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*Lieutenant Governor*



YAAKOV "JAKE" WEISSMANN  
*Acting Secretary*

MARC L. NICOLE  
*Deputy Secretary*

## **HOUSE BILL 1251: Health Facilities and Health Insurance - Palliative Care - Required Access and Coverage (Edna G. Neal Palliative Care Act)**

**DATE: March 13th 2026**

**COMMITTEE: Health**

**POSITION: Letter of Concern**

**SUMMARY OF BILL:** HB 1251 seeks to mandate health insurance coverage for palliative care such as: physician and nursing services; counseling and mental health services; pain management; home-based and community-based care; social work, care coordination and family support services.

**EXPLANATION:** If HB 1251 were to pass and were applicable to the State Employee and Retiree Health and Welfare Benefits Program, the Program would not be able to limit palliative care coverage to end of life care or deny because a patient continues to receive curative treatment.

Further, HB 1251 requires facilities to provide patients with access to a dedicated palliative care program as an option, alongside curative or life prolonging treatments. It is expected that this requirement will also add costs. Impact is indeterminate at this time.

The Program, as a self-funded plan, is not subject to most state mandates such as those seen in HB 1251. As such, DBM does not interpret HB 1251 as applicable to the Program. And while DBM voluntarily complies with certain state mandates that are otherwise inapplicable, HB 1251 would impose financial impact that may not be feasible for the Program to enact.

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Using actual plan paid information from the past three years trended to 2027, we are estimating that the annual cost per patient of palliative services will be approximately \$9,500. The number of potential utilizers could potentially range from 150 to 750 members annually based on the number of members with large claims and certain diagnoses within the plan. As such, if HB 1251 becomes a law, we are projecting that it could potentially add between \$1.5 and \$7.0 million to annual medical costs.

Given forecasted out-year deficits and significant uncertainty about the federal budget and policy changes, it would be challenging for the State to manage this increase in spending. This challenge is compounded by major, unforeseen changes in federal policy and other ongoing budgetary pressures. The Department of Budget and Management (DBM) now forecasts significant shortfalls beginning in Fiscal Year 2027 and escalating into Fiscal Year 2028.

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