



# MHBE

## Standing Advisory Committee

September 18, 2025

2:00PM – 4:00PM

Via Google Meets

### **Members:**

Aika Aluc, MHBE Board Liaison  
Mark Meiselbach, Co-Chair  
Stephanie Klapper, Co-Chair  
Elizabeth Arend Dutta  
Maya Greifer  
Nate Apathy  
Allison Mangiaracino  
Kimberly Robinson  
Leidi Garcia  
Carmen Larsen  
Kiya Lofland  
Douglas Spotts  
Rick Weldon  
Jake Whitaker  
Mark Romaninsky

### **MHBE Staff**

Andrew Ratner  
Amelia Marcus  
Becca Lane  
Johanna Fabian-Marks  
Makeda Hailegeberel  
Nicole Edge  
Pooja Singh  
Maggie Church

### **Members of the Public**

Brad Boban  
Adam Zimmerman  
Brenna Tan  
Kimberly Cammarata  
Ninfa Amador  
Vinny DeMarco

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

Co-Chair Mark Meiselbach opened the meeting and provided an overview of the agenda and the list of Standing Advisory Committee (SAC) members, including the new members. Mr. Meiselbach moved to approve the SAC meeting minutes from July 17, 2025. Stephanie Klapper seconded. The minutes were approved.

Mr. Meiselbach reported that the SAC members voted to approve Stephanie Klapper as the second Co-Chair through a virtual poll after the July meeting. She is the Deputy Director of the Maryland Citizens Health Initiative. Mr. Meiselbach explained that Ms. Klapper will lead the rest of the meeting.

Ms. Klapper introduced herself and thanked the SAC for the opportunity to serve as Co-Chair.

### **Executive Update**

Andrew Ratner, Chief of Staff with Maryland Health Benefit Exchange (MHBE), gave the executive update as Michele Eberle is out of town. He noted that he is retiring in five weeks so this will be his last SAC meeting and thanked the SAC for their valuable contributions. Mr. Ratner expressed confidence in the MHBE's resilience and explained that he has seen the MHBE overcome several challenges during his tenure, including a difficult beginning, ballooning rates before the establishment of the State Reinsurance Program (SRP) in 2018, and year-round enrollment during the COVID pandemic. He noted that the Medicaid unwinding in Maryland was as successful as anywhere. Mr. Ratner expressed confidence in the MHBE's ability to continue to meet the challenges ahead.

Mr. Ratner then provided the most recent enrollment data report from August. He reported that 97% of enrollees who enrolled during open enrollment in January 2025 still had coverage as of August 2025, a retention rate that was unheard of in the first few years of the Affordable Care Act (ACA), when 30% of enrollees would drop coverage. He also noted that there were twice as many new enrollees as last year. Mr. Ratner explained that, even though there is expected turmoil with the upcoming end of the enhanced premium tax credits (ePTCs), the MHBE is planning to use some of the reinsurance funds to partially replace the ePTCs, which will help keep coverage more affordable in Maryland. He noted that Maryland has become one of the most affordable marketplaces in the country. While the future is unknown, there is a possibility that the ePTCs will be continued, and if they are extended at the last minute, then the MHBE will try to make the transition as smooth as possible.

Ms. Klapper thanked Mr. Ratner for his service to Maryland and wished him the best on his future endeavors.

### **Final Update on 2026 State Subsidy and Reinsurance Parameters**

Johanna Fabian-Marks, Deputy Executive Director of the MHBE, provided a final update on the 2026 state subsidy and SRP parameters but noted that they may be impacted by Congress's actions through the end of the year. The MHBE Board finalized the state subsidy parameters at its August meeting. Maryland's House Bill (HB) 1082 required the MHBE to establish a state-based subsidy program to mitigate the impact of the discontinuation of ePTCs using state funds from the SRP fund. Ms. Fabian-Marks explained the priorities set forth for the subsidy design in HB 1082: mitigate tax credit reductions, maximize enrollment, consider how to continue to fund the SRP through 2028, and account for market uncertainties resulting from federal action and funding challenges.

