Proposed amendment

Senate Committee on
Public Health and Welfare

Prepared by Scott Abbott
Assistant Revisor of Statutes

Session of 2020

SENATE BILL No. 252

By Senators Denning, Hensley, Baumgardner, Berger, Bollier, Bowers, Doll, Faust-Goudeau, Francisco, Givens, Goddard, Haley, Hardy, Hawk, Holland, Longbine, Miller, Pettey, Skubal, Sykes, Taylor and Ware

1-9

AN ACT concerning health and healthcare; relating to health insurance coverage; expanding medical assistance eligibility; implementing a health insurance plan reinsurance program; directing the department of health and environment to study certain medicaid expansion topics; adding meeting days to the Robert G. (Bob) Bethell joint committee on home and community based services and KanCare oversight to monitor implementation; making and concerning appropriations for the fiscal years ending June 30, 2020, June 30, 2021, and June 30, 2022; amending K.S.A. 65-6207, 65-6208, 65-6209, 65-6210, 65-6211, 65-6212, 65-6217 and 65-6218 and K.S.A. 2019 Supp. 39-7,160 and 40-3213 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) Sections 1 through 13 and 16 through 19, and amendments thereto, shall be known and may be cited as the Kansas innovative solutions for affordable healthcare act.

(b) The legislature expressly consents to expand eligibility for receipt of benefits under the Kansas program of medical assistance, as required by K.S.A. 39-709(e)(2), and amendments thereto, by the passage and enactment of the act, subject to all requirements and limitations established in the act.

(c) The secretary of health and environment shall adopt rules and regulations as necessary to implement and administer the act.

(d) As used in sections 1 through 13 and 16 through 19, and amendments thereto, unless otherwise specified:

(1) "138% of the federal poverty level," or words of like effect, includes a 5% income disregard permitted under the federal patient protection and affordable care act.

(2) "Act" means the Kansas innovative solutions for affordable healthcare act.

New Sec. 2. (a) The secretary of health and environment and the insurance commissioner shall submit to the United States centers for medicare and medicaid services and the United States department of the treasury any state plan amendment, waiver request or other approval

insurance plan reinsurance program established by the Kansas innovative solutions for affordable healthcare act and section 21: *Provided further*, That the state finance council is hereby authorized to approve the implementation of the health benefit reinsurance program to commence on January 1, 2022: *And provided further*, That the state finance council acting on this matter is hereby characterized as a matter of legislative delegation and subject to the guidelines prescribed in K.S.A. 75-3711c(c), and amendments thereto, except that the state finance council may act upon such matter while the legislature is in session.

Sec. 23. K.S.A. 2019 Supp. 39-7,160 is hereby amended to read as follows: 39-7,160. (a) There is hereby established the Robert G. (Bob) Bethell joint committee on home and community based services and KanCare oversight. The joint committee shall review the number of individuals who are transferred from state or private institutions and long-term care facilities to the home and community based services and the associated cost savings and other outcomes of the money-follows-the-person program. The joint committee shall review the funding targets recommended by the interim report submitted for the 2007 legislature by the joint committee on legislative budget and use them as guidelines for future funding planning and policy making. The joint committee shall have oversight of savings resulting from the transfer of individuals from state or private institutions to home and community based services. As used in K.S.A. 2019 Supp. 39-7,159 through 39-7,162, and amendments thereto, "savings" means the difference between the average cost of providing services for individuals in an institutional setting and the cost of providing services in a home and community based setting. The joint committee shall study and determine the effectiveness of the program and cost-analysis of the state institutions or long-term care facilities based on the success of the transfer of individuals to home and community based services. The joint committee shall consider the issues of whether sufficient funding is provided for enhancement of wages and benefits of direct individual care workers and their staff training and whether adequate progress is being made to transfer individuals from the institutions and to move them from the waiver waiting lists to receive home and community based services. The joint committee shall review and ensure that any proceeds resulting from the successful transfer be applied to the system of provision of services for long-term care and home and community based services. The joint committee shall monitor and study the implementation and operations of the home and community based service programs, the children's health insurance program, the program for the all-inclusive care of the elderly and the state medicaid programs including, but not limited to, access to and quality of services provided and any financial information and budgetary issues. Any state agency shall provide data and information on

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Sec. 23. Medical assistance shall not provide coverage or reimbursement for any abortion services except in circumstances of pregnancy resulting from rape or incest or when necessary to save the life of the mother.

