

# **LCPCM- X HB848 - Health Insurance- Adverse Decisio**

Uploaded by: Andrea Mansfield

Position: FAV



Committee: Senate Finance Committee

Bill: HB 848 – Health Insurance – Adverse Decisions – Reporting and Examinations

Hearing Date: March 20, 2025

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) support HB 848 – Health Insurance – Adverse Decisions – Reporting and Examinations. This bill requires health insurers to report to the Maryland Insurance Commissioner the number of adverse decisions by type of service if they have grown by a certain percentage.

Insurance carriers are already required to report to the Maryland Insurance Commissioner on a quarterly basis regarding the appeals and grievances of specific activities. HB 848 expands the activities reported to include adverse decisions for a type of service that has grown by more than 10% in the immediately preceding calendar year or 25% in the immediately preceding three years.

As licensed clinical professional counselors, we want to ensure our clients have access to services and they are affordable. Situations may occur where insurance companies deny coverage for clients for various reasons. Without regular monitoring of these decisions to deny coverage, we would not know if denials are justified or related to a gap in coverage.

Adverse decision data will help identify coverage gaps and enable insurance companies to address them to improve access and effect better patient outcomes. For these reasons LCPCM urges the Committee to give HB 848 a FAVORABLE Report.

Please contact Andrea Mansfield at [amansfield@maniscanning.com](mailto:amansfield@maniscanning.com) or (410)562-1617 if we can provide additional information.

# **HB0848\_Health\_Insurance\_Adverse\_Decisions\_MLC\_FAV.**

Uploaded by: Cecilia Plante

Position: FAV



## **TESTIMONY FOR HB0848**

### **Health Insurance – Adverse Decisions – Reporting and Examinations**

**Bill Sponsor:** Delegate Pena-Melnyk

**Committee:** Finance

**Organization Submitting:** Maryland Legislative Coalition

**Person Submitting:** Cecilia Plante, co-chair

**Position:** **FAVORABLE**

I am submitting this testimony in strong support of HB0848 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists and our Coalition supports well over 30,000 members.

In this country, we don't have a health care system. We have a system of health care providers who are in the business to make money. They care little for the health of the people who are enrolled in their business and often will deny coverage for important procedures, drugs, or physician visits with little transparency.

At the very least, we should all understand which insurance carriers deny coverage more frequently. This bill, if enacted, would require insurance carriers to report to the Maryland Insurance Commissioner on a quarterly basis the number of adverse decisions for a type of service that has grown by more than 10% in the immediately preceding calendar year, or 25% in the immediately preceding three calendar years and any reasons for the increase.

This will allow the Commissioner to understand where the carriers are trying to make excess profits.

We strongly support this bill and recommend a **FAVORABLE** report in committee.

# **Crossover Testimony\_HB 848-Health Insurance - Adve**

Uploaded by: Jake Whitaker

Position: FAV



Maryland  
Hospital Association

## **House Bill 848- Health Insurance - Adverse Decisions - Reporting and Examinations**

**Position: *Support***

March 20, 2025

Senate Finance Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in strong support of House Bill 848. HB 848 addresses the recent increase in adverse decisions by mandating that carriers report to the Maryland Insurance Administration (MIA) the reasons for any rise in adverse decisions if the number has increased by more than 10% in the previous calendar year or by 25% over the past three calendar years. This bill would also grant the Maryland Insurance Commissioner additional authority to examine and investigate significant rises in adverse decisions.

Maryland hospitals and health systems strongly support policies designed to address the recent increase in adverse decisions made by health insurers. Since 2013, the total dollar amount of claims denials for hospital services has increased threefold from \$143 million to \$477 million in 2024. What's more, the vast majority of adverse decisions appealed to MIA were overturned. According to the fiscal year 2023 Office of the Attorney General Annual Report on the Health Insurance Carrier and Grievances Process, 69% of carrier grievance decisions were modified or overturned. Driven in part by the use of artificial intelligence in coverage decisions, the rise in erroneous adverse decisions has only accelerated in recent years.

Unnecessary and unfair adverse decisions significantly impact health outcomes and timely access to care. When more claims are denied, patients face delays in receiving necessary treatments or may be forced to pay out-of-pocket for services that should be covered. Additionally, hospitals must divert valuable staff time and clinical resources to fight claims denials and navigate overly onerous prior authorization requirements. Denied and delayed payments also contribute to additional financial pressures and operational uncertainty that negatively impact hospitals' ability to provide care.

Maryland hospitals and health systems remain committed to supporting and creating sustainable solutions for access to affordable, comprehensive health insurance coverage. HB 848 would enhance transparency and accountability in insurance practices and coverage decisions. This legislation will promote more equitable and consistent decision-making by payers, reducing the likelihood of unfair adverse decisions by health insurers.

For these reasons, we request a favorable report on HB 848.

