



PEOPLE'S INSURANCE COUNSEL DIVISION

Fiscal Year 2025

ANNUAL REPORT

State of Maryland

OFFICE OF THE ATTORNEY GENERAL

I. INTRODUCTION

The People’s Insurance Counsel Division in the Office of the Attorney General (hereinafter referred to as the “Division”) submits this annual report as required by the Maryland General Assembly.¹ On or before the first of January of each year, the Division reports on its activities for the prior fiscal year. This report covers the time period from July 1, 2024, through June 30, 2025.

While the Division cannot provide legal representation for individual consumers, PICD protects insurance consumers by:

- Discussing insurance problems with consumers to answer questions and explain the Maryland complaint review process
- Reviewing complaints filed with the Maryland Insurance Administration to identify patterns in insurance practices
- Creating educational materials to explain complex insurance topics
- Reviewing insurance company rate filings to ensure rates are data-supported and not excessive
- Examining insurance policy forms and rules for consistency with Maryland legal requirements
- Representing consumer interests before the Maryland General Assembly
- Proposing legislation to strengthen consumer protection laws
- Alerting consumers to changes that may affect them
- Working with community organizations to provide insurance information

The Division participated in twenty-eight (28) in person outreach events throughout the state of Maryland. The Division had the opportunity to interact with over 1800 consumers through written correspondence or in person events.

A. Statutory Basis and Funding

The Division was created in 2005 with the enactment of the Maryland Patients’ Access to Quality Health Care Act of 2004 (hereinafter referred to as “Act”).² The provisions of the Act relating to the Division have been codified in Md. Code Ann., State Government Section 6-301 through 6-308.

¹ Md. Code Ann., State Government § 6-308.

² The Act was introduced as an emergency measure as House Bill 2 in a 2004 Special Session of the Maryland General Assembly convened on December 28, 2004. The Bill passed and was enacted in 2005 over the Governor’s veto with an effective date of January 11, 2005. The Act was amended in 2005, effective March 31, 2005, by another emergency measure, House Bill 836.

Funding of the Division is provided through a People’s Insurance Counsel Fund consisting of funds collected by the Maryland Insurance Commissioner (hereinafter referred to as the “Commissioner”) through an annual assessment from each medical professional liability insurer and homeowner’s insurer issuing policies in the State. The purpose of the Fund is to pay the costs and expenses of the Division in carrying out its duties.³

B. Statutory Duties

The duties of the Division include evaluation of each medical professional liability insurance and homeowner’s insurance matter pending before the Commissioner to determine whether the interests of insurance consumers are affected.⁴ The Division has explicit statutory authority to conduct investigations and request the Commissioner to initiate an action or proceeding to protect the interests of insurance consumers (hereinafter referred to as “insurance consumers”, “consumers” and/or “consumer”). The Division is required to review any rate increase of 10% or more filed with the Commissioner by a medical professional liability insurer or homeowner’s insurer. If the Division determines that a rate increase is excessive, inadequate, or unfairly discriminatory, its representative shall appear before the Commissioner at any hearing on the rate filing. At any time, the Division may conduct investigations and request the Commissioner to initiate an action or proceeding to protect the interests of insurance consumers.⁵

In any appearance before the Commissioner or the courts, the Division has the rights of counsel for a party to the proceeding, including summoning witnesses, cross-examination of witnesses, presenting evidence and argument.⁶ The Division may also take depositions in proceedings before the Commissioner and in proceedings in court, in accordance with applicable law and procedure.

The Division “shall have full access to the Commissioner’s records,” including rate filings, and shall have the benefit of all other information of the Commissioner.⁷ The Division is entitled

³ Md. Code Ann., State Government §§ 6-304 and 6-305. Because the duties of the Division only involve two types of insurance, homeowner’s insurance and medical professional liability insurance, the insurers who are assessed for the Fund are limited to the insurers issuing those types of policies in Maryland.

