



# MHBE

## Standing Advisory Committee

November 14, 2024

2:00PM – 4:00PM

Via Google Meets

### **Members:**

Aika Aluc, MHBE Board Liaison  
Mark Meiselbach, Co-Chair  
Marcquetta Carey  
Matthew Celentano  
Evelyn Johnson  
Sophie Keen  
Stephanie Klapper  
Scott London  
Allison Mangiaracino  
Yvette Oquendo-Berruz  
Marie-Therese Oyalowo  
Aryn Phillips  
Mark Romaninsky  
JoAnn Volk

### **MHBE Staff**

Michele Eberle  
Andrew Ratner  
Amelia Marcus  
Becca Lane  
Johanna Fabian-Marks  
Maggie Church  
Makeda Hailegeberel

### **Members of the Public**

Brad Boban  
Maya Greifer  
Allison Taylor  
Adam Zimmerman

### **Welcome, Agenda, and Minutes**

Co-Chair Mark Meiselbach welcomed everyone to the meeting and briefed the Standing Advisory Committee (SAC) on the agenda. He noted that several SAC members' terms are ending in 2024: Co-Chair Diana-Lynne Hsu, Matthew Celentano, Benjamin Fulgencio-Turner, Emily Hodson, Sophie Keen, Scott London, Marie-Therese Oyalowo, and Aryn Phillips. He thanked these members for their contributions to the SAC. Mr. Meiselbach moved to approve the September 12, 2024, meeting minutes. Matthew Celentano seconded, and the September meeting minutes were approved.

### **Report on MHBE Board of Trustees Activities**

Aika Aluc, Liaison to the SAC from the MHBE Board of Trustees, shared a summary of the Board's recent work. She noted that the Board had only one meeting in October since the last SAC meeting. At the October Board meeting, Scott Brennan presented on the compliance and privacy annual report; Nicole Edge presented on the approved medical and dental plans for 2025; and Brad Boban with the Maryland Insurance Administration (MIA) presented on network adequacy requirements and monitoring. Becca Lane, Senior Policy Analyst with MHBE, also presented the draft value plan designs for the 2026 plan year.

## **Executive Update**

Michele Eberle, Executive Director of the MHBE, thanked the SAC members whose term ends in 2024 for their expertise and valuable input that helps the Board understand the needs of the community and make better policy and operational decisions. She noted that two Board members will be leaving in May 2025, and the green bag appointments for the two open positions will be done in February. She encouraged anyone interested in serving on the Board who meets the qualifications to submit an application through the Governor's appointments website and explained that it is helpful to have a recommendation letter from a legislator. Ms. Eberle welcomed the SAC members leaving to remain involved with the MHBE in any capacity such as through a workgroup or by offering feedback.

Ms. Eberle then continued onto the federal updates. She explained that the MHBE is focused on upcoming changes that may result from the presidential election. Under President Biden, Deferred Action Childhood Arrivals (DACA) recipients are now eligible to enroll in insurance through the Maryland Health Connection (MHC) and 47 DACA recipients have enrolled in health coverage for December and 70 recipients will be enrolled in January. The MHBE will continue to provide coverage to DACA recipients until told otherwise. Ms. Eberle noted that another issue of utmost concern to the MHBE is the expanded tax credits that are ending in December 2025. The expanded tax credits have allowed more Marylanders across income levels to enroll in affordable coverage, but the MHBE is less hopeful now that they will be continued. The MHBE will still continue to advocate for the tax credits and encouraged the SAC members to advocate with their federal delegates because the expanded tax credits have been so beneficial for Marylanders.

