

Bill No.: \_\_\_\_\_  
Requested: \_\_\_\_\_  
Committee: \_\_\_\_\_

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Stored – 02/09/26  
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By: **Delegate Woods**

A BILL ENTITLED

1 AN ACT concerning

2 **Health Facilities and Health Insurance – Palliative Care – Required Access and**  
3 **Coverage**  
4 **(Edna G. Neal Palliative Care Act)**

5 FOR the purpose of requiring that, on or after a certain date, certain facilities provide  
6 patients with certain access to palliative care and inform patients about the  
7 availability of palliative care at certain times; requiring certain insurers, nonprofit  
8 health service plans, and health maintenance organizations to provide health  
9 insurance coverage for certain palliative care; prohibiting certain insurers, nonprofit  
10 health service plans, and health maintenance organizations from imposing certain  
11 copayments, coinsurance, or deductible requirements on coverage for palliative care;  
12 and generally relating to palliative care.

13 BY adding to

14 Article – Health – General  
15 Section 19–2701 through 19–2703 to be under the new subtitle “Subtitle 27.  
16 Palliative Care”  
17 Annotated Code of Maryland  
18 (2023 Replacement Volume and 2025 Supplement)

19 BY adding to

20 Article – Insurance

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 15–864  
2 Annotated Code of Maryland  
3 (2017 Replacement Volume and 2025 Supplement)

4 Preamble

5 WHEREAS, Serious illnesses such as cancer, sickle cell disease, heart disease,  
6 advanced lung disease, neurological disorders, and other chronic or life–limiting conditions  
7 affect thousands of State residents each year; and

8 WHEREAS, Patients facing serious illnesses often endure significant pain, physical  
9 distress, and emotional hardship, which also deeply impact their families and caregivers;  
10 and

11 WHEREAS, Palliative care is an evidence–based medical specialty that improves the  
12 quality of life for patients and families by providing relief from pain, symptoms, and stress  
13 while respecting patient dignity, culture, and personal values; and

14 WHEREAS, Studies have demonstrated that palliative care not only enhances  
15 patient well–being but also reduces unnecessary hospitalizations and health care costs; and

16 WHEREAS, Despite the benefits, access to palliative care remains inconsistent  
17 across the State, leaving many patients without adequate support during critical stages of  
18 illness; and

19 WHEREAS, Health equity requires that all State residents, regardless of age, race,  
20 income, or insurance status, have access to comprehensive palliative care services; and

21 WHEREAS, It is in the best interest of the State to guarantee statewide access to  
22 palliative care as a standard component of medical care, mandate insurance coverage for  
23 palliative care services without discrimination or financial barriers, and ensure that  
24 patients and families are fully informed of their right to receive palliative care; and

25 WHEREAS, The State intends to honor the legacy of Edna G. Neal by advancing  
26 compassionate, person–centered care throughout the State; now, therefore,

27 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
28 That the Laws of Maryland read as follows:

1 **Article – Health – General**

2 **SUBTITLE 27. PALLIATIVE CARE.**

3 **19–2701.**

4 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS  
5 INDICATED.

6 (B) “FACILITY” MEANS A HOSPITAL, NURSING HOME, HOSPICE CARE  
7 FACILITY, OR OTHER LONG–TERM CARE FACILITY LICENSED IN THE STATE.

8 (C) “PALLIATIVE CARE” MEANS SPECIALIZED MEDICAL CARE FOR  
9 INDIVIDUALS LIVING WITH SERIOUS ILLNESS THAT IS FOCUSED ON PROVIDING  
10 RELIEF FROM SYMPTOMS, PAIN, AND STRESS, REGARDLESS OF DIAGNOSIS OR STAGE  
11 OF DISEASE, WITH THE GOAL OF IMPROVING QUALITY OF LIFE FOR BOTH THE  
12 PATIENT AND THE PATIENT’S FAMILY.

