



The Maryland State Medical Society

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MEDCHI APPLAUDS INSURANCE REFORMS PASSED BY THE MARYLAND GENERAL ASSEMBLY IN 2025 SESSION

BALTIMORE, MD – April 8, 2025 – As the Maryland General Assembly wrapped up a particularly complex legislative session, lawmakers quietly approved a set of insurance reform bills championed by MedChi, The Maryland State Medical Society. MedChi President, Padmini Ranasinghe, MD, emphasized, “Our priority was ensuring greater access to essential screenings and holding insurers accountable for delivering timely care to patients.” The following reforms are headed to Governor Moore’s desk for signature:

House Bill 820: Health Insurance – Utilization Review – Use of Artificial Intelligence requires a health insurance carrier, pharmacy benefit manager (PBM), or a private review agent that uses artificial intelligence, algorithms, or other software tools for utilization review ensure that such tools are used in a specified manner, such as ensuring that any utilization review decisions are still based on an enrollee’s specific medical or other clinical history and that the final decision must be made by a physician in the same specialty with clinical experience as the medical condition being reviewed.

House Bill 848/Senate Bill 474: Health Insurance – Adverse Decisions – Notices, Reporting and Examinations provide the Maryland Insurance Administration with greater enforcement authority and adds additional transparency requirements to denials.

Senate Bill 773: Health Benefit Plans – Calculation of Cost-Sharing Contribution – Requirements requires health insurance carriers (including PBMs), when calculating an insureds or enrollee’s cost-sharing contributions, to include any discount, financial assistance payment, product voucher, or other out-of-pocket expense made by or on behalf of the insured or enrollee for prescription drugs.

House Bill 995/Senate Bill 776: Workgroup to Study the Rise in Adverse Decisions in the State Health Care System – Establishment establish a workgroup to study the rise in adverse decisions in the state health care system. The workgroup must review existing State adverse decision reporting requirements for all health payers in the State and include specified information in its final report; make recommendations to improve State reporting on adverse decisions; develop strategies for, and make recommendations to reduce, the number of adverse decisions; and develop recommendations for legislation to address the rise in adverse decisions and standardize State reporting requirements regarding adverse decisions across all payers.

House Bill 553/Senate Bill 94: Maryland Medical Assistance Program – Maternal Health Self-Measured Blood Pressure Monitoring require Medicaid, beginning January 1, 2026, to provide coverage for self-measured blood pressure monitoring to recipients who are pregnant, postpartum, or have been diagnosed with chronic kidney disease, diabetes, heart disease, or a cardiometabolic disease.

House Bill 666/Senate Bill 60: Maryland Medical Assistance Program and Health Insurance – Required Coverage for Calcium Score Testing require health insurance carriers, as well as the Maryland Medicaid program, to cover calcium score testing following the most recent guidelines issued by the American College of Cardiology that expand the scope of preventive care services for the benefit of consumers.

House Bill 970/Senate Bill 646: Health Insurance – Insulin – Prohibition on Step Therapy or Fail-First Protocols prohibit health insurance carriers from imposing a step therapy or fail-first protocol for insulin or insulin analog approved by the U.S. Food and Drug Administration (FDA) and used to treat Type 1, Type 2, or gestational diabetes.

House Bill 1087/Senate Bill 921: Health Insurance – Step Therapy or Fail-First Protocols – Drugs to Treat Associated Conditions of Advanced Metastatic Cancer prohibit health insurance carriers from imposing a step therapy or fail-first protocol for a prescription drug approved by the FDA that is prescribed by a treating physician to treat a symptom or side effect of stage four advanced metastatic cancer.

House Bill 1243/Senate Bill 975: Health Insurance – Coverage for Specialty Drugs prohibit a health insurance carrier from excluding coverage for a covered specialty drug administered or dispensed by a provider if the carrier determines that the provider is an in-network provider of covered oncology services and complies with State regulations for the administering and dispensing of specialty drugs and the drug is infused, auto-injected, or an oral targeted immune modulator or an oral medication that requires complex dosing based on clinical presentation or is used concomitantly with other infusion or radiation therapies.

MedChi commends the Maryland General Assembly for taking meaningful steps to protect patients and ensure that medical decisions are guided by clinical judgment, not bureaucracy. These reforms represent real progress toward a more transparent, accountable, and patient-centered health insurance system. We look forward to Governor Moore signing these important measures into law and will continue working to ensure that all Marylanders have timely access to the care they need and deserve.

About MedChi

MedChi, The Maryland State Medical Society, is a non-profit membership association of Maryland physicians. It is the largest physician organization in Maryland. The mission of MedChi is to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health of Maryland. For more information, please visit www.medchi.org.