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Chairperson Joseline A. Peña-Melnyk  
House Health and Government Operations Committee  
240 Taylor House Office Building  
Annapolis, Maryland 21401  
February 24, 2025

**Re: House Bill 930, Public Health Abortion Grant Program – FAV**

Dear Chairperson Peña-Melnyk and members of the Health and Government Operations Committee,

Thank you for the opportunity to provide comment on House Bill (HB) 930, which establishes the Public Health Abortion Grant Program and Fund.

I am writing on behalf of the National Health Law Program (NHeLP), a public interest law firm that protects and expands the health care rights of people with low incomes and other underserved populations. I work for NHeLP's sexual and reproductive health team, which believes that access to reproductive and sexual health care is critical to a person's overall health and well-being. NHeLP strongly supports the passage of HB 930 and this testimony will outline why the Health and Government Operations Committee should support this important bill.

Section 1303 of the Affordable Care Act sets forth a series of "special rules" regulating abortion coverage in the Marketplaces. One of these rules requires Marketplace insurers that offer abortion coverage to segregate enrollee premiums into two separate accounts, one to pay for abortions that are not eligible for federal funding, and one to pay for all other

health services.<sup>1</sup> The plans must set the premium allocated to abortion services to at least one dollar per month per enrollee, irrespective of the actual cost.<sup>2</sup> And importantly, federal law clearly states that the funds in this segregated account shall be “used exclusively to pay for such services described in paragraph (1)(B)(i),” which refers to abortions for which public funding is prohibited.<sup>3</sup> The one dollar per month premium far exceeds the actual cost of covering needed abortion services, which has resulted in [significant sums of money](#) sitting in these segregated accounts.

HB 930 creates the Public Health Abortion Grant Program and Fund, which uses these leftover segregated premium accounts to fund abortion services that are not eligible for federal funding (as federal law instructs). This Fund represents an innovative approach to leveraging existing resources to meet the needs of pregnant people seeking abortion care in Maryland. The Fund is intentionally structured to help people who need it most, as it focuses funding for services provided to those without sufficient resources – uninsured, underinsured, people who fall into abortion coverage gaps or who are otherwise unable to use their existing insurance.

Abortion coverage is one of the most vital components to creating an equitable abortion coverage landscape. Research has shown that out-of-pocket cost of an abortion can be [catastrophic](#) for people with low incomes and can push care out of reach. [Studies](#) have shown that financial limitations, including the need to take time to collect enough money to pay for care, plays a major role in delaying access to abortion. Furthermore, having to pay for care out-of-pocket exacerbates other financial hurdles people seeking an abortion can encounter, including lost wages, child care, and travel costs. Being denied an abortion can have grave long-lasting effects, as shown by the Turnaway Study, which [found](#) that people who were denied an abortion reported worse health outcomes and negative impacts on their economic stability than people who received abortion care.

HB 930 is a new approach to improving the abortion access landscape in Maryland by making critical investments to fund abortion services in line with federal law. This bill would help cement Maryland’s position as a leader on reproductive freedom and ensure

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<sup>1</sup> 45 CFR § 156.280(e)(3)

<sup>2</sup> ACA § 1303(b)(2)(D)(ii).

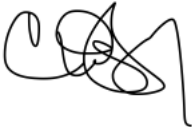
<sup>3</sup> ACA § 1303(b)(2)(C)(ii)



all people can obtain the services they need, regardless of who they are, how much money they make, or what kind of insurance they have.

Thank you for the opportunity to submit testimony. On behalf of the National Health Law Program, I strongly urge you to vote in favor of House Bill 930.

Sincerely,

A handwritten signature in black ink, appearing to read 'CDuffy', with a stylized flourish at the end.

Cat Duffy  
Policy Analyst  
National Health Law Program