Ms. Fabian-Marks reported that the MHBE, in consultation with the Maryland Insurance Administration (MIA), modeled several scenarios to determine the most efficient way to allocate the funding with the greatest impact. The modeling was updated in response to the finalization of the federal advance premium tax credit (APTC) calculator for 2026, so the models presented to the Board in August were slightly different than the models presented to other forums in July. The subsidy design recommendation was paired with

an increase to the reinsurance attachment point from the initially anticipated \$22,000 to \$24,000, which allows the MHBE to save some reinsurance funding to put towards the subsidies. She provided an overview of the updated assumptions for the August modeling. Detailed slides are available in the presentation for this meeting.

Ms. Fabian-Marks explained that the MHBE has also developed possible subsidy designs for 2027 and 2028 under the assumption that the subsidies will be continued in 2028, even though the MHBE currently only has legal authority to operate the subsidy program in 2026 and 2027. The MHBE made projections for the subsidy program through 2028 because the state funding stream that supports both the SRP and state subsidies will end with the current waiver for the SRP in 2028. The legislature will have to discuss how to fund and support the individual market after 2028, and there will be more modeling and discussions to come on that matter.

Ms. Fabian-Marks presented a table illustrating three possible subsidy scenarios for 2026 through 2028, as well as a baseline estimate of enrollment decline if there were no state subsidy. Detailed slides are available in the presentation for this meeting. If there is no state subsidy, the MHBE estimates that enrollment will decline by 34% in 2026 due to premium increases, but under the chosen subsidy design, the estimated enrollment decline is 15%. Ms. Fabian-Marks explained that, due to funding constraints, the MHBE will have to scale back the state subsidy in 2027 and 2028 by either reducing eligibility for it or reducing its generosity. As a result, enrollment is estimated to decline by roughly 20% in 2027 and roughly 25% in 2028, depending on the chosen subsidy design. While not ideal, without the state subsidy, enrollment is estimated to decrease by nearly 40% by 2028. The MHBE still hopes that Congress will act to extend the federal ePTCs in the coming months, and then the MHBE can either revert to only operating the young adult subsidy program or use the state subsidy to fill in gaps if the federal ePTCs are only partially extended.

Mr. Ratner asked if the enrollment numbers in the table include the total on- and off-exchange enrollment for the individual market. Ms. Fabian-Marks replied in the affirmative but stated that the state subsidy will only be available for individuals enrolled through Maryland Health Connection (MHC). She noted that the SRP and state subsidy will impact the entire individual market by keeping healthier people enrolled.

Ms. Fabian-Marks explained that the young adult subsidy will be integrated into the new state subsidy program. For individuals with incomes under 200% of the federal poverty level (FPL), the subsidy program will fully replace the value of the lost ePTCs, which will be very helpful to this group, as they are the most price-sensitive. Individuals with incomes between 200% to 400% FPL will receive half of the value of the ePTCs, while individuals with incomes above 400% FPL will not receive any state subsidies but will still benefit from the SRP, which will continue to keep average premiums cost around 30% lower. The state subsidy will only be available for individuals who are eligible for federal tax credits; a population of lawfully present immigrants will lose eligibility for federal tax credits in 2026 and will not be eligible for the state subsidy because it was determined to be too costly for the state.

Ms. Fabian-Marks presented a table on the expected contributions for enrollees based on their income, whether the ePTCs continue or expire for each income level, and whether the state subsidy applies for each. She explained that the federal premium tax credits cover the difference between an individual's payment obligation and the actual price of the plan. The state subsidy will reduce that expected contribution for individuals. If the ePTCs expire in 2026, then the expected contribution is expected to range from 2% to about 10% based on income. With the state subsidy, the expected contribution will range from 0 to 9% depending on income, and young adults will receive additional savings.

Ms. Fabian-Marks provided an overview of the final SRP parameters for 2026. The attachment point will increase from \$21,000 in 2025 to \$24,000 in 2026. The coinsurance rate will remain at 80%, and the cap will also stay at \$250,000.

