

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



MARIE GRANT
Commissioner

JOY Y. HATCHETTE
Deputy Commissioner

LYNN BECKNER
Associate Commissioner
Financial Regulation

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December 22, 2025

The Honorable Bill Ferguson
President of the Senate
State House, Room H-107
100 State Circle
Annapolis, MD 21401

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen Street
Annapolis, MD 21401

The Honorable Joseline Pena-Melnyk
Speaker of the House of Delegates
State House, Room H-101
100 State Circle
Annapolis, Maryland 21401

The Honorable Bonnie Cullison
Vice Chair, House Health and Government
Operations Committee
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

Re: Report required by House Bill 937, 2022/Ch. 56(4), 2022 (MSAR #: 14161) - Abortion Care Access Act Data

Dear President Ferguson, Speaker Pena-Melnyk, Chair Beidle and Vice Chair Cullison:

Attached please find The Abortion Care Access Act Data Report for your consideration. The Abortion Care Access Act of 2022 (the "Act") requires that the Maryland Insurance Administration collect data regarding segregated accounts for State-regulated plans and report the aggregated data to the Senate Finance Committee and the House Health and Government Operations Committee. The Act provides in pertinent part as follows:

(a) The Maryland Insurance Administration shall collect data from State-regulated plans on receipts, disbursements, and ending balances for segregated accounts established under § 1303(b)(2)(B) and (C) of the federal Patient Protection and Affordable Care Act and 45 C.F.R. § 156.280.

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

* * * *

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

Section 4, House Bill 937, Chapter 56(4) of the Acts of 2022.

Five printed copies of this report have also been mailed to the Department of Legislative Services library for its records.

Should you have any questions regarding this report, please do not hesitate to contact me or my Associate Commissioner of External Affairs and Policy Initiatives, Jamie Sexton, at jamie.sexton@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marie Grant", with a stylized monogram "MG" to the right.

Marie Grant
Insurance Commissioner

cc: Sarah T. Albert, Department of Legislative Services (5 copies)



Abortion Care Access Act Data

2025 Report

HB 937, 2022/Ch. 56(4), 2022

Marie Grant
Commissioner

December 23, 2025

Revised Version 1

Reporting Requirement

The Maryland Insurance Administration (MIA) is required under the Abortion Care Access Act of 2022¹ to collect and maintain data from state-regulated plans on receipts, disbursements, and ending balances for segregated accounts established under § 1303(b)(2)(B) and (C) of the federal Patient Protection and Affordable Care Act (ACA) and 45 C.F.R. § 156.280. The Abortion Care Access Act of 2022 also directs the MIA to report the data annually from 2023 through 2026 to the Senate Finance Committee and the House Health and Government Operations Committee. The fourth, and final, of the four reports, which is due on or before January 1, 2026, must include data collected by the MIA for the period from January 1, 2024 to December 31, 2024.

Background

In accordance with § 1303 of the ACA, if an issuer of a qualified health plan (QHP) includes coverage for certain abortion services ("non-excepted abortion services"), federal funds furnished in the form of premium tax credits or cost-sharing reductions may not be used to pay for those services. Issuers of QHPs that include coverage for non-excepted abortion services must collect from each enrollee in the QHP (without regard to age, sex, or family status) separate premium payments for non-excepted abortion service coverage, deposit the separate payments into a separate allocation account, and use payments allocated to this separate account exclusively to pay for non-excepted abortion services.

Additionally, each QHP issuer participating in a Health Insurance Marketplace, also known as an "Exchange," must provide the state insurance commissioner "an annual assurance statement attesting that the plan has complied with § 1303 of the Affordable Care Act and applicable regulations." 45 C.F.R. § 156.280(e)(5)(iii).

The MIA notified issuers of QHPs to be sold on Maryland's Individual Health Benefit Exchange of these requirements and the manner in which the Insurance Commissioner would be implementing them in Bulletin 13-24, issued on July 31, 2013. Pursuant to Bulletin 13-24, each QHP issuer is required to file on or before March 1 of each year, an annual supplemental information schedule of receipts, disbursements, and ending balances for segregated accounts for the preceding calendar year ("Schedule").

QHP Segregated Account Data

Please find aggregate data from state-regulated plans on receipts, disbursements, and ending balances for segregated accounts for January 1, 2024 through December 31, 2024, listed below. Please note that in 2023, the mandate requiring coverage for non-excepted abortion services for all QHPs sold on Maryland's Individual Health Benefit Exchange went into effect.² As such, all issuers of QHPs offered on the Maryland Exchange were required to file a schedule and are included in this year's report.

