

HB937 Abortion Care Coverage Consumer Information Workgroup

Session 5 – December 13, 2022



This meeting will be recorded



Welcome

Agenda

1:00 - 1:10 | Welcome

Emily Hodson & Allison Mangiaracino, Co-Chairs

1:10 - 1:20 | Vote on Minutes from 11/15

All

1:20 - 1:25 | Options for new plan details category title

Becca Lane, MHBE Senior Health Policy Analyst

1:25 - 1:30 | Options for standardized abortion care description on plan contracts/EOCs

Becca Lane

1:30 - 1:40 Presentation of draft legislative report

Becca Lane

1:40 - 2:10 | Discussion

2:10 - 2:20 | Next Steps

Becca Lane

2:20 - 2:30 | Public Comment

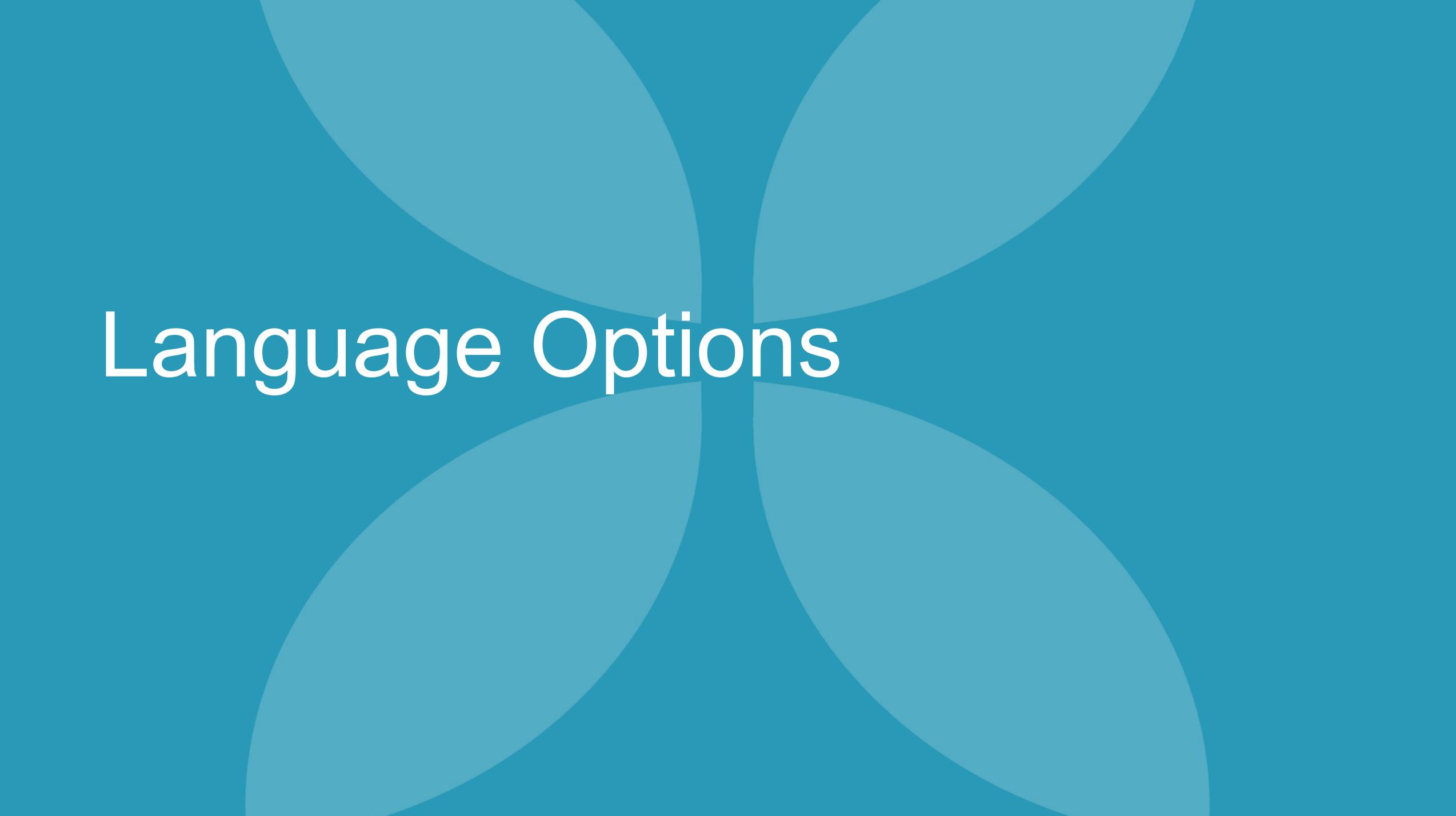
2:30 | Adjournment



Vote on 11/15 Minutes

Guiding Principles for Information Accessibility

- **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 presented uniformly across carrier plan documents through a common definition of the abortion care benefit.
- **Clarity:** Maryland Health Connection and key carrier plan documents, including SBCs and plan contracts/EOCs should clearly and accurately describe abortion care coverage.
- **Searchability:** Consumers should be able to easily search and find key terms within a document using plain language terms. Documents should be machine readable by assistive devices.

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Language Options

MHC Plan Details Page Options

- **Include abortion care on the MHC Plan Details page under a new category**
- **“Reproductive Health and Pregnancy Care”** (*received 5 member votes on 11/15 vs. 2 votes for next most popular option*)
 - Services on the Plan and Benefits template that could be included in such a category:
 - Family planning
 - Abortion
 - Infertility treatment
 - Prenatal and postnatal care (Currently listed under “Physician Services”)
 - Delivery and all inpatient services for maternity care (Currently listed under “Hospital Services”)
- **“Family Planning and Pregnancy Care”** (*was not included in survey on 11/15*)
 - “Family planning” is euphemistic, but commonly used according to KP’s list of search terms, and is also the wording used on the Plan and Benefits template
 - Abortion care falls under pregnancy care

November 15 Survey Options

- “Reproductive health” – 0 votes
