



United States Congress

# Joint Economic Committee

EST. 1946

Republicans

Representative David Schweikert, *Chairman*

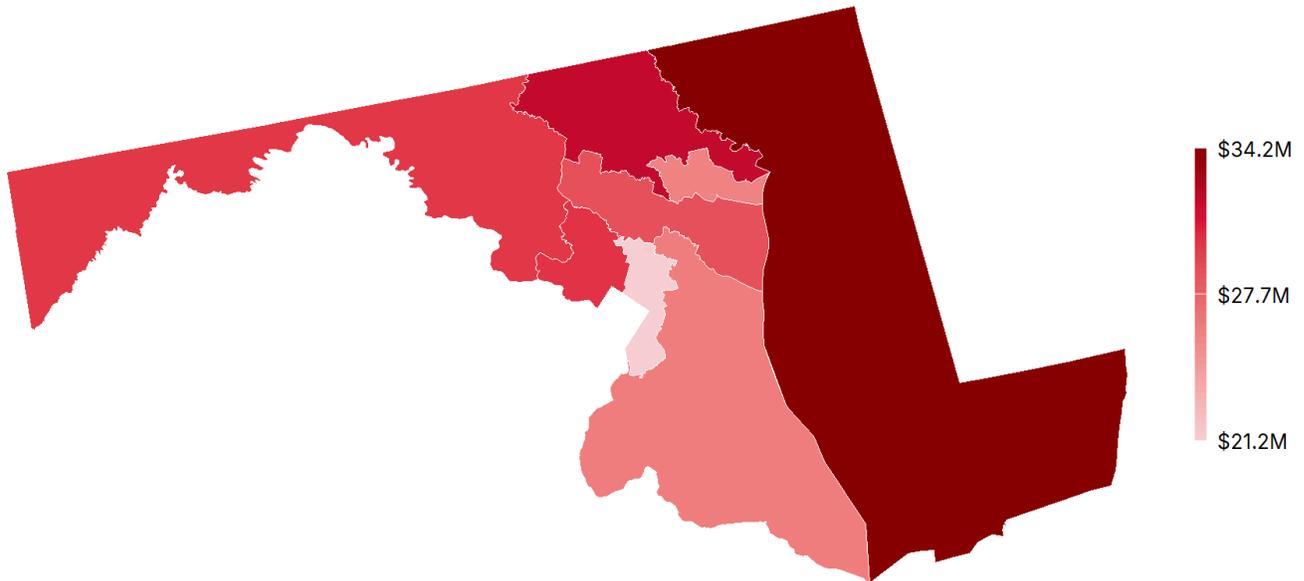


# Maryland

## Medicare Affordability Update



February 2026 | Released February 27, 2026



### About this data update

This monthly update reports the Joint Economic Committee’s latest estimates of excess Part B premiums attributable to Medicare Advantage (MA) overpayments for **Maryland** and its congressional districts.

By law, Medicare Part B premiums are set to finance 25 percent of projected Part B spending, with some paying additional premiums based on income. This financing design means that 25 percent of any increase in Part B spending is automatically passed through to enrollees as higher Part B premiums. These premiums apply equally to beneficiaries regardless of whether they enroll in Traditional Medicare or MA. Because payments to MA plans are

financed through Part B, it costs more to cover enrollees in MA than to cover those in Traditional Medicare, which increases total Part B spending and mechanically raises Part B premiums for beneficiaries nationwide, including in Traditional Medicare.

While the premium increase applies uniformly, the resulting dollar burden varies across states, congressional districts, and individuals based on beneficiary income (income-related premiums, or IRMAA), the share of beneficiaries with publicly subsidized premiums, and local Medicare enrollment levels.

The Joint Economic Committee's forthcoming issue brief documents this mechanism in detail and estimates that MA overpayments increased Part B premiums by over \$13 billion nationally in 2025. This data update quantifies that burden for seniors in **Maryland** both for individuals through greater Social Security deductions and for the public collectively through higher state Medicaid expenditures, which are financed by state tax revenues.

### **Distribution of the excess Part B premium burden as of November 2025**

This section decomposes the total excess Part B premium amount as of November 2025 into mutually exclusive components based on who ultimately bears its burden. We begin with the gross excess premium increase, before offsets and irrespective of who pays. We then separate the premium liability borne directly by beneficiaries from premiums financed through Medicaid and other public subsidy mechanisms.

