



Hospice & Palliative Care Network  
OF MARYLAND

March 11, 2026

**The Honorable Heather Bagnall, Chair**  
**The Honorable Bonnie Cullinson, Vice Chair**  
Maryland House Office Building  
6 Bladen Street  
Annapolis, MD 21401

**RE: HB1251 Health Facilities and Health Insurance - Palliative Care – Required Access and Coverage (Edna G. Neal Palliative Care Act) - Favorable with Amendments**

Dear Chair Bagnall, Vice Chair Cullison, and Members of the Committee:

On behalf of the **Hospice & Palliative Care Network of Maryland (HPCNM), the state association representing hospice and palliative care providers across Maryland**, thank you for your leadership on HB1251 and your commitment to expanding access to high-quality palliative care across our state.

Many people confuse hospice and palliative care, and we would like to clarify the difference between the two. **Palliative care** helps people living with serious illness manage pain, symptoms, and stress while they continue treatment. **Hospice care** provides similar comfort-focused support when someone is nearing the end of life and treatment shifts from cure to quality of life. Palliative care is reimbursed like other medical services, while hospice is covered through a comprehensive Medicare and Medicaid benefit designed to support patients and families during the final stage of life.

HPCNM strongly supports the goal of improving access to palliative care and ensuring that patients and families are informed of available options throughout the serious illness trajectory. We appreciate the bill's emphasis on access, interdisciplinary care, and insurance coverage parity.

At the same time, we respectfully request the following clarifying amendments to ensure that licensed hospice programs are not inadvertently subjected to duplicative regulatory or reimbursement requirements.



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Licensed hospice programs in Maryland already operate under comprehensive federal Medicare Conditions of Participation and state licensure standards that require:

- An interdisciplinary team model
- Pain and symptom management
- Advance care planning
- Family support and counseling
- Coordination across care settings
- Quality oversight and compliance

Because hospice providers already deliver comprehensive serious illness care, HB1251 could unintentionally require hospice facilities to establish a second “dedicated palliative care program,” creating administrative duplication and potential reimbursement confusion.

Our proposed amendments would:

- Deem licensed hospice providers compliant through their existing interdisciplinary structure
- Clarify that hospice programs are not required to establish a separate palliative care program
- Prevent unintended changes to the Medicare or Maryland Medicaid hospice benefit
- Ensure regulatory alignment and avoid duplication with federal law

These amendments preserve the intent of HB1251 while protecting access, operational feasibility, and regulatory clarity.

We respectfully request a **favorable report with the amendment outlined above.**

Thank you for your consideration and for your leadership on this important matter. If you need additional information, please feel free to contact me at 410.746.0659.



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Sincerely,

**Peggy Shimoda, CAE**  
Executive Director  
Hospice & Palliative Care Network of Maryland

cc: Monica Escalante, HPCNM President, Public Policy Cochair  
Carlos Graveran, HPCNM Public Policy Cochair

**About the Hospice & Palliative Care Network of Maryland (HPCNM)**

The Hospice & Palliative Care Network of Maryland (HPCNM) is a statewide membership organization representing hospice providers, palliative care partners, and associates committed to ensuring that all Marylanders have access to high-quality, compassionate care for those living with serious and life-limiting illness.

HPCNM advances excellence in hospice and palliative care through advocacy, education, and resources that support providers and strengthen care for patients and families across the state. Our members work every day to ensure individuals facing serious illness or the end of life receive care that honors their values, relieves suffering, and supports families with comfort, guidance, and dignity during one of life's most vulnerable moments.