MHBE

Abortion Care Coverage Consumer Information Workgroup

November 1, 2022
1:00PM – 2:30PM
Via Google Meets

Members Present:
Maya Greifer
Allison Mangiaracino
Emily Hodson
Deborah Rivkin
Cynthia Baur
Kat Boyd
Laureen Rodgers
Pat O'Connor
Zachary Peters

State of Maryland Staff
Becca Lane - MHBE
Johanna Fabian-Marks - MHBE
Amelia Marcus - MHBE
Jamie Sexton - MIA
Karen Lamb - MIA
Annapurna Kocherlakota - MDH

Members of the Public
Ken Brannan
Brian Espindola
Nic Nemec
Brenna Tan

Welcome and Introductions
The Workgroup's co-chairs, Emily Hodson and Allison Mangiaracino, welcomed everyone to the meeting. Ms. Mangiaracino provided a summary of the previous meeting.

Status of Abortion Care Coverage and Availability of Consumer Information Presentation
Becca Lane began with an overview of the Maryland Insurance Administration (MIA) interpretation of HB 937. The MIA updated their interpretation of HB 937's abortion care coverage requirement to include individual and small group non-grandfathered health plans. All individual and small group plans are required to cover abortion care without cost-sharing, with the exception of multi-state plans, HSA-compatible high-deductible health plans, and religious organizations that obtain an exemption.

Jamie Sexton, Director of Health Insurance Regulatory Affairs and National Partnerships at the MIA, thanked Ms. Lane for including this change to the interpretation. Karen Lamb, a subject matter expert from the MIA, elaborated, explaining that high-deductible health plans are not required to cover abortion services and that

they are allowed to impose cost-sharing. Ms. Sexton encouraged any Workgroup members who have questions after the meeting to reach out to her.

Ms. Lane explained that, prior to the Workgroup, the Maryland Health Benefit Exchange (MHBE) issued an information request to carriers for all individual and small group plans for data on cost-sharing limits on care coverage, any gestational limits on care coverage, and terminology used in plan documents. Carriers reported that for medication there is a 70-day gestational limit based on FDA approvals, but otherwise, carriers do not impose any gestational limits. Medication abortion is called "abortion care services," "therapeutic surgical abortion," and "abortion care." Medication and procedural/surgical abortion are not listed as separate benefits. One carrier noted that other diagnosis codes could lead to applicable cost sharing, which is an issue the Workgroup may want to consider at a later date.

Ms. Lane reported that an analysis of abortion coverage information access in 2022 plans was conducted during the past legislative session. She provided an overview of the analytical framework because the guest speakers today from the Hilltop Institute have applied this framework to the 2023 plans. The analysis of 2022 plans examined the ways consumers access information on abortion coverage in their plan documents and found a lot of variation in the terminology used and inconsistency in details about cost sharing. Detailed slides on this analysis are available in the presentation for this meeting.

Ms. Lane then introduced Brenna Tan and Nic Nemec, analysts at The Hilltop Institute, and explained that they will be presenting their findings from an analysis of abortion care coverage information in 2023 plans. Ms. Tan explained that the 2023 plan documents were accessed through the MIA's SERFF filing access portal and that 316 plans across the individual and small group markets were examined. Ms. Tan reported that 2023 plan documents reflect the new requirements of HB 937. None of the plans applied cost sharing or deductible to abortion services, with the exception of health savings account- (HSA) eligible plans that covered abortion services with no cost sharing after the deductible is met. Ms. Tan noted that there was variation in the terms used to categorize abortion care as well as the language and format of abortion coverage information. Ms. Tan then provided examples of the abortion care coverage information available in the plan documents of three carriers.

Mr. Nemec provided an overview of the click analysis that Hilltop performed, examining how many clicks it would take for a consumer to reach abortion coverage information from the Maryland Health Connection (MHC) site. For all the carriers in the individual market, the Summary of Benefits and Coverage (SBC) was one click away, which is an improvement from the analysis of 2022 plans. Abortion was included under "Other Covered Services" for all carriers, but there was variation in the language. Additionally, Mr. Nemec noted that the phrases "limitations may apply to these services" (which is present in all SBCs) and "abortion, except in limited circumstances" (present in one carrier's SBCs) may leave consumers with questions about the limits to their coverage.

Mr. Nemec reported that there was more variation in the small group market. One carrier had abortion coverage information that was one click away and had language identical to the individual market plans; two carriers' documents did not address abortion coverage; and one carrier did not have updated coverage documents available through MHC. Overall, abortion coverage information is more easily accessible than in the previous analysis of 2022 plans, but the analysis found areas that could be standardized to improve clarity and ease of access for consumers.

Deborah Rivkin asked about the reasoning for showing the analysis of the 2022 plans. Ms. Lane responded that the previous analysis gives context for the analytical framework that was used for the 2023 plans and shows the changes that carriers made after HB 937 was passed.

