

# HOUSE BILL 1292

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By: **Delegates Kaiser, Feldmark, Guzzone, Harrison, Hill, Kaufman, and Taylor**  
Introduced and read first time: February 7, 2025  
Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Provider Directory – Required Updates**

3 FOR the purpose of renaming “network directory” to be “provider directory” to conform to  
4 a certain federal law; altering the time period within which a carrier is required to  
5 update the information that must be made available in the carrier’s provider  
6 directory on the Internet; requiring a carrier to verify and, as necessary, update the  
7 carrier’s provider directory with a certain frequency; and generally relating to  
8 provider directories of health insurance carriers.

9 BY repealing and reenacting, with amendments,  
10 Article – Insurance  
11 Section 15–112(a), (n), and (t), 15–112.3(a)(3) and (c), and 15–830(g)(2)(i)  
12 Annotated Code of Maryland  
13 (2017 Replacement Volume and 2024 Supplement)

14 BY repealing and reenacting, without amendments,  
15 Article – Insurance  
16 Section 15–112.3(a)(1)  
17 Annotated Code of Maryland  
18 (2017 Replacement Volume and 2024 Supplement)

19 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
20 That the Laws of Maryland read as follows:

21 **Article – Insurance**

22 15–112.

23 (a) (1) In this section the following words have the meanings indicated.

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1           (2) “Accredited hospital” has the meaning stated in § 19–301 of the  
2 Health – General Article.

3           (3) “Ambulatory surgical facility” has the meaning stated in § 19–3B–01 of  
4 the Health – General Article.

5           (4) “Behavioral health care services” has the meaning stated in § 15–127  
6 of this subtitle.

7           (5) (i) “Carrier” means:

8                           1. an insurer;

9                           2. a nonprofit health service plan;

10                          3. a health maintenance organization;

11                          4. a dental plan organization; or

12                          5. any other person that provides health benefit plans

13 subject to regulation by the State.

14                          (ii) “Carrier” includes an entity that arranges a provider panel for a  
15 carrier.

16           (6) “Credentialing intermediary” means a person to whom a carrier has  
17 delegated credentialing or recredentialing authority and responsibility.

18           (7) “Enrollee” means a person entitled to health care benefits from a  
19 carrier.

20           (8) “Group model health maintenance organization” has the meaning  
21 stated in § 19–713.6(a) of the Health – General Article.

22           (9) “Health benefit plan”:

23                          (i) for a group or blanket plan in the large group market, has the  
24 meaning stated in § 15–1401 of this title;

25                          (ii) for a group in the small group market, has the meaning stated in  
26 § 31–101 of this article; and

27                          (iii) for an individual plan, has the meaning stated in § 15–1301 of  
28 this title.

29           (10) (i) “Health care facility” means a health care setting or institution  
30 providing physical, mental, or substance use disorder health care services.

1 (ii) “Health care facility” includes:

- 2 1. a hospital;
- 3 2. an ambulatory surgical or treatment center;
- 4 3. a skilled nursing facility;
- 5 4. a residential treatment center;
- 6 5. an urgent care center;
- 7 6. a diagnostic, laboratory, or imaging center;
- 8 7. a rehabilitation facility; and
- 9 8. any other therapeutic health care setting.

10 (11) “Hospital” has the meaning stated in § 19–301 of the Health – General  
11 Article.

12 (12) “Network” means a carrier’s participating providers and the health care  
13 facilities with which a carrier contracts to provide health care services to the carrier’s  
14 enrollees under the carrier’s health benefit plan.

15 [(13) “Network directory” means a list of a carrier’s participating providers  
16 and participating health care facilities.]

17 [(14)] (13) “Online credentialing system” means the system through which  
18 a provider may access an online provider credentialing application that the Commissioner  
19 has designated as the uniform credentialing form under § 15–112.1(e) of this subtitle.

20 [(15)] (14) “Participating provider” means a provider on a carrier’s provider  
21 panel.

22 [(16)] (15) “Provider” means a health care practitioner or group of health  
23 care practitioners licensed, certified, or otherwise authorized by law to provide health care  
24 services.

25 (16) “PROVIDER DIRECTORY” MEANS A LIST OF A CARRIER’S  
26 PARTICIPATING PROVIDERS AND PARTICIPATING HEALTH CARE FACILITIES.

27 (17) (i) “Provider panel” means the providers that contract either  
28 directly or through a subcontracting entity with a carrier to provide health care services to  
29 the carrier’s enrollees under the carrier’s health benefit plan.

1 (ii) “Provider panel” does not include an arrangement in which any  
2 provider may participate solely by contracting with the carrier to provide health care  
3 services at a discounted fee-for-service rate.

4 (n) (1) A carrier shall make the carrier’s [network] **PROVIDER** directory  
5 available to prospective enrollees on the Internet and, on request of a prospective enrollee,  
6 in printed form.

7 (2) The carrier’s [network] **PROVIDER** directory on the Internet shall be  
8 available:

9 (i) through a clear link or tab; and

10 (ii) in a searchable format.

11 (3) The [network] **PROVIDER** directory shall include:

12 (i) for each provider on the carrier’s provider panel:

13 1. the name of the provider;

14 2. the specialty areas of the provider;

15 3. whether the provider currently is accepting new patients;

16 4. for each office of the provider where the provider  
17 participates on the provider panel:

18 A. its location, including its address; and

19 B. contact information for the provider;

20 5. the gender of the provider, if the provider notifies the  
21 carrier or the multi-carrier common online provider directory information system  
22 designated under § 15-112.3 of this subtitle of the information; and

23 6. any languages spoken by the provider other than English,  
24 if the provider notifies the carrier or the multi-carrier common online provider directory  
25 information system designated under § 15-112.3 of this subtitle of the information;

26 (ii) for each health care facility in the carrier’s network:

27 1. the health care facility’s name;

28 2. the health care facility’s address;



- 1 (ii) a hospital or academic medical center that:
- 2 1. is a participating provider on the carrier's provider panel;
- 3 and
- 4 2. acts as a credentialing intermediary for the carrier for
- 5 providers that:
- 6 A. participate on the carrier's provider panel; and
- 7 B. have privileges at the hospital or academic medical center;
- 8 or
- 9 (iii) any other person that performs credentialing functions on behalf
- 10 of a provider.
- 11 15-830.

12 (g) (2) Each carrier shall make a copy of each of the procedures filed under

13 paragraph (1) of this subsection available to its members:

14 (i) in the carrier's online [network] **PROVIDER** directory required

15 under § 15-112(n)(1) of this title; and

16 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect

17 October 1, 2025.