

## 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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