

**HB0937/823122/1**

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 937

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and Rosenberg” and substitute “Rosenberg, Acevero, Bagnall, Barve, Atterbeary, B. Barnes, Belcastro, Boyce, Brooks, Cardin, Carr, Charkoudian, Clippinger, Crutchfield, Feldmark, W. Fisher, Foley, Forbes, Fraser–Hidalgo, Gilchrist, Guyton, Harrison, Hill, Howell, D. Jones, Kaiser, Korman, Lehman, J. Lewis, R. Lewis, Lierman, Lopez, Love, Luedtke, McIntosh, Moon, Palakovich–Carr, Qi, Queen, Reznik, Ruth, Shetty, Smith, Solomon, Stein, Stewart, Terrasa, Valderrama, Washington, Wells, Wilkins, Williams, and K. Young”; in line 7, after “State;” insert “establishing certain requirements regarding abortion care services, including provision and coverage requirements on the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations; authorizing certain organizations to obtain from certain entities an exclusion from certain abortion care coverage and information requirements under certain circumstances; authorizing the Maryland Insurance Commissioner to grant a certain exemption to certain abortion care service requirements under certain circumstances; requiring the Maryland Health Benefit Exchange to adopt regulations to provide a certain subsidy to cover the cost of insurance premiums for certain young adults; requiring the Exchange to study extending last dollar coverage to certain enrollees;”; in line 8, after “care” insert “and coverage of health care services under the Maryland Medical Assistance Program and health benefit plans”; in line 12, after “Program” insert “; and 15–103(a)(2)(xviii)”; in line 17, after “Section” insert “15–103(a)(2)(xvi) and (xvii).”; in the same line, after “20–103” insert a comma; and in line 19, insert:

“BY repealing and reenacting, without amendments,

Article – Health – General

Section 15–103(a)(1)

Annotated Code of Maryland

(2019 Replacement Volume and 2021 Supplement)

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BY adding to

Article – Insurance

Section 15–857

Annotated Code of Maryland

(2017 Replacement Volume and 2021 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 31–122

Annotated Code of Maryland

(2017 Replacement Volume and 2021 Supplement)”.

AMENDMENT NO. 2

On page 3, in line 29, strike “AND”.

On page 4, in line 2, after “REGULATIONS;” insert “AND

**C. FOCUS ON THE PROVISION OF CULTURALLY  
CONGRUENT CARE AND INCLUDE IMPLICIT BIAS TRAINING;”.**

On page 6, strike beginning with “**THE**” in line 25 down through “**(1)**” in line 27, inclusive; in lines 30 and 31, in each instance, strike the bracket; and in line 31, strike “; **OR**” and substitute a period.

On page 7, strike in their entirety lines 1 through 3, inclusive.

On page 8, after line 21, insert:

“SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
read as follows:

Article – Health – General

15-103.

(a) (1) The Secretary shall administer the Maryland Medical Assistance Program.

(2) The Program:

(xvi) Beginning on January 1, 2021, shall provide, subject to the limitations of the State budget and § 15-855(b)(2) of the Insurance Article, and as permitted by federal law, services for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, including the use of intravenous immunoglobulin therapy, for eligible Program recipients, if pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome are coded for billing and diagnosis purposes in accordance with § 15-855(d) of the Insurance Article; [and]

(xvii) Beginning on January 1, 2022, may not include, subject to federal approval and limitations of the State budget, a frequency limitation on covered dental prophylaxis care or oral health exams that requires the dental prophylaxis care or oral health exams to be provided at an interval greater than 120 days within a plan year; AND

**(XVIII) SHALL PROVIDE COVERAGE OF ABORTION CARE SERVICES TO PROGRAM RECIPIENTS IN THE MANNER DESCRIBED IN § 15-857(B)(1)(II) AND (2) OF THE INSURANCE ARTICLE.**

Article – Insurance

(Over)

15-857.

(A) (1) THIS SECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE LABOR AND DELIVERY COVERAGE TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE LABOR AND DELIVERY COVERAGE TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(2) THIS SECTION DOES NOT APPLY TO:

(I) A MULTISTATE PLAN THAT DOES NOT PROVIDE COVERAGE FOR ABORTIONS IN ACCORDANCE WITH 42 U.S.C. § 18054(A)(6); OR

(II) A HIGH-DEDUCTIBLE PLAN, AS DEFINED IN 26 U.S.C. § 223(C)(2)(C) OF THE INTERNAL REVENUE CODE, UNLESS THE COMMISSIONER DETERMINES THAT ABORTION CARE IS NOT EXCLUDED FROM THE SAFE HARBOR PROVISIONS FOR PREVENTIVE CARE UNDER § 223(C)(2)(C) OF THE INTERNAL REVENUE CODE.

(3) AN ORGANIZATION THAT IS ELIGIBLE TO OBTAIN AN EXCLUSION FROM THE COVERAGE REQUIREMENTS UNDER § 15-826 OF THIS SUBTITLE MAY OBTAIN FROM AN ENTITY SUBJECT TO THIS SECTION AN EXCLUSION FROM THE COVERAGE AND NOTICE REQUIREMENTS OF THIS SECTION

IF THE REQUIREMENTS CONFLICT WITH THE ORGANIZATION’S BONA FIDE RELIGIOUS BELIEFS AND PRACTICES.

(B) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, AN ENTITY SUBJECT TO THIS SECTION SHALL:

(1) COVER ABORTION CARE SERVICES WITHOUT:

(I) A DEDUCTIBLE, COINSURANCE, COPAYMENT, OR ANY OTHER COST-SHARING REQUIREMENT; AND

(II) RESTRICTIONS THAT ARE INCONSISTENT WITH THE PROTECTED RIGHTS UNDER TITLE 20, SUBTITLE 2 OF THE HEALTH – GENERAL ARTICLE; AND

(2) PROVIDE INFORMATION TO CONSUMERS ABOUT ABORTION CARE COVERAGE USING THE TERMINOLOGY “ABORTION CARE” TO DESCRIBE COVERAGE.

(C) IF THE COMMISSIONER DETERMINES THAT ENFORCEMENT OF THIS SECTION MAY ADVERSELY AFFECT THE ALLOCATION OF FEDERAL FUNDS TO THE STATE, THE COMMISSIONER MAY GRANT AN EXEMPTION TO THE REQUIREMENTS OF THIS SECTION TO THE MINIMUM EXTENT NECESSARY TO ENSURE THE CONTINUED RECEIPT OF FEDERAL FUNDS.

31-122.

(a) In this section, “Pilot Program” means the State-Based Young Adult Health Insurance Subsidies Pilot Program.

(Over)

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(b) The Exchange, in consultation with the Commissioner and as approved by the Board, shall establish and implement a State-Based Young Adult Health Insurance Subsidies Pilot Program to provide subsidies to young adults for the purchase of health benefit plans in the individual health insurance market.

(c) The Pilot Program required under this section shall be designed to:

(1) reduce the amount that young adults pay for health benefit plans in the individual health insurance market; and

(2) target young adults who are not directly impacted by the State Reinsurance Program.

(d) (1) For calendar years 2022 and 2023, the Exchange, in consultation with the Commissioner and as approved by the Board, shall establish subsidy eligibility and payment parameters for the Pilot Program.

(2) In determining the subsidy eligibility and payment parameters required under paragraph (1) of this subsection, the Exchange shall consider:

(i) young adults at least 18 years old and under the age of 41 years; and

(ii) income groups between 133% and 400% of the federal poverty level.

(e) Subject to available funds, in each of fiscal years 2022 through 2024, the Exchange may designate funds from the Fund to be used for the Pilot Program so that not more than \$20,000,000 in annual subsidies may be provided to young adults who meet the subsidy eligibility and payment parameters established under subsection (d) of this section in calendar years 2022 and 2023.

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(f) On or before January 1, 2022, the Exchange shall adopt regulations implementing the provisions of this section.

**(G) ON OR BEFORE JANUARY 1, 2023, THE EXCHANGE SHALL ADOPT REGULATIONS TO PROVIDE A SUBSIDY TO COVER 100% OF THE COST OF THE PREMIUM FOR YOUNG ADULTS WHO HAVE A 0% EXPECTED CONTRIBUTION UNDER THE SUBSIDY ELIGIBILITY PARAMETERS ESTABLISHED UNDER SUBSECTION (D) OF THIS SECTION IN CALENDAR YEAR 2023.**

**[(g)] (H) (1) The Exchange shall track on a monthly basis expenditures on subsidies provided under the Pilot Program, including:**

**(i) the average number of young adults receiving subsidies under the Pilot Program; and**

**(ii) the average subsidy amount received by young adults under the Pilot Program.**

**(2) The Exchange shall track:**

**(I) the impact the Pilot Program has on rates in the individual insurance market; AND**

**(II) THE IMPACT OF COVERING 100% OF THE COST OF PREMIUMS FOR QUALIFIED PARTICIPANTS ON EFFECTUATION RATES AND TERMINATION FOR NONPAYMENT RATES.**

**(3) The information tracked by the Exchange under paragraphs (1) and (2) of this subsection shall be:**

**(i) posted on the website of the Exchange; and**

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(ii) included in the annual report required under § 31–119(d) of this subtitle.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Benefit Exchange, in consultation with the Maryland Insurance Administration, shall convene a workgroup of interested stakeholders to make recommendations to improve the transparency and accessibility of consumer information about abortion care coverage.

(b) On or before January 1, 2023, the Maryland Health Benefit Exchange shall report the recommendations made by the workgroup convened under subsection (a) of this section to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article.

SECTION 4. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Insurance Administration shall collect data from State-regulated plans on receipts, disbursements, and ending balances for segregated accounts established under § 1303(b)(2)(B) and (C) of the federal Patient Protection and Affordable Care Act and 45 C.F.R. § 156.280.

(b) The Maryland Insurance Administration shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, as follows:

(1) on or before January 1, 2023, aggregate data collected for the period from January 1, 2014, to December 31, 2021, both inclusive;

(2) on or before January 1, 2024, aggregate data collected for the period from January 1, 2022, to December 31, 2022, both inclusive;



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(3) on or before January 1, 2025, aggregate data collected for the period from January 1, 2023, to December 31, 2023, both inclusive; and

(4) on or before January 1, 2026, aggregate data collected for the period from January 1, 2024, to December 31, 2024, both inclusive.

SECTION 5. AND BE IT FURTHER ENACTED, That:

(a) The Maryland Health Benefit Exchange shall study extending the last dollar coverage to other enrollees in addition to the enrollees receiving last dollar coverage through the program established under § 31–122 of the Insurance Article.

(b) On or before January 1, 2024, the Maryland Health Benefit Exchange shall report, in accordance with § 2–1257 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee on the findings of the study required under subsection (a) of this section.

SECTION 6. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2023.”;

and in line 22, strike “2.” and substitute “7.”.