



### Unfavorable HB413/SB395

#### Health Insurance – Individual Market Stabilization – Extension of Provider Fee

By Laura Bogley, JD

Director of Legislation, Maryland Right to Life

**On behalf of MDRTL and the 10,000 human lives lost to Medicaid abortions each year in Maryland, I strongly oppose House Bill 413, which will extend funding to abortion providers in the form of Medical Care Provider Reimbursements (M00Q01.03).**

**This fee extension is an additional TAX on health insurance providers that forces them to provide coverage for abortion against their rights of conscience and free exercise of religion. There is no safeguard in Maryland law for the conscience rights of insurance providers. Maryland legislators have taken a sworn oath to defend the Constitution which includes a duty to protect the Free Exercise of Religion.**

**MEDICAID FUNDING FOR ABORTION** - *The Maryland Medical Assistance Program and the Maryland Children's Health Program (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. According to the Maryland Department of Legislative Services in their *Analysis of the FY2022 Maryland Executive Budget* Maryland taxpayers are being forced to fund \$6.5 million for nearly 10,000 elective abortions a year under the **Medical Care Programs Administration (M00Q01)** and specifically through abortion provider reimbursements through the **Medical Assistance Program, Medical Care Provider Reimbursement (M00Q01.03)**. (See below FY22 Budget Analysis.)*

**TAX INCREASE ON PROVIDERS** - Through this bill Governor Hogan is imposing an additional tax on health insurance providers and using public funds to pay for elective abortions. This bill authorizes the extension of the transfer of *federally repealed* health insurance provider assessment fees to the Medical Care Provider Reimbursement (M00Q01.03) which annually reimburses abortion providers.

**INFRINGING ON RIGHTS OF CONSCIENCE** – This bill authorizes the continued coercion of health insurance providers to provide abortion coverage potentially infringing on rights of conscience and the free exercise of religion. Such policies bar faith-based organizations and people of conscience from doing business with the state of Maryland. This policy is hostile to business.

**DEPARTMENTAL SUBSIDIES TO ABORTION** – This bill will authorize an appropriation of \$8,000,000 in assessment fees to be transferred to the **Community Health Resource Commission**. The Commission has served as a pass-through organization for Planned Parenthood and in 2020, they awarded 2 Covid relief grants to Planned Parenthood in the amount of \$76,895.

**AFFORDABLE CARE ACT FEES REPEALED** – This bill asks you to transfer fees collected for services required under Section 9010 of the Affordable Care Act as of 2016. However the Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502, signed into law on December 20, 2019, repealed the annual fee on health insurance providers for calendar years beginning after December 31, 2020. As a result of the repeal, 2020 was the last fee year.

**NO PUBLIC FUNDING** - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is *bi-partisan unity* on prohibiting the use of taxpayer funding for abortion. 54% percent of those surveyed in a January 2022 Marist poll say they oppose taxpayer funding of abortion.

**INVEST IN LIFE** - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

**FUNDING RESTRICTIONS ARE CONSTITUTIONAL** - The Supreme Court has held that the alleged constitutional “right” to an abortion “*implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*” When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*” -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

**ABORTION IS NOT HEALTH CARE** – Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women’s healthcare. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

**For these reasons, we respectfully urge you to vote against House Bill 413 and any other measures to allocate public funds to abortion providers, services, education, training or promotion.**

**We appeal to you to prioritize the state’s interest in human life and restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.**

## Updates

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### 1. Medical Assistance Expenditures on Abortion

Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in fiscal 1999. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

**Exhibit 33** provides a summary of the number and cost of abortions by service provider in fiscal 2018 through 2020. **Exhibit 34** indicates the reasons abortions were performed in fiscal 2020 according to the restrictions in the State budget bill.

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**Exhibit 33**  
**Abortion Funding under Medical Assistance Program\***  
**Three-year Summary**  
**Fiscal 2018-2020**

	Performed under 2018 State and Federal Budget <u>Language</u>	Performed under 2019 State and Federal Budget <u>Language</u>	Performed under 2020 State and Federal Budget <u>Language</u>
Abortions	9,875	9,676	9,864
<b>Total Cost (\$ in Millions)</b>	<b>\$6.3</b>	<b>\$6.1</b>	<b>\$6.5</b>
Average Payment Per Abortion	\$636	\$626	\$660
Abortions in Clinics	7,644	7,490	7,545
Average Payment	\$434	\$433	\$466
Abortions in Physicians' Offices	1,720	1,773	1,903
Average Payment	\$982	\$972	\$986
Hospital Abortions – Outpatient	506	409	416
Average Payment	\$2,417	\$2,592	\$2,677
Hospital Abortions – Inpatient	**	**	0
Average Payment	\$13,228	\$6,443	\$0
Abortions Eligible for Joint Federal/State	0	0	0

\* Data for fiscal 2018 and 2019 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2020 includes all abortions performed during fiscal 2020, for which a Medicaid claim was filed through November 2020. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2020. For example, during fiscal 2020, an additional 16 claims from fiscal 2019 were paid after November 2019, the date of the report used in the fiscal 2021 Medicaid analysis and explains differences in the data reported in that analysis to that provided here.

\*\* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

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**Exhibit 34**  
**Abortion Services**  
**Fiscal 2020**

**I. Abortion Services Eligible for Federal Financial Participation**  
 (Based on restrictions contained in the federal budget.)

<u>Reason</u>	<u>Number</u>
1. Life of the woman endangered.	0
<b>Total Received</b>	<b>0</b>

**II. Abortion Services Eligible for State-only Funding**  
 (Based on restrictions contained in the fiscal 2020 State budget.)

1. Likely to result in the death of the woman.	0
2. Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	181
3. Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,642
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	39
5. Victim of rape, sexual offense, or incest.	*
<b>Total Fiscal 2020 Claims Received Through November 2020</b>	<b>9,864</b>

\* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

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# Affordable Care Act Provision 9010 - Health Insurance Providers Fee

## Repeal of Health Insurance Provider Fee (IPF- ACA § 9010 fee)

The Further Consolidated Appropriations Act, 2020, Division N, Subtitle E § 502, signed into law on December 20, 2019, repealed the annual fee on health insurance providers for calendar years beginning after December 31, 2020 (fee years after the 2020 fee year). As a result of the repeal, 2020 was the last fee year.

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