

Definitions suggested by the Massachusetts Association of Health Plans regarding required coverage for abortion and abortion-related care

Abortion Definition

- [Chapter 127 of the Acts of 2022](#) mandates health plan coverage of “abortion, as defined in section 12K of Chapter 112” without cost sharing.
- [M.G.L. c.112 § 12K](#) defines abortion as “any medical treatment intended to induce the termination of, or to terminate, a clinically diagnosable pregnancy except for the purpose of producing a live birth; provided, however, that "abortion" shall not include providing care related to a miscarriage”
- [M.G.L. c.112 § 12K](#) defines hospital, nurse midwives, nurse practitioners, physicians, and physician assistants; [M.G.L. § 12M](#) provides that “a physician, physician assistant, nurse practitioner or nurse midwife may perform an abortion consistent with the scope of their practice and license”.

Abortion-Related Care Definition

- [Chapter 127 of the Acts of 2022](#) mandates health plan coverage of “abortion-related care” without cost sharing.
- MassHealth regulations, [130 CMR 484.005](#), updated on 9/16/22, list “Reimbursable Abortion-related Services” that MassHealth will reimburse providers for when they are provided in conjunction with a payable abortion procedure:
 - (1) pre-operative evaluation and examination;
 - (2) pre-operative counseling;
 - (3) laboratory services, including pregnancy testing, blood type, and Rh factor;
 - (4) Rh (D) immune globulin (human);
 - (5) anesthesia (general or local);
 - (6) post-operative care;
 - (7) follow-up; and
 - (8) advice on contraception or referral to family planning services.