

# SENATE BILL 808

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By: Senator King

Introduced and read first time: February 6, 2026

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

### 2 **Health Insurance – Provider Panels – Requirements**

3 FOR the purpose of altering the process through which health care providers apply to  
4 participate on a carrier's provider panel, including for certain notice requirements;  
5 establishing certain civil penalties for carriers that fail to provide certain notices in  
6 a certain manner and certain time frame; repealing the authorization for a carrier  
7 to charge a certain application fee; requiring carriers to use certain information to  
8 update the carrier's provider directory at a certain frequency; altering a requirement  
9 for certain carriers to update certain information on a provider directory within a  
10 certain period of time after receipt of certain notices; altering a requirement for  
11 carriers to reimburse for certain covered services provided by a nonparticipating  
12 provider; expanding the types of providers a carrier is prohibited from limiting on a  
13 provider panel; altering certain requirements for a multi-carrier common online  
14 provider directory information system; and generally relating to health insurance  
15 provider panels.

16 BY repealing and reenacting, with amendments,  
17 Article – Insurance  
18 Section 15–112(a), (g), (p), (t), (w), and (x) and 15–112.3  
19 Annotated Code of Maryland  
20 (2017 Replacement Volume and 2025 Supplement)

21 BY repealing and reenacting, without amendments,  
22 Article – Insurance  
23 Section 15–112(n), (o), and (u) and 15–112.1  
24 Annotated Code of Maryland  
25 (2017 Replacement Volume and 2025 Supplement)

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

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



## 1 Article – Insurance

2 15–112.

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

4 (2) “Accredited hospital” has the meaning stated in § 19–301 of the  
5 Health – General Article.6 (3) “Ambulatory surgical facility” has the meaning stated in § 19–3B–01 of  
7 the Health – General Article.8 (4) “Behavioral health care services” has the meaning stated in § 15–127  
9 of this subtitle.

10 (5) (i) “Carrier” means:

11 1. an insurer;

12 2. a nonprofit health service plan;

13 3. a health maintenance organization;

14 4. a dental plan organization; or

15 5. any other person that provides health benefit plans  
16 subject to regulation by the State.17 (ii) “Carrier” includes an entity that arranges a provider panel for a  
18 carrier.19 (6) “Credentialing intermediary” means a person to whom a carrier has  
20 delegated credentialing or recredentialing authority and responsibility.21 (7) “Enrollee” means a person entitled to health care benefits from a  
22 carrier.23 (8) “Group model health maintenance organization” has the meaning  
24 stated in § 19–713.6(a) of the Health – General Article.

25 (9) “Health benefit plan”:

26 (i) for a group or blanket plan in the large group market, has the  
27 meaning stated in § 15–1401 of this title;28 (ii) for a group in the small group market, has the meaning stated in  
29 § 31–101 of this article; and

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

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

5 (ii) "Health care facility" includes:

6 1. a hospital;

7 2. an ambulatory surgical or treatment center;

10 5. an urgent care center;

6. a diagnostic, laboratory, or imaging center;

12 7. a rehabilitation facility; and

8. any other therapeutic health care setting.

14 (11) "Hospital" has the meaning stated in § 19–301 of the Health – General  
15 Article.

(14) "Participating provider" means a provider on a carrier's provider panel.

27 (16) "Provider directory" means a list of a carrier's participating providers  
28 and participating health care facilities.

(17) (i) "Provider panel" means the providers that contract either directly or through a subcontracting entity with a carrier to provide health care services to the carrier's enrollees under the carrier's health benefit plan.

3. a registered psychology associate, as defined in § 18-101  
of the Health Occupations Article.

(ii) The failure of a carrier to provide the notice required under subparagraph (i) of this paragraph is a violation of this article and the carrier is subject to:

5                                   1. A CIVIL PENALTY OF \$500 PER DAY FOR EACH DAY  
6 THE NOTICE WAS NOT SENT, TO BE COLLECTED BY THE COMMISSIONER AND PAID  
7 TO THE PROVIDER; AND

**2.** the penalties provided by § 4-113(d) of this article.

14 1. accept or reject the provider for participation on the  
15 carrier's provider panel; and

20 (iv) For a provider described in paragraph (2)(ii) of this subsection,  
21 if, under subparagraph (i)1 of this paragraph, a carrier provides notice to the provider of  
22 its intent to continue to process the provider's application to obtain necessary credentialing  
23 information, within [60] 15 days after the date a carrier receives a completed application,  
24 the carrier shall:

25 1. accept or reject the provider for participation on the  
26 carrier's provider panel; and

31 (v) The failure of a carrier to provide the notice required under  
32 subparagraph (iii)2 or (iv) of this paragraph is a violation of this article and the carrier is  
33 subject to:

1                           **1. A CIVIL PENALTY OF \$500 PER DAY FOR EACH DAY**  
2   **THE NOTICE WAS NOT SENT, TO BE COLLECTED BY THE COMMISSIONER AND PAID**  
3   **TO THE PROVIDER; AND**

4                           **2. the provisions of and penalties provided by §§ 4–113 and**  
5   **4–114 of this article.**

6                           **(4) (i) [1. Except as provided in sub subparagraph 4 of this**  
7   **subparagraph, a] A carrier that receives a complete application shall [notify] SEND**  
8   **WRITTEN NOTICE TO the provider that the application is complete].**

9                           **2. If a carrier does not accept applications through the online**  
10   **credentialing system, notice shall be given to the provider] at the E-MAIL address listed in**  
11   **the application OR, IF AN E-MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE**  
12   **MAILING ADDRESS LISTED IN THE APPLICATION within 10 days after the date the**  
13   **application is received.**

14                           **[3. If a carrier accepts applications through the online**  
15   **credentialing system, the notice from the online credentialing system to the provider that**  
16   **the carrier has received the provider's application shall be considered notice that the**  
17   **application is complete.**

18                           **4. This subparagraph does not apply to a carrier that**  
19   **arranges a dental provider panel until the Commissioner certifies that the online**  
20   **credentialing system is capable of accepting the uniform credentialing form designated by**  
21   **the Commissioner for dental provider panels.]**

22                           **(ii) 1. A carrier that receives an incomplete application shall**  
23   **return the application to the provider at the E-MAIL address listed in the application OR,**  
24   **IF AN E-MAIL ADDRESS IS NOT LISTED IN THE APPLICATION, THE MAILING ADDRESS**  
25   **LISTED IN THE APPLICATION within 10 days after the date the application is received.**

26                           **2. The carrier shall indicate to the provider what information**  
27   **is needed to make the application complete.**

28                           **3. The provider may return the completed application to the**  
29   **carrier.**

30                           **4. After the carrier receives the completed application, the**  
31   **carrier is subject to the time periods established in paragraph (3) of this subsection.**

32                           **(5) (I) IN THIS PARAGRAPH, "UNIFORM CREDENTIALING FORM"**  
33   **MEANS THE FORM DESIGNATED BY THE COMMISSIONER UNDER § 15–112.1(E) OF**  
34   **THIS SUBTITLE.**

16 (n) (1) A carrier shall make the carrier's provider directory available to  
17 prospective enrollees on the Internet and, on request of a prospective enrollee, in printed  
18 form.

19 (2) The carrier's provider directory on the Internet shall be available:

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

21 (ii) in a searchable format.

22 (3) The provider directory shall include:

23 (i) for each provider on the carrier's provider panel;

24 1. the name of the provider;

29 A. its location, including its address; and

B. contact information for the provider;

8 (ii) for each health care facility in the carrier's network;

1. the health care facility's name;

2. the health care facility's address;

3. the types of services provided by the health care facility;

12 and

4. contact information for the health care facility; and

a statement that advises enrollees and prospective enrollees to health care facility before seeking treatment or services, to confirm care facility's participation in the carrier's network and the plan.