And by renumbering sections accordingly

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Senate Committee on
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Session of 2020

SENATE BILL No. 252

By Senators Denning, Hensley, Baumgardner, Berger, Bollier, Bowers, Doll, Faust-Goudeau, Francisco, Givens, Goddard, Haley, Hardy, Hawk, Holland, Longbine, Miller, Pettey, Skubal, Sykes, Taylor and Ware

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(b) The legislature expressly consents to expand eligibility for receipt of benefits under the Kansas program of medical assistance, as required by K.S.A. 39-709(e)(2), and amendments thereto, by the passage and enactment of the act, subject to all requirements and limitations established in the act.

(c) The secretary of health and environment shall adopt rules and regulations as necessary to implement and administer the act.

(d) As used in sections 1 through 13 and 16 through 19, and amendments thereto, unless otherwise specified:

(1) "138% of the federal poverty level," or words of like effect, includes a 5% income disregard permitted under the federal patient protection and affordable care act.

(2) "Act" means the Kansas innovative solutions for affordable healthcare act.

New Sec. 2. (a) The secretary of health and environment and the insurance commissioner shall submit to the United States centers for medicare and medicaid services and the United States department of the treasury any state plan amendment, waiver request or other approval

,

and section 23

Proposed amendment

Senate Committee on
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request necessary to implement the act. At least 10 calendar days prior to submission of any such approval request to the United States centers for medicare and medicaid services or the United States department of the treasury, the secretary of health and environment or the insurance commissioner, as applicable, shall submit such approval request application to the state finance council.

(b) For purposes of eligibility determinations under the Kansas program of medical assistance on and after ~~January 1, 2021~~, medical assistance shall be granted to any adult under 65 years of age who is not pregnant and whose income meets the limitation established in subsection (c), as permitted under the provisions of 42 U.S.C. § 1396a, as it exists on the effective date of the act, and subject to a 90% federal medical assistance percentage and all requirements and limitations established in the act.

the date specified in section 23(b)(1), and amendments thereto

(c) (1) The secretary of health and environment shall submit to the United States centers for medicare and medicaid services any approval request necessary to provide medical assistance eligibility to individuals described in subsection (b) whose modified adjusted gross income does not exceed 138% of the federal poverty level.

(2) (A) Following submission to and approval by the state finance council in accordance with sections 20 and 22, the insurance commissioner shall submit to the United States department of the treasury and the United States centers for medicare and medicaid services a waiver request under section 1332 of the federal patient protection and affordable care act, 42 U.S.C. § 18052, as it exists on the effective date of the act, for a reinsurance program for health insurance plans sold in the Kansas individual market that are qualified health plans, as defined in 42 U.S.C. § 18021(a). The insurance commissioner shall design the reinsurance program in coordination with the secretary of health and environment to offset any cost of the section 1115 waiver described in this paragraph to the United States government in order to meet federal budget neutrality requirements for medicaid waivers. The insurance commissioner shall implement the reinsurance program to begin on ~~January 1, 2022~~.

the date specified in section 23(b)(2), and amendments thereto

(B) The secretary of health and environment shall submit to the United States centers for medicare and medicaid services a waiver request under section 1115 of the federal social security act, 42 U.S.C. § 1315, as it exists on the effective date of the act, to provide medical assistance eligibility to individuals described in subsection (b) whose modified adjusted gross income does not exceed 100% of the federal poverty level and to transition those individuals described in subsection (b) whose modified adjusted gross income is greater than 100% but does not exceed 138% of the federal poverty level to health insurance plans on the health benefit exchange in Kansas established under the federal patient protection

and affordable care act. The secretary of health and environment shall implement medical assistance eligibility under this subparagraph to begin ~~on January 1, 2022,~~ in conjunction with the implementation of the reinsurance program under subparagraph (A).

