

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 974 (Delegate Shetty, *et al.*)
Health and Government Operations

Health Insurance - Preventive Services - Enforcement Authority

This bill requires the Insurance Commissioner to enforce the requirement that each carrier provide coverage for specified preventive services without cost-sharing requirements consistent with federal rules and guidance in effect on December 31, 2024. A carrier must provide coverage for evidence-based items or services that have in effect a rating of A or B in the *most recent recommendations* of the U.S. Preventive Services Task Force (USPSTF). The Commissioner may adopt regulations (1) necessary to carry out the bill, consistent with federal statutes, rules, and guidance in effect on December 31, 2024, and (2) related to any future preventive services recommendations and guidelines issued after that date by specified entities or related federal rules or guidance. **The bill takes effect June 1, 2025.**

Fiscal Summary

State Effect: The Maryland Insurance Administration can adopt regulations with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Each carrier must provide coverage for and may not impose any cost-sharing requirements, including copayments, coinsurance, or deductibles, with specified exception, for:

- evidence-based items or services that have in effect a rating of A or B in the current recommendations of USPSTF with respect to the individual involved;

- immunizations for routine use in children, adolescents, and adults, as specified;
- with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
- with respect to women, preventive care and screenings and contraceptive coverage as provided for in comprehensive guidelines supported by HRSA, as specified.

To the extent that cost-sharing is otherwise allowed under federal or State law, a health benefit plan that uses a network of providers may impose cost-sharing requirements for evidence-based items or services that have in effect a rating of A or B in the current recommendations of USPSTF that are delivered by an out-of-network provider.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History: First Reader - February 19, 2025
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Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510