

2025 Legislative Session - Interim Reports and Studies

2025 – Bill Number & Title	Description	Type of Action	MHCC Action (Deliverable and Due Date)	Center Assigned
<p><i>2024 Legislative Session</i></p> <p>SB0360 - Budget Bill (Fiscal Year 2025) – Operating (JCR – April 2024)</p>	<p>Making the proposed appropriations contained in the State Budget for the fiscal year ending June 30, 2025, in accordance with Article III, Section 52 of the Maryland Constitution.</p>	<p>Study</p> <p>M00R01.01 Maryland Health Care Commission: MHCC required to conduct a comprehensive study on the policies and procedures for including ambulatory surgical facilities in private payer plans.</p>	<p>MHCC submit an interim report by December 15, 2024, and a final report by June 1, 2025</p> <p><i>Commission Presentation November 2024</i></p> <p>Completed and submitted June 30, 2025</p>	<p>CAIS w/support by CMQR</p> <p><i>(MHCC primary)</i></p> <p><i>(Moderate LOE)</i></p> <p>Starting point -- Payer Provider Files. Do Payers pay Medicare ASC rates</p>
<p><i>2024 Legislative Session</i></p> <p>SB0791 /CH0848 - Health Insurance - Utilization Review - Revisions</p>	<p>This bill, among other things, (1) requires carriers, by July 1, 2026, to establish and maintain an online process for prior authorizations that meets specified parameters; (2) alters current requirements for the prior authorization of specified prescription drugs; (3) requires carriers to comply with certain requirements when rendering adverse decisions; (4) alters timelines for certain adverse decisions; (5) alters and adds to the criteria and standards that must be used by private review agents; and (6) requires existing benchmarks for standardizing and automating preauthorization of health care services and payors’ online preauthorization systems to include certain utilization criteria.</p>	<p>Report/Study:</p> <p>Assessment of Implementation of an Online Electronic Process for Prior Authorization. Uncodified language requires MHCC, in consultation with MIA, to monitor the progress toward implementing the bill’s requirements regarding an online electronic process for prior authorization (including monitoring any federal or State developments relating to the requirements) and review issues or recommendations from other states that are implementing a real-time benefit requirement. <i>MHCC must inform the General Assembly of any findings and recommendations relating to the implementation of the bill’s requirements regarding an online electronic process for prior authorization.</i></p>	<p>Due By:</p> <p>December 1, 2025,</p>	<p>HIT&ICD</p>

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<p><i>2024 Legislative Session (interim)</i> Request Letter from HGO Chair Pena-Melnyk (Delegate) Insurance Market Concentration (June 13, 2024)</p>	<p>Health insurance landscape in Maryland and how market concentration as well as the acquisitions/ownership of other health care services and businesses affect competition, affordability, and accessibility and how these then affect consumers and health care practitioners.</p>	<p>Study - Insurance Market Concentration 1. Analyze how market concentration at both the regional and product level affects competition. 2. Consider and report on the increasing vertical and horizontal integration within the health insurance market, especially in purchases and investments of physician groups, technology companies and other related industries and if consumers benefit from increased access to services and lower costs and how Maryland currently regulates or receives notice of these purchases/investments. 3. Explore policy interventions to promote competition, transparency, and accountability in the health care market, such as enhancing regulatory oversight, encouraging insurer diversity, and fostering innovation in care delivery models.</p>	<p>Due Date: October 1, 2025</p>	<p>Executive Direction And CAIS</p>
<p><i>2022 Legislative Session</i> SB0734 (CH0667) - MHCC - Primary Care Report and Workgroup</p>	<p>MHCC had to establish a plan for the analysis and report after receiving input and agreement from workgroup participants and provide the plan to the Governor and the General Assembly by December 1, 2023.</p>	<p>Report - The report must include (1) an analysis of primary care investment over the immediately preceding year, including data stratified by zip code and county, in relation to total health care spending over the previous year; (2) ways to improve the quality of and access to primary care services, with special attention to increasing health care equity, reducing health care disparities, and avoiding increased costs; and (3) any findings and recommendations. <i>By December 1, 2024, and annually thereafter, to provide a report to the Governor and the General Assembly.</i></p>	<p>Due Date: December 1, 2025</p>	<p>Health Information Technology and Innovative Care Delivery (HIT&ICD)</p>