⁴ Md. Code Ann., State Government § 6-306(a). The Act defines insurance consumers as those insured under homeowner’s policies or medical professional liability insurance policies.

⁵ The Division’s duties are described in Md. Code Ann., State Government § 6-306.

⁶ Md. Code Ann., State Government § 6-307.

⁷ Md. Code Ann., State Government § 6-307(c). The Division’s access to information is only limited by applicable statutes in the Insurance Article and the Maryland Public Information Act, General Provisions Article, §§ 4-101 to 4-601.

to the assistance of the Commissioner's staff provided that the assistance is consistent with the staff's responsibilities and with the respective interests of the staff and the Division.⁸

The Division may recommend legislation on matters that promote the interests of insurance consumers in Maryland.⁹

In 2011, Counsel was granted access to vendor explanations of catastrophe models but also required to maintain the confidentiality of them.¹⁰

II. DIVISION STAFF AND BUDGET

The Division's personnel consist of the People's Insurance Counsel, an assistant attorney general, an analyst/investigator, whose primary responsibilities include review of homeowner's and medical liability insurance filings, and a management associate who primarily provides office support including consumer contact.

Two actuarial firms provided consulting services to the Division by reviewing rates and other documents that are filed by insurers issuing policies in Maryland. The following consultants were selected for their expertise in property and casualty rate filings: Kufera Consulting, Inc., and Taylor and Mulder, Inc.

III. DIVISION RESPONSIBILITIES

The Division concentrates its efforts in several areas:¹¹

- Review of consumer complaints filed with the Maryland Insurance Administration (hereinafter "MIA") relating to homeowner's insurance and medical professional liability insurance;
- Response to concerns of consumers who contact the Division;

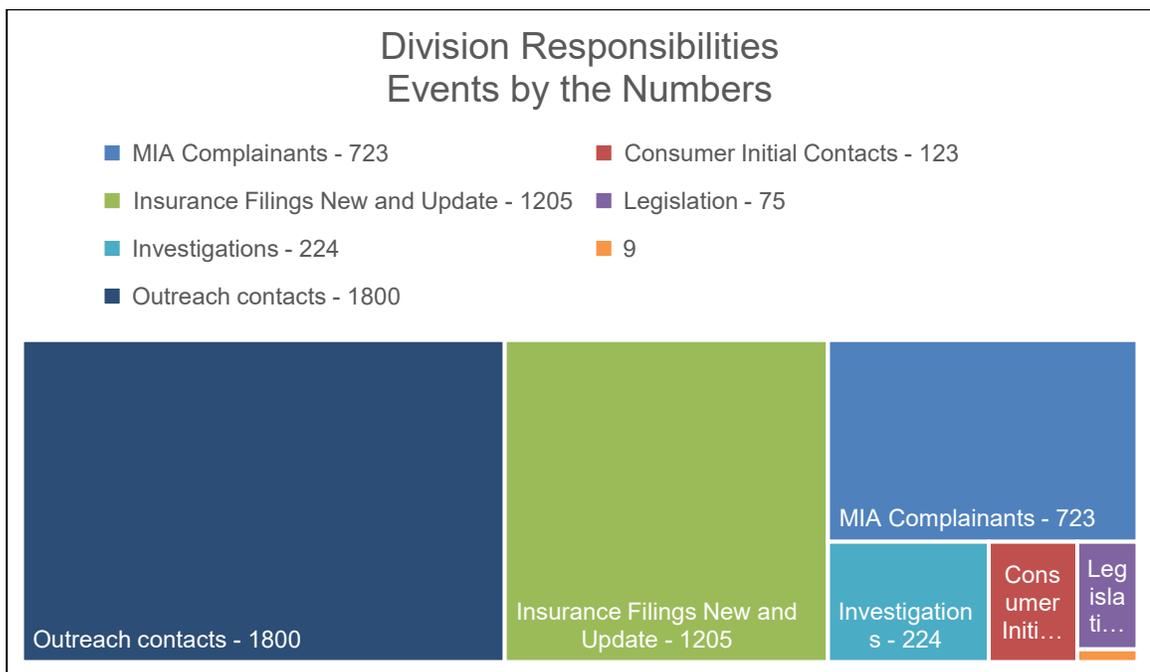
⁸ Md. Code Ann., State Government § 6-307 (c)(2).

