

SB521_FAV_MdPHA_final.pdf

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Position: FAV



Mission: To improve public health in Maryland through education and advocacy **Vision:** Healthy Marylanders living in Healthy Communities

Testimony In Support of SB 521
Material Changes to Provider Networks - Notification and Special Enrollment Period
Before the Senate Finance Committee
By: Maryland Public Health Association (MdpHA)
March 4, 2026

Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee, thank you for the opportunity to submit supportive testimony for SB 521. With this legislation, consumers would gain important safeguards when large healthcare systems and insurance companies have contract disputes. Patients would be informed sooner when providers are leaving the network. In the case of a major contract termination, consumers would be able to receive care from their providers for 90 days following termination of a provider contract, and have a 90 day special enrollment period for those who buy individual insurance so that they can choose a new plan that includes their providers. These safeguards would give consumers the necessary time and flexibility to either find new providers or select a different plan to keep their current ones. Without these safeguards, consumers could be forced to delay or forgo care while searching for new providers, potentially leading to serious health crises. We urge the Committee to pass SB 521. Thank you for your leadership and commitment to public health.

The Maryland Public Health Association (MdpHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdpHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

Maryland Public Health Association (MdpHA)
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Inseparable_MD_Testimony_SenateFinance_SB 521_03.0

Uploaded by: Caden Fabbi

Position: FAV



March 4, 2026

Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Via electronic submission

RE: Support for SB 521 (Health Insurance – Material Changes to Provider Networks – Notification and Special Enrollment Period)

Chair Beidle, Vice Chair Hayes, and Members of the Committee:

On behalf of Inseparable, a national nonprofit organization dedicated to closing the treatment gap for people with mental health and substance use conditions, I write in strong support of Senate Bill 521. This bill strengthens protections for patients when provider networks change and enhances access to care and continuity of treatment for Marylanders.

Why SB 521 Matters for Access to Care

Access to mental health and substance use disorder treatment remains a serious challenge in Maryland. In 2025, [36% of adults](#) in Maryland with a mental health condition reported that they needed treatment but did not receive it. When patients are already struggling to find care, unexpected network changes can further disrupt access and push treatment even further out of reach. In many parts of Maryland, patients already face narrow behavioral health networks and limited in-network availability. When a provider leaves a network, finding an alternative is often not simply inconvenient - it may be functionally impossible within a reasonable time frame.

SB 521 improves transparency and patient protections when there are material changes to provider networks - such as terminating contracts with a substantial number of providers or otherwise materially affecting access to care in a geographic area. The bill requires carriers to provide advance notice when providers leave networks and to clearly inform enrollees of their options. These safeguards are particularly important for individuals with mental health and substance use conditions, who often face limited provider availability and long wait times. Timely notification allows patients to plan, explore alternatives, and avoid sudden gaps in care.

Preserving Continuity of Care

Continuity of care is especially critical for mental health and substance use disorders, where an established provider-patient relationship and consistent engagement are central to treatment. Abrupt network terminations can interrupt treatment plans, destabilize progress, and increase the risk of relapse, crisis, or hospitalization.

SB 521 includes important continuity-of-care protections by creating a 90-day special enrollment period when significant provider network changes occur. This allows affected enrollees to change plans outside of the standard open enrollment window to preserve access to their provider or select coverage that better meets their needs, minimizing disruptions in care. For individuals managing chronic or complex mental health and substance use conditions, even short interruptions can jeopardize progress, making this added stability critical to sustained recovery and crisis prevention.

Promoting Predictable, Patient-Centered Coverage

By strengthening notice requirements and creating a meaningful opportunity for patients to maintain or transition coverage, SB 521 helps ensure that insurance coverage remains reliable even when provider contracts change. Transparency and continuity protections are essential complements to network adequacy and mental health parity requirements. These reforms promote transparency, fairness, and continuity—key components of meaningful access to care.

At a time when too many Marylanders already face unmet mental health needs, preventing unnecessary disruptions to care are essential.

For these reasons, Inseparable respectfully urges the Committee to issue a favorable report on Senate Bill 521.

