

# **HB0684 - Health Insurance - Material Changes to Pr**

Uploaded by: Cecilia Plante

Position: FAV



**TESTIMONY FOR HB0684 – Health Insurance – Material Changes to Provider Networks – Notification and Special Enrollment Period – FAVORABLE**

**Bill Sponsor: Delegate Lopez**

**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 HB0684 on behalf of the Maryland Legislative Coalition,** a statewide network of grassroots organizations representing more than 30,000 Marylanders across every legislative district. Our mission is to promote legislation that strengthens education, healthcare, public safety, environmental protection, and social justice—ensuring that every Marylander has access to the resources and opportunities needed to thrive.

**HB0684 advances that mission by strengthening transparency, continuity of care, and consumer protections within Maryland’s health insurance system.**

This bill establishes clear, enforceable requirements for carriers and health systems when material changes occur within provider networks. It requires advance notice to enrollees, providers, and the Maryland Insurance Administration; mandates updates to access plans; ensures continuity of contract terms for 90 days after a termination or nonrenewal; and creates a special enrollment period for patients whose regularly treating provider is removed from a network.

**These reforms are practical, balanced, and urgently needed.**

Across Maryland and the nation, patients are increasingly affected by sudden provider terminations or large-scale network changes that disrupt care with little warning.

**These disruptions can be especially harmful for individuals with chronic conditions, behavioral health needs, or ongoing treatment plans. HB0684 ensures that patients are not blindsided by changes that directly affect their health and stability.**

By strengthening notice requirements and establishing a special enrollment period, this bill enhances the state's ability to:

- Ensure patients receive timely, clear communication about changes to their provider networks,
- Protect continuity of care during transitions,
- Maintain network adequacy and regulatory oversight,
- Support behavioral health patients, who are disproportionately harmed by abrupt provider loss, and
- Empower consumers to make informed decisions about their coverage.

The 90-day continuation of contract terms is particularly important. It prevents abrupt reimbursement changes, protects providers from sudden instability, and ensures that patients are not caught in the middle of contract disputes. This is a thoughtful safeguard that supports both access and accountability.

Maryland has long been a national leader in consumer-centered health policy. HB0684 builds on that legacy by ensuring that network changes are transparent, predictable, and managed in a way that prioritizes patient well-being.

Importantly, this bill does not restrict carriers from making necessary network adjustments. Instead, it ensures that those changes occur with appropriate notice, oversight, and protections for the people who rely on these networks for their care.

HB0684 aligns squarely with the mission of the Maryland Legislative Coalition. It strengthens consumer protections, supports continuity of care, and ensures that Marylanders have the information and options they need when their provider networks change.

We urge the Committee to support this thoughtful, patient-centered legislation.

Thank you for your time and consideration. **We respectfully urge a FAVORABLE report on HB0684.**

Jessica Gorski  
Executive Committee  
Maryland Legislative Coalition

# **HB0684 - Senate\_FAV\_MedChi\_HI - Material Changes P**

Uploaded by: Danna Kauffman

Position: FAV



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Senate Finance Committee  
March 25, 2026

House Bill 684 – *Health Insurance – Material Changes to Provider Networks – Notification and Special Enrollment Period*

**POSITION: SUPPORT**

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** *House Bill 684: 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.

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%.<sup>1</sup>

MedChi urges a favorable vote.

**For more information call:**

Danna L. Kauffman  
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<sup>1</sup> Only Delaware, at 103%, and Alabama, at 98%, are below Maryland.

**HB 684\_FAV\_MdPHA\_FINANCE.pdf**

Uploaded by: Ilona Kabara

Position: FAV



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

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**Testimony In Support of HB 684**  
**Material Changes to Provider Networks - Notification and Special Enrollment Period**  
**Before the Senate Finance Committee**  
**By: Maryland Public Health Association (MdpHA)**  
**March 25, 2026**

Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee, thank you for the opportunity to submit supportive testimony for HB 684. With this legislation, consumers would gain important safeguards when large healthcare systems and insurance companies have contract disputes. 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 HB 684. 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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**HB684\_OAG\_HEAU\_FAV**

Uploaded by: Irnise Williams

Position: FAV

**CAROLYN A. QUATTROCKI**  
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*Deputy Attorney General*

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*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 24, 2026

To: The Honorable Pamela Beidle, Chair  
Finance Committee

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

Re: House Bill 0684 - Health Insurance - Material Changes to Provider Networks -  
Notification and Special Enrollment Period – **SUPPORT**

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports HB684 as amended.

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. HB684 addresses these issues by improving transparency and safeguarding consumers during network changes.

HB684 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 notice to affected consumers when a provider elects to terminate participation from 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.

In the House, the HEAU sought amendments to clarify existing and proposed legislative language and to provide additional consumer protections. We appreciate the adoption of the majority of those amendments as noted below.

#### Amendment No. 1

The HEAU sought to **make continuity of care provisions self-executing** because 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. Though self-executing continuity of care was adopted as an amendment, the form to request it will be created by the Commissioner, which removes one obstacle for consumers.

#### Amendment No. 2

The HEAU sought to **explicitly prohibit balance billing** during continuity of care periods, making clear the current statutory intent. 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 recommended adding explicit language to Maryland law that prohibits balance billing in these circumstances. The amended bill makes those protections explicit.

