

HOUSE BILL 820

J5

5lr2577

By: Delegates Hill, Pena–Melnyk, Kaiser, Kaufman, J. Lewis, J. Long, Ruff, ~~and Young~~ Young, Bagnall, Bhandari, Chisholm, Cullison, Guzzone, Hutchinson, S. Johnson, Kerr, Kipke, Lopez, Martinez, Reilly, Rosenberg, Szeliga, Taveras, White Holland, Woods, and Woorman

Introduced and read first time: January 29, 2025

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 25, 2025

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Utilization Review – Use of Artificial Intelligence**

3 FOR the purpose of requiring that certain carriers, pharmacy benefits managers, and
4 private review agents ensure that artificial intelligence, algorithm, or other software
5 tools are used in a certain manner when used for conducting utilization review; and
6 generally relating to utilization review and artificial intelligence.

7 BY repealing and reenacting, with amendments,

8 Article – Insurance

9 Section 15–10A–06

10 Annotated Code of Maryland

11 (2017 Replacement Volume and 2024 Supplement)

12 BY adding to

13 Article – Insurance

14 Section 15–10B–05.1

15 Annotated Code of Maryland

16 (2017 Replacement Volume and 2024 Supplement)

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

18 That the Laws of Maryland read as follows:

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.



Article – Insurance

15–10A–06.

(a) On a quarterly basis, each carrier shall submit to the Commissioner, on the form the Commissioner requires, a report that describes:

(1) the number of members entitled to health care benefits under a policy, plan, or certificate issued or delivered in the State by the carrier;

(2) the number of clean claims for reimbursement processed by the carrier;

(3) the activities of the carrier under this subtitle, including:

(i) the outcome of each grievance filed with the carrier;

(ii) the number and outcomes of cases that were considered emergency cases under § 15–10A–02(b)(2)(i) of this subtitle;

(iii) the time within which the carrier made a grievance decision on each emergency case;

(iv) the time within which the carrier made a grievance decision on all other cases that were not considered emergency cases;

(v) the number of grievances filed with the carrier that resulted from an adverse decision involving length of stay for inpatient hospitalization as related to the medical procedure involved;

(vi) the number of adverse decisions issued by the carrier under § 15–10A–02(f) of this subtitle, whether the adverse decision involved a prior authorization or step therapy protocol, [and] the type of service at issue in the adverse decisions, **AND WHETHER AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER SOFTWARE TOOL WAS USED IN MAKING THE ADVERSE DECISION;**

(vii) the number of adverse decisions overturned after a reconsideration request under § 15–10B–06 of this title; and

(viii) the number of requests made and granted under § 15–831(c)(1) and (2) of this title; and

(4) the number and outcome of all other cases that are not subject to activities of the carrier under this subtitle that resulted from an adverse decision involving the length of stay for inpatient hospitalization as related to the medical procedure involved.

(b) The Commissioner shall:

- 1 (1) compile an annual summary report based on the information provided:
- 2 (i) under subsection (a) of this section; and
- 3 (ii) by the Secretary under § 19–705.2(e) of the Health – General
- 4 Article;
- 5 (2) report any violations or actions taken under § 15–10B–11 of this title;
- 6 and
- 7 (3) provide copies of the summary report to the Governor and, subject to §
- 8 2–1257 of the State Government Article, to the General Assembly.

9 **15–10B–05.1.**

10 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS

11 INDICATED.

12 (2) “ARTIFICIAL INTELLIGENCE” MEANS AN ENGINEERED OR

13 MACHINE–BASED SYSTEM THAT VARIES IN ITS LEVEL OF AUTONOMY AND THAT CAN,

14 FOR EXPLICIT OR IMPLICIT OBJECTIVES, INFER FROM THE INPUT IT RECEIVES HOW

15 TO GENERATE OUTPUTS THAT CAN INFLUENCE PHYSICAL OR VIRTUAL

16 ENVIRONMENTS.

17 (3) “CARRIER” MEANS:

18 (I) AN INSURER;

19 (II) A NONPROFIT HEALTH SERVICE PLAN;

20 (III) A HEALTH MAINTENANCE ORGANIZATION;

21 (IV) A DENTAL PLAN ORGANIZATION; OR

22 (V) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT

23 PLANS SUBJECT TO REGULATION BY THE STATE.

24 (B) THIS SECTION APPLIES TO:

25 (1) A CARRIER THAT:

26 (I) USES AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR

27 OTHER SOFTWARE TOOL FOR THE PURPOSE OF UTILIZATION REVIEW; OR

1 (II) CONTRACTS WITH OR OTHERWISE WORKS THROUGH AN
2 ENTITY THAT USES AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER
3 SOFTWARE TOOL FOR THE PURPOSE OF UTILIZATION REVIEW; AND

4 (2) A PHARMACY BENEFITS MANAGER OR PRIVATE REVIEW AGENT
5 THAT:

6 (I) CONTRACTS WITH A CARRIER TO PROVIDE UTILIZATION
7 REVIEW ON BEHALF OF THE CARRIER; AND

8 (II) USES AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR
9 OTHER SOFTWARE TOOL FOR THE PURPOSE OF CONDUCTING UTILIZATION REVIEW
10 ON BEHALF OF THE CARRIER.

