

# HOUSE BILL 1316

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By: **Delegates Ruth, Allen, Behler, Ebersole, Fair, Lehman, McCaskill,  
Palakovich Carr, Terrasa, and Woorman**

Introduced and read first time: February 12, 2026

Assigned to: Health

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## A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Universal Health Care Program – Study and Commission**

3 FOR the purpose of requiring the Hilltop Institute at the University of Maryland, Baltimore  
4 County to conduct a study on the feasibility of establishing a universal health care  
5 program through a single-payer system in the State; establishing the Advisory  
6 Commission on Universal Health Care to assist the Institute in the development of  
7 final findings and recommendations based on a certain study; and generally relating  
8 to a study on the implementation of a universal health care program.

9 BY adding to

10 Article – Health – General

11 Section 13–5901 through 13–5904 to be under the new subtitle “Subtitle 59. Study  
12 on Universal Health Care Program”

13 Annotated Code of Maryland

14 (2023 Replacement Volume and 2025 Supplement)

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

17 **Article – Health – General**

18 **SUBTITLE 59. STUDY ON UNIVERSAL HEALTH CARE PROGRAM.**

19 **13–5901.**

20 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
21 INDICATED.

22 (B) “COMMISSION” MEANS THE ADVISORY COMMISSION ON UNIVERSAL

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **HEALTH CARE.**

2 (C) "INSTITUTE" MEANS THE HILLTOP INSTITUTE AT THE UNIVERSITY OF  
3 MARYLAND, BALTIMORE COUNTY.

4 **13-5902.**

5 (A) THE INSTITUTE SHALL CONDUCT A STUDY TO DETERMINE THE  
6 FEASIBILITY OF ESTABLISHING A UNIVERSAL HEALTH CARE PROGRAM THROUGH A  
7 SINGLE-PAYER HEALTH CARE SYSTEM IN THE STATE.

8 (B) THE STUDY SHALL EVALUATE ESTABLISHING A SINGLE-PAYER HEALTH  
9 CARE SYSTEM MODEL THAT WOULD PROVIDE THE FOLLOWING TO ALL INDIVIDUALS  
10 IN THE STATE:

11 (1) COMPREHENSIVE, AFFORDABLE, AND HIGH-QUALITY PUBLICLY  
12 FINANCED HEALTH CARE COVERAGE PROVIDED IN A SEAMLESS AND EQUITABLE  
13 MANNER, REGARDLESS OF INCOME, ASSETS, HEALTH STATUS, CITIZENSHIP OR  
14 IMMIGRATION STATUS, OR AVAILABILITY OF OTHER HEALTH CARE COVERAGE;

15 (2) A BENEFIT PACKAGE COVERING PRIMARY CARE, PREVENTIVE  
16 CARE, CHRONIC CARE, ACUTE EPISODIC CARE, REPRODUCTIVE CARE, INCLUDING  
17 PREGNANCY, BIRTH CONTROL, AND ABORTION SERVICES, HOSPITAL SERVICES, AND  
18 BEHAVIORAL HEALTH SERVICES, TO THE EXTENT THOSE SERVICES ARE AVAILABLE  
19 UNDER STATE LAW;

20 (3) AT MINIMUM, THE 10 ESSENTIAL BENEFITS DESCRIBED UNDER  
21 THE FEDERAL AFFORDABLE CARE ACT AND THE BENEFITS REQUIRED TO BE  
22 COVERED UNDER MARYLAND HEALTH CONNECTIONS PLANS; AND

23 (4) THE REQUIRED BENEFITS UNDER THE MARYLAND MEDICAL  
24 ASSISTANCE PROGRAM AND MEDICARE.

25 (C) IN CONDUCTING THE STUDY, THE INSTITUTE SHALL:

26 (1) REVIEW PLANS, ANALYSES, PROGRAMS, AND LEGISLATION IN  
27 OTHER STATES REGARDING SINGLE-PAYER HEALTH CARE SYSTEMS;

28 (2) ANALYZE AND DEVELOP COST PROJECTIONS FOR PROVIDING AND  
29 ADMINISTERING THE BENEFITS DESCRIBED UNDER SUBSECTION (B) OF THIS  
30 SECTION AND THE COLLATERAL COSTS OF OPERATING A SINGLE-PAYER HEALTH  
31 CARE SYSTEM, INCLUDING THE AMOUNTS AND MECHANISMS NECESSARY TO  
32 FINANCE THE SYSTEM;

1           **(3) CONSIDER HOW A UNIVERSAL HEALTH CARE PROGRAM COULD:**

2                   **(I) IMPROVE HEALTH OUTCOMES, INCLUDING REDUCING**  
3 **PREVENTABLE MORBIDITY;**

4                   **(II) IMPROVE HEALTH CARE EQUITY;**

5                   **(III) REDUCE HEALTH CARE DISPARITIES; AND**

6                   **(IV) INCREASE HEALTH CARE ACCESS, PARTICULARLY IN URBAN**  
7 **AND RURAL SETTINGS WITH LIMITED ACCESS TO HEALTH CARE SERVICES; AND**