- “Reproductive, maternal, and newborn care” – 0 votes
- “Reproductive health and pregnancy care” – 5 member votes
- “Pregnancy, mom, and baby care” – 0 votes
- “Pregnancy care, including abortion” – 2 member votes
- “Other” – 0 votes.

Plan Contract/EOC Description Options (1/2)

- **OLD** option: “Abortion care services: termination of pregnancy, elective or therapeutic. Services may be medication-based or procedural/surgical.”
- **NEW** option: “Abortion care services: ending a pregnancy. Your provider may prescribe medicine, do an in-office procedure, or refer you for a procedure. [Insert sentence(s) about cost-sharing- see next slide]”
 - “Ending” instead of “termination” - plain language
 - Removes “elective or therapeutic” - confusing and not necessary to include
 - Second sentence uses plain language
 - “Surgery” language should be removed because abortion is not surgery. Carrier feedback so far indicates that “procedure” includes surgery and removing the word “surgery” does not impact benefits
 - Must retain “refer for a procedure” language (in-office vs. referral)

Plan Contract/EOC Description Options (2/2)

Option 1: Generic description. “Abortion care services: ending a pregnancy. Your provider may prescribe medicine, do an in-office procedure, or refer you for a procedure. **Unless your plan is a Health Savings Account (HSA)-compatible high-deductible health plan, you do not have to pay for abortion care and the deductible does not apply.**”

Option 2: Plan-specific description. Carriers include a description based on whether the plan is an HSA-compatible HDHP or not.

- **Option 2a: Non-HSA-compatible plans.**

- “Abortion care services: ending a pregnancy. Your provider may prescribe medicine, do an in-office procedure, or refer you for a procedure. **You do not have to pay for abortion care.**”

OR: “Abortion care is covered at no charge.”

- **Option 2b: HSA-compatible plans.**

- “Abortion care services: ending a pregnancy. Your provider may prescribe medicine, do an in-office procedure, or refer you for a procedure. **You may have to pay for abortion care because your plan is a Health Savings Account (HSA)-compatible high deductible health plan.**”

OR: Carriers include a sentence describing cost-sharing for HSA-compatible HDHPs that is accurate to their plans



