State Reinsurance Program Annual Public Forum

Maryland Health Benefit Exchange
Policy Department

July 16, 2024

MARYLAND HEALTHBENEFIT EXCHANGE

This meeting will be recorded

Introduction

- This forum is required pursuant to 31 CFR §33.120(c) and 45 CFR §155.1320(c)
- MHBE hosts this forum annually
- The purpose is to provide the public an opportunity to give meaningful comment on the progress of the waiver thus far

Public Forum Agenda

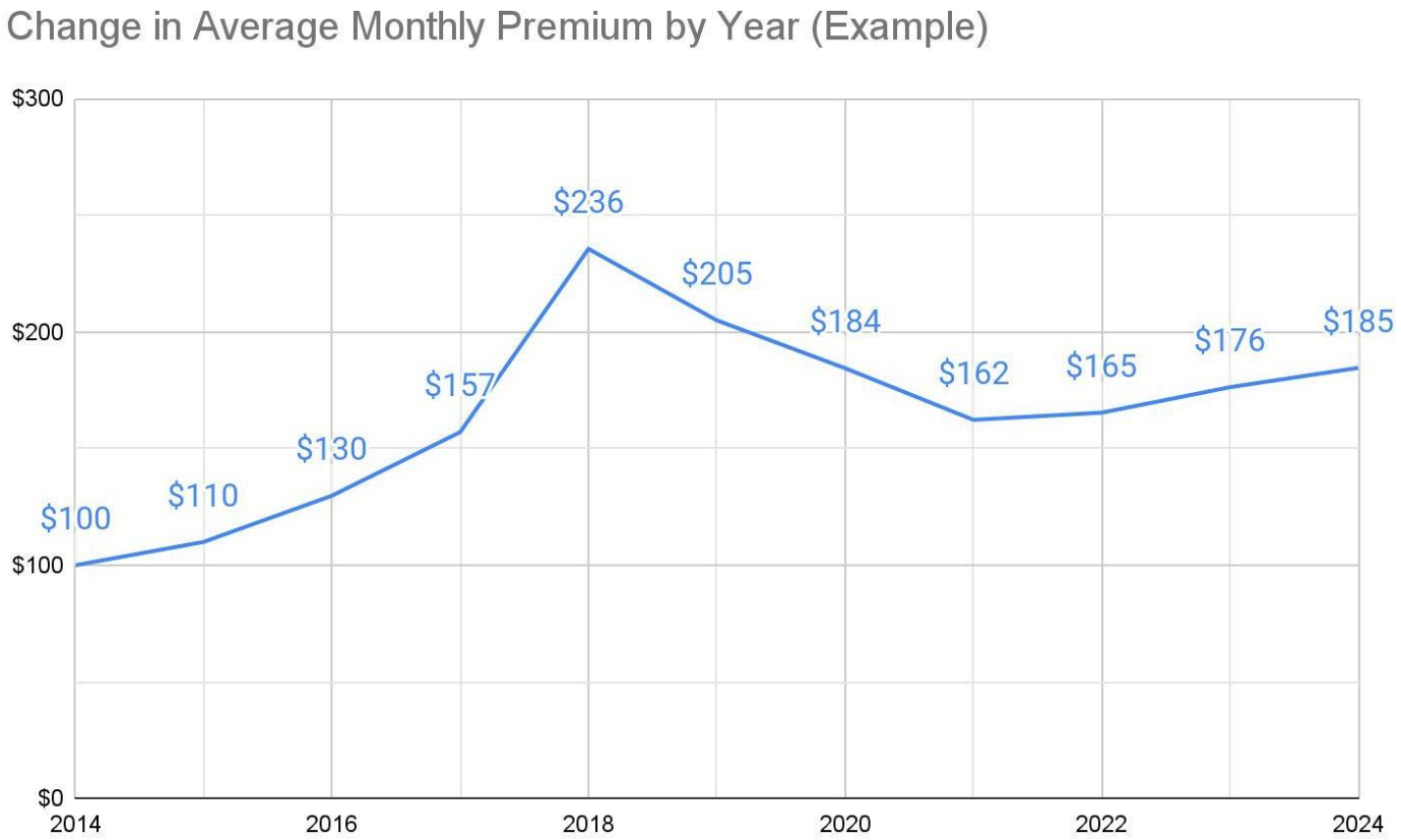
- Introduction
- 1332 Waiver Presentation
  - Program Performance for Plan Year 2024
  - 2025 Reinsurance Parameters
  - Program Developments Since Last Annual Reinsurance Public Forum
  - Carrier Accountability Reports
- Public Testimony Period

*Note: If you wish to testify during the public comment period, please sign up on the Google Form in the comment section

