



groState of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

December 15, 2022

GCR 22-125
PROPOSED

Medicaid Investment: Medically Necessary Abortions

Policy Summary:

The Vermont Medicaid program proposes to establish a Medicaid health-related investment overseen by the Department of Vermont Health Access for medically necessary abortions.

Since June 24, 2022, access to abortion services has become more restrictive or unavailable to millions of people across the United States. This investment will reimburse Vermont Medicaid providers for medically necessary abortions, regardless of whether the patient receiving care is a Vermont resident or if their income exceeds Medicaid limits. An investment is needed to use Medicaid funding for services provided without regard to residency requirements or income. Vermont Medicaid already covers medically necessary abortions for Vermont residents who are eligible for Medicaid under state rules.

Vermont's Global Commitment to Health Section 1115 Demonstration waiver authorizes expenditures, within annual limits, for public health, health care, and health-related investments. This change affords federal matching funds for medically necessary abortions permitted under federal law.

Effective Date:

January 15, 2023

Authority/Legal Basis:

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

Pregnant people

Fiscal Impact:

The estimated gross annualized budget impact is \$12,745.

Public Comment Period:

December 15, 2022 – January 14, 2023

Send comments to:

Medicaid Policy Unit

280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

The new investment template can be found on the following pages.

ATTACHMENT S**New Investment Application Template**

For each new investment, the state must submit the following information to CMS as described in STC 11.6.

Date	12/15/2022
Investment Title	Medically Necessary Abortions
Estimated Amount	\$12,745.00
Time Period	1/15/2023 - no anticipated end date
Department	Department of Vermont Health Access
Category	Increase access to quality health care by low income, uninsured, underinsured individuals and Medicaid beneficiaries in Vermont.
Project Objective, Targeted Outcomes, and Impact to Health Equity	
<p>The objective of this project is to allow DVHA to reimburse providers for medically necessary abortions allowable under federal law, regardless of patient income or Vermont residency status. Federal law only permits the use of federal funds for abortion services if the pregnancy is the result of rape or incest, or the woman suffers from a physical disorder, injury, or illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place her in danger of death unless an abortion is performed. The proposal waives both income limits and in-state residency requirements for beneficiaries of this investment. This will increase access to reproductive health care, specifically abortions, for people who seek to access this care in Vermont. On June 24, 2022, the United States Supreme Court issued "Dobbs v. Jackson Women's Health Organization" (597 U.S. __ (2022)) that overturned the federal protections for abortion that Americans have had since 1973 under "Roe v. Wade" (410 U.S. 113) and returned the ability to legislate abortions to the states. Access to abortion services has become more restrictive or unavailable to millions of people across the country. Nationwide, there are major health disparities in rates of unintended pregnancies. The physical, psychological, and economic ramifications of carrying an unintended pregnancy to term because of barriers to abortion care are enormous. Vermont has an opportunity to extend this care to people who seek it within Vermont's borders. Funds for medically necessary abortions for people seeking access to care in Vermont will go to Vermont-based providers, furthering efforts to stabilize Vermont's health care system.</p>	
Project Description	
<p>This must include descriptions of specific terms associated with eligibility, benefits and services, and how the state intends to operationalize the program (e.g., population served, provider types, provider qualifications, methodology for incentive payments).</p>	

This investment will reimburse Vermont-based providers for medically necessary abortions, regardless of whether the patient receiving care is a Vermont resident or if their income exceeds Medicaid limits. The proposal waives both income limits and in-state residency requirements for beneficiaries of this investment. Vermont Medicaid already covers medically necessary abortions for state residents who are eligible for Medicaid under state rules. This target population was selected after the Dobbs decision to extend coverage of medically necessary abortions to people who may seek this care in Vermont because it is unavailable in their home state. Because these people are not Vermont residents, they are not eligible for Vermont Medicaid coverage. Provider types eligible for reimbursement are physicians, physician assistants, advanced practice nurse practitioners, and certified nurse midwives working within the scope of their practice and enrolled in Vermont Medicaid. Providers will be reimbursed for eligible services through the Medicaid Management Information System (MMIS) at the current Medicaid rate.

How does the state ensure there is no duplication of federal funding?

The Agency of Human Services operates under a Cost Allocation Plan (CAP), which is approved quarterly by HHS. The CAP ensures there is no duplication of funding because total expenses are allocated to the benefitting federal program.

Source of non-federal share

State funds equivalent to the amount of federal funds attributable to the increased FMAP.

How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?

AHS staff have reviewed project descriptions to ensure that the investment does not include any activities listed in STC #11.5 and will monitor program expenditures to ensure continued compliance with this requirement.

The state assures that in reporting cost, the state and providers must adhere to 45 CFR §75 Uniform Administration Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement. Pursuant to 45 CFR §75.302(a) the state must have proper fiscal control and accounting procedures in place to permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of applicable statutes. Costs must be supported by adequate source documentation.