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Planned Parenthood of Maryland

**House Health and Governmental Affairs Committee**  
**House Bill 952 – Access to Abortion Care and Health Insurance Act**  
**February 22, 2022**  
**Support**

Planned Parenthood of Maryland strongly supports *House Bill 952 – Access to Abortion Care and Health Insurance Act*. Insurance coverage is essential to making any health care service, including abortion care, accessible. We support this bill because it ensures that abortion care is covered, whether through a private plan or Medicaid. Access to abortion care should not depend on insurance status.

**State-Regulated Private Insurance: Research and Plan Review Led to Proposed Provisions in the Bill**

Planned Parenthood of Maryland has noticed a pattern with our patients with private insurance. Even though abortion care is often covered by private plans, patients sometimes have to pay significant out-of-pocket costs to meet deductible or cost-sharing requirements. This financial burden can cause distress for our patients and delay care while they gather resources.

To understand abortion coverage for state-regulated plans, we engaged a consultant who reviewed consumer-facing documents of qualified health plans under the Maryland Health Benefit Exchange. The review found that qualified health plans generally cover abortion care, but commonly enrollees had deductible and cost-sharing requirements. The review also found that abortion care coverage information was often confusing and did not use standard terminology to describe abortion care.

We also reviewed the peer-reviewed research about abortion coverage and out-of-pocket costs. In a 2014 study of the impact of out-of-pocket costs for abortion care, 25% of patients with private insurance had out-of-pocket costs of \$200 or more. Fifty-four percent of patients, including those with private insurance, delayed care because to obtain the resources needed to cover out-of-pocket costs.<sup>i</sup> Another study found that 29% of insured individuals had to rely on resources from others, most commonly the man involved with the pregnancy, to cover-out-of-pocket costs.<sup>ii</sup>

Based on our research and the experiences of the provider community, we worked with the bill sponsor to identify policy changes that would make abortion coverage in private insurance more effective. We were very concerned with the researched findings that confirmed our experience as providers – individuals delay abortion care when having to identify the resources needed to meet cost-sharing and deductible requirements. We would note that individuals seeking abortion services may be younger, healthier, and less likely to have met their deductible requirements.

The bill includes the following primary provisions:

- Requires state-regulated private plans to cover abortions care. Maryland law requires coverage of contraception, certain infertility treatment services, and maternity care. The bill would ensure that insurance covers all pregnancy options. There are several exemptions:
  - religious organizations utilizing the existing State exemption for Maryland's contraceptive coverage mandate;
  - one of two multi-state plans as required under the Affordable Care Act; and
  - high-deductible health plans with health savings accounts because of IRS rule
- Requires abortion care coverage to be without cost-sharing or deductible requirements; and
- Requires the consistent use of terminology to describe "abortion care" coverage to consumers.

#### **Maryland Medical Assistance Program: Equity in Coverage**

The bill requires Medicaid to cover abortion care to be covered in the same manner as state-regulated plans. This means Marylanders, whether covered through private insurance or Medicaid, would have equitable coverage.

The bill's Medicaid provision would also eliminate outdated and stigmatizing policies currently enshrined in the annual budget bill. The annual budget bill language was developed in 1979, just a few years after the Hyde Amendment, and there have been no substantial changes to the language in 40 years. The outdated and stigmatizing provisions include (see attached Medicaid form):

- A requirement that rape and incest survivors need to file a policy or social service agency report to get abortion coverage;
- Except for survivors of rape or incest, a requirement that individuals have a medical justification related to physical health, mental health, or fetal abnormality. There is no coverage for individuals who are choosing abortion care because it is the best option for their circumstances; and
- A requirement that a physician certify the individual's health condition. This has not been updated to reflect the Attorney General Frosh's opinion from 2020 that nurse practitioners, nurse-midwives, and physician assistants may provide medication abortion.

## **Closing a Subsidy Loophole in the Young Adult Subsidy Program**

If private health plans cover abortion, federal law requires insurers to charge a minimum of \$1 a month for abortion coverage and keep the premium funds in segregated accounts. Implementing this requirement can be complicated, especially for qualified health plans and health benefit exchanges because federal subsidies cannot be used to cover the \$1 monthly premium.

