

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1367
Health

(Delegate Cullison, *et al.*)

Commission on Re-Imagining Health Care in Maryland

This bill establishes a Commission on Re-Imagining Health Care to envision a comprehensive health care system for the State, as specified. The commission must study numerous issues and make recommendations regarding the establishment of a new health care system. The commission must submit to the Governor and the General Assembly (1) preliminary reports by December 1, 2027, and December 1, 2028, and (2) a final report by December 1, 2029. The Maryland Department of Health (MDH) must provide staff for the commission. The bill is contingent on MDH determining funding levels needed to conduct the work of the commission and securing private funding to do so. **The bill takes effect June 1, 2026, and terminates May 31, 2030, subject to a specified contingency regarding funding.**

Fiscal Summary

State Effect: No likely effect in FY 2026. To the extent MDH secures private funding for the commission, special fund revenues and expenditures increase by an indeterminate amount to fund the work of the commission in FY 2027 through 2030, as discussed below.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The purpose of the commission is to envision a comprehensive health care system for the State that is (1) entirely patient-centered; (2) an integrated system of care, addressing all aspects of health, both somatic and behavioral, at every stage of life;

(3) founded in the concept of quality health care that provides support for the development of health care practitioners; (4) accessible to and eliminates barriers for all residents of the State; (5) agile enough to evolve as needs of patients evolve; (6) financially sustainable; and (7) designed to ensure that health care quality and access is stronger than the existing health care system.

The commission comprises (1) three members of the Senate; (2) three members of the House of Delegates; (3) the Secretary of Budget and Management (or their designee); (4) the Secretary of Health (or their designee); (5) the Maryland Insurance Commissioner (or their designee); (6) the Deputy Secretary of Health Care Financing (or their designee); (7) the Executive Director of the Maryland Health Benefit Exchange (or their designee); (8) the Executive Director of the Maryland Health Care Commission (or their designee); (9) the Executive Director of the Health Services Cost Review Commission (or their designee); (10) two representatives of the Maryland Association of Counties; (11) two representatives of the Maryland State Medical Society; (12) two representatives of the League of Life and Health Insurers of Maryland that are health insurers; (13) one representative of the Maryland Hospital Association; (14) two consumer members; and (15) additional representatives appointed by the Governor, as specified.

The Governor and the Presiding Officers must jointly designate the chair. A member of the commission may not receive compensation but is entitled to reimbursement for expenses. The commission may consult with individuals and entities not represented on it for expertise and may also form subcommittees.

The commission must study (1) how health care is delivered in other states and countries and how those systems are evolving; (2) the role the elements of the existing health care system in the State would play in a patient-centered health care system; (3) the role of the worker's compensation program in an integrated system; (4) how to delineate covered health care services; (5) new models of health care practitioner education and development; (6) how to balance patient-centered health care and cost; (7) how to provide strong health care provider networks throughout the State; (8) how to address low physician reimbursement rates relative to other states; (9) what roles hospitals, acute care centers, urgent care providers, and other facilities and health care practitioners would play in a new health care system; (10) what model health care systems should be considered and how to ensure that innovation is not constrained by the current health care system; and (11) how high deductibles and limited networks deter care and decrease equal access in the current system.

The commission is contingent on MDH determining funding levels needed to conduct the work of the commission and securing private funding for the commission. Within five days of receiving sufficient funding, MDH must notify the Department of Legislative Services (DLS). If DLS receives notice by June 1, 2027, the commission takes effect on the date

notice is received. If DLS does not receive notice by June 1, 2027, the commission is null and void.

State Expenditures: The commission is contingent on MDH determining funding needs and securing private funding. If DLS receives notice from MDH that funding has been secured by June 1, 2027, the commission takes effect on the date notice is received. If such notice is not received by that date, the commission is null and void.

Thus, to the extent MDH secures private funding and notifies DLS by June 1, 2027, MDH special fund revenues increase to reflect private funding for the commission (in one or more of the fiscal years 2027 through 2030 depending on the private funding identified). MDH special fund expenditures increase accordingly in fiscal 2027 through 2030 to support the work of the commission, likely including at least one contractual special fund position to staff the commission and write the three required reports.

This analysis assumes that any impacted State agencies can participate on the commission using existing budgeted resources.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced in the last three years.

Designated Cross File: None.

Information Source(s): Maryland Association of Counties; Maryland Department of Health; Maryland Insurance Administration; Department of Budget and Management; Department of Legislative Services

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jg/ljm

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