

# HOUSE BILL 952

J1, J5, J4

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By: **Delegates Kelly, Pendergrass, Pena–Melnik, Cullison, and Rosenberg**

Introduced and read first time: February 10, 2022

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Access to Abortion Care and Health Insurance Act**

3 FOR the purpose of establishing certain requirements regarding abortion care services,  
4 including provision and coverage requirements on the Maryland Medical Assistance  
5 Program and certain insurers, nonprofit health service plans, and health  
6 maintenance organizations; authorizing the Maryland Insurance Commissioner to  
7 grant a certain exemption to certain abortion care service requirements under  
8 certain circumstances; requiring the Maryland Health Benefit Exchange to adopt  
9 regulations to provide a certain subsidy to cover the cost of insurance premiums for  
10 certain young adults; requiring the Exchange to study extending last dollar coverage  
11 to certain enrollees; and generally relating to abortion care and coverage of health  
12 care services under the Maryland Medical Assistance Program and health benefit  
13 plans.

14 BY repealing and reenacting, without amendments,  
15 Article – Health – General  
16 Section 15–103(a)(1)  
17 Annotated Code of Maryland  
18 (2019 Replacement Volume and 2021 Supplement)

19 BY repealing and reenacting, with amendments,  
20 Article – Health – General  
21 Section 15–103(a)(2)(xvi) and (xvii)  
22 Annotated Code of Maryland  
23 (2019 Replacement Volume and 2021 Supplement)

24 BY adding to  
25 Article – Health – General  
26 Section 15–103(a)(2)(xviii)  
27 Annotated Code of Maryland  
28 (2019 Replacement Volume and 2021 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY adding to  
2 Article – Insurance  
3 Section 15–857  
4 Annotated Code of Maryland  
5 (2017 Replacement Volume and 2021 Supplement)

6 BY repealing and reenacting, with amendments,  
7 Article – Insurance  
8 Section 31–122  
9 Annotated Code of Maryland  
10 (2017 Replacement Volume and 2021 Supplement)

11 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
12 That the Laws of Maryland read as follows:

13 **Article – Health – General**

14 15–103.

15 (a) (1) The Secretary shall administer the Maryland Medical Assistance  
16 Program.

17 (2) The Program:

18 (xvi) Beginning on January 1, 2021, shall provide, subject to the  
19 limitations of the State budget and § 15–855(b)(2) of the Insurance Article, and as permitted  
20 by federal law, services for pediatric autoimmune neuropsychiatric disorders associated  
21 with streptococcal infections and pediatric acute onset neuropsychiatric syndrome,  
22 including the use of intravenous immunoglobulin therapy, for eligible Program recipients,  
23 if pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections  
24 and pediatric acute onset neuropsychiatric syndrome are coded for billing and diagnosis  
25 purposes in accordance with § 15–855(d) of the Insurance Article; [and]

26 (xvii) Beginning on January 1, 2022, may not include, subject to federal  
27 approval and limitations of the State budget, a frequency limitation on covered dental  
28 prophylaxis care or oral health exams that requires the dental prophylaxis care or oral  
29 health exams to be provided at an interval greater than 120 days within a plan year; AND

30 (XVIII) SHALL PROVIDE COVERAGE OF ABORTION CARE  
31 SERVICES TO PROGRAM RECIPIENTS IN THE MANNER DESCRIBED IN §  
32 15–857(B)(1)(II) AND (2) OF THE INSURANCE ARTICLE.

33 **Article – Insurance**

34 15–857.

