



MARYLAND GENERAL ASSEMBLY
DEPARTMENT OF LEGISLATIVE SERVICES

Effective Dates

2025 Chapters – Effective January 1, 2026

HB 59 **Chair, Ways and Means Committee (By Request – Departmental –**
Chapter 231 **Housing and Community Development)**

PROPERTY TAX – TAX SALES – REVISIONS

Authorizing a tax collector to withhold from tax sale certain property occupied by an heir of a deceased owner of the property; requiring that certain owner-occupied property and certain property occupied by an heir of a deceased owner of the property be withheld from tax sale; requiring each county to establish a registry for interested parties or the Tax Sale Ombudsman to designate property to be withheld from tax sale; requiring the State Department of Assessments and Taxation to assist each county in creating and maintaining the registry; etc.

HB 1547 **Delegate A. Jones**
Chapter 286 **BARBERS AND COSMETOLOGISTS – LICENSE**
QUALIFICATIONS – DOMESTIC VIOLENCE AWARENESS
TRAINING

Requiring the State Board of Barbers and the State Board of Cosmetologists, beginning October 1, 2025, to require as a condition for licensure and initial renewal of a license an applicant or a licensee to complete certain training in domestic violence awareness; requiring the Maryland Department of Labor to approve certain domestic violence awareness training that is offered in person and virtually, includes guidance on certain topics, and has a duration of at least 1 hour; etc.

HB 938
Chapter 331**Delegate Stein, et al****CONTINUING CARE PROVIDERS – GOVERNING BODIES – MEMBERSHIP**

Requiring the appointment of an alternate subscriber member to the governing body of a continuing care provider; and authorizing the alternate subscriber member to attend all meetings of the governing body and vote only if the regular subscriber is unable to fulfill the subscriber's duties as a regular member of the governing body.

HB 861
Chapter 506**Delegate Stewart****TRANSPORTATION NETWORK COMPANIES – WEEKLY FARE AND EARNINGS SUMMARY AND OPERATOR DATA REPORTING**

Requiring a transportation network company to provide each operator with a weekly fare and earnings summary; requiring a transportation network company to report, on or before February 1 each year, certain information to the Public Service Commission; and providing that the report submitted to the Commission may be made available to the General Assembly on request, provided that the report remain confidential and exempt from public disclosure.

HB 352
Chapter 604**The Speaker (By Request – Administration)****BUDGET RECONCILIATION AND FINANCING ACT OF 2025**

Establishing or altering certain administrative penalties; altering or repealing certain required appropriations; authorizing the use of certain funds for certain purposes; establishing certain funds; authorizing, requiring, or altering the distribution of certain revenue; altering the rates and rate brackets under the State income tax on certain income of individuals; increasing the cap on the percentage that may be deducted from all open purses and paid to a certain organization; etc.

Section 5 only

HB 1301
Chapter 612**Delegate Rosenberg, et al**

MARYLAND MEDICAL ASSISTANCE PROGRAM, MARYLAND CHILDREN'S HEALTH PROGRAM, AND HEALTH INSURANCE – TRANSFERS TO SPECIAL PEDIATRIC HOSPITALS – PRIOR AUTHORIZATIONS

Prohibiting the Maryland Medical Assistance Program, the Maryland Children's Health Program, managed care organizations, and certain health insurers, nonprofit health service plans, and health maintenance organizations from requiring prior authorization for a transfer to a special pediatric hospital.

HB 459
Chapter 655**Delegate Pruski, et al**

COUNTIES – CANCER SCREENING FOR PROFESSIONAL FIREFIGHTERS – REQUIRED COVERAGE (JAMES "JIMMY" MALONE ACT)

Requiring counties that offer self-insured employee health benefit plans to provide to firefighters employed by the county coverage for preventive cancer screenings in accordance with certain guidelines; authorizing a county to satisfy the requirement by providing a no-cost annual examination or applying for a grant to pay for certain cancer screening technologies; prohibiting counties from imposing a copayment, coinsurance, or deductible requirement; and requiring the Maryland Health Commission to conduct a certain study.

SB 374
Chapter 656**Senator Beidle, et al**

COUNTIES – CANCER SCREENING FOR PROFESSIONAL FIREFIGHTERS – REQUIRED COVERAGE (JAMES "JIMMY" MALONE ACT)

Requiring counties that offer self-insured employee health benefit plans to provide to firefighters employed by the county coverage for preventive cancer screenings in accordance with certain guidelines; authorizing a county to satisfy the requirement by providing a certain annual examination or applying for a certain grant; prohibiting counties from imposing a copayment, coinsurance, or deductible requirement on the coverage; and requiring the Maryland Health Care Commission to conduct a certain study and report by December 1, 2028.

