

# HOUSE BILL 494

J5, J4

6lr0706

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By: **Delegate Bagnall**

Introduced and read first time: January 27, 2026

Assigned to: Health

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Committee Report: Favorable

House action: Adopted

Read second time: February 18, 2026

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Insurance – Primary Care Investment Targets – Reimbursement and**  
3 **Reporting**

4 FOR the purpose of requiring certain entities to provide reimbursement to health care  
5 providers in a manner that meets the annual primary care investment targets  
6 established by the State on or after a certain date; requiring certain entities to  
7 provide a description of the entity's progress in meeting the annual primary care  
8 investment targets to the Maryland Insurance Commissioner when filing a premium  
9 rate or premium rate change with the Commissioner; and generally relating to  
10 health insurance and primary care investment targets.

11 BY repealing and reenacting, with amendments,  
12 Article – Insurance  
13 Section 11–603(c)  
14 Annotated Code of Maryland  
15 (2017 Replacement Volume and 2025 Supplement)

16 BY adding to  
17 Article – Insurance  
18 Section 15–717  
19 Annotated Code of Maryland  
20 (2017 Replacement Volume and 2025 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
22 That the Laws of Maryland read as follows:

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 **Article – Insurance**

2 11–603.

3 (c) (1) Any applicable premium rate or premium rate change of a carrier  
4 subject to this subtitle shall be filed with the Commissioner:

5 (i) for insurers, in accordance with § 12–203 of this article and  
6 regulations adopted under Title 31, Subtitle 10 of the Code of Maryland Regulations;

7 (ii) for nonprofit health service plans, in accordance with § 14–126 of  
8 this article; and

9 (iii) for health maintenance organizations, in accordance with §  
10 19–713 of the Health – General Article and regulations adopted under Title 31, Subtitle 12  
11 of the Code of Maryland Regulations.

12 (2) (i) The Commissioner shall disapprove or modify a proposed  
13 premium rate filing if the proposed premium rates appear, based on statistical analysis and  
14 reasonable assumptions, to be inadequate, unfairly discriminatory, or excessive in relation  
15 to benefits.

16 (ii) In determining whether to disapprove or modify a premium rate  
17 filing of a carrier, the Commissioner shall consider, to the extent appropriate:

18 1. past and prospective loss experience in and outside the  
19 State;

20 2. underwriting practice and judgment;

21 3. a reasonable margin for reserve needs;

22 4. past and prospective expenses, both countrywide and  
23 those specifically applicable to the State; and

24 5. any other relevant factors in and outside the State.

25 **(3) WHEN FILING A PREMIUM RATE OR PREMIUM RATE CHANGE WITH**  
26 **THE COMMISSIONER UNDER THIS SUBSECTION, A CARRIER SHALL SUBMIT A**  
27 **DESCRIPTION OF THE CARRIER’S PROGRESS IN MEETING THE ANNUAL PRIMARY**  
28 **CARE INVESTMENT TARGETS ESTABLISHED BY THE STATE AS REQUIRED UNDER §**  
29 **15–717 OF THIS ARTICLE.**

30 **[(3)] (4)** (i) Each premium rate filing and any supporting information  
31 filed under this subtitle shall be open to public inspection as soon as filed.

1 (ii) A carrier may request a finding by the Commissioner that certain  
2 information filed with the Commissioner be considered confidential commercial  
3 information under § 4-335 of the General Provisions Article and not subject to public  
4 inspection.

5 (iii) On request and payment of a reasonable fee, a person may obtain  
6 copies of a premium rate filing and any supporting information.

7 **15-717.**

8 (A) THIS SECTION APPLIES TO INDIVIDUAL, GROUP, OR BLANKET HEALTH  
9 INSURANCE POLICIES AND CONTRACTS DELIVERED OR ISSUED FOR DELIVERY IN  
10 THE STATE BY INSURERS, NONPROFIT HEALTH SERVICE PLANS, AND HEALTH  
11 MAINTENANCE ORGANIZATIONS.

12 (B) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE  
13 REIMBURSEMENT TO HEALTH CARE PROVIDERS IN A MANNER THAT MEETS THE  
14 ANNUAL PRIMARY CARE INVESTMENT TARGETS ESTABLISHED BY THE STATE ON OR  
15 AFTER FEBRUARY 1, 2026.

16 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
17 October 1, 2026.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.