SENATE BILL 521

J5 6lr2522

By: **Senator Kramer**
Introduced and read first time: February 4, 2026
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 1, 2026

CHAPTER _____

AN ACT concerning

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

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

BY adding to
Article – Health – General
Section 19–310.7
Annotated Code of Maryland
(2023 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,
Article – Insurance
Section 15–112(b)(1)(ii)2. ~~and~~, (c)(2)<u>, and (m)</u> and 15–1316(a), (c), (d), (e), and (f)
Annotated Code of Maryland

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.
<u>Underlining</u> indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

(2017 Replacement Volume and 2025 Supplement)

BY adding to
Article – Insurance
Section 15–112(b)(4) and (y)
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

BY repealing 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, That the Laws of Maryland read as follows:

Article – Health – General

19–310.7.

(A) IN THIS SECTION, "HEALTH SYSTEM" HAS THE MEANING STATED IN § 15–112(Y) OF THE INSURANCE ARTICLE.

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

Article – Insurance

15–112.

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

(ii) establish procedures to:

2. notify an enrollee of:

A. the termination from the carrier's provider panel**, INCLUDING WHEN THE PROVIDER ELECTS TO TERMINATE PARTICIPATION FROM THE PROVIDER PANEL,** of the primary care provider that was furnishing health care services to the enrollee **AND ANY PROVIDER OF BEHAVIORAL HEALTH CARE SERVICES FOR WHOM THE CARRIER HAS RECEIVED A CLAIM FOR SERVICES PERFORMED ON THE ENROLLEE WITHIN THE 3 MONTHS IMMEDIATELY PRECEDING THE DATE OF THE TERMINATION**; and

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

(4) THE NOTICE REQUIRED UNDER PARAGRAPH (1)(II)2 OF THIS SUBSECTION SHALL INCLUDE:

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

(II) INSTRUCTIONS ON HOW THE ENROLLEE MAY NOTIFY THE CARRIER OF THE NEED FOR TRANSITIONAL CARE AS DESCRIBED IN PARAGRAPH (1)(II)2B OF THIS SUBSECTION BY SUBMITTING A UNIFORM FORM DEVELOPED BY THE COMMISSIONER UNDER SUBSECTION (Y)(4) OF THIS SECTION; AND

(III) THE TELEPHONE NUMBER AND E–MAIL ADDRESS FOR THE OFFICE IN THE ADMINISTRATION THAT IS RESPONSIBLE FOR RECEIVING AND RESPONDING TO COMPLAINTS ~~FROM ENROLLEES ABOUT CARRIERS~~.

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

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

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

(2) (i) On or before July 1, 2018, and annually thereafter, a carrier shall file with the Commissioner for review by the Commissioner an access plan that meets the requirements of subsection (b) of this section and any regulations adopted by the Commissioner under subsections (b) and (d) of this section.

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

1. **SUBJECT TO SUBPARAGRAPH (IV) OF THIS PARAGRAPH,** notify the Commissioner of the **[**change within 15 business days after the change occurs**]** **IMPENDING TERMINATION AT LEAST 60 DAYS BEFORE THE ANTICIPATED DATE OF TERMINATION**; **[**and**]**

2. HAVE A CONTINUING OBLIGATION TO UPDATE AND SUPPLEMENT THE INITIAL AND SUBSEQUENT NOTIFICATIONS UNTIL THE TERMINATION IS EFFECTIVE OR AN AGREEMENT IS REACHED WITH THE PROVIDER OR HEALTH CARE FACILITY; AND

[2.**] 3. [**include in the notice required under item 1 of this subparagraph a reasonable timeframe within which the carrier will**] SUBJECT TO SUBPARAGRAPH (V) OF THIS PARAGRAPH, WITHIN 5 BUSINESS DAYS AFTER THE EFFECTIVE DATE OF THE TERMINATION,** file with the Commissioner an update to the existing access plan for review by the Commissioner.

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

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

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

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

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

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

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

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

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

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

(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 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 THAT FURNISHES HEALTH CARE SERVICES UNDER THIS SUBSECTION IN ACCORDANCE WITH A PROVIDER'S AGREEMENT WITH A CARRIER SHALL ACCEPT AS PAYMENT IN FULL FOR THE SERVICES PAYMENT FROM THE CARRIER AND COST–SHARING FROM THE PATIENT, AS APPLICABLE.

