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March 31, 2026

To: The Honorable Heather Bagnall, Chair
Health 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 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.

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.