

Title 30

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS)

Subtitle 01 GENERAL

30.01.02 Documents Incorporated by Reference

Authority: Education Article, §§13-509 and 13-516; Annotated Code of Maryland

Notice of Proposed Action

[26-150-P-I]

The State Emergency Medical Services Board proposes to amend Regulation .01 under **COMAR 30.01.02 Documents Incorporated by Reference**. This action was considered by the State EMS Board at its open meeting held August 11, 2026.

Statement of Purpose

The purpose of this action is to amend the year of the incorporated document to reflect the most current edition.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Timothy Chizmar, M.D., State EMS Medical Director, MIEMSS, 653 West Pratt Street, Baltimore, MD 21201, or call (410) 706-0880, or email to tchizmar@miemss.org. Comments will be accepted through October 18, 2026. A public hearing has not been scheduled.

Editor's Note on Incorporation by Reference

Pursuant to State Government Article, §7-207, Annotated Code of Maryland, the Maryland Medical Protocols for Emergency Medical Services (MIEMSS July 1, 2026 Edition) has been declared a document generally available to the public and appropriate for incorporation by reference. For this reason, it will not be printed in the Maryland Register or the Code of Maryland Regulations (COMAR). Copies of this document are filed in special public depositories located throughout the State. A list of these depositories was published in 53:1 Md. R. 10 (January 9, 2026), and is available online at www.dsd.maryland.gov. The document may also be inspected at the office of the Division of State Documents, 16 Francis Street, Annapolis, Maryland 21401.

.01 Incorporation by Reference.

A. (text unchanged)

B. Documents Incorporated.

(1) "Maryland Medical Protocols for Emergency Medical Services (MIEMSS July 1, [2023] 2026 Edition)". This document can be obtained through the Maryland Institute for Emergency Medical Services Systems at 653 W. Pratt Street, Baltimore, Maryland 21201 (410-706-4449).

(2)—(4) (text unchanged)

THEODORE R. DELBRIDGE, MD, MPH
Executive Director

Title 31

MARYLAND INSURANCE ADMINISTRATION

Subtitle 10 HEALTH INSURANCE — GENERAL

31.10.41 Assignment of Benefits to Nonpreferred Providers

Authority: Insurance Article, §§2-109(a)(1), 14-205.2, [and] 14-205.3, and 14-410.1, Annotated Code of Maryland

Notice of Proposed Action

[26-177-P]

The Insurance Commissioner proposes to amend Regulations .02 and .05—.07 under **COMAR 31.10.41 Assignment of Benefits to Nonpreferred Providers**.

Statement of Purpose

The purpose of this action is to the statutory changes under Senate Bill 813 from the 2026 Legislative Session. These regulations clarify that "carrier" includes dental plan organizations and adds references to "dentist" to the existing assignment of benefits regulations.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Jessica Blackmon, Government Relations and Regulatory Affairs Specialist, Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202, or call 410-468-2019, or email to InsuranceRegReview.mia@maryland.gov. Comments will be accepted through November 16, 2026. A public hearing has not been scheduled.

.02 Terms Defined.

A. (text unchanged)

B. Terms Defined

(1) — (2) (text unchanged)

(3) "Carrier" means an insurer, [or] nonprofit health service plan, or dental plan organization.

(4) (text unchanged)

(5) "Dental plan organization" has the meaning stated in Insurance Article, §14-401(c), Annotated Code of Maryland.

[(5)](6)—[(6)](7) (text unchanged)

[(7)](8) "Insured" [has the meaning stated in Insurance Article, §14-201, Annotated Code of Maryland] means a person covered for benefits under a preferred provider insurance policy offered or administered by an insurer, nonprofit health service plan, or dental plan organization.

[(8)](9) — [(13)](14) (text unchanged)

.05 Assignment of Benefits — Nonpreferred Providers.

A. This regulation applies to carriers who receive claims for services provided by physicians *or dentists* who are nonpreferred providers but are not on-call physicians or hospital-based physicians.

