

HB937 Abortion Care Coverage Consumer Information Workgroup

Session 3 – November 15, 2022



This meeting will be recorded



Welcome

Agenda

1:00 - 1:10 | Welcome

Emily Hodson & Allison Mangiaracino, Co-Chairs

1:10 - 1:20 | SBC Requirements; Ideas for Consideration

Becca Lane, MHBE Senior Health Policy Analyst

1:20 - 2:10 | Discussion

2:10 - 2:20 | Next Steps

Becca Lane

2:20 - 2:30 | Public Comment

2:30 | Adjournment

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Vote on 10/18 Minutes

Motion

“I move to [approve/approve with amendments] the HB937 Workgroup minutes from October 18, 2022.”

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Summary of Benefits & Coverage (SBC) - CMS Requirements

Abortion on the SBC

“FOR QUALIFIED HEALTH PLANS: For an SBC prepared for a qualified health plan (QHP) offered through a Marketplace, the **issuer must reflect whether abortion services are covered**.

Plans that cover excepted and non-excepted abortion services must list “Abortion” in the covered services box.

Plans that exclude all abortions should list “Abortion” in the excluded services box.

Plans that cover only excepted abortions should list in the excluded services box “Abortion (except in cases of rape, incest, or when the life of the mother is endangered)” and may also include a cross-reference to another plan document that more fully describes the exceptions.”

Also: “[An SBC] may add [...] a reference to specified pages or sections of the SPD in order to supplement or elaborate on [...] information”

SBC Template

SBC header language is prescribed by CMS as shown below:

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

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“For those services shown in the Other Covered Services box, **plans and issuers must describe any limitations that may apply**. For example, the following statement might be shown in the Other Covered Services box, as follows: ‘Acupuncture if it is prescribed by a physician for rehabilitation purposes.’”

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MHC Changes for Consideration

Current MHC Plan Details Categories

- ✓ Cost Sharing Overview : Member Pays
- ✓ Coverage Examples
- ✓ Physician Services : Member Pays
- ✓ Prescription Drugs - 1 Month Supply from a Participating Retail Pharmacy : Member Pays
- ✓ Urgent and Emergency Care : Member Pays
- ✓ Hospital Services : Member Pays
- ✓ Outpatient Services : Member Pays
- ✓ Substance Abuse, Mental & Behavioral Health : Member Pays
- ✓ Habilitative and Rehabilitative Services : Member Pays
- ✓ Pediatric Care : Member Pays
- ✓ Pediatric Dental Care : Member Pays
- ✓ Additional Information

Options for Adding Abortion to Plan Details/Comparison Page

- **Add “Reproductive Health” or “Reproductive, Maternal, and Newborn Care” dropdown menu (services on the Plan and Benefits template that could be included in such a category):**

- Family planning
- Abortion for which public funds are prohibited
- Infertility treatment
- Prenatal and postnatal care (Currently listed under “Physician Services”)
- Delivery and all inpatient services for maternity care (Currently listed under “Hospital Services”)
- Well baby visits and care

Pros: Abortion correctly categorized

Cons: Challenge of naming the new category to be both accurate and plain language:
“Reproductive Health?”
“Pregnancy?” “Mom & Baby Care?”

- **Add “Abortion Care” under outpatient services**

Pros: Doesn’t require a new category

Cons: May not be intuitive

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Principles for Consideration

Guiding Principles for Information Access

- **Plain language:** Information about abortion care should use plain language and be easy for consumers to access and understand quickly
- **Consistency:** Information about abortion care should be available in the same location on plan documents across a carrier's plans
- **Clarity:** Maryland Health Connection and key carrier plan documents, including SBCs and plan contracts/EOCs should clearly and accurately describe abortion care coverage.
- **Others?**



Discussion

Discussion

- **What can MHBE do to improve access to abortion care information?**
 - Feedback on adding information to plan details/plan compare views?
 - Other opportunities?
- Thoughts on guiding principles?

Preview: Discussion Questions for 11/29

- **What can carriers do to improve access to abortion care information?**
 - Should the benefit category/section under which abortion is placed in plan documents be standardized across carriers?
 - Should information on medication vs. procedural/surgical be listed in separate places?
 - Should any specified language be used to describe the benefit, or specified information included in benefit description in contract/EOC? For example, should benefit description clarify that coverage includes:
 - medication and surgical abortion
 - elective and therapeutic abortion
 - no cost to member
 - Should terminology be consistent for individual and small group plans?



Next Steps

Next steps

Next meeting: Tuesday, November 29, 1 - 2:30pm

Nov 15 (#3)	Discussion of possible recommendations to improve accessibility and transparency on Maryland Health Connection
Nov 29 (#4)	Discussion of possible recommendations to improve accessibility and transparency on carrier documents
Dec 13 (#5)	Review and vote to finalize recommendations and report to legislature

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Public Comment

Appendix



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.

HB 937 MIA Interpretation

The MIA interprets HB 937's abortion care coverage requirement to **include** individual and small group non-grandfathered health plans.

Except for multi-state plans and HSA-compatible high deductible health plans (HDHPs), which are exempt from all the requirements of § 15-857, all individual and small group plans are required to cover abortion care without cost-sharing. Additionally, a religious organization may obtain an exclusion from the coverage and notice requirements of § 15-857 if the requirements conflict with the organization's bona fide religious beliefs and practices.