Ms. Eberle reported that the MHBE is waiting for CMS's approval of a section 1332 waiver that would allow all Maryland residents regardless of documentation status to purchase full cost health plans through MHC. The MHBE is still hopeful that the waiver will move forward but it is less certain now. Ms. Eberle noted that if the expanded tax credits are not continued then it will impact the amount of pass-through funds available for the reinsurance program, which will continue through 2028. The loss of expanded tax credits would impact health insurance rates; if younger and healthier consumers drop their coverage due to affordability concerns, then that will impact the risk pool and will impact rates overall. Ms. Eberle explained that during the last Trump Administration, there were plans to expand short-term limited duration health plans, association health plans, and professional organization health plans, but Maryland has laws and regulations that would prevent that. The MHBE will keep an eye on whether any of the protections under section 1557 of the ACA will be rolled back. The MHBE is also monitoring federal changes that would impact abortion coverage because during the last Trump Administration there was an effort to ensure that the premium amount that covered abortion services was segregated out which caused confusion. Ms. Eberle commented that the MHBE is being mindful of possible federal changes that could impact any of the MHBE's efforts that contributed to the significant increase in enrollment rates.

Ms. Eberle then provided an enrollment update. Open enrollment is underway and currently 211,000 consumers have enrolled which is an 18% increase from last year. In light of the financial challenges Maryland is facing the MHBE is examining how they can contain costs moving forward. The MHBE recently held a press conference with Vinnie DeMarco and spoke about the young adult subsidy (YAS) program, which has been very successful, continuing beyond 2025. Ms. Eberle reported that there has been a large amount of open enrollment media coverage. The marketing team started conducting man on the street interviews at festivals and farmers markets which gives people an opportunity to talk about health coverage and is fun and informative.

Scott London thanked the MHBE for the opportunity to serve on the SAC as it has been rewarding and commended the MHBE for their meaningful work for the community. He asked if the MHBE has any predictions on how the Trump Administration will handle state exchanges as they relate to Medicaid and undocumented residents. Ms. Eberle responded that she does not know what the Trump Administration will do and colleagues at Medicaid have also not heard anything about possible plans. She added that the MHBE is evaluating what protections are in place or need to be put into place and what may be changed.

Stephanie Klapper thanked the MHBE for their participation in the press conference on the YAS program and mentioned that it received a lot of press coverage. She noted that Maryland Health Care for All will continue to advocate for the YAS program during the next legislative session and that the enrollment of DACA recipients through MHC is great news. She asked if CMS would expedite their review of the section 1332 waiver application. Ms. Eberle responded to the first question that the MHBE has already reached out to CMS to ensure that the waiver application is on track and is just waiting for the final decision. The MHBE decided not to advertise the availability of coverage through the MHC for DACA recipients as much as originally planned in the event that coverage may be terminated in the future. The MHBE will continue to work with their Connector Entities and stakeholders such as CASA to notify DACA recipients that insurance is available through MHC. She noted that there are 7,500 DACA recipients in Maryland, and CASA is working with roughly 3,500 of them so CASA is a good partner in spreading awareness of the new initiative.

Ms. Klapper asked about the application process for new SAC members since several SAC members are leaving. Amelia Marcus, Policy Analyst with MHBE, responded that the application process typically starts in January, and they will send out the notice to SAC members soon and encouraged SAC members to provide input on new recruits.

### **MHC Open Enrollment Readiness**

Maggie Church, Deputy Director of Marketing for the MHBE, provided an update on open enrollment readiness. She reported that last year had the highest number of enrollees ever with a 64% increase in new enrollees.

Ms. Church explained that this year the MHBE is focusing on target populations and emphasizing the benefits of MHC plans to attract eligible uninsured Marylanders and

retain existing enrollees. In addition to television and radio ads in English and Spanish, print and newspaper ads will be used to target Black and Hispanic audiences. The MHBE will run digital ad placements, video placements on YouTube, and digital audio placements for podcasts and music. For the first time, the MHBE will run ads on dating platforms. Ms. Church noted that consumers have been using Reddit to crowdsource answers for questions about how to enroll and the MHBE has been utilizing micro influencers who are social media influencers that are local to Maryland. The MHBE is running ads in church bulletins across the state in November and December and posting billboard ads outside Amazon warehouses.

Ms. Church reported that the MHBE hosted a webinar in October for their partners on what's new for this open enrollment and how to engage their communities with a focus on expanding access to DACA recipients. CASA was a guest speaker at the webinar and presented on the new eligibility for DACA recipients.