For more information, please contact:

Jake Whitaker, Assistant Vice President, Government Affairs & Policy

Jwhitaker@mhaonline.org

# **2025 MCHS HB 848 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



## Maryland Community Health System

**Bill Number:** House Bill 848 – Health Insurance – Adverse Decisions – Reporting and Examinations

**Committee:** Senate Finance Committee

**Hearing Date:** March 20, 2025

**Position:** Support

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The Maryland Community Health System (MCHS) strongly supports *House Bill 848 – Health Insurance – Adverse Decisions – Reporting and Examinations*. Under existing law, carriers must report on volume of adverse decisions. The legislation proposes that carriers should provide a comprehensive explanation behind the growth of adverse decisions, if the growth meets a certain threshold. The explanation would include changes in medical management regarding claims.

Maryland Community Health System is a network of federally qualified health centers providing primary, behavioral, and dental care to underserved communities throughout Maryland. Our health centers have been severely impacted by the growth in adverse decisions from private insurers and managed care organizations. The number of adverse decisions is beginning to compromise our health centers' ability to meet the health needs of their patients and communities.

We strongly support this bill, as it will provide needed information about the reasons behind the growth in adverse decisions. This information will support ongoing work by regulators, insurers and MCOs, and providers to understand how to address the issue.

We ask for a favorable report. If we can answer any questions, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).



# **2025 MdAPA HB 848 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



**To:** Senate Finance Committee

**Bill:** House Bill 848 - Health Insurance - Adverse Decisions - Reporting and Examinations

**Date:** March 20, 2025

**Position:** Favorable

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The Maryland Academy of Physician Assistants supports *House Bill 848 - Health Insurance - Adverse Decisions - Reporting and Examinations*. This bill requires a carrier to submit a justification to the Insurance Commissioner if it experiences a rise in adverse decisions that equals more than 10% in the immediately preceding calendar year or 25% in the immediately preceding 3 calendar years.

According to data from a joint report of the Maryland Health Care Commission and Maryland Insurance Administration, adverse decisions in Maryland increased around seven percent from 2019 to 2022.<sup>i</sup> An adverse decision occurs when an insurance company denies a request for coverage or takes another action against a policyholder like increasing rates or terminating a policy. Without health insurance coverage, medical costs can increase exponentially, putting people into extreme debt that can lead to credit score damage, debt collection, lawsuits, garnishments, late fees and interest, bankruptcy, and delayed care. This increase in adverse decisions is concerning and prevents people from receiving appropriate and timely care. This bill will help explain the trend and can begin the process of reimagining health insurance in a way that benefits everyone.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> Health Insurance – Utilization Review Revisions, An Environmental Scan of the Prior Authorization Process, November 21, 2024, <https://insurance.maryland.gov/Consumer/Appeals%20and%20Grievances%20Reports/Health-Insurance-Utilization-Review-Revisions.pdf>.

# **HB848 Adverse Decisions LOSA Crossover.pdf**

Uploaded by: Irnise Williams

Position: FWA

**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 18, 2025

TO: The Honorable Pamela Beidle, Chair  
Senate Finance Committee

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

RE: House Bill 848 - Health Insurance - Adverse Decisions –  
Reporting and Examinations – **SUPPORT with Amendments**

For all the reasons articulated in our Letter of Support for SB 474, the cross-file of this bill, the Health Education and Advocacy Unit (HEAU) supports House Bill 848 and most of the amendments to the originally filed bill. We offer one area of concern introduced by the amendments beginning on page 7, line 27, requiring private review agents to respond to emails or voicemails within 2 business days, because it appears to conflict with the already required 24x7 accessibility requirement contained in Insurance § 15-10B-05(a)(4). The HEAU does not view responses within two business days as 24x7 accessibility. More importantly, a two-business day turn around cannot apply to 15-10B-05(a)(5), which requires that private review agents must be available to make emergency inpatient or residential crisis admission authorizations within 2 hours of receipt, and other requirements for more time sensitive decisions. We offer Amendment No. 1 to address this concern.

Apart from the apparent internal conflict with the current 24x7 requirement, 24x7 accessibility should not be defined as having an email repository or voicemail box with a two-to-four-calendar-day response time, especially if telephone responses are made during traditional business hours. As part of their [Care Over Cost Campaign](#), Progressive Maryland engaged in a door knocking campaign in four legislative districts, spoke with members and partners, hosted and/or attended community events, and heard many stories about people who were denied coverage by their insurance carriers and struggled to understand their rights to appeal the denials and/or found the process daunting, time consuming, and a barrier to care.

These consumers reported that they need to be able to reach their insurers during evening hours and on the weekends. The general business hours of the carriers' call centers, with long wait times and multiple repeat calls, are not helpful to consumers who work in jobs that do not allow for personal calls or who have limited flexibility in their schedule. It is not helpful to consumers who need access outside of traditional working hours to require them to email or leave a message and then wait two business days to have concerns about carrier denials addressed, or to receive return calls at times they cannot accept them. Accordingly, we offer Amendments Nos. 2 and 3 to require longer call center hours and return calls at times convenient for consumers.

