



TESTIMONY IN SUPPORT OF SENATE BILL 474
Health Insurance - Adverse Decisions - Reporting and Examinations

Before the Senate Finance Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health
Initiative, Inc.

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Chair Beidle, Vice-Chair Hayes, and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate 474. I am submitting this testimony today on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc., as we have not reviewed this legislation with the full Maryland Health Care for All! Coalition. Our mission is to ensure that all Marylanders have access to quality affordable health care coverage.

This legislation if passed would require health insurance carriers to report to the Maryland Insurance Commissioner any changes in medical management contributing to the rise in adverse decisions for the type of service and any other known reasons for the increase if the number of adverse decisions issued by the carrier for a type of service has grown by more than 10% in the immediately preceding calendar year or 25% in the immediately preceding 3 calendar years. The Commissioner could then conduct an examination. One of Maryland consumers' top concerns is that they can depend on their health insurance carrier to approve their health care claims, or whether the care they need will be denied. A Commonwealth Fund survey found that 17% of respondents said that their insurer denied coverage for care that was recommended by their doctor; more than half said that neither they nor their doctor challenged the denial. Nearly six of 10 adults who experienced a coverage denial said their care was [delayed as a result](#).

This legislation will help the Maryland Insurance Commissioner monitor rises in adverse decisions and the reasons why. We thank the Committee for its recognized efforts toward improving access to quality, affordable health care for all Marylanders. We urge the Committee to give a favorable report for Senate Bill 474.