

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1292 (Delegate Kaiser, *et al.*)
Health and Government Operations

Health Insurance - Provider Directory - Required Updates

This bill replaces the term “network directory” with the term “provider directory” to conform with the federal No Surprises Act (NSA). At least once every 90 days, each carrier must verify and, as necessary, update the information included in the carrier’s provider directory. The bill also alters the time period by which a carrier must update the online provider directory after notification from a participating provider of a change in the applicable information from within 15 working days to within 2 working days.

Fiscal Summary

State Effect: None. The bill pertains exclusively to private-sector activities and conforms with federal law requirements.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law:

Provider Directories

“Network directory means a list of a carrier’s participating providers and participating health care facilities. A carrier must make the carrier’s network directory available on the Internet and in printed form on request. The carrier’s network directory on the Internet must be available through a clear link or tab and in a searchable format. The network

directory must include specified information about each provider on the carrier's provider panel and each health care facility in the carrier's network, as well as a statement that advises enrollees and prospective enrollees to contact a provider or health care facility before seeking treatment or services to confirm the provider's or health care facility's participation in the carrier's network.

A carrier must update the network directory information on the Internet within 15 working days after receipt of electronic information or notification by first-class mail tracking method from the participating provider of a change in the applicable information. Notification is presumed to have been received by a carrier 3 working days after the date the participating provider placed the notification in the U.S. mail, if the participating provider maintains the stamped certificate of mailing for the notice or on the date recorded by the courier if the notification was delivered by courier.

Federal No Surprises Act

NSA requires health plans to cover surprise bills for emergency services, as well as out-of-network provider bills rendered at in-network hospitals and facilities. Balance billing is prohibited, with specified exceptions, and out-of-network providers may not send patients bills for excess charges. Under NSA, carriers must maintain an accurate provider database website and verify the accuracy of the information at least every 90 days. When a carrier receives new or revised information from a provider, it must update the public directory within 2 business days.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Insurance Administration; Department of Legislative Services

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km/ljm

Analysis by: Jennifer B. Chasse

Direct Inquiries to:
(410) 946-5510
(301) 970-5510