Ms. Church showed examples of the print ads in newspapers and church bulletins. She noted that the MHBE captured digital stories from consumers at open enrollment events and then shared it through their social media. This year the MHBE partnered with the National Alliance on Mental Illness (NAMI) and conducted a webinar for consumers focused on mental health to spread awareness of the mental and behavioral services available through all MHC plans. The webinar had a great turnout, and the recording was posted on YouTube where even more people watched it. Lastly, Ms. Church showed a timeline for the paid media campaign and noted that advertising generally started after the presidential election for cost saving purposes.

Joanna Volk mentioned that during the first Trump Administration advertising for the federally facilitated marketplace was cancelled and navigator funding was reduced and asked if there is any expected impact on the media campaign after the presidential election. Ms. Church responded that she is unaware of the federally facilitated marketplace's plan, but the MHBE focuses each year on search engine optimization to ensure that consumers can find MHC easily.

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management, commented that she remembered hearing that the MHC gets a lot of transfers from healthcare.gov and asked for more information. Ms. Church responded that Google Analytics show how people are reaching MHC and that it usually shows that a number of people are arriving from healthcare.gov. Ms. Eberle added that as a state-based marketplace the MHBE is not affected by any reduction in federal navigator funding because the MHBE funds their own navigator program.

### **MHBE Consumer Decision Support Workgroup - Report on Recommendations**

Ms. Marcus provided an overview of the Consumer Decision Support Workgroup's final report on recommendations. She noted that the MHBE established this Workgroup to improve consumer decision support to further address challenges that are still present for many consumers when they're shopping for plans through MHC. The Workgroup was tasked with developing a set of recommendations for more effective decision-

making support on MHC to better assist consumers with health plan selections that best fit their health and financial conditions. Ms. Marcus noted that the Workgroup discussions and recommendations were focused specifically on private plan shopping in the individual market. The Workgroup met seven times between July and November 2024.

Ms. Marcus explained that the Workgroup compiled a series of recommendations in three main focus areas: identifying areas in the plan shopping experience where consumer may benefit from more information or guidance, improving the plan information display on the plan list page, and providing tailored plan recommendations to consumers. The full report was finalized yesterday and will be available on the [Workgroup website](#). She then provided the highlights from the recommendations. The Workgroup recommended simplifying the plan tile display, simplifying explanations of financial assistance, and providing an option to tailor plan recommendations to consumer preferences similar to Washington's smart choice plan options. Please see presentation slides for more details.

Mr. Meiselbach asked about whether Washington's smart choice plan options consider a consumer's preferred providers. Ms. Marcus responded that Washington does factor in whether a consumer's selected providers are included in a plan's network.

Ms. Volk asked whether the smart choice recommendation will steer consumers towards the silver level plan for maximum premium tax credits. Ms. Marcus responded that a representative from Washington gave a presentation to the Workgroup on the how the smart choice plan recommendations were established. There is a hierarchy for how the plans are scored and how consumers are directed to silver cost sharing reduction plans if eligible.

Ms. Volk asked if value plans are clearly identified for consumers shopping on the MHC. Ms. Marcus responded that value plans are clearly marked, and it is also possible to filter out the value plans and shop specifically for them.

### **Young Adult Subsidy Program Evaluation, Discussion, and Legislative Update**

Ms. Fabian-Marks provided an update on two reports regarding the YAS program that the MHBE will be submitting over the next month. The YAS program started in 2022 as a two-year pilot program to use state funds to further reduce young adult premiums on top of the federal advanced premium tax credit (APTC). The YAS pairs with the federal premium subsidy to reduce premium costs on a sliding scale with the youngest and lowest income young adults paying the least. The program is currently funded with up to \$20 million a year from the state reinsurance program. Last year, the MHBE was authorized through legislation to rollover unspent funds from prior program years to future years because the MHBE underspent during the first two years of the program. The YAS program was extended for an additional two years through the end of 2025. Ms. Fabian-Marks noted that the two-year pilot was too short for an evaluation because when it ended, the data from the first year was still not available for evaluation so four years is a better pilot period.