Sincerely,

David Lloyd

A handwritten signature in blue ink that reads "David Lloyd". The signature is written in a cursive, flowing style.

Chief Policy Officer, Inseparable

SB0521 Health Insurance - Material Changes to Prov

Uploaded by: Cecilia Plante

Position: FAV



**TESTIMONY FOR SB0521 – Health Insurance – Material Changes to Provider Networks
– Notification and Special Enrollment Period – FAVORABLE**

Bill Sponsor: Senator Kramer

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Jessica Gorski, Executive Committee

Position: FAVORABLE

Chair, Vice Chair, and Members of the Committee,

My name is Jessica Gorski, and I am submitting this testimony in strong support of SB0521 on behalf of the Maryland Legislative Coalition. Our coalition represents more than 30,000 Marylanders across every legislative district, united by a commitment to ensuring that state policy protects people’s health, stability, and access to care. We believe that Marylanders deserve transparency and continuity in their healthcare providers—especially during times of transition or uncertainty.

SB0521 does exactly that.

This bill strengthens consumer protections by requiring health insurance carriers and health systems to provide timely, clear, and comprehensive notice when material changes occur within a provider network. SB0521 updates and expands notification requirements to ensure that enrollees are informed not only when their primary care provider is terminated, but also when behavioral health providers or other essential clinicians they have recently seen are removed from the network. It also requires carriers to notify the Insurance Commissioner of material provider-panel changes and establishes new special enrollment periods for individuals affected by provider terminations.

These improvements are not theoretical. They are urgently needed.

When provider networks change abruptly, patients may lose access to trusted clinicians, face unexpected out-of-network costs, or experience disruptions in treatment—particularly in behavioral health, where continuity of care is critical. Without the reforms in SB0521:

- Patients may not receive timely notice that their provider is no longer in-network
- Individuals undergoing treatment could face sudden care disruptions
- Carriers may make significant network changes without adequate oversight
- Consumers may be locked out of coverage changes until the next open enrollment period
- Behavioral health patients may be disproportionately harmed

SB0521 addresses these gaps by ensuring that Marylanders receive advance notice, have the right to continue care for up to 90 days when appropriate, and can access a special enrollment period if their treating provider is terminated. It also requires health systems to give carriers 90 days' notice before terminating contracts, improving transparency and reducing last-minute disruptions.

This legislation aligns squarely with the mission of the Maryland Legislative Coalition. It strengthens consumer protections, supports continuity of care, enhances regulatory oversight, and ensures that Marylanders can make informed decisions about their health coverage.

No patient should lose access to their provider without warning or be forced into out-of-network care because of opaque or last-minute network changes. SB0521 ensures that doesn't happen.

Thank you for your time and consideration. **We respectfully urge a FAVORABLE report on SB0521.**

SB0521_MHAMD_FAV.pdf

Uploaded by: Dan Martin

Position: FAV

**Senate Bill 521 Health Insurance - Material Changes to Provider Networks -
Notification and Special Enrollment Period**

Finance Committee

March 4, 2026

Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health (MH) and substance use disorders (SUD). We appreciate the opportunity to provide this testimony in support of Senate Bill 521.

Among other provisions, SB 521 requires health insurance companies to notify enrollees when their behavioral health provider is no longer a part of their coverage network and of the enrollee's right to continue receiving services from that provider for 90 days after termination from the insurance company's panel.

The Maryland General Assembly and the Maryland Insurance Administration have taken important steps over the years to address network adequacy concerns and improve access to treatment for individuals with mental health and substance use disorders. And while progress is being made, it is still not guaranteed that Marylanders with commercial insurance can access in-network behavioral health care when needed.

According to an [independent national report](#)¹ published in April 2024, Marylanders are nearly nine times more likely to go out-of-network for behavioral health care versus primary care, a rate that is twice the national average and fourth worst in the nation. Given the challenges in finding an in-network behavioral health provider, insured Marylanders deserve to be notified quickly when their existing provider has been terminated from their insurance company's panel and of their right to keep seeing that provider for a limited duration so they have a reasonable opportunity to identify a new in-network provider or make other arrangements to prevent a disruption in their care.