⁹ Md. Code Ann., State Government § 6-307(d).

¹⁰ 2011, chapter 154 —see Md. Code Ann., Insurance §19-211.

¹¹ The Division has interpreted its statutory authority to include the review of any matter before MIA that impacts homeowner's and medical professional liability policyholders. This decision derives from the Division's broad mandate to review "each medical professional liability insurance and homeowner's insurance matter pending before the Commissioner." Md. Code Ann., State Government § 6-306(a). Rate filings are reviewed pursuant to a specific mandate to "review any rate increase of 10 percent or more filed with the Commissioner by a medical professional liability insurer or homeowner's insurer." Md. Code Ann., State Government § 6-306(a).

- Review of rate, rule and form filings in those two lines of insurance;¹²
- Review of proposed legislation and participation in the legislative process, as required, to represent consumer interests;
- Investigation of issues generated by patterns identified in consumer complaints and rate filings;¹³
- Review of “lack of good faith complaints” under Insurance Article Section 27-1001;¹⁴ and
- Outreach to consumers.



A. Review of Consumer Complaints filed with the MIA

After a consumer has initiated a complaint with the MIA regarding the action of an insurance company, the MIA conducts an investigation and issues a determination letter to the complainant and insurer at the completion of its investigation. MIA supplies the letters to the Division on a regular basis, enabling the Division to do timely reviews of all the letters to identify

¹² In this Report, references to “Rate Filings” shall mean all filings made under Insurance Article, Title 11, including new and revised rates, rating rules, policy forms and supplementary rate information.

¹³ Several of these are discussed in greater detail later in the Report.

¹⁴ Md. Code Ann., Ins. Art. § 27-1001, effective October 1, 2007.

issues that potentially impact a number of consumers and to assess the existence of patterns of insurer conduct contrary to the insurance laws. The complaints primarily relate to the cancellation or non-renewal of coverage, increase in premiums, modifications of coverage, claim denials or claim settlements.

It has become the practice of the Division to issue its own explanatory letters and printed materials to the majority of individuals who have received MIA determination letters.¹⁵ The Division's letter explains that a staff member is available to discuss a consumer's right to an administrative hearing and explains applicable statutory and regulatory frameworks for hearings. Through calls from consumers who have received the Division's letter, the Division obtains additional information about company practices beyond the information detailed in the determination letters themselves. The Division's review of the determination letters and its conversations with affected consumers have provided an opportunity to understand the broader impact of insurers' procedures and policies in making underwriting and claims decisions.

The Division routinely advises consumers that it does not provide legal representation for individuals in their disputes with insurers. The Division does provide information to assist consumers in filing their requests for hearings and aids consumers in understanding the process for using Maryland's Public Information Act to obtain the relevant MIA files regarding their complaints.

In addition to the initial explanatory letter, the Division, upon being notified by the MIA that a complainant has sought and been granted a hearing, sends a letter offering to assist the complainant in understanding the hearing process. The Division has developed a handout about the process so that complainants may better understand how the hearings are conducted. Additionally, the Division has sample subpoena and discovery forms for complainants' use in summoning witnesses and obtaining additional documents for their hearings. The Division attorneys also review Final Orders issued by the Commissioner after hearings held at the MIA or delegated to hearing officers at the Office of Administrative Hearings.

