

# **EXHIBIT B**

**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

PLANNED PARENTHOOD OF MARYLAND,  
INC., *et al.*,

Plaintiffs,

v.

ALEX M. AZAR II, Secretary of the United States  
Department of Health and Human Services, in his  
official capacity, *et al.*,

Defendants.

Civil Action No. CCB-20-00361

**DECLARATION OF KIRSTY HAMBRICK IN SUPPORT OF  
PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT**

I, Kirsty Hambrick, declare and state as follows:

1. I currently reside in Baltimore, Maryland, where I work full-time as a barista.
2. I am covered by an individual health insurance plan that I purchased through Maryland Health Connection, Maryland's state-run health exchange.
3. My individual health insurance plan currently includes coverage for abortion services for which federal funding may not be used.
4. I want to maintain an insurance plan that covers these abortion services. I am of reproductive age and able to become pregnant and would potentially need and use these abortion services if I became pregnant.
5. I understand that the Patient Protection and Affordable Care Act ("ACA") requires insurers who offer plans covering federally excluded abortion services to separate the portion of the premium payment they receive from consumers attributable to those abortion

services from the portion of the premium for all other covered services (the “segregation requirement”).

6. It is my understanding that my insurer complies with the segregation requirement by sending consumers like me a single bill for the entire monthly premium and permitting me to pay my entire monthly premium using a single transaction.

7. I understand that the Centers for Medicare and Medicaid Services (“CMS”) and the Department of Health and Human Services (“HHS”) have issued a new rule (the “Rule”) interpreting the ACA’s segregation requirement to require insurers that offer plans on state marketplaces covering federally excluded abortion services to send consumers like me two completely separate bills for their monthly premium—one for the portion of the premium attributable to coverage for federally excluded abortion services and the other for the portion of the premium attributable to all other covered services. I also understand that the new Rule would require insurers to instruct consumers covered by these plans to complete two separate transactions to pay the two separate bills.

8. I am very worried about the impact this Rule will have on consumers like me, who currently have and desire to maintain plans that cover federally excluded abortion services.

9. I understand that the Rule will have the effect of increasing costs for insurers that offer plans covering federally excluded abortion services, and I am concerned that this increase in costs will cause my insurer to drop my plan’s coverage for federally excluded abortions services.

10. I do not want to switch to another plan. I have chronic migraines and specifically chose the plan that I currently have because it is best suited to help me manage my migraines and take care of my other health care needs.

11. As someone who grew up without insurance, and who has been uninsured or underinsured for most of my life, the thought of having to pay out-of-pocket for an abortion, which I understand can be hundreds of dollars or more, is extremely worrisome. If I were forced to do so, it would be a major hardship to me financially. With insufficient savings, and a social network that is similarly situated financially (i.e., cannot afford to lend me money), I fear that I would be forced to cut back on necessities like food or treatment for my chronic migraines, or forgo paying off my student loans, in order to afford an abortion on my own.

12. Even if my insurer does not drop coverage for federally excluded abortion services, I fear that it will need to increase my monthly premiums in order to cover any increase in costs associated with compliance with the Rule.

13. I already spend approximately 20% of my income on my insurance premiums each month. I am a full-time employee, so it would be quite difficult for me to get more hours at work in order to make more money. Because I rely on tips for a portion of my income, my monthly net pay is not consistent, and there is always the risk that for any given shift I will only make slightly above the state minimum wage. Accordingly, even if I were able to obtain more hours at work, there is no guarantee that working those hours would net me enough additional income to offset the cost of any increase in health insurance premiums alongside my other monthly expenses, including food, rent, utilities, and student loan payments.

14. If my premiums increase, even by a small amount, I may be forced to switch to another plan, which could have a higher deductible, offer less coverage, or both. As noted above, I do not want to switch plans, as I specifically chose the one I currently have to help me manage my chronic migraines.

15. I am also concerned that having to pay my monthly premium using two separate

transactions will put me at risk of losing my insurance coverage entirely for accidental non-payment.

16. I currently pay my monthly premium electronically via automatic payment. I have selected automatic payment because I want to minimize time spent paying bills, to have the comfort of knowing that my payments are being made each month and on time, and to avoid the burdens associated with physically mailing my payments, including money spent on postage, time spent getting to the post office (which is especially difficult given my work schedule), and fears about mailed payments getting lost in transit.

17. While I understand that the Rule requires insurers to accept a consumer's premium payment even if the consumer refuses or fails to pay the premium in two separate transactions, and instead pays the full cost using a single transaction, that will not reduce the burden I face. I intend to follow my insurer's payment instructions, as I always do. I want to head off any lengthy phone calls with my insurer; given my work schedule, it is extremely difficult, if not impossible, for me to take calls during standard business hours. I also want to avoid additional mailings or emails with instructions that I will have to review as to how to pay, and I worry based on previous experience that mailed correspondence regarding any issues with my payment may reach me too late to resolve them without repercussions. Accordingly, if the Rule takes effect, I will be forced to set up two separate automatic payments for the two separate portions of the premium.

18. I have already experienced problems with processing the single auto-payment I currently make. Last year, I had set up an auto-payment to pay my monthly premiums. At the end of the year, I switched plans, which resulted in a small change in the premium amount owed each month. Because my premium under my new plan was a different amount than under my

previous plan, my auto-payment was not processed. I was not informed that I needed to set up a new auto-pay for the new amount owed until well after the payment was due. Issues like this give me great concern about inadvertently missing a payment; splitting my transaction into two separate auto-payments would double my anxiety and increase the likelihood that I accidentally do not pay my monthly premium in full. Indeed, a friend of mine in another state recently lost her coverage because her auto-payment failed to process during the transition period between insurance plan years. She only discovered that she had lost her coverage as a result of the failed payment upon needing to access health care. The prospect of something similar happening to me gives me extreme anxiety. As I described above, I already work full-time and have many other necessary expenses, including food, housing, and student loans. I cannot afford unexpected medical bills and should not be forced to make tradeoffs between needed healthcare and my other needs.

19. I simply cannot afford to lose my insurance coverage. As noted above, I suffer from chronic migraines that I rely on my current coverage to help manage. Losing my coverage would result in my experiencing significantly more pain in my day-to-day life. Not being able to manage my chronic pain would also put me at risk for missing days at work, and therefore losing out on income I rely on to survive. I do not have a huge emergency fund or safety net, so it is imperative that I maintain my current hours at work and maintain my current income level in order to pay for basic necessities each month.

20. For all these reasons, I ask the Court to prevent the serious harm the Rule would inflict on me and others by stopping enforcement of the Rule.

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on February 24, 2020, in Baltimore, Maryland.

  
Kirsty Hambrick