

# HB937 Abortion Care Coverage Consumer Information Workgroup

---

Session 4 – November 29, 2022



This meeting will be recorded



Welcome

# Agenda

1:00 - 1:10 | Welcome

*Emily Hodson & Allison Mangiaracino, Co-Chairs*

1:10 - 1:20 | Vote on Minutes from 11/1

*Emily Hodson & Allison Mangiaracino*

1:20 - 1:40 | Takeaways from previous meeting; plan document descriptions of abortion

*Becca Lane, MHBE Senior Health Policy Analyst*

1:40 - 2:10 | Discussion

2:10 - 2:20 | Next Steps

*Becca Lane*

2:20 - 2:30 | Public Comment

2:30 | Adjournment



**Vote on 11/1 Minutes**



# Takeaways from Previous Meeting

# Guiding Principles for Information *Accessibility*

- **Plain language:** Information about abortion care should use plain language and be easy for consumers to access and understand quickly.
- **Consistency:** *Information about abortion care should be presented uniformly across carrier plan documents through a common definition of the abortion care benefit.*
- **Clarity:** Maryland Health Connection and key carrier plan documents, including SBCs and plan contracts/EOCs should clearly and accurately describe abortion care coverage.
- **Searchability:** *Consumers should be able to easily search and find key terms within a document using plain language terms. Documents should be machine readable by assistive devices.*

# Recommendation for MHC

- **Add “Reproductive Health and Pregnancy Care” category on the Plan Details/Comparison page**
- Services on the Plan and Benefits template that could be included in such a category:
  - Family planning
  - Abortion
  - Infertility treatment
  - Prenatal and postnatal care (Currently listed under “Physician Services”)
  - Delivery and all inpatient services for maternity care (Currently listed under “Hospital Services”)

The background features a solid teal color with a central graphic of four overlapping circles, each a lighter shade of teal, arranged in a cross pattern. The text "Plan Document Language" is centered horizontally and vertically in a white, sans-serif font.

# Plan Document Language

# Possible SBC Approaches

- “Abortion (no limitations apply)”
  - However, if we add this language to one service, it might be confusing if the same clarification is not added to other services that have no limitations
- Carrier feedback
  - Make no changes to SBC; focus on clarifications in EOC
    - SBC meant to be high-level and easy to understand
  - Would comply with any recommendations but SBC changes are “tedious and ... difficult to implement”
    - MD would be the only state with changes to SBC
- Any additional feedback?

## Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

• • •

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

• • •

# Sample Abortion Care Plan Location and Language

## **Kaiser Permanente**<sup>1</sup>

Description listed separately from cost share information

### **Description Location:** *List of Benefits / Family Planning Services*

“Abortion care Services: elective and therapeutic termination of pregnancy, as permitted under state law”

“Note: We also cover Services for interruption of pregnancy, limited to the following circumstances:

1. If the fetus is believed to have an incapacitating chromosomal, metabolic or anatomic defect or deformity that has been certified by a Plan Provider; or
2. When the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself; or
3. When the pregnancy is the result of an alleged act of rape or incest.”

### **Cost Share Location:** *Appendix – Summary of Cost Shares / Family Planning Services*

“Family Planning Services that are defined as preventive care under the Affordable Care Act are covered at no charge. Women’s Preventive Services (WPS), including all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity are covered under Preventive Health Care Services at no charge.

Male Sterilization	-	No charge
<u>Abortion care Services</u>	-	No charge”

# Sample Abortion Care Plan Location and Language

## United<sup>2</sup>

Location: *Covered Health Care Services / Surgery - Outpatient*

“Abortion care services, including both elective and therapeutic surgical abortion care services. Depending on where a non-surgical abortion care services is administered, Benefits will be provided for under the corresponding Benefit category in this Policy. **There is no Co-payment or Co-insurance for abortion care services. Except for Health Savings Account (HSA)-compatible plans, the Deductible, if any, does not apply to abortion care services.**” (bolding added)

## CareFirst HMO<sup>3</sup>

Location: *Covered Services / Outpatient Facility, Office and Professional Services / Family Planning Services / Maternity and Related Services / Non-Preventive Services*

“Abortion care. Coverage will be provided for abortion care services. **There is no Copayment or Coinsurance for abortion care. Except for Health Savings Account (HSA)-compatible plans to which the Member has contributed to his/her HSA during the Benefit Period, the Deductible, if any, does not apply to abortion care.**” (bolding added)

