

Updates

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 29 provides a summary of the number and cost of abortions by service provider in fiscal 2017 through 2019. **Exhibit 30** indicates the reasons abortions were performed in fiscal 2019 according to the restrictions in the State budget bill.

Exhibit 29
Abortion Funding under Medical Assistance Program*
Three-year Summary
Fiscal 2017-2019

	Performed under 2017 State and Federal Budget <u>Language</u>	Performed under 2018 State and Federal Budget <u>Language</u>	Performed under 2019 State and Federal Budget <u>Language</u>
Abortions	8,892	9,875	9,660
Total Cost (\$ in Millions)	\$5.9	\$6.3	\$6.0
Average Payment Per Abortion	\$660	\$636	\$622
Abortions in Clinics	6,829	7,644	7,483
Average Payment	\$441	\$434	\$433
Abortions in Physicians' Offices	1,509	1,720	1,770
Average Payment	\$935	\$982	\$962
Hospital Abortions – Outpatient	550	506	404
Average Payment	\$2,522	\$2,417	\$2,584
Hospital Abortions – Inpatient	**	**	**
Average Payment	\$14,711	\$13,228	\$6,973
Abortions Eligible for Joint Federal/State Funding	0	0	0

* Data for fiscal 2017 and 2018 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2019 includes all abortions performed during fiscal 2019, for which a Medicaid claim was filed through November 2019. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2019. For example, during fiscal 2019, an additional 78 claims from fiscal 2018 were paid after October 2017, which explains differences in the data reported in the fiscal 2020 Medicaid analysis to that provided here.

** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

**Exhibit 30
Abortion Services
Fiscal 2019**

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
Total Received	0

II. Abortion Services Eligible for State-only Funding

(Based on restrictions contained in the fiscal 2018 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.	120
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.	9,520
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	19
5. Victim of rape, sexual offense, or incest.	*
Total Fiscal 2019 Claims Received through November 2019	9,660

* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

2. Block Grants Redux

In January 2020, CMS announced a Healthy Adult Opportunity (HAO) initiative. HAO offers states, for certain adults under 65, flexibility in administering benefits for those individuals. The flexibility being offered includes the ability to:

- adjust cost-sharing requirements to incentivize high value care;