11 (C) SUBJECT TO SUBSECTION (D) OF THIS SECTION, AN ENTITY SUBJECT TO
12 THIS SECTION SHALL ENSURE THAT:

13 (1) AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER
14 SOFTWARE TOOL BASES ITS DETERMINATIONS ON:

15 (I) AN ENROLLEE'S MEDICAL OR OTHER CLINICAL HISTORY;

16 (II) INDIVIDUAL CLINICAL CIRCUMSTANCES AS PRESENTED BY
17 A REQUESTING PROVIDER; OR

18 (III) OTHER RELEVANT CLINICAL INFORMATION CONTAINED IN
19 THE ENROLLEE'S MEDICAL OR OTHER CLINICAL RECORD;

20 (2) AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER
21 SOFTWARE TOOL DOES NOT BASE ITS DETERMINATIONS SOLELY ON A GROUP
22 DATASET;

23 (3) THE CRITERIA AND GUIDELINES FOR USING AN ARTIFICIAL
24 INTELLIGENCE, ALGORITHM, OR OTHER SOFTWARE TOOL FOR MAKING
25 DETERMINATIONS COMPLY WITH THE REQUIREMENTS OF THIS TITLE;

26 (4) AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER
27 SOFTWARE TOOL DOES NOT REPLACE THE ROLE OF A HEALTH CARE PROVIDER IN
28 THE DETERMINATION PROCESS UNDER § 15-10B-07 OF THIS SUBTITLE;

29 (5) THE USE OF AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR
30 OTHER SOFTWARE TOOL DOES NOT RESULT IN UNFAIR DISCRIMINATION AGAINST
31 ENROLLEES THAT IS PROHIBITED BY FEDERAL OR STATE LAW;

1 **(6) AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER**
2 **SOFTWARE TOOL IS FAIRLY AND EQUITABLY APPLIED, INCLUDING IN ACCORDANCE**
3 **WITH ANY APPLICABLE REGULATIONS AND GUIDANCE ISSUED BY THE FEDERAL**
4 **DEPARTMENT OF HEALTH AND HUMAN SERVICES;**

5 **(7) AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER**
6 **SOFTWARE TOOL IS OPEN TO INSPECTION FOR AUDIT OR COMPLIANCE REVIEWS BY**
7 **THE COMMISSIONER;**

8 **(8) WRITTEN POLICIES AND PROCEDURES ARE INCLUDED IN THE**
9 **UTILIZATION PLAN SUBMITTED UNDER § 15-10B-05 OF THIS SUBTITLE, INCLUDING**
10 **HOW AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER SOFTWARE TOOL WILL**
11 **BE USED AND WHAT OVERSIGHT WILL BE PROVIDED;**

12 **(9) THE PERFORMANCE, USE, AND OUTCOMES OF AN ARTIFICIAL**
13 **INTELLIGENCE, ALGORITHM, OR OTHER SOFTWARE TOOL ARE REVIEWED AND**
14 **REVISED, IF NECESSARY AND AT LEAST ON A QUARTERLY BASIS, TO MAXIMIZE**
15 **ACCURACY AND RELIABILITY;**

16 **(10) PATIENT DATA IS NOT USED BEYOND ITS INTENDED AND STATED**
17 **PURPOSE, CONSISTENT WITH THE FEDERAL HEALTH INSURANCE PORTABILITY AND**
18 **ACCOUNTABILITY ACT OF 1996, AS APPLICABLE; AND**

19 **(11) AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER**
20 **SOFTWARE TOOL DOES NOT DIRECTLY OR INDIRECTLY CAUSE HARM TO AN**
21 **ENROLLEE.**

22 **(D) AN ARTIFICIAL INTELLIGENCE, ALGORITHM, OR OTHER SOFTWARE**
23 **TOOL MAY NOT DENY, DELAY OR MODIFY HEALTH CARE SERVICES.**

24 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
25 October 1, 2025.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.