13 **19–2702.**

14 (A) ON OR AFTER OCTOBER 1, 2027, EACH FACILITY SHALL:

15 (1) PROVIDE PATIENTS WITH ACCESS TO A DEDICATED PALLIATIVE  
16 CARE PROGRAM;

17 (2) ENSURE THAT PALLIATIVE CARE IS AVAILABLE AS A TREATMENT  
18 OPTION ALONGSIDE CURATIVE OR LIFE–PROLONGING TREATMENTS; AND

19 (3) AS APPROPRIATE, INFORM PATIENTS AND THEIR FAMILIES OF  
20 THE AVAILABILITY OF PALLIATIVE CARE SERVICES AT THE TIME OF DIAGNOSIS OF A  
21 SERIOUS ILLNESS, DURING TREATMENT PLANNING, AND AT THE TIME OF HOSPITAL  
22 ADMISSION.

23 (B) THE DEPARTMENT SHALL ADOPT REGULATIONS ESTABLISHING  
24 MINIMUM STANDARDS FOR THE DELIVERY OF PALLIATIVE CARE, INCLUDING  
25 STAFFING, TRAINING, AND QUALITY ASSURANCE REQUIREMENTS.

1 **19-2703.**

2 **ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2028, THE**  
3 **DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH**  
4 **§ 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON ACCESS, UTILIZATION, AND**  
5 **QUALITY OF PALLIATIVE CARE SERVICES PROVIDED IN THE STATE.**

6 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read  
7 as follows:

8 **Article – Insurance**

9 **15-864.**

10 **(A) IN THIS SECTION, “PALLIATIVE CARE” HAS THE MEANING STATED IN §**  
11 **19-2701 OF THE HEALTH – GENERAL ARTICLE.**

12 **(B) THIS SECTION APPLIES TO:**

13 **(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT**  
14 **PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS**  
15 **ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR**  
16 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND**

17 **(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**  
18 **HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER**  
19 **CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.**

20 **(C) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE**  
21 **COVERAGE FOR PALLIATIVE CARE, INCLUDING THE FOLLOWING SERVICES AS THEY**  
22 **RELATE TO PALLIATIVE CARE:**

23 **(I) PHYSICIAN AND NURSING SERVICES;**

24 **(II) COUNSELING AND MENTAL HEALTH SERVICES;**

25 **(III) PAIN MANAGEMENT AND SYMPTOM RELIEF;**

1 (IV) HOME-BASED AND COMMUNITY-BASED CARE; AND

2 (V) SOCIAL WORK, CARE COORDINATION, AND FAMILY  
3 SUPPORT SERVICES.

4 (2) THE COVERAGE REQUIRED UNDER PARAGRAPH (1) OF THIS  
5 SUBSECTION MAY NOT BE:

6 (I) DENIED BECAUSE A PATIENT IS CONTINUING CURATIVE  
7 TREATMENT; OR

8 (II) LIMITED TO END-OF-LIFE CARE.

9 (D) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,  
10 AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A COPAYMENT,  
11 COINSURANCE, OR DEDUCTIBLE REQUIREMENT ON COVERAGE FOR PALLIATIVE  
12 CARE THAT IS GREATER THAN THE COPAY, COINSURANCE, OR DEDUCTIBLE  
13 REQUIREMENT FOR OTHER COMPARABLE MEDICAL SERVICES.

14 (2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A  
15 HIGH-DEDUCTIBLE HEALTH PLAN, AS DEFINED IN 26 U.S.C. § 223, AN ENTITY  
16 SUBJECT TO THIS SECTION MAY SUBJECT PALLIATIVE CARE TO THE DEDUCTIBLE  
17 REQUIREMENT OF THE HIGH-DEDUCTIBLE HEALTH PLAN.

18 SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act may not  
19 be construed to prevent a facility from providing access to palliative care before October 1,  
20 2027.

21 SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall  
22 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the  
23 State on or after January 1, 2027.

24 SECTION 5. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take  
25 effect January 1, 2027.

26 SECTION 6. AND BE IT FURTHER ENACTED, That, except as provided in Section  
27 5 of this Act, this Act shall take effect October 1, 2026.