For these reasons, MHAMD supports SB 521 and urges a favorable report.

¹ Mark, T. L., & Parish, W. J. (2024). Behavioral health parity – Pervasive disparities in access to in-network care continue. RTI International.

For more information, please contact Dan Martin at (410) 978-8865

SB 521-Health Insurance - Material Changes to Prov

Uploaded by: Jake Whitaker

Position: FAV



Maryland
Hospital Association

Senate Bill 521- Health Insurance - Material Changes to Provider Networks - Notification and Special Enrollment Period

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 521.

This legislation improves transparency and accountability when insurers make material changes to their provider networks. SB 521 requires carriers to notify enrollees whenever their primary care provider or a behavioral health provider who has treated them within the previous three months is removed from the network. It ensures that patients may continue receiving care from a terminated provider for up to 90 days when the termination is unrelated to fraud or misconduct. SB 521 also requires carriers to give the Maryland Insurance Commissioner at least 60 days of advance notice before major network changes and requires carriers and health systems to give each other 90 days of advance notice before terminating contracts. Finally, the bill establishes a 90-day special enrollment period for patients whose providers have been removed from their insurance plan's network.

Hospitals and health systems often see the direct consequences of network instability and administrative decisions that are not transparent to the public. Abrupt provider terminations create confusion for patients and their families and can lead to treatment delays, unmanaged chronic conditions and unnecessary emergency department visits. SB 521 will give patients the time they need to understand changes to their coverage, seek alternative care arrangements, and avoid sudden disruptions in essential care. The continued care provision allows clinically vulnerable patients to maintain relationships with their trusted providers for a limited period while they transition safely. These commonsense protections reflect the same principles Maryland hospitals have consistently advocated in the context of payer denials and coverage restrictions, namely that policy decisions should support uninterrupted access to medically necessary care.

This bill also strengthens the systemwide coordination that hospitals depend on. When payers shift networks with little or no notice, hospitals and health systems face difficulties in planning staffing, scheduling, and follow-up care. Clear notice requirements protect both patients and providers by ensuring that major network decisions occur in an orderly and predictable manner.

The special enrollment period provides patients with meaningful options if their plan no longer maintains the provider relationships that support their health needs.

At a time when families are already struggling with high-deductible insurance plans, increasing premiums, and rising payer denials, patients should not also have to face unexpected provider terminations, inadequate notice when insurers alter their networks, or the loss of access to essential clinicians without a fair transition period.

SB 521 creates a more stable and transparent insurance environment that will help Marylanders stay connected to the care they rely on, which is essential to maintaining a reliable and patient centered health care system.

For these reasons, we request a favorable report on SB 521.

For more information, please contact:
Jake Whitaker, Assistant Vice President, Government Affairs & Policy
Jwhitaker@mhaonline.org

SB 521 - MIA - Support.pdf

Uploaded by: Marie Grant

Position: FAV

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



Maryland

INSURANCE ADMINISTRATION

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Deputy Commissioner

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Date: March 4, 2026

Bill # / Title: Senate Bill 521 - Health Insurance - Material Changes to Provider Networks - Notification and Special Enrollment Period

Committee: Senate Finance Committee

Position: Support

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for Senate Bill 521.

Senate Bill 521 amends §§ 19-310.7, 15-112(b) and (c), and 15-1316(a),(c),(d),(e), and (f) of the Insurance Article in order to ensure that patients continue to have access to care when doctors, hospitals, or health systems are in a network dispute with an insurer. When a health provider leaves a health insurance carrier's network, it can make it difficult for patients who were relying on that provider to continue to get the care they need – affecting access to provider networks for both current and future enrollees. Recent negotiations between carriers and providers have intensified – prompting concerns about access to in-network providers in Maryland. Senate Bill 521 aims to provide greater consumer protections for patients to keep them out of the middle when these disputes arise.

Senate Bill 521 requires carriers with regulated health plans to provide more advanced notice to the Maryland Insurance Commissioner of potential significant network changes prior to their effective date, and greatly expands the details of required notification to consumers when providers are no longer under contract with an insurer. The bill also creates broader continuity of care protections for patients seeing behavioral health providers as well as patients seeing health systems for any type of care.

