

Chapter 469

(House Bill 1045)

AN ACT concerning

Health Insurance ~~and~~, Family Planning Services, and Confidentiality of Medical Records – Consumer Protections – Updates

FOR the purpose of updating references to federal law related to family planning services, grandfathered plans, explanation of benefits, summaries of benefits and coverage, medical loss ratios, catastrophic plans, annual limits for cost sharing, prescription drugs, and rescissions; updating references related to funding for the Family Planning Program and access to family planning services under the Maryland Medical Assistance Program; ~~altering the definition of “family planning providers” to include providers that lost certain federal funding for certain reasons~~ altering the definitions of “legally protected health care” and “sensitive health services” to include gender-affirming care for purposes of law governing the disclosure of information regarding sensitive health services; providing that the Maryland Insurance Commissioner and the Commission on Civil Rights have concurrent jurisdiction to enforce certain provisions of law related to discrimination in health insurance; authorizing the Commissioner to adopt regulations necessary to carry out certain provisions of law related to discrimination in health insurance; and generally relating to health insurance, family planning services, and confidentiality of medical records and consumer protections.

~~BY repealing and reenacting, with amendments,
Article – Health – General
Section 13–3401, 13–3402, and 15–102.1(b)(6)
Annotated Code of Maryland
(2023 Replacement Volume and 2024 Supplement)~~

~~BY repealing and reenacting, without amendments,
Article – Health – General
Section 15–101(a) and (h)
Annotated Code of Maryland
(2023 Replacement Volume and 2024 Supplement)~~

BY repealing and reenacting, without amendments,
Article – Health – General
Section 4–301(a) and 15–101(a) and (h)
Annotated Code of Maryland
(2023 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 4–301(j) and (r), 13–3401, 13–3402, and 15–102.1(b)(6)

Annotated Code of Maryland
(2023 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 2–202(a), 15–1A–01(e), 15–1A–03(a), 15–1A–04, 15–1A–15(c), 15–1A–16(a)
and (e), 15–1A–18(d), 15–1A–19(c), 15–1A–20(c), 15–1A–21(c), and
15–1A–22(e)

Annotated Code of Maryland

(2017 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, without amendments,

Article – Insurance

Section 15–1A–01(a)

Annotated Code of Maryland

(2017 Replacement Volume and 2024 Supplement)

BY adding to

Article – Insurance

Section 15–1A–22(f)

Annotated Code of Maryland

(2017 Replacement Volume and 2024 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

4–301.

(a) In this subtitle the following words have the meanings indicated.

(j) “Legally protected health care” means all [reproductive] SENSITIVE health services, medications, and supplies related to:

(1) The provision of abortion care; and

(2) [Other] REPRODUCTIVE HEALTH AND OTHER sensitive health services as determined by the Secretary based on the recommendations of the Protected Health Care Commission established under § 4–310 of this subtitle.

(r) “Sensitive health services” includes [reproductive]:

(1) REPRODUCTIVE health services other than abortion care; AND

(2) GENDER-AFFIRMING CARE.

13–3401.

(a) In this subtitle the following words have the meanings indicated.

(b) “Family planning providers” means providers of services:

(1) Funded under Title X of the federal Public Health Service Act as of December 31, [2016] **2024**; and

(2) That lost eligibility for Title X funding as a result of the termination of federal funding for providers because of:

(i) The scope of services offered by the providers; ~~for~~

(ii) The scope of services for which the providers offer referrals;
~~COUNSELING, OR OTHER ACTIONS DESCRIBED IN RULES ESTABLISHED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; OR~~

~~(iii) THE PROVISIONS OF FUNDING OR GRANTS TO ENTITIES OF PROVIDERS DESCRIBED IN ITEM (I) OR (II) OF THIS ITEM.~~

(c) “Family planning services” means services provided under Title X of the federal Public Health Service Act as of December 31, [2016] **2024**.

(d) “Program” means the Family Planning Program established under § 13–3402 of this subtitle.

13–3402.

(a) There is a Family Planning Program in the Department.

(b) The purpose of the Program is to ensure the continuity of family planning services in the State.

(c) The Program shall provide family planning services to individuals who are eligible for family planning services through family planning providers that meet Program requirements.

(d) The Department may adopt regulations to implement this subtitle, including regulations establishing a sliding scale fee for services provided under the Program.

(e) Funding used to support family planning services under the Program shall be in addition to any funding applied by the Department before December 31, [2016] **2024**, to the maintenance of effort requirement for federal funding under Title X of the federal Public Health Service Act.

(f) (1) The Department may not accept any federal funding under Title X of the federal Public Health Service Act if the Title X program:

(i) Excludes family planning providers; and

(ii) Does not require family planning providers to provide a broad range of acceptable and effective medically approved family planning methods and services.

(2) If the Department does not accept Title X program funds in accordance with paragraph (1) of this subsection, the Governor shall fund the Program with State funds at the same level of total funds provided to the Program in the immediately preceding fiscal year.

15–101.

(a) In this title the following words have the meanings indicated.

(h) “Program” means the Maryland Medical Assistance Program.

15–102.1.

