



HB 0381/SB 508

Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing Our Scars Act)

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Content Notice

This presentation includes sensitive content regarding domestic and intimate partner violence.

Some parts of the presentation discuss detailed descriptions of physical violence and related injuries.

Agenda

- I. Overview and Legislation**
- II. Social Evaluation**
- III. Medical Evaluation**
- IV. Financial Evaluation**

Overview and Legislation

**Background, Project Overview,
Legislation**

Legislative Background and Existing Coverage

The bill, introduced during the 2025 legislative session, requires state-regulated insurers and Medicaid to cover *physician determined medically necessary* aesthetic services and restorative care for victims of domestic violence

- No current required coverage federally (under the Affordable Care Act [ACA]) or statewide
- Insurers already cover what they deem medically necessary care regardless of cause of injury to improve functionality (restorative care)
- Dental is not covered under this bill.

Key Terms – Bill Language

- Victim of Domestic Violence (DV): “An individual who has received deliberate, severe, and demonstrable **physical injury**, or is in fear of imminent deliberate, severe, and demonstrable physical injury from a **current or former spouse**, or a **current or former cohabitant**.”
- Cohabitant: “A person who has had a sexual relationship with the respondent and **resided with the respondent in the home for a period of at least 90 days** within 1 year before filing of the petition.”

Key Terms

- Intimate Partner Violence (IPV): “Intimate partner violence refers to any physical or sexual violence, stalking, and/or psychological aggression by a current or former dating partner or spouse.” IPV does not require sexual intimacy.
 - Used throughout the literature

DV/IPV: An individual’s experience of abusive behaviors (physical, emotional, psychological) from a former or current romantic partner.

Key Terms – Aesthetic Services and Restorative Care

Aesthetic Services (Cosmetic)

Improve appearance and
sense of self

Restorative Care (Reconstructive)

Improves functionality of
a body part

Social Evaluation

Prevalence, Utilization, Coverage, and Access

DV/IPV Prevalence and Healthcare Utilization

DV/IPV is a well-established public health issue yet is difficult to quantify

- Ascertaining DV/IPV prevalence and related healthcare utilization is challenging
 - Low screening rates/nonspecific screeners
 - Varying coding practices
 - Victims/survivors may not disclose their experiences
 - Attitudes towards surgery do not always correlate with actual utilization of these services
- Physical DV/IPV affects *more than 40%* of U.S. adults and often results in injuries, mostly in the head and neck area
 - Can result in chronic pain, mental health conditions, and other adverse health effects
- Less than *half* of IPV is estimated to be reported to police

DV/IPV Related Residual Injuries and Healthcare Utilization

An estimated 60% of DV/IPV victims/survivors are estimated to have at least one residual injury (permanent mark/scar)

- Most victims/survivors who seek care, do so for scars (~45%)
 - Broken nose (39%), other injuries/fractures (~18%)
- Hypertrophic and keloid are the most common scars after experiencing burns, surgery, and physical trauma.
- One study (2022) found that average time from injury to seeking treatment was ~9.26 years
 - Broadly, cost is a major barrier to seeking care and among victims/survivors

Other State(s)

A review of other states showed that Illinois is the only other state with similar legislation.

- In January 2025, similar legislation in Illinois went into effect requiring coverage for treatments that improve appearance and/or functionality after an individual has experienced physical trauma.
- In comparison to the proposed Maryland bill, the Illinois mandate **does not apply to a specific population or type of physical trauma.**

Medical Evaluation

Efficacy

Psychological Impacts

Visible scars, especially on the face, are correlated with worse mental health and overall well-being

- Psychological stress negatively impacts wound and scar healing and can lead to weaker skin tissue
- Trauma is complex and affects individuals differently
 - For some individuals, visible scars can result in re-experiencing traumatic events that led to the scar
 - Historical trauma among underserved groups can also exacerbate individual experiences of trauma
- Victims/survivors' recovery from DV/IPV is often multi-faceted, non-linear, and individual
 - Not all victims/survivors seek or need the same treatment in their path to recovery