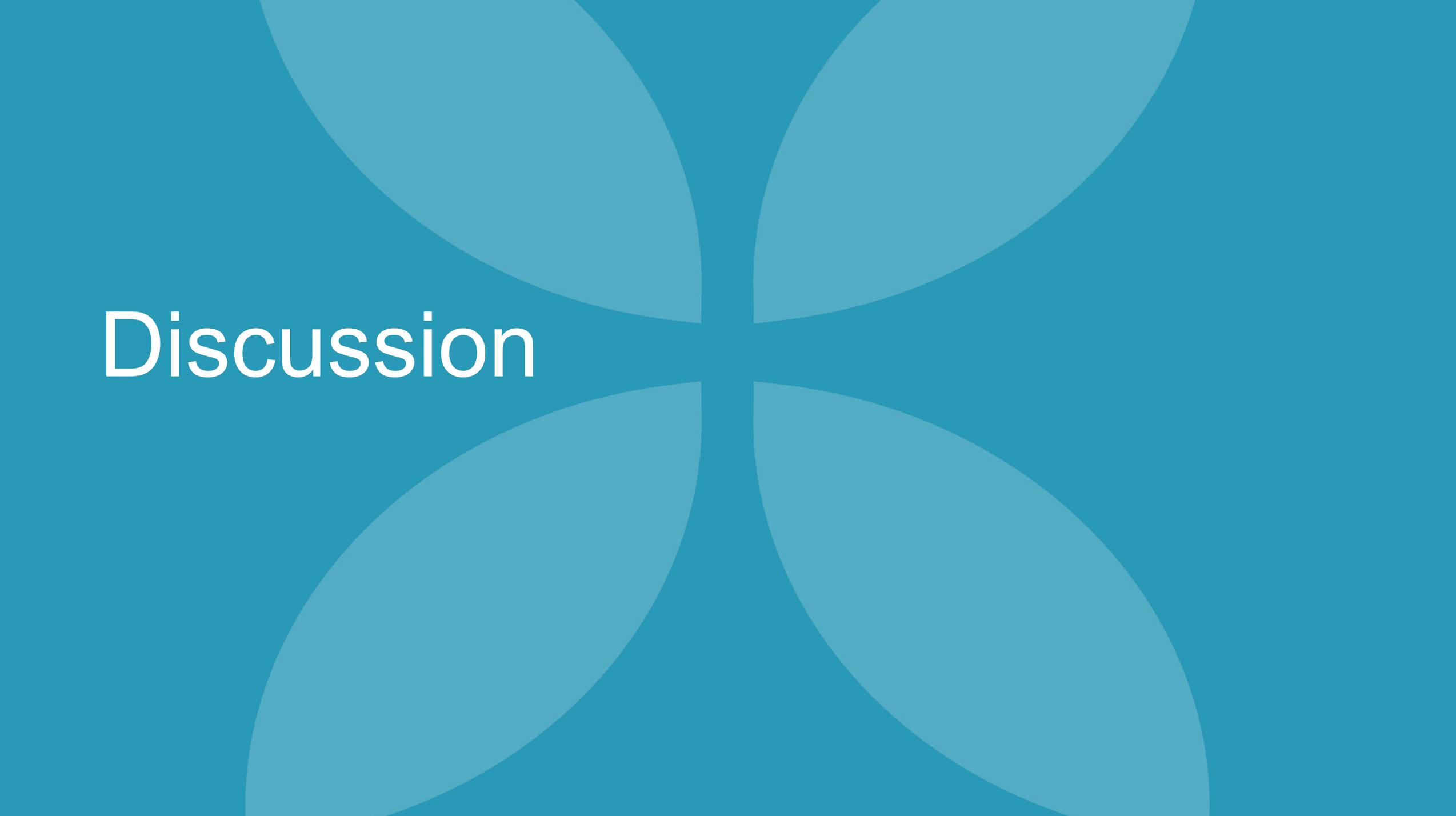
# Summary - Abortion Care Information Plan Document Locations

- Kaiser Permanente
  - *List of Benefits / Family Planning Services*
  - *Appendix – Summary of Cost Shares / Family Planning Services*
- United Healthcare
  - *Covered Health Care Services / Surgery - Outpatient*
- CareFirst HMO
  - *Covered Services / Outpatient Facility, Office and Professional Services / Family Planning Services / Maternity and Related Services / Non-Preventive Services*

# Possible Standardized EOC Descriptions

- “Abortion care services: termination of pregnancy, elective or therapeutic. Services may be medication-based or procedural/surgical.”
- Carrier feedback:
  - Support for the above wording
  - Changes to the description in the contract could be made without many operational concerns

# Discussion

The background features a dark blue field with four overlapping, light blue, petal-like shapes arranged in a cross pattern, meeting at a central point. The petals have a soft, rounded appearance and are semi-transparent, allowing the darker blue background to show through.

