

HOUSE BILL 1367

J1, J5, J2

6lr2734

By: **Delegates Cullison, Pena–Melnyk, Bagnall, Hill, Ruth, and Shetty**
Introduced and read first time: February 13, 2026
Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 **Commission on Re–Imagining Health Care in Maryland**

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

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

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

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

12 (i) entirely patient–centered;

13 (ii) an integrated system of care, addressing all aspects of health,
14 both somatic and behavioral, at every stage of life;

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

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

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

20 (vi) financially sustainable; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

3 (b) The Commission consists of the following members:

4 (1) three members of the Senate, appointed by the President of the Senate;

5 (2) three members of the House of Delegates, appointed by the Speaker of
6 the House;

7 (3) the Secretary of Budget and Management, or the Secretary's designee;

8 (4) the Secretary of Health, or the Secretary's designee;

9 (5) the Maryland Insurance Commissioner, or the Commissioner's
10 designee;

11 (6) the Deputy Secretary of Health Care Financing, or the Deputy
12 Secretary's designee;

13 (7) the Executive Director of the Maryland Health Benefit Exchange, or the
14 Executive Director's designee;

15 (8) the Executive Director of the Maryland Health Care Commission, or the
16 Executive Director's designee;

17 (9) the Executive Director of the Health Services Cost Review Commission,
18 or the Executive Director's designee;

19 (10) two representatives of the Maryland Association of Counties,
20 designated by the Executive Director of the Association:

21 (i) one of whom shall represent an urban county; and

22 (ii) one of whom shall represent a rural county;

23 (11) two representatives of the Maryland State Medical Society, designated
24 by the Chief Executive Officer of the Society:

25 (i) one of whom is an independently practicing primary care
26 provider; and

27 (ii) one of whom is an independently practicing specialist;

28 (12) two representatives of the League of Life and Health Insurers of
29 Maryland that are health insurers, designated by the Executive Director of the League;

1 (13) one representative of the Maryland Hospital Association, designated by
2 the President and CEO of the Association;

3 (14) one consumer member, appointed by the President of the Senate;

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

5 (16) the following members, appointed by the Governor:

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

8 (ii) two representatives of local health departments:

9 1. one of whom represents a rural community; and

10 2. one of whom represents an urban community;

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

12 (iv) one health economist;

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

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

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

17 (viii) one member of the public.

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

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

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

23 (f) A member of the Commission:

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

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

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

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

3 (2) form subcommittees.

4 (h) The Commission shall:

5 (1) study:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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