Maryland State Reinsurance Program Performance for Plan Year 2024

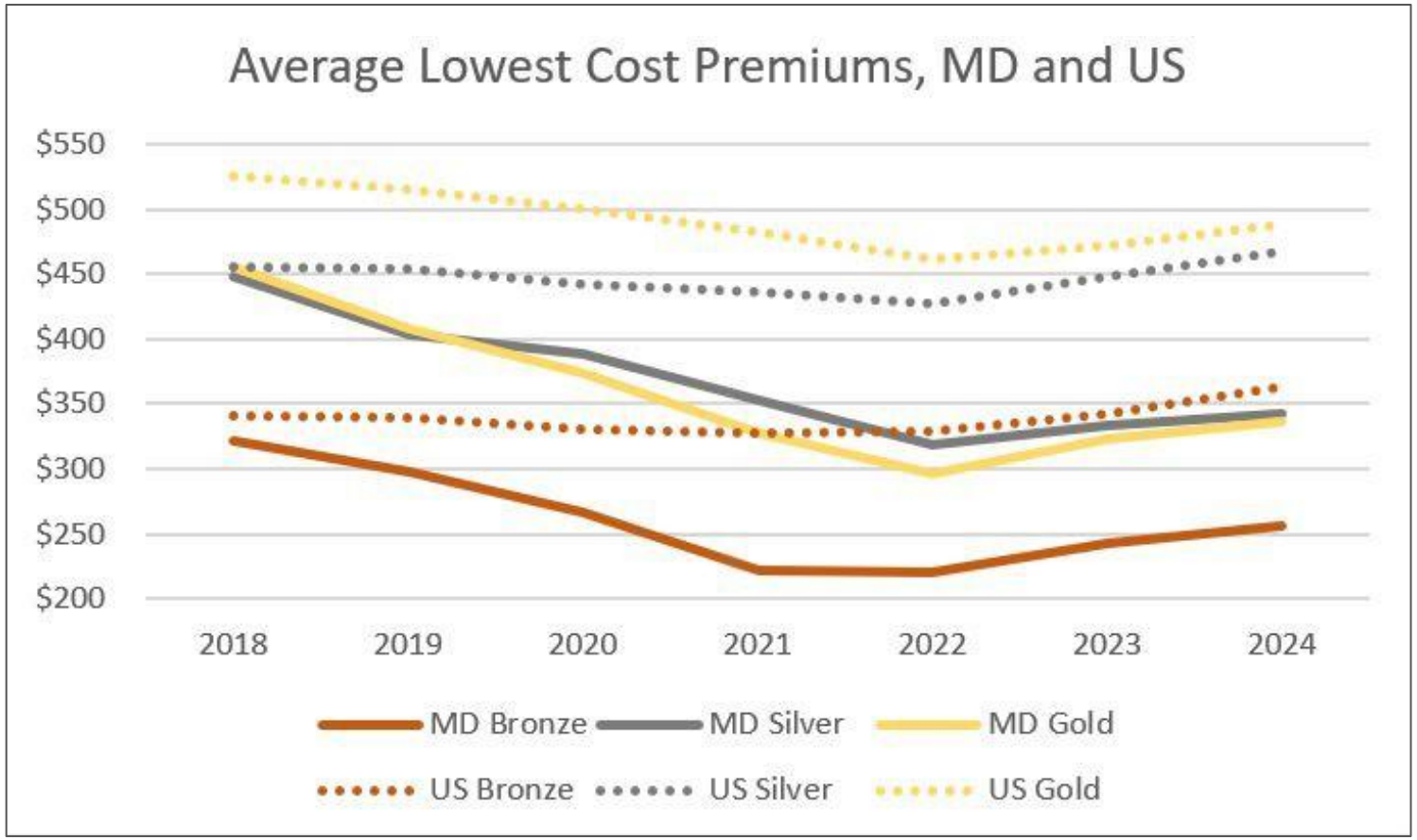
Premiums Fell Through 2021; Rose in 2022-2024

Plan Year	Individual Premium Change
2015	10%
2016	18%
2017	21%
2018	28%
2019	**-13%**
2020	**-10%**
2021	**-12%**
2022	**2.1%**
2023	**6.6%**
2024	**4.7%**
2025 (proposed)	**6.7%**



Reinsurance Program Impact: Premiums Successfully Reduced

- Premiums are down more than 20% compared to 2018.
- Maryland's lowest cost plans are about 25-30% below US averages



Data source: Kaiser Family Foundation:
https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier

MARYLAND HEALTHBENEFIT EXCHANGE

Estimated Effect of the Reinsurance Program on 2024 Premiums

Rate Impact of the SRP by Carrier

Carrier (Network)	Enrollment* (on/off MHC)	2024 Rate Change (w/o Reinsurance)**	2024 Rate Change (w/ Reinsurance)**
CareFirst (HMO)	131,569	48.2%	4.9%
CareFirst (PPO)	19,436	70.3%	-2.5%
Kaiser Permanente (HMO)	58,381	45%	8.3%
Optimum Choice (HMO)	57,275	34.6%	-1.2%
Aetna Health, Inc	2,074	[39.4%]	N/A
Total	268,735	47.7%	4.7%