8           **(4) EXAMINE AND MAKE RECOMMENDATIONS ON:**

9                   **(I) FULLY INTEGRATING OR ALIGNING THE MARYLAND**  
10 **MEDICAL ASSISTANCE PROGRAM, MEDICARE, PRIVATE INSURANCE, AND THE**  
11 **PROVISION OF HEALTH CARE BENEFITS TO STATE, COUNTY, AND MUNICIPAL**  
12 **EMPLOYEES INTO OR WITHIN A UNIVERSAL HEALTH CARE PROGRAM;**

13                   **(II) TRANSITIONING THE STATE'S ADVANCING ALL-PAYER**  
14 **HEALTH EQUITY APPROACHES AND DEVELOPMENT (AHEAD) MODEL TO A**  
15 **SINGLE-PAYER HEALTH CARE MODEL;**

16                   **(III) TRANSITIONING WORKERS DISPLACED BY CHANGES TO THE**  
17 **HEALTH CARE SYSTEM;**

18                   **(IV) CREATING AN OPERATING STRUCTURE FOR A**  
19 **SINGLE-PAYER HEALTH CARE SYSTEM;**

20                   **(V) CONTAINING COSTS BY REDUCING UNNECESSARY**  
21 **ADMINISTRATIVE EXPENSES; AND**

22                   **(VI) WHETHER A SINGLE-PAYER HEALTH CARE SYSTEM SHOULD**  
23 **INCLUDE DENTAL, VISION, HEARING, AND LONG-TERM CARE BENEFITS.**

24 **13-5903.**

25           **(A) THERE IS AN ADVISORY COMMISSION ON UNIVERSAL HEALTH CARE.**

26           **(B) THE PURPOSE OF THE COMMISSION IS TO ASSIST THE INSTITUTE IN THE**  
27 **DEVELOPMENT OF THE RECOMMENDATIONS FOR THE INSTITUTE'S FINAL REPORT**  
28 **ON THE RESULTS OF THE STUDY CONDUCTED UNDER § 13-5902 OF THIS SUBTITLE.**

1           **(C) THE COMMISSION CONSISTS OF:**

2                   **(1) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY THE**  
3 **PRESIDENT OF THE SENATE;**

4                   **(2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE**  
5 **SPEAKER OF THE HOUSE;**

6                   **(3) THE SECRETARY, OR THE SECRETARY'S DESIGNEE;**

7                   **(4) THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE**  
8 **SECRETARY'S DESIGNEE;**

9                   **(5) THE SECRETARY OF COMMERCE, OR THE SECRETARY'S**  
10 **DESIGNEE;**

11                   **(6) THE SECRETARY OF LABOR, OR THE SECRETARY'S DESIGNEE;**

12                   **(7) THE SECRETARY OF SOCIAL AND ECONOMIC MOBILITY, OR THE**  
13 **SECRETARY'S DESIGNEE;**

14                   **(8) THE SPECIAL SECRETARY OF SMALL, MINORITY, AND WOMEN**  
15 **BUSINESS AFFAIRS, OR THE SPECIAL SECRETARY'S DESIGNEE;**

16                   **(9) TWO REPRESENTATIVES OF PUBLIC SECTOR LABOR UNIONS,**  
17 **DESIGNATED BY THE PRESIDENT OF THE MARYLAND STATE AND DISTRICT OF**  
18 **COLUMBIA AFL-CIO;**

19                   **(10) TWO REPRESENTATIVES OF PRIVATE SECTOR LABOR UNIONS,**  
20 **DESIGNATED BY THE PRESIDENT OF THE MARYLAND STATE AND DISTRICT OF**  
21 **COLUMBIA AFL-CIO; AND**

22                   **(11) THE FOLLOWING MEMBERS APPOINTED BY THE GOVERNOR:**

23                   **(i) THREE REPRESENTATIVES OF THE MARYLAND**  
24 **ASSOCIATION OF COUNTIES, REPRESENTING THE GEOGRAPHIC AND POPULATION**  
25 **DENSITY DIVERSITY OF THE STATE;**

26                   **(ii) THREE REPRESENTATIVES OF THE MARYLAND MUNICIPAL**  
27 **LEAGUE, REPRESENTING THE GEOGRAPHIC AND POPULATION DENSITY DIVERSITY**  
28 **OF THE STATE;**

1 (III) THREE REPRESENTATIVES OF THE BUSINESS COMMUNITY,  
2 AT LEAST ONE OF WHOM REPRESENTS A SMALL BUSINESS;

3 (IV) ONE REPRESENTATIVE OF MEDCHI, THE MARYLAND  
4 STATE MEDICAL SOCIETY;

5 (V) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL  
6 ASSOCIATION;

7 (VI) ONE LICENSED NURSE WHO PRACTICES IN THE STATE;

