2025 Health Care Affordability State Policy Snapshot

MARYLAND

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HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	An entity seeking to acquire a nonprofit health entity in Maryland must submit an application to the appropriate regulatory entity or entities. These may include the Attorney General and Maryland Department of Health in cases involving the acquisition of a nonprofit hospital or the Maryland Insurance Administration in transactions involving the acquisition of a nonprofit health service plan or nonprofit health maintenance organization.
Authority to Modify or Reject Consolidation Transactions	Has authority to approve, set conditions, or disapprove consolidation transactions	The regulatory entity has authority to approve, set conditions for, or disapprove transactions.
Affordability Criteria included in Transaction Review	Includes consumer affordability or price growth in review criteria, approval conditions, or both	In his or her review of a proposed nonprofit health facility acquisition, the Attorney General must consider whether the acquisition has the likelihood of creating a significant adverse effect on the availability or accessibility of health care services in the affected community.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	State prohibits provider from charging a facility fee for specified procedures, care settings, or both	Maryland prohibits facility fees for telehealth services unless the provider is not authorized to bill a professional fee separately for the service.
Facility Fee Transparency Laws	State requires providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	Maryland requires that facilities provide written notice to patients about facility fees including the amount and that the cost may be greater at that facility compared to others. Patients must acknowledge the notice before services are provided.
Limits Cost-Sharing for Facility Fees	The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	⊗ No statutes limiting physician non-competes	Effective July 1, 2025, Maryland will ban noncompetes for health care professionals providing direct patient care who earn $350,000 or less and limit them to one year and 10 miles for those earning more. Under the law, employers will also be required to notify patients when a restricted provider relocates.
Restricts Most-Favored Nation Contract Provisions	● Law restricts Most Favored Nation contract provisions	Maryland prohibits Most Favored Nation clauses in insurer-provider contracts, including with hospitals and surgical centers, barring provisions that ensure one plan receives better reimbursement terms than others.

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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Prohibits balance billing for out-of-network ground ambulance services	Maryland has established balance bill protections that apply to public ground ambulance services. However, these protections only apply if the ambulance service provider obtains an assignment of benefits from the insured. Private and public ground ambulance protections apply for HMO plans only. Private ground ambulance protections for PPO and EPO plans only. Non-emergency transport is covered in these protections.
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	

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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Hospitals in Maryland are required to provide free care to patients earning ≤200% FPL and reduced-cost care to those earning above 200% FPL, with additional provisions for those with incomes up to 500% FPL who face financial hardship.
Hospital Charity Care Screening Requirements	State law requires health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	Maryland hospitals are required to have trained staff available to help patients understand their rights and responsibilities related to financial assistance and how to apply for programs that may help cover their costs. Hospitals must also establish procedures to evaluate each patient's eligibility for charity care, including assessing insurance status, determining presumptive eligibility for free or discounted care, and helping uninsured patients explore public or private insurance options. Hospitals must also use any existing patient information to evaluate eligibility and suspend all billing or collection efforts while a submitted financial assistance application is under review.
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	Hospitals in Maryland are required to notify patients of financial assistance policies before discharge and in all billing communications, post notices throughout the facility, and provide simplified information sheets in the patient's preferred language.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	Hospitals in Maryland are required to submit annual reports to the Maryland Health Services Cost Review Commission, detailing the volume and demographics of financial assistance provided. The Commission compiles these into a publicly available statewide report.

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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	⊗ State law does not require a waiting period before sending medical debts to collections	
Limits on Liens or Foreclosures due to Medical Debt	● State law prohibits initiating a lien or foreclosure to collect medical debt	In Maryland, hospitals are not allowed to foreclose on a patient's home to collect medical debt. Beginning October 1, 2025, the state will also prohibit placing a lien on a patient's primary residence to collect unpaid medical debts.
Limits Wage Garnishment due to Medical Debt	● State law exceeds federal wage garnishment protections for residents with medical debt	Maryland law prohibits hospitals from garnishing a patients' wages if the patient is eligible for free or reduced-cost care.
Limits on the Amount of Interest Charged to Medical Debt	● State law limits interest rates on medical debt	Hospitals in Maryland may not charge interest on medical debt incurred by self-pay patients before a court judgment. Patients eligible for free or reduced-cost care cannot be charged interest at any time. For other patients on payment plans, interest may not accrue until at least 180 days after the first payment is due.