The Division reviewed 722 homeowner's insurance complaint determination letters and one (1) medical professional liability insurance-related complaint determination letter issued by MIA. Most of those complaints involved either consumer dissatisfaction with the handling or payment of a claim, with the action taken by an insurer to cancel insurance coverage or decline to renew coverage, or premium increases. At the determination letter stage, the MIA found violations of Maryland insurance laws in one (1) of the complaints for homeowner's insurance. The Division reviewed 67 final orders from administrative hearings concerning MIA complaints, the MIA found a violation of Maryland insurance laws in one (1) of these matters. MIA agreed to provide notification to the Division when it becomes aware of the filings of a Petition for Judicial Review in homeowner's insurance or medical professional liability insurance. Additionally, the Division periodically checks the Maryland Court Case Search in an effort to determine if a Petition for

¹⁵ Division letters are not sent to all individuals. Among those who do not receive letters are those whose complaints have been resolved in their favor, who have withdrawn their complaints, or who have replaced their coverage resulting in an MIA letter stating that the issue is rendered moot, and no remedy is available.

Judicial Review in a Circuit Court for Maryland. The Division learned of two (2) Petitions for Judicial review filed by homeowners in a Circuit Court for Maryland. Of the follow-up letters issued by the Division to consumers, 59 contacted the Division to discuss their complaints further.

B. Response to Consumers who Initiate their Complaints with the Division

Periodically, consumers contact the Division to discuss their concerns with their insurance companies that are not related to a complaint filed with MIA. These calls typically concern homeowner's insurance issues similar to those addressed to the MIA in complaints.¹⁶ Division attorneys advise callers about options that are available for resolution of their complaints, including policy appraisal procedures and use of public adjusters for claims resolution. The attorneys also often refer consumers to the MIA website for further information about resolving claims through the Rapid Response Program, how to file a formal complaint and/or how to file a lack of good faith complaint. Because Division attorneys do not represent individual consumers, the Division has referred callers to the Maryland Courts Help Centers for limited no-cost legal advice in civil matters. The Division also provides consumers with contact information for the Maryland State Bar Association's and the county bar associations' Attorney Referral Programs. When appropriate, the Division has exercised its statutory authority to request review by the MIA. The Division responded to 123 consumer calls during the fiscal year.

C. Division Review of Rate Filings

Insurance companies issuing homeowner's insurance policies in Maryland are required by Title 11 of the Insurance Article to file with the Commissioner all rates, supplementary rate information, policy forms, endorsements and modifications of any of these documents.¹⁷ Homeowner's insurance is subject to the competitive ratings laws. Insurers are allowed to use the filed rates without obtaining the prior approval of the Commissioner.¹⁸ All policy forms must be approved by the Commissioner before use in Maryland.

Insurance companies issuing medical professional liability insurance policies in Maryland are required by statute to obtain the approval of the Commissioner before using rates, rules, policy forms and any modifications of such documents.¹⁹ These filings may not take effect until 30 working days after filing with the Commissioner.²⁰

¹⁶ Consumers calling the Office of the Attorney General are often directed to the Division regarding insurance complaints other than homeowner's or medical malpractice. The Division attorneys respond to those calls also, redirecting the consumers to other resources that may be of assistance to them.

¹⁷ Md. Code Ann., Ins. Art. § 11-206.

¹⁸ Md. Code Ann., Ins. Art. § 11-307.

¹⁹ Md. Code Ann., Ins. Art. § 11-206(a).

²⁰ Md. Code Ann. Ins. Art. § 11-206(g).

The Division reviewed a total of 311 new filings and 894 updates to filings, including rate filings as well as other filings. The Division expressed concern about several filings either directly to the company or to MIA. If the company did not address the Division's concerns, the Division contacted MIA. Accordingly, the Division did not initiate any hearings on these filings.

Homeowner's Insurance

The Division reviewed 254 new homeowner's insurance filings filed with the MIA during the fiscal year. These filings included rate increases and decreases, new rating rules, rule changes, new policy forms, revisions to policy forms, and revisions to underwriting guidelines. The Division selects filings for further review in which the insurers are requesting increases or decreases of ten (10) percent or more on all or some policyholders, or when significant increases or decreases have been requested in successive years. Typically, the effect of a rate, rule or form change on consumers is not easily ascertained without in-depth analysis of the filing. The actuarial consulting firms previously mentioned, each under contract with the Division, are referred significant filings that require actuarial review.

