

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 974

(Delegate Shetty, *et al.*)

Health and Government Operations

Finance

Health Insurance - Preventive Services - Enforcement Authority

This bill requires the Insurance Commissioner to *enforce* the requirement that each carrier provide coverage for specified preventive services without cost-sharing requirements consistent with the recommendations and guidelines in effect on December 31, 2024, as set by specified entities and related federal rules or guidance. Further, the Commissioner may adopt regulations necessary to carry out the bill, consistent with federal statutes, rules, and guidance in effect *either* on December 31, 2024, *or* at a later date that enhance the scope of preventive services to the benefit of consumers in the State. Alternatively, the Commissioner may adopt regulations to require carriers to provide coverage without cost-sharing requirements for any *future* preventive services recommendations and guidelines (issued after December 31, 2024) by specified entities and related federal rules or guidance. The bill is subject to an existing provision of law that permits a religious organization to request an exclusion from contraceptive coverage if it conflicts with the religious organization’s bona fide religious beliefs and practices. **The bill takes effect June 1, 2025.**

Fiscal Summary

State Effect: The Maryland Insurance Administration can adopt regulations with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Each carrier must provide coverage for and may not impose any cost-sharing requirements, including copayments, coinsurance, or deductibles, with specified exception, for:

- evidence-based items or services that have in effect a rating of A or B in the current recommendations of the U.S. Preventive Services Task Force (USPSTF) with respect to the individual involved;
- immunizations for routine use in children, adolescents, and adults, as specified;
- with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
- with respect to women, preventive care and screenings and contraceptive coverage as provided for in comprehensive guidelines supported by HRSA, as specified.

To the extent that cost-sharing is otherwise allowed under federal or State law, a health benefit plan that uses a network of providers may impose cost-sharing requirements for evidence-based items or services that have in effect a rating of A or B in the current recommendations of USPSTF that are delivered by an out-of-network provider.

Under § 15-826 of the Insurance Article, carriers must provide coverage for any U.S. Food and Drug Administration-approved prescription contraceptive drug or device, including coverage for the insertion or removal or any medically necessary examination associated with the use of a contraceptive drug or device. Carriers may not impose a different copayment or coinsurance for a contraceptive drug or device than is imposed for any other prescription. A religious organization may request an exclusion from this coverage if it conflicts with the religious organization's bona fide religious beliefs and practices.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History:
caw/ljm

First Reader - February 19, 2025

Third Reader - March 26, 2025

Revised - Amendment(s) - March 26, 2025

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