Some very low-income individuals have the entire cost of their premiums, except for \$1 a month, covered by federal subsidies. Paying the \$1 monthly premium may not be affordable; or even if it is affordable, it poses a significant administrative burden on both the insurer and the individual. If individuals do not make this \$1 payment, they may not complete their initial enrollment and they may be at risk for disenrollment under certain circumstances.

California just implemented an innovative program to address this \$1 monthly gap for those who would otherwise have their premiums covered entirely by federal subsidies. The Governor included it in the 2021 budget because research demonstrated that zero-dollar coverage would increase enrollment among very low-income individuals.<sup>iii</sup>

The bill proposes to model the California program in Maryland's Young Adult Subsidy Program. The Maryland Health Benefit Exchange would study and report if the "last dollar coverage" initiative was successful in supporting more people in enrolling and staying in coverage. If successful, it could be extended to other low-income adults covered through qualified health plans.

## **Conclusion**

Thank you for your consideration of this legislation. We believe it is critical to ensuring individuals with Medicaid have equitable abortion coverage, and cost-sharing and deductible requirements in private insurance do not cause delays in care. We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [reliott@policypartners.net](mailto:reliott@policypartners.net).

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<sup>i</sup> Roberts et al. Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States. Women's Health Issues Journal. January 2014.

<sup>ii</sup> Jones et al. At What Cost? Payment for Abortion Care by U.S. Women. Women's Health Issues Journal. March 2013.

<sup>iii</sup> Drake, Colman and Anderson, David. Terminating Cost-Sharing Reduction Subsidy Payments: The Impact of Marketplace Zero-Dollar Premium Plans on Enrollment. Health Affairs, No 1, 2020.

MARYLAND MEDICAL ASSISTANCE PROGRAM  
CERTIFICATION FOR ABORTION

A COPY OF THIS FORM MUST BE ATTACHED TO ALL INVOICES FOR ABORTION SERVICES.

Please Print or Type

PATIENT'S NAME	PHYSICIAN COMPLETING FORM
PATIENT'S ADDRESS	PHYSICIAN'S MEDICAL ASSISTANCE PROVIDER NUMBER
PATIENT'S ADDRESS	PLACE OF SERVICE
PATIENT'S MEDICAL ASSISTANCE NUMBER	DATE OF SERVICE

**PART I - Check one of the blocks if applicable and sign the certification.**

- G. I certify that this abortion is necessary because the life of the mother would be endangered if the fetus were carried to term.

DATE	PHYSICIAN'S SIGNATURE
<input type="checkbox"/> I. Attached is a document submitted by an official of a law enforcement agency or public health service where the rape or incest was reported. The document includes the following information: 1. Name and address of victim; 2. Name and address of person making the report (if different from the victim); 3. Date of the rape or Incest Incident; 4. Date of the report (may not exceed 60 days after the incident); 5. Statement that the report was signed by the person making it; 6. Name and signature of person at law enforcement agency or public health service who took the rape or Incest report.	

**PART II - You must check one of the following blocks and sign the certificate, unless you have checked "I" in Part I, above.**

- R. I certify that this abortion is necessary because, based on my professional judgement, continuation of the pregnancy is likely to result in the death of the woman.

DATE	PHYSICIAN'S SIGNATURE
<input type="checkbox"/> S. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, termination of pregnancy is medically necessary because there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	

- T. I certify that, in my professional judgement, there exists medical evidence that continuation of the pregnancy is creating a serious effect on the woman's present mental health and, if carried to term, there is substantial risk of a serious or long lasting effect on the woman's future mental health.

DATE	PHYSICIAN'S SIGNATURE
<input type="checkbox"/> V. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, this abortion is necessary because the fetus is affected by genetic defect or serious deformity or abnormality.	

- W. I certify that this procedure is necessary for a victim of rape, sexual offense, or incest, and the incident has been reported to a law enforcement agency or to a public health or social agency.