

inseparable

February 26, 2026

House Health Committee
240 Taylor House Office Building
Annapolis, Maryland 21401

Via electronic submission

RE: Support for HB 1093 (Insurance – Credentialing and Provider Directories – Network Access)

Chair Bagnall, Vice Chair Cullison, and Members of the Committee:

On behalf of Inseparable, a national nonprofit organization focused on closing the treatment gap for people with mental health and substance use conditions, I write in strong support of House Bill 1093. We thank Vice Chair Cullison for sponsoring this legislation, which addresses administrative barriers that prevent qualified clinicians from joining insurance networks and ensures that provider directories accurately reflect available care.

Why HB 1093 Is Necessary

In Maryland today, mental health providers seeking to join insurance networks must navigate complex credentialing requirements. Although the state has established a uniform credentialing form, inefficiencies in how the form is submitted and processed continue to cause delays. Without a consistent electronic submission requirement and a clear application review timeline, approval can take months. Carriers are also permitted to charge credentialing fees, adding unnecessary costs for providers trying to join a network. These barriers disproportionately burden small and solo practices, discourage in-network participation, and ultimately limit the number of providers available to insured patients.

The consequences are significant. In 2025, [36% of adults in Maryland](#) with a mental illness reported that they needed treatment but did not receive it. Administrative bottlenecks that delay and prevent network participation contribute to inadequate insurer networks, long wait times, and reduced access to in-network care.

Streamlining Credentialing to Improve Network Participation

HB 1093 directly addresses these structural barriers. The bill builds on existing law by requiring insurers to accept the uniform credentialing form electronically, prohibiting credentialing fees, and establishing a clear 30-day timeline for credentialing decisions. By standardizing and modernizing the process, the legislation reduces avoidable delays and makes it more feasible for qualified mental health clinicians to join networks and begin serving patients.

Reducing administrative delays is one of the most immediate ways to expand network participation without increasing costs to the state. When providers can join networks efficiently and predictably, patients benefit from greater availability of in-network care.

Combating Ghost Networks and Improving Transparency

HB 1093 also takes meaningful steps to address “ghost networks,” where insurance provider directories list clinicians who are not actually available to see patients. When directories are outdated or inaccurate, they create the illusion of a robust network that does not exist in practice. For individuals seeking mental health or substance use disorder treatment—often during periods of crisis or urgent need—unanswered calls and repeated unsuccessful attempts to find an available provider can mean lost, critical time. Patients often become discouraged and abandon their search altogether, delaying care when it is needed most. In fact, Marylanders are [nine times more likely](#) to go out-of-network for outpatient mental health care than for other medical care, underscoring the gap between listed providers and real access.

By requiring insurers to update and verify provider directories at least every 15 days, HB 1093 promotes transparency and ensures that patients have reliable, current information when seeking care. Accurate directories are essential to making network adequacy meaningful in practice.

Conclusion

HB 1093 strengthens network adequacy by addressing the administrative barriers that keep providers out of network and by ensuring directories accurately reflect available clinicians. By improving transparency, timeliness, and accountability, the bill helps ensure that insurance coverage translates into meaningful access to mental health and substance use disorder treatment for Marylanders.

We respectfully urge the Committee to issue a favorable report on House Bill 1093.

Sincerely,

A handwritten signature in blue ink that reads "David Lloyd". The signature is written in a cursive, flowing style.

David Lloyd
Chief Policy Officer, Inseparable