(C) If the waiver request submission under subparagraph (A) is not approved by the state finance council in accordance with sections 20 and 22, or if both waiver requests under subparagraphs (A) and (B) are not approved by the United States centers for medicare and medicaid services and the United States department of the treasury, as applicable, then medical assistance eligibility under the act shall continue to be determined in accordance with paragraph (1).

(d) The insurance commissioner shall identify and procure a contractor for services to prepare the section 1332 waiver for a reinsurance program described in this section. Such contractor shall have experience in developing and submitting section 1332 waivers for reinsurance programs.

New Sec. 3. (a) The secretary of health and environment shall refer each non-disabled adult applying for or receiving coverage under the act who is unemployed or working less than 20 hours per week to the Kansasworks program administered by the department of commerce. The secretary of commerce shall coordinate with the secretary of health and environment to certify to the secretary of health and environment each covered individual's compliance with this section. The secretary of commerce shall maintain a unique identifier for Kansasworks participants who are covered individuals under the act to track employment outcomes and progress toward employment.

(b) The secretary of health and environment shall evaluate each new applicant for coverage under the act for education status, employment status and any factors impacting the applicant's employment status, if less than full-time employment, and shall require each applicant to acknowledge the referral required under subsection (a). Such evaluation shall be a prerequisite for coverage under the act.

(c) A full-time student enrolled in a postsecondary educational institution or technical college, as defined by K.S.A. 74-3201b, and amendments thereto, shall be exempt from the referral required under subsection (a) for each year the student is enrolled in such educational setting.

(d) The secretary of health and environment shall report annually to the legislature, in coordination with the secretary of commerce, on or before the first day of each regular session of the legislature regarding the employment outcomes of covered individuals under the act.

New Sec. 4. (a) (1) Except to the extent prohibited by 42 U.S.C. 1396o-1(a)(2) and (b)(3), as such provisions exist on the effective date of this act, the department of health and environment shall charge to each

[stricken material in line 3]

Proposed amendment

Senate Committee on
Public Health and Welfare

Prepared by Scott Abbott
Assistant Revisor of Statutes

Proposed amendment to SB 252
Senate Committee on Public Health and Welfare
Prepared by Scott Abbott, Assistant Revisor of Statutes

On page 14, following line 9, by inserting:

"New Sec. 23. (a) The act shall not be implemented until the date specified in subsection (b) following both of the following requirements being met:

(1) A decision by the United States supreme court in the civil action Texas v. United States, No. 4:18-cv-00167 (N.D. Tex.), determining that the individual mandate implemented under the federal patient protection and affordable care act is constitutional or is unconstitutional but severable from the remainder of the federal patient protection and affordable care act, denying certiorari in such civil action or ruling on such civil action on grounds that do not materially affect the implementation of the act; and

(2) the approval by the electors of the state of Kansas of a constitutional amendment to amend the bill of rights of the constitution of the state of Kansas by adding a new section 22 thereto concerning the regulation of abortion.

(b) (1) Expanded medical assistance eligibility under the act shall not be implemented until the first January 1 following the conditions specified in subsection (a).

(2) Health insurance plan reinsurance under the act shall not be implemented until the second January 1 following the conditions specified in subsection (a).

(c) If the United States supreme court rules in such civil action that the individual mandate is unconstitutional and nonseverable from the remainder of the federal patient protection and affordable care act, then the provisions of the act shall be null and void and shall have no force and effect."

