MHBE

Abortion Care Coverage Consumer Information Workgroup

November 15, 2022
1:00PM – 2:30PM
Via Google Meets

Members Present:
Cathy Grason
Maya Greifer
Allison Mangiaracino
Emily Hodson
Brian Espindola
Cynthia Baur
Jamie Sexton
Laureen Rodgers
Pat O'Connor
Robyn Elliott

Zachary Peters

Staff
Becca Lane
Amelia Marcus
Annapurna Kocherlakota
Johanna Fabian-Marks

Members of the Public
Ken Brannan

Welcome and Introductions
Emily Hodson, Co-Chair, welcomed attendees to the meeting.

Approval of Meeting Minutes
Ms. Hodson presented the minutes from the Workgroup's October 18 meeting for the Workgroup's approval. Zach Peters voted to approve the minutes. Laureen Rodgers seconded. The Workgroup voted unanimously to approve the minutes.

Agenda
Ms. Hodson reviewed the agenda.

SBC Requirements; Ideas for Consideration
Becca Lane, Senior Policy Analyst at the Maryland Health Benefit Exchange (MHBE), presented on the Centers for Medicare & Medicaid Services (CMS) requirements for carriers' Summary of Benefits and Coverage (SBC) documents; the presentation is in response to questions raised during the Workgroup's previous meetings.

Ms. Lane explained that SBCs must reflect whether abortion services are covered under the plan. The benefit must be listed under the appropriate box: either "included services" or "excluded services." She noted that this should assuage concerns raised at the Workgroup's previous meeting that an SBC might obscure the fact that abortions are not

covered because there is no mention of abortion whatsoever. Further, if abortion care coverage is only under excepted circumstances, that must be included where the benefit is listed. The SBC may also include a reference to a different plan document or page where the exceptions are more clearly described.

Ms. Lane continued, stating that the language used in the header for excluded and included services in the SBC, which reads "Limitations may apply to these services," is required by CMS. Additionally, when benefits are listed in these sections, the document must describe the limitations that apply. Ms. Lane acknowledged that consumers may still wonder whether limitations apply based solely on the header for the section, as they would be unaware that limitations that do apply must be listed. She stated that there may be room for discussion of potential changes to help address these concerns.

Pat O'Connor expressed concern over the prospect that the current SBC header is unchangeable. She asked how much discretion the Workgroup has to clarify the SBC language regarding inclusions and exclusions. Ms. Lane responded that the Workgroup may be able to introduce more specificity into the document and help consumers find abortion coverage information more easily by suggesting the addition of language to refer to a different plan document or using a similar workaround.

Ms. O'Connor expressed the hope that the Workgroup can perfect a clear message through its meetings. She asked whether the current SBC language is required by CMS. Ms. Lane answered in the affirmative.

Ms. O'Connor asked when the Workgroup will have the opportunity to develop a clear message. Ms. Lane responded that carrier-specific topics are on the agenda for the next meeting and will include the SBC issue.

Johanna Fabian-Marks, Director of Policy and Plan Management at MHBE, stated that the header language is unchangeable but that the Workgroup could recommend language for the bullet that lists abortion as a covered service on the SBC, such as inserting a disclaimer that "limitations don't apply." She encouraged the Workgroup to send Ms. Lane any recommendations along those lines for discussion at the next meeting.

MHC Changes for Consideration
Next, Ms. Lane showed the categories that are currently accessible through Maryland Health Connection (MHC) by selecting "more plan details." The Workgroup previously discussed adding abortion care to this list. Ms. Lane presented two options based on the Workgroup's discussions in the last meeting.

Option 1 is to add a new dropdown category for "Reproductive Health" or "Reproductive, Maternal, and Newborn Care." This option has the benefit of categorizing abortion correctly and using language that is likely intuitive, but she acknowledged the challenge involved in deciding on a name for the category that is accurate but uses plain,

understandable language. She noted that "Reproductive Health" and "Reproductive, Maternal, and Newborn care" may not be plain language.

Option 2 is to add abortion care under "Outpatient Services." This option would sidestep the challenges involved in creating a new category but may not be an intuitive place for consumers to find information about an abortion benefit. Ms. Lane noted that Option 3 is to add abortion care under its own dropdown but stated that this is likely not ideal.

