is determined to be complete, the RH Program will review the applicable documents and determine if the agency meets the certification requirements.

e. If the RH Program determines that the agency meets the AbortionCare Certification Requirements, the RH Program will inform the agency in writing that the application has been approved and that the agency is certified. This notification will occur no more than 30 calendar days after the RH Program has determined the application to be complete.

f. Once an application for certification has been approved, the RH Program will provide an AbortionCare Medical Services Agreement (MSA) to be signed by both the Oregon Health Authority and the certified agency.

g. If the agency does not meet all AbortionCare Certification Requirements in its application, the RH Program may deny certification.
    1. The RH Program will respond to the agency with a letter of denial providing a clear description of reasons for denial, based on the certification requirements.
    2. An agency may request that the program reconsider the denial of AbortionCare certification. A request for reconsideration must be submitted in writing to the RH Program within 90 calendar days of the date of the denial letter and must include a detailed explanation of why the applicant believes the Program's decision is an error along with any supporting documentation.
    3. The RH Program shall inform the agency in writing, within 30 calendar days of receipt of the request, whether it has changed its decision.
    4. The agency may appeal this decision per OAR 333-004-3220.

h. A certified agency must renew its certification every odd year.

Chapter 3. AbortionCare Program Monitoring and Compliance Process

a. The RH Program may conduct an onsite verification review to provide technical assistance and determine compliance with certification requirements of each approved agency that has not been previously certified with the RH Program to administer AbortionCare within one year of application approval.

b. After the initial on-site verification review, the RH Program will conduct regular compliance reviews for all agencies, based on a schedule developed by the RH Program.
    1. RH Program staff will work with the agency to schedule onsite reviews every three years at a mutually agreed upon time. The agency will be notified, in writing, a minimum of 60 calendar days before its scheduled on-site verification review.
        A. Onsite reviews include, but are not limited to:
            i. Review of documents, policies, and procedures;

ii. Discussions/interviews with staff;
iii. Review of medical charts;
iv. Assessment of client experience; and
v. Observation of clinic environment and practices.

B. Onsite reviews may be postponed or conducted remotely during a public health emergency.

2. The RH Program will perform regular billing, enrollment, medical chart, and other reviews as needed.

c. The RH Program may conduct a review of the agency without notice of any or all certification requirements for compliance and perform a verification on-site review if the RH Program is made aware of issues of compliance or complaints from any source.

d. At any time, the agency may request an administrative review of compliance, which includes an onsite visit. The review will be considered a "no-penalty" review with the exception of gross violation or negligence that may result in agency decertification.

e. An agency that has been terminated due to OAR 333-004-3050(2)(a)(A) or (C) may not apply for certification for two years after termination.

If you have questions, please contact us:

Oregon Reproductive Health Program
800 NE Oregon St.
Portland, OR 97222
rh.program@oha.oregon.gov
www.healthoregon.org/rh

Section A. Facility, Operations, and Staffing

A.1 Clinic Space

a. Clinics must make efforts to create a welcoming and inclusive environment whereby the clinic space and signage are reflective of all enrollees including but not limited to communities of color, teens, LGBTQ+ individuals, and people with disabilities.
b. The agency's clinic facility(s) must be compliant with ADA requirements.

A.2 Infection Control

a. Clinics must utilize Standard Precautions for infection control, following CDC guidelines.

A.3 Laboratory

a. Clinics must maintain the appropriate level of Clinical Laboratory Improvement Amendments (CLIA) certification, and must have written policies that align with CLIA rules and regulations. Staff competency assessment must be included in the policies.
b. Clinics must have the ability to collect specimens and samples. Specimens and samples may be sent off-site to a CLIA-certified laboratory.

A.4 Pharmacy and Dispensing Medications and Contraceptive Methods

a. Medications and contraceptive methods included under AbortionCare must be dispensed on-site following Oregon Board of Pharmacy rules and per appropriate licensure (OAR 855-043).
b. Clinics may offer clients the option of receiving their medication abortion pills and/or contraceptive methods by mail at no additional cost to the client.
    1. Use of this option is at the discretion of the client; it cannot be offered as the only way in which to receive medication abortion pills and/or contraceptive methods.
    2. Clinics must package and mail supplies in a manner that ensures the integrity and confidentiality of the packaging and effectiveness of the medications upon delivery.
    3. Clinics must ensure that medication abortion pills are mailed and received by the client within the timeframe determined by the clinician and client.

A.5 Clinic Licensure/Certification

a. Clinics must maintain the appropriate licensure/certification based on facility type, as needed.