And by renumbering sections accordingly

Proposed amendment to SB 252
Senate Committee on Public Health and Welfare
Prepared by Scott Abbott, Assistant Revisor of Statutes

On page 14, following line 9, by inserting:

"New Sec. 23. (a) This section shall be known and may be cited as the medicaid workforce act of 2020.

(b) No individual shall be eligible to participate in the medical assistance program unless such individual is:

(1) Enrolled in a postsecondary educational institution, as defined in K.S.A. 74-3201b, and amendments thereto, on at least a half-time basis and making satisfactory progress towards completion of the requirements of the course of instruction in which the individual is enrolled;

(2) performing one of the following for more than 20 hours or more per week, averaged on a monthly basis:

(A) Volunteering;

(B) participating in and complying with the requirements of a work program, as determined by the department of health and environment;

(C) working; or

(D) meeting any combination of working and participating in a work program, as determined by the department of health and environment; or

(3) exempt from this subsection in accordance with subsection (c).

(c) The requirements imposed under subsection (b) shall not apply to an individual if such individual is:

(1) Under 19 years of age;

(2) over 64 years of age;

(3) medically certified as physically or mentally unfit for employment;

(4) pregnant;

(5) a parent or caretaker responsible for the care of a dependent child under six years of age;

Proposed amendment to SB 252
Senate Committee on Public Health and Welfare
Prepared by Jenna Moyer, Assistant Revisor of Statutes

On page 14, following line 9, by inserting:

"New Sec. 23. (a) The provisions of this section shall be known and may be cited as the conscience protection act.

(b) The purpose of the conscience protection act is to encourage and safeguard the right of healthcare providers and entities to exercise conscience in decisions to provide healthcare services and to protect healthcare providers and entities from discrimination or retaliation as a result of conscientious medical objection.

(c) Notwithstanding any other provision of state law, and to the extent allowed by federal law, a healthcare provider shall have the right to not participate in any healthcare service when the healthcare service would violate such provider or entity's conscience.

(1) A healthcare provider or entity's decision not to participate in a healthcare service that would violate the provider or entity's conscience shall not form the basis for any civil or criminal liability or administrative action under any state or local law.

(2) It shall be unlawful for any person, firm, corporation or governmental entity to discriminate against any healthcare provider or entity as a result of such provider or entity's decision not to participate in a healthcare service that would violate such provider or entity's conscience.

(d) A healthcare provider or entity that exercises the right of conscience shall:

(1) Promptly inform a patient or an individual authorized to make healthcare decisions on behalf of a patient if the healthcare provider or entity decides not to participate in the healthcare service for reasons of conscience; and

(2) make reasonable efforts to assist in a prompt transfer of a patient if requested by the patient or on behalf of the patient.

(e) No person shall intimidate, threaten, coerce or discriminate against any healthcare provider or entity for the purpose of interfering with any right protected by this act, or because a healthcare provider or entity makes a complaint, testifies, assists, participates in an investigation, proceeding or hearing under this act, exercises or aids or encourages others to exercise the rights protected under this act.

(f) Nothing in this act shall relieve a healthcare provider or entity from performing any act that, if not performed, would subject the healthcare provider or entity to disciplinary action by the licensing agency responsible for the supervision and licensure of such healthcare provider or entity.

(g) (1) A healthcare provider or entity who has been aggrieved by a violation of this section may bring a cause of action in an appropriate state court for such violation and seek appropriate relief, including, but not limited to:

(A) Actual damages, including lost wages and other benefits suffered by the plaintiff;

(B) punitive damages, if the court finds the violation was willful, wanton or malicious;

(C) statutory damages in the amount of $10,000;

(D) injunctive relief to restrain violations of the provisions of this section against further violations of this section; and

(E) any other necessary or appropriate relief.

(2) The court shall award a prevailing plaintiff the cost of the suit, including reasonable attorney fees.

