



MHBE

Abortion Care Coverage Consumer Information Workgroup

October 18, 2022
1:00PM – 2:30PM
Via Google Meets

Members Present:

Maya Greifer
Allison Mangiaracino
Emily Hodson
Cathy Grason (substituting for Deborah Rivkin)
Brian Espindola
Cynthia Baur
Jamie Sexton
Kat Boyd
Laureen Rodgers

Pat O'Connor
Robyn Elliott
Zachary Peters

State of Maryland Staff

Becca Lane (MHBE)
Amelia Marcus (MHBE)
Annapurna Kocherlakota (MDH)

Members of the Public

Ken Brannan

Welcome and Introductions

Ms. Lane welcomed attendees to the meeting. She reviewed the agenda.

The members of the Workgroup introduced themselves. Ms. Hodson and Ms. Mangiaracino indicated that they are interested in co-chairing the Workgroup.

Co-Chair Vote

Ms. Elliott moved to approve Ms. Hodson and Ms. Mangiaracino as co-chairs of the Abortion Care Coverage Consumer Information Workgroup created in response to House Bill (HB) 937. Mr. Peters seconded. The Workgroup voted unanimously to approve them as co-chairs.

Workgroup Charter

Ms. Lane reviewed the Workgroup charter, explaining that the document outlines the schedule of meetings and rules for voting. Ms. Sexton moved to approve the HB937 Workgroup Charter. Ms. Hodson seconded. The Workgroup voted unanimously to adopt the Workgroup Charter.

Background

Ms. Lane presented on the Maryland Health Benefit Exchange (MHBE)'s authority, scope, and purpose. Detailed slides are available in the presentation for this meeting.

Next, Ms. Lane described HB937, the Abortion Care Access Act and its mandate for the MHBE to convene the Workgroup. The Workgroup is tasked with making recommendations to improve the transparency and accessibility of consumer information about abortion care coverage. These recommendations will be communicated to the MD General Assembly in a report by the end of 2022.

Next, Ms. Lane presented on HB937 in relation to federal requirements surrounding abortion coverage. Abortion may not be included as an essential health benefit (EHB) for a Qualified Health Plan (QHP) under the Affordable Care Act (ACA). Federal funding, including Advance Premium Tax Credits and Cost Sharing Reductions, may not be used for abortions in most cases; instead, QHPs cover this through the separate and distinct non-EHB portion of premium.

Ms. Lane continued, explaining that the Maryland Insurance Administration (MIA) has interpreted HB937 to mean that QHPs are exempt from requirements to cover abortion care. She described several of the bill's provisions. It requires Medicaid to cover abortion care in more situations than previously; the MHBE is required to cover the non-EHB portion of premiums for qualifying young adults through the Young Adult Subsidy; the MIA is now required to collect data on keeping abortion care funds separate and report on it annually; and the bill establishes critical care training programs for abortion providers.

Ms. Lane explained that the Workgroup will focus on the information that consumers have available about abortion, noting that consumers can face difficulties in determining their plan's abortion coverage guidelines because they may be unclear on state law regarding abortion coverage or the information may be difficult to access. She stated that it is important for consumers to know what their plan covers before they enroll, as the availability of abortion coverage under a given plan may inform enrollment decisions.

Ms. Lane then presented a graphic showing the Maryland Health Connection plan shopping display for a randomly selected plan. She noted that abortion care details are not listed on the main plan shopping display or under the "Details" section but explained that these are areas where abortion care coverage information could be added.

She explained that staff will present at the next session on data collected from carriers regarding the types of abortion they cover and the cost-sharing associated with each type, as well as the results of the Hilltop Institute's analysis on the location and terminology of abortion care coverage information on plan documents.

Discussion

Ms. Lane asked the Workgroup for preliminary thoughts for how abortion care coverage information could be made clearer and more accessible, and if there are specific pieces of information that would help members of the Workgroup make more informed recommendations.

Ms. Baur asked why it is necessary to examine specific abortion care coverage details under specific plans. She expressed concern that the Workgroup may get mired in the details rather than focusing on requirements and templates for presenting the information that can be applied across plans. She noted that the Workgroup should strive to make plan information comparable so as to allow consumers to shop for plans effectively.

Ms. Lane responded that it is necessary to review how plans currently present abortion care coverage information so that the Workgroup's recommendations can be targeted to reflect a step forward. Ms. Mangiaracino agreed, underscoring the utility of understanding how the benefit is communicated in the current plan landscape in order to make improvements moving forward.

Ms. Elliott stated that a plan review was conducted before HB937 was introduced. She noted two observations from this review. First, plans had varying levels of accessibility regarding abortion care coverage information: some required consumers to comb through more layers of documents than others in order to reach information on this benefit. Second, the review observed heterogeneity in the way plans described abortion care. Some used language like "pregnancy termination" rather than referring to abortion care more directly; some plans listed the benefit under maternity care services, while others categorized it under family planning.

