

# HOUSE BILL 718

J5, J1, C3

(5lr2585)

## ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by Delegates Rosenberg and ~~Pena-Melnyk~~, Pena-Melnyk, Alston, Bagnall, Bhandari, Cullison, Guzzone, Hill, S. Johnson, Kaiser, Kerr, Lopez, Martinez, Ross, Taveras, White Holland, Woods, and Woorman

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

### 2 **Maryland Health Insurance Coverage Protection Commission – Established**

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

### 9 Preamble

10 WHEREAS, The federal Patient Protection and Affordable Care Act (ACA) has  
11 enabled more than 600,000 Maryland residents to gain access to quality and affordable

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#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics indicate opposite chamber/conference committee amendments.*



1 health insurance coverage since its implementation, with the State’s uninsured rate  
2 dropping from approximately 11% in 2010 to approximately 6% in 2024; and

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

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

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

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

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

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

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

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

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

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

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

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

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

33 (c) The Commission consists of the following members:

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

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

5                   (3)     the Secretary of Health and Mental Hygiene, or the Secretary's  
6 designee;

7                   (4)     the Maryland Insurance Commissioner, or the Commissioner's  
8 designee;

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

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

13                   ~~(5)~~ (7) the Attorney General, or the Attorney General's designee; and

14                   ~~(6)~~ (8) the following members:

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

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

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

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

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

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

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

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

1 (ix) two members of the public:

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

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

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

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

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

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

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

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

18 (f) A member of the Commission:

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

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

22 (g) (1) The Commission shall:

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

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

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

31 (2) The duties of the Commission include:

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

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

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

13 (iv) making recommendations for laws that:

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

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

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

21 (h) The Commission may:

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

24 (2) convene workgroups to solicit input from stakeholders.

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

28 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
29 1, 2025. It shall remain effective for a period of 4 years and 1 month and, at the end of June  
30 30, 2029, with no further action required by the General Assembly, shall be abrogated and  
31 of no further force and effect.