



March 13, 2026

The Honorable Heather Bagnall
Chair, Health Committee
240 Taylor House Office Building
Annapolis, Maryland 21401

Re: *HB 1107 - 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 Bagnall and Committee Members,

The Maryland Health Care Committee (MHCC) respectfully submits this letter of information on *House Bill (HB) 1107 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 1107 requires Medicaid and certain insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations to provide coverage to victims of domestic violence for aesthetic services and restorative care related to scars or scarring determined to be medically necessary for the treatment of physical injuries caused by domestic violence.

MHCC was requested by letter of the Senate Finance Committee on April 9, 2025 to conduct a study on failed Senate Bill 508 (2025) which required coverage for aesthetic services which were determined to be medically necessary for the treatment of physical injuries received by domestic violence. MHCC published our report on December 19, 2025, *Maryland Medical Assistance Program and Health Insurance – Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing Our Scars Act)*.¹

Physical domestic violence (DV) and intimate partner violence (IPV) affects about 41% of women and 26% of men, nationally.² It often leads to acute injuries like fractures, chronic pain, mental health conditions, and traumatic brain injury.³ In Maryland, about a third of all

¹ https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2025/sb508_hb381_healing_our_scars_act.pdf

² Smith, S. G., Zhang, X., Basile, K. C., et al. (2018). *The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief – Updated Release*. Atlanta, GA: Centers for Disease Control and Prevention.

³ National Academies of Sciences, Engineering, and Medicine (2018). *Responding to the Health Needs of Survivors of Intimate Partner Violence*.

men and women experience some form of intimate partner or domestic violence and many survivors require medical treatment in settings like emergency departments, urgent care, and hospitals.⁴ Common injuries treated in Maryland hospitals include facial fractures, head trauma and traumatic brain injury, strangulation injuries, stab and gunshot wounds, and pregnancy related trauma.^{5,6} Underserved communities including people with disabilities, members of the LGBTQI+ community, racial and ethnic minorities, limited English-proficient individuals, immigrants, and low income populations experience higher rates of domestic and intimate partner violence.^{7,8,9,10} These underserved groups face additional barriers to healing – a lack of access to culturally and linguistically tailored accessible health care, affordability of services, social isolation and stigma, and other structural inequities.

Restorative procedures improve the functionality of a part of the body, while aesthetic procedures are performed to improve an individual’s appearance and sense of self. Some procedures, such as scar removal, can be categorized as both restorative or aesthetic. Providers recognize the mental and emotional impact of scars. Visible scars from abuse can act as reminders of trauma, contributing to depression, PTSD, anxiety, and social withdrawal – and research for trauma survivors shows that improvement in appearance leads to improved mental health and quality of life. Visible scars can make it easier for abusers to identify their victims or control their narrative and scar removal can help survivors rebuild their lives in a new community and reduce physical markers of abuse.¹¹ All experts interviewed in MHCC’s study indicated that scar treatment would facilitate psychological healing for victims/survivors.

⁴ National Coalition Against Domestic Violence (2020).

https://assets.speakcdn.com/assets/2497/ncadv_maryland_fact_sheet_2020.pdf

⁵ Davidov DM, Larrabee H, Davis SM. (2015). United States emergency department visits coded for intimate partner violence. *J Emerg Med.*

⁶ Maryland Department of Health (2013).

<https://health.maryland.gov/phpa/mch/documents/ipv%20guide%20for%20providers.january.pdf>

⁷ Hughes, K., et al. (2012). “**Prevalence and risk of violence against adults with disabilities: A systematic review and meta-analysis.**” *The Lancet.*

⁸ Porsch, L. M., et al. (2022). “**Intimate Partner Violence among Sexual Minority Women: A Systematic Review.**” *Trauma, Violence, & Abuse.*

⁹ Morrison, A. M., et al. (2023). “**Intimate Partner Violence and Immigration in the United States: A Systematic Review.**” *Social Psychiatry and Psychiatric Epidemiology.*

¹⁰ Center for Advancing Women’s Communities (2024). “**Socioeconomic Risk Factors for Domestic and Intimate Partner Violence.**”

¹¹ American Society of Plastic Surgeons. (2019). Reconstructive surgery for survivors of domestic violence improves psychosocial outcomes.



Insurers in Maryland generally provide coverage for medically necessary restorative services regardless of the cause of decreased functionality. However, aesthetic procedures are usually excluded from coverage, unless they meet restorative standards. Currently, the Affordable Care Act (ACA) does not require specific coverage for DV-related aesthetic services. The ACA does require states to utilize a benchmark plan for State-regulated coverage, Maryland's current plan does not require coverage for aesthetic services.

It was estimated if all cost sharing is removed for the services described in this bill, the increase to premiums for the fully insured market could be \$0.06 Per Member Per month (PMPM) or 0.02%. And increases to premium for the State Health Plan could be as high as \$0.06 PMPM or 0.02% of premium.

We appreciate your consideration. If you have any questions, please do not hesitate to contact me at douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov or 410-764-3588.

Sincerely,



Douglas Jacobs, MD, MPH
Executive Director

