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Date: March 26, 2025

Bill # / Title: House Bill 1292 - Health Insurance - Provider Directory - Required Updates

Committee: Senate Finance Committee

Position: Support with Amendments

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support with amendments for House Bill 1292.

House Bill 1292 amends § 15-112 of the Insurance Article to conform Maryland Law to the requirements of the federal No Surprises Act (“NSA”). In addition to the federal requirements, the bill shortens the amount of time carriers have to update their provider directory on the internet from just over two weeks, to two working days, following receipt of notification from the provider. Dental carriers will have 15 working days to update the same information in their provider directories. The bill also requires carriers to include in their provider directories in printed form, a statement notifying readers that the information contained in the provider directory is accurate as of the date of publication, and that individuals should consult the internet version of the directory or contact the carrier directly in order to get the most current information. The provider directory must also include a statement that advises enrollees to contact providers or facilities to verify their participation in both the carrier’s network *and* the enrollee’s health benefit plan.

The ability of consumers to obtain reliable information on a provider’s network can be key to receiving timely care before medical issues increase in severity and cost. Sudden injuries or illnesses with quickly emerging symptoms often require treatment before the window of time a carrier has to update their provider network. House Bill 1292 will ensure that patients who require care sooner rather than later, will have access to an accurate list of in-network providers who can deliver them timely care without incurring the burden of out-of-network costs. In so doing, the bill strengthens “network adequacy” protections in a manner consistent with the goals of the Affordable Care Act (ACA).

The MIA suggests a minor technical amendment to the bill for improved clarity, recommending that the reporting requirement in Section 2 be specified as "the Insurance Commissioner" conducting the report, rather than "the Commission."

For these reasons, the MIA urges a favorable committee report on House Bill 1292 with additional amendments, and thanks the committee for the opportunity to share its feedback.