



The Maryland State Medical Society

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TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee

FROM: Danna L. Kauffman
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DATE: February 20, 2020

RE: **SUPPORT** – House Bill 959 – *Health Insurance – Consumer Protections*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland/District of Columbia Society of Clinical Oncology (MDCSCO), we **support** House Bill 959. House Bill 959 codifies into Maryland law certain protections currently included in the Affordable Care Act (ACA). These protections include prohibiting exclusion based on pre-existing conditions; prohibiting the establishment of differing rules for eligibility or continued eligibility based on health condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability or disability; prohibiting the establishment of a rate based on physical location within the State; requiring rates be based on reasonable age variation formularies; allowing a dependent to remain on a parent’s plan until the age of 26; prohibiting cost sharing for services, such as immunizations, womens’ preventive care and screenings; prohibiting annual limits; and prohibiting a waiting period of more than 90 days. The bill also contains provisions regarding the procurement of emergency services; and requirements on providing information, such as a summary of benefits and coverage, to consumers.

MedChi and MDCSCO support the provisions in the ACA and believe that the provisions included in House Bill 959 are essential for patient protections if the ACA is ultimately struck down. The American Society of Clinical Oncologists recently released two studies that demonstrate the value of the ACA in improving access to earlier diagnosis, earlier care, and reduced racial disparities for patients with cancer in those states that adopted Medicaid expansion, such as Maryland. In addition, a separate study found that after implementation of the ACA in 2010, women with ovarian cancer were more likely to be diagnosed at earlier stages and to be treated within 30 days than in previous years. Maryland must ensure that these earlier successes continue and that individuals in Maryland continue to be protected from provisions that ultimately would limit access to care. We urge a favorable vote.

For more information call:

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