Ms. Klapper thanked the MHBE, the MIA, and everyone who submitted public comments for their work on developing the state subsidy program. She noted that, while this is a challenging situation, Maryland is a national leader because of this backup plan, whereas residents in other states are facing even higher premium increases. She also provided a link to a Maryland Matters article on the tax credits that quotes Ms. Fabian-Marks and provides an overview of the expiring ePTCs.<sup>1</sup>

## **Upcoming Federal Changes**

Ms. Fabian-Marks provided an overview of upcoming federal changes that will impact the MHBE's operations, mainly those associated with new federal regulations released in June, the 2025 Marketplace Integrity and Affordability Final Rule (Program Integrity Rule), and H.R.1, also known as the One Big Beautiful Bill Act. She noted that the MHBE worked with other state marketplaces to educate lawmakers and the public on some of the proposals, and while there are many challenging proposals to implement, other proposals that would have been even more challenging did not make it into law. Ms. Fabian-Marks acknowledged that the federal changes will likely lead to some enrollment losses and place operational burdens on the MHBE to implement the changes within a challenging timeline.

Ms. Fabian-Marks explained that the Program Integrity Rule included a number of provisions that were meant to be effective August 25<sup>h</sup>, which is unusual as marketplace rules typically do not change mid-year and the MHBE only had 60 days to implement these provisions. Two provisions which would have required the exchange to ask for additional documentation to verify income, were stayed by the courts, so the MHBE is not implementing them at this time. The following three provisions went into effect as of August 25: the year-round special enrollment period for individuals with incomes below 150% FPL was eliminated; Marketplace consumers will no longer receive an automatic 60-day extension to the 90-day period to resolve income-related data matching

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<sup>1</sup> Article available at <https://marylandmatters.org/2025/09/16/health-advocates-state-officials-brace-for-sticker-shock-if-aca-tax-credits-expire/>.

inconsistencies; and Deferred Action for Childhood Arrivals (DACA) recipients' ability to enroll in exchanges was revoked, and they will be disenrolled from exchange coverage at the end of September. However, DACA recipients will still be able to receive coverage off-exchange directly from insurers, and the MHBE has informed them on how to transfer their exchange coverage to off-exchange with their insurer. Roughly 300 current enrollees will be impacted by this change.

Ms. Fabian-Marks explained that another set of provisions will go into effect January 1, 2026, and the MHBE is in the process of implementing them. A provision that would have required marketplaces to deny APTC to a consumer who failed to file federal income taxes and reconcile APTC for a prior year has been stayed by the court and will not be implemented for 2026. The Program Integrity Rule changed the methodology for calculating the Premium Adjustment Percentage Index (PAPI), which will reduce premium tax credits slightly and permit higher cost-sharing for the entire private insurance market, including those with employer-sponsored plans. Another provision would have allowed insurers to increase cost sharing at each metal level within their plans by increasing the "de minimis" value permitted at each metal level, but the MHBE Board voted to maintain 2025 de minimis values, so this provision will not take effect in Maryland. Gender-affirming care is no longer allowed to be considered an essential health benefit, and APTC cannot be used to cover the portion of premium attributable to non-essential health benefits. Ms. Fabian-Marks explained that this impact is likely to be extremely small in Maryland and will probably not be noticeable to enrollees. Lastly, H.R. 1 eliminated APTC eligibility for lawfully present immigrants with incomes below 100% of the FPL. These individuals would usually be eligible for Medicaid based on their income, but they have certain immigration statuses that prevent them from being federally eligible for Medicaid. Starting in 2026, these individuals will still be able to enroll in coverage through MHC but will not be able to receive federal tax credits and will have to pay the full cost of their coverage. This change is expected to impact roughly 20,000 current enrollees.

Ms. Larsen asked whether this change will apply to permanent residents or citizens. Ms. Fabian-Marks responded that citizens are not impacted by this change, but it would affect permanent residents who are subject to a five-year waiting period before they are eligible for Medicaid. Permanent residents subject to the five-year waiting period can currently enroll in exchange coverage with APTCs, but that will end in 2026. The waiting period does not apply to children and pregnant women. Ms. Fabian-Marks noted that the MHBE is putting together a webinar for stakeholders within the next month on the impacts of these federal changes on immigrants for both private plans and Medicaid.

