



Senate Finance Committee

March 25, 2026

House Bill 1367 – *Commission on Re-Imagining Health Care in Maryland*

POSITION: SUPPORT WITH AMENDMENT

The Mid-Atlantic Association of Community Health Centers (MACHC) is the federally designated Primary Care Association for Delaware and Maryland Community Health Centers. As the backbone of the primary care safety net, Federally Qualified Health Centers (FQHCs) are united by a shared mission to ensure access to high-quality health care to all individuals, regardless of ability to pay. FQHCs are non-profit organizations providing comprehensive primary care to the medically underserved and uninsured. MACHC supports its members in the delivery of accessible, affordable, cost-effective, and quality primary health care to those most in need. To this end, MACHC supports House Bill 1367 with amendment.

FQHCs are the experts in delivering high-quality care under the most challenging circumstances. By federal mandate, they provide comprehensive primary, behavioral, and dental health services regardless of a patient's ability to pay. As the Commission seeks to "re-imagine" a system that reduces health disparities, it must include the providers who currently operate on the front lines of those disparities.

Therefore, MACHC would like to respectfully request the inclusion of Federally Qualified Health Centers (FQHCs) as formal members of the Commission on Re-Imagining Health Care. FQHCs serve as the primary care backbone for Maryland's most vulnerable populations, and their unique perspective is required to ensure the Commission's recommendations are both equitable and actionable.

Rural FQHCs are centers that navigate provider shortages, transportation barriers, and the "digital divide" in telehealth. A rural representative will ensure the Commission addresses the "healthcare deserts" prevalent on the Eastern Shore and in Western Maryland.

Urban FQHCs manage high patient volumes in environments with concentrated social determinants of health, including housing instability and food insecurity. An urban representative will provide insight into integrating social services with clinical care in densely populated corridors.

FQHCs operate under a unique federal Prospective Payment System (PPS) and receive HRSA Section 330 grant funding. Any state-level "re-imagining" of health care finance that does not account for these federal structures risks destabilizing the very centers that keep thousands of Marylanders out of emergency rooms. Having FQHC leadership at the table ensures that new state models complement, rather than conflict with, federal support.

If the goal of House Bill 1367 is to create a system that is "patient-centered" and "equitable," the Commission must include the only provider type required by law to have a patient-majority governing board. FQHCs are the literal voice of the community in the healthcare space.

To re-imagine health care without the input of the state's primary safety-net providers is to plan in a vacuum. We strongly urge the adoption of this amendment to ensure that the Commission's vision is grounded in the lived experience of Maryland's community-based health providers.

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