Draft Report

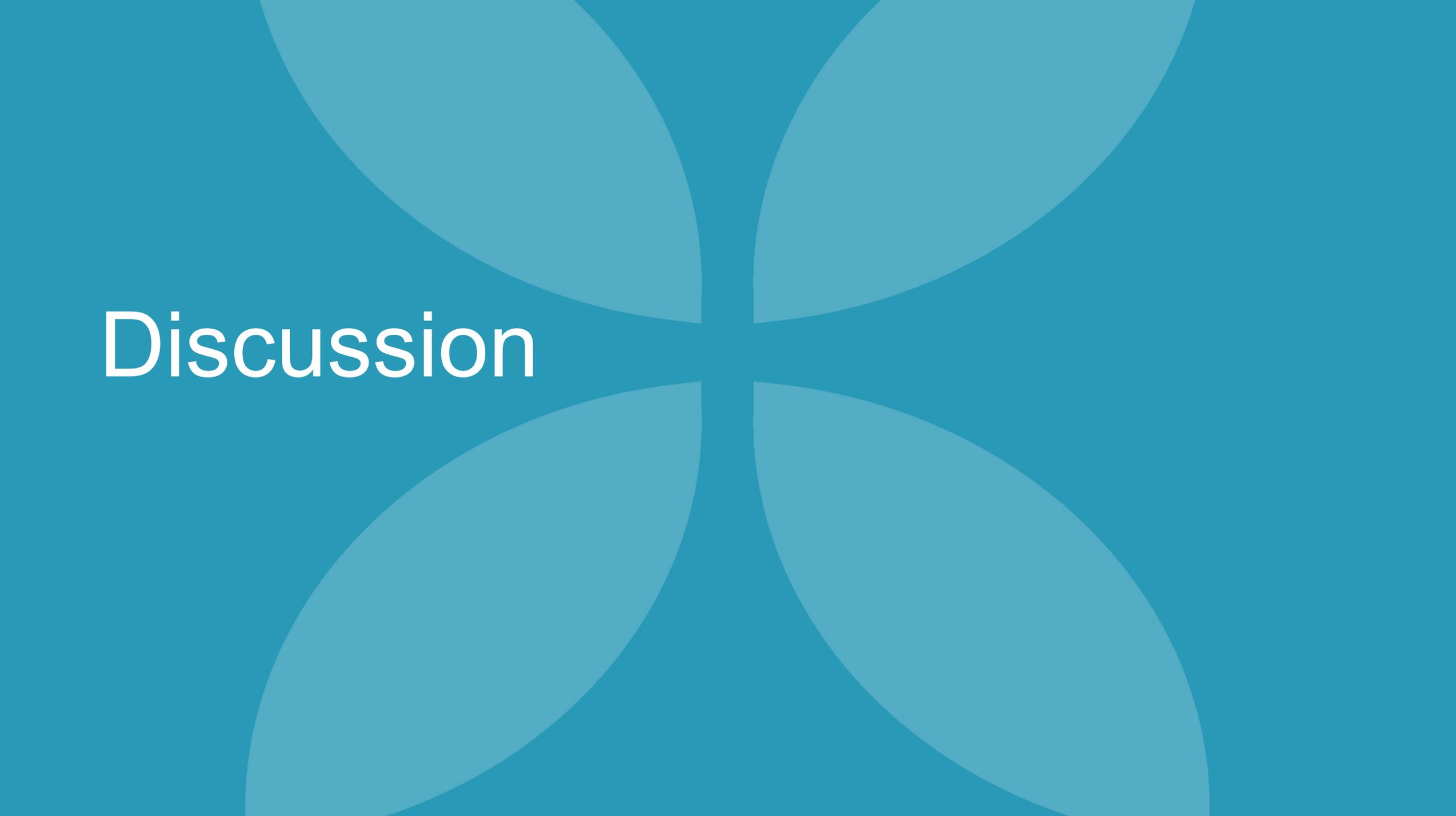
Contents

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 - Guiding Principles for Information Accessibility
 - Recommendation for Maryland Health Connection
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- Conclusion
- Appendix A: Workgroup Charter

Recommendations

1. MHBE should add abortion care to plan details page on MHC under a new category called [fill in when group has decided].
2. Carriers should change the description of abortion care in EOCs to a standardized, plain language description: “Abortion care services: ending a pregnancy. Your provider may prescribe medicine, do an in-office procedure, or refer you for a procedure.” [add cost sharing sentence(s); language subject to change based on group feedback]
 - a. Group to decide between:
 - i. One generic description
 - ii. Two plan-specific descriptions (non-HSA-compatible; HSA-compatible)

Discussion

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Discussion

- What are the group's thoughts on these recommendations?
- Is the report missing anything?
 - What, if anything, should be added?
 - What revisions are required?



Next Steps

Next steps

- MHBE staff will send a survey for **virtual** voting on the recommendations and report
- Staff will send out a revised version of the report on **Monday, 12/19**
- Members must vote by **Friday, 12/23**

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.

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.)

-
-
-

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

-
-
-

“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.’”

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