Ms. Fabian-Marks provided a brief overview of the court case that stayed six of the eight provisions in the Program Integrity Rule. Several of the stayed provisions only affected the federally facilitated marketplace, but some did impact state exchanges. Detailed slides are available in the presentation for this meeting.

Ms. Fabian-Marks explained that the ePTCs, originally implemented under the American Rescue Plan Act (ARPA) in 2021, then extended by the Inflation Reduction

Act (IRA) through December 31, 2025, were not extended by Congress. In 2026, tax credits will revert to original levels under the ACA, which will drive significant premium increases for individuals and lead to enrollment losses. She noted that there are bills circulating in Congress that would potentially extend ePTCs for one or two years. The MIA is expected to share final rates this month, and then the MHBE will update their impact estimates. The MHBE is expecting healthier individuals to drop out of the market due to the increased costs, leaving a sicker population in the market, which will be more expensive to cover on average and will drive increases in premiums.

Ms. Fabian-Marks then provided an overview of how the MHBE will be communicating these changes to enrollees. The MHBE is informing enrollees that their 2025 coverage will not be impacted, except for DACA recipients, and they should use it while they have it. In 2026, costs will be increasing for most enrollees, except for those who are eligible for the full state subsidy, but open enrollment will give enrollees the opportunity to find the best plan for their budget. All plans include free preventive services including well-child appointments and annual well-woman appointments, among others. Value plans, which are available at every metal level, apply no deductible for a list of key services, ensuring affordable cost-sharing for these services.

Ms. Klapper asked whether the rate increases carriers filed, averaging a 17.1% increase, take the state subsidy program into account. Ms. Fabian-Marks responded in the negative, explaining that rates were filed in May, before the subsidy program parameters were set. The mitigating impact of the state subsidy will be seen in the final rates the MIA is releasing this month.

Ms. Klapper commented that there is a difficult balance in communicating the upcoming changes to the public because the MHBE does not want to scare people away from enrolling in 2026 coverage, but they still want to keep the public informed of the impacts. She asked if any members have thoughts or concerns about the MHBE's communication plan, especially regarding specific populations. Ms. Fabian-Marks added that members can also share their thoughts after the meeting, and she will pass it along to the marketing team.

Ninfa Amador, with CASA, the largest immigrant service and advocacy organization in the state, asked for more information regarding the communications being shared with DACA recipients regarding the loss of their eligibility for coverage through MHC and other options. Ms. Fabian-Marks responded that the MHBE has sent two emails to DACA recipient enrollees – one at the beginning of August and one at the beginning of September – to inform them that their coverage will end at the end of September. The MHBE has reached an agreement with insurers that any DACA recipients currently enrolled through MHC will be able to enroll in an identical plan off-exchange and transfer over any accumulated spending towards their deductible and out-of-pocket maximum. The most recent email to DACA recipients included contact information for each carrier, and the MHBE will help facilitate the transition to an off-exchange plan if needed. DACA recipients will not be able to receive financial assistance for off-exchange plans, but they will at least be able to maintain what they've accumulated

towards their deductible, and they can renew the coverage in 2026 if desired. Ms. Amador expressed concern that individuals will lose tax credits and other subsidies due to their immigration status and stated that she looks forward to continuing this conversation on how to ensure that individuals have access to healthcare and health insurance regardless of their immigration status.

Carmen Larsen asked if there is any information on the MHC website for DACA recipients being impacted by the eligibility change. Maggie Church, Director of Marketing at MHBE, responded that the MHBE sent messages to partners and hosted a webinar last week to discuss upcoming changes including the federal changes. She noted that the landing page on the MHC website includes a “What’s New” section with information on changes, and she shared a link to the page.<sup>2</sup> The MHBE is planning to send an email tomorrow to partners with more information regarding what consumers can expect from rates and the reasons for the rate increases in both English and Spanish. Ms. Church commented that she will add Ms. Larsen to the partner list so she will receive the email.

