

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 684

(Chair, Health Committee)(By Request - Departmental -
Maryland Insurance Administration)

Health

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

This departmental bill expands the requirements on carriers regarding notification to enrollees about the termination of providers from provider panels. The bill alters when and how carriers must notify the Insurance Commissioner about a material change to their provider network, including requirements relating to updating a carrier access plan. The Commissioner may impose a specified fine on carriers that fail to timely file the required update. The bill requires carriers and health systems to provide notice of intent to terminate a contract. For specified contracts, carriers and health systems must adhere to the terms of the contract (including reimbursement terms) for at least 90 days, with specified exception. The bill also requires carriers in the individual market to provide a special enrollment period (SEP) for an individual (or dependent) whose provider is terminated from the health plan's provider panel.

Fiscal Summary

State Effect: Any additional workload on the Maryland Insurance Administration (MIA) and the Maryland Health Benefit Exchange is minimal and absorbable within existing budgeted resources. The bill's penalty provision is not anticipated to materially impact State revenues.

Local Effect: None.

Small Business Effect: MIA has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services concurs with this assessment.

Analysis

Bill Summary/Current Law:

Carrier Notification to Enrollees Regarding Provider Termination of Participation

Under current law, a carrier that uses a provider panel must establish procedures to notify an enrollee when the enrollee's primary care provider is terminated from the provider panel. Notification must include the right of the enrollee to request and continue to receive health care services from the provider for up to 90 days after the notice of termination. This requirement applies to Medicaid managed care organizations as well as commercial carriers.

The bill specifies that a carrier must also provide notice regarding the termination of any provider of behavioral health services for whom the carrier has received a claim for services performed on the enrollee within the preceding three months. The bill extends the right of the enrollee to request and continue to receive health care services to encompass care from these behavioral health providers for up to 90 days. The bill also requires that notice be given regarding the termination of a primary care or specified behavioral health provider, including if the provider *elects* to terminate participation from the provider panel. The notice provided to the enrollee by the carrier must include (1) contact information the enrollee may use to direct comments or concerns to the carrier regarding the provider's termination; (2) instructions on how to notify the carrier of the need for transitional care; and (3) the telephone number and email address for the MIA office that receives and responds to complaints from enrollees about carriers.

Carrier Access Plan

Under current law, a carrier that uses a provider panel for a health benefit plan must annually file a network access plan with the Commissioner. An access plan must include, among other things, a description of the carrier's network, the process for monitoring and ensuring network sufficiency, and factors used to build the provider network. A carrier that makes a material change to their access plan must notify the Commissioner within 15 business days after the change occurs and provide a reasonable timeframe within which the carrier will file an update to their existing access plan.

The bill specifies that, if the termination of a provider or health care facility from a carrier's provider panel will result in a material change to the carrier's access plan, the carrier must (1) notify the Commissioner of the impending termination at least 60 days before the anticipated termination date; (2) have a continuing obligation to update and supplement initial and subsequent notifications until the termination is effective or an agreement is reached with the provider or health care facility; and (3) submit an update to the access

plan for review by the Commissioner within five business days after the effective date of the termination.

However, the bill further specifies that notice of a material change due to the impending termination of a provider is only required if (1) the provider or health care facility provides advance notice of its intention to terminate participation; (2) the carrier provides advance notice to the provider or health care facility of the intent to terminate participation; (3) the current contract between the carrier and the provider or health care facility is set to expire within 60 days and no extension or renewal agreement has been reached; or (4) the carrier possesses other information that indicates that termination of the provider or health care facility is likely within 60 days. Also, carrier updates to the access plan are only required to include information related to the provider specialty types affected by the material change and, unless the network experienced a 10% reduction, the geographic areas where enrollees were affected by the material change.

The bill authorizes the Commissioner to impose a \$5,000 fine (per day) for each day beyond five business days that a carrier fails to file a required update to the access plan.

Carriers and Health Systems

The bill defines “health system” to mean (1) a hospital and any entity affiliated with the hospital through ownership, governance, membership, or other means or (2) a parent corporation of one or more hospitals and any entity affiliated with the parent corporation through ownership, governance, membership, or other means.

Under the bill, a carrier and a health system must provide each other with written notice of any intent to terminate a contract at least 90 days before the proposed termination date or the end of the contract period. A carrier must make a good faith effort to provide this written notice of termination to all covered individuals who are being treated on a regular basis by or at the health system at least 30 days before the proposed date of termination or the end of the contract period.

The bill specifies that, for each contract between a carrier and a health system that is entered into, renewed, amended, or continued on or after October 1, 2026, if the contract is not renewed or is terminated, the carrier and the health system must continue to adhere to the terms of the contract (including reimbursement terms for all health care services) for at least 90 days after the termination or nonrenewal. Except as otherwise agreed to, the reimbursement terms during the 90-day period must be retroactive to the date of termination or the end of the contract period. This requirement does not apply if the carrier and the health system agree in writing to the termination or nonrenewal of the contract and provide notice to each other regarding any intent to terminate or not renew the contract.

Special Enrollment Period – Individual Market

The bill establishes a new SEP for an individual (or their dependent) who is a patient being treated on a regular basis by or at a “provider” (which includes a health care practitioner or facility) and enrolled in a health benefit plan in which the provider is terminated from the provider panel. An SEP must be open for 90 days and begin on the date of the termination of the provider from the health benefit plan’s provider panel. Coverage for an individual (or dependent) who enrolls for coverage under this SEP must become effective on the first day of the month in which the termination of the provider became effective.

Background: MIA advises that disputes between carriers and large provider groups can lead to provider groups leaving carrier provider panels, which may leave current plan participants and future enrollees without access to a provider network that matches their health needs. Negotiation disputes between carriers and large provider groups/medical systems have increasingly threatened enrollee access to enough in-network providers.

Currently, a carrier must notify the Commissioner 15 business days *after* a material change to its network access plan. However, MIA advises that the administration needs to receive *advance* notification of potential material changes to carrier networks to be able to monitor the progress of negotiations and ensure that a carrier is taking all reasonable steps to maintain an adequate network. Likewise, should negotiations fail between carriers and providers and health systems, MIA advises that consumers need to be properly notified.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Department of Budget and Management; Maryland Health Benefit Exchange; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

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caw/ljm

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ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES

TITLE OF BILL: Health Insurance - Material Changes to Provider Networks -
Notification and Special Enrollment Period

BILL NUMBER: HB 684

PREPARED BY: Jamie N. Sexton
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Initiatives

PART A. ECONOMIC IMPACT RATING

This agency estimates that the proposed bill:

 X WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND
SMALL BUSINESS

OR

 WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND
SMALL BUSINESSES

PART B. ECONOMIC IMPACT ANALYSIS

The Maryland Insurance Administration (MIA) does not expect that the proposed bill will have any meaningful economic impact on Maryland small businesses.