

# HOUSE BILL 1045

J5, J1

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CF SB 940

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

Introduced and read first time: February 5, 2025  
Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: February 27, 2025

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

1 AN ACT concerning

2 Health Insurance ~~and~~, Family Planning Services, and Confidentiality of Medical  
3 Records – Consumer Protections – Updates

4 FOR the purpose of updating references to federal law related to family planning services,  
5 grandfathered plans, explanation of benefits, summaries of benefits and coverage,  
6 medical loss ratios, catastrophic plans, annual limits for cost sharing, prescription  
7 drugs, and rescissions; updating references related to funding for the Family  
8 Planning Program and access to family planning services under the Maryland  
9 Medical Assistance Program; ~~altering the definition of “family planning providers”~~  
10 ~~to include providers that lost certain federal funding for certain reasons~~ altering the  
11 definitions of “legally protected health care” and “sensitive health services” to include  
12 gender-affirming care for purposes of law governing the disclosure of information  
13 regarding sensitive health services; providing that the Maryland Insurance  
14 Commissioner and the Commission on Civil Rights have concurrent jurisdiction to  
15 enforce certain provisions of law related to discrimination in health insurance;  
16 authorizing the Commissioner to adopt regulations necessary to carry out certain  
17 provisions of law related to discrimination in health insurance; and generally  
18 relating to health insurance, family planning services, and confidentiality of medical  
19 records and consumer protections.

20 ~~BY repealing and reenacting, with amendments,~~  
21 ~~Article – Health – General~~  
22 ~~Section 13–3401, 13–3402, and 15–102.1(b)(6)~~

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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.



1 ~~Annotated Code of Maryland~~  
 2 ~~(2023 Replacement Volume and 2024 Supplement)~~

3 ~~BY repealing and reenacting, without amendments,~~  
 4 ~~Article – Health – General~~  
 5 ~~Section 15–101(a) and (h)~~  
 6 ~~Annotated Code of Maryland~~  
 7 ~~(2023 Replacement Volume and 2024 Supplement)~~

8 BY repealing and reenacting, without amendments,  
 9 Article – Health – General  
 10 Section 4–301(a) and 15–101(a) and (h)  
 11 Annotated Code of Maryland  
 12 (2023 Replacement Volume and 2024 Supplement)

13 BY repealing and reenacting, with amendments,  
 14 Article – Health – General  
 15 Section 4–301(j) and (r), 13–3401, 13–3402, and 15–102.1(b)(6)  
 16 Annotated Code of Maryland  
 17 (2023 Replacement Volume and 2024 Supplement)

18 BY repealing and reenacting, with amendments,  
 19 Article – Insurance  
 20 Section 2–202(a), 15–1A–01(e), 15–1A–03(a), 15–1A–04, 15–1A–15(c), 15–1A–16(a)  
 21 and (e), 15–1A–18(d), 15–1A–19(c), 15–1A–20(c), 15–1A–21(c), and  
 22 15–1A–22(e)  
 23 Annotated Code of Maryland  
 24 (2017 Replacement Volume and 2024 Supplement)

25 BY repealing and reenacting, without amendments,  
 26 Article – Insurance  
 27 Section 15–1A–01(a)  
 28 Annotated Code of Maryland  
 29 (2017 Replacement Volume and 2024 Supplement)

30 BY adding to  
 31 Article – Insurance  
 32 Section 15–1A–22(f)  
 33 Annotated Code of Maryland  
 34 (2017 Replacement Volume and 2024 Supplement)

35 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
 36 That the Laws of Maryland read as follows:

37 **Article – Health – General**

38 4–301.

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

2 (j) “Legally protected health care” means all [reproductive] SENSITIVE health  
 3 services, medications, and supplies related to:

4 (1) The provision of abortion care; and

5 (2) [Other] REPRODUCTIVE HEALTH AND OTHER sensitive health  
 6 services as determined by the Secretary based on the recommendations of the Protected  
 7 Health Care Commission established under § 4–310 of this subtitle.

8 (r) “Sensitive health services” includes [reproductive]:

9 (1) REPRODUCTIVE health services other than abortion care; AND

10 (2) GENDER–AFFIRMING CARE.

11 13–3401.

12 (a) In this subtitle the following words have the meanings indicated.