(3) Notwithstanding any other provision of law, any action commenced under this section shall be filed within two years after the date the plaintiff experienced the act of discrimination.

(4) If judgment is rendered in favor of the defendant in an action brought under this section, and the court finds the plaintiff's action was frivolous and brought in bad faith, the court shall award reasonable attorney fees to the defendant in addition to any other relief that is awarded.

(h) As used in this section:

(1) "Conscience" means the deeply held religious, moral, ethical or philosophical beliefs or principles of a healthcare provider or healthcare entity. "Conscience" of a healthcare entity may be determined by an entity's governing documents, including but not limited to: Published religious, moral or ethical guidelines; mission statements; constitutions; articles of incorporation; bylaws; policies; or regulations.

(2) "Discrimination" means any adverse action taken against, or any threat of adverse or retaliatory action communicated to any healthcare provider or healthcare entity as a result of such provider or entity's decision not to participate in a healthcare service on the basis of conscience.

(3) "Healthcare entity" means any facility licensed under chapter 39 or 65 of the Kansas Statutes Annotated, and amendments thereto, that provides healthcare services, regardless of how such entity is incorporated or organized.

(4) "Healthcare provider" means any person licensed or otherwise authorized by law to provide healthcare services in this state.

(5) "Healthcare service" means any activity within a provider's authorized scope of practice for the diagnosis, cure or treatment of any injury, infirmity, disease, physical or mental illness or psychological disorder, of human beings. "Healthcare service" does not mean emergency medical care where failure to provide immediate medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's health in serious jeopardy.

(6) "Participate" in a healthcare service means to provide, perform, assist with, facilitate, refer for, counsel for, advise with regard to, admit for the purposes of providing or taking part in any healthcare service."

And by renumbering sections accordingly

(6) a parent or caretaker personally providing care for a dependent child with a serious medical condition or a disability, as determined by the department of health and environment;

(7) a parent or caretaker personally providing care for an individual who qualifies for medical assistance under eligibility qualifications that existed prior to the effective date of this act or a dependent child who qualifies for coverage under the children's health insurance program;

(8) receiving unemployment compensation and complying with work requirements imposed under the federal-state unemployment compensation system; or

(9) participating in a drug addiction or alcoholic treatment and rehabilitation program.

(d) The department of health and environment shall submit to the United States centers for medicare and medicaid services any approval request necessary to implement this section.

(e) The department of health and environment shall adopt rules and regulations as necessary to implement and administer this section.

(f) The requirements of subsection (b) shall take effect on January 1, 2021, or the date upon which the department of health and environment receives approval from the United States centers for medicare and medicaid services under subsection (d), if such approval is received after January 1, 2021."

And by renumbering sections accordingly

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February 20, 2020

To: Senate Committee on Public Health and Welfare

From: Iraida Orr, Principal Research Analyst

Re: Use of State Funds for Abortions Under Medicaid

This memorandum is provided in response to a Committee request for confirmation on other states' use of state funds to pay for abortions under Medicaid. The varying sources cited below concur some states use state funding to pay for abortions under Medicaid for reasons other than rape, incest, or the life of the mother, which are the circumstances under which use of federal Medicaid funds is required per the federal Hyde Amendment.

National Right to Life Committee, Inc.

The National Right to Life Committee, Inc. (National Right to Life) issued a report, "The State of Abortion in the United States, 2020," analyzing abortion data released in 2019 by the Guttmacher Institute and the U.S. Centers for Disease Control and Prevention (CDC).[1] The Guttmacher Institute data analyzed covered through 2017, the CDC data was through 2015, and the National Right to Life estimated figures for 2017 through 2019. The report noted the Guttmacher Institute data were considered more reliable and complete because the survey data came directly from abortion clinics in all 50 states. The National Right to Life report noted the CDC data relied on voluntary reporting from state health departments and agencies and, since 1998, lacked data from Maryland, New Hampshire, and California.

