

CAROLYN A. QUATTROCKI
Chief Deputy Attorney General

LEONARD J. HOWIE III
Deputy Attorney General

CARRIE J. WILLIAMS
Deputy Attorney General

SHARON S. MERRIWEATHER
Deputy Attorney General

ZENITA WICKHAM HURLEY
Deputy Attorney General



**STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
HEALTH EDUCATION AND ADVOCACY UNIT**

ANTHONY G. BROWN
Attorney General

WILLIAM D. GRUHN
Division Chief

PETER V. BERNIS
General Counsel

CHRISTIAN E. BARRERA
Chief of Staff

IRNISE WILLIAMS
Deputy Unit Director

February 17, 2026

To: The Honorable Heather Bagnall, Chair
Health Committee

From: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

Re: House Bill 0684 - Health Insurance - Material Changes to Provider Networks -
Notification and Special Enrollment Period –
SUPPORT WITH AMENDMENTS

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports HB684 with amendments.

When providers leave a carrier's network, consumers often face sudden disruptions in care, confusion about coverage, and risk of unexpected costs. Recent disputes, such as the Johns Hopkins–UnitedHealthcare contract termination, highlight gaps in notice requirements and continuity of care protections. HB684 addresses these issues by improving transparency and safeguarding consumers during network changes.

HB684 introduces important safeguards, including:

- Advance Notice to Regulators
 - Carriers must notify the Maryland Insurance Commissioner 60 days before termination if it materially affects consumers' access to care.
- Advance Notice Between Parties
 - Carriers and health systems must provide 90 days' notice of intent to terminate a contract.
- Consumer Notification
 - Carriers must give timely notice to affected consumers when a provider leaves the network.
- Continuity of Care
 - Guarantees 90 days of continued coverage for consumers receiving behavioral health services within the prior 3 months.
- Special Enrollment Period

- Creates a 90-day special enrollment period for consumers whose providers or dependents' providers are terminated from the plan's network.

These provisions matter because they:

- Prevent Care Disruptions
 - Ensure patients maintain access to critical services during transitions.
- Reduce Consumer Confusion
 - Standardize notice requirements and timelines, minimizing administrative disputes.
- Protect Against Surprise Bills
 - Reduce risk of unexpected out-of-network charges.
- Support Behavioral Health Access
 - Stabilize care for vulnerable populations during provider changes.
- Promote Transparency & Accountability
 - Improve oversight and trust in Maryland's health insurance marketplace.

The HEAU does offer amendments to clarify existing and proposed legislative language and to provide additional consumer protections. For the reasons articulated in the rationale section of the attached amendments, the HEAU requests adoption of amendments to:

- Make continuity of care provisions self-executing.
- Explicitly prohibit balance billing during continuity of care periods, making clear the current statutory intent.
- Ensure consumers can select effective dates for new coverage to avoid overlapping premiums.
- Extend SEP eligibility when consumers are not notified of termination.

HB684 strengthens consumer protections, improves transparency, reduces consumer confusion, prevents disruptions in care, and ensures vulnerable patients maintain access to critical services - all critical steps toward a fair and patient-centered health system in Maryland.

We urge a favorable report on HB684 that includes HEAU's proposed amendments, which we have provided to the Commissioner.

House Bill 684 – Health Education and Advocacy Unit (HEAU) Amendments

1. On page 2, in line 29, REMOVE “on request”.
2. On page 3, remove lines 6-8 and renumber (iii) to (ii) on line 9 and ADD “AND” to the end of line 5.

Rationale for Amendments 1 and 2

Consumers are currently required to initiate continuity of care requests, which creates unnecessary administrative burdens and delays. For example, following the contract termination between Johns Hopkins and UnitedHealthcare, the HEAU had to intervene for consumers caught in the middle of a disagreement over which continuity of care request form UnitedHealthcare would accept—the form provided by Johns Hopkins or the one from UnitedHealthcare. This confusion left patients vulnerable and delayed access to critical care.

Continuity of care should be granted automatically for eligible consumers without requiring them to submit a request. Automating this process would:

- Reduce administrative complexity and eliminate delays in care.
- Protect patients from being negatively impacted by contractual disputes.
- Ensure compliance with patient-centered care principles and minimize gaps in treatment during transitions.

3. On page 5, in line 28, after “TERMS,” INSERT “AND PATIENT BALANCE BILLING PROTECTIONS”

Rationale

After the contract termination between Johns Hopkins and UnitedHealthcare, questions arose regarding whether Maryland’s primary care continuity of care protections also include balance billing protections for consumers. While our interpretation is that current law guarantees continuity of care at the in-network rate and prohibits balance billing, the statute does not explicitly state this.

To eliminate ambiguity and protect consumers during the continuity of care period, we recommend adding explicit language to Maryland law that prohibits balance billing in these circumstances.

4. On page 6, in line 15, clarify the internal citation.

5. On page 6, at the end of line 15, INSERT:

(m)(1) For at least 90 days after the date of the notice of termination of a primary care provider OR A PROVIDER OF BEHAVIORAL HEALTH CARE SERVICES from a carrier's provider panel for reasons unrelated to fraud, patient abuse, incompetency, or loss of licensure status, the primary care provider OR BEHAVIORAL HEALTH PROVIDER shall furnish health care services to each enrollee:

(i) who was receiving health care services from the [primary care] provider before the notice of termination; and

(ii) who, after receiving notice under subsection (b) of this section of the termination of the [primary care] provider, requests to continue receiving health care services from the [primary care] provider.

(2) A carrier shall reimburse a [primary care] provider that furnishes health care services under this subsection in accordance with the [primary care] provider's agreement with the carrier.

(3) A PROVIDER WHO FURNISHES health care services under this subsection in accordance with the provider's agreement with the carrier SHALL ACCEPT PAYMENT FROM THE PLAN AND COST-SHARING FROM PATIENT, IF APPLICABLE, FOR SUCH SERVICES AS PAYMENT IN FULL FOR SUCH SERVICES.

Rationale

This provision needs to be updated to account for additional continuity of care protections for behavioral health services and to explicitly provide balance-billing protection for consumers.

6. On page 8, in line 5, after “PANEL” INSERT “OR AFTER THE DATE OF THE NOTICE OF TERMINATION, WHICHEVER COMES LATER”

Rationale

If consumers are not notified of a contract termination, they may be unaware that they qualify for a Special Enrollment Period. To ensure fairness and access to coverage, consumers should have a full 90 days from the date of termination, or if they were not informed, 90 days from when they were notified of the termination, to exercise their SEP rights.

7. On page 8, in line 17, after “EFFECTIVE ON” INSERT “EITHER (i) the first day of the month FOLLOWING THE DATE OF PLAN SELECTION, or (ii).”

8. on page 8, in line 18, after “EFFECTIVE” INSERT “, AS SELECTED BY THE ENROLLEE”

Rationale for Amendments 7 and 8

The bill currently sets the effective date of a new plan as the first day of the month in which the termination occurred. This approach could lead to overlapping coverage periods and duplicate premium payments, creating unnecessary financial burdens for consumers.

We recommend allowing consumers the flexibility to select an effective date that aligns with their needs and avoids overlapping coverage. This change would reduce unnecessary costs, prevent confusion, and ensure a smoother transition between plans.