

Chapter 696

(House Bill 718)

AN ACT concerning

Maryland Health Insurance Coverage Protection Commission – Established

FOR the purpose of establishing the Maryland Health Insurance Coverage Protection Commission to monitor and assess the impact of potential and actual federal changes to specified health care programs and to provide recommendations for State and local action to protect the access of residents of the State to affordable health coverage; and generally relating to the Maryland Health Insurance Coverage Protection Commission.

Preamble

WHEREAS, The federal Patient Protection and Affordable Care Act (ACA) has enabled more than 600,000 Maryland residents to gain access to quality and affordable health insurance coverage since its implementation, with the State's uninsured rate dropping from approximately 11% in 2010 to approximately 6% in 2024; and

WHEREAS, Approximately 6% of Maryland residents remain uninsured, with disparities in coverage rates particularly affecting communities of color and low-income households; and

WHEREAS, Changes to the ACA, the federal Mental Health Parity and Addiction Equity Act (MHPAEA), Medicaid, or Medicare could significantly impact health care access and affordability for Maryland residents; and

WHEREAS, It is estimated that a repeal of the ACA may result in over 30 million individuals becoming uninsured in the United States; and

WHEREAS, In Maryland, more than 600,000 people may become uninsured in the aftermath of a repeal of the ACA; and

WHEREAS, Millions of American seniors, including thousands of Maryland seniors, could incur substantially higher health care costs following a repeal or weakening of the ACA or Medicare; and

WHEREAS, Recent federal policy changes and market dynamics have created uncertainty in the health care landscape, potentially affecting the stability of Maryland's insurance markets and health care delivery systems; and

WHEREAS, The COVID-19 pandemic highlighted the critical importance of maintaining robust health care infrastructure and ensuring widespread access to affordable health coverage; and

WHEREAS, It is prudent for Maryland to monitor and mitigate these negative effects of a repeal or weakening of the ACA, MHPAEA, Medicaid, or Medicare and to protect public health by recommending and implementing solutions in the event of a broad-scale loss of health coverage; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That:

(a) (1) In this section, the following words have the meanings indicated.

(2) “ACA” means the federal Patient Protection and Affordable Care Act.

(3) “MHPAEA” means the federal Mental Health Parity and Addiction Equity Act.

(b) There is a Maryland Health Insurance Coverage Protection Commission.

(c) The Commission consists of the following members:

(1) three members of the Senate of Maryland, appointed by the President of the Senate;

(2) three members of the House of Delegates, appointed by the Speaker of the House;

(3) the Secretary of Health and Mental Hygiene, or the Secretary’s designee;

(4) the Maryland Insurance Commissioner, or the Commissioner’s designee;

(5) the Executive Director of the Health Services Cost Review Commission, or the Executive Director’s designee;

(6) the Executive Director of the Maryland Health Benefit Exchange, or the Executive Director’s designee;

~~(5)~~ (7) the Attorney General, or the Attorney General’s designee; and

~~(6)~~ (8) the following members:

(i) one representative of the Maryland Hospital Association, designated by the President of the Association;

(ii) one representative of a managed care organization, appointed jointly by the President of the Senate and the Speaker of the House;

(iii) one consumer of health care services, appointed jointly by the President of the Senate and the Speaker of the House;

(iv) one representative of a health insurance carrier, appointed jointly by the President of the Senate and the Speaker of the House;

(v) one representative who is an employer, appointed by the Governor;

(vi) one representative of the nursing home industry, appointed by the Governor;

(vii) one representative of MedChi, designated by the Chief Executive Officer of MedChi;

(viii) one representative of behavioral health providers, appointed jointly by the President of the Senate and the Speaker of the House;

(ix) two members of the public:

1. one of whom shall be appointed jointly by the President of the Senate and the Speaker of the House; and

2. one of whom shall be appointed by the Governor;

(x) one representative of a group model health maintenance organization that participates in the individual market, appointed by the Governor; ~~and~~

(xi) one representative of the League of Life and Health Insurers of Maryland, designated by the President of the League;

(xii) one representative of the National Association of Insurance and Financial Advisors, designated by the President of the Association; and

(xiii) one representative of the Maryland Association of Counties, designated by the Association.

(d) The President of the Senate and the Speaker of the House shall designate a member who is a Senator and a member who is a Delegate, respectively, to serve as cochair of the Commission.

(e) The Department of Legislative Services, the Maryland Department of Health, and the Maryland Insurance Administration jointly shall provide staff for the Commission.

(f) A member of the Commission:

(1) may not receive compensation as a member of the Commission; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(g) (1) The Commission shall:

(i) monitor potential and actual federal changes to the ACA, MHPAEA, Medicaid, the Maryland Children's Health Program, Medicare, and the Maryland All-Payer Model;

(ii) assess the impact of potential and actual federal changes to the ACA, MHPAEA, Medicaid, the Maryland Children's Health Program, Medicare, and the Maryland All-Payer Model; and

(iii) provide recommendations for State and local action to protect access of residents of the State to affordable health coverage.

(2) The duties of the Commission include:

(i) assessing the current and potential adverse effects of the loss of health coverage on the residents, public health, and economy of the State resulting from changes to the ACA, MHPAEA, Medicaid, the Maryland Children's Health Program, Medicare, or the Maryland All-Payer Model;

(ii) estimating the costs to the State and State residents of adverse effects from potential and actual changes to the ACA, MHPAEA, Medicaid, the Maryland Children's Health Program, Medicare, or the Maryland All-Payer Model and the resulting loss of health coverage;

(iii) examining measures that may prevent or mitigate the adverse effects of potential and actual changes to the ACA, MHPAEA, Medicaid, the Maryland Children's Health Program, Medicare, or the Maryland All-Payer Model and the resulting loss of health coverage on the residents, public health, and economy of the State;

(iv) making recommendations for laws that:

1. may be warranted to minimize the adverse effects associated with potential and actual changes to the ACA, MHPAEA, Medicaid, the Maryland Children's Health Program, Medicare, or the Maryland All-Payer Model; and

2. will assist residents in obtaining and maintaining affordable health coverage; and

(v) identifying potential funding sources for recommended laws, as necessary.

(h) The Commission may:

(1) hold public meetings across the State to carry out the duties of the Commission; and

(2) convene workgroups to solicit input from stakeholders.

(i) On or before December 31 each year, the Commission shall submit a report on its findings and recommendations, including any legislative proposals, to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2025. It shall remain effective for a period of 4 years and 1 month and, at the end of June 30, 2029, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

Approved by the Governor, May 20, 2025.