Information on the CDC's Abortion Surveillance Report confirms states and areas, totaling 48 reporting areas, voluntarily report data to the CDC. Abortion data for 2016 indicate information was reported for New York City and 47 states. California, the District of Columbia, Maryland, and New Hampshire did not report. The Abortion Surveillance Report examines multiple variables for the populations reporting and is used in the public health field to identify characteristics placing women at high risk of unintended pregnancy, evaluate the success of programs aimed at preventing unintended pregnancies, calculate pregnancy rates, monitor changes in clinical practice patterns related to abortion, and calculate the national legal induced abortion case-fatality rate.[2]

The National Right to Life report contains a section on state policies on public funding of abortion that notes 17 states fund Medicaid coverage of abortion voluntarily or have laws in place requiring funding and, of these, 13 are due to court decisions. The report listed the

1 https://www.nrlc.org/stateofabortion/

2 https://www.cdc.gov/mmwr/volumes/68/ss/ss6811a1.htm

following 13 states that require coverage of abortion as a result of a court order: Alaska, Arizona, California, Connecticut, Illinois, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, Oregon, Vermont, and West Virginia. The four states cited as providing abortion funding voluntarily are Hawaii, Maryland, New York, and Washington. The report indicates another 27 states and the District of Columbia have laws limiting Medicaid abortion funding to cases of rape, incest, and life endangerment of the mother, while 6 other states limit abortion funding to a lesser extent (Indiana, Iowa, Mississippi, Utah, Virginia, and Wisconsin).

American Civil Liberties Union

An article on the American Civil Liberties Union (ACLU) website addressing public funding for abortion indicates most states restrict Medicaid funding for abortion to the restrictions established by the Hyde Amendment. The article notes 17 states fund abortions for low income women on the same or similar terms as general health and other pregnancy-related services. The article notes, of these 17 states, 13 states provide public funding as a result of a court decision and 4 states provide public funding voluntarily. The 17 states listed are the same as those listed in the National Right to Life report previously noted. The article indicates 32 of the remaining states pay for abortions for low-income women in cases of rape, incest, or life-endangering circumstances, as required by federal Medicaid law (Hyde Amendment). The article notes one state, South Dakota, provides coverage only for lifesaving abortions and does not comply with the Hyde Amendment.[3]

Guttmacher Institute

A Guttmacher Institute report, "State Funding of Abortion Under Medicaid," published on February 1, 2020, notes "[s]ome states use their own funds to pay for all or most medically necessary abortions, although most do so as a result of a specific court order." The report indicates 16 states have a policy that directs Medicaid to pay for all or most medically necessary abortions. According to the report, seven states provide state funds voluntarily (Hawaii, Illinois, Maine, Maryland, New York, Oregon, and Washington) and nine do so pursuant to a court order (Alaska, California, Connecticut, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, and Vermont).

The report indicates 33 states and the District of Columbia follow the federal standard and provide abortions in cases of incest, rape, and life endangerment; 4 of the 33 states also provide state funds for abortions in cases of fetal impairment (Iowa, Mississippi, Virginia, and West Virginia); and 4 provide state funds for abortions that are necessary to prevent grave, long-lasting damage to the woman's physical health (Indiana, Utah, West Virginia, and Wisconsin).

Unlike the National Right to Life and the ACLU information, the Guttmacher Institute report does not include Arizona in the states that pay for abortions with state funds because it concluded the Arizona state Medicaid program does not pay for medically necessary abortions, despite a court order. The report further clarifies South Dakota pays for abortions only when necessary to protect the life of the mother, in apparent violation of federal law. Additionally, the Guttmacher Institute report notes an Alaska law that defines "medically necessary," as it

3 https://www.aclu.org/other/public-funding-abortion

pertains to abortions, is permanently blocked by a court. A chart indicating the state funding of abortions under Medicaid is included in the report.[4]