(b) The Department shall, to the extent permitted, subject to the limitations of the State budget:

(6) Ensure access to and the continuity of services provided by family planning providers that were family planning providers in the Program as of December 31, **[2016] 2024**, and were discontinued as recipients of federal funding under federal law or regulation because of the scope of services offered by the provider or the scope of services for which the provider offered referrals, by:

(i) Reimbursing for the Program services provided; and

(ii) Establishing Program requirements for the family planning providers that:

1. Are similar to the requirements for other providers of the same services;

2. Do not prohibit a provider from offering a service if the service is within the scope of practice of the provider as established under the Health Occupations Article; and

3. Do not limit the scope of services for which a provider may offer referrals;

Article – Insurance

2–202.

(a) (1) Notwithstanding any other law and except as provided in paragraph (2) of this subsection, the Commissioner has exclusive jurisdiction to enforce by administrative action the laws of the State that relate to the underwriting or rate-setting practices of an insurer.

(2) The Commission on Civil Rights has concurrent jurisdiction with the Commissioner:

(I) over alleged discrimination on the basis of race, creed, color, or national origin; AND

(II) **FOR THE ENFORCEMENT OF § 15–1A–22 OF THIS ARTICLE.**

15–1A–01.

(a) In this subtitle the following words have the meanings indicated.

(e) “Grandfathered plan” means a health benefit plan that:

(1) meets the criteria established under 45 C.F.R. § 147.140 and any corresponding federal rules and guidance as those provisions were in effect [December 1, 2023] **DECEMBER 31, 2024**; or

(2) if the Commissioner adopts regulations as described in § 15–1A–03 of this subtitle, meets the criteria established by the adopted regulations.

15–1A–03.

(a) For purposes of this subtitle, to the extent necessary, the Commissioner shall adopt regulations that:

(1) establish criteria that a health benefit plan must meet to be considered a grandfathered plan; and

(2) are consistent with 45 C.F.R. § 147.140 and any corresponding federal rules and guidance as those provisions were in effect [December 1, 2023] **DECEMBER 31, 2024**.

15–1A–04.

For purposes of this subtitle, to the extent necessary, the Commissioner shall adopt regulations that:

(1) establish criteria that a health benefit plan must meet to be considered a health benefit plan that covers essential health benefits; and

(2) are consistent with 45 C.F.R. Part 156 Subpart B and any corresponding federal rules and guidance as those provisions were in effect [December 1, 2023] **DECEMBER 31, 2024**.

15-1A-15.

(c) To the extent necessary, the Commissioner, in consultation with the Maryland Health Benefit Exchange, shall adopt regulations that:

(1) establish standards for the summary of benefits and coverage; and

(2) are consistent with 45 C.F.R. § 147.200 and any corresponding federal rules and guidance in effect [December 1, 2019] **DECEMBER 31, 2024**.

15-1A-16.

(a) (1) For purposes of this section, “medical loss ratio”:

(i) has the meaning established in 45 C.F.R. § 158.221; or

(ii) if the Commissioner adopts regulations as described in paragraph (2) of this subsection, has the meaning established by the adopted regulations.

(2) To the extent necessary, the Commissioner shall adopt regulations that:

(i) establish a definition for “medical loss ratio”; and

(ii) are consistent with 45 C.F.R. § 158.221 and any corresponding federal rules and guidance as those provisions were in effect [December 1, 2023] **DECEMBER 31, 2024**.

(e) To the extent necessary, the Commissioner shall adopt regulations that:

(1) establish requirements for calculating medical loss ratios and related reporting and rebate requirements; and

(2) are consistent with 45 C.F.R. Part 158 and any corresponding federal rules and guidance as those provisions were in effect [December 1, 2023] **DECEMBER 31, 2024**.

15-1A-18.

(d) To the extent necessary, the Maryland Health Benefit Exchange shall adopt regulations that:

(1) establish a process for issuing hardship exemptions and affordability exemptions; and

(2) are consistent with 42 U.S.C. § 5000A and any corresponding federal rules and guidance as those provisions were in effect [December 1, 2019] **DECEMBER 31, 2024.**

15-1A-19.

(c) To the extent necessary, the Commissioner shall adopt regulations that:

(1) establish annual limitations on cost-sharing; and

(2) are consistent with 45 C.F.R. § 156.130 and any corresponding federal rules and guidance as those provisions were in effect [December 1, 2019] **DECEMBER 31, 2024.**

15-1A-20.

(c) To the extent necessary, the Commissioner shall adopt regulations that:

(1) establish criteria to determine whether an individual plan or a small group plan provides prescription drug essential health benefit coverage; and

(2) are consistent with 45 C.F.R. § 156.122 and any corresponding federal rules and guidance as those provisions were in effect [December 1, 2019] **DECEMBER 31, 2024.**

15-1A-21.

(c) To the extent necessary, the Commissioner shall adopt regulations that:

(1) establish requirements that a carrier shall comply with to rescind coverage under subsection (b) of this section; and

(2) are consistent with 45 C.F.R. § 147.128 and any federal rules and guidance as those provisions were in effect [December 1, 2019] **DECEMBER 31, 2024.**

15-1A-22.

(e) The **COMMISSIONER AND THE** Commission on Civil Rights shall enforce the provisions of this section as provided for in § 2-202 of this article.

(F) THE COMMISSIONER MAY ADOPT REGULATIONS NECESSARY TO CARRY OUT THIS SECTION CONSISTENT WITH FEDERAL STATUTES, RULES, AND GUIDANCE IN EFFECT ON DECEMBER 31, 2024.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2025.

Approved by the Governor, May 13, 2025.