



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary
January 30, 2025

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
241 House Office Building
Annapolis, MD 21401-1991

Re: House Bill (HB) 381 – Maryland Medical Assistance Program and Health Insurance – Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing Our Scars Act) – Letter of Information

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for House Bill (HB) 381 – Maryland Medical Assistance Program and Health Insurance – Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing Our Scars Act).

HB 381 requires the Maryland Medical Assistance Program (Medicaid) to provide medically necessary coverage of aesthetic services and restorative care for treatment of physical injuries to victims of domestic violence. The Department is supportive of the legislation's intent; however, the scope of services it would mandate is unclear and may result in a fiscal impact.

The Department recognizes the impact domestic violence has on the lives of Marylanders. The Centers for Disease Control and Prevention (CDC) found that 38.0 percent of women and 35.0 percent of men in Maryland have been a victim of physical violence by an intimate partner in their lifetime.¹ Studies indicate that intimate partner violence is more prevalent in lower-income communities and thus may disproportionately impact Medicaid participants.^{2,3}

Certain services are covered today and would be budget neutral. For example, services that address injuries that occur during a physical altercation such as broken bones, sprains, or wounds are covered by Medicaid. In the event that an injury is sufficiently severe that it requires

¹ Smith SG, Khatiwada S, Richardson L, Basile KC, Friar NW, Chen J, Zhang Kudon H, & Leemis RW. The National Intimate Partner and Sexual Violence Survey: 2016/2017 State Report. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2023. <https://www.cdc.gov/nisvs/documentation/NISVS-2016-2017-State-Report-508.pdf>.

² Bonomi AE, Trabert B, Anderson ML, Kernic MA, Holt VL. Intimate partner violence and neighborhood income: a longitudinal analysis. *Violence Against Women*. 2014 Jan;20(1):42-58. doi: 10.1177/1077801213520580. Epub 2014 Jan 28. PMID: 24476760; PMCID: PMC5486977. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5486977/>.

³ Fox GL, Benson ML. Household and neighborhood contexts of intimate partner violence. *Public Health Rep*. 2006 Jul-Aug;121(4):419-27. doi: 10.1177/003335490612100410. PMID: 16827443; PMCID: PMC1525351. <https://pmc.ncbi.nlm.nih.gov/articles/PMC1525351/>.

reconstructive surgery, such as an injury to the nose or a broken facial bones, those services would be considered medically necessary.

To the extent the intent of the legislation is to require coverage of additional services, the Department would realize a potentially significant fiscal impact. Cosmetic services that are intended to improve a patient's physical appearance, but do not restore or materially improve a body function are not eligible for reimbursement. As a result, certain services for new injuries, such as superficial bites, burns, scratches, and lacerations that only require immediate treatment in an emergency department setting, and treatment of healed injuries from domestic violence in the past, such as scarring to the face, neck, or body, would not be considered medically necessary under existing policy in most cases. Additionally, in the event of significant damage to the teeth, the adult dental benefits package does not cover partial or full dentures or dental implants.

The Department reiterates its support of the intent of the legislation to the extent that it is budget neutral and respectfully requests further clarification of the scope of the legislation. If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary