

HB974 Shetty Written Testimony.pdf

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Position: FAV



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

HB974

Health Insurance - Preventive Services - Enforcement Authority

Chair Beidle, Vice Chair Hayes and esteemed members of the Finance Committee, thank you for the opportunity to testify in support of House Bill 974. This bill would codify the preventive care protections of the Affordable Care Act (ACA) into Maryland state law.

Under the ACA, all health plans must cover certain preventive services, including screenings, checkups, and patient counseling to prevent illness and disease. Studies show that primary care physician (PCP) visits, such as annual wellness checks, can reduce overall healthcare costs. For example, one study suggests that Maryland could save up to \$332 million with a return on investment of \$6 for every dollar spent on effective preventive care programs.¹ Most importantly, however, is that preventive care saves lives. Early detection of certain cancers and other chronic diseases through screening can reduce mortality from these conditions by 15 to 20 percent.²

Given the uncertainty surrounding the future of the ACA, Marylanders face potential loss of these critical protections. The Supreme Court case *Becerra v. Braidwood* challenges the constitutionality of the U.S. Preventive Services Task Force's status as an independent agency. The USPSTF, in part, determines which preventive care services are covered under the ACA. If the Task Force loses its independence or if federal preventive care protections are eliminated by act of Congress, Marylanders could lose access to crucial services with direct negative consequences for their health.

House Bill 974, which addresses uncertainty surrounding the future of the ACA, passed the House without industry opposition. This bill ensures Marylanders continue to receive \$0 copay preventive care through their health insurance, reflecting strong support for safeguarding access to essential healthcare. By codifying these protections into state law, HB974 provides stability and certainty in the healthcare coverage Maryland residents rely on, even amid the challenges posed by the current federal administration.

Thank you for the committee's consideration, and I respectfully request a favorable report on HB 974.

¹ <https://www.tfah.org/report-details/prevention-for-a-healthier-america/>

² Yong PL et al., *The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary*, Institute of Medicine (US) Roundtable on Evidence-based Medicine (2010) ([https://www.ncbi.nlm.nih.gov/books/NBK53914/#:~:text=Randomized%20trials%20have%20demonstrate%20that,percent%20\(AHRQ%2C%202008\).](https://www.ncbi.nlm.nih.gov/books/NBK53914/#:~:text=Randomized%20trials%20have%20demonstrate%20that,percent%20(AHRQ%2C%202008).))

HB974_Amendment_743120

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Position: FAV



HB0974/743120/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

27 MAR 25
12:19:45

BY: Delegate Shetty
(To be offered in the Finance Committee)

AMENDMENTS TO HOUSE BILL 974
(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, after “**Services –**” insert “**High Deductible Health Plans and**”; and in line 3, after “of” insert “clarifying the application of certain health insurance preventive services coverage requirements to certain high deductible health plans.”.

AMENDMENT NO. 2

On page 2, in line 1, strike “(D)” and substitute “(E)”; in line 2, strike the first “and” and substitute a comma; in the same line, after “(c)” insert “, and (d)”; after line 30, insert:

“(C) (1) IN THIS SUBSECTION, “HIGH DEDUCTIBLE HEALTH PLAN” HAS THE MEANING STATED IN 26 U.S.C. § 223(C)(2).

(2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A HIGH DEDUCTIBLE HEALTH PLAN, A CARRIER MAY APPLY THE DEDUCTIBLE REQUIREMENT OF THE HIGH DEDUCTIBLE HEALTH PLAN TO THE COVERAGE REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, UNLESS THE COMMISSIONER DETERMINES THAT THE COVERAGE IS INCLUDED IN THE SAFE HARBOR PROVISIONS FOR PREVENTIVE CARE UNDER 26 U.S.C. § 223(C)(2)(C).”;

in line 31, strike “(c)” and substitute “(D)”; and in line 35, strike “(D)” and substitute “(E)”.

HB974 Preventive Services LOS Crossover.pdf

Uploaded by: Irnise Williams

Position: FAV

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

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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.

Support AHA HB 974 (Senate) Health Insurance Preve

Uploaded by: Laura Hale

Position: FAV



March 25th, 2025

Testimony of Laura Hale
American Heart Association
Favorable HB 974 Health Insurance Preventive Services Enforcement Authority

Dear Chair Beidle, Vice Chair Hayes, and Honorable Members of the Finance Committee,

Thank you for the opportunity to speak before the committee today. The American Heart Association extends its strong support for HB 974. My name is Laura Hale and I am the Senior Director of Government Relations for the American Heart Association.

Cardiovascular disease (CVD), including heart diseases and stroke, is the leading cause of death and disability in the U.S.¹ It is also the costliest disease in the U.S., costing America \$555 billion in 2016, and projected to cost \$1.1 trillion by 2035². Unfortunately, the disease process can start early in life and is influenced over time by lifestyle behaviors, the environments where people live, work and play, and modifiable risk factors, including smoking, overweight and obesity, unhealthy diet, physical inactivity, high blood pressure, elevated blood cholesterol, and Type 2 diabetes. Several studies support the link between minimizing these risk factors and reducing chronic disease. Highlights of that research include:

- Reductions in major risk factors accounted for approximately half the decrease in deaths from coronary heart disease between 1980 and 2000³.
- Among men and women under 70 years old, 61% of cardiovascular deaths may have been avoided through a healthy diet, moderate alcohol intake, daily exercise, and not smoking⁴.
- A review by USPSTF showed that counseling to improve diet or increase physical activity changed health behaviors and was associated with small improvements in weight, blood pressure, and cholesterol levels⁵.
- Comprehensive coverage of tobacco cessation services in the Massachusetts Medicaid program led to a 46% reduction in hospitalizations for heart attacks and a 49% decrease in hospitalizations for other acute heart disease diagnoses among users of the benefit. Additionally, every \$1 in program costs was associated with \$3.12 in medical savings for cardiovascular conditions alone, for a \$2.12 return on investment to the Medicaid program for every dollar spent⁶.
- As chronic disease risk factors are becoming more common in young adults, there is inadequate assessment, screening and management for cardiovascular disease among this population⁷.