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Has the authority to modify or reject premium rate increases	Maryland state law requires insurers, HMOs, and nonprofit health service plans operating in the individual, small, and large group markets to file rates and have them approved by the Maryland Insurance Administration (MIA) prior to implementing any changes.
Affordability Criteria Included in Premium Rate Review	Does not incorporate affordability criteria into premium rate review	

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	⊗ State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	● State has implemented hospital global budgets	The Maryland Total Cost of Care (TCOC) model utilizes global budgets to curb excess health care costs. Under the current demonstration waiver, the state assigns an annual global budget to all fifty-two acute care hospitals, covering all payers, including Medicaid, Medicare, commercial insurers, and the uninsured. Maryland was also selected to participate in the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model, another state total cost of care model. The program is set to begin January 2026 following the end of the state's existing TCOC model in December 2025, although there may be federal delays.

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	⊗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	⊗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	⊗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	● Supplementary state-funded premium subsidies are available to eligible residents	Maryland provides premium subsidies for young adults ages 18–37 with incomes up to 400% FPL through 2025. Beginning in 2026, if federal subsidy enhancements expire, the state will replace this program with a broader subsidy covering all enrollees.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	Pharmacists in Maryland are authorized to substitute a prescribed drug with an interchangeable biological product so long as the substitution results in cost-savings for the consumer.
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Maryland are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	State participates in a drug purchasing consortium (see note)	Maryland is a member of the Top Dollar Program.
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid carves out any drug classes from their MCO benefits (see note)*	As of July 1, 2023, Maryland carves out the following drugs/classes from MCO benefits: Mental health drugs, opioid use drugs.
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Maryland has policies or tools to promote mandatory generics.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	● Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	⊗ Pharmacy benefit managers are not required to report rebate data to the state	
Spread Pricing Restrictions	● State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	● State prohibits PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	● State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	⊗ State does not prohibit copay accumulator programs	Maryland passed legislation in 2025 prohibiting copay accumulator programs that takes effect January 1, 2026. The law will remain active until 2029, unless the General Assembly decides to extend the ban.

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	Most Medicaid eligible adults and children receive coverage through MCOs. Adults receiving Medicaid Long Term Services and Supports (generally adults 65+ and/or individuals with disabilities, and dual eligibles) do not receive care through MCOS.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	State Medicaid program covers infertility treatments, fertility preservation, or both (see notes)	Effective October 7, 2023, the Maryland Medical Assistance Program (the Program) will provide coverage of fertility preservation services for iatrogenic infertility, as required by House Bill (HB) 908–Coverage of Fertility Preservation Procedures for Iatrogenic Infertility –(Ch. 715 of the Acts of 2018). Iatrogenic infertility includes impairment of fertility by surgery, radiation, chemotherapy, gender-affirming treatments, or other medical treatment or intervention affecting reproductive organs or processes.
Medicaid Coverage for Doula Services	State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Biannual exam coverage only.
Medicaid Coverage for Dental Services	State Medicaid program covers some dental services for adults (see notes)	Maryland Medicaid does not offer coverage for dentures.

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	Maryland waiver for Medicaid pre-release coverage for individuals who are incarcerated was approved January 2025 and the state is in process of implementation, but is not yet in effect as of June 2025.
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	State has expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	Maryland Medicaid has expanded its asset limit to $2500 for individual applicants and $3000 for joint applicants.
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	State does not exempt retirement savings from Medicaid eligibility determinations	

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	● Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option and post-partum coverage	Maryland extends postpartum coverage to 4 months for parents covered by the From Conception to End of Pregnancy option following passage of the Healthy Babies Act in 2023.
Immigrant Children without a Five-Year Bar	● State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	● Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	⊗ Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	⊗ Does not offer coverage for adults regardless of immigration status	In 2024 the state passed the Access to Care Act under which the state will apply for a 1332 federal waiver to allow undocumented immigrants to purchase insurance plans on the state-run Marketplace, although implementation may be delayed beyond 2025/2026.