Ms. Elliott also stated that the legislature was clear that their intent was that the bill would cover the individual and small group markets.

Ms. Mangiaracino shared that it would be helpful to understand when and where consumers are looking for information on abortion care coverage. She stated that her organization includes the information in the Summary of Benefits and Coverage and Evidence of Coverage documents. She acknowledged, however, that consumers may look for the information through a plan shopping platform, a carrier's website, marketing materials sent out by carriers, or other sources.

Ms. Hodson noted the importance of understanding where information on abortion care coverage is currently located. She stated that the Workgroup's recommendations could seek to standardize the placement of this information in order to eliminate variation by plan and by carrier.

Ms. Elliott stated that there is a great deal of consumer confusion over the legality of abortion and whether it is covered by health insurance plans. She noted that a similar level of confusion surrounds certain types of birth control because other states are considering restricting them. She expressed hope that there may be lessons learned from the Workgroup that may apply to reproductive health information more generally.

Ms. Rodgers noted the importance of considering the second layer of information that consumers might consult beyond their plan documents, which might include consumers

calling their carrier. She stated that the language delivered that way should be standardized as well.

Ms. Hodson asked whether it is within the scope of the Workgroup to make recommendations for how navigators and consumer assistance workers are trained to go over abortion coverage when discussing plan benefits with consumers. Ms. Lane responded that it is within scope for the Workgroup to consider, adding that, if the Workgroup is in agreement, it could make recommendations on the topic.

Ms. Hodson suggested that there could perhaps be a training module on abortion care coverage that MHBE could administer to consumer assistance workers and navigators.

Ms. Mangiaracino asked whether Ms. Rodgers was referring to carrier customer support as the second layer of information that consumers would consult. Ms. Rodgers responded that it could be both carrier customer support and plan navigators.

Ms. Baur stated that it would be helpful to have carriers and Planned Parenthood share their data on the search terms that people are using to look for abortion care coverage information online.

Ms. Elliott responded that her organization, Planned Parenthood of Maryland, would be happy to share the information from a previous analysis that it helped conduct, noting that, while they could share general findings, it would not be prudent to highlight one carrier over another. She shared that the analysis found a great deal of variability in the terminology used around abortion care coverage.

Ms. Lane elaborated on the analysis to which Ms. Elliott referred, explaining that the MHBE's previous Director of Policy and Plan Management helped conduct an analysis of the terminology and location of abortion care coverage information in plan documents. She stated that the MHBE has requested a similar analysis for 2023 plans, the findings from which will be shared at the next Workgroup meeting.

Ms. Elliott noted that variation in the terminology used around abortion care is a common problem for many states.

Ms. Baur clarified that she was suggesting looking at the terms consumers are using to search for abortion care coverage information rather than the terminology used in plan documents. Ms. Elliot responded that the previous analysis found plan documents used inconsistent terminology and that these findings warrant a discussion on whether the terms used are the same ones that consumers would use. She stated that her organization concluded consumers are not likely to use the terminology found in some plan documents.

Ms. Hodson stated that having the terms used in plan documents is helpful but that understanding the search terms used by consumers is also important. She noted that a mismatch between plan terminology and the search terms consumers use could result

in consumers failing to find information on abortion care coverage. She stated that the process of standardizing the language used should begin with terms consumers are already using.

Ms. Elliott noted that HB937 requires use of the term “abortion care.” She added that any alternative or additional terms that the Workgroup can generate in order to ensure that the information comes up in a search would be valuable.

Ms. Sexton clarified the MIA’s interpretation of HB937, stating that, while the MIA holds that the mandate for health plans to cover abortion care does not apply to individual and small group non-grandfathered health benefit plans, the organization feels that the prohibition on cost-sharing is applicable if a plan covers abortion. She added that the MIA is currently examining its interpretation to ensure its accuracy, noting that the MIA will provide the Workgroup with more information as new developments arise.

Ms. O’Connor asked whether, given that interpretation, cost-sharing is universally prohibited for purchasers of and enrollees in plans that include abortion coverage. Ms. Sexton responded that she will follow up with an answer after discussing with a colleague.

Next Steps

Ms. Lane explained that the next meeting will take place on November 1 and will include a discussion of the current plan landscape regarding abortion care coverage. At the following meeting on November 15, the Workgroup will discuss possible recommendations, and a draft report and draft recommendations should be ready for review by the end of November. In mid-December, the Workgroup should be ready to vote to finalize the report and recommendations.

Public Comment

None offered.

Adjournment

The meeting adjourned at 1:43 pm.

Chat Log

N/A