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February 18, 2025

**TO:** The Honorable, Joseline A. Peña-Melnyk, Chair  
Health and Government Operations Committee

**FROM:** Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

**RE:** House Bill 0974- Health Insurance - Preventive Services - Enforcement Authority  
**- SUPPORT WITH AMENDMENTS**

The Health Education and Advocacy Unit supports with amendments House Bill 974. In 2020, facing concerns that the consumer protections of the Affordable Care Act (ACA) were at risk, including the preventive services mandate, the General Assembly passed Chapter 620, Health Insurance – Consumer Protections, codifying those protections into state law.

Now, the ACA’s preventive service mandate stands at risk after a court ruled in [\*Braidwood Management v Becerra\*](#) that a portion of the mandate is unconstitutional because, in the court’s view, requiring covered services recommended by the U.S. Preventive Services Task Force (USPSTF) violates the Appointments Clause of the Constitution. That ruling, if upheld on appeal to the Supreme Court, would block the *federal government*<sup>1</sup> from requiring certain health insurance plans to provide no-cost preventive services recommended by the USPSTF, the entity responsible for making evidence-based recommendations on the types of preventive screenings and services people need, with an A or B rating. Such services include cancer screenings, HIV prevention medication, and some mental health screenings and interventions for children and adults. Preventive service recommendations from the Center for Disease Control’s Advisory Committee on Immunization Practices (ACIP) and the Health Resources and Services Administration (HRSA) are also at risk.

Despite what is happening at the federal level, current Maryland law codifies the protections for no-cost preventive services recommended by the USPSTF, services for women, infants, and

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<sup>1</sup> *Braidwood* is based on the procedural issue of the Appointments clause and therefore poses no impediment to the State using the guidelines at issue.

children by HRSA, and vaccinations recommended by ACIP. But with the change in the administration, we are faced with legitimate concerns that the federal government may no longer defend the law or may weaken or eliminate the protections the other agencies have provided over the years.

This bill seeks to address that concern by enshrining the *current* USPSTF, ACIP and HRSA guidelines in Maryland law, while giving authority to the Maryland Insurance Commissioner to issue regulations related to any future preventive services recommendations and guidelines issued by HRSA, ACIP, or HRSA after December 31, 2024.

We support the goal of this bill and offer several amendments to clarify the purpose and power of the Commissioner.

cc: The Honorable Emily Shetty  
The Honorable Heather Bagnall  
The Honorable Bonnie Cullison  
The Honorable Dana Jones  
The Honorable Aaron M. Kaufman  
The Honorable Jared Solomon

**HEAU Amendments: House Bill 0974 - Health Insurance - Preventive Services - Enforcement Authority**

1. On page 1, line 21, after “in the [current]”, STRIKE “most recent.”

Rationale: The goal of the bill is to preserve the guidelines and recommendations as of December 31, 2024, and this language could be read to conflict with that goal.

2. On page 2, line 29, STRIKE “federal rules and guidance” and INSERT, “the United States Preventive Services Task Force, Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and Health Resources and Services Administration guidelines and recommendations”

3. On page 2, line 33, after “December 31, 2024” INSERT “, or later issued rules and guidance that enhance the scope of preventive services to the benefit of Maryland consumers;

Rationale: To enable the Commissioner to issue regulations that expand the scope of preventive services for consumers.

4. On page 2, line 33, STRIKE “and” and INSERT “or”

5. On page 3, line 1, after “(II)” STRIKE “Related to” and INSERT “To require carriers to provide coverage, without imposing and cost-sharing requirements, including copayments, coinsurance, or deductibles, for”

Rationale: To make clear that the Commissioner can issue regulations that require carriers to provide additional preventive services.