January 1, 2024 to December 31, 2024			
Carrier	Receipts	Disbursements	Ending Balance
CareFirst BlueChoice, Inc.	1,847,752	89,603	1,758,149
CareFirst of Maryland, Inc.	79,452	17,311	62,141
Group Hospitalization and Medical Services, Inc.	39,617	1,030	38,587
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	543,750	72,835	470,915
Optimum Choice Inc.	738,127	38,398	699,729
Aetna Health Inc. (PA)	29,935	1,287	28,648

*Individual filings found in Appendix

¹ 2022 MD Laws Ch. 56.

² Ins. Art. § 15-857; 2022 MD Laws Ch. 56.

Appendix



Segregation of Funds for Certain Abortion Services Covered under Qualified Health Plans Sold on the Individual Exchange

To the best of the undersigned's knowledge and belief, CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc. and CareFirst BlueChoice, Inc. (the "QHPs") have complied with Section 1303 of the Affordable Care Act and applicable regulations (the "ACA") in 2024. The financial accounting systems, including accounting documentation and internal controls, of the segregated account covered by the 2024 annual supplemental information schedule meet the requirements for segregated accounts of funds for the coverage of certain abortion services under the ACA and the QHP's filed and approved segregation plan.

A blue ink signature of Brian D. Pieninck.

By _____
Brian D. Pieninck
President and Chief Executive Officer

A black ink signature of Christopher Phillips.

By _____
Christopher Phillips
Vice President and Interim Chief Financial Officer

Supplemental Schedule of Qualified Health Plans Elective Abortion Benefits
December 31, 2024

	<u>CFMI</u>		<u>GHMSI</u>		<u>CFBC</u>	
Beginning Balance	\$	—	\$	—	\$	—
Receipts		79,452		39,617		1,847,752
Disbursements		17,311		1,030		89,603
Ending Balance	\$	62,141	\$	38,587	\$	1,758,149

CFMI - CareFirst of Maryland, Inc.

GHMSI - Group Hospitalization and Medical Services, Inc.

CFBC - CareFirst BlueChoice, Inc.

February 28, 2025

To the Commissioner,

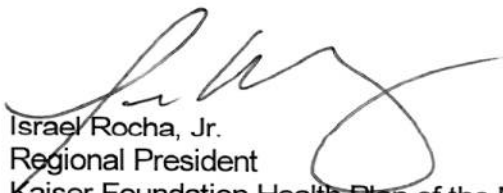
As required for the Kaiser Mid-Atlantic 2024 VTP filing:

"We attest that the plan has complied with section 1303 of the Affordable Care Act and applicable regulations."

As part of the internal Kaiser Permanente internal certifications, we had reviewed and approved the completed 2024 Health Care Reform (HCR) Exhibit for the application of the national guidance relating to section 1303. We have reviewed the attestations as to the data sources for completeness. We have confirmed that the data is consistent with the prior year's results, unless otherwise noted. We have evaluated anomalies or inconsistencies with respect to the prior results or other internal or external reporting. We have obtained the reconciliations and crosswalks and agree that they balance to the referenced sources.



Jennifer C Valentine
Interim Chief Financial Officer
Kaiser Foundation Health Plan of the Mid Atlantic States, Inc.



Israel Rocha, Jr.
Regional President
Kaiser Foundation Health Plan of the Mid Atlantic States, Inc.

Health Care Reform Federal Fund Segregation Plan
Annual Assurance Statement for Health Plan Activity
Statement of Revenue and Expenses

Region:	Kaiser Foundation Health Plan of the Mid-Atlantic
State:	Maryland
NAIC ID:	95639
Year:	2024

	Category	CY2024 YTD
1	Member Months	543,750
2	Net Premium income	\$ 543,750
3	Change in unearned premium reserves and reserve for rate credits	\$ -
4	Fee for service	\$ -
5	Risk revenue	\$ -
6	Aggregate write-ins for other health care related revenue	\$ -
7	Aggregate write-ins for other non-health revenue	\$ -
8	Total Revenues	\$ 543,750
	Hospital and Medical:	
9	Hospital/medical benefits	\$ 62,510
10	Other professional services	\$ -
11	Outside referrals	\$ -
12	Emergency room and out-of-area	\$ -
13	Prescription drugs	\$ 10,324
14	Aggregate write-ins for other hospital and medical	\$ -
15	Incentive pool, withhold adjustments and bonus amounts	\$ -
16	Subtotal	\$ 72,835
	Less:	
17	Net reinsurance recoveries	\$ -
18	Total hospital and medical (lines 16 minus 17)	\$ 72,835
19	Non-health claims (net)	\$ -
20	claims adjustment expenses including _____, cost containment exp.	\$ -
21	General administrative expenses	\$ -
22	Increase in reserves for life and accident and health contracts	\$ -
23	Total underwriting deductions (Lines 18 thru 22)	\$ 72,835
24	Net underwriting gain or (loss) (Lines 8 minus Line 23)	\$ 470,915
25	Net investment income earned (Exhibit of Net Investment Income Line 17)	\$ -
26	Net realized capital gains (losses) less capital gains tax	
27	Net investment gains (losses) (Lines 25 + 26)	\$ -
28	Net gain or (loss) from agents' or premium balances charged off	\$ -
29	Aggregate write-ins for other income or expenses	\$ -
30	Net income or (loss) after capital gains tax and before all other federal income taxes (line 24+27+28+29)	\$ 470,915
31	Federal and foreign income taxes incurred	\$ -
32	Net Income (loss) (Lines 30 minus 31)	\$ 470,915

