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March 13, 2026

The Honorable Heather Bagnall  
Chair, House Health Committee  
240 Taylor Office Building  
Annapolis, MD 21401

**House Bill 1117 – Elopement Response Devices – Insurance and Maryland Medical Assistance Program Coverage and Provision Under State Programs**

Dear Chair Bagnall,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *House Bill 1117 – Elopement Response Devices – Insurance and Maryland Medical Assistance Program Coverage and Provision Under State Programs* and urges the committee to give the bill an unfavorable report.

League members are concerned regarding the practice of requiring health insurers to pay for elopement response devices. While ensuring the safety of vulnerable individuals is an important and shared priority, it is inappropriate to categorize these devices as medical expenses for purposes of health insurance coverage.

Health insurance is designed to cover medically necessary services and treatments that diagnose, manage, or cure illness or injury. Elopement response devices such as tracking systems, alarm mechanisms, or monitoring technologies are primarily safety and supervision tools. They do not provide medical treatment, therapeutic intervention, or clinical care. Instead, they function as environmental or custodial safeguards, similar in nature to home security systems or supervision supports.

Expanding insurance coverage mandates to include non-medical safety devices blurs the line between health care services and general caregiving responsibilities. This creates several concerns. First, it places additional financial strain on insurance systems that are already managing exploding health care costs. Second, it sets a precedent that could obligate insurers to cover a broad range of non-medical equipment and services, further increasing premiums for all Marylanders. Finally, such costs are more appropriately addressed through social services, educational programs, disability support services, or community-based funding mechanisms that are specifically structured to provide supervision and safety supports.

It is important to support families and caregivers who rely on these devices to protect vulnerable individuals. However, the solution should be thoughtfully aligned with the appropriate funding source.

Health insurance should remain focused on medically necessary treatment and clinical care, while other public or private programs can be structured to assist with supervision and safety-related needs.

Additionally, under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give House Bill 1117 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano  
Executive Director

cc: Members, House Health Committee