Ms. Fabian-Marks provided an overview of the program parameters. The YAS program is available to individuals with a household income below 400% of the federal poverty level (FPL) and enrolled in coverage through MHC. For the first two years of the program individuals aged 18 to 34 years were eligible and then eligibility was expanded to adults up to age 37 for the second two years of the program because initial enrollment was not as high as anticipated and there were unspent funds. After Medicaid redetermination started in 2023, there was huge growth in young adult enrollment. The MHBE was happy that the YAS program was available to help make coverage more affordable for those young adults moving from Medicaid to MHC. Ms. Fabian-Marks explained that individuals aged 18 through 33 are eligible for the largest amount of subsidy and then their eligibility phases out from age 34 to 37.

Ms. Fabian-Marks showed a snapshot of the number of YAS recipients and non-recipients and amount spent by year from 2021 through 2024 for the YAS program. In 2022, enrollment started at roughly 32,000 and then drastically increased in January 2024 to roughly 52,000. In 2024, there were approximately 21,000 young adults enrolled in coverage without the YAS either because their income was above 400% FPL, or they declined to provide income information. The average subsidy has been roughly \$38 per month since the launch of the program. With the large enrollment increase in 2024, the annual subsidy spend increased from \$13.2 million in 2023 to \$24.5 million in 2024.

Ms. Fabian-Marks then provided an overview of two reports due to the Maryland General Assembly in 2024 that evaluate the impact of the YAS program. House Bill 937, passed in 2022, expanded the use of YAS funds in 2023 to cover the non-essential health benefits portion of the premium (abortion, adult dental, and adult vision) that cannot be covered by federal APTC, for YAS recipients who would otherwise have a 0% expected contribution. Ms. Fabian-Marks explained that expanded federal tax credits from the American Rescue Plan led to a new group of enrollees who qualified for coverage through MHC at no cost but were still responsible for a roughly \$2-5 monthly payment for the non-essential health benefit portion of the premium. Studies have shown that even a nominal premium can be a deterrent to consumers enrolling coverage, so starting in 2023 the MHBE used the YAS funding to cover the non-essential health benefit portion of the premium; this is referred to as last dollar coverage. This allows individuals who qualify for a free plan to truly get a zero-dollar plan. House Bill 937 also required the MHBE to study the impact on consumers receiving last dollar coverage, and the potential impact of extending last dollar coverage to other enrollees of all ages.

Ms. Fabian-Marks then presented the preliminary analysis for the report pursuant to House Bill 937. The MHBE found that providing last dollar coverage significantly improved enrollment uptake and retention for eligible young adults. The MHBE estimated that approximately an additional 1,700 young adults effectuated coverage and 800 young adults who otherwise would have dropped coverage remained enrolled. If the last dollar coverage was expanded to all ages in 2025 the MHBE estimated that

roughly an additional 1,400 individuals will effectuate coverage and 1,000 individuals who would otherwise have dropped coverage will remain enrolled, which is roughly 1% of the 220,000 individuals enrolled through MHC currently. Ms. Fabian-Marks highlighted two tables showing changes in effectuation rates and lapse rates between 2022 and 2023 for non-young adults, young adults not eligible for last dollar coverage, and young adults eligible for last dollar coverage. Please see presentation slides for more details. She explained that the effectuation rate for young adults eligible for last dollar coverage was almost 100% in 2023. Lapse rates for young adults eligible for last dollar coverage decreased from 20% in 2022 to 13% in 2023.

Allison Mangiaracino asked through the chat whether the non-young adults listed in the tables are enrollees who would otherwise pay \$0 but have a small premium responsibility due to the non-essential health benefits portion. Ms. Fabian-Marks responded that the non-young adult category includes all non-young adults regardless of whether they would be income eligible for a zero-cost plan.

Mr. Meiselbach commented that it would be helpful to look at non-young adult enrollees eligible for expanded tax credits compared to young adults eligible for expanded tax credits. Ms. Fabian-Marks agreed that this is a good future research question.

Ms. Volk asked for more information regarding the non-essential health benefits. Ms. Fabian-Marks responded that adult dental, adult vision, and abortion services are considered non-essential health benefits. She noted that not all of the MHC plans cover adult dental or adult vision benefits, but all include abortion services. Therefore, all individuals enrolled in coverage through MHC would have to pay at least one dollar for non-essential health benefit premium amount.

