

Department of Legislative Services
 Maryland General Assembly
 2026 Session

FISCAL AND POLICY NOTE
 First Reader

House Bill 1263 (Delegate Hill, *et al.*)
 Health

Public Health - Workgroup on Postoperative Cosmetic Care

This bill establishes the Workgroup on Postoperative Cosmetic Care to study the regulation of postoperative cosmetic and body-altering services provided by nonphysician practitioners with a focus on patient safety, consumer protection, and continuity of care. Members of the workgroup representing government entities must designate staff from their respective government entities to staff the workgroup. The workgroup is not a regulatory board and may not establish a licensure program without legislative approval. The workgroup must submit (1) by December 1, 2026, an interim report and (2) by December 1, 2027, a final report of its findings and recommendations to the Governor and the General Assembly. **The bill takes effect July 1, 2026, and terminates June 30, 2028.**

Fiscal Summary

State Effect: Maryland Department of Health (MDH) general fund expenditures increase by \$88,200 in FY 2027 and \$38,400 in FY 2028 for contractual staff, as discussed below. Future years reflect the elimination of contractual staff. Revenues are not affected.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	88,200	38,400	0	0	0
Net Effect	(\$88,200)	(\$38,400)	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The workgroup consists of: (1) the Secretaries of Health and Labor (or their designees); (2) the President of the Maryland Board of Nursing (MBON) (or their designee); (3) the chair of the State Board of Massage Therapy Examiners (or their designee); (4) the chair of the State Board of Physical Therapy Examiners (or their designee); and (5) the following members, appointed by the Secretary of Health: one licensed physician specializing in cosmetic or plastic surgery, one consumer or patient advocate with experience in postsurgical care, one representative of a postoperative care or recovery services organization, and any additional stakeholders determined appropriate by the Secretary.

The members of the workgroup must elect the chair of the workgroup from among its members. Members of the workgroup may not receive compensation but are entitled to reimbursement for expenses under standard State travel regulations.

The workgroup must:

- examine how postoperative cosmetic care is currently regulated or overseen in the State;
- identify any gaps in patient access to qualified providers of cosmetic care;
- review conflicts between existing scope-of-practice laws;
- evaluate risks posed by unrecognized or unregulated practitioners that provide cosmetic care services;
- assess training and education requirements for postoperative cosmetic care;
- review best practices and regulatory models from other states;
- consider options for certification, registration, or professional recognition for providers of postsurgical cosmetic care, including alignment with existing licensing boards;
- make recommendations that prioritize consumer protection and patient safety;
- avoid recommending the creation of a new licensure program unless necessary;
- consider low-cost and nonbureaucratic options; and
- focus on consumer protection, patient safety, and continuity of care over industry expansion.

Current Law: Twenty health occupations boards share responsibility for regulating various health professions in Maryland. However, postoperative cosmetic and body-altering services provided by nonphysician practitioners is not directly regulated in the State.

State Expenditures: Representatives from the Maryland Department of Labor, MBON, the State Board of Massage Therapy Examiners, and the State Board of Physical Therapy Examiners can serve on the workgroup and likely provide supplemental staff support with existing budgeted resources. The workgroup must submit an interim report by December 1, 2026, and a final report by December 1, 2027.

While the bill requires all of the State agencies represented on the workgroup to jointly provide staff to the workgroup, MDH advises that it would likely take the lead. Therefore, MDH general fund expenditures increase by \$88,227 in fiscal 2027, which accounts for the bill’s July 1, 2026 effective date. This estimate reflects the cost of hiring one full-time contractual health policy analyst to provide staff to the commission and complete the required reports. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses. This estimate assumes that the contractual position terminates December 31, 2027, following the completion of the study’s final report.

	<u>FY 2027</u>	<u>FY 2028</u>
Contractual Position	1.0	-1.0
Salary and Fringe Benefits	\$78,392	\$36,989
Operating Expenses	<u>9,835</u>	<u>1,403</u>
Total State Expenditures	\$88,227	\$38,392

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Department of Health; Maryland Department of Labor; Department of Legislative Services

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