Specifically, the bill as introduced:

- Requires insurers to provide earlier and clearer notice to enrollees and the State when provider contracts are being terminated.
- Creates a 90-day special enrollment period for those who buy individual insurance, so patients whose provider leaves their network can enroll in a different individual policy sold through or outside the Maryland Health Benefit Exchange.

- Requires health insurers and hospitals involved in a contract dispute to adhere to their contractual terms, including reimbursement conditions, for 90 days following contract expiration or termination, so that patients covered by that insurance company can continue to see their provider and pay the same out-of-pocket costs that they did prior to termination.
- Permits patients to request to see certain providers, including primary care or behavioral care providers, for up to 90 days after a termination and provides for specifications on the notice that insurers must use to inform members on how to request that care.
- Requires insurers and health systems to give advance notice to each other before ending contracts; and
- Requires insurers to give 30 days advance notice to consumers before the termination of a contract with a health system.

Together, the provisions of Senate Bill 521 will simultaneously help to ensure market stability and continuing access to care, even in the face of uncertain provider-carrier negotiations. Patients will have a better opportunity to adapt to changes in provider networks, and the state will have enhanced ability to monitor the health insurance market to ensure network adequacy.

The MIA has been in contact with a number of state agencies and stakeholders, and is open to further discussion regarding amendments designed to ensure the effectiveness of the bill. The Health Education and Advocacy Unit of the Office of the Attorney General has shared amendments designed to further protect consumers and the MIA is supportive of those amendments.

For the reasons set forth above, the MIA urges a favorable committee report on Senate Bill 521 and thanks the committee for the opportunity to share its support.

Testimony in support of SB0521 - Material Changes

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0521_RichardKaplowitz_FAV

03/04/2026

Richard Keith Kaplowitz

Frederick, MD 21703

TESTIMONY ON SB#/0521- POSITION: FAVORABLE

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

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#/0521, **Health Insurance - Material Changes to Provider Networks - Notification and Special Enrollment Period**

I recently attempted to make an appointment with a health care provider I have been seeing for several years. The appointment was scheduled but I received a call the next day telling me that the provider no longer was in network with my carrier. With no advance notice of the change, and being on fixed social security income, I was forced to find a new doctor on short notice.

Speaking with others in my age group I understand this constant churn on coverage adds to the stress of dealing with health challenges we seniors face. This bill will require our insurance carriers to inform us when our health care providers are changed as well as advising the Insurance Commissioner of the actions they are taking. A time period will be mandated for these changes and notifications to give us more time to adjust and modify our medical care.

This vital bill will require 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; etc.

Health insurance coverage is essential to maintaining good health and dealing with personal medical issues affecting us and our loved ones. Patients should not be harmed by the undeclared actions of health systems that interfere with our medical care.

I respectfully urge this committee to return a favorable report on SB#/0521.

SB 521_Klapper_FAV.pdf

Uploaded by: Stephanie Klapper

Position: FAV



**Testimony In Support of SB 521 Health Insurance - Material Changes to Provider
Networks - Notification and Special Enrollment Period**

Before the Senate Finance Committee

By: Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative

March 4, 2026

Chair Beidle, Vice-Chair Hayes, and Members of the Finance Committee, thank you for the opportunity to submit supportive testimony for SB 521. Special thank you to Sen. Kramer for sponsoring this legislation. I am submitting this testimony on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc. Our mission is quality, affordable health care for all Marylanders. This legislation would provide much needed protections to consumers when there are disputes between large health care systems and insurance carriers. Consumers would receive more advanced notice before providers leave the network. In the case of a major contract termination, consumers would be able to receive care from their providers for 90 days following termination of a provider contract, and have a 90 day special enrollment period for those who buy individual insurance so that they can choose a new plan that includes their providers. These protections are critical so that consumers have more time and flexibility to either transition their care to new providers or choose a new plan to maintain their provider access. Without these protections, consumers may have to go without care as they work to find new providers which could have devastating health consequences. We urge a favorable report for SB 521.