Allison Mangiaracino asked about specific communication strategies for permanent residents who are subject to the Medicaid five-year bar and will be losing APTC eligibility. Ms. Fabian-Marks responded that the MHBE has sent out a postcard to most enrollees with a high-level summary of the upcoming changes. For the populations that will be most drastically impacted by the federal changes going to effect in January 2026, the MHBE is working on emails similar to those sent to DACA recipients with more targeted messaging regarding the change to their APTC eligibility and available resources.

Kimberly Cammarata commented that, with increasing premiums, consumers are more likely to turn to junk insurance plans that do not cover needed benefits. Also, the Health Education and Advocacy Unit has received complaints from consumers who think they are on the MHC website but are not, or are bombarded with calls from brokers. Ms. Cammarata recommended that any messaging to consumers address these potential risks.

## **2026 Open Enrollment Marketing and Outreach**

Ms. Church provided an overview of the marketing and outreach plan for 2026 open enrollment. The MHBE’s goal is to maintain current enrollees and enroll new Marylanders into qualified health plans (QHPs). Target populations include young adults, Hispanic/Latino residents, Black residents, and rural residents. The MHBE also has special funding to provide outreach to childcare providers on enrollment options including the small business marketplace. The MHBE launched a new small business portal this year, with a soft launch in September and plans to pick up outreach and advertising in the winter after open enrollment ends. The marketing campaign is

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<sup>2</sup> What's New page on Maryland Health Connection site:  
<https://www.marylandhealthconnection.gov/whats-new/>.

focused on preparing consumers for new policies and changes, such as price increases, new restrictions for immigrants, and additional paperwork, so they have time to explore their options. The MHBE is also emphasizing that free help is available through brokers, the call center, and Connector Entities and that plans include many preventive services without cost sharing.

Ms. Church reported that the MHBE is spending \$2.1 million on media for advertising from October 15, 2025, through January 15, 2026. The MHBE started with encouraging consumers before open enrollment to get an estimate for their plan, so they have time to prepare and budget. Traditional media, such as radio, newspapers, billboards and television ads, make up 40% of the media budget, and the remaining 60% goes toward digital media, which includes advertising on dating websites, Spotify, and social media. The MHBE is hosting many virtual events during the fall. A virtual event last week had 170 partners, with MHBE and MIA staff speaking about upcoming changes and how to inform consumers about those changes. Connector Entities are hosting in-person events to assist consumers with enrolling. The MHBE is hoping to pilot a program this year where they will have brokers in a Zoom meeting, and consumers can each be connected with a broker in a breakout room for enrollment assistance.

Ms. Klapper added that she found the webinar last week to be very helpful and has been sharing it with others. She provided a link to the webinar recording.<sup>3</sup> Ms. Church responded that, because of the webinar, the MHBE has received many questions, especially regarding Medicaid and the immigrant population, so they are planning on hosting another webinar at the end of October.

## **SAC Discussion**

Ms. Fabian-Marks explained that the MHBE is considering increasing the plan limit in the Small Business marketplace from four to eight plans per metal tier per parent company. Currently, carriers operating under multiple licenses may offer up to four plans per metal tier per license. While they originally planned to make this change through the plan certification standards, MHBE realized that it would need to be changed through regulation. The MHBE recently reduced the plan limit in the individual market from four plans to three plans per metal level while leaving the four-plan limit in the small group market. Ms. Fabian-Marks explained that many stakeholders on the small business side have requested a higher plan limit. As a result, the MHBE is considering a standard to allow eight plans per metal level across all subsidiaries within the parent company. Since small businesses are encouraged to and more likely to use brokers due to the complexity of the small group market, a higher number of plans is less likely to overwhelm small businesses.

Ms. Fabian-Marks reported that the MHBE does not have other plan certification proposals for 2027 and asked the SAC for suggestions. She noted that the MHBE has a separate Value Plan Workgroup which reviews and provides recommendations for the value plan standards every year, which are then brought before the SAC.