1           **(A) (1) THIS SECTION APPLIES TO:**

2                   **(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT**  
3 **PROVIDE LABOR AND DELIVERY COVERAGE TO INDIVIDUALS OR GROUPS ON AN**  
4 **EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS**  
5 **THAT ARE ISSUED OR DELIVERED IN THE STATE; AND**

6                   **(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**  
7 **LABOR AND DELIVERY COVERAGE TO INDIVIDUALS OR GROUPS UNDER CONTRACTS**  
8 **THAT ARE ISSUED OR DELIVERED IN THE STATE.**

9           **(2) THIS SECTION DOES NOT APPLY TO:**

10                   **(I) AN ORGANIZATION THAT IS EXEMPT FROM COVERAGE AS**  
11 **ALLOWED UNDER § 15-826 OF THIS SUBTITLE;**

12                   **(II) A MULTISTATE PLAN THAT DOES NOT PROVIDE COVERAGE**  
13 **FOR ABORTIONS IN ACCORDANCE WITH 42 U.S.C. § 18054(A)(6); OR**

14                   **(III) A HIGH-DEDUCTIBLE PLAN, AS DEFINED IN 26 U.S.C. §**  
15 **223(C)(2)(C) OF THE INTERNAL REVENUE CODE, UNLESS THE COMMISSIONER**  
16 **DETERMINES THAT ABORTION CARE IS NOT EXCLUDED FROM THE SAFE HARBOR**  
17 **PROVISIONS FOR PREVENTIVE CARE UNDER § 223(C)(2)(C) OF THE INTERNAL**  
18 **REVENUE CODE.**

19           **(B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, AN ENTITY**  
20 **SUBJECT TO THIS SECTION SHALL:**

21           **(1) COVER ABORTION CARE SERVICES WITHOUT:**

22                   **(I) A DEDUCTIBLE, COINSURANCE, COPAYMENT, OR ANY**  
23 **OTHER COST-SHARING REQUIREMENT; AND**

24                   **(II) RESTRICTIONS THAT ARE INCONSISTENT WITH THE**  
25 **PROTECTED RIGHTS UNDER TITLE 20, SUBTITLE 2 OF THE HEALTH - GENERAL**  
26 **ARTICLE; AND**

27                   **(2) PROVIDE INFORMATION TO CONSUMERS ABOUT ABORTION CARE**  
28 **COVERAGE USING THE TERMINOLOGY “ABORTION CARE” TO DESCRIBE COVERAGE.**

29           **(C) IF THE COMMISSIONER DETERMINES THAT ENFORCEMENT OF THIS**  
30 **SECTION MAY AFFECT ADVERSELY THE ALLOCATION OF FEDERAL FUNDS TO THE**

1 **STATE, THE COMMISSIONER MAY GRANT AN EXEMPTION TO THE REQUIREMENTS OF**  
2 **THIS SECTION TO THE MINIMUM EXTENT NECESSARY TO ENSURE THE CONTINUED**  
3 **RECEIPT OF FEDERAL FUNDS.**

4 31–122.

5 (a) In this section, “Pilot Program” means the State–Based Young Adult Health  
6 Insurance Subsidies Pilot Program.

7 (b) The Exchange, in consultation with the Commissioner and as approved by the  
8 Board, shall establish and implement a State–Based Young Adult Health Insurance  
9 Subsidies Pilot Program to provide subsidies to young adults for the purchase of health  
10 benefit plans in the individual health insurance market.

11 (c) The Pilot Program required under this section shall be designed to:

12 (1) reduce the amount that young adults pay for health benefit plans in the  
13 individual health insurance market; and

14 (2) target young adults who are not directly impacted by the State  
15 Reinsurance Program.

16 (d) (1) For calendar years 2022 and 2023, the Exchange, in consultation with  
17 the Commissioner and as approved by the Board, shall establish subsidy eligibility and  
18 payment parameters for the Pilot Program.

19 (2) In determining the subsidy eligibility and payment parameters  
20 required under paragraph (1) of this subsection, the Exchange shall consider:

21 (i) young adults at least 18 years old and under the age of 41 years;  
22 and

23 (ii) income groups between 133% and 400% of the federal poverty  
24 level.