As found in prior years, the Division's consultants determined that multiple filings did not include adequate supporting actuarial data; therefore, the Division's consultants generated questions on the filed documents and made requests for additional supporting information. The Division, through its staff or consulting actuaries, advised the MIA of inquiries forwarded to the insurers. As part of its review of filings, MIA has made requests on some filings that the insurer provide MIA its responses to questions raised by the Division. With few exceptions, the Division's consultants received satisfactory responses from the insurers' actuaries. When necessary, the insurance company after responding to the Division's actuary consultants' inquiries, filed additional or corrected information with MIA.

Significant Homeowner's Insurance Filing Issues

Predictive Modeling

Many insurers use non-catastrophe predictive models (known as generalized linear models) in setting their rates. The data used in these models is extensive and difficult to evaluate. Considering insurers' increased use of these models, staff members engage in continuing education to better understand the issues presented by modelling.

During Fiscal Year 2018, the MIA Associate Commissioner for Property and Casualty notified the Division that it was implementing procedures to disclose proprietary rate-related information ("PRRI"), pursuant to Md. Code Ann., Ins. Art. §11-307(c)(3)(iii). MIA has disclosed PRRI when the Division sees reference to it in the public section of a filing and requests it. During fiscal year 2025, the Division has no knowledge of which filings have confidential information unless the public sections available to the Division make reference to it. However, there may be a delay in receiving this information from MIA. This delay affects the Division's ability to timely review the filings. MIA and the Division discussed these concerns, and affirmative action is being taken by MIA to ensure a timely response.

Rating Factors

A significant number of companies use ‘age of insured’ and ‘marital status’ as factors in calculating their rates.²¹ The Division’s analyst and actuaries have been analyzing the use of the factors in the filings of multiple companies. The Division’s actuaries have noted that the generalized linear models currently employed by companies do generate correlations between age of insured and insurance losses. The correlations, however, are not consistent across the industry as one might expect.²² Some companies’ models reveal higher losses for individuals over forty (40) and therefore have rating factors increase with age of insured. Others decrease the factors for individuals of retirement age. The Division continues to survey companies about the actuarial bases for their use of these factors, anticipating that more industry data will assist the Division in the evaluation of the validity of these factors.

The Division has also noticed some other rating factors being used by companies that affect Maryland insurance consumers. The Division has noted some companies are excluding coverage for virtual currency and coverage related to cannabis. Additionally, some companies are now providing flood endorsements as an option to homeowner’s insurance policies in Maryland. The Division also noticed that some insurers include a limited loss settlement provision. After an inquiry from a consumer, the Division began reviewing the exclusion of specific dog breeds from homeowner’s insurance policy coverage.

Medical Professional Liability Insurance

There are significantly fewer medical professional liability insurance filings received each year by MIA as compared to homeowner’s insurance filings. The Division reviewed 57 new filings made by medical professional liability insurers during the fiscal year. The Division’s consultants reviewed the medical professional liability filings in the same manner as the homeowner’s insurance filings; requests for additional documentation were sent to the insurers with copies to MIA actuaries. One new issue which has begun to emerge in medical professional liability filings is biometric data. Some insurers are issuing endorsements clarifying that liability related to the privacy of biometric information is excluded. Additionally, PICD noted at least one filing with an endorsement allowing an insured to suspend premium and coverage for a period of time if the insured is impacted by a government proclamation of an official disaster, state of emergency, or similar orders.

²¹ The marital status factor first came to the Division’s attention in Fiscal Year 2017 when a consumer complaint was made by a widow who realized her homeowner’s insurance premium increased when her husband died. Maryland Insurance Article 27–501(e–2)(7) now prohibits an insurer from increasing the homeowner’s insurance premium on an insured who becomes a surviving spouse based solely on the insured’s change in marital status (enacted 2019).

²² For example, when it comes to fire risk, there is agreement in the industry that the older a home, a roof, or the greater distance to a fire hydrant, the higher the risk.

D. Legislative Session

During the 2025 Legislative Session, the Division conducted an initial review of 75 bills and monitored 34 of those bills, identified on the Maryland General Assembly website as “Insurance – Other than Health” or as “Real Property” or other search terms to determine if any bill had a potential impact on homeowner’s or medical professional liability insurance. Some of the bills monitored by PICD concerned homeowner’s insurance, including condominium and renter’s insurance, as well as housing discrimination. Other bills monitored by PICD concerned incarcerated citizens and/or expungement of criminal records. PICD monitored these bills to determine what effect there may be on consumers, including returning citizens, in obtaining and maintaining homeowner’s insurance.

One bill that passed is HB 1148 (Ch. 381) - Residential Condominium Unit Insurance - Lapses in Coverage - Prohibition on Denial amends § 27-501 of the Insurance Article, which addresses discrimination in underwriting. This bill prohibits an insurer from refusing to issue a new policy covering a residential condominium unit based solely on the fact that the applicant has experienced a lapse in coverage of the unit, if the lapse in coverage: (i) was due to an insurer's withdrawal from the market; and (ii) was not longer than 90 days. An insurer is authorized to require that an applicant who has experienced a lapse in coverage and meets the criteria listed above provide: (i) an affidavit that the applicant has not incurred any losses during the lapse in coverage; and (ii) other documentation to demonstrate satisfaction of the criteria. The amendments went into effect on October 1, 2025, and applies to new residential condominium unit insurance policies issued on or after January 1, 2026.

E. Division Review of Section 27-1001 Complaints

In 2007, the General Assembly amended the Insurance Article to provide policyholders a procedure for review when they believe their insurer has not acted in good faith. The provisions, codified in Section 27-1001 of the Insurance Article,²³ and accompanying regulations,²⁴ require a policyholder to file a complaint with the MIA, with supporting documentation, stating the facts underlying the allegation that the insurer failed to act in good faith. This procedure is only available to a policyholder. Injured third parties--*e.g.*, a neighbor with damage to their home—may not file under Section 27-1001.²⁵ The Division reviewed decisions in nine (9) consumer-generated complaints of lack of good faith on a homeowner’s insurance matter under Section 27-1001, no violations were found by MIA.

²³ Md. Code Ann., Ins. Art. § 27-1001.

²⁴ COMAR 31.08.11.

²⁵ As an alternative to filing under Section 27-1001, consumers may file a regular complaint with MIA alleging that an insurer has failed to act in good faith. The list of unfair claim settlement practices in Section 27-303 was amended in 2007 to add “fail to act in good faith.” Like Section 27-1001, an insurer can be found in violation of failing to act in good faith when the consumer who makes the allegation is the policyholder of that insurer (first party claims). An insurer cannot be held in violation of the law for failing to act in good faith if the person who suffered a loss and filed a claim is not the policyholder of the insurer (a third-party claim).

IV. INVESTIGATIONS

The Division investigated 224 matters. The Division investigations may include matters raised in filings, complaints, or consumer calls. Investigations are commenced when the Division identifies an issue in an insurance complaint that potentially affects a broad number of consumers or requires a more in-depth review of a consumer complaint. These investigations are usually prompted by contact from the consumer who filed the complaint but sometimes arise from consumers who contact the Division before a complaint is filed with the MIA. Additionally, a few investigations are commenced from a pattern or practice noted by the Division following review of numerous determination letters from particular insurance companies.

Investigations are more intensive than many of the Division's other consumer-assistance practices, such as responding to complainants' inquiries about MIA complaint and hearing practices. For example, investigations often require Division personnel to obtain MIA investigative files, request additional documents from insurers, conduct interviews and do additional background and legal research in order to fully assess an MIA decision's impact on consumers.

The Division investigated 88 allegations raised in determination letters or prompted by contact by consumers directly to the Division. As part of a more in-depth review of a consumer complaint, the Division routinely makes public information act requests (PIA) to MIA to obtain the investigative file of consumer complaint. PIA files often contain a substantial number of documents concerning the issues raised in the complaint. The files routinely contain the consumer's complaints, the company's response (may exclude confidential documents), and MIA's determination and related documents. The Division reviews the files to better understand the issues raised by the consumer and the insurance companies' actions. The Division conducted extensive investigation into cases involving resolution of claims, non-renewals of policies and cancellation of policies. The Division also monitored several matters in which a homeowner requested an administrative hearing and responded to inquiries by the homeowners concerning the administrative hearing.

In addition, as indicated previously, the Division has several continuing projects regarding homeowner's insurance practices affecting consumers. Age of insured and marital status rating factors, coverage or exclusions from coverage concerning communicable disease, virtual currency, cannabis and dog breeds, and availability of flood endorsements are some of the continuing projects. Additionally, the Division is reviewing insurance companies' definitions of "ineligible persons" and its impact on returning citizens. Insurance Article §27-501 allows an insurer to discriminate without statistical validation against individuals seeking homeowner's insurance who have a conviction for arson within the preceding five years or conviction of a crime which directly increases the hazard insured against within the preceding three years. Insurance Article §27-501(j)(iv). Recently, PICD has begun tracking the usage of aerial imagery by insurers. Maryland Insurance Administration Bulletin 25-10 addresses cancellation, nonrenewals, and claim denials based on satellite and aerial imagery, specifically the reliance of insurers upon images which are low-resolution, out-of-focus, or blurry.

Finally, the Division considers in-depth reviews of rate filings by the Division's consulting actuaries to be investigations. Actuarial consultants reviewed 34 new filings, plus 42 additional filing investigations for filings that were initially sent to the actuarial consultants in previous years. The Division reviews all filings and when necessary, the Division may contact the insurance company or contact MIA directly, rather than refer the matter to a consulting actuary. The Division's actuary analyst investigator provided an in-depth review of an additional 102 new filings.

As noted previously in this report, the Division's actuaries routinely contact companies regarding the insufficiency of the actuarial bases for their filings or apparent errors in calculations. In the vast majority of cases, the companies supply the Division with additional and/or corrected information sufficient for the Division's actuaries to do a complete analysis of the filing. On occasion, companies may correct or withdraw their filings after PICD's inquiries. In one filing the insurer initially proposed an overall rate change of 25.0% based on a rate indication of 54.9%. The company revised its methodology and changed its rate proposal to an increase of 10.0% based on a rate indication of 13.2%. In another filing, the insurer was introducing a new renter's program in Maryland. The company withdrew the filing. The Division has several long-term investigations as noted above. If needed, one of the Division's consulting actuaries is available to assist the Division in assessing whether these factors generate rates that are unfairly discriminatory in violation of Maryland's insurance laws.

V. CONSUMER ASSISTANCE EFFORTS

PICD's outreach events provide opportunities to hear directly from consumers. PICD has determined that there is a benefit to Maryland consumers for the Division to participate in consumer events as well as developing educational materials posted on its webpage. PICD has participated in twenty-eight (28) in person outreach events. Between fiscal year FY23 and FY25, the number of in person events has steadily increased. Between FY23 and FY25, there was a seventy-five percent (75%) increase in the number of events. PICD has presented important insurance information to more than 1800 consumers and elected officials either through written correspondence or in person events.

PICD has placed equity which is fairness or justice in the way people are treated at the forefront of its outreach program. PICD has provided outreach in every county in the state and in Baltimore city ensuring that all Marylanders, including those living in rural areas and otherwise adversely affected by persistent poverty or inequality are reached. PICD further identified four specific communities, LGBTQIA+, seniors, students, and medical professionals, and sent them information about PICD. These communities were identified based on PICD's legislative mandate, contact with consumers, and prior legislative initiatives. An example is in 2024 House Bill 1283-Insurance – Discrimination – Sexual Orientation and Gender Identity was introduced and the bill sought to prohibit discrimination based on an individual's sexual orientation or gender identity by an insurer, an insurance producer, a surety insurer, and a health network when engaging in certain insurance-related business practices, including the homeowner's and medical professional liability lines of insurance. The Division submitted written testimony in support of the bill. The bill did not receive a vote in the House Economic Matters Committee. An inquiry was made during testimony