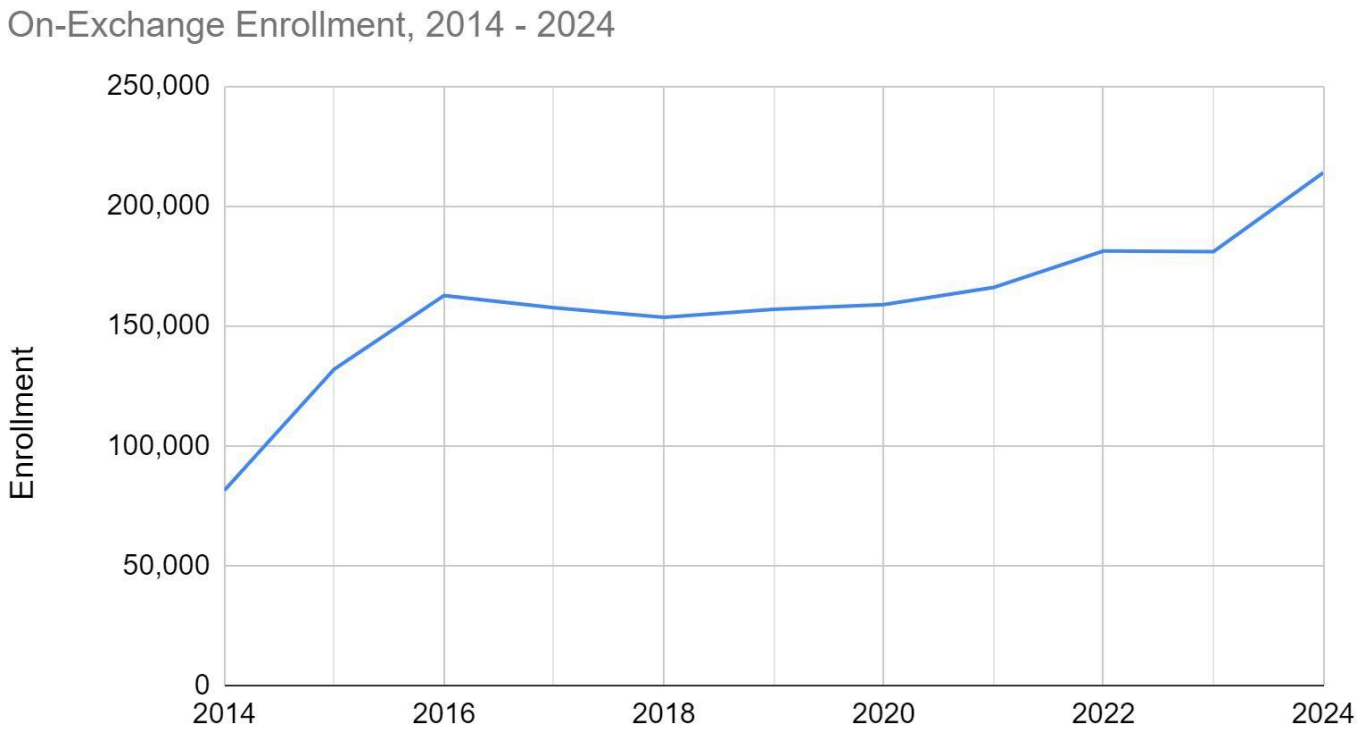
*Data as of 6/3/24 provided by the MIA

**Data provided by the MIA

Enrollment Continues to Rise

Between 2019 and 2024:

- On-Exchange enrollment is up 36%
- Total individual market enrollment (on- and off-Exchange) is up 32.8%



On-Exchange enrollment data from MHBE monthly data reports as of the end of Open Enrollment

MARYLAND HEALTHBENEFIT EXCHANGE

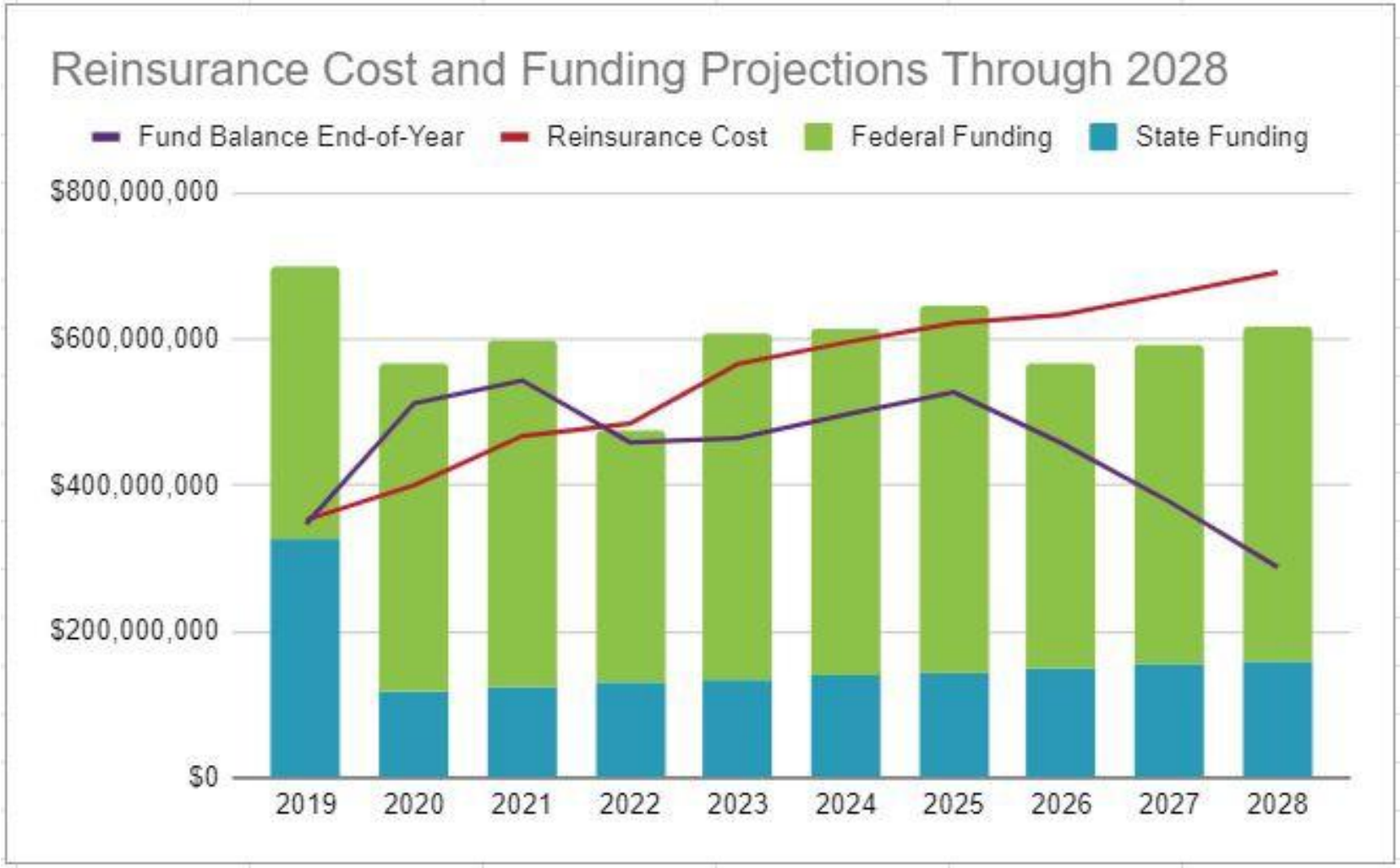
Estimated Effect of the Reinsurance Program on 2024 Enrollment

Without the reinsurance program, individual market enrollment would have been an estimated 6 percent lower.