Regarding Option 1, Ms. Rodgers observed that creating a new category called "Reproductive Health" may require a reorganization of the way that other services are listed besides abortion, such as paternal services and family planning services such as sterilization. She also noted that Option 2 might be confusing because abortion is not always an outpatient service; she provided the example of an emergency inpatient abortion.

Robyn Elliott remarked that using "Reproductive Health and Pregnancy Care" as the name for a new category is helpful because "pregnancy care" is inclusive, but some people might not connect "pregnancy" alone with abortion services. She characterized this approach as aligning with providers' and reproductive health advocates' efforts to describe reproductive healthcare as a wide spectrum of care. She expressed agreement with Ms. Rodgers regarding the confusion that may be associated with Option 2, though she noted that listing abortion under "Outpatient Services" would be simple to implement.

Ms. Fabian-Marks clarified that it would be relatively simple for MHBE to create a new category. She advocated for a single category in order to keep the list of categories from becoming too long.

Allison Mangiaracino noted that the services under each category are limited to what is included in the Plan and Benefits template but noted that details about sterilization could be included in the hover text on the page.

Cynthia Baur suggested using plain language, expressing concern that some of the wording options presented include jargon. She noted that examining search data from MHBE or the carriers may be helpful to help understand what terms consumers are using to search for abortion care services. Regarding Option 3, she stated that the word 'abortion' should be used because it is the clearest to consumers and the term most frequently used to describe these services. She also suggested alphabetizing the categories on MHC. She noted that the list is already long and suggested some category headings be moved to a "most frequently used" section.

Maya Greifer stated that these plan details are generally used to compare the cost sharing between plans. She explained that, with the passage of HB937, cost sharing for abortion does not change between plans, with the exception of health savings account-eligible plans. She suggested adding a clear indicator that cost sharing for

abortion will be zero for any MHC plan, which could be located somewhere other than the categories list located under "Plan Details."

Ms. Fabian-Marks remarked that Ms. Greifer raises a valid point for discussion but argued that the "Plan Details" page is where benefits are listed and that there may not be another place to list the abortion benefit within the plan shopping experience. She added that, while listing abortion under "Plan Details" may be repetitive given the lack of real differences in cost sharing, it may be valuable because consumers who do not see abortion listed as a benefit under "Plan Details" may wonder if it is covered.

Ms. Lane noted the Workgroup's interest in gathering search term data from carriers' websites and stated that she will look into retrieving those data. She asked if members feel ready to weigh in on an accurate, plain-language name for a new category. Ms. Baur suggested creating a poll to gauge the Workgroup's interest in the options presented.

Ms. Mangiaracino informed the Workgroup that she is looking into data on the search terms consumers have used but that she is unsure whether her organization has access to those data. She asked whether the representatives from Planned Parenthood of Maryland or Chase Brexton can share what terms their anecdotal evidence suggests consumers use to search for information about abortion care or how the benefit is described in patient materials. Ms. Elliott stated that her organization, Planned Parenthood of Maryland, uses the term "abortion services" and is careful not to call abortion care "family planning care." Ms. Hodson added that her organization, Chase Brexton, uses the terms "abortion" and "abortion care."

Ms. Mangiaracino asked whether the organizations categorize abortion under the term "reproductive health" or uses another category name. Ms. Hodson and Ms. Elliott responded that their organizations use "reproductive health." Ms. Elliott added that her organization typically clarifies that they cover the full range of pregnancy care, including abortion, continuation of pregnancy, and contraception. Ms. Hodson stated that her organization provides prenatal care but that those services are separated into "OBGYN services," which are considered specialists under health plans. Ms. Elliott noted that her organization has moved toward using "pregnancy care" and away from using "maternal care" because "pregnancy care" is more gender neutral.

Ms. O'Connor expressed support for the terms Ms. Elliott shared, remarking that consumers need to see the terms "pregnancy" and "abortion." She noted that the words used by Ms. Elliott's organization have served consumers effectively. She acknowledged the importance of introducing reproductive health in a broader sense but stated that the immediate need that the Workgroup needs to address is to have consistency in language used in various places where abortion coverage information is presented. She expressed hope that this language will be consistent with the concept of a broad spectrum of reproductive health.

