

## Chapter 244

**(House Bill 1367)**

AN ACT concerning

**Commission on Re-Imagining Health Care in Maryland**

FOR the purpose of establishing a Commission on Re-Imagining Health Care to envision and make recommendations regarding establishing a comprehensive health care system in the State; and generally relating to the Commission on Re-Imagining Health Care in Maryland.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
That:

(a) (1) There is a Commission on Re-Imagining Health Care.

(2) The purpose of the Commission is to envision a comprehensive health care system for the State that is:

(i) entirely patient-centered;

(ii) an integrated system of care, addressing all aspects of health, ~~both somatic and behavioral~~ including somatic, behavioral, dental, vision, and hearing, at every stage of life;

(iii) founded in the concept of quality health care that provides support for the development of health care practitioners;

(iv) accessible to and eliminates barriers for all residents of the State;

(v) agile enough to evolve as needs of patients evolve;

(vi) financially sustainable; and

(vii) designed to ensure that health care quality and access is stronger than the existing health care system.

(b) The Commission consists of the following members:

(1) ~~three members~~ one member of the Senate, appointed by the President of the Senate;

(2) ~~three members~~ one member of the House of Delegates, appointed by the Speaker of the House;

- (3) the Secretary of Budget and Management, or the Secretary's designee;
- (4) the Secretary of Health, or the Secretary's designee;
- (5) the Maryland Insurance Commissioner, or the Commissioner's designee;
- (6) the Deputy Secretary of Health Care Financing, or the Deputy Secretary's designee;
- (7) the Executive Director of the Maryland Health Benefit Exchange, or the Executive Director's designee;
- (8) the Executive Director of the Maryland Health Care Commission, or the Executive Director's designee;
- (9) the Executive Director of the Health Services Cost Review Commission, or the Executive Director's designee;
- (10) two representatives of the Maryland Association of Counties, designated by the Executive Director of the Association:
  - (i) one of whom shall represent an urban county; and
  - (ii) one of whom shall represent a rural county;
- (11) two representatives of the Maryland State Medical Society, designated by the Chief Executive Officer of the Society:
  - (i) one of whom is an independently practicing primary care provider; and
  - (ii) one of whom is an independently practicing specialist;
- (12) two representatives of the League of Life and Health Insurers of Maryland that are health insurers, designated by the Executive Director of the League;
- (13) one representative of the Maryland Hospital Association, designated by the President and CEO of the Association;
- (14) one representative of the Maryland Rural Health Association, designated by the Executive Director of the Association;
- (15) one consumer member, appointed by the President of the Senate;

and ~~(15)~~ (16) one consumer member, appointed by the Speaker of the House;

~~(16)~~ (17) the following members, appointed by the Governor:

(i) one representative of a managed care organization that operates in every county in the State;

(ii) two representatives of local health departments:

1. one of whom represents a rural community; and
2. one of whom represents an urban community;

(iii) one chief financial officer of a health care system;

(iv) one health economist;

(v) one representative of a group that advocates for public health;

(vi) one chief executive or owner of a business located in the State, nominated by the Maryland Chamber of Commerce;

(vii) one representative of a labor union; ~~and~~

(viii) one representative of a nonprofit organization that advocates for young adults with chronic health conditions transitioning to adult health care systems;

~~(viii)~~ (ix) one representative with expertise in the practice of advanced practice clinicians; and

~~(viii)~~ ~~(ix)~~ (x) one member of the public.

(c) To the extent practicable, the membership of the Commission shall reflect the gender, racial, ethnic, and geographic diversity of the State.

(d) The Governor, President of the Senate, and Speaker of the House jointly shall designate the chair of the Commission.

(e) The Maryland ~~Department of Health~~ Health Care Commission shall provide staff for the Commission.

(f) A member of the Commission:

- (1) may not receive compensation as a member of the Commission; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(g) To complete the work of the Commission, the Commission may, as needed:

(1) consult with individuals and entities not represented on the Commission for expertise; and

(2) form subcommittees.

(h) The Commission shall:

(1) study:

(i) how health care is delivered in other states and countries and how those systems are evolving;

(ii) the role the elements of the existing health care system in the State would play in a patient-centered health care system;

(iii) the role of the worker's compensation program in an integrated system;

(iv) how to delineate covered health care services, such as basic, preventive, acute illness, chronic illness, and elective;

(v) new models of health care practitioner education and development;

(vi) how to balance patient-centered health care and cost;

(vii) how to provide strong health care provider networks throughout the State so that the health care system does not decide between patients and health care practitioners;

(viii) how to address low physician reimbursement rates relative to other states which cause health care practitioner shortages and affect access, particularly for specialists;

(ix) what roles hospitals, acute care centers, urgent care providers, and other facilities and health care practitioners would play in a new health care system;

(x) what model health care systems should be considered and how to ensure that innovation is not constrained by the current health care system; and

(xi) how high deductibles and limited networks in health insurance coverage deter care and decrease equal access to health care in the current system; and

(2) make recommendations regarding the establishment of a new health care system in the State that meets the description of a comprehensive health care system in subsection (a)(2) of this section.

(i) The Commission shall submit to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly:

(1) on or before December 1, 2027, and December 1, 2028, preliminary reports on the Commission’s activities and preliminary findings and recommendations; and

(2) on or before December 1, 2029, a final report on the Commission’s findings and recommendations.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) Section 1 of this Act is contingent on the Maryland ~~Department of Health~~ Health Care Commission:

(1) determining funding levels needed to conduct the work of the Commission as required under Section 1 of this Act; and

(2) securing private funding to conduct the work of the Commission as required under Section 1 of this Act.

(b) Within 5 days of receiving sufficient funding to conduct the work of the Commission as required under Section 1 of this Act, the Maryland ~~Department of Health~~ Health Care Commission shall notify the Department of Legislative Services.

(c) If notice of the receipt of the funding is received by the Department of Legislative Services on or before June 1, 2027, Section 1 of this Act shall take effect on the date the notice is received by the Department of Legislative Services in accordance with subsection (b) of this section.

(d) If notice of the receipt of the funding is not received by the Department of Legislative Services on or before June 1, 2027, Section 1 of this Act, with no further action required by the General Assembly, shall be null and void.

SECTION 3. AND BE IT FURTHER ENACTED, That, subject to Section 2 of this Act, this Act shall take effect June 1, 2026. Section 1 of this Act shall remain effective for a period of 4 years and, at the end of May 31, 2030, Section 1 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

**Approved by the Governor, April 28, 2026.**