Scenario	Total*
2024 Estimate w/o Reinsurance	242,196
2024 Estimate w/ Reinsurance	257,656
Difference w/o Reinsurance	15,460

*Data from actuarial estimates (July 2024)

July 2024 SRP Funding Projections with 2025 Attachment Point of $21,000



- Projections assume attachment point increases by $1000 annually starting in 2025; enhanced federal tax credits end in 2025.
- Reflected in end-of-year balance, but not otherwise shown: $219M removed from state SRP fund for other programs across FY21-25, and est. $68M for Young Adult Subsidy across FY22-26.

2025 Reinsurance Parameters

SRP Parameters - Regulatory Requirements

COMAR 14.35.17.04

B. Each year the Board shall set the payment parameters for the State Reinsurance Program by determining the following factors:

(1) An attachment point;

(2) A coinsurance rate;

(3) A reinsurance cap; and

(4) A market-level dampening factor provided by the Commissioner, if determined necessary by the Board.

C. For each benefit year after 2019, the Board shall set the estimated payment parameters for the State Reinsurance Program on or before April 1 of the calendar year preceding the applicable plan year.

D. For each benefit year after 2019, the Board shall set the final payment parameters for the State Reinsurance Program before December 31 of the calendar year preceding the applicable plan year.

Final 2025 SRP Parameters

- On February 20, 2024, the Board set estimated 2025 parameters with an attachment point of $21,000
- On July 15, 2024, the Board set the final 2025 parameters:

Parameters	2019 - 2022	2023	2024	Estimated 2025	Final 2025
Attachment Point	$20,000	$18,500	$20,000	$21,000	$21,000
Coinsurance Rate	80%	80%	80%	80%	80%
Cap	$250,000	$250,000	$250,000	$250,000	$250,000
Dampening Factor	.760 - .805	.840	.850	Yes	Yes

Program Developments Since Last Annual Reinsurance Public Forum

Waiver Amendment Request

- Maryland General Assembly passed Access to Care Act (SB705/HB728)
  - Directs MHBE to apply for waiver amendment to allow all residents to enroll on-Exchange, regardless of immigration status (waiver of section 1312(f)(3) of the Affordable Care Act)
- MHBE requests to waive section 1312(f)(3) for the period January 1, 2026 through December 21, 2028. MHBE anticipates launching the new eligibility rules by November 1, 2025 for enrollment in 2026 plans.

2024-2025 1332 Waiver Key Dates

Feb 20, 2024	**MHBE Board**	**Set estimated 2025 SRP parameters.**
April 15, 2024	MHBE Policy	Submitted letter of intent (LOI) to request waiver amendment
May 20, 2024	MIA	2025 Rate Filing Deadline
May 4, 2024	CCIIO	CCIIO responded to amendment request LOI
May 2024	MHBE Policy	2023 Carrier Data Submission: -2023 and emerging 2024 claims continuance table -2023 Carrier EDGE Server Data
June 10, 2024	MHBE Policy	Posted draft waiver amendment request; public comment June 10 - July 9, 2024. Two public hearings: June 18 & July 3
July 15, 2024	**MHBE Board**	**Set final 2025 SRP parameters; Vote to submit amendment request**
Mid September	MIA	MIA 2025 rate release
Fall 2024	MHBE Policy	2023 Carrier SRP Accountability Reports Due
Sept 2024	MHBE	Issuers receive SRP payments for 2023 claims experience
Aug 29, 2024	CMS/CCIIO	Amendment request determined complete or not (up to 45 days); 30-day Federal public comment period through September
Feb 25, 2025	CMS/CCIIO	Last day to approve amendment request; decision requested by end of 2024
Nov 1, 2025	MHBE	Open enrollment starts for PY2026; all qualified residents eligible to enroll

Carrier Accountability Reports

Reinsurance Program Carrier Accountability Reports

- MHBE regulations require carriers to submit an annual report that describes activities to manage the costs and utilization of the enrollees whose claims were reimbursed by the SRP and efforts to contain costs, so enrollees do not exceed the reinsurance threshold
- The initial annual reports cover plan years (PYs) 2019-2022
  - CareFirst
  - Kaiser Permanente
  - United (2021 and 2022 only)

Report Collects the Following

- Initiatives to manage costs and utilization of enrollees whose claims were reimbursed by the SRP
- The total population of enrollees whose claims were reimbursed by the SRP, the allocation of these enrollees across each of the initiatives described above, and the allocation of enrollees who do not participate in these initiatives and programs
- The effectiveness of the initiatives and programs, as measured by the estimated reduction of claims and utilization
- The actions the carrier will take to improve effectiveness
- The estimated savings to the SRP based on the effectiveness of these initiatives
- The estimated rate impact of the initiatives
- The methodology used to determine which programs to include, their estimated effectives, and estimated savings
- Population health initiatives and outcomes

