



House Health Committee  
February 26, 2026  
House Bill 1093 – *Health Insurance – Provider Panels – Requirements*  
**POSITION: SUPPORT**

On behalf of MedChi, The Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, the Maryland Section of The American College of Obstetricians and Gynecologists, and the Maryland Chapter of the American Academy of Pediatrics, we submit this letter of **support** for House Bill 1093.

House Bill 1093 makes several changes to the process that health care providers undertake when seeking participation on a carrier’s provider panel. Maryland is an outlier in the country by allowing 120 plus days for a carrier to ultimately accept or reject a health care provider’s application (“credentialing”). This bill shortens those requirements to require carriers to decide an application for participation within 30 days. In addition, the bill increases transparency and communication by requiring carriers to establish a direct telephone number and direct e-mail address for health care providers seeking information on applications and that calls and/or emails are returned within two business days. This requirement is similar to the requirements that were included in legislation passed in 2024 regarding utilization review.

Requiring a 30-day credentialing timeline provides several benefits to health care providers. First, it ensures that physicians and other healthcare professionals can begin seeing patients and receiving payment promptly, reducing delays that can disrupt practice revenue and cash flow. A defined timeline gives health care providers certainty about when they can start seeing insured patients and plan their schedules, staffing, and resources accordingly. Without a clear deadline, this process can stretch indefinitely, leaving new hires or newly contracted providers unable to bill for weeks or months, which can be financially destabilizing, especially for smaller practices.

Second, a 30-day limit promotes administrative fairness and transparency. Providers have a predictable window for when they can expect a decision, reducing the need for repeated follow-ups with insurers and minimizing administrative burdens. It also helps ensure that patient access to care is not restricted by slow internal processes. Finally, a clear timeframe supports quality and continuity of care, as providers can join multiple networks efficiently, coordinate with other specialists, and ensure patients receive timely treatment without unnecessary gaps caused by delays in credentialing. Overall, a 30-day requirement balances the insurer’s need to review credentials thoroughly with the provider’s need for timely approval and practice stability.

Lastly, the State must enact policies to encourage and ensure that Maryland has a robust health care network. Maryland has already seen a significant reduction in independent physician practices, a 45.9 percent reduction from 2018 to 2023. When carrier delays arbitrarily lengthen the time for providers to join networks, it not only affects the viability of practices but also undermines access to care for patients. For these reasons, we strongly urge a favorable vote on House Bill 1093.

**For more information call:**

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