

HB937 Abortion Care Coverage Consumer Information Workgroup

Session 1 – October 18, 2022



Welcome



This meeting will be recorded

Agenda

1:00 - 1:20 | Welcome & Introductions
MHBE Staff; Workgroup Members

1:20 - 1:30 | Co-Chair Vote
Workgroup Members

1:30 - 1:40 | Charter Vote
Workgroup Members

1:40 - 2:10 | Issue Background Presentation & Discussion
Becca Lane, Senior Health Policy Analyst, MHBE

2:10 - 2:20 | Next Steps
Becca Lane

2:20 - 2:30 | Public Comment

2:30 | Adjournment

Members

Member	Affiliation
Cynthia Baur	Horowitz Center for Health Literacy, University of Maryland
Kathryn Boyd	carafem
Robin Elliott	Planned Parenthood of Maryland
Maya Greifer	UnitedHealthcare
Emily Hodson	Chase Brexton Health Care FQHC
Allison Mangiaracino	Kaiser Permanente
Patricia O'Connor	Office of the Attorney General, Health Education and Advocacy Unit
Zachary Peters	Aetna
Deb Rivkin	CareFirst
Laureen Rodgers	Consumer Advocate
Jamie Sexton	Maryland Insurance Administration



Co-Chair Vote

Co-Chair Vote

“I move to approve [name] and [name] as co-chairs of the HB937 Workgroup.”

The background features a solid teal color with a central graphic of four overlapping circles, each a lighter shade of teal, arranged in a cross pattern. The text "Workgroup Charter" is centered horizontally and vertically in a white, sans-serif font.

Workgroup Charter

Charter Vote

“I move to [approve/approve with amendments] the HB937 Workgroup Charter.”



Background

MHBE 101 – Overview

- **MHBE is a state-based health insurance marketplace/exchange launched in 2014**
 - Operates the **Maryland Health Connection** enrollment platform (website, app, call center)
 - Serves most **Medicaid** enrollees (1.23M) and legally present people in the **individual market** (175,000 - no affordable employer coverage, ineligible for Medicaid/Medicare)
 - Only source of **financial assistance** for people in the individual market: federal subsidies to cap premiums at 0%-8.5% of income and reduce cost-sharing for low-income individuals, state premium assistance for young adults
- **MHBE authority/scope includes:**
 - Conducting **outreach and enrollment** activities, overseeing the Navigator program
 - **Enhancing MHC** to improve the enrollment experience
 - **Setting plan certification standards** for individual market plans sold through MHC. Plan certification standards encompass features such as plan design and information provided to consumers
 - Administering affordability programs (**reinsurance** and **young adult subsidy**)

MHBE 101 - Purposes of the Exchange

(c) Purpose. The purposes of the Exchange are to:

- (1) reduce the number of uninsured** in the State;
- (2) facilitate the purchase and sale of qualified health plans in the individual market** in the State by providing a transparent marketplace;
- (3) assist qualified employers in the State in facilitating the enrollment of their employees in qualified health plans in the small group market in the State and in accessing small business tax credits;**
- (4) assist individuals in accessing public programs, premium tax credits, and cost-sharing reductions; and**
- (5) supplement the individual and small group insurance markets outside of the Exchange.**

Insurance Article 31-102 Annotated Code of Maryland, *Maryland Health Benefit Exchange*

House Bill 937 of 2022 (Abortion Care Access Act)

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Benefit Exchange, in consultation with the Maryland Insurance Administration, shall convene a workgroup of interested stakeholders to make **recommendations to improve the transparency and accessibility of consumer information about abortion care coverage.**

(b) **On or before January 1, 2023**, the Maryland Health Benefit Exchange shall report the recommendations made by the workgroup convened under subsection (a) of this section to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article.

Federal Requirements

- Abortion may not be included as an **Essential Health Benefit (EHB)** that QHPs are required to offer under the ACA
- **Federal funding** (APTC, CSRs) is only allowed for abortions where the pregnancy is the result of rape or incest or if the pregnancy is determined to endanger the life of a woman, and not allowed in any other cases
- If a QHP covers abortions in any other case, the issuer must not use any amount attributable to APTC or CSRs for the purposes of paying for these services
- If a QHP provides abortion coverage, it must collect from each enrollee in the QHP regardless of age, sex, or family status, an amount equal to the portion of the premium to be paid directly by the enrollee for abortion coverage and an amount equal to the actuarial value of the coverage of abortion services for which federal funding is prohibited (**non-EHB portion of premiums**)
- QHP issuers covering abortion must comply with complex billing, accounting, and reporting requirements to prove that funds for abortion are **separate** from all other funds

Dobbs v. Jackson Women's Health Decision

- On June 24, 2022, U.S. Supreme Court overturned the Constitutional right to abortion and eliminated standards on abortion access previously established in Roe v. Wade and Planned Parenthood v. Casey
- Power to protect or restrict abortion now lies with the states
- Several states have banned most abortions; abortions remain legal in other states
- **In Maryland**, abortion is a protected right under Health-Gen Art. §20–209, which gives women the right to choose to end a pregnancy before the fetus is viable, or at any time during a woman's pregnancy, if the procedure is necessary to protect the life or health of the woman, or if the fetus is affected by a genetic defect or serious deformity or abnormality

QHP Coverage Restrictions/Requirements

- 26 states have outlawed coverage of abortion by QHPs
- Eight states do not restrict abortion coverage by QHPs
- Six states require abortion coverage by QHPs
- Maryland is complicated

HB 937 Coverage Requirements

15–857.