SB0521_FWA_MedChi_HI - Material Changes Provider N

Uploaded by: Danna Kauffman

Position: FWA



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Senate Finance Committee

March 4, 2026

Senate Bill 521 – *Health Insurance – Material Changes to Provider Networks – Notification and Special Enrollment Period*

POSITION: SUPPORT WITH AMENDMENT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** *Senate Bill 521: Health Insurance – Material Changes to Provider Networks – Notification and Special Enrollment Period*. This bill seeks to increase transparency and communication between carriers and enrollees when a provider is terminated from a carrier’s panel, provide advance notice to the Maryland Insurance Administration (MIA) of such terminations, and establish a special enrollment period for enrollees when a provider or health care facility is terminated from a carrier’s panel. Specifically, the bill:

- Requires carriers to provide notice to an enrollee when either a primary care provider terminates or the carrier terminates a primary care provider from the carrier’s panel. The bill expands this requirement to include a provider of behavioral health services when the enrollee has received services from the provider within the last three months. This notice must include contact information that the enrollee may use to direct comments or concerns to the carrier regarding the termination of the provider, instructions on how the enrollee may notify the carrier of the need for transitional care, and the telephone number and e-mail address for the MIA that the enrollee can use for complaints they have against carriers.
- Requires that, if the termination of a provider or health care facility from the carrier’s panel will result in a material change to the access plan, the carrier must provide the MIA with notice 60 days before the anticipated date of termination rather than the current 15 days afterwards and continue to update the MIA until the termination is effective or an agreement is reached and then the carrier must provide final notice of termination to the MIA within 5 business days after effective.
- Establishes a special enrollment period for enrollees for 90 days that begins on the date of termination of the provider from the health benefit plan’s provider plan.

MedChi supports these changes, which are both consumer and provider-friendly. Physicians are increasingly unable to join carrier networks because carriers determine the network is “adequate,” or to continue participating in a carrier’s network due to unfair contractual terms, including low reimbursement rates. It is important to note that, according to the Maryland Health Care Commission’s Insurer and Provider Market Concentration Report, Maryland ranks third from

the bottom in commercial reimbursement rates relative to Medicare. Nationally, the average is 122%; in Maryland, it is 104%. This is even more telling, given that the averages in surrounding states are: DC at 125%, VA at 115%, WV at 119%, and PA at 107%.¹

MedChi recommends two amendments. First, we recommend extending the notice provision to all health care providers rather than limiting it to primary care or behavioral health providers. Second, we are concerned about the carrier's ability to determine "material change" and the lack of transparency into how it determines whether its access plan is adequate. COMAR 31.10.44.02 defines an access plan as "the materials that each carrier is required to file annually with the Commissioner to demonstrate that each of the carrier's provider panels is adequate to meet the needs of its enrollees." However, that information is deemed confidential (COMAR 31.10.44.10). Therefore, if a carrier either fails to renew a physician contract or fails to accept a physician on the carrier's panel, the inability to understand what would constitute a "material change" disadvantages the physician and members of the public. Therefore, we recommend language to ensure greater public accountability in the development of a carrier's access plan and in how it determines material changes and access to meet the needs of its enrollees.

With the above recommended changes, MedChi urges a favorable vote.

For more information call:

Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

¹ Only Delaware, at 103%, and Alabama, at 98%, are below Maryland.

SB521 Material Changes SWA.pdf

Uploaded by: Irnise Williams

Position: FWA

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

March 2, 2026

To: The Honorable Pamela Beidle, Chair
Finance Committee

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

Re: Senate Bill 0521 - 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 SB521 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. SB521 addresses these issues by improving transparency and safeguarding consumers during network changes.

SB521 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.

SB521 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 SB521 that includes HEAU's proposed amendments, which we have provided to the Commissioner.

cc: Senator Benjamin F. Kramer

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.

DOCS-#243641-v1-SB_521_OPPOSE.pdf

Uploaded by: Matthew Celentano

Position: UNF



15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

March 4, 2026

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 521 – Health Insurance – Material Changes to Provider Networks and Special Enrollment Period

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 521 – Health Insurance – Material Changes to Provider Networks and Special Enrollment Period* and urges the Committee to issue an unfavorable report.