Financial Evaluation

Public and Commercial Insurance Cost Analysis

Financial Analysis

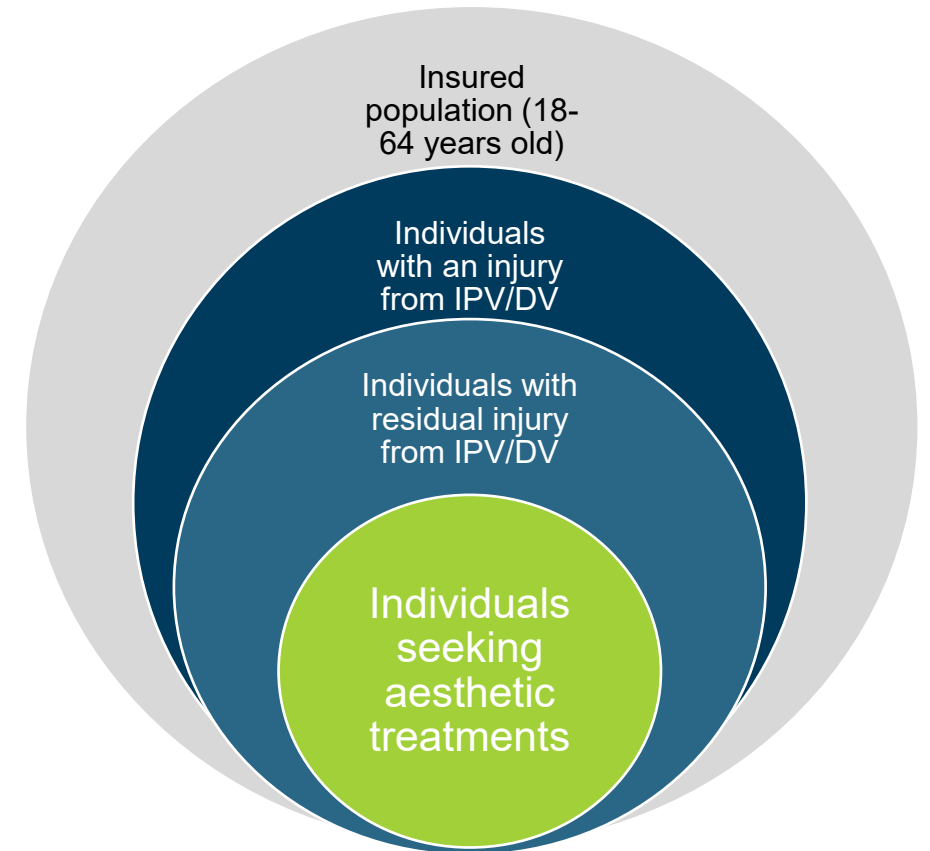
Methodology

- Adults 18 – 64 divided into market segments: fully insured (individual, small group, large group); Medicaid; State Employee Health Plan
- Focus on aesthetic; insurers indicated they already cover restorative services
- Multi-step modeling process
 - Data sources included literature research and enrollment data from MCDB
 - Developed assumptions informed by literature to estimate number of DV/IPV victims with residual injuries; stratified by gender and Medicaid/non-Medicaid
 - Developed range of utilization assumptions of aesthetic services
 - Developed range of costs per user based on scenarios for service mix of surgical and non-surgical aesthetic treatments

Financial Analysis

Modeling Process

- Key assumptions
 - Medicaid enrollees are 4.5 times more likely to experience DV/IPV than an individual with commercial insurance coverage
 - 1.3% of females and 0.8% of males experienced DV/IPV in a year
 - Assumed range of uptake rates for aesthetic treatments among IPV/DV-related scar patients: 30% (low) – 70% (high)



