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DEPUTY SPEAKER PRO TEM

Appropriations Committee

Subcommittees

Vice Chair, Health and Social Services

Oversight Committee on Pensions

Joint Committee on Administrative,
Executive, and Legislative Review

President, Women Legislators of Maryland



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony of Delegate Dana Jones
Before the Health Committee

In Support of HB 1136
Nonprofit Hospitals - Community Benefits
March 4th 2026, 1:00 pm

For the record, I am Delegate Dana Jones, representing District 30A in the House of Delegates.

Chair Bagnall, Vice-Chair Cullison, and members of the Health Committee, I am here today to introduce HB 1136 Nonprofit Hospitals - Community Benefits. The purpose of this legislation is to provide additional clarity and transparency on the exact sum and beneficiaries of the community benefits that Maryland's nonprofit hospitals are providing in communities around the State.

I am introducing this legislation alongside a package of amendments that are the product of extensive conversations I have had with stakeholders. I want to thank the Comptroller's Office, the HSCRC, the Maryland Hospital Association, SEIU 1199, and others for their engagement on this legislation. The amendments address the Comptroller's comments, and have significantly addressed the comments received from the HSCRC. It was vital to me to hear from as many stakeholders as possible, even where natural disagreement existed.

I also want to thank members of this committee, and stakeholders around Maryland, who have done significant work to improve reporting on hospital community benefits in recent years. In many ways, Maryland is a leader. However, I believe there is significant room for improvement.

I'm introducing this bill for a few simple reasons: transparency, accessibility, and affordability. Although the HSCRC does great work collecting and reporting hospital community benefits,

there are still gaps and a need for additional clarity. Hospitals do not estimate the value of their tax exemptions. This makes it impossible for the public to reasonably compare the benefits provided against the value of the exemptions received. There are no minimum requirements, and no benchmarks tied to tax exemption value.

Additionally, as mandated by federal law, hospitals produce Community Health Needs Assessments every three years and provide them to the HSCRC. These reports are designed to identify health needs and develop strategies to address them. However, according to the FY24 HSCRC report, only 42.5% of net community benefits are spent on CHNA activities. There is also a wide range of spending on CHNA activities, with the top hospital spending 97.4% of total community benefit expenditures on CHNA activities. The lowest hospital spent less than 1% of their community benefit implementing the community health plan they are legally required to develop with community input. Lastly, there is significant ambiguity on what the CHNA spend actually goes to, with the largest single category vaguely labeled “Settings and Systems - Community.”

This is just one example of the obfuscated nature of the community benefits spending by Maryland nonprofit hospitals. As I mentioned before, I am extremely grateful to the HSCRC and to the individual hospitals for their existing reporting work. However, it is imperative that we know exactly where these benefits are going, exactly how they are helping our communities, and exactly how much each hospital should be spending compared to the value of their tax exemption.

Finally, the Comptroller has advised my office that, with these amendments, the Comptroller's Office can implement this legislation with existing resources. I look forward to having additional dialogue with the Committee on this bill, as well as continuing the conversation with all advocates.

With that, I respectfully request a favorable report on HB1136.

Thank you,



Delegate Dana Jones