

Updates

1. Medicaid Expenditures on Abortion

Language attached to the Medicaid budget from fiscal 1979 to 2022 authorized the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must have certified 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 through 2022.

The General Assembly amended the language regarding abortion services funded under Medicaid and MCHP in the fiscal 2023 Budget Bill to refer to any qualified provider of abortion services, as defined in Section 20-203 of the Health – General Article, and for the restrictive language to remain in effect for the first six months of fiscal 2023, contingent on enactment of Chapter 56 (the Abortion Care Access Act). Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion. **Exhibit 18** provides a summary of the number and cost of abortions by service provider in fiscal 2020 through 2022.

Exhibit 18 Abortion Funding under Medicaid Fiscal 2020-2022

	Performed under 2020 State and Federal Budget <u>Language</u>	Performed under 2021 State and Federal Budget <u>Language</u>	Performed under 2022 State and Federal Budget <u>Language</u>
Abortions	9,909	10,997	11,567
Total Cost (\$ in Millions)	\$6.6	\$7.2	\$7.6
Average Payment Per Abortion	\$663	\$652	\$659
Abortions in Clinics	7,572	8,289	8,981
Average Payment	\$467	\$465	\$458
Abortions in Physicians’ Offices	1,915	2,353	2,101
Average Payment	\$989	\$940	\$954
Hospital Abortions – Outpatient	*	355	*
Average Payment	\$2,691	\$3,107	\$3,062

M00Q01 – MDH – Medical Care Programs Administration

	Performed under 2020 State and Federal Budget <u>Language</u>	Performed under 2021 State and Federal Budget <u>Language</u>	Performed under 2022 State and Federal Budget <u>Language</u>
Hospital Abortions – Inpatient	*	0	*
Average Payment	\$10,931	\$0	\$19,968
Abortions Eligible for Joint Federal/State	0	0	0

*Indicates a dataset of less than 10 cases.

Note: Data for fiscal 2020 and 2021 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2022 includes all abortions for which a Medicaid claim was filed through November 2022. Providers have up to 12 months after the date of service to submit fee-for-service claims; therefore, Medicaid may receive additional claims for abortions performed during fiscal 2022. For example, in fiscal 2022, 834 additional claims from fiscal 2021 were paid after November 2021. This explains differences in the fiscal 2021 data reported in this analysis compared to prior Medicaid budget analyses.

Source: Maryland Department of Health

Exhibit 19 indicates the reasons abortions were performed in fiscal 2022, according to the restrictions in the federal budget and State budget bill. Beginning on January 1, 2023, the amended budget language regarding abortion services authorized Medicaid and MCHP funds to cover abortion care services with restrictions that are consistent with Title 20, Subtitle 2 of the Health – General Article, also contingent on Chapter 56. The fiscal 2024 allowance as introduced includes language attached to the Medicaid and MCHP budgets that returns to the phrasing included in fiscal 1979 to 2022 budget bills, authorizing the use of State funds to pay for abortions under specific circumstances.

Exhibit 19
Abortion Services by Reason
Fiscal 2022

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 2021 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.	453
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.	11,091
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	*
5. Victim of rape, sexual offense, or incest.	*
Total Fiscal 2022 Claims Received Through November 2022	11,567

*Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health