Ms. Hodson agreed with Ms. O'Connor's suggestion of focusing on using simple terms that consumers are already using.

Ms. Fabian-Marks asked for clarification on the specific language that Ms. Elliott's organization uses, asking whether they use "Pregnancy care" alone, "pregnancy and reproductive health," or "reproductive and pregnancy care." Ms. Elliott noted that most people do not think of pregnancy care as including abortion. She suggested "reproductive health, pregnancy care," and perhaps adding "newborn care" as well.

Ms. Fabian-Marks noted that, if well-baby care were removed from the current category and moved under pediatrics, everything else in the category fits under "reproductive health and pregnancy care."

Poll
Ms. Lane launched the poll asking Workgroup members to indicate their preferences among potential names for a new category to be added under "Plan Details." The results were as follows:
- "Reproductive health" received 0 votes.
- "Reproductive, maternal, and newborn care" received 0 votes.
- "Reproductive health and pregnancy care" received 6 votes (5 member votes). *Note: Staff observed after the meeting that one of these votes was not from a workgroup member.*
- "Pregnancy, mom, and baby care" received 0 votes.
- "Pregnancy care, including abortion" (adapted from Planned Parenthood of Maryland) received 4 votes (2 member votes). *Note: Staff observed after the meeting that two of these votes were not from workgroup members.*
- "Other" received 0 votes.

Ms. Lane noted the most popular two options and suggested that the Workgroup discuss which of the two is preferable or whether it may be possible to merge them.

Ms. Hodson remarked that "Pregnancy care, including abortion" may be too wordy and noted that "Reproductive health and pregnancy care" could serve as the category name under which specific services such as abortion, infertility treatments, and prenatal care could be listed. She also expressed support for having a hover text link to an external page containing plan details for that particular carrier.

Ms. Fabian-Marks stated that a hover text link to carrier documents would be difficult to implement but that details could be provided through hover text, such as text that is displayed when hovering over "family planning" that reads "including sterilization." Ms. Hodson expressed support for this idea, suggesting that the hover text could read, "includes abortion care and sterilization." She noted that the existing reference to external plan documents, which reads, "see plan details for additional information," should suffice.

Ms. Lane remarked that this conversation will be summarized in the report presented to the legislature and that the Workgroup can discuss it further as needed.

Principles for Consideration
Next, Ms. Lane reviewed that, in the Workgroup's previous meetings, discussions indicated that s it may be premature to issue specific recommendations in some areas but that the Workgroup can discuss principles for guiding the development of recommendations now and in future. She presented several proposed principles for the Workgroup to discuss: plain language, meaning that abortion care coverage information should be quick and easy to access and understand; consistency, with the information located in a consistent location across a carrier's plans); and clarity, meaning that documents should clearly and accurately describe abortion coverage. She asked for feedback on the existing principles as well as opening the floor for Workgroup members to suggest additional principles.

Ms. Baur noted that, if any Workgroup members do website usability testing for MHBE, they could include this task in any upcoming usability tests. She also noted that the consistency principle should require consistency of terms across plans, as well as consistency of location, as heterogeneity in the terms used can be confusing.

Ms. Mangiaracino agreed but noted that demanding consistency of location may present difficulties because each carrier organizes benefits information and categorizes services in a different way. She noted that making location recommendations may require some carriers to put abortion care coverage information in a location that does not make sense in the context of the document. She asked whether the consistency principle refers more to consistency of categorization rather than location. Ms. Fabian-Marks responded that consistency in terminology was the intended meaning for the consistency principle, adding that even making recommendations regarding categorization may present difficulties given the variability in how different carriers categorize benefits. She noted that it may be feasible to recommend that the same terminology should be used to describe the benefit wherever the information is located.

Ms. Hodson remarked that the Workgroup can discuss this further at the following meeting, when they will talk about carrier-specific recommendations. Ms. Baur noted that it is important to ensure that "abortion" is a searchable term given that many users use search functions to find important information. She suggested the introduction of a principle explaining that key terms should be searchable. Ms. Fabian-Marks asked whether Ms. Baur means that the term should be searchable through a carrier's website or on the contract itself. Ms. Baur replied that the terms should be able to be found through a search engine as well as searchable within plan documents.