Note: Calculations

Attestation for the Maryland Insurance Administration

Annual Statement of the Chief Executive Officer

Optimum Choice, Inc.

I, Joseph Ochipinti, attest that Optimum Choice, Inc. has complied with section 1303 of the Affordable Care Act (“ACA”) and applicable regulations, that the financial accounting systems, including accounting documentation and internal controls, of the segregated account covered by the annual supplemental information schedule meet the requirements for a segregated account under the ACA.

Date: 02/25/2025

Signature: Joseph Ochipinti

Attestation for the Maryland Insurance Administration

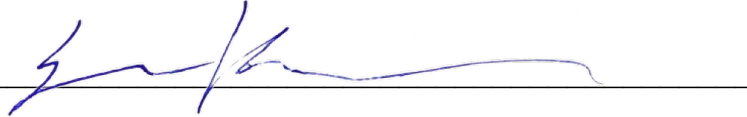
Annual Statement of the Chief Financial Officer

Optimum Choice, Inc.

I, Erica Kinzelman, attest that Optimum Choice, Inc. has complied with section 1303 of the Affordable Care Act (“ACA”) and applicable regulations, that the financial accounting systems, including accounting documentation and internal controls, of the segregated account covered by the annual supplemental information schedule meet the requirements for a segregated account under the ACA.

Date: 2/24/2025

Signature: _____

A handwritten signature in blue ink, appearing to be 'E. Kinzelman', is written over a horizontal line.

Optimum Choice Inc. Segregation Summary 2024

Benefit Year 2021

Beginning Balance, Jan 1 2021	\$ 5,000
2021 Premium Receipts	\$ 38,095
2021 Disbursements	\$ -
Ending Balance, Dec 31, 2021	<u>\$ 43,095</u>

Benefit Year 2022

Beginning Balance, Jan 1 2022	\$ 43,095
2022 Premium Receipts	\$ 135,070
Ending Balance, Dec 31, 2022	<u>\$ 178,165</u>

Benefit Year 2023

Beginning Balance, Jan 1 2023	\$ 178,165
2021-2022 Reversal	\$ (178,165)
2023 Premium Receipts	\$ 290,084
Ending Balance, Dec 31, 2023	<u>\$ 290,084</u>

Benefit Year 2024

Beginning Balance, Jan 1 2024	\$ 290,084
2023 Reversal	\$ (290,084)
2024 Premium Receipts	\$ 738,127
(Less) 2024 Disbursements	\$ (38,398)
Edning Balance, Dec 31, 2024	<u>\$ 699,729</u>


Attestation of Compliance for Aetna Health Inc. (PA)

Aetna Health Inc. (PA) is a Qualified Health Plan insurer participating in the Maryland Exchange offering individual and family plans to customers in the State.

1. For plan year 2025, Aetna Health Inc. (PA) will adhere to the requirements related to the segregation of funds for abortion services consistent with 45 CFR 156.280 and all applicable guidance.
2. Aetna Health Inc. (PA) has complied, and will continue to comply, with the requirements of Section 1303 of the Patient Protection and Affordable Care Act and applicable regulations, and that the financial accounting systems, including accounting documentation and internal controls of the segregated account covered by the annual supplemental information schedule meet the requirements for segregated accounts under the ACA.

Dated: 02/17/25


Aetna Health Inc. (PA)

By: 
Edward C. Lee
Vice President and Secretary

State of Connecticut)
)
County of Hartford)

On this 17th day of February 2025, before me appeared Edward C. Lee who proved to be the person whose name is subscribed to this instrument and acknowledged that he executed the same.

Witness my hand and official seal.



Notary Public

KATRINA COFFEY
NOTARY PUBLIC
My Commission Expires Feb. 28, 2027

Aetna Health Inc.
2024 reconciliation report

	<u>2024</u>
Beginning Balance	\$ -
Receipts	\$ 29,935.00
Disbursements	<u>\$ 1,287.07</u>
Ending Balance	\$ 28,647.93