(B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, AN ENTITY SUBJECT TO THIS SECTION SHALL:

(1) COVER ABORTION CARE SERVICES WITHOUT:

(I) A DEDUCTIBLE, COINSURANCE, COPAYMENT, OR ANY OTHER COST–SHARING REQUIREMENT; AND

(II) RESTRICTIONS THAT ARE INCONSISTENT WITH THE PROTECTED RIGHTS UNDER TITLE 20, SUBTITLE 2 OF THE HEALTH – GENERAL ARTICLE; AND

(2) PROVIDE INFORMATION TO CONSUMERS ABOUT ABORTION CARE COVERAGE USING THE TERMINOLOGY “ABORTION CARE” TO DESCRIBE COVERAGE.

(“entities subject to this section” – insurers and nonprofit health service plans that provide labor and delivery coverage to individuals or groups)

Maryland Insurance Administration (MIA)

Interpretation of HB 937

The mandated benefit required by HB 937 does not apply to individual and small group non-grandfathered health benefit plans due to the fact that the bill did not refer to or alter § 31-116 of the Insurance Article.

§ 31-116 governs the required benefits for individual and small group non-grandfathered health benefit plans, and § 31-116 expressly exempts these plans for other benefits mandated under state law.

As with many other mandates enacted post-ACA, HB 937 did not impact the applicability of § 31-116.

NOTE: This was MIA's interpretation as of the date of this meeting; it may have changed.

Additional HB 937 Provisions

- Maryland Medicaid is required to cover abortion care in all situations
- As required, MHBE has modified the Young Adult Subsidy to cover the cost of the non-EHB-attributable portion of premiums (which includes abortion coverage) for young adults who have a 0% expected contribution under the subsidy eligibility parameters
- The MIA must collect data from state-regulated plans on receipts, disbursements, and ending balances for segregated accounts established under the ACA as described above. The MIA is required to report on this data annually (2023-2026)

Consumer Information and Access

- Determining whether an insurance plan covers abortion can be challenging for consumers
 - State abortion laws vary
 - Information regarding a health plan's abortion coverage may not be readily available
 - Individuals may have to search their plan documents or contact the plan directly to determine coverage
- The majority of patients paid out-of-pocket for abortions (69% in one study)
 - Most common reason reported for not using insurance was that abortion was not covered.
 - Median cost of a medication abortion: \$560
 - Median costs for surgical abortion range from \$575 in the first trimester to \$895 in the second

MHC Plan Shopping Display



KP MD Silver 3200/20%/HSA/Vision
2023-90296MD0610005-01

METAL LEVEL:
SILVER

QUALITY RATING:
★★★★★*i*

[Details](#)

ESTIMATED MONTHLY PREMIUM <i>i</i>	ANNUAL DEDUCTIBLE <i>i</i>	ANNUAL OUT-OF-POCKET MAX <i>i</i>	PRIMARY CARE CO-PAY <i>i</i>	URGENT CARE CENTER <i>i</i>	GENERIC DRUG
\$283.38 Price after estimated \$0.00 tax credit	\$3200 per person \$6400 per group	\$6650 per person \$13300 per group	20.00% Coinsurance after deductible	20.00% Coinsurance after deductible	\$20.00 Copay after deductible

H.S.A. Qualified : Yes

[Find a Health Care Provider](#)

[Important Plan Information](#)

[Plan Costs & Benefits](#)

[Drug Search](#)

[Email Quote](#)

[Add to Compare](#)

[APPLY](#)

“Details”

Cost Sharing Overview : Member Pays

i Deductible

Individual

In-Network: \$3200

Out-of-Network: Not Applicable

Family

In-Network:

\$3200 per person

\$6400 per group

Out-of-Network:

per person not applicable

per group not applicable

i Prescription Drug Deductible

Individual

In-Network: Included in deductible

Out-of-Network: Not Applicable

Outpatient Services : Member Pays

i Outpatient Facility

In-Network: 20.00% Coinsurance after deductible

Out-of-Network: 100.00% Coinsurance

i Home Health Care Services

In-Network: 20.00% Coinsurance after deductible

Out-of-Network: 100.00% Coinsurance

i Advanced Imaging

In-Network: 20.00% Coinsurance after deductible

Out-of-Network: 100.00% Coinsurance

i X-rays and Diagnostic Imaging

In-Network: 20.00% Coinsurance after deductible

“Details”

Additional Information

 Plan Costs & Benefits

[Plan Costs & Benefits](#)

Telehealth Information

[Telehealth Information](#)

Plan Costs & Benefits (Statements of Benefits and Coverage) are on external sites

Pending Plan Data & Analyses

- In the next session, staff will present plan data on:
 - Types of abortion covered
 - Cost sharing for each type of abortion
 - Surgical supports for abortion procedures
 - Location of abortion coverage information on plan documents
 - Terminology used to describe abortion coverage

Discussion

- We will look at plan data next time. Do members have preliminary ideas for how information about abortion coverage could be clearer or more accessible?
- Would any additional information be helpful?



Next Steps

Next steps

Next meeting: Tuesday, November 1, 1 - 2:30pm

Nov 1 (#2)	Status of abortion services information on plan documents; presentation of carrier contract analysis
Nov 15 (#3)	Discussion of possible recommendations to improve accessibility and transparency
Nov 29 (#4)	Discuss draft report and recommendations
Dec 13 (#5)	Vote to finalize recommendations and report to legislature

The background features a solid teal color with four large, overlapping circles of a lighter shade of teal. These circles are arranged in a cross-like pattern, with each circle overlapping the others in the center. The text "Public Comment" is centered horizontally and vertically over the intersection of these circles.

Public Comment