

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lt. Governor

KATHLEEN A. BIRRANE
Commissioner

JAY COON
Deputy Commissioner



200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2408 Fax: 410-468-2020
Email: Michael.paddy@maryland.gov
www.insurance.maryland.gov

**TESTIMONY OF
THE
MARYLAND INSURANCE ADMINISTRATION
BEFORE THE
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE**

MARCH 11, 2021

**HOUSE BILL 1319 - HEALTH INSURANCE - LYME DISEASE AND RELATED TICK-BORNE
ILLNESSES - LONG-TERM ANTIBIOTIC TREATMENT**

LETTER OF INFORMATION

Thank you for the opportunity to provide written comments regarding House Bill 1319. House Bill 1319 would add a new mandated benefit to the Insurance Article in § 15-853 and require insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for certain long-term antibiotic treatment of Lyme disease and other related tick-borne illnesses. It would also prohibit these entities from denying certain treatments that may be categorized as unproven, experimental, or investigational in nature.

The bill contains a definition for “Long-Term Antibiotic Therapy” in paragraph (a)(3) of § 15-856 of the Insurance Article, although this term is not used anywhere else in the bill. The term used within the benefit description in subsection (c) of § 15-856 is “Long-Term Antibiotic Treatment.” We recommend that the bill be revised to use consistent terminology between the definitions section and the benefit description.

Under § 31-116(a), (c), and (d) of the Insurance Article, mandates adopted after December 31, 2011 are not applicable to the non-grandfathered individual and small employer markets if the mandates are not included in the State benchmark plan. Therefore, as drafted, House Bill 1319 would not apply to non-grandfathered individual and small employer health benefit plans. If the bill is intended to apply the new mandate to these plans, the bill will need to be revised to state that the mandate applies to all markets, irrespective of §§ 31-116(a), (c), and (d). Please note, however, that, due to federal regulations, expanding the bill in this manner would trigger a requirement that the State defray the cost of the new mandate, to the extent the mandate applies to non-grandfathered individual and small employer health benefit plans.

While the Maryland Insurance Administration (MIA) does not have a policy position on House Bill 1319, the MIA believes it is important to clarify for the Committee the actual scope of the bill and the fiscal impact to the State if the new mandate is applied to non-grandfathered individual and small employer health benefit plans.