

TO: The Honorable Heather Bagnall, Chair
House Health Committee

FROM: Annie Coble
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HB739
Favorable

DATE: February 19, 2026

RE: HB739 Health Insurance – Prompt Payment of Claims – Requirements

Johns Hopkins supports **HB739 Health Insurance – Prompt Payment of Claims - Requirements**. This bill attempts to close communication gaps between payers and providers that cause claims payments not to be made.

The first thing the bill does is clarify that payers have an affirmative obligation to notify them of a claim status in sufficient detail to allow the provider to understand the payor’s position, rather than directing providers to a portal. Requiring providers to look up each claim in a portal results in an overly burdensome and manual process.

Currently, a payor may request additional information and “pend” a claim **indefinitely** while they await the information. Often, a provider is unclear about what information is being requested or that additional information has been requested, which results in nothing being sent to the payor. As a result, the claim is never adjudicated and remains in a “pend” status forever. There are times in which a claim will be pended, and no one on the provider’s side will be made aware; and therefore, no action will be taken to resolve the issue. Requiring notification to the provider of the specific information needed and placing a time limit on the provider to respond will close this gap by providing clearer notification to the provider to take action to resolve the issues.

Additionally, this bill attempts to take prompt action by automatically denying a claim if there has been no action taken by a provider to submit requested information within a certain time frame, such as 30 days from the request. For example, a payor may ask a provider for additional information and there is no response from the provider, rather than pending the claim indefinitely and not alerting the provider an issue, the payor should deny the claim. This denial will prompt the provider to look at the records and take action to resolve the issue – either by resubmitting the claim or filing an appeal.

In our experience, the challenge is that claims are pended for extended periods of time in review with no action. As you can imagine, the delays and lack of notice associated with this practice causes a huge operational challenge. We appreciate the sponsor’s goal of addressing this challenge by requiring affirmative communication and streamlining processes.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on HB739.