Ms. Fabian-Marks noted that a new principle could be something like "easy to find" or "easy to search." Ms. Baur suggested that searchability should be its own principle, observing that "find" is more high level than "search." Ms. Hodson agreed, reiterating that the information should be easily findable through searching wherever it is located in a plan document.

Ms. Sexton asked for clarification as to whether Ms. Hodson is referring to manual searchability by enrollees, machine readable searchability, or both. Ms. Hodson replied that both are important, as some consumers will use a search engine, others will search within a document, and others will be using assistive devices that require the information to be machine readable. Ms. Sexton expressed support for stating these searchability requirements explicitly in the principles included in the report. Ms. O'Connor agreed and noted that her organization is in support.

Ms. Baur remarked that another principle should be the availability of a follow-up option that consumers can consult if the information is unclear; she noted that it is impossible to achieve 100% clarity in the language used. She suggested that this could be a call center or a virtual chat bot. Ms. Hodson agreed that this is important and suggested that the fact that further assistance must be available can fall under the guiding principle of clarity. Ms. Rodgers agreed and noted that it is important that the language used at the second layer of information that consumers might consult be simple and easy to understand.

Ms. Mangiaracino noted that carriers' Evidence of Coverage and SBC documents provide telephone numbers for consumers to consult if they have questions. Ms. Greifer indicated that this is uniform, as her organization uses the same practice.

Ms. Hodson reiterated a point that was discussed in the Workgroup's previous session: the importance of educating navigators and consumer assistance workers so that they are able to help consumers find this information.

Ms. Baur stated that consumers with aging eyes may struggle with small phone numbers, underscoring the importance of considering true readability, including sufficient font size and the presence of enough white space. She suggested that this could be just one of several dimensions that would fall under a new guiding principle: accessibility. Ms. Fabian-Marks remarked that CMS does have standards for font size and readability on SBC documents. Ms. Baur commented on the value of reinforcing those requirements in this context specifically.

Discussion
Ms. Hodson summarized, noting that the Workgroup discussed the creation of a new category under "Plan Details" called "Reproductive Health and Pregnancy Care." She stated that the next session's discussion will focus on steps that can be taken at the carrier level. She presented proposed discussion questions for the following meeting and encouraged Workgroup members to offer any additional questions that it would be helpful to discuss next time.

Ms. Sexton asked if it is possible to talk about timelines for implementation for the carriers in order to gauge what is realistic for them. Ms. Lane responded that she will add this to the agenda for the next meeting.

Regarding the wording of one of the discussion questions, Ms. Elliott noted that her organization generally uses the term "medication" rather than "medical" to specify abortions involving pharmaceuticals, as they find that consumers understand the former more clearly.

Next Steps
Ms. Lane reiterated that the Workgroup will discuss carrier-specific recommendations at the next meeting and noted that the following meeting will focus on reviewing and voting the draft recommendations and report.

Ms. Hodson invited members to extend an invitation to any members of the public that would be interested in contributing to the Workgroup discussions, as public feedback is especially relevant when considering consumer usability.

Public Comment
None offered.

Adjournment
The meeting adjourned at 2:10 pm.

Chat Log

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00:28:01.834,00:28:04.834
Johanna Fabian-Marks -MHBE-: Potential Poll Options:
Reproductive Health;
Reproductive, Maternal, and Newborn Care;
Reproductive and Pregnancy Care;
Pregnancy, Mom, and Baby Care;
Other

00:35:46.809,00:35:49.809
Cynthia E Baur: "Pregnancy, including abortion" is the shortest, most
plain version

00:38:09.972,00:38:12.972
Pat O'Connor: Pregnancy, Mom, and Baby Care

00:44:56.490,00:44:59.490
Cynthia E Baur: If any of the workgroup members do website usability
testing, it could be good to have them include this task in any of their
upcoming usability tests and share results with us

00:55:33.453,00:55:36.453
Ken Brannan: Becca, great leadership on this workgroup. Many thanks to all
of the participants. I have found the discussion to me most valuable. My
apology but I have a 2:00 meeting.

01:09:46.674,01:09:49.674
Laureen R: thank you!
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