

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

House Bill 718

(Delegate Rosenberg, *et al.*)

Health and Government Operations

Finance

Maryland Health Insurance Coverage Protection Commission - Established

This bill reestablishes the Maryland Health Insurance Coverage Protection Commission to (1) monitor potential and actual federal changes to the federal Patient Protection and Affordable Care Act (ACA), the federal Mental Health Parity and Addiction Equity Act (MHPAEA), Medicaid, the Maryland Children's Health Program (MCHP), Medicare, and the Maryland All-Payer Model; (2) assess the impact of such changes; and (3) provide recommendations for State and local action to protect access to affordable health coverage. By December 31 each year, the commission must submit a report on its findings and recommendations. The Department of Legislative Services (DLS), the Maryland Department of Health (MDH), and the Maryland Insurance Administration (MIA) jointly must staff the commission. **The bill takes effect June 1, 2025, and terminates June 30, 2029.**

Fiscal Summary

State Effect: DLS, MDH, and MIA can likely staff the commission and prepare reports using existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The duties of the commission include (1) assessing the current and potential adverse effects of the loss of health coverage on the residents, public health, and economy of the State resulting from changes to the ACA, MHPAEA, Medicaid, MCHP,

Medicare, or the Maryland All-Payer Model; (2) estimating the costs of such adverse effects and the resulting loss of health coverage; (3) examining measures that may prevent or mitigate such adverse effects and the resulting loss of health coverage; (4) making recommendations for laws that may be warranted to minimize such adverse effects and will assist residents in obtaining and maintaining affordable health coverage; and (5) identifying potential funding sources for recommended laws, as necessary.

The commission may hold public meetings across the State to carry out its duties and convene workgroups to solicit input from stakeholders.

The 25-member commission consists of (1) three members of the Senate; (2) three members of the House of Delegates; (3) the Secretary of Health (or designee); (4) the Maryland Insurance Commissioner (or designee); (5) the Executive Director of the Health Services Cost Review Commission (or designee); (6) the Executive Director of the Maryland Health Benefit Exchange (or designee); (7) the Attorney General (or designee); (8) one representative of the Maryland Hospital Association; (9) one representative of a managed care organization; (10) one consumer of health care services; (11) one representative of a health insurance carrier; (12) one representative who is an employer; (13) one representative of the nursing home industry; (14) one representative of MedChi; (15) one representative of behavioral health care providers; (16) two members of the public; (17) one representative of a group model health maintenance organization (HMO); (18) one representative of the League of Life and Health Insurers of Maryland; (19) one representative of the National Association of Insurance and Financial Advisors; and (20) one representative of the Maryland Association of Counties.

The President and the Speaker must designate a member who is a senator and a member who is a delegate, respectively, to serve as co-chairs of the commission. Members of the commission may not receive compensation but are entitled to reimbursement for expenses, as provided in the State budget.

Current Law: Chapter 17 of 2017 established the Maryland Health Insurance Coverage Protection Commission. Section 2 of Chapters 37 and 38 of 2018 added a representative of a group model HMO that participates in the individual market to the commission and required the commission to study and make recommendations regarding individual and group health insurance market stability. Chapters 417 and 418 of 2019 extended the termination date of the commission to June 30, 2023, and required the commission to establish a workgroup to monitor actions relating to the ACA and determine the most effective manner of ensuring that Maryland consumers can obtain and retain quality health insurance, independent of any action or inaction on the part of the federal government or any changes to federal law or its interpretation. Chapters 597 and 598 of 2019 required the commission to study and recommend whether the State Reinsurance Program should be extended after calendar 2023 and, if so, how it will be funded.

The commission was established to (1) monitor potential and actual federal changes to the ACA, Medicaid, MCHP, Medicare, and the Maryland All-Payer Model; (2) assess the impact of such changes; and (3) provide recommendations for State and local action to protect access to affordable health coverage. The commission met throughout the 2017 through 2022 interims and issued six annual reports. The commission terminated June 30, 2023.

Additional Information

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

Designated Cross File: None.

Information Source(s): Maryland Department of Health; Maryland Insurance Administration; Office of the Attorney General; Department of Legislative Services

Fiscal Note History: First Reader - February 18, 2025
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