25 (e) Subject to available funds, in each of fiscal years 2022 through 2024, the  
26 Exchange may designate funds from the Fund to be used for the Pilot Program so that not  
27 more than \$20,000,000 in annual subsidies may be provided to young adults who meet the  
28 subsidy eligibility and payment parameters established under subsection (d) of this section  
29 in calendar years 2022 and 2023.

30 (f) On or before January 1, 2022, the Exchange shall adopt regulations  
31 implementing the provisions of this section.

32 **(G) ON OR BEFORE JANUARY 1, 2023, THE EXCHANGE SHALL ADOPT**  
33 **REGULATIONS TO PROVIDE A SUBSIDY TO COVER 100% OF THE COST OF THE**

1 **PREMIUM FOR YOUNG ADULTS WHO MEET THE SUBSIDY ELIGIBILITY PARAMETERS**  
2 **ESTABLISHED UNDER SUBSECTION (D) OF THIS SECTION IN CALENDAR YEAR 2023.**

3 **[(g)] (H)** (1) The Exchange shall track on a monthly basis expenditures on  
4 subsidies provided under the Pilot Program, including:

5 (i) the average number of young adults receiving subsidies under  
6 the Pilot Program; and

7 (ii) the average subsidy amount received by young adults under the  
8 Pilot Program.

9 (2) The Exchange shall track:

10 **(I)** the impact the Pilot Program has on rates in the individual  
11 insurance market; **AND**

12 **(II) THE IMPACT OF COVERING 100% OF THE COST OF**  
13 **PREMIUMS FOR QUALIFIED PARTICIPANTS ON EFFECTUATION RATES AND**  
14 **TERMINATION FOR NONPAYMENT RATES.**

15 (3) The information tracked by the Exchange under paragraphs (1) and (2)  
16 of this subsection shall be:

17 (i) posted on the website of the Exchange; and

18 (ii) included in the annual report required under § 31–119(d) of this  
19 subtitle.

20 **SECTION 2. AND BE IT FURTHER ENACTED, That:**

21 (a) The Maryland Health Benefit Exchange, in consultation with the Maryland  
22 Insurance Administration, shall convene a workgroup of interested stakeholders to make  
23 recommendations to improve the transparency and accessibility of consumer information  
24 about abortion care coverage for consideration for plan certification standards beginning in  
25 plan year 2024.

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

30 **SECTION 3. AND BE IT FURTHER ENACTED, That:**

31 (a) The Maryland Insurance Administration shall collect data from  
32 State-regulated plans on receipts, disbursements, and ending balances for segregated

1 accounts established under § 1303(b)(2)(B) and (C) of the federal Patient Protection and  
2 Affordable Care Act and 45 C.F.R. § 156.280.

3 (b) The Maryland Insurance Administration shall report to the Senate Finance  
4 Committee and the House Health and Government Operations Committee, in accordance  
5 with § 2–1257 of the State Government Article, as follows:

6 (1) on or before January 1, 2023, aggregate data collected for the period  
7 from January 1, 2014, to December 31, 2021, both inclusive;

8 (2) on or before January 1, 2024, aggregate data collected for the period  
9 from January 1, 2022, to December 31, 2022, both inclusive;

10 (3) on or before January 1, 2025, aggregate data collected for the period  
11 from January 1, 2023, to December 31, 2023, both inclusive; and

12 (4) on or before January 1, 2026, aggregate data collected for the period  
13 from January 1, 2024, to December 31, 2024, both inclusive.

14 SECTION 4. AND BE IT FURTHER ENACTED, That:

15 (a) The Maryland Health Benefit Exchange shall study extending the last dollar  
16 coverage to other enrollees in addition to the enrollees receiving last dollar coverage  
17 through the program established under § 31–122 of the Insurance Article.

18 (b) On or before January 1, 2023, the Maryland Health Benefit Exchange shall  
19 report, in accordance with § 2–1257 of the State Government Article, to the Senate Finance  
20 Committee and the House Health and Government Operations Committee, on the findings  
21 of the study required under subsection (a) of this section.

22 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
23 1, 2022.