We fully support having the contact information prominently displayed on the notices required under § 15-10A-02(F) and (I).

cc: The Honorable Joselyn Pena-Melynk  
The Honorable Heather Bagnall  
The Honorable Bonnie Cullison  
The Honorable Kenneth Kerr  
The Honorable Samuel I. Rosenberg

## **HEAU Amendments to House Bill 848**

### **Amendment No. 1**

On page 8, in line 4 before “RESPOND” insert “EXCEPT AS OTHERWISE REQUIRED IN THIS SUBTITLE”

### **Amendment No. 2**

On page 8, in line 2 after “NUMBER” insert “THAT IS ADEQUATELY STAFFED AT LEAST FROM 6 AM TO MIDNIGHT, 7 DAYS A WEEK”,

### **Amendment No. 3**

On page 8, in line 4, after “VOICEMAILS” insert “AT A TIME CONVENIENT TO THE PATIENT OR PROVIDER”

## **HB0848 crossfile FWA - Health Insurance - Adverse**

Uploaded by: Richard KAP Kaplowitz

Position: FWA

HB0848\_Crossover Bill\_RichardKaplowitz\_FWA  
03/20/2025  
Richard Keith Kaplowitz  
Frederick, MD 21703

**TESTIMONY ON CROSSOVER BILL HB0848 - POSITION: FAVORABLE WITH  
AMENDMENTS**

**Health Insurance - Adverse Decisions - Reporting and Examinations**

**TO:** Chair Beidle, Vice Chair Hayes and members of the Finance Committee  
**FROM:** Richard Keith Kaplowitz

**My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support with its amendments of crossover bill HB0848, Health Insurance - Adverse Decisions - Reporting and Examinations**

This House Bill HB0848 was passed with amendments unanimously on 03/06/25. The cross filed SB0474 was passed with amendments unanimously on 03/06/25. Please reconcile these bills for passage.

**I respectfully urge this committee to return a favorable report with its amendments on cross file HB0848.**



## **HB848\_ MIA\_ FWA**

Uploaded by: Riley Williams

Position: FWA

WES MOORE  
Governor

ARUNA MILLER  
Lt. Governor



MARIE GRANT  
Acting Commissioner

JOY Y. HATCHETTE  
Deputy Commissioner

MARY KWEI  
Associate Commissioner  
Market Regulation and Professional Licensing

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[www.insurance.maryland.gov](http://www.insurance.maryland.gov)

**Date:** March 20, 2025

**Bill # / Title:** House Bill 848 - Health Insurance - Adverse Decisions - Notices, Reporting, and Examinations

**Committee:** Senate Finance Committee

**Position:** Support with Amendments

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for House Bill 848 with amendments.

House Bill 848 would require carriers to add certain information to the quarterly reports required to be filed under this section when the number of adverse decisions issued by a carrier for a type of service grows more than 10% in the preceding calendar year or 25% in the preceding three calendar years. If such an increase occurs, the bill requires carriers to report on changes in medical management contributing to the rise in adverse decisions, and “any other known reasons for the increase.”

Furthermore, House Bill 848, would permit the Insurance Commissioner to use the information gathered from these reports as the basis for market conduct examinations under subtitle 2 of Title 2 of the Maryland Insurance Article.

Recent legislation in previous sessions has expanded the reporting required by health insurance carriers on adverse decisions, appeals, and grievances. The MIA has reviewed trends over time in adverse decisions and has noted considerable increases. Adverse decisions have more than doubled since 2015, while our fully insured market has shrunk. While adverse decisions as a percentage of covered lives were about 4.6% in 2015, they have since grown to encompass 12.7% of the fully insured market in 2023, with some service categories seeing growth rates in the triple digits.

The additional information that would be provided by carriers under House Bill 848 will help the MIA in setting priorities for enforcement. Acquiring further insights into adverse decisions will be essential for the MIA to better understand denials and prior authorization practices in the State and enhance patient care, as it may provide a more comprehensive understanding of the landscape of adverse decisions than is currently offered through the MIA’s appeals and grievance process.

After conversations with stakeholders, the MIA respectfully suggests amendments to enhance efficacy and enforceability of the bill. House Bill 848 includes a provision requiring that carriers include in their notices to consumers about an adverse or grievance decision, a unique identifier for the personnel responsible for making the decision, instead of the name of the individual as currently in law. To facilitate the submission of private review agent applications without undue delay, and to mitigate potential operational instabilities

that could arise from the rejection of non-compliant applications, the MIA recommends a revised effective date of June 1, 2025 for these provisions. In addition, the MIA is currently in further discussion with stakeholders on certain technical aspects of the bill that may need revisions to address some unintended consequences from last year's adverse decision legislation. The MIA notes that the amended provisions that result from those discussions will also need a June 1, 2025 effective date.

For these reasons, the MIA urges a favorable committee report on House Bill 848 with amendments and thanks the committee for the opportunity to share its support.