Targeted Conditions in Carrier Accountability Reports

- MHBE collected specific information on carrier initiatives targeting state population health goals including:
  - Diabetes
  - Behavioral health
  - Asthma
  - Pregnancy/Childbirth
  - Heart Disease
- Reporting instructions and templates are available here

SRP Payments and Enrollment by Carrier

Adults aged 55-64 years accounted for the largest portion of both SRP enrollment and payments in all years (data not shown)

Carrier	# of Enrollees with Claims Reimbursed by the SRP	% of Enrollees with Claims Reimbursed by the SRP	Total SRP Payment	% of Total SRP Payment*	% of Total Market Enrollment
PY 2019					
CareFirst	9,095	79%	$267,234,734	76%	53%
Kaiser	2,389	21%	$85,563,864	24%	47%
Total	**11,484**	**100%**	**$352,798,597**	**100%**	**100%**
PY 2020					
CareFirst	10,179	82%	$317,104,612	79%	62%
Kaiser	2,225	18%	$83,002,042	21%	38%
Total	**12,404**	**100%**	**$400,106,654**	**100%**	**100%**
PY 2021					
CareFirst	12,192	83%	$381,657,103	82%	67%
Kaiser	2,419	16%	$81,956,875.77	18%	32%
United	96	1%	$4,044,508.52	1%	1%
Total	**14,707**	**100%**	**$467,658,488**	**100%**	**100%**
PY 2022					
CareFirst	12,297	81%	$386,768,673	80%	64%
Kaiser	2,446	16%	$82,396,335.82	17%	30%
United	392	3%	$15,755,448.35	3%	6%
Total	**15,135**	**100%**	**$484,920,457**	**100%**	**100%**

*May not sum to 100% due to rounding

Summary of PY 2022 Care Management Initiatives

Asthma: None

Pregnancy: None

Heart Disease

- Kaiser Permanente: Hypertension Messaging, PY 2022

Behavioral Health

- CareFirst:
  - Behavioral Health & Substance Use Disorder Care Management Program, PYs 2019-2022
  - Behavioral Health Digital Solution, PY 2022
- Kaiser Permanente: Depression Care Management Program, PYs 2020-2022

Diabetes

- CareFirst:
  - Diabetes Care Management Program, PYs 2019-2022
  - Diabetes Virtual Care, PYs 2020-2022
- Kaiser Permanente:
  - Diabetes Care Management Program, PYs 2019-2020
  - Diabetes Educational Video, PY 2019
  - Diabetes Glucometer, PYs 2020-2022
  - Diabetes Messaging Program, PYs 2021-2022

Other

- CareFirst: High-Cost Claimant Unit, PY 2022

United had limited enrollment in 2022 and had no care management initiatives meeting the reporting threshold of 300 or more enrollees. However, United has a behavioral health program focused on opioid use disorder – the Retrospective Drug Utilization Review Program – and a broader Case Management Program that coordinates care for high-risk patients with chronic or acute health care needs.

Top 5 Most Frequent Hierarchical Condition Categories (HCCs) among SRP

2020	2021	2022
Diabetes with and without Complications	Diabetes with and without Complications	Diabetes with and without Complications
HIV/AIDS	HIV/AIDS	Ongoing Pregnancy without Delivery with No or Minor Complications
Cancers	Cancers	Major Depressive Disorder, Severe, and Bipolar Disorders
Heart Failure	Ongoing Pregnancy without Delivery with No or Minor Complications	Varicella Encephalitis and Encephalomyelitis
Asthma and Chronic Obstructive Pulmonary Disease	Heart Failure	Cancers

- Diabetes, one of the state's public health priorities, was the most frequent HCC among SRP enrollees in all 3 years.
- Cancers were also in the top 3 in each year
- HIV/AIDS and Ongoing Pregnancy without Delivery with No/Minor Complications were among the most frequent HCCs in 2 of the 3 years

Top 5 HCCs among SRP Claims by Total Allowed Claims

2020	2021	2022
Cancers	Cancers	Cancers
Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
Respiratory Arrest, Failure and Shock	Hemophilia	Ongoing Pregnancy without Delivery with No or Minor Complications
Diabetes with and without Complications	End Stage Renal Disease	Hemophilia
Heart Failure	Inflammatory Bowel Disease	Heart Failure

- Various cancers were the highest cost HCCs among SRP enrollees in all 3 years.
- Heart Failure was in the top 5 in 2 out of 3 years
- Septicemia, sepsis, and systemic inflammatory response syndrome/shock were also among the top 5 in each year.

