

HOUSE BILL 718

J5, J1, C3

5lr2585

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

Introduced and read first time: January 27, 2025

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 27, 2025

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

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

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

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.



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

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

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

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

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

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

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

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

21 (2) "ACA" means the federal Patient Protection and Affordable Care Act.

22 (3) "MHPAEA" means the federal Mental Health Parity and Addiction
23 Equity Act.

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

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

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

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

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

1 (4) the Maryland Insurance Commissioner, or the Commissioner's
2 designee;

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

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

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

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

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

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

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

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

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

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

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

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

25 (ix) two members of the public:

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

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

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

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

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

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

8 (f) A member of the Commission:

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

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

12 (g) (1) The Commission shall:

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

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

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

21 (2) The duties of the Commission include:

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

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

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

1 (iv) making recommendations for laws that:

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

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

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

9 (h) The Commission may:

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

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

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

16 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
17 1, 2025. It shall remain effective for a period of 4 years and 1 month and, at the end of June
18 30, 2029, with no further action required by the General Assembly, shall be abrogated and
19 of no further force and effect.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.