Discussion

Ms. Mangiaracino provided an overview of the discussion questions: *What can MHBE do to improve access to abortion care information?* and *What can carriers do to improve access to abortion care information?* She opened the floor for discussion.

Ms. Rivkin asked for more time to review the materials presented today and discuss them with coworkers before providing feedback. Ms. Mangiaracino agreed that she would also like to consult internally with the team who works on the language regarding abortion coverage and how it is categorized.

Cynthia Baur commented that a plain language explanation of abortion coverage is needed. Dr. Baur performed an exercise with her own health plan's documents and determined that the abortion care coverage is difficult to find and understand.

Pat O'Connor commented that the Health Education and Advocacy Unit of the State of Maryland Attorney General's Consumer Protection Division assists consumers with coverage questions and has had internal discussions regarding this issue. She added that the time-sensitive nature of abortion services is very important for them and asked Ms. Rivkin and other carrier representatives if there are similar services that share the same time sensitivity of abortion services. Ms. O'Connor noted that they want these enrollees to have immediate access to the extent possible. Ms. Mangiaracino asked for clarification on whether Ms. O'Connor is referring to immediate access to abortion care coverage information within the plan contract. Ms. O'Connor responded in the affirmative, adding that the ideal outcome is for information to be available within one click.

Ms. Rivkin noted that all carriers cover abortion services and acknowledged the importance of the topic. However, she stated that she is unaware if there have been complaints from enrollees in the past about difficulty in finding abortion coverage information. She reiterated that she will need more time to review plan materials and have internal discussions before she can provide feedback on whether the carrier is providing information to consumers in a clear manner.

Laureen Rodgers asked whether the plans with a religious exemption state in their coverage materials that abortion services are excluded or if the language regarding abortion coverage is omitted from those materials. Mr. Nemec responded that the latter is true.

Ms. Rodgers then asked whether consumers who choose a plan through the exchange have time to change their plan selection if they realize the plan doesn't cover the benefits they want. Ms. Fabian-Marks responded that it depends on where the consumer is in the process of enrollment. For example, if a consumer changed their mind while open enrollment is still ongoing, then the consumer could switch their enrollment. However, once the coverage is effectuated and the consumer has paid their first premium, then the consumer will not be able to change their plan selection until the next open enrollment unless they have a qualifying event for a special enrollment period.

Ms. Rodgers commented that she was put off by language regarding limitations in plan documents and wonders how long consumers would have to change their mind after selecting a plan. Ms. Mangiaracino responded that the limitations mentioned in the SBC can apply to other services, not just abortion services. She also noted that SBCs are more structured and have less flexibility than the Explanation of Coverage (EOC), which may account for the variation in language between EOCs. Ms. Fabian-Marks added that the EOC is an opportunity where the Workgroup's recommendation could help shape the language used.

Ms. Mangiaracino commented that, at the last Standing Advisory Committee meeting, staff presented a proposal for 2023 to ensure that one click within the SBC goes directly to the plan contract. She acknowledged, however, that the contract is still a long document that can take time to navigate.

Ms. O'Connor commented that her impression is that the limitations were time-related, such as the FDA's 70-day limit for medication abortion, and she asked whether any other limitations apply to covered abortions. Mr. Nemec responded that he brought up limitations in the context that consumers may want to know whether limitations apply to abortions; he explained that he is not knowledgeable about the actual limitations that a carrier may apply to abortions. Ms. O'Connor commented that there should not be any financial limitations because there is no cost-sharing and noted that it is important to pin down what limitations apply to abortions.

Ms. Fabian-Marks added that, if Ms. O'Connor is reacting to language in the SBC's "Other Covered Services" header that says limitations may apply to these services, this is generic language that flags that there could possibly be limitations for these services, but it doesn't mean that there are limitations specifically for abortion. Ms. O'Connor asked if this language will continue to be used moving forward. Ms. Fabian-Marks responded that she can look into it. Ms. O'Connor advocated for very clear language. Ms. Mangiaracino noted that, after this meeting, information can be provided regarding the requirements for the SBC, which is a rigid document with certain parameters.

Ms. Mangiaracino asked if there are any thoughts on how abortion coverage information should be categorized.

Ms. Hodson commented that each carrier should have abortion coverage under the same category for consistency.

Kat Boyd commented that, to de-stigmatize abortion, it should not be listed separately but should be part of the family planning or maternity category. Ms. Mangiaracino noted that listing abortion separately may make it easier to find but acknowledged that Ms. Boyd's point is valid as well. Ms. Boyd reiterated that abortion is health care, arguing that moving it away from other similar health care services puts it in a different category.

Ms. Rodgers commented that they need to examine where other services related to abortion services, such as pregnancy services and maternity health services, are located in plan documents. She expressed a preference for categorizing abortion under the reproductive health category as opposed to under family planning.

Ms. Mangiaracino asked Workgroup members for feedback on what the MHBE can do to improve access to abortion care information. Specifically, she asked whether adding a fact sheet on abortion care coverage to the MHBE website or adding a line about abortion care coverage to each plan's Plan Detail list on the MHC shopping page would be helpful.