Public Comment

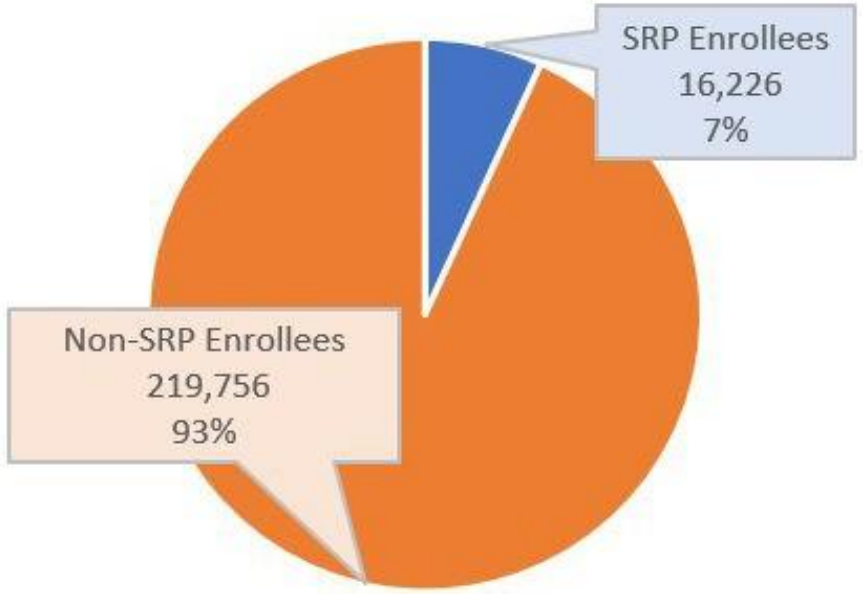
Appendix

2023 Reinsurance Results – Cost, Funding, Enrollment

2023 Program Cost and Federal Funding

	Summer 2023 Projection (L&E)	2023 Actuals
Cost	$544M	**$566M**
Federal Funding	n/a	**$473M**

2023 Total Average Individual Market Enrollment



Enrollment calculated by MHBE using member months in CMS SRIS file

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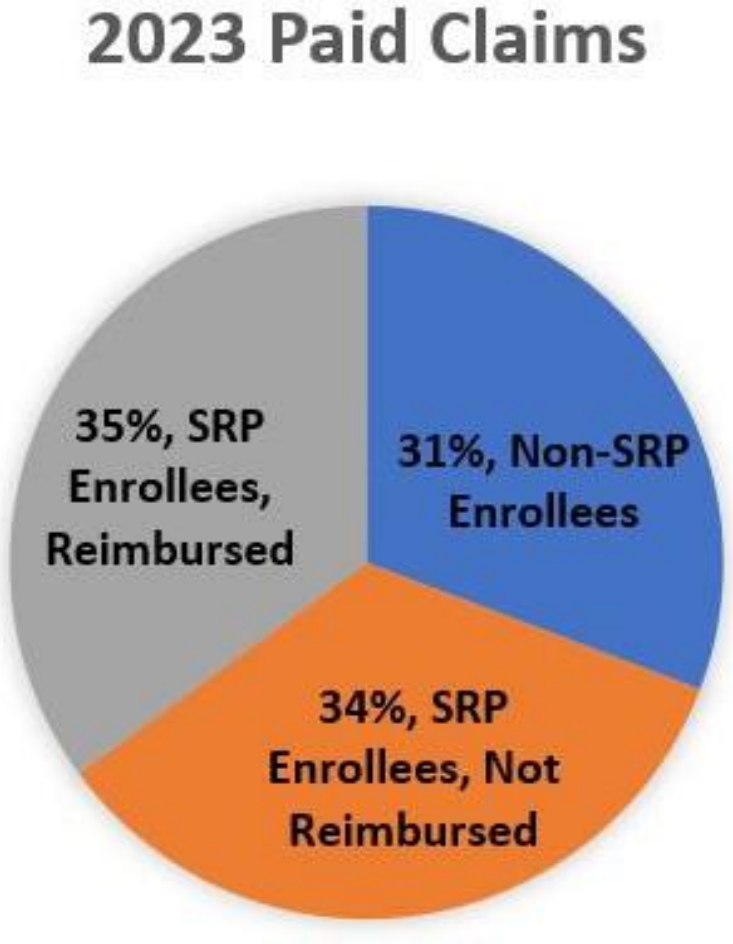
2023 Reinsurance Results – Paid Claims Breakdown

- Total paid claims in 2023 were about $1.62B
- The 93% of enrollees who did not qualify for SRP payments accounted for 31% of paid claims
- The 7% of enrollees who qualified for SRP payments accounted for 69% of paid claims
  - The SRP reimbursed about half of these claims, accounting for 35% of total paid claims
  - Issuers covered the other half, accounting for 34% of total paid claims



MARYLAND HEALTHBENEFIT EXCHANGE

Appendix: Summary Data, 2014-2024

Sources: MHBE Annual Reports, MHBE Plan Management, MIA Rate Decisions, Carrier Rate Justifications Data as of the end of open enrollment preceding each benefit year

Benefit Year	Participating carriers (#)	# QHPs Offered	Enrollment	Subsidized/ Unsubsidized (%)	Premium Change (%)	Rate Justification
2014	4	45	81,553	80/20	-	-
2015	5	53	131,974	70/30	10%	Sicker/Older Pool | MHIP Migration | Increased unit cost of care | Increased utilization | Health Insurer Fee
2016	5	53	162,652	70/30	18%	Actual claims experience higher than 2015 rates | Pent-up demand in formerly uninsured entrants | Risk Adjustment payments | Increased cost and utilization trends | Reduction in reinsurance payments
2017	3	23	157,637	78/22	21%	Increased unit cost of care, claims, morbidity of pool | Cessation of the reinsurance program
2018	2	21	153,571	79/21	50%	New members entering risk pool | Current members terminating coverage | Increased churn and trend | Loss of CSR | Individual mandate enforcement not included in rate
2019	2	20	156,963	77/23	-13%	Introduction of the State Reinsurance Program | Medical inflation | Removal of the Individual Mandate
2020	2	23	158,934	76/24	-10%	Ongoing effectiveness of reinsurance program | Trend
2021	3	33	166,038	73/27	-12%	Reinsurance program | New market entrants
2022	3	33	181,206	79/21	2.1%	
2023	3	33	182,166	76/24	6.6%	
2024	4	42	213,895	77/23	4.7%	

State Reinsurance Program Annual Public Forum

July 16, 2024
Meeting Held via Video Conference

Welcome and Introductions:

Becca Lane, Senior Health Policy Analyst at the Maryland Health Benefit Exchange (MHBE) opened the meeting by identifying the federal regulations under which the meeting is required. Ms. Lane stated that the meeting's purpose is to allow the public to comment on the progress of the 1332 waiver. Ms. Lane then reviewed the meeting's agenda.

