

HOUSE BILL 1251

J5, J3, J1

6lr2987

By: **Delegates Woods, Alston, J. Long, and Turner**

Introduced and read first time: February 12, 2026

Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 **Health Facilities and Health Insurance – Palliative Care – Required Access and**
3 **Coverage**
4 **(Edna G. Neal Palliative Care Act)**

5 FOR the purpose of requiring that, on or after a certain date, certain facilities provide
6 patients with certain access to palliative care and inform patients about the
7 availability of palliative care at certain times; requiring certain insurers, nonprofit
8 health service plans, and health maintenance organizations to provide health
9 insurance coverage for certain palliative care; prohibiting certain insurers, nonprofit
10 health service plans, and health maintenance organizations from imposing certain
11 copayments, coinsurance, or deductible requirements on coverage for palliative care;
12 and generally relating to palliative care.

13 BY adding to

14 Article – Health – General
15 Section 19–2701 through 19–2703 to be under the new subtitle “Subtitle 27.
16 Palliative Care”
17 Annotated Code of Maryland
18 (2023 Replacement Volume and 2025 Supplement)

19 BY adding to

20 Article – Insurance
21 Section 15–864
22 Annotated Code of Maryland
23 (2017 Replacement Volume and 2025 Supplement)

24 Preamble

25 WHEREAS, Serious illnesses such as cancer, sickle cell disease, heart disease,
26 advanced lung disease, neurological disorders, and other chronic or life–limiting conditions
27 affect thousands of State residents each year; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, Patients facing serious illnesses often endure significant pain, physical
2 distress, and emotional hardship, which also deeply impact their families and caregivers;
3 and

4 WHEREAS, Palliative care is an evidence–based medical specialty that improves the
5 quality of life for patients and families by providing relief from pain, symptoms, and stress
6 while respecting patient dignity, culture, and personal values; and

7 WHEREAS, Studies have demonstrated that palliative care not only enhances
8 patient well–being but also reduces unnecessary hospitalizations and health care costs; and

9 WHEREAS, Despite the benefits, access to palliative care remains inconsistent
10 across the State, leaving many patients without adequate support during critical stages of
11 illness; and

12 WHEREAS, Health equity requires that all State residents, regardless of age, race,
13 income, or insurance status, have access to comprehensive palliative care services; and

14 WHEREAS, It is in the best interest of the State to guarantee statewide access to
15 palliative care as a standard component of medical care, mandate insurance coverage for
16 palliative care services without discrimination or financial barriers, and ensure that
17 patients and families are fully informed of their right to receive palliative care; and

18 WHEREAS, The State intends to honor the legacy of Edna G. Neal by advancing
19 compassionate, person–centered care throughout the State; now, therefore,

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

22 **Article – Health – General**

23 **SUBTITLE 27. PALLIATIVE CARE.**

24 **19–2701.**

25 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
26 INDICATED.

27 (B) “FACILITY” MEANS A HOSPITAL, NURSING HOME, HOSPICE CARE
28 FACILITY, OR OTHER LONG–TERM CARE FACILITY LICENSED IN THE STATE.

29 (C) “PALLIATIVE CARE” MEANS SPECIALIZED MEDICAL CARE FOR
30 INDIVIDUALS LIVING WITH SERIOUS ILLNESS THAT IS FOCUSED ON PROVIDING
31 RELIEF FROM SYMPTOMS, PAIN, AND STRESS, REGARDLESS OF DIAGNOSIS OR STAGE

1 OF DISEASE, WITH THE GOAL OF IMPROVING QUALITY OF LIFE FOR BOTH THE
2 PATIENT AND THE PATIENT'S FAMILY.

3 19-2702.

4 (A) ON OR AFTER OCTOBER 1, 2027, EACH FACILITY SHALL:

5 (1) PROVIDE PATIENTS WITH ACCESS TO A DEDICATED PALLIATIVE
6 CARE PROGRAM;

7 (2) ENSURE THAT PALLIATIVE CARE IS AVAILABLE AS A TREATMENT
8 OPTION ALONGSIDE CURATIVE OR LIFE-PROLONGING TREATMENTS; AND

9 (3) AS APPROPRIATE, INFORM PATIENTS AND THEIR FAMILIES OF
10 THE AVAILABILITY OF PALLIATIVE CARE SERVICES AT THE TIME OF DIAGNOSIS OF A
11 SERIOUS ILLNESS, DURING TREATMENT PLANNING, AND AT THE TIME OF HOSPITAL
12 ADMISSION.

13 (B) THE DEPARTMENT SHALL ADOPT REGULATIONS ESTABLISHING
14 MINIMUM STANDARDS FOR THE DELIVERY OF PALLIATIVE CARE, INCLUDING
15 STAFFING, TRAINING, AND QUALITY ASSURANCE REQUIREMENTS.

16 19-2703.

17 ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2028, THE
18 DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH
19 § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON ACCESS, UTILIZATION, AND
20 QUALITY OF PALLIATIVE CARE SERVICES PROVIDED IN THE STATE.

21 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
22 as follows:

23 Article – Insurance

24 15-864.

25 (A) IN THIS SECTION, “PALLIATIVE CARE” HAS THE MEANING STATED IN §
26 19-2701 OF THE HEALTH – GENERAL ARTICLE.

27 (B) THIS SECTION APPLIES TO:

28 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
29 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS

1 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
2 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

3 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
4 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
5 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

6 (C) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE
7 COVERAGE FOR PALLIATIVE CARE, INCLUDING THE FOLLOWING SERVICES AS THEY
8 RELATE TO PALLIATIVE CARE:

9 (I) PHYSICIAN AND NURSING SERVICES;

10 (II) COUNSELING AND MENTAL HEALTH SERVICES;

11 (III) PAIN MANAGEMENT AND SYMPTOM RELIEF;

12 (IV) HOME-BASED AND COMMUNITY-BASED CARE; AND

13 (V) SOCIAL WORK, CARE COORDINATION, AND FAMILY
14 SUPPORT SERVICES.

15 (2) THE COVERAGE REQUIRED UNDER PARAGRAPH (1) OF THIS
16 SUBSECTION MAY NOT BE:

17 (I) DENIED BECAUSE A PATIENT IS CONTINUING CURATIVE
18 TREATMENT; OR

19 (II) LIMITED TO END-OF-LIFE CARE.

20 (D) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,
21 AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT,
22 COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR PALLIATIVE
23 CARE THAT IS GREATER THAN THE COPAY, COINSURANCE, OR DEDUCTIBLE
24 REQUIREMENT FOR OTHER COMPARABLE MEDICAL SERVICES.

25 (2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A
26 HIGH-DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, AN ENTITY
27 SUBJECT TO THIS SECTION MAY SUBJECT PALLIATIVE CARE TO THE DEDUCTIBLE
28 REQUIREMENT OF THE HIGH-DEDUCTIBLE HEALTH PLAN.

29 SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act may not
30 be construed to prevent a facility from providing access to palliative care before October 1,
31 2027.

1 SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall
2 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the
3 State on or after January 1, 2027.

4 SECTION 5. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take
5 effect January 1, 2027.

6 SECTION 6. AND BE IT FURTHER ENACTED, That, except as provided in Section
7 5 of this Act, this Act shall take effect October 1, 2026.