13 (b) “Family planning providers” means providers of services:

14 (1) Funded under Title X of the federal Public Health Service Act as of  
 15 December 31, [2016] **2024**; and

16 (2) That lost eligibility for Title X funding as a result of the termination of  
 17 federal funding for providers because of:

18 (i) The scope of services offered by the providers; ~~or~~

19 (ii) The scope of services for which the providers offer referrals;  
 20 ~~COUNSELING, OR OTHER ACTIONS DESCRIBED IN RULES ESTABLISHED BY THE U.S.~~  
 21 ~~DEPARTMENT OF HEALTH AND HUMAN SERVICES; OR~~

22 ~~(iii) THE PROVISIONS OF FUNDING OR GRANTS TO ENTITIES OF~~  
 23 ~~PROVIDERS DESCRIBED IN ITEM (I) OR (II) OF THIS ITEM.~~

24 (c) “Family planning services” means services provided under Title X of the  
 25 federal Public Health Service Act as of December 31, [2016] **2024**.

26 (d) “Program” means the Family Planning Program established under § 13–3402  
 27 of this subtitle.

28 13–3402.

1 (a) There is a Family Planning Program in the Department.

2 (b) The purpose of the Program is to ensure the continuity of family planning  
3 services in the State.

4 (c) The Program shall provide family planning services to individuals who are  
5 eligible for family planning services through family planning providers that meet Program  
6 requirements.

7 (d) The Department may adopt regulations to implement this subtitle, including  
8 regulations establishing a sliding scale fee for services provided under the Program.

9 (e) Funding used to support family planning services under the Program shall be  
10 in addition to any funding applied by the Department before December 31, [2016] 2024, to  
11 the maintenance of effort requirement for federal funding under Title X of the federal Public  
12 Health Service Act.

13 (f) (1) The Department may not accept any federal funding under Title X of  
14 the federal Public Health Service Act if the Title X program:

15 (i) Excludes family planning providers; and

16 (ii) Does not require family planning providers to provide a broad  
17 range of acceptable and effective medically approved family planning methods and services.

18 (2) If the Department does not accept Title X program funds in accordance  
19 with paragraph (1) of this subsection, the Governor shall fund the Program with State  
20 funds at the same level of total funds provided to the Program in the immediately preceding  
21 fiscal year.

22 15–101.

23 (a) In this title the following words have the meanings indicated.

24 (h) “Program” means the Maryland Medical Assistance Program.

25 15–102.1.

26 (b) The Department shall, to the extent permitted, subject to the limitations of  
27 the State budget:

28 (6) Ensure access to and the continuity of services provided by family  
29 planning providers that were family planning providers in the Program as of December 31,  
30 [2016] 2024, and were discontinued as recipients of federal funding under federal law or  
31 regulation because of the scope of services offered by the provider or the scope of services  
32 for which the provider offered referrals, by:

- 1 (i) Reimbursing for the Program services provided; and
- 2 (ii) Establishing Program requirements for the family planning  
3 providers that:
- 4 1. Are similar to the requirements for other providers of the  
5 same services;
- 6 2. Do not prohibit a provider from offering a service if the  
7 service is within the scope of practice of the provider as established under the Health  
8 Occupations Article; and
- 9 3. Do not limit the scope of services for which a provider may  
10 offer referrals;

### 11 Article – Insurance

12 2–202.

13 (a) (1) Notwithstanding any other law and except as provided in paragraph (2)  
14 of this subsection, the Commissioner has exclusive jurisdiction to enforce by administrative  
15 action the laws of the State that relate to the underwriting or rate–setting practices of an  
16 insurer.

17 (2) The Commission on Civil Rights has concurrent jurisdiction with the  
18 Commissioner:

19 (I) over alleged discrimination on the basis of race, creed, color, or  
20 national origin; AND

21 (II) **FOR THE ENFORCEMENT OF § 15–1A–22 OF THIS ARTICLE.**

22 15–1A–01.

23 (a) In this subtitle the following words have the meanings indicated.

24 (e) “Grandfathered plan” means a health benefit plan that:

25 (1) meets the criteria established under 45 C.F.R. § 147.140 and any  
26 corresponding federal rules and guidance as those provisions were in effect [December 1,  
27 2023] **DECEMBER 31, 2024**; or

28 (2) if the Commissioner adopts regulations as described in § 15–1A–03 of  
29 this subtitle, meets the criteria established by the adopted regulations.

1 15-1A-03.

