

Maryland

2021 Healthcare Affordability Policy Checklist

KEY

-  = implemented by state
-  = the state has implemented policies, but could improve
-  = not implemented by state

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This checklist identifies areas where Maryland is doing well and areas where it can improve.

1. CURB EXCESS HEALTHCARE PRICES:

- Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices. 
- Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization. 
- Create a permanently convened health spending oversight entity.¹ 
- Create all-payer healthcare spending and quality benchmarks for the state.² 

2. REDUCE LOW-VALUE CARE:

- Require validated patient-safety reporting for hospitals. 
- Universally implement antibiotic stewardship programs using CDC's 7 Core Elements. 
- Analyze claims and EHR data to understand how much is spent on low- and no-value services. 

3. EXTEND COVERAGE TO ALL RESIDENTS:

- Expand Medicaid to cover adults up to 138% of the federal poverty level. 
- Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.³ 
- Provide options for recent immigrants that don't qualify for the coverage above.⁴ 
- Conduct strong rate review of fully insured, private market options. 

4. MAKE OUT-OF-POCKET COSTS AFFORDABLE:

- Protect patients from inadvertent surprise out-of-network medical bills. 
- Limit the availability of skimpy and confusing short-term, limited-duration health plans. 
- Waive or reduce cost-sharing for high-value services.⁵ 
- Require insurers in a state-based exchange to offer evidence-based standard plan designs.⁶ 

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Additional detail is available at:

WWW.HEALTHCAREVALUEHUB.ORG/AFFORDABILITY-SCORECARD/MARYLAND

NOTES

1. Looking Ahead: In 2021, Maryland passed legislation to establish funding for the MD Prescription Drug Affordability Board. The Board may begin to set upper payment limits for drugs purchased by public entities in 2022, pending approval from the General Assembly. In 2023, the Board will recommend whether the General Assembly should pass legislation to expand upper payment limits to all purchasers.
2. In 2021, Maryland passed legislation to establish funding for the Maryland Prescription Drug Affordability Board, which may begin to set upper payment limits for drugs purchased by public entities in 2022, pending approval from the General Assembly.
3. CMS has approved Maryland's 1332 waiver to create the Maryland Reinsurance Program. See: Kaiser Family Foundation, *Tracking Section 1332 State Innovation Waivers* (Nov. 1, 2020).
4. Maryland provides emergency medical services for undocumented immigrants. For Medicaid, the 5-year waiting period applies and only certain immigrants qualify. Regardless of status, lawfully residing pregnant women and children under 21 are not subject to the waiting period and are not required to prove their "qualified" status. See: Maryland Department of Health, *Immigration Status Requirements for Medicaid*, (Accessed May 3, 2021).
5. Copayment or coinsurance for a specialty-tier drug cannot exceed \$150 for a supply of up to 30 days (this increases every July 1, indexed to inflation). See: <https://www.cga.ct.gov/2016/rpt/2016-R-0134.htm>
6. The Maryland Health Benefit Exchange considered requiring carriers to offer standard plans as a certification requirement, but ultimately approved Value Plan requirements instead. Value Plans offer consumers lower deductibles and more pre-deductible coverage, while promoting cost-sharing structures that increase use of high-value care and align with state population health goals.



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