

WES MOORE
Governor

ARUNA MILLER
Lt. Governor

MARIE GRANT
Commissioner

JOY Y. HATCHETTE
Deputy Commissioner



200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2113
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Date: April 2, 2026

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

Committee: House Health Committee

Position: Support

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for Senate Bill 521. Senate Bill 521 is an identical posture as House Bill 684, which received a unanimous favorable with amendments recommendation by this committee.

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 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. 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 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.

Senate Bill 521 has been amended to allow the 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 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.

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.