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Online Abortion Provider Robin Tucker: "I'm Trying To Remove Barriers. ... It Feels Great To Be Able To Help People This Way"

PUBLISHED 1/4/2022 by CARRIE N. BAKER

As we await the fate of Roe v. Wade, Ms.'s "Online Abortion Provider" series will spotlight the wide range of new telemedicine abortion providers springing up across the country in response to the recent removal of longstanding FDA restrictions on the abortion pill mifepristone.



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Robin Tucker is a nurse practitioner of women's health and a certified nurse midwife who offers first-trimester medication abortion by phone call, video visit or online intake forms to patients in Virginia, Maryland and Maine. She charges a sliding scale fee up to \$150.



Robin Tucker, nurse practitioner.

Her Bethesda-based Metro

Area Advanced Practice Healthcare serves "all genders, all lifestyles, all types of bodies" with reproductive and sexual health care, and offers telehealth, office visits and even house calls, with an "emphasis on harm reduction, trauma informed care and following the Health At Every Size philosophy."

Ms. spoke to Tucker about how and why she began offering telemedicine abortion services and how her patients have responded.

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Robin Tucker: *I have independent practice licenses in D.C., Maryland and Virginia. Virginia just started allowing nurse practitioners to offer medication abortion services. I still practice part time at a hospital doing deliveries. I think it's great to be able to do births and then get back online and do an abortion case. I love that. I love that balance. It just feels like I'm really able to meet people's needs for their reproductive health.*

Baker: **How did you begin offering telemedicine abortion?**

Tucker: *I saw a post on the Reproductive Health Access Project mailing list about need for virtual abortion providers and I thought, "That's great, how do I get involved in that?" And it turns out they were specifically looking for a provider in Virginia. I was also establishing my brick-and-mortar office at the time. So, everything kind of came together at once with opening up my practice.*

I started working with Aid Access and the group Access Delivered, which is affiliated with Plan C. Before I joined Aid Access, they were doing abortions in Virginia through European doctors, who prescribed through an overseas pharmacy, so it was taking a lot longer. Once I joined, it was easier for the Virginia patients, because then they could get their meds shipped from inside the U.S. in three or four days.

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an abortion case. I love that balance. It just feels like I'm really able to meet people's needs for their reproductive health.

Baker: Tell me about your telemedicine patients?

Tucker: I'm getting a lot of patients from Maryland and Virginia, people in rural areas who would have had to take time off work to go to a clinic in person. They come through virtually and schedule an appointment, a phone consult, or just the forms. Many are lower income and need assistance. A lot of them are in Southwestern Virginia, Southern Virginia. I get a lot of people in the military and public service occupations—really, it's everyone, but this allows me to meet people where they really are if they have limited resources.

If somebody lives out in Southwestern Virginia and has five kids and can only afford \$20 for her abortion and wants to talk to me on the phone—I'm able to help her more than if I'm in a clinic and she has to find transportation. I feel like I've been able to really help people like that.

Baker: Can you serve people from other states if they come to Virginia?

Tucker: Yes. Legally, if I'm mailing to a Virginia address, I'm doing the service in Virginia. They need to be physically in

Virginia on a computer and they have to attest in the telehealth consent form that they are completing the intake form in that state. If they're visiting family in Virginia and they want the pills shipped there, I can do that because I'm providing in the state I'm mailing to.

Baker: Aid Access has a sliding scale fee. How does it work for you as a provider?

Tucker: Patients pay what they're able to. That's part of my agreement with Aid Access as a provider and the mission of the organization. I decided to integrate that into my practice's model of care. I've had some very difficult months trying to be able to meet the needs of people who can't pay the full fee, but still trying to open a fledgling startup practice.

One month, I had almost \$3,000 of care that I gave away. So I've had a GoFundMe page to help with my patient assistance efforts. With my abortion care, I did want to keep it "need-blind."

I was able to affiliate with one of the Virginia abortion funds—the Blue Ridge Abortion Fund—so that has been extremely helpful.

Baker: How does it work with the abortion fund?

Tucker: What we worked out is we all signed a HIPAA agreement. If the patient says they need assistance in their intake forms, an additional consent form pops up that allows me to send their medical information to the abortion fund. Once they sign that, I automatically have it sent to intake at the abortion fund and they review it. Blue Ridge Abortion Fund calls the patient and talk to them. They want the patient to know that if they need care after the abortion, they can

help provide that. Then they fax my office with a pledge saying, we'll cover this amount for this patient's abortion. They usually get back to me in a few hours or within one business day. And then I bill them and they transfer funds. That's for Virginia.

In the other states, I take whatever patients can pay, and I cover it with the help of the GoFundMe or other grant funding that has been allocated through Plan C or AidAccess.

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People say, this seems too good to be true, this just seems so easy, there has to be a catch. I just try and make it easy. I'm trying to remove barriers.

Baker: Why do your patients use telemedicine?

Tucker: *A lot of people have told me, I would have had to take off work, I would have had to find a babysitter, I would have had to do all this other stuff if I couldn't do telemedicine.*

I've had people say, this seems too good to be true, this just seems so easy, there has to be a catch. I just try and make it easy. I'm trying to remove barriers.

... of them say, thank you for making this so easy to deal ... I clicked on the button, I made an appointment, I got

the forms. Everything was just super easy. I tailored the workflow so the phone intake form is different from the office intake form. I have a daytime receptionist, Maura, who is amazing and can talk them through the forms and process if they have questions.

Baker: Are you able to do same-day consults?



Tucker.

Tucker: Yes.