Dr. Baur advocated for plain language that is easy for consumers to find and noted that it is important to be aware of the terms a consumer may use to search for information on abortion coverage.

Ms. Mangiaracino asked about the Plan Detail list and how abortion coverage would be listed. Ms. Fabian-Marks showed an example of the Plan Details page, which displays information about the benefits within a variety of service categories. She explained that the question is whether to add abortion as one of the items that is shown in this Plan Detail list, whether as a service under one of the existing categories or under a new category such as reproductive health.

Dr. Baur commented that consumers may have difficulty determining which category abortion services would fall under.

Ms. Hodson noted that abortion care could fall under multiple categories, which can make it difficult for consumers to navigate. She also suggested adding abortion care as a coverage example in the same way that having a baby is listed as a coverage example.

Ms. Mangiaracino asked where maternity and prenatal services are listed in the Plan Details. Ms. Fabian-Marks responded that inpatient maternity services are listed under

the hospital services category. Ms. Hodson responded that there is not a specific section on prenatal care, but it falls under specialty visits and preventive services.

Ms. Mangiaracino asked whether there are limitations on the Plan Details page based on the template of benefits from carriers. Ms. Fabian-Marks responded that the Plan details page is based on the template of benefits and is federally constructed. She noted that the federal template of benefits has more categories than what is shown on MHC, but it is a limiting factor. Ms. Fabian-Marks responded that, as a follow-up, MHBE staff can present the Workgroup with the benefits that fall under the family planning and reproductive health category on the federal template.

Ms. Mangiaracino asked if it would be beneficial to have a separate web page on MHC on abortion care.

Ms. Hodson responded that having consumers click to a separate website for more information is cumbersome and could be confusing for consumers. She stated that it would be preferable to display information about abortion care in the Plan Details page and include a link to the carrier's website for more information.

Ms. Mangiaracino asked whether medication and surgical abortion should be separated given that the cost sharing is the same. Ms. Fabian-Marks added another question for the Workgroup: whether the description of abortion care coverage should clarify that both surgical and medication abortion are covered within that benefit with no cost sharing.

Dr. Baur commented that this is a good question for providers of abortions, who would be more knowledgeable about what information consumers need.

Ms. Boyd agreed that health centers have to provide a lot of information to clients. She noted that there is confusion among both clients and providers as to whether plans cover abortion. Ms. Mangiaracino asked if Ms. Boyd is suggesting more specificity in the plan contracts regarding abortion coverage and what is covered. Ms. Boyd responded in the affirmative.

Next Steps

Ms. Lane provided an overview of the next steps. The next meeting is scheduled for November 15, and the Workgroup will continue the discussion of possible recommendations to improve accessibility and transparency.

Ms. Rivkin asked to push the next meeting back to give her additional time to review the materials and provide feedback. Ms. Lane responded that the MHBE can review the timeline and noted that the report is due January 1.

Ms. Boyd commented that moving the November 15 back a few days may not make a difference and suggested getting the materials earlier to have more time to prepare for the meeting. Ms. Rivkin responded that carriers will need multiple internal discussions

and that it will be difficult to provide recommendations or feedback before the November 15 meeting.

Dr. Baur commented that it is important to determine the nature of the recommendations, as guidelines that are too prescriptive could cause problems for carriers.

Ms. Rivkin noted that the recommendations will only apply to the individual and small group markets, so carriers will have to consider that differing language between plan types (including those on other markets) could be problematic and demand more time for the development of recommendations. She agreed with Dr. Baur that overarching principles make sense.

Ms. Boyd added that she thinks the Workgroup is looking for overarching principles rather than individual changes to certain policies throughout a carrier's entire platform. She noted that, as a provider, she sees how confusing it is for consumers and feels that simple things such as using layman's terms or putting abortion care in a place within the plan policy that's easy to find would be helpful. Ms. Rivkin responded that there is variation in the categorization of abortion care between carriers and that carriers have to consider whether having different language in individual and small group plans than other plan types could add to consumer confusion. She underscored that this is a decision that could have a ripple effect on a carrier's entire platform, so it requires careful consideration.

Dr. Baur responded that the Workgroup will be making recommendations, not mandates. Ms. Rivkin replied that the Workgroup recommendations could become legislative mandates. Ms. Fabian-Marks added that, while it is true that they are recommendations, the hope is that they are recommendations that are actionable and can be implemented.

In regard to Ms. Rivkin's request for more time, Ms. Fabian-Marks proposed keeping the schedule but postponing carrier-specific conversations until November 29 so carriers have more time to prepare. On November 15, the Workgroup will start discussing what can be displayed on the MHBE website and potential recommendations on that front. On November 29, the Workgroup will focus on Evidence of Coverage and terminology. Ms. Fabian-Marks noted that they will aim to send slides to the Workgroup about a week before the meeting.

Public Comment
None offered.

Adjournment
The meeting adjourned at 2:30 pm.