HB 11**Chapter 660****Delegate Sample–Hughes, et al****HEALTH INSURANCE – ACCESS TO NONPARTICIPATING PROVIDERS – REFERRALS, ADDITIONAL ASSISTANCE, AND COVERAGE**

Repealing the June 30, 2025, termination date for certain provisions of law related to referrals to and reimbursement of specialists and nonphysician specialists who are not part of a carrier's provider panel; prohibiting certain carriers from imposing utilization review requirements other than would be required if the covered benefit was provided by a provider on the carrier's provider panel under certain circumstances; etc.

Section 1 only**SB 902****Chapter 661****Senator Augustine****HEALTH INSURANCE – ACCESS TO NONPARTICIPATING PROVIDERS – REFERRALS, ADDITIONAL ASSISTANCE, AND COVERAGE**

Repealing the June 30, 2025, termination date for certain provisions of law related to referrals to and reimbursement of specialists and nonphysician specialists who are not part of a carrier's provider panel; prohibiting certain carriers from imposing utilization review requirements other than would be required if the covered benefit was provided by a provider on the carrier's provider panel under certain circumstances; etc.

Section 1 only**HB 546****Chapter 677****Delegate Feldmark****DIGITAL ADVERTISING GROSS REVENUES TAX – ASSESSMENTS – APPEALS AND CORRECTIONS**

Establishing a certain appeal process for persons who are subject to the digital advertising gross revenues tax and receive a notice of assessment from the Comptroller; authorizing the Comptroller or the Comptroller's designee to issue an order to correct an erroneous assessment of the digital advertising gross revenues tax, subject to certain conditions; and applying the Act to assessments of the digital advertising gross revenues tax made after December 31, 2025.

SB 605**Chapter 678****Senator Zucker****DIGITAL ADVERTISING GROSS REVENUES TAX – ASSESSMENTS – APPEALS AND CORRECTIONS**

Establishing a certain appeal process for persons who are subject to the digital advertising gross revenues tax and receive a notice of assessment from the Comptroller; authorizing the Comptroller or the Comptroller's designee to issue an order to correct an erroneous assessment of the digital advertising gross revenues tax, subject to certain conditions; and applying the Act to assessments of the digital advertising gross revenues tax made after December 31, 2025.

HB 1086**Chapter 683****Delegate Martinez, et al****MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH INSURANCE – COVERAGE FOR ANESTHESIA – PROHIBITING TIME LIMITATIONS**

Requiring, beginning January 1, 2026, the Maryland Medical Assistance Program, managed care organizations, and certain insurers, nonprofit health service plans, and health maintenance organizations, if providing coverage for the delivery of anesthesia for a procedure for which a licensed medical professional issues an order, to provide the coverage for the duration of the procedure; prohibiting the establishment, implementation, or enforcement of policies or practices that place time limitations on the delivery of anesthesia; etc.

HB 666**Chapter 684****Delegate Woods, et al****MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH INSURANCE – REQUIRED COVERAGE FOR CALCIUM SCORE TESTING**

Requiring the Maryland Medical Assistance Program and insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations to provide coverage in accordance with the most recent guidelines issued by the American College of Cardiology that expand the scope of preventive care services for the benefit of consumers; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2026.

SB 60**Chapter 685****Senator Augustine****MARYLAND MEDICAL ASSISTANCE PROGRAM AND HEALTH INSURANCE – REQUIRED COVERAGE FOR CALCIUM SCORE TESTING**

Requiring the Maryland Medical Assistance Program and insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations to provide coverage for calcium score testing in accordance with the most recent guidelines issued by the American College of Cardiology that expand the scope of preventive care services for the benefit of consumers.

HB 970**Chapter 688****Delegate Woods, et al****HEALTH INSURANCE – INSULIN – PROHIBITION ON STEP THERAPY OR FAIL-FIRST PROTOCOLS**

Prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from imposing a step therapy or fail-first protocol for insulin or an insulin analog used to treat an insured's or enrollee's Type 1, Type 2, or gestational diabetes; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2026.

SB 646**Chapter 689****Senator Muse****HEALTH INSURANCE – INSULIN – PROHIBITION ON STEP THERAPY OR FAIL-FIRST PROTOCOLS**

Prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from imposing a step therapy or fail-first protocol for insulin or an insulin analog used to treat an insured's or enrollee's diabetes.