B. (text unchanged)

C. Except as provided in Insurance Article, §§14-205.3(g) and 14-410.1(g), Annotated Code of Maryland, a carrier that receives a claim for services provided by a nonpreferred provider described in §A of this regulation who accepts an assignment of benefits under a preferred provider insurance policy shall pay the nonpreferred provider directly if the nonpreferred provider:

(1) — (2) (text unchanged).

.06 Required Disclosure for Nonpreferred Providers Seeking Assignment of Benefits.

A. Except for a nonpreferred provider who is an on-call physician or a hospital-based physician, a nonpreferred provider who is a physician *or a dentist* shall provide a copy of the disclosure set forth in §B of this regulation to each insured before performing a health care service for the insured in order to qualify for an assignment of benefits under a preferred provider insurance policy.

B. The disclosure text required by §A of this regulation shall be printed in at least 12 point type and shall read as follows:

“IMPORTANT NOTICE REGARDING YOUR HEALTH INSURANCE

Your [doctor] *provider* is not a part of your health insurer’s network. You may pay more for the services provided by your [doctor] *provider* because:

- Your [doctor’s] *provider’s* charge may be higher than the amount your health insurer will pay and, if so, you may be required to pay the difference; and
- Your coinsurance, deductible and out-of-pocket maximum may be higher because your [doctor] *provider* is not in your health insurer’s network.

Your [doctor] *provider* may charge you for services not covered under your health insurance contract.

Your [doctor] *provider* will [provide] *give* you [with] the following information before performing the services for you:

- An estimate of the cost of the services;
- Any payment terms that apply; and
- Whether your [doctor] *provider* will charge you interest on any unpaid balance, and the amount of the interest, if any.

I, [patient’s name] _____ received the information above and authorize my health insurer to reimburse my [doctor] *provider* directly for the services [provided] *rendered* [today’s date]_____.”

.07 Notice to Insureds by Carriers.

A. A carrier shall provide the information listed in §B of this regulation with the payment to the insured for health care services if:

(1) The carrier receives a claim for health care services provided by a physician *or a dentist* who is a nonpreferred provider and who is not an on-call physician or a hospital-based physician; and

(2) The insured did not provide an assignment of benefits to the physician *or dentist* who provided the health care services.

B.—D. (text unchanged)

MARIE GRANT
Insurance Commissioner

31.10.53 Coordination of Benefits

Authority: Insurance Article, §§2-109(a)(1) and 15-104; Health-General, §19-713.1, Annotated Code of Maryland

Notice of Proposed Action

[26-181-P]

The Insurance Commissioner proposes to adopt new Regulations **.01—.11** under a new chapter, **COMAR 31.10.53 Coordination of Benefits.**

Statement of Purpose

The purpose of this action is to adopt the NAIC Coordination of Benefits Model Regulation, which a majority of other states have already done. In Maryland, coordination of benefits provisions in health insurance contracts filed with the MIA for approval have historically been reviewed for consistency with the NAIC Model, but the Model has not been formally adopted to date. Adopting the NAIC standards in Maryland regulations will promote greater uniformity in how carriers process claims when an individual is covered by more than one plan, and will facilitate MIA enforcement of those standards. Any differences between the proposed regulations and the NAIC Model are solely intended to ensure that the language conforms to the Division of State Documents style manual and that the regulations comply with existing Maryland-specific laws related to coordination of benefits.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Jessica Blackmon, Government Relations and Regulatory Affairs Specialist, Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202, or call 410-468-2019, or email to InsuranceRegReview.mia@maryland.gov. Comments will be accepted through November 16, 2026. A public hearing has not been scheduled.

.01 Purpose and Scope.

A. The purpose of this chapter is to:

- (1) Establish a uniform order of benefit determination under which plans pay claims;
- (2) Reduce duplication of benefits by permitting a reduction of the benefits to be paid by plans that, pursuant to rules established by this chapter, do not have to pay benefits first; and
- (3) Provide greater efficiency in the processing of claims when an individual is covered under more than one plan.

B. This chapter does not require carriers to use a coordination of benefits provision in a plan, but if a carrier includes in a plan any provision for the reduction of benefits payable because of other insurance, the provision for the reduction of benefits shall be consistent with the requirements of this chapter.