2 (a) For purposes of this subtitle, to the extent necessary, the Commissioner shall  
3 adopt regulations that:

4 (1) establish criteria that a health benefit plan must meet to be considered  
5 a grandfathered plan; and

6 (2) are consistent with 45 C.F.R. § 147.140 and any corresponding federal  
7 rules and guidance as those provisions were in effect [December 1, 2023] **DECEMBER 31,**  
8 **2024.**

9 15-1A-04.

10 For purposes of this subtitle, to the extent necessary, the Commissioner shall adopt  
11 regulations that:

12 (1) establish criteria that a health benefit plan must meet to be considered  
13 a health benefit plan that covers essential health benefits; and

14 (2) are consistent with 45 C.F.R. Part 156 Subpart B and any  
15 corresponding federal rules and guidance as those provisions were in effect [December 1,  
16 2023] **DECEMBER 31, 2024.**

17 15-1A-15.

18 (c) To the extent necessary, the Commissioner, in consultation with the Maryland  
19 Health Benefit Exchange, shall adopt regulations that:

20 (1) establish standards for the summary of benefits and coverage; and

21 (2) are consistent with 45 C.F.R. § 147.200 and any corresponding federal  
22 rules and guidance in effect [December 1, 2019] **DECEMBER 31, 2024.**

23 15-1A-16.

24 (a) (1) For purposes of this section, “medical loss ratio”:

25 (i) has the meaning established in 45 C.F.R. § 158.221; or

26 (ii) if the Commissioner adopts regulations as described in  
27 paragraph (2) of this subsection, has the meaning established by the adopted regulations.

28 (2) To the extent necessary, the Commissioner shall adopt regulations that:

29 (i) establish a definition for “medical loss ratio”; and

1 (ii) are consistent with 45 C.F.R. § 158.221 and any corresponding  
2 federal rules and guidance as those provisions were in effect [December 1, 2023]  
3 **DECEMBER 31, 2024.**

4 (e) To the extent necessary, the Commissioner shall adopt regulations that:

5 (1) establish requirements for calculating medical loss ratios and related  
6 reporting and rebate requirements; and

7 (2) are consistent with 45 C.F.R. Part 158 and any corresponding federal  
8 rules and guidance as those provisions were in effect [December 1, 2023] **DECEMBER 31,**  
9 **2024.**

10 15–1A–18.

11 (d) To the extent necessary, the Maryland Health Benefit Exchange shall adopt  
12 regulations that:

13 (1) establish a process for issuing hardship exemptions and affordability  
14 exemptions; and

15 (2) are consistent with 42 U.S.C. § 5000A and any corresponding federal  
16 rules and guidance as those provisions were in effect [December 1, 2019] **DECEMBER 31,**  
17 **2024.**

18 15–1A–19.

19 (e) To the extent necessary, the Commissioner shall adopt regulations that:

20 (1) establish annual limitations on cost-sharing; and

21 (2) are consistent with 45 C.F.R. § 156.130 and any corresponding federal  
22 rules and guidance as those provisions were in effect [December 1, 2019] **DECEMBER 31,**  
23 **2024.**

24 15–1A–20.

25 (c) To the extent necessary, the Commissioner shall adopt regulations that:

26 (1) establish criteria to determine whether an individual plan or a small  
27 group plan provides prescription drug essential health benefit coverage; and

28 (2) are consistent with 45 C.F.R. § 156.122 and any corresponding federal  
29 rules and guidance as those provisions were in effect [December 1, 2019] **DECEMBER 31,**  
30 **2024.**

1 15-1A-21.

2 (c) To the extent necessary, the Commissioner shall adopt regulations that:

3 (1) establish requirements that a carrier shall comply with to rescind  
4 coverage under subsection (b) of this section; and

5 (2) are consistent with 45 C.F.R. § 147.128 and any federal rules and  
6 guidance as those provisions were in effect [December 1, 2019] **DECEMBER 31, 2024.**

7 15-1A-22.

8 (e) The **COMMISSIONER AND THE** Commission on Civil Rights shall enforce the  
9 provisions of this section as provided for in § 2-202 of this article.

10 **(F) THE COMMISSIONER MAY ADOPT REGULATIONS NECESSARY TO CARRY**  
11 **OUT THIS SECTION CONSISTENT WITH FEDERAL STATUTES, RULES, AND GUIDANCE**  
12 **IN EFFECT ON DECEMBER 31, 2024.**

13 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
14 1, 2025.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.