Maryland State Reinsurance Program Performance for Plan Year 2024

Ms. Lane began the discussion by reviewing trends in premium rates from 2014-2024. She reported that rates have been rising modestly since the full realization of Maryland's State Reinsurance Program (SRP) in 2021. Ms. Lane identified a 4.6% increase in premium rates in 2024, though rates remain over 20% below their peak in 2018.

Ms. Lane then compared current premium rates to the average lowest cost premiums in the United States. She reported that Maryland's lowest cost plans are 25-30% lower than the nationwide averages.

Next, Ms. Lane estimated the effects of the SRP on premiums by a variety of insurance carriers. Without the SRP, premium rates would have increased by an estimated 47.7% in 2024, but with the program, have only increased by 4.7%.

Ms. Lane then demonstrated the impact of the SRP on enrollment. On-exchange enrollment is up 36%, and combined on- and off-exchange enrollment is up 32.8%, since the program was enacted in 2019. Ms. Lane emphasized that growth cannot be attributed entirely to the SRP because of enhanced premium tax credits, the American Rescue Plan Act, and the Medicaid public health emergency (PHE) unwinding.

Next, Ms. Lane estimated the impact of the SRP on enrollment via count of enrollees. Without the program, enrollment would be 15,460 individuals (6%) lower, according to MHBE.

Ms. Lane then shared the SRP's funding projections through 2028, based on a 2025 attachment point of $21,000, increasing by $1,000 annually. Ms. Lane noted that in years 2019 through 2021, more federal and state funding were allotted than the

program required, allowing MHBE to create a reserve in the SRP fund. In 2022, the program's costs were higher than the amount of state and federal funding available, forcing the SRP to utilize a portion of the reserve funds. In subsequent years, funding has recovered to cover all program costs, but this trend is forecasted to end in 2026. Ms. Lane estimated a drop in federal funding in 2026, which she attributed to the expiration of the enhanced tax credits through the American Rescue Plan Act and prioritization of other state agendas. Ms. Lane shared that, beginning in 2026, the SRP will have to utilize its reserve funds once again, leaving the program with an estimated balance of $288 million by 2028. For reference, the SRP's end-of-year balance was over $450 million in 2023.

2025 Reinsurance Parameters

Ms. Lane then discussed the parameters of the SRP for the upcoming year, 2025. She began the discussion by describing the regulations under which the MHBE must set payment parameters for the program annually. Ms. Lane shared these regulations as follows: an attachment point, a coinsurance rate, a reinsurance cap, and a market-level dampening factor provided by the Insurance Commissioner, if determined necessary by the Board of Trustees.

Next, Ms. Lane shared that the MHBE Board had finalized the parameters for 2025, that the attachment point had been raised to $21,000, with a coinsurance rate of 80%, a reinsurance cap of $250,000, and a dampening factor to be assigned by the Insurance Commissioner.

Program Developments Since Last Annual Reinsurance Public Forum

Ms. Lane described the Maryland Access to Care Act, which she referred to as the main development of the SRP in the last year. The Access to Care Act directed MHBE to apply to amend its 1332 Waiver (which facilitates the Reinsurance Program) to allow all Maryland residents to enroll on-exchange, regardless of immigration status. Ms. Lane estimated that, contingent on Federal approval of MHBE's waiver amendment application, new eligibility rules under the act will take effect by November 1, 2025, for 2026 plans.

Next, Ms. Lane shared the key dates in calendar years (CYs) 2024 and 2025 in reference to the section 1332 waiver. Ms. Lane highlighted the MHBE Board meeting on July 15, 2024, at which the Board set 2025 SRP parameters and voted to approve an application to amend the 1332 waiver. She shared that her team had requested a Federal decision on the waiver amendment by the end of 2024, but that the decision could come in February 2025 at the latest.

Carrier Accountability Reports

Ms. Lane explained that insurance carriers who participate in the SRP are required to submit annual accountability reports to MHBE. Accountability reports contain utilization data and information on efforts to contain costs of reimbursement.

Ms. Lane shared that the effectiveness of cost controls is measured using estimated reduction in claims and utilization. Ms. Lane also shared that population health efforts are included in accountability reports.

Next, Ms. Lane discussed the key population health goals targeted in accountability reports. The issues included diabetes, behavioral health, asthma, pregnancy/childbirth, and heart disease. Ms. Lane notified participants that the report templates and instructions for the accountability reports are available on the MHBE website and provided a link to this year's version.

Ms. Lane then provided data regarding the number of people whose claims triggered the SRP and the total SRP payments by carrier for plan years (PYs) 2019 through 2022. She noted that adults aged 55 to 64 years are the largest demographic triggering the SRP, counted by both number of people and total payments. Overall, the rates have increased, both for the number of people whose claims triggered the SRP (from about 11,500 to 15,000) and total SRP payments (from $350 million to $490 million). Regarding PY 2022 Care Management Initiatives, Ms. Lane reported that no carriers had programs to address asthma or pregnancy/childbirth. Both CareFirst and Kaiser Permanente have initiatives to address behavioral health and diabetes. Ms. Lane emphasized that United may have Care Management Initiatives, but the carrier does not meet the reporting threshold, due to limited enrollment.

Next, Ms. Lane shared the most frequent Hierarchical Condition Categories (HCCs) among SRP claims. She reported that diabetes, cancer, and HIV/AIDS were among the top HCCs by utilization in all three years. Ms. Lane then discussed the HCCs with reported highest cost, which included various cancers, heart failure, and sepsis.

