

HOUSE BILL 684

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By: Chair, Health Committee (By Request – Departmental – Maryland Insurance Administration)

Introduced and read first time: February 2, 2026

Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 Health Insurance – Material Changes to Provider Networks – Notification and 3 Special Enrollment Period

4 FOR the purpose of requiring certain health systems to comply with certain insurance
5 provisions regarding notice of termination of contracts; altering the notification
6 requirements a carrier is required to provide an enrollee regarding changes to the
7 carrier's provider panel; altering the notice requirements a carrier is required to
8 provide to the Insurance Commissioner for certain material changes to the carrier's
9 provider panel; requiring certain notice if a carrier and health system intend to
10 terminate certain contracts; requiring certain carriers and health systems to adhere
11 to the terms of certain contracts under certain circumstances; requiring certain
12 carriers to provide certain special enrollment periods for individuals who are
13 patients of certain providers that are terminated from certain provider panels; and
14 generally relating to material changes to carrier provider networks.

15 BY adding to

Article – Health – General

Section 19–310.7

Annotated Code of Maryland

(2023 Replacement Volume and 2025 Supplement)

20 BY repealing and reenacting, with amendments,

21 Article – Insurance

Section 15–112(b)(1)(ii)2. and (c)(2) and 15–1316(a), (c), (d), (e), and (f)

Annotated Code of Maryland

(2017 Replacement Volume and 2025 Supplement)

25 BY adding to

Article – Insurance

Section 15–112(b)(4) and (y)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Annotated Code of Maryland (2017 Replacement Volume and 2025 Supplement)

pealing and reenacting, without amendments,
Article – Insurance
Section 15–112(c)(1)
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
the Laws of Maryland read as follows:

Article – Health – General

19-310.7.

(A) IN THIS SECTION, "HEALTH SYSTEM" HAS THE MEANING STATED IN § 12(Y) OF THE INSURANCE ARTICLE.

(B) A HEALTH SYSTEM SHALL COMPLY WITH § 15-112(Y) OF THE
RANCE ARTICLE.

Article – Insurance

17 15-112.

18 (b) (1) Subject to paragraph (3) of this subsection, a carrier that uses a
19 provider panel shall:

(ii) establish procedures to:

2. notify an enrollee of:

A. the termination from the carrier's provider panel,
PROVIDER ELECTS TO TERMINATE PARTICIPATION FROM
of the primary care provider that was furnishing health care
AND ANY PROVIDER OF BEHAVIORAL HEALTH CARE SERVICES
WER HAS RECEIVED A CLAIM FOR SERVICES PERFORMED ON
THE 3 MONTHS IMMEDIATELY PRECEDING THE DATE OF THE

B. the right of the enrollee, on request, to continue to receive the [enrollee's primary care provider] **PROVIDERS DESCRIBED** for up to 90 days after the date of the notice of termination of the provider from the carrier's provider panel, if the termination was fraud, patient abuse, incompetency, or loss of licensure status;

3 (I) CONTACT INFORMATION THAT THE ENROLLEE MAY USE TO
4 DIRECT COMMENTS OR CONCERNS TO THE CARRIER REGARDING THE TERMINATION
5 OF THE PROVIDER FROM THE CARRIER'S PROVIDER PANEL;

6 (II) INSTRUCTIONS ON HOW THE ENROLLEE MAY NOTIFY THE
7 CARRIER OF THE NEED FOR TRANSITIONAL CARE AS DESCRIBED IN PARAGRAPH
8 (1)(II)2B OF THIS SUBSECTION; AND

12 (c) (1) This subsection applies to a carrier that:

13 (i) is an insurer, a nonprofit health service plan, or a health
14 maintenance organization; and

15 (ii) uses a provider panel for a health benefit plan offered by the
16 carrier.

21 (ii) If the [carrier makes] TERMINATION OF A PROVIDER OR
22 HEALTH CARE FACILITY FROM THE CARRIER'S PROVIDER PANEL WILL RESULT IN a
23 material change to the access plan, the carrier shall:

32 [2.] 3. [include in the notice required under item 1 of this
33 subparagraph a reasonable timeframe within which the carrier will] SUBJECT TO

1 SUBPARAGRAPH (V) OF THIS PARAGRAPH, WITHIN 5 BUSINESS DAYS AFTER THE
2 EFFECTIVE DATE OF THE TERMINATION, file with the Commissioner an update to the
3 existing access plan for review by the Commissioner.

