



**TESTIMONY FOR HB1464 – Health Insurance – Third-Party Administrators  
– Verification of Eligibility – FAVORABLE**

**Bill Sponsor: Delegate Guzzone**

**Committee: Health**

**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 HB1464 on behalf of the Maryland Legislative Coalition.** We are a statewide coalition of grassroots organizations representing more than 30,000 Marylanders across every legislative district. Our mission is to ensure that state policy protects people’s lives, health, and dignity, especially by ensuring Marylanders can access timely, affordable healthcare without administrative barriers or unjust denials.

HB1464 strengthens that commitment by requiring third-party administrators of health benefit plans to develop a clear, reliable process through which health care providers can request and receive timely information to determine an enrollee’s eligibility for services. The bill further prohibits carriers from retroactively denying reimbursement to a provider who used that process in good faith to confirm a patient’s eligibility.

These protections are urgently needed.

**Providers across Maryland routinely face retroactive denials for services they delivered after verifying eligibility using the information available to them at the time. These denials create financial instability for medical practices, disrupt continuity of care, and ultimately harm patients who may be forced to delay or forgo treatment.** HB1464 closes these gaps by ensuring that:

- Providers have access to a standardized, timely eligibility-verification process.

- Administrators must respond promptly and accurately to eligibility inquiries.
- Carriers cannot retroactively deny payment when providers relied on the required process.
- Patients are protected from disruptions in care caused by administrative inconsistencies.

These measures create a more transparent, predictable system that supports both providers and patients.

**HB1464 also has significant implications for healthcare access and equity. When providers cannot rely on eligibility information, they may hesitate to schedule appointments, perform procedures, or accept new patients, particularly those with complex needs or unstable coverage. Retroactive denials disproportionately affect small practices, safety-net providers, and clinics serving low-income communities. By ensuring that eligibility verification is accurate and binding, HB1464 helps prevent unnecessary delays in care, reduces administrative burdens, and strengthens the provider-patient relationship.**

This bill aligns squarely with the mission of the Maryland Legislative Coalition. It promotes fairness, transparency, and stability within Maryland's healthcare system. No patient should lose access to care because of administrative errors, and no provider should be penalized for relying on the eligibility information they were required to use.

**We respectfully urge a FAVORABLE report on HB1464.**

Thank you for your time and consideration.

Jessica Gorski  
Executive Committee  
Maryland Legislative Coalition