An April 2017 report by the Guttmacher Institute, "Public Funding for Family Planning and Abortion Services, FY 1980-2015," indicates states spent $71 million on approximately 157,000 abortion procedures for low income women in fiscal year 2015. The federal government contributed to the cost of only 160 of these abortion procedures under the requirements of the Hyde Amendment. According to the report, "[i]n FY 2015, 17 states officially had nonrestrictive policies, using their own funds to pay for most or all medically necessary abortions provided to Medicaid recipients." The report notes more than 99 percent of all publicly funded abortion procedures in FY 2015 occurred in the states with nonrestrictive policies on funding for Medicaid recipients. The discussion section of the report indicated 2 of the 17 states (Arizona and Illinois), despite their official policy, appeared not to be covering most or all medically necessary abortions. The report notes "the 15 states that are funding abortions with state dollars account for virtually all publicly funded abortions in the United States".[5]

Kaiser Family Foundation

The Kaiser Family Foundation (KFF), based on an analysis of state law and the Guttmacher Institute publication, State Policies in Brief, "State Funding of Abortions Under Medicaid" as of January 21, 2020, noted 15 states fund all or most medically necessary abortions, exceeding federal requirements. The 15 states cited are among the 16 states cited by the Guttmacher Institute, except KFF does not include Alaska because its state law defining medically necessary is temporarily blocked by a court. KFF also noted the Arizona state Medicaid program does not pay for medically necessary abortions, despite a court order to do so.[6]

Examples of State Funding for Abortions under Medicaid

The following are examples of state funding for abortions under Medicaid.

Illinois

A provider notice issued by the Illinois Department of Healthcare and Family Services on November 1, 2019, regarding changes to the claim submittal process and rates for abortion procedures, contains the following language:

> All abortion services for both fee-for-service and managed care participants will be state-only funded beginning November 1, 2019. With this change, all claims, regardless of the date of service, that contain abortion procedures must be billed directly to the Department beginning November 1, 2019. This applies to claims submitted for participants

4 https://www.guttmacher.org/print/state-policy/explore/state-funding-abortion-under-medicaid

5 https://www.guttmacher.org/report/public-funding-family-planning-abortion-services-fy-1980-2015

6 https://www.kff.org/medicaid/state-indicator/abortion-under-medicaid/?currentTimeframe=0&sortModel={"colId":"Funds All or Most Medically Necessary Abortions, Exceeding Federal Requirements","sort":"desc"}

covered under a HealthChoice Illinois managed care plan as well as traditional fee-for-service.[7]

Connecticut

A September 26, 2018, research report prepared by the Connecticut Office of Legislative Research discusses the extent to which the State pays for abortions in its Medicaid programs.[8] According to the research report, the Connecticut Department of Social Services (DSS) pays for abortions certified by physicians as "medically necessary" as defined in state statute (OGS § 17b-259b). The report notes the State's more extensive coverage policy for abortion resulted from a 1986 case in which the state court ruled a DSS regulation restricting abortion coverage to cases where the mother's life was endangered was unconstitutional. Based on the case, the State assumes 100.0 percent of the cost of medically necessary abortions. The State does not submit claims for the medically necessary abortions for federal Medicaid reimbursement. Additionally, pursuant to a subsequent opinion from the state attorney general, DSS also provides medically necessary abortions in the state children's health insurance program to the same extent as required in its Medicaid program. The report also references KFF information in noting 16 states cover abortion for Medicaid recipients with state funds for abortions that exceed the restrictions imposed under the Hyde Amendment.

Additional Resource

A Congressional Research Service report, "Abortion: Judicial History and Legislative Response," updated September 9, 2019, may also be of interest to the Committee.[9]

7 https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn191101b.aspx

8 https://www.cga.ct.gov/2018/rpt/pdf/2018-R-0260.pdf

9 https://fas.org/sgp/crs/misc/RL33467.pdf