Ms. Fabian-Marks then presented an overview of the legislative report mandated by Senate Bill 601, which was passed in 2023. This bill extended the YAS program through 2025 and included a requirement that the MHBE, in consultation with the MIA, to conduct a study on the number of individuals who enrolled in coverage through MHC because of the YAS program. Ms. Fabian-Marks noted that there are nearly 60,000 young adults receiving a subsidy through the program with an average subsidy amount of \$38 a month, which reduces the average monthly premium from \$125 to \$87. Since the YAS program launched in 2022 there have been several factors such as the COVID pandemic, expanded federal tax credits, and Medicaid redeterminations which have impacted MHC enrollment and make it more difficult to determine the impact of the YAS on enrollment. In order to isolate and evaluate the impact of the YAS, the MHBE and MIA decided to identify a cohort of states that were similar to Maryland - they were also Medicaid expansion states, and did not implement an 1115 waiver during the evaluation time period indicating that these states did not experience a major structural shift affecting affordability such as a reinsurance program. Twenty-eight states fit these criteria. Then the MHBE looked at the uninsured rate for legally present young adults in the other states compared to Maryland in 2019 and 2022. Based on that comparison, the MHBE estimated that the YAS program resulted in an additional 4,700 young adults

enrolling in or remaining insured in the individual market in 2022, contributing to an overall 5% decrease in the number of uninsured young adults in Maryland. Since the start of the YAS program, young adult enrollment has increased by 46% compared to an all-age enrollment increase of 30%. Ms. Fabian-Marks explained that Black and Hispanic young adults are more likely to be uninsured both in Maryland and nationally. The MHBE found that, as of January 2024, enrollment by Black young adults increased year over year by 46% and enrollment by Hispanic young adults increased by 50%. Ms. Marcus will share the two legislative reports with the SAC after they are submitted to the legislature.

Ms. Fabian-Marks then provided a legislative update. She reported that the MHBE expects that there will be legislation during the upcoming 2025 legislative session to continue the YAS program beyond its current end date of December 2025. The MHBE will be closely monitoring federal action regarding the expanded tax credits and considering adjustments to the YAS program in the event the expanded tax credits are not continued. Ms. Fabian-Marks explained that if the expanded tax credits are not continued then it will not be possible to extend last dollar coverage to all ages because there will be very few individuals who would qualify for fully subsidized plans.

Ms. Volk asked when the final reports will be submitted. Ms. Fabian-Marks responded that both reports should be finalized and submitted by mid-December.

Ms. Volk asked if the report will address the potential impact of the loss of the expanded tax credits including the impact on the reinsurance program. Ms. Fabian-Marks responded that the report regarding last dollar coverage states that expansion of last dollar coverage is not feasible if expanded tax credits are not in place. She noted that the House Bill 413 report submitted last year addressed the future of the reinsurance program and potential affordability initiatives and estimated the impact of losing expanded tax credits on the reinsurance program and the average cost to consumers. Each year when the reinsurance program projections are performed the MHBE models what happens if the expanded tax credits are continued or end, and the impact on federal funding if the expanded tax credits end.

Ms. Mangiaracino expressed gratitude for the analysis and preliminary findings, which she thinks are very helpful especially given the uncertainty in 2025. She recommended modeling the different scenarios and how best to use limited fund to maximize enrollment. She commented that is likely there will be changes to the APTC structure, so it's important to evaluate available funding and how to respond to different scenarios. Ms. Fabian-Marks agreed.

### **Discussion - Future Plan Certification Standards**

Ms. Fabian-Marks provided an overview of the proposed plan certification standards for 2026. MHBE sets plan certification standards with Board approval for plans sold through MHC which encompass plan design, operational, and other requirements such as



requiring NCQA health equity accreditation and value plan standards. The proposed 2026 plan certification standard is to require equivalent cost-sharing for primary care and mental health/substance use disorder office visits. The MHBE also encourages carriers to use a copay structure for these service types as it is a defined amount that is easier for consumers to understand than co-insurance. Please see presentation slides for more detail. Ms. Fabian-Marks reported that three of the five carriers operating on MHC have identical cost sharing for both mental health and primary care visits across all their plans. However, the remaining two carriers do not have identical cost sharing. After being contacted by MHBE, one carrier agreed to implement identical cost sharing in their 2026 plans and the other carrier said they would evaluate the request.