Financial Analysis

Considerations and Limitations

- Due to limited published literature and the absence of codes to identify services associated with DV/IPV in the MCDB, estimated impacts of the mandate are uncertain and rely on a series of assumptions
- Literature indicates underreporting of DV/IPV; the effect of the mandate on DV/IPV reporting is unknown, adding to the uncertainties in utilization of services
- Results may be influenced by enrollment and utilization impacts of the Medicaid continuous coverage during the COVID-19 Public Health Emergency (PHE), and subsequent continuous coverage unwinding post-PHE

Financial Analysis

Utilization

Projected New Users for Aesthetic Services

	Low	Mid	High
Individual	29	49	69
Fully Insured Small Group	20	33	46
Fully Insured Large Group	45	75	104
Totally Fully Insured Commercial	94	157	219
State Employee Health Plan	22	36	51
Medicaid	568	947	1,326

Projected New Users for Aesthetic Services as a Percent of Population

	Low	Mid	High
Individual	0.01%	0.02%	0.02%
Fully Insured Small Group	0.01%	0.02%	0.02%
Fully Insured Large Group	0.01%	0.02%	0.02%
Totally Fully Insured Commercial	0.01%	0.02%	0.02%
State Employee Health Plan	0.01%	0.02%	0.02%
Medicaid	0.03%	0.06%	0.08%

Financial Analysis

Aesthetic Services and Restorative Care Commercial Cost Estimate

Total Fully Insured Commercial (Individual, Small Group, Large Group)

Range of Estimates	Low	Middle	High
% of Population Receiving Aesthetic Services	0.01%	0.02%	0.02%
Increase to Premiums* PMPM	\$0.02	\$0.06	\$0.15
% Increase to Premiums	0.00%	0.01%	0.03%
Total Increase to Premiums	\$228,401	\$666,169	\$1,598,806

*Premiums in the fully insured market refer to projected funding to cover any fee-for-service claims, non-claim expenses, administrative expenses, fixed fees, contribution to reserve/profit, and state/federal taxes and assessments. Member cost-sharing (e.g., deductibles, copays, and coinsurance) is excluded.

Financial Analysis

Aesthetic Services and Restorative Care Medicaid Cost Estimate

Medicaid			
Range of Estimates	Low	Middle	High
% of Population Receiving Aesthetic Services	0.06%	0.06%	0.08%
Increase to Program Costs* PMPM	\$0.07	\$0.20	\$0.47
% Increase to Program Costs	0.02%	0.05%	0.11%
Total Increase to Program Costs	\$1,336,840	\$3,899,116	\$9,357,878

*Program costs for Medicaid refer to projected funding to cover any fee-for service claims, non-claim expenses, capitation, administrative expenses, fixed fees, contribution to reserve/surplus, and/or risk margin, and state taxes, fees, and assessments.

Financial Analysis

Aesthetic Services and Restorative Care State Employee Health Plan Cost Estimate

State Employee Health Plan			
Range of Estimates	Low	Middle	High
% of Population Receiving Aesthetic Services	0.01%	0.02%	0.02%
Increase to Premium Equivalent* PMPM	\$0.02	\$0.06	\$0.15
% Increase to Premium Equivalent	0.00%	0.01%	0.02%
Total Increase to Premium Equivalent	\$51,321	\$149,686	\$359,246

*Premium equivalent refers to projected funding to cover any fee-for service claims, non-claim expenses, administrative expenses, fixed fees, contribution to reserve/surplus, and/or risk margin. Member cost-sharing (e.g., deductibles, copays, and coinsurance) is excluded.

Key Takeaways

- DV/IPV, including physical DV/IPV, can affect anyone, yet historically underserved groups experience higher rates of DV/IPV
- DV/IPV and DV/IPV-related healthcare utilization is widely underreported
- DV/IPV-related injuries may not heal properly and/or can alter victims'/survivors' physical appearance
- Visible scars, especially on the face, can negatively impact overall well-being; treatment utilization as part of recovery is individualized
- Insurers generally cover medically necessary restorative care but generally do not cover aesthetic services
- Across market segments, the mandate would increase the cost of insurance; biggest impact is for Medicaid

Thank You

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Appendix

Additional Content

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