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<sup>3</sup> [MHBE Changes Webinar Recording](#)



Ms. Larsen asked about the qualification ceiling for small businesses. Ms. Fabian-Marks responded that businesses must have 50 employees or less to qualify as a small business, a ceiling which is in state law and is standard across the country.

Ms. Larsen asked if United is still participating in the small group market. Ms. Fabian-Marks responded in the affirmative.

Ms. Fabian-Marks then provided updates from the MHBE Board meeting earlier in the week and other updates that were not included in the agenda. She reported that the small business enrollment platform, MHC for Small Business, went live on September 1. Now small businesses have the same enrollment process as individuals. Employers and employees can create accounts to enroll in coverage, and the MHBE can process the enrollment and collect payment. MHC for Small Business is currently having a soft launch without heavy marketing, but after open enrollment ends, marketing will be ramped up.

Ms. Fabian-Marks reported that the annual uninsured estimates for 2024 from the Census Bureau's American Community Survey indicate that Maryland's uninsured rate stayed flat at roughly 6%, the same as 2023, while the national uninsured rate increased, a testament to Maryland's work to make the Medicaid redeterminations as smooth as possible and help Medicaid participants keep coverage or move to coverage through the exchange. Many states experienced coverage losses as a result of Medicaid redeterminations.

Ms. Fabian-Marks then provided updates from the recent Board meeting. She explained that the Access to Care Act, passed in 2024, authorized the MHBE to apply for a waiver from the federal government to allow individuals of all immigration statuses to enroll in coverage through the exchange without financial assistance. Currently, under federal law, only lawfully present immigrants can enroll through the exchange. The federal government granted the waiver in January, and the original plan in the application was to implement the new standard for coverage starting January 1, 2026. However, the MHBE did not anticipate the operational burden to implement the provisions of the Program Integrity Rule and H.R. 1, which include provisions that impact private insurance and Medicaid: namely, the Medicaid work requirement that will go into effect in 2027. Since MHC is the enrollment platform for most Medicaid participants, much of the implementation work will fall on the MHBE, and they want to ensure the process is automated as much as possible to reduce administrative barriers that could result in Medicaid participants losing coverage. Due to these resource constraints, the MHBE is proposing to adjust the timeline for implementation of the Access to Care Act to January 1, 2028, which will give the MHBE time to implement the new Medicaid provisions first. There will be a 30-day comment period for this proposal. Then, MHBE staff will return to the Board in October for a vote on whether to move forward with submitting the implementation update to the Centers for Medicare & Medicaid Services (CMS).

Ms. Fabian-Marks then reported on funding changes for the Connector Entity program that go into effect on October 1. The Connector Entity or navigator program is the state's in-person assistance program for both Medicaid and QHPs that has a presence in every county in Maryland. It's a grant program that is operated in partnership with six different entities across the state to provide statewide coverage. Federal funding has traditionally covered 50% of costs for the Connector Entity program, but the MHBE has not been able to complete the lengthy process of obtaining the newly required grant agreement approvals and is unable to get federal funding in place beyond October 1st. The MHBE will continue to work with the Maryland Department of Health and with federal partners to coordinate funding but do not have an expected date by which it will be in place. The MHBE anticipates that the federal funding will be in place by July 1, 2026, at the latest, but the MHBE is left with a funding challenge between October 2025 and July 2026. As a result, the Board approved an extension of the existing grants with the Connector Entities that includes only the allocated state funding for the program, not the other, federally funded half. The MHBE is working with the Connector Entities to adjust their operations due to the funding limitations and focus on their work with QHP enrollees because the local health departments and Department of Social Services are already in place to provide in-person assistance to Medicaid enrollees.

Ms. Amador expressed sadness at the delay of the implementation of the Access to Care Act given the federal changes that are greatly impacting the immigrant communities and causing many to lose coverage, not to mention the mass deportations of immigrants. She is looking forward to further discussions on how the MHBE and the state can help immigrants who have lost their lawfully present status access health care.