Ms. Volk commented that she has worked on mental health parity enforcement and oversight, and it can be confusing for consumers to determine how parity will be applied, and it will be very helpful for consumers to have a clear standard that's easily understood. She expressed her support for the proposed certification standard. Ms. Klapper agreed with Ms. Volk and expressed her support for the proposed certification standard.

Maya Grier commented that from a carrier perspective she agrees with the proposal but cautioned that for certain plan types it makes sense to apply co-insurance in certain circumstances rather than a co-pay.

### **SAC Discussion - 2025 Agenda Items**

Mr. Meiselbach asked for suggestions regarding topics or issues the SAC would like to address during 2025. He noted that many of the topics mentioned at the last 2023 meeting were on meeting agendas in 2024. Ms. Marcus added that last year there was a suggestion to take a deeper dive into mental health parity and what the MHBE can influence in that realm. Mr. Meiselbach agreed that he is interested in a deeper discussion of mental health parity, as well as quantitative and non-quantitative treatment limits.

Marie-Therese Oyalowo commented that she is interested in issues related to cancer care, specifically parity between intravenous (IV) chemotherapy and oral chemotherapy and whether it is classified as a medical or pharmacy benefit. She explained that oral chemotherapy typically goes through the pharmacy benefit and the co-pay or co-insurance can be very costly, while IV chemotherapy goes through the medical benefit and does not have cost sharing. Ms. Klapper responded that Maryland Healthcare for All is advocating for the Maryland's Prescription Drug Affordability Board's authority to be expanded to set payment limits for all high-cost medications for all Marylanders and offered to discuss the issue more in depth with Ms. Oyalowo outside the meeting. Ms. Fabian-Marks added that the silver and gold value plans have a separate out-of-pocket maximum for prescriptions, which will shield enrollees from very expensive prescriptions. Ms. Oyalowo thanked them for the information and stressed the importance of addressing the problems cancer patients face.

Ms. Volk commented that there is a similar issue with continuous glucose monitors which can be considered either durable medical equipment or a pharmacy benefit. She explained that it can be harder and more expensive to access continuous glucose monitors when they are considered durable medical equipment. Ms. Oyalowo added that another access problem for continuous glucose monitors is that a diabetes patient must be on insulin to receive a continuous glucose monitor. She recommended ensuring that all diabetes patients in Maryland have access to continuous glucose monitors. Ms. Fabian-Marks responded that the MHBE initially looked into this issue when the diabetes benefit through the value plan was launched but it is a good idea for the MHBE to re-visit this issue.

Mr. Meiselbach asked for a presentation and discussion regarding the Small Business Program Advisory Committee. Ms. Fabian-Marks agreed it was a great idea.

Mr. Meiselbach thanked everyone for their contributions in 2024.

### **Public Comment**

No comments offered.

### **Adjournment**

The meeting adjourned at 3:34 PM.

### **Chat record:**

00:01:23

Marie-Therese Oyalowo: Thank you for the experience

00:05:32

Matthew Celentano: Cheers, Michelle and team. It's been a pleasure and will definitely stay engaged as we all move forward.

00:13:32

Stephanie Klapper, Maryland Health Care for All: Some coverage from the young adult subsidy program press conference:

<https://marylandmatters.org/2024/11/12/lawmakers-call-to-extend-subsidy-that-reduces-health-care-costs-for-young-adults/>

00:14:26

Maggie Church -MHBE-: <https://www.youtube.com/watch?v=NjOz1LRWfGQ>

00:15:32

Maggie Church -MHBE-: The video Michele mentioned about "what do you know about health insurance"

00:53:12

Allison Mangiaracino: Are Non-Young Adults in the tables on those enrollees who would otherwise pay \$0 but have a small premium responsibility due to the non-EHB portion?

00:53:28

Allison Mangiaracino: \*only those