I have a different set of hours for my

medication abortion and telehealth visits hours. I keep extended hours for that because I don't have to go into the office for that. I just have it set up to where it gives me two hours lead time.

Baker: Do you have appointments at night and on weekends?

Tucker: Yeah, I have a lot of weekend callers. And I'll do them all the way up till 8 p.m.

Baker: How long do the calls normally take?

Tucker: Ten or 15 minutes. Most of the time people who find my practice website have done a lot of reading. The biggest concern usually is, when am I going to get these pills?

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Most of the time people who find my practice website have done a lot of reading. The biggest concern usually is, when am I going to get these pills?

Baker: How long does it take for the pills to reach patients?

Tucker: Three to four days. We also offer UPS next-day air for an extra fee of \$25. But some of the rural areas don't have the capability for next day air, so UPS puts it on second-day air.

Baker: Where do the abortion pills come from?

Tucker: We use Honeybee Health pharmacy in California. They have been great. They work directly with the supplier. Once they got my information that I was approved with the medication supplier, they work with the supplier to get the inventory in and they send the prescriptions priority mail.

Baker: What kind of follow-up care do you provide after patients get their pills?

Tucker: Patients can call my main office receptionist Maura from 9 to 5. And she's great, I have gotten many compliments about how helpful she is.

After hours, I have a 24-hour answering service. They answer the phone just like my usual receptionist, ask medical screening questions and then decide to either contact me, send the patient to the hotline or route the message for routine follow-up. I work with the Miscarriage and Abortion Hotline (The M+A Hotline). There's always somebody immediately available there from 8 a.m. until 2 a.m. seven days a week.

Baker:
How
many



Metro Area Advanced Practice Healthcare.

telemedicine abortion patients have you seen so far?

Tucker: I'm averaging 95 to 100 a month, so probably 600-people so far. About half came through Aid Access.

Baker: And how are the outcomes for your telemedicine patients?

Tucker: I offer a free follow-up telehealth visit. People can make it from the same screen where they schedule their phone consult. I tell them I recommend a follow-up visit, but most people don't schedule one. I also do follow-up surveys with my patients.

Most of them are saying that it went great. I've had one person who said she went to the hospital, but she was okay. I had another person get very anxious and change her mind in the middle of the abortion. An anti-abortion crisis pregnancy center prescribed her progesterone to reverse the abortion. She contacted me afterward because she took the medication they gave her, and she ultimately had heavy bleeding and ended up in the ER for monitoring.

I assume that if I'm on the phone with someone, and they want abortion pills, it's not my role to question and ask if they are sure. I feel like that's disrespectful. I'm not an options counselor. If people have questions about what they should do, then I'll definitely help them answer them. But I'm not going to initiate a conversation about how sure they are.

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Baker: Do you take insurance?

Tucker: *If people have insurance that covers telehealth abortion, we can bill them for that. It's just a matter that most of the coverages don't have it. Virginia just made it so that plans on the health insurance exchange are allowed to cover abortion before, but they don't mandate that they cover it. So if the insurer wants to and if the plan wants to allow it, then they can cover it.*

Baker: Do you offer advance provision abortion pills?

Tucker: *The pharmacy we work with has decided that they will not provide advance provision for us. So if someone fills out my forms, and they say, I'm not pregnant, I just want this for the future, then I technically can't provide it through the pharmacy that we work with. But patients can come to my Bethesda office and get it. I'm happy to do advanced provision there.*

Baker: You stock pills at your office?

Tucker: *Yes, I keep a small stock, maybe like a dozen at a time. And then I'll order another dozen when I'm getting low.
'o have the ability to see people in Maryland in my
consult office. This allows me to offer this service according to*

the laws in Maryland, which allows me to see minors there or people who travel from West Virginia. The clients from West Virginia have been very grateful for this option because West Virginia has very restrictive laws about medication abortion via telemedicine).

Baker: How does it feel to be able to help people?

Tucker: *It really feels great to be able to help people this way. I approach care of my patient population like I would hope that someone would approach taking care of one of my kids. I have a 17-year-old daughter, and I have a 25-year-old, non-binary child. A lot of my patients are their ages. I approach them how I would want my child to be treated in this situation.*

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Baker: Have you experienced any harassment for offering telemedicine abortion?

Tucker: *I have not. I've been very lucky. I'm just a solo practice just happens to do abortions. I'm providing one thing in spectrum of reproductive health care. And I also provide*

all these other things. But my kids get kind of nervous about that. My partner gets very nervous about it.

Baker: Any final thoughts?

Tucker: *I think abortion care is an incredibly important part of reproductive health care. You can't really separate abortion care from reproductive health care. It's linked inextricably. In an ideal world, people would be able to see their regular reproductive health care provider for abortion pills. I think it really goes along with my mission of providing reproductive health care in general.*

Previous profiles:

- Abortion on Demand Offers Telemedicine Abortion in 20+ States and Counting: "I Didn't Know I Could Do This!", Ms., June 7, 2021.
- Telemedicine Abortion Provider Dr. Deborah Oyer Supports Patient Autonomy and Control: "No Different Than When They're in Clinic," Ms., Jan 12, 2022.

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ABOUT CARRIE N. BAKER

Carrie N. Baker, J.D., Ph.D., is the Sylvia Dlugasch Bauman professor of American Studies and the chair of the Program for the Study of Women and Gender at Smith College. She is a contributing editor at *Ms.* magazine. Read her latest book at *Abortion Pills: U.S. History and Politics* (Amherst College Press, December 2024). You can contact Dr. Baker at cbaker@msmagazine.com or follow her on Bluesky at [@carrienbaker.bsky.social](https://bsky.app/profile/carrienbaker.bsky.social).

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