Amelia Marcus, Policy Analyst with the MHBE, provided an overview on the MHBE's plan for multiple improvements to the MHC consumer shopping tool. She explained that the MHBE launched the Consumer Decision Support Workgroup last year to receive input on how the MHBE can better provide support and ease of use for consumers during the plan shopping process. One of the recommendations of the Workgroup was to add a new functionality to provide tailored plan recommendations to consumers into the current consumer plan shopping tool on MHC, called the "Get an Estimate" tool. This recommendation was based on the Washington State marketplace, which has a consumer plan shopping tool that has the ability to provide tailored plan recommendations. Representatives from Washington state provided a presentation on the consumer plan shopping tool to the Workgroup last year.

Ms. Marcus provided a brief overview of Washington state's consumer decision support tool. She explained that, in general, Washington's consumer support tool is very similar to the MHC "Get an Estimate" tool. It helps consumers shop for and compare plans, but it also goes a step further and will provide tailored plan recommendations to a consumer based on their inputs into the tool. Washington's tool takes the consumers' responses to questions in the tool and provides recommendations based on the estimated premium, out-of-pocket costs, provider network, pharmacy coverage. Consumers are asked about their expected health care utilization for the year and for any providers or prescriptions

they want to be covered by a plan. The tool then weighs all this information and recommends up to three plans to the consumers, which are also marked as recommended plans on the plan shopping page. Washington's consumer decision support tool heavily weights out-of-pocket costs, which means plans with lower net premiums, often driven by Washington's state subsidy, are recommended most often. Standard plans, which are similar to Maryland's value plans, are listed before non-standard plans. Ms. Marcus then provided a more detailed breakdown on Washington's current algorithm for their consumer decision support tool. Detailed slides are available in the presentation for this meeting.

Ms. Marcus explained that, similar to the Washington tool, the MHC "Get an Estimate" tool already asks consumers about health care and prescription utilization when providing an estimate for consumers. Since the MHC tool already has a similar infrastructure as the Washington tool, the MHBE is in a good position to incorporate plan recommendations into the "Get an Estimate" tool. Ms. Marcus noted that the goal is to incorporate the plan recommendations into the tool in 2027 and asked for feedback from the SAC.

Ms. Klapper asked if there is a plan to have consumers test out the plan recommendation tool before it is rolled out to ensure that it is easy to use. Ms. Marcus responded that the MHBE has not discussed consumer testing yet, but it is very likely that they will do consumer testing in some form, and this item can be kept on the SAC agenda as a discussion item moving forward.

Ms. Marcus asked SAC members to reach out if they have thoughts about incorporating plan recommendations into the "Get an Estimate" tool after the meeting.

Ms. Klapper announced that there will be a Medicaid Turns 60 Event hosted by the National Domestic Workers Alliance and Caring Across Maryland on September 25 in Hyattsville.

Ms. Klapper closed the meeting.

### **Public Comment**

None offered.

### **Chat record:**

00:19:27

Andrew Ratner -MHBE-: Are those numbers (324k) total of both on and off exchange for individual market?

00:26:44

Elizabeth Arend Dutta: So proud to be a Maryland resident, and of all your work to keep people covered.

00:26:52

Stephanie Klapper: Maryland Matters article that touches on state subsidy program:  
<https://marylandmatters.org/2025/09/16/health-advocates-state-officials-brace-for-sticker-shock-if-aca-tax-credits-expire/>

00:36:37

Carmen Larsen: this excludes immigrants that are Perm Res and Citizens right?

00:52:04

Maggie Church -MHBE-: What's new page on Maryland Health Connection site:

00:52:07

Maggie Church -MHBE-: <https://www.marylandhealthconnection.gov/whats-new/>

00:52:45

Carmen Larsen: My email at the Chamber is clarsen@hccmc.org for the Hispanic Chamber of Commerce Montgomery County at info@hccmc.org and also the Hispanic Business Foundation of Maryland, Inc, for Carmen Rojas at crojas@hbfmd.org