Network terminations have historically been an extremely rare occurrence in Maryland and, more broadly, throughout the county. As explained in greater detail below, this bill is an overcorrection that will create extreme and unnecessary angst and disruption for members as well as employers. Furthermore, the bill's significant and costly impact on employers would ultimately equate to increased premium costs for members.

Unreasonable time period for notice to members

Contract negotiations between carriers and providers are complex business discussions that require active engagement from both parties. Nearly all of them conclude successfully after good-faith negotiations and reasonable compromise. However, the details of most negotiations aren't finalized until a few weeks prior to the term date despite the fact that both parties fully intend to reach agreement.

Current law requires that carriers notify consumers 30 days prior to contract expirations if agreement has not been reached. Senate Bill 521 would increase this notification period and require carriers to notify consumers *several months* before contract expirations that negotiations *could* fail, creating unnecessary alarm and confusion. Such notices will cause consumers to fear losing access to trusted physicians, even though nearly all negotiations ultimately result in continued partnerships, making this creation of stress and worry among members wholly unnecessary and avoidable. Simply put, these provisions would generate

unwarranted concern among consumers given they are far more often than not unaware of these routine negotiations.

Ramifications of establishing a special enrollment period

The bill also creates a special enrollment period (SEP) in the event of provider termination. League members believe existing continuity-of-care protections are sufficient. Maryland's current continuity of care laws (primarily MD Insurance Code §15-833 and COMAR 10.09.65.20) ensure patients can continue treatment with a non-participating provider for up to 90 days (or through pregnancy/acute conditions) if their doctor leaves a network or they change plans. It forces new insurers to accept preauthorizations from old ones for continuity. League members believe this is sufficient and will always work with beneficiaries to ensure their care is available and accessible.

The impact of having employers have to go through a mid-year human resources debacle to choose a new plan after extensive time and resource allocation to choose the first plan will end up adding cost to their plan and ultimately to their employees. Expanding SEPs in this context could destabilize the risk pool, as individuals anticipating higher medical costs are more likely to enroll, leading to increased claims costs and upward pressure on premiums. Over time, this dynamic can drive healthier individuals from the market and raise costs for all. This phenomenon is often described as a "death spiral" risk if premiums rise and healthier members exit the market.

Additionally, a SEP triggered by provider terminations would create operational challenges for businesses and human resources departments that carefully select coverage options during annual enrollment. In rare situations like those seen in 2025, employers could be forced into rushed plan changes, creating unnecessary disruption for employers and employees alike.

Senate Bill 521 also adds a requirement for carriers, in certain circumstances, to file an updated access plan with the Commissioner within 5 business days after the effective date of the termination. Further, it imposes at \$5,000 per day fine on the carrier who fails to file a timely updated access plan. The first days after any termination occurs are challenging for both carriers and providers. In those crucial first days, carriers are working on updating provider directories and experience a large influx of customer service calls and continuation of care requests that need to be addressed timely. Creating a requirement in such an expedited fashion would result in shifting resources away from these important tasks. Section 15-112(c)(2) of the Insurance Article currently requires a carrier to advise the Commissioner of a reasonable timeframe to file the updated access plan. We suggest that 15-business days is a more realistic timeframe. Additionally, the Insurance Article already provides the Commissioner with a mechanism to access a penalty should a carrier fail to produce a timely updated access plan. See §4-113 of the Insurance Article.

Increased number of terminations

Senate Bill 521 will serve to promote more, rather than fewer, terminations of agreements in that it removes all incentives for hospitals to reach agreement on contract terms. This change will allow them to make outrageous demands of carriers and huge rate increases that, if not met by carriers, will lead to deterioration of negotiations and resulting terminations. Moreover, should carriers refuse to accept such aforementioned demands, hospitals will have the secondary option of simply allowing contracts to terminate, knowing their patients will easily just switch carriers to stay with them. Senate Bill 521 creates a win-win situation for hospitals in every contract negotiation that takes place in the state and, as a result, will only lead to more terminations of agreements in Maryland.

For these reasons, the League respectfully urges the Committee to give Senate Bill 521 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal stroke extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee