

**Department of Legislative Services**

Maryland General Assembly

2025 Session

**FISCAL AND POLICY NOTE****Third Reader - Revised**

House Bill 1292

(Delegate Kaiser, *et al.*)

Health and Government Operations

Finance

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**Health Insurance - Provider Directory - Required Updates**

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This bill replaces the term “network directory” with the term “provider directory” to conform with the federal No Surprises Act (NSA). The bill alters the time period by which a carrier must update the online provider directory after notification from a participating provider of a change in the applicable information from within 15 working days to within 2 working days. A dental carrier must update such information within 15 working days. A provider directory must include a statement that advises enrollees and prospective enrollees to confirm the provider’s or health care facility’s participation in the carrier’s network *and the enrollee’s health benefit plan*. A printed provider directory must include a statement that the information is accurate as of the date of publication and that the individual should consult the online provider directory or contact the carrier to obtain the most current information. By January 1, 2026, the Insurance Commissioner must report to the General Assembly on any changes to regulations related to the accuracy of provider directories.

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**Fiscal Summary**

**State Effect:** The bill generally pertains exclusively to private-sector activities and conforms with federal law requirements. The Maryland Insurance Commission can submit the required report using existing budgeted resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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## Analysis

### Current Law:

#### *Provider Directories*

“Network directory” means a list of a carrier’s participating providers and participating health care facilities. A carrier must make the carrier’s network directory available on the Internet and in printed form on request. The carrier’s network directory on the Internet must be available through a clear link or tab and in a searchable format. The network directory must include specified information about each provider on the carrier’s provider panel and each health care facility in the carrier’s network, as well as a statement that advises enrollees and prospective enrollees to contact a provider or health care facility before seeking treatment or services to confirm the provider’s or health care facility’s participation in the carrier’s network.

A carrier must notify each enrollee at the time of initial enrollment and renewal about how to access or obtain the carrier’s network directory. Information provided in printed form must be accurate on the date of publication and must be updated at least once a year. Information provided online must be accurate on the date of initial posting and any update. A carrier must update the information posted online at least once every 15 days.

A carrier must periodically review at least a reasonable sample size of its network directory for accuracy and demonstrate the accuracy on request of the Commissioner. Before imposing a penalty against a carrier for inaccurate network directory information, the Commissioner must take specified factors into account.

A carrier must update the online network directory information within 15 working days after receipt of electronic information or notification by first-class mail tracking method from the participating provider of a change in the applicable information. Notification is presumed to have been received by a carrier 3 working days after the date the participating provider placed the notification in the U.S. mail, if the participating provider maintains the stamped certificate of mailing for the notice or on the date recorded by the courier if the notification was delivered by courier.

#### *Federal No Surprises Act*

NSA requires health plans to cover surprise bills for emergency services, as well as out-of-network provider bills rendered at in-network hospitals and facilities. Balance billing is prohibited, with specified exceptions, and out-of-network providers may not send patients bills for excess charges. Under NSA, carriers must maintain an accurate provider database website and verify the accuracy of the information at least every 90 days (although

Maryland law currently requires updates on online information every 15 days). When a carrier receives new or revised information from a provider, it must update the public directory within 2 business days.

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### **Additional Information**

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

**Designated Cross File:** None.

**Information Source(s):** Maryland Insurance Administration; Department of Legislative Services

**Fiscal Note History:** First Reader - March 6, 2025  
rh/ljm Third Reader - March 26, 2025  
Revised - Amendment(s) - March 26, 2025  
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