### Amendment No. 3

The HEAU sought to ensure consumers can **select effective dates for new coverage** to avoid overlapping premiums. As originally drafted, the bill set the effective date of a new plan as the first day of the month in which the termination occurred. This approach could have led to overlapping coverage periods and duplicate premium payments, creating unnecessary financial burdens for consumers. We recommended allowing consumers flexibility to select an effective date that aligns with their needs and avoids overlapping coverage. As amended, the bill provides that flexibility, which reduces unnecessary costs, prevents confusion, and ensures a smoother transition between plans.

### Amendment No. 4

The HEAU sought to **extend SEP eligibility when consumers are not notified of termination**. 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.

HB684 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 HB684.

# **XHB 684-Health Insurance - Material Changes to Pro**

Uploaded by: Jake Whitaker

Position: FAV



Maryland  
Hospital Association

**House Bill 684- Health Insurance - Material Changes to Provider Networks - Notification and Special Enrollment Period**

**Position: *Support as Amended***  
March 25, 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 House Bill 684 as amended.

This legislation improves transparency and accountability when insurers make material changes to their provider networks. HB 684 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. HB 684 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. HB 684 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.

HB 684 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 HB 684 as amended.

For more information, please contact:  
Jake Whitaker, Assistant Vice President, Government Affairs & Policy  
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**HB 684 - MIA - Support - FIN.pdf**

Uploaded by: Marie Grant

Position: FAV

WES MOORE  
Governor

ARUNA MILLER  
Lt. Governor



MARIE GRANT  
Commissioner

JOY Y. HATCHETTE  
Deputy Commissioner

# Maryland

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**Date:** March 25, 2026

**Bill # / Title:** House Bill 684 - 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 House Bill 684, which is a departmental bill. House Bill 684 is in an identical posture as the Senate version of the bill, Senate Bill 521, which received a unanimous favorable with amendments recommendation by the Senate Finance Committee on March 14, 2026.

House Bill 684 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 contract dispute with an insurer. Health systems can combine a large number of doctors and hospitals into one entity for contracts. When a health care 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 and in-network care for both current and future enrollees. Recent negotiations between carriers and providers have intensified – prompting concerns about access to in-network providers in Maryland. House Bill 684 aims to provide greater consumer protections for patients to keep them out of the middle when these disputes arise.

House Bill 684 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 a carrier. 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 carriers to provide earlier notice to the State and clearer notice to enrollees 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 carriers 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; and
- Requires carriers and health systems to give advance notice to each other before ending contracts.

House Bill 684 has been amended to allow the Maryland Insurance Administration (MIA) to create a special uniform form which patients can use to request the 90-day extension of care for their providers and also includes more explicit protections for consumers against balance billing. In addition, the bill has also been amended to clarify when the new special enrollment period begins, and when coverage becomes effective following enrollment. These amendments have been adopted by both chambers and both House and Senate versions are currently in the same posture.

Together, the provisions of House Bill 684 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.

For the reasons set forth above, the MIA urges a favorable committee report on House Bill 684 and thanks the committee for the opportunity to share its support.

# **HB0684 crossover bill - FAV - Material Changes to**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

HB0684\_CrossoverBill\_RichardKaplowitz\_FAV

03/25/2026

Richard Keith Kaplowitz

Frederick, MD 21703

**TESTIMONY ON CROSSOVER BILL HB#0684- 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 crossover bill HB#0684, **Health Insurance - Material Changes to Provider Networks - Notification and Special Enrollment Period**

I received a phone message from one of my providers that I needed to schedule an annual follow up appointment. However, when I access their website to do so my current insurance carrier is no longer listed as one whose insurance is accepted. I was never notified by the practice or my insurance carrier of the termination of any agreement to accept my insurance coverage for appointments with this doctor.

The Southeast Medical Group has worked to explain *Understanding Provider Network Changes*<sup>1</sup>

At the start of each year, many individuals and families receive notifications about **provider network changes**. If you've recently received one, don't be alarmed—this is a routine occurrence in the healthcare world, and in most cases, your medical care won't be affected. [Untrue, if my provider won't accept my insurance this year I will have to change providers to someone unfamiliar with my medical history for this case]

It's common for insurers to notify policyholders about modifications to their provider networks at the beginning of the year, as that is when **renewal periods** or **policy updates** take effect. These notices may contain updates regarding which providers remain in-network or any changes that could impact on how your medical expenses are covered.

This did not happen in my case with my provider and my insurance carrier! Maryland needs to protect and be the voice for those who depend on coverage for existing medical providers they have often been using for their medical care. This 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.

**I respectfully urge this committee to return a favorable report on crossover bill HB#0684.**

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<sup>1</sup> <https://mysemg.com/media/patient-resources-and-services/understanding-provider-network-changes>

# **HB684\_DeMarco\_FAV.pdf**

Uploaded by: Vincent DeMarco

Position: FAV



Testimony In Support of HB 684 Health Insurance - Material Changes to Provider Networks -  
Notification and Special Enrollment Period  
Before the Senate Finance Committee  
By: Vincent DeMarco, President, Maryland Citizens' Health Initiative  
March 25, 2026

Chair Beidle, Vice-Chair Hayes, and Members of the Finance Committee, thank you for the opportunity to submit supportive testimony for HB 684. Our mission is quality, affordable health care for all Marylanders. I am submitting this testimony on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc. This legislation would provide much needed protections to consumers when there are disputes between large health care systems and insurance carriers. 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 HB 684.