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<p><i>(2023 Legislative Session)</i> HB1217/SB0805-Medicaid Program and Health Insurance - Required Coverage for Biomarker Testing</p>	<p>requires insurers payors, beginning January 1, 2024, and Medicaid (including managed care organizations (MCOs)), beginning July 1, 2025, to provide coverage for “biomarker testing” for the purpose of diagnosis, treatment, appropriate management, or ongoing monitoring of a disease or condition that is supported by medical and scientific evidence.</p>	<p>Report - The Maryland Health Care Commission (MHCC) must report on the impact of providing biomarker testing by December 1, 2025.</p>	<p>Due: By December 1, 2025, to the Senate Finance Committee and the HGO Committee</p>	<p>CAIS</p>
<p>HB0350(CH0602)- Budget Bill (Fiscal Year 2026) - (JCR – 2026)</p>	<p>Making the proposed appropriations contained in the State Budget for the fiscal year ending June 30, 2026, in accordance with Article III, Section 52 of the Maryland Constitution.</p> <p>The committees are interested in the implementation of this legislation and whether access to electronic patient medical records and electronic health care transaction data has been granted to business associates of skilled nursing facilities under the Nursing Facility Connectivity Program administered by Chesapeake Regional Information System for Our Patients (CRISP).</p>	<p>Report – M00R01.02 Access to data from skilled nursing facilities: The committees request that the MHCC, in collaboration with CRISP, submit a report that:</p> <ul style="list-style-type: none"> • describes activities to implement Chapter 333, including efforts to ensure that authorized data is released on a regular basis and in a timely manner; • evaluates issues preventing full access to electronic patient medical records and electronic health care transactions as authorized in the legislation, noting any issues affecting business associates of skilled nursing facilities participating in the Nursing Facility Connectivity Program; and • makes recommendations, including changes to law or regulations, to improve access to electronic patient medical records and electronic health care transactions as authorized. 	<p>Due: October 1, 2025</p>	<p>HIT&ICD</p>

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<p>SB0374 (CH0656) HB0459 (CH0655) – Counties - Cancer Screening for Professional Firefighters - Required Coverage (James "Jimmy" Malone Act)</p> <p>Note: Bill becomes effective January 1, 2026</p>	<p>This bill requires a county that offers a self-insured employee health benefit plan to provide to each firefighter employed by the county coverage for preventive cancer screenings in accordance with the latest screening guidelines issued by the International Association of Fire Fighters (IAFF).</p>	<p>Data Collection and Study: Each county subject to the bill must collect and submit specified data to the Maryland Health Care Commission (MHCC), which must consider the data and study and report on the impact of expanding coverage for preventive cancer screenings for firefighters to the commercial insurance market. Each county must collect, for calendar 2026 and 2027, the following data: (1) the number of firefighters eligible for coverage under the bill; (2) the number of firefighters provided preventive cancer screenings; (3) the number of preventive screenings that resulted in a cancer diagnosis; and (4) the cost to provide preventive screenings.</p>	<p>Study Results Due: December 1, 2028</p> <p><i>By June 1, 2027, and June 1, 2028, each county must report to MHCC the data collected.</i></p>	<p>CAIS</p>
<p>SB0411 - Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing (Billed Failed)</p>	<p>This bill requires certain insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) to provide coverage for “postpartum depression screening” (defined as the administration, review, or discussion of the Edinburg Postnatal Depression Scale or any similar method used to screen for postpartum depression). Coverage may be subject to a copayment, coinsurance, or deductible if it is no greater than that imposed by a carrier for similar coverages under the same policy or contract.</p>	<p>Mandate Study: Letter from Finance to do Mandate Study on SB411 asking MHCC assess the social, medical, and financial impact of the proposed mandated health insurance benefits as provided under § 15–1501 of the Insurance Article and House Bill 570.</p>	<p>Study Due: December 1, 2025</p>	<p>CAIS</p>

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SB0508/HB0381 – MMAP& and HI - Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing Our Scars Act) <i>(Billed Failed)</i>	Bill requires insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers), as well as Medicaid, to provide coverage to a victim of domestic violence for aesthetic services and restorative care provided for the treatment of physical injuries caused by domestic violence and determined to be medically necessary by a licensed physician.	Mandate Study: Letter from Finance to do Mandate Study on SB508/HB381 asking MHCC assess the social, medical, and financial impact of the proposed mandated health insurance benefits as provided under § 15–1501 of the Insurance Article and House Bill 570.	Study Due: December 1, 2025	CAIS
SB0518/HB1495 - HI - Screening for Ovarian Cancer - Required Coverage and Prohibited Cost Sharing <i>(Billed Failed)</i>	Bill requires certain insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) to cover preventive screenings for ovarian cancer for individuals aged 45 and older. Coverage must include magnetic resonance imaging (MRI) and computed tomography (CT) scans. A carrier may not impose a copayment, coinsurance, or deductible on the coverage, except for a deductible for a high-deductible health plan (HDHP).	Mandate Study: Letter from Finance to do Mandate Study on SB518/HB1495 asking MHCC assess the social, medical, and financial impact of the proposed mandated health insurance benefits as provided under § 15–1501 of the Insurance Article and House Bill 570.	Study Due: December 1, 2025	CAIS
SB0961 – MMAP and HI - Pharmacogenomic Testing - Required Coverage <i>(Billed Failed)</i>	This bill requires certain insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers), beginning October 1, 2025, to provide coverage for single-gene and multigene “pharmacogenomic testing” under specified circumstances.	Mandate Study: Letter from Finance to do Mandate Study on SB961 asking MHCC assess the social, medical, and financial impact of the proposed mandated health insurance benefits as provided under § 15–1501 of the Insurance Article and House Bill 570.	Study Due: December 1, 2025	CAIS

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SB0372(CH0481) HB0869(CH0482) - Preserve Telehealth Access Act of 2025	<p>This bill makes permanent the provisions of law that specify that (1) “telehealth” includes specified audio-only telephone conversations between a health care provider and a patient and (2) reimbursement for a telehealth service must be made on the same basis and at the same rate as if the service were delivered in person. These provisions apply to both Medicaid and commercial health insurance. The bill authorizes a health care practitioner to prescribe a Schedule II opiate for the treatment of pain through telehealth under specified circumstances.</p>	<p>Report - Every 4 Years Under the bill, by December 1, 2026, and every four years thereafter, MHCC must submit a report to the Governor and the General Assembly on (1) advances or developments in the area of telehealth, including evolving modalities of telehealth delivery and changes in the costs of delivering telehealth services and (2) any findings or recommendations of MHCC.</p>	<p>First Report Due: December 1, 2026 <i>And then every four (4) years after.</i></p> <p><i>Next report due December 1, 2030.</i></p>	<p>HIT&ICD</p>
SB0776(CH0671) HB0995(CH0672) - Workgroup to Study the Rise in Adverse Decisions in the State Health Care System - Establishment	<p>This bill establishes a Workgroup to Study the Rise in Adverse Decisions in the State Health Care System. The Health Services Cost Review Commission (HSCRC) and the Maryland Insurance Administration (MIA) jointly must provide staff to the workgroup.</p>	<p>Workgroup: MHCC member of the workgroup</p>	<p>By December 1, 2025, the workgroup must report its findings and recommendations to specified committees of the General Assembly.</p>	<p>Executive Direction/HIT&ICD</p>