**\$228,505,663**

Excess Part B premiums in Maryland  
Gross premium increase, before offsets, irrespective of who pays

**\$199,893,802**

Total burden on individuals  
Premium increases faced by beneficiaries, typically deducted from Social Security checks

**\$28,611,861**

Total public sector fiscal burden  
Premiums financed through Medicaid and other public subsidy mechanisms, creating fiscal pressure on state and federal budgets

**\$13,680,491**

State fiscal burden

**\$14,931,371**

Federal fiscal burden

### **Consequences of Medicare Advantage overpayments for Traditional Medicare beneficiaries**

The effect of Medicare Advantage (MA) overpayments on Part B premiums is uniform whether a beneficiary enrolls in Traditional Medicare or MA. However, MA overpayments help finance more generous MA benefits that are not available in Traditional Medicare. This includes Part B premium "givebacks," under which an MA plan pays some or all of the Part B premium on behalf of its enrollees.

As a result, redistribution flows from Traditional Medicare to MA. In **Maryland**, there are 24.0 Traditional Medicare beneficiaries bearing this higher premium burden for every 10 MA beneficiaries who ultimately receive greater benefits. This means that 2.4 Traditional Medicare beneficiaries pay \$539 in excess for each MA beneficiary in **Maryland**.

**\$161,287,864**

Excess TM premiums  
Excess Part B premiums faced by Traditional Medicare enrollees despite not receiving Medicare Advantage benefits

**\$539**

Amount paid in excess by TM beneficiaries for every MA beneficiary  
Excess Part B premiums faced by Traditional Medicare enrollees for each MA beneficiary

**24.0**

Number of TM beneficiaries for every 10 MA beneficiaries

# Distribution across congressional districts in Maryland

Medicare enrollment, Medicare Advantage penetration, and income distributions vary across states and congressional districts, leading to substantial variation in the excess Part B premium burden.

**Summary of methodology**

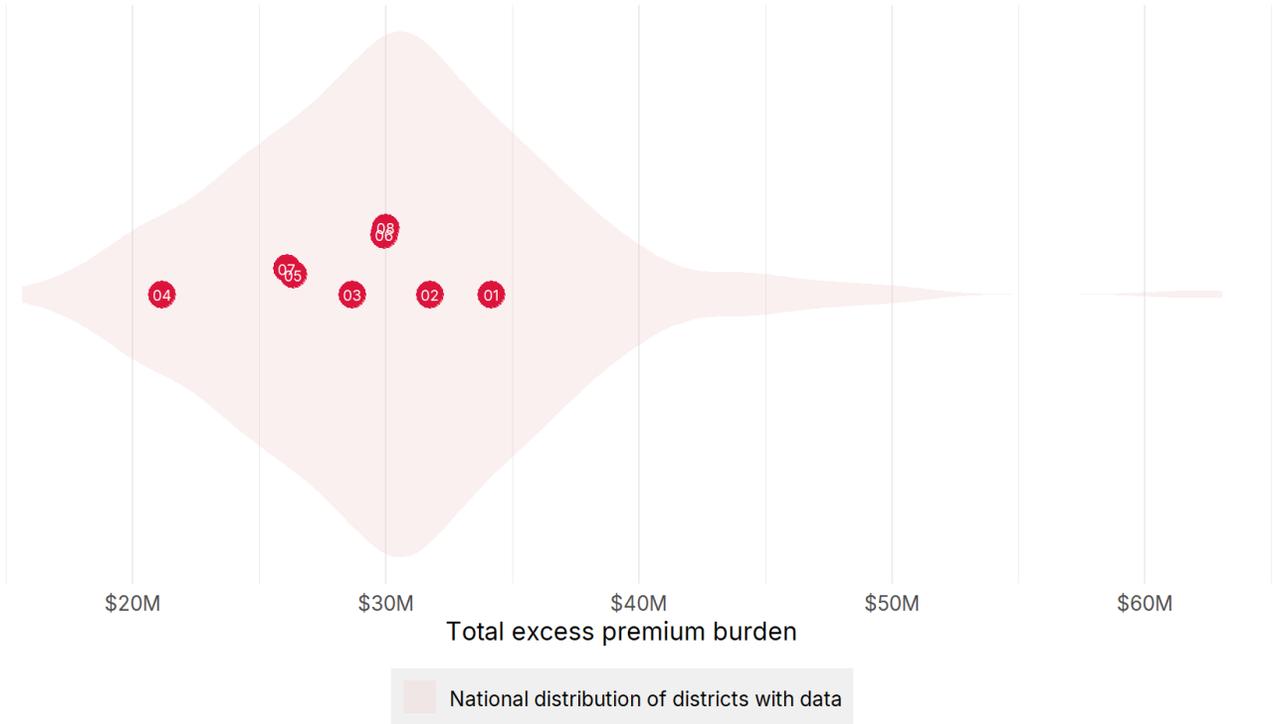
To quantify the excess premium burden borne by constituents in each congressional district, we crosswalk local enrollment patterns from monthly CMS enrollment files at the county level to congressional districts using Census population weights. Our results reflect **gross premium liability**; for some MA enrollees, the net out-of-pocket effect may be lower when Part B premiums are fully or partially covered by the plan as a supplemental benefit.

In 2022, the U.S. Census Bureau adopted Connecticut's nine new planning regions, which replaced its eight counties. As a result, the JEC was unable to include Connecticut in the district-level analysis. Therefore, the total number of districts included is **431**, including DC's at-large district and excluding Connecticut's five districts.

Full methodology, assumptions, and national estimates are provided in the forthcoming JEC issue brief.

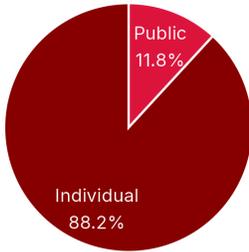
## Total Excess Premium Burden in Maryland

As of November 2025



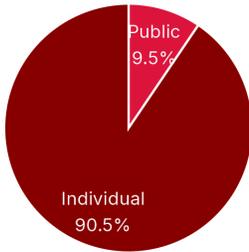
### Congressional District 1

Rep. Andy Harris (R)



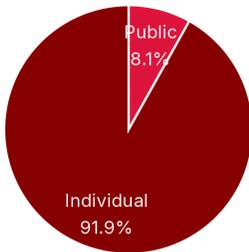
### Congressional District 2

Rep. Johnny Olszewski Jr. (D)



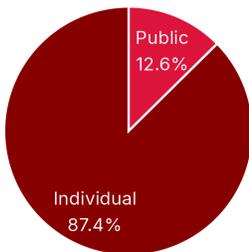
### Congressional District 3

Rep. Sarah Elfreth (D)



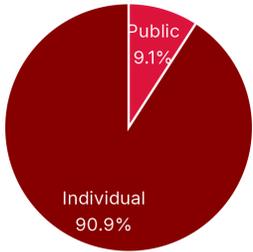
### Congressional District 4

Rep. Glenn Ivey (D)



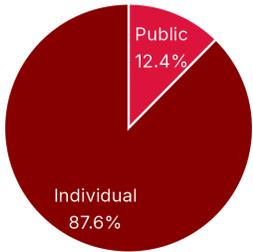
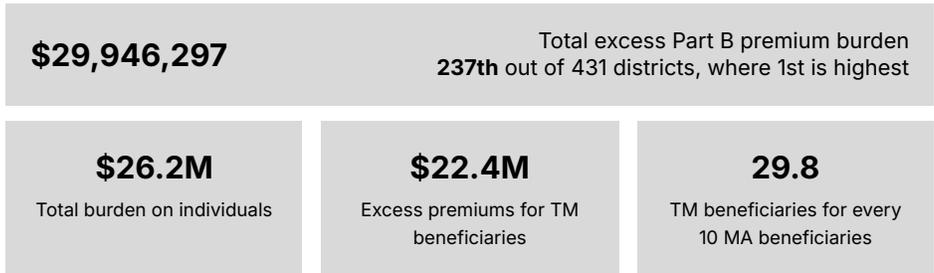
### Congressional District 5

Rep. Steny H. Hoyer (D)



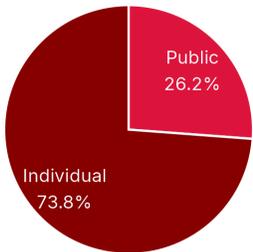
### Congressional District 6

Rep. April McClain Delaney (D)



### Congressional District 7

Rep. Kweisi Mfume (D)



### Congressional District 8

Rep. Jamie Raskin (D)

