



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
4000 Garden City Drive  
Hyattsville, Maryland 20785

February 26, 2026

The Honorable Heather Bagnall  
Health and Government Operations Committee  
House Office Building Room 240  
6 Bladen Street  
Annapolis, Maryland 21401

**RE: Opposition to House Bill 1093 – Health Insurance – Provider Panels – Requirements and Credentialing**

Dear Chair Bagnall and Members of the Committee:

On behalf of Kaiser Permanente, I am writing to express our opposition to House Bill 1093. Kaiser Permanente is an integrated health care delivery system that relies on a robust, high-quality network of providers to care for our members. While we support the general goal of improving the efficiency of the credentialing process and ensuring the accuracy of provider directories, the mandates proposed in HB 1093 are operationally unsustainable and could undermine the quality safeguards currently in place.

HB 1093 proposes to drastically shorten the timeframe for carriers to accept or reject a provider's application from 120 days to just 30 days (and even shorter for behavioral health). This is an unrealistic expectation for a process that requires the thorough verification of a provider's education, training, licensure, and history of malpractice or disciplinary actions.

Credentialing is a foundational safety function. Compressing this window increases the risk of error and limits the ability of carriers to conduct the comprehensive background checks necessary to ensure member safety. Furthermore, the bill's imposition of a \$500 per day civil penalty for administrative notice delays is excessive and creates a punitive environment that does not account for the complexities of gathering data from third-party sources (e.g., medical schools, hospitals, or national databases).

The requirement to update online provider directories within two working days of receiving an update is virtually impossible for many larger systems, particularly when verification of the new data is required. As an integrated system, our directory is tied to complex internal scheduling and electronic health record systems. Mandating such a rapid turnaround—especially with a 15-day mandatory review cycle—imposes a constant administrative loop that provides diminishing returns for consumer accuracy while significantly increasing overhead costs.

HB 1093 mandates that carriers must reimburse group practices at the participating rate for non-credentialed providers while their applications are pending. This provision effectively bypasses the credentialing process entirely, forcing plans to pay "participating" rates to individuals who have not yet been fully vetted for quality or compliance. This undermines the "closed" nature of integrated delivery models and compromises our ability to guarantee the quality of the providers serving our members.

Kaiser Permanente  
Comments on HB 1093  
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Kaiser Permanente believes that provider directory accuracy and credentialing efficiency are best achieved through collaborative industry standards and the adoption of modern technology, rather than rigid, statutorily mandated timelines backed by daily fines. HB 1093 risks prioritizing speed over safety and administrative simplicity over operational reality.

For these reasons, we respectfully request an unfavorable report on HB 1093.

Thank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (919) 818-3285 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor  
Head of Government Relations  
Kaiser Permanente Mid-Atlantic Region