18 (o) (1) A carrier shall have a customer service telephone number, e-mail  
19 address link, or other electronic means by which enrollees and prospective enrollees may  
20 notify the carrier of inaccurate information in the carrier's network directory.

25 (p) (1) A carrier shall notify each enrollee at the time of initial enrollment and  
26 renewal about how to access or obtain the information required under subsection (n) of this  
27 section.

28 (2) (i) 1. Information provided in printed form under subsection (n)  
29 of this section shall be accurate on the date of publication.

32 (ii) 1. Information provided on the Internet under subsection (n)  
33 of this section shall be accurate on the date of initial posting and any update.

12 [ (3) ] (4) [ A ] IN ADDITION TO UPDATES REQUIRED UNDER  
13 PARAGRAPH (3) OF THIS SUBSECTION, A carrier shall:

14 (i) 1. periodically review at least a reasonable sample size of its  
15 provider directory for accuracy; and

18 (ii) contact providers listed in the carrier's provider directory who  
19 have not submitted a claim in the last 6 months to determine if the providers intend to  
20 remain in the carrier's provider network.

21                   [(4)] (5) A carrier shall demonstrate the accuracy of the information  
22 provided under paragraph [(3)] (4) of this subsection on request of the Commissioner.

23                   [(5)] (6)    A carrier shall include in a provider directory that is in printed  
24 form a statement notifying a reader that:

25 (i) the information contained in the provider directory is accurate as  
26 of the date of publication; and

27 (ii) to obtain the most current information, the individual should  
28 consult the provider directory on the Internet or contact the carrier directly.

29 [6] (7) Before imposing a penalty against a carrier for inaccurate  
30 network directory information, the Commissioner shall take into account, in addition to  
31 any other factors required by law, whether:

15 [v] (IV) the carrier has implemented any other process or  
16 procedure to:

[1.] 2. encourage providers to update their network directory information; or

22 [2.] 3. increase the accuracy of its network directory; and

26 (t) (1) [(i) Subject to subparagraph (ii) of this paragraph, a] A carrier shall  
27 update the information that must be made available on the Internet under subsection (n)  
28 of this section within 2 working days after receipt of electronic notification or notification  
29 by first-class mail tracking method from the participating provider of a change in the  
30 applicable information.

(2) Notification is presumed to have been received by a carrier:

2 (i) 3 working days after the date the participating provider placed  
3 the notification in the U.S. mail, if the participating provider maintains the stamped  
4 certificate of mailing for the notice; or

5 (ii) on the date recorded by the courier, if the notification was  
6 delivered by courier.

(u) (1) A carrier may not require a provider that provides health care services through a group practice or health care facility that participates on the carrier's provider panel under a contract with the carrier to be considered a participating provider or accept the reimbursement fee schedule applicable under the contract when:

11 (i) providing health care services to enrollees of the carrier through  
12 an individual or group practice or health care facility that does not have a contract with the  
13 carrier; and

14 (ii) billing for health care services provided to enrollees of the carrier  
15 using a different federal tax identification number than that used by the group practice or  
16 health care facility under a contract with the carrier.

17 (2) A nonparticipating provider shall notify an enrollee:

18 (i) that the provider does not participate on the provider panel of  
19 the enrollee's carrier; and

20 (ii) of the anticipated total charges for the health care services.

21 (w) (1) Notwithstanding subsection (u)(1) of this section, a carrier shall  
22 reimburse a group practice on the carrier's provider panel at the participating provider rate  
23 for covered services provided by a provider who is not a participating provider if:

24 (i) the provider is employed by or a member of the group practice;

25 (ii) the provider has applied for acceptance on the carrier's provider  
26 panel and the carrier has notified the provider of the carrier's intent to continue to process  
27 the provider's application to obtain necessary credentialing information;

30 (iv) the provider:

2. has professional liability insurance; OR

**3. HAS IMMUNITY UNDER THE FEDERAL TORT CLAIMS  
AND TORT CLAIMS ACT.**

(2) A carrier shall reimburse a group practice on the carrier's provider panel in accordance with paragraph (1) of this subsection from the date the notice required under subsection (g)(3)(i)1 of this section is sent to the provider until the date the notice required under subsection (g)(3)(iii)2 of this section is sent to the provider.