Public Comment

Ms. Lane welcomed any questions and public comments from the audience.

Stephanie Klapper with Maryland Citizens Health Initiative recognized the MHBE's efforts with the following statement.

I'd like to commend Maryland Health Benefit Exchange for your incredible work in implementing the reinsurance program and helping to stabilize premiums. It's truly amazing work. That said, I do want to acknowledge that the reinsurance program is most helpful for people who are above the 400% federal poverty level, so I want to also emphasize the importance of programs like the Young Adult Subsidy Program, given that the rates of uninsurance are highest among young adults, and the importance of continuing that program which is now a pilot. It's making a big difference so far in reducing the uninsured and reducing health inequities. In addition, uninsured rates are highest among non-US citizens and Latinos, so I want to emphasize the importance of expanding access to coverage for people in Maryland regardless of immigration status. I'd like to thank the exchange for your work towards submitting the 1332 waiver request in order to open up private health coverage to this group. I know that the reinsurance program is going to be helpful to those who are going to be purchasing coverage in that way. I also want to emphasize the importance of making coverage affordable to undocumented Marylanders by expanding access to subsidies. Finally, I want to raise up the Health Equity Resource Act, which funds the Health Equity Resource Communities, and the importance of that program in reducing health inequities by funding programs across the state that help improve health outcomes and reduce disparities. So, thank you to the Exchange for your tremendous work on reinsurance,

and I just wanted to provide a broader context on how we can really get to quality affordable healthcare for all Marylanders.

Comment

Ms. Lane thanked Ms. Klapper for her comment and, in the absence of other comments, closed the meeting.

MARYLAND Health Care FOR All

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July 29, 2024

Michele Eberle
Executive Director
Maryland Health Benefit Exchange
750 E. Pratt St.
Baltimore, MD 21202

Dear Ms. Eberle,

Maryland Citizens' Health Initiative Education Fund, Inc.'s mission is to advocate for quality, affordable health care for all Marylanders. We applaud the reinsurance program in Maryland which has successfully boosted enrollment by reducing premiums by more than 20% since 2018 and helped make Maryland's lowest cost plans 25-30% below U.S. averages. We support its continuation.

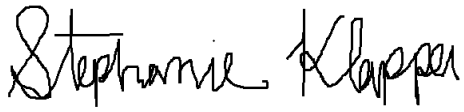
It is important to note that the reinsurance program is most helpful to Marylanders over 400% FPL. It remains important to also consider how to make coverage affordable for Marylanders below 400% FPL, as well as maximize enrollment by as many young and healthy individuals in order to stabilize rates. To that end, we applaud the success of the young adult subsidy program and thank the Maryland General Assembly and Governor Moore for extending this program through 2025. In 2024 about 67,000 young Marylanders have used these subsidies to enroll in insurance coverage, including over 22,000 who were new to the marketplace, which is helping to stabilize the market for everyone. As a percentage of total enrollment, young adult enrollment ages 18-34 increased from 26.4% in March 2023 to 29.4% in March 2024. Young adults have been more likely to pay their premiums and continue coverage. It is critical that this program continue to help young adults, many of whom have been able to access health coverage through Maryland Health Connection for the first time, while others already had coverage and were better able to afford their plans or upgrade to higher metal-level plans with lower cost-sharing. This program has also been reducing racial and ethnic disparities within this age group. In 2022 young adult subsidy recipients were more likely to be Latino or Black than young adult enrollees ineligible for the subsidy and in 2023 Latino young adult enrollment grew 13%, more than any other population. In the future we hope that Maryland will continue this successful program beyond 2025.

It is also critical to consider additional ways to improve health equity. Although Maryland has the fifth best health care system in the nation, health inequities by race, ethnicity, ability, and place of residence continue to persist. Through the Health Equity Resource Act, the Pathways Program and Health Equity Resource Communities are modeled after the successful 2012-2016 Health Enterprise Zones Program which successfully increased access to health resources, improved residents' health, reduced hospital admissions, and created cost savings. Supporting improved health outcomes and reducing disparities will help reduce preventable hospital admissions, which will result in lower overall health care costs, including lower insurance premiums for everyone. It is critical that Maryland continue to invest in reducing health inequities after the initial six years of funding.

No examination of affordability in the individual market would be complete without taking into account rising health care costs. In particular, skyrocketing drug costs are directly contributing to increasing health coverage premiums. The Maryland Health Benefit Exchange reports that prescription drugs represented nearly thirty percent of the total spending for privately insured markets in Maryland in 2020. Similar numbers were shared by Chet Burrell, former CEO of CareFirst BlueCross BlueShield in 2017, indicating this is a long-standing concern and one that is felt throughout the health insurance market. Specialty drugs are of particular issue, accounting for nearly 50% of CareFirst's total drug spending, as reported in 2020. This is significant, as specialty drugs represent a growing share of the newly approved medications coming to market. In order to stabilize premiums, Maryland must address prescription drug costs. Maryland is fortunate to have the first-in-the-nation Prescription Drug Affordability Board which is nearly ready to release its plan to set upper payment limits for high-cost drugs for state and local governments. We support the Prescription Drug Affordability Board gaining the authority to go beyond this to expand its authority in 2025 to set upper payment limits for high cost drugs for ALL Marylanders, which will further help to stabilize rates.

Thank you once again for this opportunity to comment, and for doing everything in your power to move Marylander closer to achieving quality, affordable health coverage for all.

Sincerely,



Stephanie Klapper, Deputy Director
Maryland Citizens' Health Initiative Education Fund, Inc.