4 (iii) The Commissioner may order corrective action if, after review,
5 the access plan is determined not to meet the requirements of this subsection.

6 (IV) THE NOTICE REQUIRED UNDER SUBPARAGRAPH (II)1 OF
7 THIS PARAGRAPH SHALL BE PROVIDED IF:

8 1. THE PROVIDER OR HEALTH CARE FACILITY PROVIDES
9 ADVANCE NOTICE TO THE CARRIER OF ITS INTENTION TO TERMINATE
10 PARTICIPATION IN THE CARRIER'S PROVIDER PANEL;

11 2. THE CARRIER PROVIDES ADVANCE NOTICE TO THE
12 PROVIDER OR HEALTH CARE FACILITY OF THE CARRIER'S INTENTION TO
13 TERMINATE THE PROVIDER OR HEALTH CARE FACILITY FROM THE CARRIER'S
14 PROVIDER PANEL;

15 3. THE CURRENT TERM OF THE EXISTING NETWORK
16 PARTICIPATION CONTRACT BETWEEN THE CARRIER AND THE PROVIDER OR HEALTH
17 CARE FACILITY IS SET TO EXPIRE WITHIN 60 DAYS AND AN AGREEMENT TO EXTEND
18 OR RENEW THE CONTRACT HAS NOT BEEN REACHED; OR

19 4. THE CARRIER POSSESSES OTHER INFORMATION THAT
20 IT REASONABLY DETERMINES IS AN INDICATION THAT TERMINATION OF THE
21 PROVIDER OR HEALTH CARE FACILITY FROM THE CARRIER'S PROVIDER PANEL IS
22 LIKELY IN THE NEXT 60 DAYS.

23 (V) THE UPDATE TO THE EXISTING ACCESS PLAN REQUIRED TO
24 BE FILED UNDER SUBPARAGRAPH (II)3 OF THIS PARAGRAPH IS REQUIRED TO
25 INCLUDE ONLY INFORMATION RELATED TO:

26 1. THE PROVIDER SPECIALTY TYPES AFFECTED BY THE
27 MATERIAL CHANGE; AND

28 2. UNLESS THE NETWORK AS A WHOLE EXPERIENCED A
29 10% REDUCTION, THE GEOGRAPHIC AREAS WHERE ENROLLEES WERE AFFECTED BY
30 THE MATERIAL CHANGE.

31 (VI) THE COMMISSIONER MAY IMPOSE A FINE OF \$5,000 PER
32 DAY FOR EACH DAY PAST 5 BUSINESS DAYS THAT THE CARRIER FAILS TO FILE AN
33 UPDATE TO THE EXISTING ACCESS PLAN AS REQUIRED BY SUBPARAGRAPH (II)3 OF
34 THIS PARAGRAPH.

1 (Y) (1) IN THIS SUBSECTION, "HEALTH SYSTEM" MEANS:

2 (I) A HOSPITAL AND ANY ENTITY AFFILIATED WITH THE
3 HOSPITAL THROUGH OWNERSHIP, GOVERNANCE, MEMBERSHIP, OR OTHER MEANS;
4 OR

5 (II) A PARENT CORPORATION OF ONE OR MORE HOSPITALS AND
6 ANY ENTITY AFFILIATED WITH THE PARENT CORPORATION THROUGH OWNERSHIP,
7 GOVERNANCE, MEMBERSHIP, OR OTHER MEANS.

8 (2) (I) A CARRIER AND A HEALTH SYSTEM SHALL PROVIDE TO
9 EACH OTHER WRITTEN NOTICE OF ANY INTENT TO TERMINATE A CONTRACT
10 BETWEEN THE CARRIER AND THE HEALTH SYSTEM:

11 1. AT LEAST 90 DAYS BEFORE THE PROPOSED DATE OF
12 TERMINATION OF THE CONTRACT; OR

13 2. IN THE CASE OF A NONRENEWAL, AT LEAST 90 DAYS
14 BEFORE THE END OF THE CONTRACT PERIOD.

