

CAROLYN A. QUATTROCKI
Chief Deputy Attorney General

LEONARD J. HOWIE III
Deputy Attorney General

CARRIE J. WILLIAMS
Deputy Attorney General

SHARON S. MERRIWEATHER
Deputy Attorney General

ZENITA WICKHAM HURLEY
Chief, Equity, Policy, and Engagement



**STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
HEALTH EDUCATION AND ADVOCACY UNIT**

ANTHONY G. BROWN
Attorney General

WILLIAM D. GRUHN
Division Chief

KIMBERLY S. CAMMARATA
Unit Director

PETER V. BERNIS
General Counsel

CHRISTIAN E. BARRERA
Chief Operating Officer

IRNISE WILLIAMS
Deputy Unit Director

March 25, 2025

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

RE: House Bill 0974- Health Insurance - Preventive Services - Enforcement Authority
- **SUPPORT**

The Health Education and Advocacy Unit supports House Bill 974. In 2020, facing concerns that the consumer protections of the Affordable Care Act (ACA) were at risk, including the preventive services mandate, the General Assembly passed Chapter 620, Health Insurance – Consumer Protections, codifying those protections into state law.

Now, the ACA's preventive service mandate stands at risk after a court ruled in [*Braidwood Management v Becerra*](#) that a portion of the mandate is unconstitutional because, in the court's view, requiring covered services recommended by the U.S. Preventive Services Task Force (USPSTF) violates the Appointments Clause of the Constitution. That ruling, if upheld on appeal to the Supreme Court, would block the *federal government*¹ from requiring certain health insurance plans to provide no-cost preventive services recommended by the USPSTF, the entity responsible for making evidence-based recommendations on the types of preventive screenings and services people need, with an A or B rating. Such services include cancer screenings, HIV prevention medication, and some mental health screenings and interventions for children and adults. Preventive service recommendations from the Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) and the Health Resources and Services Administration (HRSA) are also at risk.

¹ *Braidwood* is based on the procedural issue of the Appointments clause and therefore poses no impediment to the State using the guidelines at issue.

Despite what is happening at the federal level, current Maryland law codifies the protections for no-cost preventive services recommended by the USPSTF, services for women, infants, and children by HRSA, and vaccinations recommended by ACIP. But with the change in the administration, we are faced with legitimate concerns that the federal government may no longer defend the law or may weaken or eliminate the protections the other agencies have provided over the years.

This bill seeks to address that concern by enshrining the *current* USPSTF, ACIP and HRSA guidelines in Maryland law, while giving authority to the Maryland Insurance Commissioner to issue regulations related to any future preventive services recommendations and guidelines issued by HRSA, ACIP, or HRSA after December 31, 2024.

We urge a favorable report.