8 (VII) ONE LICENSED SOCIAL WORKER WHO PRACTICES IN THE  
9 STATE;

10 (VIII) ONE REPRESENTATIVE FROM A STATEWIDE ASSOCIATION  
11 OF DENTISTS;

12 (IX) ONE REPRESENTATIVE OF A NONGOVERNMENTAL  
13 ORGANIZATION THAT PROVIDES HEALTH CARE AND SUPPORTIVE SERVICES TO  
14 INDIVIDUALS EXPERIENCING HOMELESSNESS IN THE STATE;

15 (X) ONE REPRESENTATIVE OF A NONGOVERNMENTAL  
16 ORGANIZATION THAT PROVIDES HEALTH CARE TO OR ASSISTS WITH OBTAINING  
17 HEALTH CARE FOR INDIVIDUALS WHO ARE UNINSURED, UNDERINSURED, OR  
18 UNABLE TO OBTAIN INSURANCE;

19 (XI) ONE REPRESENTATIVE OF A NONGOVERNMENTAL  
20 ORGANIZATION THAT WORKS WITH FORMERLY INCARCERATED INDIVIDUALS; AND

21 (XII) ONE REPRESENTATIVE FROM AN ORGANIZATION THAT  
22 ASSISTS IMMIGRANTS.

23 (D) THE MEMBERS OF THE COMMISSION MAY NOT BE APPOINTED OR  
24 DESIGNATED BEFORE JANUARY 1, 2028.

25 (E) THE GOVERNOR, IN CONSULTATION WITH THE PRESIDENT OF THE  
26 SENATE AND THE SPEAKER OF THE HOUSE, SHALL DESIGNATE A CHAIR OF THE  
27 COMMISSION.

28 (F) TO THE EXTENT PRACTICABLE, IN MAKING APPOINTMENTS TO THE  
29 COMMISSION, THE GOVERNOR, THE PRESIDENT OF THE SENATE, AND THE  
30 SPEAKER OF THE HOUSE SHALL ENSURE REGIONAL, ECONOMIC, ETHNIC, AND  
31 GENDER DIVERSITY IN THE MEMBERSHIP OF THE COMMISSION.

1 (G) A MEMBER OF THE COMMISSION:

2 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE  
3 COMMISSION; BUT

4 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE  
5 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

6 (H) THE INSTITUTE SHALL PROVIDE STAFF FOR THE COMMISSION.

7 13-5904.

8 (A) ON OR BEFORE JUNE 1, 2028, THE INSTITUTE SHALL SUBMIT AN  
9 INTERIM REPORT ON ITS PRELIMINARY FINDINGS AND RECOMMENDATIONS FROM  
10 THE STUDY CONDUCTED UNDER § 13-5902 OF THIS SUBTITLE TO THE COMMISSION  
11 FOR COLLABORATIVE DISCUSSIONS, FEEDBACK, AND THE DEVELOPMENT OF FINAL  
12 RECOMMENDATIONS.

13 (B) ON OR BEFORE JUNE 1, 2029, THE INSTITUTE AND THE COMMISSION  
14 JOINTLY SHALL SUBMIT A FINAL REPORT OF THEIR FINDINGS AND  
15 RECOMMENDATIONS TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 OF  
16 THE STATE GOVERNMENT ARTICLE, THE SENATE BUDGET AND TAXATION  
17 COMMITTEE, THE SENATE FINANCE COMMITTEE, THE HOUSE APPROPRIATIONS  
18 COMMITTEE, AND THE HOUSE HEALTH COMMITTEE.

19 SECTION 2. AND BE IT FURTHER ENACTED, That:

20 (a) Section 1 of this Act is contingent on the Hilltop Institute at the University of  
21 Maryland, Baltimore County receiving commitments for or receiving sufficient funding  
22 through grants or private donations to conduct the study to determine the feasibility of  
23 establishing a universal health care program in the State required under § 13-5902 of the  
24 Health – General Article, as enacted by Section 1 of this Act.

25 (b) Within 5 days after determining that sufficient funding has been committed  
26 or received, the Hilltop Institute shall notify the Department of Legislative Services.

27 (c) If notice of the commitment or receipt of sufficient funding is received by the  
28 Department of Legislative Services on or before December 31, 2026, Section 1 of this Act  
29 shall take effect on the date the notice is received by the Department of Legislative Services  
30 in accordance with subsection (b) of this section.

31 (d) If notice of the commitment or receipt of sufficient funding is not received by  
32 the Department of Legislative Services on or before December 31, 2026, Section 1 of this  
33 Act, with no further action required by the General Assembly, shall be null and void.

1           SECTION 3. AND BE IT FURTHER ENACTED, That, subject to Section 2 of this  
2 Act, this Act shall take effect June 1, 2026. It shall remain effective for a period of 3 years  
3 and 7 months and, at the end of December 31, 2029, this Act, with no further action required  
4 by the General Assembly, shall be abrogated and of no further force and effect.