(3) A carrier that sends written notice of rejection of a provider for credentialing under subsection (g)(3)(iii)2 of this section shall reimburse the provider as a nonparticipating provider for covered services provided on or after the date the notice is sent.

(5) A provider who is not a participating provider of a carrier and whose group practice is eligible for reimbursement under paragraph (1) of this subsection may not hold an enrollee of the carrier liable for the cost of any covered services provided to the enrollee during the time period described in paragraph (2) of this subsection, except for any deductible, copayment, or coinsurance amount owed by the enrollee to the group practice or provider under the terms of the enrollee's contract or certificate.

21 (6) A group practice shall disclose in writing to an enrollee at the time  
22 services are provided that:

23 (i) the treating provider is not a participating provider;

24 (ii) the treating provider has applied to become a participating  
25 provider;

26 (iii) the carrier has not completed its assessment of the qualifications  
27 of the treating provider to provide services as a participating provider; and

28 (iv) any covered services received must be reimbursed by the carrier  
29 at the participating provider rate.

30 (x) A carrier may not impose a limit on the number of [behavioral health  
31 providers at a health care facility] **THE FOLLOWING** that may be credentialed to  
32 participate on a provider panel:

33 (1) BEHAVIORAL HEALTH PROVIDERS AT A HEALTH CARE FACILITY:

- (2) PROVIDERS AT A FEDERALLY QUALIFIED HEALTH CENTER;
- (3) PROVIDERS AT A LOCAL HEALTH DEPARTMENT;
- (4) PROVIDERS AT A SCHOOL-BASED HEALTH CENTER; OR
- (5) OTHER ESSENTIAL COMMUNITY PROVIDERS.

5 15-112.1.

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

(2) (i) "Carrier" means:

1. an insurer;

2. a nonprofit health service plan;

3. a health maintenance organization;

#### 4. a dental plan organization;

5. a managed care organization; or

6. any other person that provides health benefit plans  
the State.

(ii) "Carrier" includes an entity that arranges a provider panel for a

17 (3) "Credentialing intermediary" means a person to whom a carrier has  
18 delegated credentialing or recredentialing authority and responsibility.

(5) "Provider panel" means the providers that contract with a carrier to provide health care services to the enrollees under a health benefit plan of the carrier.

(6) "Uniform credentialing form" means the form designated by the Commissioner for use by a carrier or its credentialing intermediary for credentialing and recredentialing a health care provider for participation on a provider panel.

27 (b) (1) Except as provided in subsection (c) of this section, a carrier or its  
28 credentialing intermediary shall accept the uniform credentialing form as the sole

1 application for a health care provider to become credentialed or recredentialed for a  
2 provider panel of the carrier.

3 (2) A carrier or its credentialing intermediary shall make the uniform  
4 credentialing form available to any health care provider that is to be credentialed or  
5 recredentialed by that carrier or credentialing intermediary.

6 (c) The requirements of subsection (b) of this section do not apply to a hospital or  
7 academic medical center that:

8 (1) is a participating provider on the carrier's provider panel; and

9 (2) acts as a credentialing intermediary for that carrier for health care  
10 practitioners that:

11 (i) participate on the carrier's provider panel; and

12 (ii) have privileges at the hospital or academic medical center.

13 (d) The Commissioner may impose a penalty not to exceed \$500 against any  
14 carrier for each violation of this section by the carrier or its credentialing intermediary.

15 (e) (1) The Commissioner may adopt regulations to implement the provisions  
16 of this section.

