

# SENATE BILL 792

J3, E4

6lr3460

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By: **Senator Lam**

Introduced and read first time: February 6, 2026

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Hospitals – Immigration Enforcement Action – Policy Requirement**

3 FOR the purpose of requiring the State Health Services Cost Review Commission to develop  
4 and publish a model policy relating to immigration enforcement actions at hospitals;  
5 requiring certain hospitals in the State to develop a policy relating to immigration  
6 enforcement actions; and generally relating to hospitals and immigration  
7 enforcement policies.

8 BY repealing and reenacting, without amendments,  
9 Article – Health – General  
10 Section 19–201(a) and (c) and 19–207(a)  
11 Annotated Code of Maryland  
12 (2023 Replacement Volume and 2025 Supplement)

13 BY repealing and reenacting, with amendments,  
14 Article – Health – General  
15 Section 19–207(b)  
16 Annotated Code of Maryland  
17 (2023 Replacement Volume and 2025 Supplement)

18 BY adding to  
19 Article – Health – General  
20 Section 19–306  
21 Annotated Code of Maryland  
22 (2023 Replacement Volume and 2025 Supplement)

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

25 **Article – Health – General**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 19–201.

2 (a) In this subtitle the following words have the meanings indicated.

3 (c) “Commission” means the State Health Services Cost Review Commission.

4 19–207.

5 (a) In addition to the powers set forth elsewhere in this subtitle, the Commission  
6 may:

7 (1) Adopt rules and regulations to carry out the provisions of this subtitle;

8 (2) Create committees from among its members;

9 (3) Appoint advisory committees, which may include individuals and  
10 representatives of interested public or private organizations;

11 (4) Apply for and accept any funds, property, or services from any person  
12 or government agency;

13 (5) Make agreements with a grantor or payor of funds, property, or  
14 services, including an agreement to make any study, plan, demonstration, or project;

15 (6) Publish and give out any information that relates to the financial  
16 aspects of health care and is considered desirable in the public interest; and

17 (7) Subject to the limitations of this subtitle, exercise any other power that  
18 is reasonably necessary to carry out the purposes of this subtitle.

19 (b) In addition to the duties set forth elsewhere in this subtitle, the Commission  
20 shall:

21 (1) Adopt rules and regulations that relate to its meetings, minutes, and  
22 transactions;

23 (2) Keep minutes of each meeting;

24 (3) Prepare annually a budget proposal that includes the estimated income  
25 of the Commission and proposed expenses for its administration and operation;

26 (4) Within a reasonable time after the end of each facility’s fiscal year or  
27 more often as the Commission determines, prepare from the information filed with the  
28 Commission any summary, compilation, or other supplementary report that will advance  
29 the purposes of this subtitle;

30 (5) Periodically participate in or do analyses and studies that relate to:

- (i) Health care costs;
- (ii) The financial status of any facility; or
- (iii) Any other appropriate matter;

(6) On or before May 1 of each year, submit to the Governor, to the Secretary, and, subject to § 2–1257 of the State Government Article, to the General Assembly an annual report on the operations and activities of the Commission during the preceding fiscal year, including:

(i) A copy of each summary, compilation, and supplementary report required by this subtitle;

(ii) Budget information regarding the Health Services Cost Review Commission Fund, including:

1. Any balance remaining in the Fund at the end of the previous fiscal year; and

2. The percentage of the total annual costs of the Commission that is represented by the balance remaining in the Fund at the end of the previous fiscal year;

(iii) A summary of the Commission's role in hospital quality of care activities, including information about the status of any pay for performance initiatives;

(iv) An update on the status of the State's compliance with the provisions of the all-payer model contract that includes:

1. Performance in limiting inpatient and outpatient hospital per capita cost growth for all payers;

2. Annual progress toward achieving the State's financial targets established by the all-payer model contract;

3. A summary of the work conducted, recommendations made, including recommendations made by workgroups created to provide technical input and advice, and Commission action on activities related to the all-payer model contract;

4. Actions approved by the Commission to promote alternative methods of rate determination and payment of an experimental nature, as authorized under § 19–219(c)(2) of this subtitle;

5. Reports submitted to the federal Center for Medicare and Medicaid Innovation relating to the all-payer model contract;

6. Any known adverse consequences in implementing the all-payer model contract, as reported to the federal Center for Medicare and Medicaid Innovation, that may negatively impact quality of or access to care, and the actions taken by the Commission to mitigate the consequences; and

7. Annual progress made in the development of public and private partnerships between hospitals and other entities, including community-based physicians, community-based organizations, and other post-acute care providers, to achieve the population health goals established with the federal Center for Medicare and Medicaid Innovation; and

(v) Any other fact, suggestion, or policy recommendation that the Commission considers necessary;

(7) Oversee and administer the Maryland Trauma Physician Services Fund in conjunction with the Maryland Health Care Commission; [and]

(8) If the Centers for Medicare and Medicaid Services issues a warning notice related to a “triggering event” as described in the all-payer model contract, provide written notification to the Governor, the Secretary, and, subject to § 2–1257 of the State Government Article, the General Assembly within 15 days after the issuance of the notice;

**(9) IN CONSULTATION WITH THE ATTORNEY GENERAL AND THE MARYLAND HOSPITAL ASSOCIATION, DEVELOP A MODEL POLICY FOR HOSPITALS IN THE STATE ADDRESSING HOW A HOSPITAL SHALL RESPOND TO IMMIGRATION ENFORCEMENT ACTIONS AT THE HOSPITAL, WITH CONSIDERATION OF PATIENT PRIVACY AND THE SAFETY OF PATIENTS, GUESTS, AND STAFF; AND**

**(10) ON OR BEFORE OCTOBER 1, 2026, PUBLISH THE MODEL POLICY DEVELOPED UNDER ITEM (9) OF THIS SUBSECTION ON ITS WEBSITE.**

**19–306.**

**(A) (1) THE REQUIREMENTS OF THIS SUBSECTION DO NOT APPLY TO A HOSPITAL OPERATED BY A UNIT OF STATE OR LOCAL GOVERNMENT REQUIRED TO IMPLEMENT A POLICY CONSISTENT WITH THE GUIDANCE OF THE ATTORNEY GENERAL UNDER § 6–111 OF THE STATE GOVERNMENT ARTICLE.**

**(2) A HOSPITAL SHALL ADOPT A POLICY DESCRIBING THE PROTOCOL OF THE HOSPITAL WHEN THERE IS AN IMMIGRATION ENFORCEMENT ACTION AT THE HOSPITAL ON OR BEFORE THE EARLIER OF:**

**(I) JANUARY 1, 2027; OR**

1                   **(II) 3 MONTHS AFTER THE COMMISSION PUBLISHES A MODEL**  
2 **POLICY UNDER § 19–207(B)(10) OF THIS TITLE.**

3           **(B) A HOSPITAL SHALL:**

4                   **(1) CONSPICUOUSLY POST COPIES OF THE HOSPITAL’S IMMIGRATION**  
5 **ENFORCEMENT ACTION POLICY ON THE HOSPITAL’S WEBSITE; AND**

6                   **(2) PROVIDE ANNUAL TRAINING TO ALL HOSPITAL STAFF MEMBERS**  
7 **TO ENSURE THE STAFF’S KNOWLEDGE AND UNDERSTANDING OF THE IMMIGRATION**  
8 **ENFORCEMENT ACTION POLICY.**

9           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
10 1, 2026.