in support of the bill before the House about the availability of data to support that the community is being discriminated against in the insurance market. Therefore, the Division has sought to engage directly with the community to learn more about their concerns. Students often need information insurance information as they transition to student housing or apartments near their schools. The Division's informal contact with medical professionals indicates that some medical professionals are not aware of the Division and its work. Consequently, the Division contacted numerous medical professional organization providing a medical professional liability brochure which includes information about the Division and medical professional liability insurance.

In person events have been held at senior centers and libraries as well as larger housing related events. PICD participated in a program which aids low income and elderly homeowners that repairs homes and provides yard maintenance. Many consumers including seniors are denied coverage by the insurer for damage to their homes based on an exclusion for "wear, tear, and deterioration" and have had their homeowner's insurance canceled or non-renewed due to the poor condition of their home. This program fosters housing stability and equity.

The Office of the Attorney General's webpage includes a translation function for its web materials allowing consumers to access the information in a significant number of languages. The Division has available brochures in English and Spanish for its in-person outreach events. The outreach efforts have included contact with elected officials including copies of brochures. The Division responded to elected officials' consumer referrals and provided the Division's brochures.

The Division interacted with numerous consumers providing informative brochures, referrals to other state agencies, and when needed provided follow-up information about their concerns. The Division noted that the library systems and senior centers are welcoming community centers for the counties' diverse residents. The Division is committed to providing outreach throughout the state. The Division is committed to consumer outreach including in person events that will provide information to consumers and provide consumers with an opportunity to provide feedback to the Division.

The Division has continued dialogue with MIA representatives to better represent consumer interests. This has resulted in the Division's increased referral of consumers to the Rapid Response Program for claims resolution and to MIA's programing including educational series such as Lunch with MIA. Additionally, the Division has advocated for the Commissioner to exercise their discretion under Insurance Article Section 27-501(h), Annotated Code of Maryland to require insurers to provide current underwriting standards and to provide amendments on a regular basis²⁶. The Division worked collaboratively with several other governmental agencies to assist consumers.

VI. CURRENT ACTIVITIES

The Division has several goals for the present fiscal year::

²⁶ In fiscal year 2026, MIA sought comment on a draft proposed regulation to add Title 31 Maryland Insurance Administration, Subtitle 8 Property and Casualty Insurance, Chapter 19 Filing of Underwriting Standards. Comments closed on November 24, 2025.

- Continue to monitor insurer filings to ensure thorough review and meaningful feedback to the MIA to protect consumer interests.
- Review and advocate for consumer interests in proposed bills filed in the legislative session, and advocate for the legislation proposed by the Division.
- Continue to examine issues of policy availability for policyholders, including potential barriers.
- Monitor trends and issues facing homeowner's insurance and medical professional liability insurance policyholders.
- Engage in consumer outreach to provide educational materials and to obtain feedback from consumers in multiple forums across the state of Maryland.
- Produce additional educational materials and add specific information on topics relating to homeowner's insurance to the Division's website.
- Continue to examine factors used by insurers in homeowner's insurance ratemaking and coverage.
- Monitor the impact climate change has on the availability, scope, and coverage of homeowner's insurance for Maryland consumers and provide information to Maryland homeowner's insurance consumers.

VII. CONCLUSION

The Division will continue its efforts to advocate on behalf of consumers regarding homeowner's insurance and medical professional liability insurance matters pending before the MIA. The Division will continue its review of all insurance filings evaluating any impact on consumers. As in past years, the Division will represent consumer interests before the House and Senate committees, reviewing insurance bills and supporting legislation that will protect consumer interests. The Division will continue to engage in state-wide consumer outreach.