# Discussion (1/2)

- **What can carriers do to improve access to abortion care information?**
  - Should the workgroup recommend a change to the SBC language?
    - If so, what should the recommended language be?
  - Should any specified language be used to describe the benefit, or specified information included in benefit description in contract/EOC? For example, should benefit description clarify that coverage includes:
    - medication and surgical abortion
    - elective and therapeutic abortion
    - no cost to member
  - Should terminology be consistent for individual and small group plans?

## Discussion (2/2)

- What is a reasonable timeline for carriers to implement changes?
  - Updated EOC language needed by January 31 each year; individual market EOCs must be filed on March 1 (KP)
  - EOC language must be finalized by end of December before initial plan filing (UHC)
  - If required, SBC changes would take 90 days to implement
  - Any additional feedback?



Next Steps

# Next steps

**Next meeting:** Tuesday, December 13, 1 - 2:30pm

Nov 15 (#3)	Discussion of possible recommendations to improve accessibility and transparency on Maryland Health Connection
Nov 29 (#4)	Discussion of possible recommendations to improve accessibility and transparency on carrier documents
<b>Dec 13 (#5)</b>	<b>Review and vote to finalize recommendations and report to legislature</b>



# Public Comment

# Appendix



# House Bill 937 of 2022 (Abortion Care Access Act)

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Benefit Exchange, in consultation with the Maryland Insurance Administration, shall convene a workgroup of interested stakeholders to make **recommendations to improve the transparency and accessibility of consumer information about abortion care coverage.**

(b) **On or before January 1, 2023**, the Maryland Health Benefit Exchange shall report the recommendations made by the workgroup convened under subsection (a) of this section to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article.

# HB 937 MIA Interpretation

The MIA interprets HB 937's abortion care coverage requirement to **include** individual and small group non-grandfathered health plans.

Except for multi-state plans and HSA-compatible high deductible health plans (HDHPs), which are exempt from all the requirements of § 15-857, all individual and small group plans are required to cover abortion care without cost-sharing. Additionally, a religious organization may obtain an exclusion from the coverage and notice requirements of § 15-857 if the requirements conflict with the organization's bona fide religious beliefs and practices.

# Abortion on the SBC

“FOR QUALIFIED HEALTH PLANS: For an SBC prepared for a qualified health plan (QHP) offered through a Marketplace, the **issuer must reflect whether abortion services are covered.**

**Plans that cover excepted and non-excepted abortion services must list “Abortion” in the covered services box.**

**Plans that exclude all abortions should list “Abortion” in the excluded services box.**

**Plans that cover only excepted abortions should list in the excluded services box “Abortion (except in cases of rape, incest, or when the life of the mother is endangered)” and may also include a cross-reference to another plan document that more fully describes the exceptions.”**

Also: “[An SBC] may add [...] a reference to specified pages or sections of the SPD in order to supplement or elaborate on [...] information”

# SBC Template

SBC header language is prescribed by CMS as shown below:

## Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- 
- 
- 

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- 
- 
- 

“For those services shown in the Other Covered Services box, **plans and issuers must describe any limitations that may apply**. For example, the following statement might be shown in the Other Covered Services box, as follows: ‘Acupuncture if it is prescribed by a physician for rehabilitation purposes.’”

# Current MHC Plan Details Categories

- ✓ Cost Sharing Overview : Member Pays
- ✓ Coverage Examples
- ✓ Physician Services : Member Pays
- ✓ Prescription Drugs - 1 Month Supply from a Participating Retail Pharmacy : Member Pays
- ✓ Urgent and Emergency Care : Member Pays
- ✓ Hospital Services : Member Pays
- ✓ Outpatient Services : Member Pays
- ✓ Substance Abuse, Mental & Behavioral Health : Member Pays
- ✓ Habilitative and Rehabilitative Services : Member Pays
- ✓ Pediatric Care : Member Pays
- ✓ Pediatric Dental Care : Member Pays
- ✓ Additional Information