17 (2) The Commissioner may designate a provider credentialing application  
18 developed by a nonprofit alliance of health plans and trade associations for an online  
19 credentialing system offered to carriers and providers as the uniform credentialing form if:

20 (i) the provider credentialing application is available to providers at  
21 no charge; and

22 (ii) use of the provider credentialing application is not conditioned  
23 on submitting the provider credentialing application to a carrier through the online  
24 credentialing system.

25 15–112.3.

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

27 (2) (i) "Carrier" has the meaning stated in § 15–112 of this subtitle.

28 (ii) "Carrier" does not include a managed care organization, as  
29 defined in Title 15, Subtitle 1 of the Health – General Article.

(3) "Multi-carrier common online provider directory information system" means the system designated by the Commissioner for use by providers to provide and update their provider directory information with carriers.

4 (b) The Commissioner may designate a multi-carrier common online provider  
5 directory information system developed by a nonprofit alliance of health plans and trade  
6 associations if:

7 (1) the system is available to providers nationally;

8 (2) the system is available to providers at no charge;

9 (3) the system allows providers to:

(i) attest online to the accuracy of their information; [and]

(ii) [1. correct any inaccurate information; and

2. attest to the correction] UPDATE THE PROVIDER'S  
3 INFORMATION EVERY 120 DAYS OR AT A FREQUENCY ESTABLISHED BY THE  
4 COMMISSIONER;

7 (IV) ACCESS THE SYSTEM DIRECTLY WITHOUT THE ASSISTANCE  
8 OF A THIRD PARTY; and

9 (4) the nonprofit alliance:

(I) has a well-established mechanism for outreach to providers;

21 (II) ESTABLISHES AND MAINTAINS A STAKEHOLDER  
22 WORKGROUP TO IDENTIFY AND ADDRESS OPERATIONAL ISSUES TO ENSURE  
23 EFFICIENCY OF THE ONLINE CREDENTIALING SYSTEM CONSISTING OF  
24 REPRESENTATIVES OF:

## 1. HEALTH AND DENTAL CARRIERS:

## 2. MANAGED CARE ORGANIZATIONS:

## 4 BEHAVIORAL HEALTH PROVIDERS:

1                           **5. PRIVATE PRACTICES OF PHYSICIANS, DENTISTS,**  
2 **ADVANCED PRACTICE CLINICIANS, AND OTHER CLINICIANS; AND**

3                           **6. CREDENTIALING INTERMEDIARIES;**

4                           **(III) SUBMITS A REPORT TO THE COMMISSIONER BY SEPTEMBER**  
5 **1 EACH YEAR ON THE FINDINGS OF THE WORKGROUP ESTABLISHED UNDER ITEM (II)**  
6 **OF THIS ITEM AND IMPROVEMENTS IMPLEMENTED AS A RESULT OF THE**  
7 **WORKGROUP'S FINDINGS; AND**

8                           **(IV) MEETS ALL OTHER REQUIREMENTS ESTABLISHED BY THE**  
9 **COMMISSIONER.**

10                           **(C) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2027, THE**  
11 **COMMISSIONER SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE**  
12 **WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON:**

13                           **(1) THE FINDINGS OF THE WORKGROUP ESTABLISHED UNDER**  
14 **SUBSECTION (B)(4)(II) OF THIS SECTION;**

15                           **(2) IMPROVEMENTS IMPLEMENTED AS A RESULT OF THE**  
16 **WORKGROUP'S FINDINGS;**

17                           **(3) ANY LEGISLATIVE RECOMMENDATIONS; AND**

18                           **(4) ANY OTHER RELEVANT INFORMATION.**

19                           **[(c)] (D) A carrier shall accept new and updated provider directory information**  
20 **for a provider submitted:**

21                           **(1) (i) through the multi-carrier common online provider directory**  
22 **information system; or**

23                           **(ii) directly to the carrier; and**

24                           **(2) from:**

25                           **(i) the provider;**

26                           **(ii) a hospital or academic medical center that:**

27                           **1. is a participating provider on the carrier's provider panel;**  
28 **and**

8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
9 October 1, 2026.