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

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

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

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

~~1.~~ (I) AT LEAST 90 DAYS BEFORE THE PROPOSED DATE OF TERMINATION OF THE CONTRACT; OR

~~2.~~ (II) IN THE CASE OF A NONRENEWAL, AT LEAST 90 DAYS BEFORE THE END OF THE CONTRACT PERIOD.

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

~~**1. AT LEAST 30 DAYS BEFORE THE PROPOSED DATE OF TERMINATION OF THE CONTRACT; OR**~~

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

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

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

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

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

1. THE DATE OF TERMINATION; OR

2. IN THE CASE OF A NONRENEWAL, THE END DATE OF THE CONTRACT PERIOD.

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

1. AGREE, IN WRITING, TO THE TERMINATION OR NONRENEWAL OF THE CONTRACT; AND

2. PROVIDE THE NOTICES REQUIRED UNDER PARAGRAPH ~~(1)~~ (2) OF THIS SUBSECTION.

(4) THE COMMISSIONER SHALL DEVELOP A UNIFORM FORM THAT CARRIERS, PROVIDERS, AND HEALTH SYSTEMS SHALL USE FOR REQUESTS TO CONTINUE TO RECEIVE HEALTH CARE SERVICES IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION OR 42 U.S.C. § 300GG–113.

15–1316.

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

(2) "Dependent" means an individual who is or who may become eligible for coverage under the terms of a health benefit plan because of a relationship with another individual.

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

(4) "PROVIDER" MEANS A HEALTH CARE PRACTITIONER OR A HEALTH CARE FACILITY THAT PARTICIPATES ON A HEALTH BENEFIT PLAN'S PROVIDER PANEL.

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

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

(1) the special enrollment periods specified in 45 C.F.R. § 155.420 for 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**

(3) A SPECIAL ENROLLMENT PERIOD FOR AN INDIVIDUAL WHO PURCHASES COVERAGE THROUGH THE INDIVIDUAL EXCHANGE IF THE INDIVIDUAL OR A DEPENDENT OF THE INDIVIDUAL IS:

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

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

(d) A carrier shall provide:

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

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

(3) A SPECIAL ENROLLMENT PERIOD FOR AN INDIVIDUAL WHO PURCHASES COVERAGE OUTSIDE THE INDIVIDUAL EXCHANGE IF THE INDIVIDUAL OR A DEPENDENT OF THE INDIVIDUAL IS:

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

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

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

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

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

(2) A SPECIAL ENROLLMENT PERIOD DESCRIBED IN SUBSECTION (C)(3) OR (D)(3) OF THIS SECTION SHALL:

(I) BE OPEN FOR A PERIOD OF 90 DAYS; AND

(II) BEGIN ON:

1. THE DATE OF TERMINATION OF THE PROVIDER FROM THE HEALTH BENEFIT PLAN'S PROVIDER PANEL; OR

2. IF THE CONSUMER DID NOT RECEIVE NOTICE OF THE TERMINATION BEFORE THE TERMINATION DATE, THE DATE OF THE NOTICE OF TERMINATION.

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

(2) If an individual enrolls for coverage or enrolls a dependent for coverage during a special enrollment period described in subsection (c)(2) or (d)(2) of this section, the coverage shall become effective on the first day of the month in which the individual receives confirmation of pregnancy.

(3) IF AN INDIVIDUAL ENROLLS FOR COVERAGE OR ENROLLS A DEPENDENT FOR COVERAGE DURING A SPECIAL ENROLLMENT PERIOD DESCRIBED IN SUBSECTION (C)(3) OR (D)(3) OF THIS SECTION, THE INDIVIDUAL SHALL SELECT IF COVERAGE SHALL BECOME EFFECTIVE:

(I) ON THE FIRST DAY OF THE MONTH FOLLOWING THE DATE THE HEALTH BENEFIT PLAN WAS SELECTED; OR

(II) ON THE FIRST DAY OF THE MONTH IN WHICH THE TERMINATION OF THE PROVIDER ON THE HEALTH BENEFIT PLAN'S PROVIDER PANEL BECAME EFFECTIVE.

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

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.