15 (II) A CARRIER SHALL MAKE A GOOD FAITH EFFORT TO
16 PROVIDE WRITTEN NOTICE OF A TERMINATION AS REQUIRED UNDER
17 SUBPARAGRAPH (I) OF THIS PARAGRAPH TO ALL COVERED INDIVIDUALS WHO ARE
18 PATIENTS BEING TREATED ON A REGULAR BASIS BY OR AT THE HEALTH SYSTEM:

19 1. AT LEAST 30 DAYS BEFORE THE PROPOSED DATE OF
20 TERMINATION OF THE CONTRACT; OR

21 2. IN THE CASE OF A NONRENEWAL, AT LEAST 30 DAYS
22 BEFORE THE END OF THE CONTRACT PERIOD.

23 (3) (I) FOR EACH CONTRACT BETWEEN A CARRIER AND A HEALTH
24 SYSTEM THAT IS ENTERED INTO, RENEWED, AMENDED, OR CONTINUED ON OR AFTER
25 OCTOBER 1, 2026, IF THE CONTRACT IS NOT RENEWED OR IS TERMINATED BY THE
26 CARRIER OR THE HEALTH SYSTEM, THE CARRIER AND THE HEALTH SYSTEM SHALL
27 CONTINUE TO ADHERE TO THE TERMS OF THE CONTRACT, INCLUDING
28 REIMBURSEMENT TERMS FOR ALL HEALTH CARE SERVICES PROVIDED UNDER THE
29 CONTRACT, FOR A PERIOD OF:

30 1. AT LEAST 90 DAYS AFTER THE DATE OF TERMINATION;
31 OR

3 (II) EXCEPT AS OTHERWISE AGREED TO BY A CARRIER AND A
4 HEALTH SYSTEM, THE REIMBURSEMENT TERMS OF A CONTRACT ENTERED INTO BY
5 THE CARRIER AND THE HEALTH SYSTEM DURING THE 90-DAY PERIOD SHALL BE
6 RETROACTIVE TO:

10 (III) THIS PARAGRAPH DOES NOT APPLY IF THE CARRIER AND
11 HEALTH SYSTEM:

16 15-1316.

17 (a) (1) In this section the following words have the meanings indicated.

(3) "Health care practitioner" has the meaning stated in § 1-301 of the Health Occupations Article.

26 [(4)] (5) “Qualifying coverage in an eligible employer–sponsored plan”
27 has the meaning stated in 45 C.F.R. § 155.300.

28 (c) A carrier participating in the Individual Exchange shall provide:

29 (1) the special enrollment periods specified in 45 C.F.R. § 155.420 for
30 individuals who purchase coverage through the Individual Exchange; [and]

(2) a special enrollment period for an individual who purchases coverage through the Individual Exchange if the individual or a dependent of the individual becomes pregnant, as confirmed by a health care practitioner; AND

7 (I) A PATIENT BEING TREATED ON A REGULAR BASIS BY OR AT
8 A PROVIDER; AND

9 (II) ENROLLED IN A HEALTH BENEFIT PLAN IN WHICH THE
10 PROVIDER TREATING THE INDIVIDUAL OR DEPENDENT IS TERMINATED FROM THE
11 HEALTH BENEFIT PLAN'S PROVIDER PANEL.

12 (d) A carrier shall provide:

13 (1) the special enrollment periods specified in 45 C.F.R. § 147.104(b)(2) for
14 individuals who purchase coverage outside the Individual Exchange; [and]

21 (I) A PATIENT BEING TREATED ON A REGULAR BASIS BY OR AT
22 A PROVIDER; AND

23 (II) ENROLLED IN A HEALTH BENEFIT PLAN IN WHICH THE
24 PROVIDER TREATING THE INDIVIDUAL OR DEPENDENT IS TERMINATED FROM THE
25 HEALTH BENEFIT PLAN'S PROVIDER PANEL.

26 (e) (1) A special enrollment period described in subsection (c)(2) or (d)(2) of this
27 section shall:

28 [(1)] (I) be open for a period of 90 days; and

29 [(2)] (II) begin on the date the health care practitioner confirms the
30 pregnancy.

4 (II) BEGIN ON THE DATE OF TERMINATION OF THE PROVIDER
5 FROM THE HEALTH BENEFIT PLAN'S PROVIDER PANEL.

6 (f) (1) If an individual enrolls for coverage during one of the open enrollment
7 periods described in subsection (b) of this section or during one of the special open
8 enrollment periods described in subsections (c)(1) and (d)(1) of this section, coverage shall
9 be effective in accordance with the requirements in 45 C.F.R. § 155.420.

19 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
20 October 1, 2026.