A.6 Medical Emergencies

a. Clinics must maintain a written plan for medical emergencies, including, but not limited to:
    1. Anaphylaxis/Shock;

2. Vaso-vagal reaction/Syncope;
3. Cardiac Arrest/Respiratory Difficulty (if the clinic has an automated external defibrillator (AED) include protocol on how to use); and
4. Hemorrhage.

b. Clinics must maintain a written after-hours emergency policy management plan.
c. If the clinic provides procedural abortions[1], the written medical emergency plan must also include:
   1. Perforation; and
   2. Emergency transfer, including written, readily available directions for contacting external emergency assistance (e.g., an ambulance).

A.7 Reproductive Health Coordinator

a. The agency must designate a staff person as a Reproductive Health Coordinator (RHC) to be the key point of contact in accordance with OAR 333-004-3040. The RHC is responsible for all the items listed in the RH Coordinator Competencies, including, but not limited to:
   1. Ensuring program compliance at all clinic sites;
   2. Being the agency's subject matter expert on all aspects of the AbortionCare certification requirements and how they are operationalized within clinic sites;
   3. Acting as the primary contact with the Oregon RH Program; and
   4. Managing the implementation and operationalization of AbortionCare certification requirements in all participating clinics.
b. If the agency's designated RHC does not comply with these responsibilities, the RH Program may require the agency to designate a different agency staff person.
c. When an RHC is designated, the designated RHC and a higher-ranking staff member (e.g. agency administrator, the RHC's supervisor) who understands the RHC's workload and job duties must sign the RH Coordinator Competencies.
d. The agency must notify the RH Program within 10 business days of when the designated RHC leaves the agency, takes a leave of absence longer than one month, or if a different staff member is being assigned the role of RHC.
   1. In the case of a leave of absence longer than one month, an interim RHC must be assigned.

A.8 Staff Training Requirements

a. Upon AbortionCare certification or new hire, clinic staff must receive training on the following topics:
   1. AbortionCare certification requirements, policies, and processes (as applicable to staff roles);

[1] " Procedural abortions" refers to uterine aspiration and/or dilation and evacuation.

2. Personal bias and/or values clarification (staff who interact with AbortionCare enrollees); and
3. Reproductive Justice in the clinical setting (staff who interact with AbortionCare enrollees).

b. Annually, clinic staff must receive one training focused on equity, including topics related to racism, health equity, cultural-responsiveness[2], and/or trauma-informed[3] care in providing sexual and reproductive health clinical services (staff who interact with AbortionCare enrollees).

Section B. Equitable Access

B.1 Access to Care

a. All services must be provided to enrollees without regard to race, skin color, national origin, religion, sexual orientation, gender identity, age, number of pregnancies, marital status, or disability in accordance with applicable laws, including Title VI of the Civil Rights Act of 1964, section 1557 of the ACA, the Americans with Disabilities Act (ADA) of 1990, section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes chapter 659A.
b. Services must be provided without a referral requirement.
c. Appointments for enrollees must be available within a reasonable time period, based upon their needs and preferably within a week of initial contact. Enrollees for whom the clinic cannot meet their desired timeframe must be given the option to be referred to another contracted AbortionCare clinic, preferably within close proximity.

B.2 Cultural Responsiveness

a. Agencies must implement a written, ongoing comprehensive strategy to provide equitable, trauma-informed, culturally-responsive services. The strategy should include an assessment, action plan, and evaluation.
b. Clinics must ensure that clinical services are provided in a way that makes it easy and comfortable for youth to seek and receive the services they need.

[2] Culturally-responsive means paying particular attention to social and cultural factors in managing medical encounters with patients from different social and cultural backgrounds. The word "responsiveness" places emphasis on the capacity to respond. In practice this boils down to utilizing a set of tools – questions and skills for negotiation based on cultural knowledge – which they can incorporate into their interactions with patients from diverse cultural backgrounds. Examples include finding out about the patient's history of present illness, their health beliefs and use of alternative treatments, expectations of care, linguistic challenges, and culturally-based family dynamics that guide decision-making processes. (Culturally Responsive Care by Marcia Carteret, M.Ed. https://www.dimensionsofculture.com/2010/10/576/)

[3] Trauma-informed means an approach, based on knowledge of the impact of trauma, aimed at ensuring that environments and services are welcoming and engaging for recipients and staff. (Trauma Informed Oregon: traumainformedoregon.org)

c. Enrollees must be treated in a trauma-informed manner that is responsive to their identities, beliefs, communication styles, attitudes, languages, and behavior.

