



# Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ [mota-members.com](http://mota-members.com)

<b>Committee:</b>	<b>House Health Committee</b>
<b>Bill Number:</b>	<b>House Bill 1251</b>
<b>Title:</b>	<b>Health Facilities and Health Insurance - Palliative Care - Required Access and Coverage (Edna G. Neal Palliative Care Act)</b>
<b>Hearing Date:</b>	<b>March 13, 2026</b>
<b>Position:</b>	<b>Support with amendments</b>

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The Maryland Occupational Therapy Association (MOTA) supports House Bill 1251 - Health Facilities and Health Insurance - Palliative Care - Required Access and Coverage (Edna G. Neal Palliative Care Act). This bill expands access to palliative care for patients with serious illnesses. It would require certain hospitals and healthcare facilities to ensure patients can access palliative care services and to inform patients and families about those options. The bill directs the Maryland Department of Health to create regulations setting minimum standards for palliative care programs. It also requires certain health insurers, HMOs, and nonprofit health service plans to cover specified palliative care services. The bill's goal is to improve quality of life for patients with serious illnesses by making symptom management and supportive care more widely available.

We would propose adding additional language on page 4, in new §15-864(C)(1) which would include a specific reference to rehabilitative services including occupational therapy. Occupational therapy practitioners (OTPs) would support the bill with the amendment because it expands access to palliative care for patients with serious illnesses. Palliative care focuses on improving quality of life, a goal OTPs support by assisting palliative care patients in areas such as pain management, mental well-being, the use of assistive devices and adaptive technologies, and participation in daily activities.. The amendment would expand the services certain insurers are required to cover, and helps ensure patients receive support for maintaining independence in daily activities, not just medical symptom management. It also prevents rehab services from being overlooked when facilities design or implement palliative care programs.

We ask for a favorable report with an amendment. If we can provide any further information, please contact Michael Paddy at [mpaddy@policypartners.net](mailto:mpaddy@policypartners.net).