

**BILL:** Senate Bill 795  
**TITLE:** Health Insurance – Vision Benefits – Regulation of Insurers and Vision Benefit Managers.  
**DATE:** March 4, 2026  
**POSITION:** UNFAVORABLE  
**COMMITTEE:** Senate Finance Committee  
**CONTACT:** Milton Nagel, Executive Director, MABE Health

The Maryland Association of Boards of Education (MABE) submits this testimony in **opposition** to Senate Bill 795. MABE Health manages a health insurance pool consisting of six school systems and one county government representing over 15,000 insured lives. Year over year cost increases for health insurance benefits, to include vision benefits, continues to outpace inflation and appropriation increases from the local government and the State of Maryland.

#### **Contains an Effective “Gag Order” on Truthful Communication about Consumer Discounts**

Senate Bill 795 would impose extensive verification requirements that would make communicating truthful benefit information practically impossible.

#### **Unprecedented and Burdensome Mandatory Disclosure Requirements**

Senate Bill 795 would mandate needless paperwork that provides no value to consumers and will create unnecessary administrative expense for vision care plans. The costs associated with this requirement will certainly be passed on to the consumer, our members, who cannot afford yet another cost increase that doesn't directly correlate with an increase in benefit.

#### **Contains Unreasonable Contracting Restrictions**

Senate Bill 795 would prevent the removal of a non-compliant provider unless a “material breach” has occurred which would potentially harm our members by forcing the retention of providers who fail to meet quality, access, or care standards. The bill also specifically would allow individual providers to negotiate with vision care plans even if a group contract is in place for which the individual provider is already a member, essentially undermining the integrity of the existing group contract and potentially increasing costs to our members outside of the normal annual contract renewal process. Furthermore, the bill would also prohibit plans from altering any provider-submitted code if doing so would reduce their payment, essentially eliminating standard fraud prevention and claims accuracy tools used throughout the industry.

#### **Decreases Network Efficiency, Driving Up Consumer Costs**

Senate Bill 795 would force plans to add any provider that meets credentialing requirements, which eliminates employers and plan sponsors ability to effectively and efficiently manage the network and provide value based contracting.

#### **Conclusion**

For these reasons, MABE Health requests an **unfavorable** report to Senate Bill 795.