

SB 678 (see companion bill HB 1151)

Requiring the Maryland Medical Assistance Program, the Maryland Children's Health Program, and certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for all services rendered to an enrollee by a licensed pharmacist within the pharmacist's lawful scope of practice, rather than only certain services, to the same extent as services rendered by any other health care practitioner.

HB 1151 (see companion bill SB 678)

Requiring the Maryland Medical Assistance Program, the Maryland Children's Health Program, and certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for all services rendered to an enrollee by a licensed pharmacist within the pharmacist's lawful scope of practice, rather than only certain services, to the same extent as services rendered by any other health care practitioner.

SB 725

Authorizing certain insurers, nonprofit health service plans, and health maintenance organizations to offer and provide certain products or services in conjunction with a policy at no charge or at a discounted price under certain circumstances; and prohibiting certain insurers, nonprofit health service plans, and health maintenance organizations from increasing a premium or denying a claim of a policyholder if the policyholder accepts, rejects, uses, or fails to use a certain product or service.

HB 1217 (see companion bill SB 805)

Requiring the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations to provide coverage for biomarker testing that is supported by medical and scientific evidence; establishing requirements for deductibles, copayments, and coinsurance for biomarker testing; and requiring the Maryland Health Care Commission to report to certain committees of the General Assembly on the impact of providing biomarker testing.

SB 805 (see companion bill HB 1217)

Requiring the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, health maintenance organizations, and managed care organizations to provide coverage for biomarker testing that is supported by medical and scientific evidence; establishing requirements for deductibles, copayments, and coinsurance for biomarker testing; and requiring the Maryland Health Care Commission to report to certain committees of the General Assembly on the impact of providing biomarker testing.

SB 64

Authorizing pharmacists to prescribe and dispense postexposure prophylaxis for HIV prevention to patients under certain circumstances; prohibiting managed care organizations, insurers, nonprofit health service plans, and health maintenance organizations from requiring prior authorization for preexposure prophylaxis for HIV prevention or step therapy or cost-sharing for preexposure prophylaxis for HIV prevention or postexposure prophylaxis for HIV prevention; etc.

SB 184 (see companion bill HB

376)

Prohibiting, except under certain circumstances, insurers, nonprofit health service plans, and health maintenance organizations that provide coverage for diagnostic and supplemental breast examinations from imposing a copayment, coinsurance, or deductible requirement for the examination; and requiring the Maryland Health Care Commission to study and report to the Governor and certain committees of the General Assembly by October 1, 2023, on the financial impact of eliminating cost-sharing for diagnostic image-guided biopsies for breast cancer.

HB 376 (see companion bill SB 184)

Prohibiting, except under certain circumstances, insurers, nonprofit health service plans, and health maintenance organizations that provide coverage for diagnostic and supplemental breast examinations from imposing a copayment, coinsurance, or deductible requirement for the examination; and requiring the Maryland Health Care Commission to study and report to the Governor and certain committees of the General Assembly by October 1, 2023, on the financial impact of eliminating cost-sharing for diagnostic image-guided biopsies for breast cancer.

HB 1108

Altering the process by which health insurance carriers and managed care organizations determine participation by providers on provider panels; and requiring internal review systems to include grievances involving the rejection of a provider's application to participate on a provider panel.

HB 1145 (see companion bill SB 397)

Requiring insurers, nonprofit health service plans, and health maintenance organizations that provide certain health insurance benefits under certain insurance policies or contracts to provide certain coverage for certain hearing aids for adults; authorizing a limit on the benefit payable of \$1,400 per hearing aid every 36 months; and authorizing an insured or enrollee to choose a certain hearing aid and pay a certain amount for the hearing aid without financial or contractual penalty to the provider of the hearing aid.