

# Commission to Study Health Insurance Pooling

## April 23, 2026

### Meeting Notes

- I. Welcome
- II. Overview of Phase 2 Objectives
- III. Analysis of Current Plan Offerings – Data acquisition and timeline
- IV. Discussion – Structural Challenges
- V. Future Meeting Format and Schedule

#### **Discussion:**

Discussion focused on data procurement methods for the evaluation of current plan offerings. Leadership from MACo, MML, and MABE committed to helping to coordinate these efforts and provided points of contact for further assistance.

Maryland's established health insurance pools include the Local Government Insurance Trust (LGIT), representing 24 participating municipalities, and the Eastern Shore of Maryland Educational Consortium (ESMEC) Health Insurance Alliance, comprising seven member school boards. Commission members provided some designated contacts for these organizations to assist with acquisition of data relating to these pooled groups.

To help facilitate the process, the DBM Deputy Secretary will coordinate with key contacts to help prepare entities for the upcoming data requests.

To meet the May 31 deadline, the Employee Benefits Division is fast-tracking the delivery of a data request template and the necessary NDAs to ensure an authorized and efficient exchange of information. Data security and integrity will be maintained via a secure file transfer portal hosted by Segal. This SFTP site will serve as the centralized repository for all claims data submissions.

Consultants from The Segal Company highlighted that health insurance pooling is a growing interest among other states. However, they cautioned that these arrangements involve multiple complex factors that require thorough analysis. Key considerations include

underwriting and risk pooling mechanics, compliance with varied state and federal legal constraints, and the alignment of diverse plan designs.

There was a brief examination of the structural challenges related to a mandatory pooled insurance model including adverse selection, loss of local autonomy, actuarial complexity, geographic provider disparity and administrative hurdles.

The session concluded with an agreement on a new hybrid meeting cadence. Moving forward, sessions will alternate between in-person and virtual formats, though a remote dial-in option will remain available for all meetings. While the team acknowledged the efficiency of virtual attendance, members were encouraged to attend in person whenever possible to capitalize on the participation and collaborative energy that face-to-face interaction provides.

**June 4** – in-person

**June 25** – virtual

**July 16** – in-person

**August 6** – virtual

**August 27** – in-person

**September 17** – virtual

**October 8** – In-person

**October 29** – virtual

**November 19** – in-person