



Maryland
Hospital Association

Senate Bill 794 – Health Insurance – Special Enrollment Period for Pregnancy – Coverage Effective Date

Position: *Support*

March 4, 2026

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 794.

SB 794 provides pregnant individuals enrolling in coverage during the pregnancy special enrollment period with the ability to choose when their coverage becomes effective—either the first day of the month in which pregnancy is confirmed or on the first day of the month following plan selection. This flexibility addresses a practical gap in current policy that can leave patients exposed to significant unexpected costs or delays in accessing covered prenatal services.

Hospitals see firsthand how insurance timing affects access to care early in pregnancy. Patients often seek prenatal services immediately after confirmation of pregnancy, but the administrative timing of plan selection and coverage activation does not always align with clinical needs. When coverage begins later than anticipated, patients may face retroactive bills, defer recommended services, or seek care in higher-acuity settings.

By allowing individuals to select the effective date that best matches their circumstances, SB 794 supports continuity of care and reduces financial uncertainty. Earlier and predictable coverage promotes timely prenatal visits, appropriate screening, and management of conditions that can affect maternal and infant health outcomes. Policies that remove administrative barriers to early prenatal care help providers deliver evidence-based care at the appropriate point in the pregnancy.

Importantly, the bill does not expand eligibility or mandate new benefits; rather, it improves how existing coverage functions for patients and providers. Providing clarity around coverage start dates will reduce billing confusion for hospitals and patients and help ensure care decisions are guided by clinical need rather than coverage timing.

For these reasons, MHA requests a favorable report on SB 794.

For more information, please contact:

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