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	APCD is operated by the state	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	The state has an active prescription drug affordability board	Maryland's Prescription Drug Affordability Board studies the pharmaceutical supply chain, out-of-pocket cost of drugs, and reviews possible policy options. The board also has the authority to set upper payment limits for prescription drugs purchased by state or local governments and government-affiliated hospitals/institutions. In 2025, bills SB 357 and HB 424 were passed to modify the PDAB to create a process for setting upper payment limits.
Prescription Drug Upper Payment Limits	The state has established Upper Payment Limits for prescription drugs	Maryland's Prescription Drug Affordability Board has the authority to set upper payment limits for prescription drugs purchased by state or local governments and government-affiliated hospitals/institutions.

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	State has a public-facing price transparency tool that reports negotiated rates	
Prescription Drug Price Reporting Requirement	Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	State monitors and reports hospital spending, primary care spending, or both	Maryland's Health Services Cost Review Commission, established in 1971, reviews hospital spending. Senate Bill 734 passed in 2022 requires the Maryland Health Care Commission to report annually, beginning in 2025, on primary care spending among other topics.

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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Maryland caps the out-of-pocket cost for a 30-day supply of prescription insulin at $30.00, regardless of the amount or type of insulin needed.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Maryland limits the amount residents must pay for prescription drugs used to treat complex or chronic medical conditions, including multiple sclerosis and hepatitis C, by capping cost-sharing at $150.00 for a 30-day supply of the specialty drug, and has passed separate legislation that caps cost-sharing for prescription drugs used to treat HIV or AIDS at $150.00 per 30-day supply.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	Maryland lawmakers introduced bills in 2024 and 2025 that would require insurers to cover an annual behavioral health wellness visit; however, none have been passed.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	Maryland law already requires insurance plans to cover preventive services recommended by the United States Preventive Services Task Force without cost-sharing. In 2025, the state passed HB 974 to reinforce these protections. The new provisions to the law ensure that coverage will continue based on recommendations in effect as of December 31, 2024, even if federal rules change. It also gives the Insurance Commissioner authority to require coverage of future preventive care recommendations without cost-sharing.

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	Maryland requires individual and group insurance policies with pregnancy benefits to cover 3 in -vitro fertilization cycles per life birth to patients meeting certain requirements. Most health plan providers are also required to cover fertility preservation procedures for individuals needing medical treatment that could cause iatrogenic infertility.
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	The state requires individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law requires insurers to cover lung cancer screening but allows cost-sharing	Maryland law requires insurers and HMOs to cover follow-up diagnostic imaging recommended for lung cancer screening, including ultrasound, MRI, CT scans, and image-guided biopsies. Cost-sharing for these services cannot exceed that for breast cancer screening, except under high-deductible health plans where the deductible may still apply.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	Under current law, Maryland requires insurers to cover routine cervical cancer screenings without cost-sharing due to federal law; however, if substantial changes are made to the Affordable Care Act, the cost-sharing prohibition may cease.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	Maryland requires insurers to cover breast cancer screenings without cost-sharing due to federal law; however, if substantial changes are made to the Affordable Care Act, the cost-sharing prohibition may cease. Current Maryland law requires insurers to cover breast cancer exams predeductible.
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law does not require coverage or waive cost-sharing for ovarian cancer screening exams	Maryland legislators introduced a bill in 2025 that would have required insurers to cover preventive screenings for ovarian cancer without cost-sharing, but the bill died in committee.
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	Health insurance carriers, HMOs, and nonprofit health service plans in Maryland are required to cover biomarker testing for the purpose of diagnosis, treatment, appropriate management, or ongoing monitoring of a disease or condition. The state does not prohibit cost-sharing.

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