Maryland
Hospital Association

House Bill 1251 - Health Facilities and Health Insurance - Palliative Care - Required Access and Coverage (Edna G. Neal Palliative Care Act)

Position: ***Support with Amendments***
March 13, 2026
House Health Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support with amendments of House Bill 1251.

We appreciate the intent of this legislation to ensure Marylanders facing serious illness have access to high-quality, patient-centered palliative care. State regulations require acute general hospitals and special hospitals-chronic care with 50 or more beds to have a hospital-wide palliative care program that provides consultation services to patients suffering from pain and symptoms due to serious illnesses or conditions.[1] House Bill 1251 expands these requirements for palliative care programs.

We support several of the amendments proposed by the Maryland Advisory Council on Serious Illness Care including clarifying that facilities may meet the requirements through the use of a variety of models, requiring stakeholder engagement for any regulatory changes, addressing equity and affordability for insurers and increasing the capacity of the palliative care workforce. We respectfully request that the Maryland Hospital Association be included in any stakeholder engagement process in addition to individual hospital representatives.

In addition to the Council's amendments, we ask the Committee to consider two additional amendments. The first would clarify what hospitals should be included in the definition of a facility. We recommend excluding specialty hospitals such as freestanding psychiatric facilities because their scope of service is limited to behavioral health treatment and stabilization and does not include managing serious or life-limiting medical illnesses that palliative programs are designed to address. Freestanding psychiatric facilities typically do not provide medical or surgical inpatient services, nor do they treat conditions like advanced cancer, organ failure, or complex chronic medical disease that would require interdisciplinary palliative care teams. If patients in psychiatric settings develop significant medical needs or require end-of-life care, they are usually transferred to acute care hospitals where comprehensive medical and palliative services are available. Requiring psychiatric hospitals to establish dedicated palliative care

[1] Sec. 10.07.01.31. Hospital Palliative Care Programs, Chapter 10.07.01. Acute General Hospitals and Special Hospitals, Subtitle 07. HOSPITALS, Part 1., Title 10. Maryland Department of Health, Code of Maryland Regulations

programs would create a regulatory requirement misaligned with the clinical services they are designed to provide and could divert limited behavioral health resources from the core mission of psychiatric treatment. Likewise, there is concern with including a rehabilitation hospital provider since they do not see palliative patients. Palliative patients do not meet the CMS Conditions of Participation for inpatient rehabilitation facility, which require patients to meet the following criteria before admission: medical stability, ability to participate in intensive therapy, and reasonable expectation of measurable functional improvement.

We also recommend removing the language "setting minimum standards". This language should be a function of statute and not regulations. This second amendment would also clarify that facilities, such as hospitals, that deliver palliative care under existing regulations, could continue to operate under the existing regulations.

For these reasons, we request a favorable with amendments report on HB 1251.

For more information, please contact:
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MHA Proposed Amendments:

Amendment No. 1:
SUBTITLE 27. PALLIATIVE CARE.
(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "FACILITY" MEANS A**N ACUTE GENERAL** HOSPITAL **AS DEFINED IN HEALTH GENERAL § 19-307**, NURSING HOME, HOSPICE CARE FACILITY, OR OTHER LONG–TERM CARE FACILITY LICENSED IN THE STATE.

Amendment No. 2:
(B) THE DEPARTMENT SHALL ADOPT REGULATIONS ~~ESTABLISHING MINIMUM STANDARDS~~ FOR THE DELIVERY OF PALLIATIVE CARE **FOR SETTINGS NOT CURRENTLY REGULATED**, INCLUDING STAFFING, TRAINING, AND QUALITY ASSURANCE REQUIREMENTS~~.~~ **IN CONSULTATION WITH THE EXTERNAL STAKEHOLDERS.**