SB 773**Chapter 692****Senator Hershey****HEALTH BENEFIT PLANS – CALCULATION OF COST-SHARING CONTRIBUTION – REQUIREMENTS**

Requiring certain insurers, nonprofit health service plans, and health maintenance organizations to include certain discounts, financial assistance payments, product vouchers, and other out-of-pocket expenses made by or on behalf of an insured or enrollee when calculating certain cost-sharing contributions for certain prescription drugs; providing that a violation of the Act is considered a violation of the Consumer Protection Act; etc.

HB 1087**Chapter 706****Delegate Bhandari, et al****HEALTH INSURANCE – STEP THERAPY OR FAIL-FIRST PROTOCOLS – DRUGS TO TREAT ASSOCIATED CONDITIONS OF ADVANCED METASTATIC CANCER**

Prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from imposing a step therapy or fail-first protocol for certain prescription drugs prescribed by a treating physician to treat a symptom of or side effect from the treatment of stage four metastatic cancer and use of the prescription drug is consistent with best practices for treatment of the condition.

SB 921**Chapter 707****Senator Gile****HEALTH INSURANCE – STEP THERAPY OR FAIL-FIRST PROTOCOLS – DRUGS TO TREAT ASSOCIATED CONDITIONS OF ADVANCED METASTATIC CANCER**

Prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from imposing a step therapy or fail-first protocol for certain prescription drugs prescribed by a treating physician to treat a symptom of or side effect from the treatment of stage four metastatic cancer; etc.

SB 975
Chapter 728**Senator Lam****HEALTH INSURANCE – COVERAGE FOR SPECIALTY DRUGS**

Prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from excluding coverage for certain specialty drugs that are administered or dispensed by a provider that is an in-network provider of covered oncology services, complies with State regulations for the administering and dispensing of specialty drugs, and meet certain qualifications; and requiring the reimbursement rate for certain specialty drugs to meet certain criteria.

HB 1243
Chapter 729**Delegate S. Johnson, et al****HEALTH INSURANCE – COVERAGE FOR SPECIALTY DRUGS**

Prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from excluding coverage for certain specialty drugs that are administered or dispensed by a provider that is an in-network provider of covered medical oncology services and complies with State regulations for the administering and dispensing of specialty drugs, if the specialty drugs meet certain qualifications; and requiring the reimbursement rate for certain specialty drugs to meet certain criteria.

HB 1355
Chapter 742**Delegate Reilly, et al****HEALTH INSURANCE – REQUIRED COVERAGE – HEARING AIDS**

Altering the circumstances under which certain insurers, nonprofit health service plans, and health maintenance organizations are required to provide coverage for medically appropriate and necessary hearing aids for adults to require coverage if the hearing aid is ordered, fitted, and dispensed by a licensed hearing aid dispenser.

SB 641
Chapter 743**Senator Gallion****HEALTH INSURANCE – REQUIRED COVERAGE – HEARING AIDS**

Altering the circumstances under which certain insurers, nonprofit health service plans, and health maintenance organizations are required to provide coverage for medically appropriate and necessary hearing aids for adults to require coverage if the hearing aid is ordered, fitted, and dispensed by a licensed hearing aid dispenser.

HB 936**Chapter 744****Delegate Shetty, et al****HEALTH INSURANCE – CANCELLATION AND NONRENEWAL
OF COVERAGE – REQUIRED NOTICE**

Requiring that a carrier provide notice by certain electronic means, in addition to written notice, of cancellation or nonrenewal of a small group market health benefit plan and include information regarding additional health benefit coverage options in the notice; and applying the Act to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2026.

2024 Chapters – Effective January 1, 2026

HB 39

Chapter 881

Delegate R. Lewis

RESIDENTIAL SERVICE AGENCIES – REIMBURSEMENT –
PERSONAL ASSISTANCE SERVICES (HOMECARE WORKER
RIGHTS ACT OF 2024)

Authorizing the Maryland Department of Health to reimburse a residential service agency for personal assistance services only if the personal assistance services are provided by an individual classified as an employee.

SB 197

Chapter 882

Senator Ellis

RESIDENTIAL SERVICE AGENCIES – REIMBURSEMENT –
PERSONAL ASSISTANCE SERVICES (HOMECARE WORKER
RIGHTS ACT OF 2024)

Authorizing the Maryland Department of Health to reimburse a residential service agency for personal assistance services only if the personal assistance services are provided by an individual classified as an employee.

Department of Legislative Services

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