 **Marcia Boyle, MS,** Chairman

[DATE]

[NAME]

[TITLE]

[ORGANIZATION]

[ADDRESS]

[CITY], [STATE], [ZIP CODE]

**Re: Fiscal Year 2026 User Fee Assessment Payment Request**

Dear [Recipient],

The Maryland Health Care Commission (MHCC) is an independent regulatory agency dedicated to promoting informed decision-making, enhancing accountability, and improving access to health care throughout the State. Attached is your Fiscal Year 2026 (FY26) MHCC User Fee Assessment, as required by *Maryland Code, Health-General §19-111*. Please note that your FY26 fee remains unchanged from FY25. A detailed explanation of the fee methodology is attached and available on MHCC’s website.

The MHCC is currently conducting a User Fee Workload Assessment Study (study) to evaluate the existing assessment framework and identify opportunities for improvement. The study focuses on workload distribution, potential adjustments to the current assessment model, the waiver process for low-wage practitioners, and improvements to the fee calculation methodology, among other requirements. Changes resulting from the study will take effect in FY27.

Please make your check payable to the Maryland Department of Health (MDH) and mail it to the attention of MDH General Accounting at 201 W. Preston Street, 5th Floor, Baltimore, MD 21201. Include both your customer and invoice numbers and note on the check, “MHCC FY26 User Fee Assessment” to ensure proper processing.

The MHCC thanks you for your continued dedication to serving Marylanders. Your commitment to delivering high-quality services meaningfully supports efforts to enhance the health and well-being of residents across the State. If you have any questions, please contact Andrea Allen at andrea.allen@maryland.gov.

Sincerely,



Richard Proctor

Chief Operating Officer

Attachments (2):

FY 26 User Fee Assessment Invoice

Methodology