B.3 Linguistic Responsiveness

a. Clinics must communicate with enrollees in their preferred language and provide interpretation services in the enrollee's preferred language, at no cost to the enrollee.
    1. The clinic must inform all individuals, in their preferred language, both verbally and in writing, that language services are readily available at no cost to them, in accordance with the Civil Rights Act of 1964 and sections 1557, 1331 and 1001 of the Affordable Care Act (ACA).
    2. All persons providing interpretation services must adhere to confidentiality guidelines.
    3. Family and friends may not be used to provide interpretation services, unless requested by the enrollee.
    4. Individuals under age 18 should never be used as interpreters for clinic encounters for enrollees with limited English proficiency or who otherwise need this level of assistance.
b. Clinics must have materials and signage that are easily understandable and in languages commonly used by the populations in the service area.
    1. Medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed health educational materials must be available for enrollees needing them.
    2. All print, electronic, and audiovisual materials must use plain language[4] and be easy to understand. An enrollee's need for alternate formats must be accommodated.

Section C. Enrollees' Rights and Safety

C.1 Confidentiality

a. Safeguards must be in place to ensure confidentiality, and to protect enrollees' privacy and dignity throughout the clinic space, during clinic interactions, and in record keeping.
b. Information obtained by staff may not be disclosed without written consent, except as required by law or as may be necessary to provide services to the individual.
c. All aspects of service provision must be compliant with the Health Insurance Portability and Accountability Act (HIPAA), and Health Information Technology for Economic and Clinical Health (HITECH) Act.

[4] A communication is in plain language if its wording, structure, and design are so clear that the intended readers can easily find what they need, understand what they find, and use that information. (Plain Language Association International: https://plainlanguagenetwork.org/)

d. For services provided via telehealth, staff must comply with Health Insurance Portability and Accountability Act (HIPAA) and Oregon Health Authority (Authority/OHA) Confidentiality and Privacy Rules and security protections for the enrollee in connection with telemedicine technology, communication, and related records.
e. A copy of a patient bill of rights must be posted in a public area of the clinic in languages most commonly used by enrollees.
f. Minors & Confidentiality
    1. Clinic staff are prohibited from requiring consent from parents or guardians for the provision of abortion services for minors 15 years and older.
    2. Clinic staff may not notify a parent or guardian before or after a minor of any age has requested and/or received reproductive health services.

C.2 Noncoercion

a. All services must be voluntary. Enrollees may not be coerced to accept services or to use a particular method of birth control.

C.3 Informed Consent

a. The informed consent process, provided verbally and supplemented with written materials by the clinic, must be presented in plain language.
b. Documentation must show that the enrollee affirms understanding of the abortion process and its alternatives, the potential risks and benefits, and that their decision is voluntary. The enrollee must have the opportunity to have questions answered to their satisfaction prior to receiving abortion services.
c. Telehealth
    1. Clinics must obtain informed consent from the enrollee for the use of telehealth as an acceptable mode of delivering services. The consent must be documented in the enrollee's health record or in each telehealth visit note.

Section D. Services

D.1 Service Delivery

a. Services must be provided using a trauma-informed, inclusive[5], culturally-responsive, and client-driven[6] approach that helps the client clarify their needs and wants,

[5] Inclusive means all people are included and can actively participate in reproductive health decision making, including, but not limited to people who belong to communities that have been historically marginalized such Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2)

[6] Client-driven means the client's preferences and needs are prioritized, and their values guide all decision-making.

promotes personal choice and risk reduction, and takes into account the cultural and socioeconomic factors of the client and psychosocial aspects of reproductive health.

D.2 Clinical Services

a. The clinic must follow evidence-based, national standards of care (e.g. The American College of Obstetricians and Gynecologists, the National Abortion Federation, Society of Family Planning, etc.).
b. Enrollees must be informed of where and how to obtain 24-hour emergency care services.
c. Core services must be offered to enrollees, as appropriate. Core services are defined as:
    1. Abortion services, including at least one, if not both, of the following:
        i. Medication abortion
        ii. Procedural abortion
        iii. If the clinic is unable to provide both of the above services, the clinic must have a referral system in place. Enrollees must be notified, prior to their appointment, of the clinic's inability to offer both services and be referred to another AbortionCare clinic, preferably within close proximity.
    2. A broad range of contraceptive drugs, devices, and supplies provided immediately following abortion services. See Appendix A.
        i. Limited exceptions to the contraceptive supply requirement may be considered. Please see Appendix B for more information.
            A. If the clinic is unable to dispense or administer contraception onsite, the clinic must have a referral system in place for the provision of contraceptive methods. Referrals should preferably be made to another AbortionCare clinic or RHCare clinic within close proximity.
            B. Enrollees must be notified, prior to the abortion, of the clinic's ability to dispense or administer contraception onsite.
d. Clinics must notify the RH Program within 10 business days if they are unable to provide the full scope of services (e.g. loss of clinical provider) for one month or longer.