¹ Virani SS, et al. Heart disease and stroke statistics—2020 update: a report from the American Heart Association. *Circulation*. 2020;141:e139–e596 Available at: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000757>

² American Heart Association. Cardiovascular Disease: A Costly Burden for America- Projections through 2035. 2017. Available at: http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491543.pdf

³ Ford ES, Ajani UA, Croft JB, Critchley JA, Labarthe DR, Kottke TE, Giles WH, Capewell S. Explaining the decrease in U.S. deaths from coronary disease, 1980-2000. *N Engl J Med*. 2007; 356:2388–2398. doi: 10.1056/NEJMs053935

⁴ Gorelick PB. Primary prevention of stroke: Impact of healthy lifestyle. *Circulation*. 2008; 118:904-906.

⁵ Linn JS. et al., Behavioral Counseling to Promote Physical Activity and a Healthful Diet to Prevent Cardiovascular Disease in Adults. *Annals of Internal Medicine* 2010;153(11):736-750.

⁶ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Case Study: The Effect of Expanding Cessation Coverage— The Massachusetts Medicaid Cessation Benefit. 2014. Available at: https://www.cdc.gov/coordinatedchronic/pdf/tobacco_cessation_factsheet_508_compliant.pdf

⁷ Kuklina, E.V. Prevalence of Coronary Heart Disease Risk Factors and Screening for High Cholesterol Levels Among Young Adults, United States, 1999–2006. *Annals of Family Medicine*. 2010. 8:327-333.

It is paramount that these protections be enshrined in state law to continue to protect Marylander's health and the coverage of preventative services. The American Heart Association urges a favorable report on HB 974 to support the health of all Marylanders.

HB 974 - MIA - FAV - FIN.pdf

Uploaded by: Marie Grant

Position: FAV

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DAVID COONEY
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Life and Health Unit

Date: March 27, 2025

Bill # / Title: House Bill 974 - Health Insurance - Preventive Services - Enforcement Authority

Committee: Senate Finance Committee

Position: Support

The Maryland Insurance Administration (MIA) appreciates the opportunity to offer this letter of support for House Bill 974.

House Bill 974 directs the MIA to enforce the current state law requiring coverage and limiting cost sharing for preventive health services in a manner that is consistent with the recommendations and guidelines set by specific federal agencies that were effective on December 31, 2024. In addition, House Bill 974 gives the MIA the ability to require carriers to provide coverage without imposing cost-sharing requirements for future preventive services, in accordance with recommendations and guidelines issued after December 31st by those same agencies, depending on whether later guidelines enhance protections for consumers.

Prohibition on cost sharing for high value, preventive services is a key provision of the federal Affordable Care Act and is at this point a longstanding benefit for Maryland insurance consumers. In March 2023, the MIA issued a bulletin reminding carriers of their obligation under state law to cover these services with zero cost sharing. Earlier this year, the MIA issued a bulletin reminding carriers of their obligation to correctly pay claims for preventive care and to educate carriers on the correct way to code such claims. The elimination of cost-sharing requirements for preventive services is an integral part of the consumer protections spelled out in Maryland law and can play a vital role in connecting insureds with needed care.

Following discussions with stakeholders, the MIA notes that provisions of this law may conflict with federal Internal Revenue Code requirements related to health savings accounts (HSA) in the future, depending on whether federal law and guidance changes. Under federal law, high-deductible health plans (HDHP) are only allowed to waive the deductible for preventive care services that the Internal Revenue Service (IRS), acting on the recommendations of certain federal entities, specifically designate as preventive care. House Bill 974 defines preventive care for Maryland, which includes both the services recognized as preventive care as of December 31, 2024, and any future services recommended by those same federal entities that are deemed more

beneficial to the member. If federal guidance changes and Maryland continues to eliminate the deductible for services no longer recognized by the IRS as preventive, a situation could arise where Maryland law directly conflicts with federal law regarding high deductible health plans. The MIA understands that insurers may request an amendment to avoid any future complications that could arise under these circumstances. The MIA is available to work with the sponsor and Committee to provide the appropriate language to address this, as needed.

For the reasons set forth above, the MIA urges a favorable committee report on House Bill 974, and thanks the committee for the opportunity to share its support.

NCADD-MD - 2025 HB 974 FAV - Preventive Services -

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee

March 27, 2025

House Bill 974

**Health Insurance - Preventive Services - Enforcement Authority Support
Support**

NCADD Maryland strongly supports House Bill 974. The U.S. Preventive Services Task Force (USPSTF) works to improve the health of people throughout the country by making evidence-based recommendations on effective ways to prevent disease, promote health, and prolong life. Through this process, most private insurance plans are required to cover preventive services that receive the highest grades without a copay. This is incredibly important in the ability of people to access life-saving preventative screenings and treatments.

Among the medications that have been through the rigorous process of evidence examination are those important to the fields of harm reduction and addiction medicine. Screenings for HIV, Hepatitis C, and other sexually transmitted diseases are essential in decreasing the spread of these diseases. There are also prophylactic HIV medications that have very high efficacy rates. It is imperative that these, as well as drugs that are coming to the market in the future, are available to people with no out-of-pocket costs.

We urge a favorable report on House Bill 974.