



TESTIMONY FOR HB1131 – Health Insurance – Provider Panels – Termination of Providers – Notice Requirements – FAVORABLE

Bill Sponsor: Delegate Lopez

Committee: Health and Government Operations

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 HB1131 on behalf of the Maryland Legislative Coalition. Our coalition represents more than 30,000 Marylanders across every legislative district, united by a commitment to advancing policies that strengthen healthcare access, protect consumers, and ensure transparency in Maryland’s insurance markets.

HB1131 is a straightforward and necessary reform that strengthens patient protections and ensures continuity of care when providers are removed from insurance networks.

This bill requires insurers, nonprofit health service plans, and health maintenance organizations to provide clear, timely, and direct notice to enrollees when a provider they have seen within the previous year is being terminated from the network. It also requires carriers to notify the Maryland Insurance Commissioner of these terminations and to provide enrollees with information about their rights, including the availability of continuity-of-care protections.

These improvements are not theoretical. They are urgently needed.

When a provider is suddenly removed from a network, patients may face abrupt disruptions in treatment, unexpected out-of-network costs, or difficulty finding a new provider—particularly in behavioral health, primary care, and specialty services where continuity is essential. Without the reforms in HB1131:

- Patients may not learn their provider has been terminated until they show up for an appointment

- Individuals in active treatment could experience dangerous gaps in care
- Families may face unexpected financial burdens due to out-of-network billing
- Carriers may make significant network changes without adequate oversight
- Vulnerable populations, including those with chronic or behavioral health conditions, may be disproportionately harmed

HB1131 addresses these gaps by ensuring that patients receive advance notice, understand their rights, and have the opportunity to maintain care during transitions. It also strengthens regulatory oversight by requiring carriers to report provider terminations to the Insurance Commissioner, improving transparency and accountability across the system.

This legislation aligns squarely with the mission of the Maryland Legislative Coalition. It protects consumers, supports continuity of care, enhances transparency, and ensures that Marylanders can make informed decisions about their health coverage without being blindsided by sudden network changes.

No patient should lose access to their provider without warning or be forced into out-of-network care because of opaque or last-minute decisions by carriers. HB1131 ensures that doesn't happen.

Thank you for your time and consideration. **We respectfully urge a FAVORABLE report on HB1131.**