D.3 Counseling and Education Services

a. The general advantages and disadvantages of medication abortion and procedural abortions must be explained early in the counseling process.
b. Prior to an abortion, enrollees should also be offered client-driven counseling and education on the following:
    1. Contraceptives
    2. STI risk reduction
        i. Assessment

ii. Prevention methods

3. Consent and healthy relationships
    i. Relationship safety
    ii. Intimate partner violence

D.4 Referrals and Information Sharing

a. Enrollees in need of additional medical or psychosocial services beyond the scope of the clinic must be provided information about available local resources, including domestic violence and substance abuse related services.

Section E. Data Collection and Reporting

E.1 Collection and Submission of Claims Data

a. Clinics must include all required visit/encounter data on the Abortion Clinic Visit Record (CVR) for the claim to be considered valid.

E.2 Other Data and Reporting Requirements

a. Agencies must submit annual updates on agency, clinic, and staff contact information to the RH Program.
    1. If any of this information changes, agencies must update the RH Program within 30 calendar days of when the change occurs.
b. Agencies must provide additional information as requested by the RH Program.

Section F. Reproductive Health Access Fund

F.1 Client Enrollment

a. Clinic staff must emphasize that alternative programs may be available for clients ineligible for the Reproductive Health (RH) Access Fund.
b. Clinic staff must support clients in completing the Reproductive Health (RH) Access Fund Enrollment Form accurately and to the best of the client's knowledge.
c. Clinics must ensure that all required client enrollment data is collected using the RH Access Fund Enrollment Form, that all fields are completed, and that it is signed and dated appropriately, unless they receive written approval from the RH Program to enter client enrollment data directly into the RH Access Fund Eligibility Database. Enrollment Forms may not be backdated.
    1. If the Enrollment Form is completed remotely, either over the telephone or during a video visit, clinic staff must write the client’s name on the signature line and the day’s date with a note that consent was obtained verbally, unless the clinic receives written approval from the RH Program to enter client enrollment data directly into the RH Access Fund Eligibility Database.

d. All required enrollment data must be entered into the web-based RH Access Fund Eligibility Database.

F.2 Billing and Payment

a. RH Access Fund enrollees who are eligible for AbortionCare may not be charged for services covered by AbortionCare. See OARs 333-004-3070(4) and 333-004-3090(1)(c) for AbortionCare-covered services and client eligibility, respectively.
b. Enrollees may not be billed for services that would normally be covered by AbortionCare if not for an error on the part of clinic staff.
c. Enrollees may be billed for services that are outside of the AbortionCare scope of services as defined in OAR 333-004-3070(4).
d. Prior to the visit and in a confidential manner, enrollees receiving services not covered by AbortionCare must informed that they may be expected to pay. See OARs 333-004-3070(4) for AbortionCare-covered services.
e. Clinics must submit claims to the RH Program or its claims processing vendor, as directed.
f. Clinics may not request a deposit from an enrollee who is eligible for AbortionCare in advance of services covered by AbortionCare.
g. Clinics have a legal obligation to seek third party reimbursement, if applicable, prior to billing the RH Access Fund. The clinic:
    1. Must be enrolled with and bill the Oregon Health Plan (OHP);
    2. Must be credentialed with and bill private insurance companies; and
    3. Must assure confidentiality, when indicated.
        i. Including not seeking third party reimbursement if the enrollee requested confidentiality.
h. For services billed to the RH Access Fund, the clinic must accept RH Program reimbursement as payment in full and may not charge the enrollee additional fees for those services.

Appendix A. AbortionCare Required Contraceptive Methods

Available onsite (i.e. stock onsite)	**Offer** (must be available at clinic within 7 business days)	**Refer for**
Hormonal and nonhormonal IUDs	Internal condoms	Sterilization, both tubal and vasectomy
Subdermal implant	Either diaphragm or cervical cap	
Hormonal injection	Ring, if not available onsite	
Combination oral contraceptives	Patch, if not available onsite	
Progestin-only pill		
At least one non-oral combination contraception (ring or patch)		
Vaginal pH modulators		
Fertility Awareness Method (FAM)		
Information about abstinence and withdrawal		
Emergency contraception (Ella and Plan B)		
Latex and non-latex external condoms		
Spermicide		

Appendix B. AbortionCare Clinic Exceptions

In limited circumstances, the Reproductive Health Program may grant clinics exceptions to the following certification requirements:

- D.2.c.2. Clinics must offer a broad range of contraceptive drugs, devices, and supplies provided immediately following abortion services.

For an exception to be considered, the site must provide a referral for the contraceptive supplies not available.

The RH Program will consider each request on a case-by-case basis.

To view and complete the AbortionCare Exception Clinic Request Form go to: https://app.smartsheet.com/b/form/0ae888c37ff7490b9e1e50bf67339178.