



Maryland  
Hospital Association

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

**Position: *Support***  
April 2, 2026  
House Health 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:  
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