00:52:54

Carmen Larsen: My cell phone is 301 332 2686

00:55:07

Maggie Church -MHBE-: Thank you, Carmen I will add you to our partner list

00:55:27

Carmen Larsen: thank you

01:00:49

Stephanie Klapper: MHBE Changes Webinar Recording [https://links-1.govdelivery.com/CL0/https:%2F%2Fyoutu.be%2F-la7bpyUrHU%3Futm\\_content=%26utm\\_medium=email%26utm\\_name=%26utm\\_source=govdelivery%26utm\\_term=/2/010001993e9340cc-64ca14bd-6336-4bc7-84c7-b89c6947bfe0-000000/G\\_kf2RtgWmSzpH-U1dMqQhPzpNb3A4uSa-hVOKkHT-Q=422](https://links-1.govdelivery.com/CL0/https:%2F%2Fyoutu.be%2F-la7bpyUrHU%3Futm_content=%26utm_medium=email%26utm_name=%26utm_source=govdelivery%26utm_term=/2/010001993e9340cc-64ca14bd-6336-4bc7-84c7-b89c6947bfe0-000000/G_kf2RtgWmSzpH-U1dMqQhPzpNb3A4uSa-hVOKkHT-Q=422)  
Slides: [https://links-1.govdelivery.com/CL0/https:%2F%2Fcontent.govdelivery.com%2Fattachments%2FMDHC%2F2025%2F09%2F11%2Ffile\\_attachments%2F3385809%2FChanges%2520Coming%2520Webinar\\_09102025.pdf/1/010001993e9340cc-64ca14bd-6336-4bc7-84c7-b89c6947bfe0-000000/X1CxbiVrjUw74TabJlnIA18FJieX6xCQd4QizR01\\_Cg=422](https://links-1.govdelivery.com/CL0/https:%2F%2Fcontent.govdelivery.com%2Fattachments%2FMDHC%2F2025%2F09%2F11%2Ffile_attachments%2F3385809%2FChanges%2520Coming%2520Webinar_09102025.pdf/1/010001993e9340cc-64ca14bd-6336-4bc7-84c7-b89c6947bfe0-000000/X1CxbiVrjUw74TabJlnIA18FJieX6xCQd4QizR01_Cg=422)

01:02:10

Ninfa Amador: hi maggie - might you be able to add me as well -  
namador@wearecasa.org. thank you!

01:03:55

Maggie Church -MHBE-: Will do.

01:10:45

Carmen Larsen: Link?

01:10:54

Maggie Church -MHBE-:

<https://www.marylandhealthconnection.gov/smallbusiness/anonymous-web/#/landingPage>

01:17:35

Becca Lane -MHBE-: see "other" tab: <https://www.marylandhbe.com/policy/public-comment/>

01:17:55

Becca Lane -MHBE-: MHBE is delaying implementation of the Access to Care Act (details can be found in the draft letter). As part of this process, MHBE is seeking public comment for 30 days before sending a letter to CMS and the Federal Departments that oversee Maryland's 1332 Waiver. The public can submit comments to mhbe.publiccomments@maryland.gov through October 5, 2025.

01:18:13

Becca Lane -MHBE-: <https://www.marylandhbe.com/wp-content/uploads/2025/09/Waiver-Amendment-Implementation-Update-Letter.pdf>

01:27:52

Carmen Larsen: That was a nice presentation.

01:32:59

Carmen Larsen: Sorry I have to excuse myself. I must go.

01:38:31

Stephanie Klapper: There will be a Medicaid Turns 60 Event hosted by the National Domestic Workers Alliance and Caring Across Maryland on September 25 at 6:30PM in Hyattsville.

Register at <https://www.mobilize.us/ndwa-c3/event/812964/> or

<https://www.mobilize.us/ndwa-c3/event/823990/>

01:38:36

Stephanie Klapper: Organizations can endorse the event at

<https://docs.google.com/forms/u/2/d/e/1FAIpQLSc6d7Vaz4rGlpavCeRI97IUk2pWVFutnoVvU8tabYizancckA/viewform?emci=1f6ad858-9489-f011-b484-6045bdeb7413&emdi=eab46823-b98c-f011-b484-6045bdeb7413&ceid=5911761>

01:39:00

Ninfa Amador: thank you all!