

# HOUSE BILL 1109

J1

6lr3025  
CF SB 790

---

By: **Chair, Health Committee and Delegates Cullison, A. Johnson, S. Johnson, ~~and Kerr~~ Kerr, Alston, Guzzone, Hill, Kaufman, Lopez, Martinez, Rosenberg, Ross, Taveras, White Holland, and Woorman**

Introduced and read first time: February 11, 2026

Assigned to: Health and Appropriations

---

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 7, 2026

---

## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Public Health Reform Act**

3 FOR the purpose of requiring the Maryland Department of Health to organize the  
4 Maryland Medical Reserve Corps; requiring the Maryland Department of Health to  
5 notify each health officer for a county of a certain procurement to offer the  
6 opportunity for the county health department to join the procurement; ~~authorizing~~  
7 ~~a health officer for a county to make an appointment to a position without the~~  
8 ~~approval of the Maryland Department of Health or the Department of Budget and~~  
9 ~~Management if the position is fully funded without State funding; authorizing a~~  
10 ~~health officer for a county to enter into certain contracts if the Secretary of Health~~  
11 ~~does not respond to a request for approval within a certain time period; authorizing~~  
12 ~~the Secretary of Health and, under certain circumstances, the Deputy Secretary for~~  
13 ~~Public Health to delegate the authority to approve certain contracts; altering the~~  
14 ~~membership, leadership selection process, and staffing of the Commission on Public~~  
15 ~~Health; requiring the Commission on Public Health to provide oversight over the~~  
16 ~~implementation of recommendations made by the Commission on Public Health;~~  
17 ~~establishing the Public Health Workforce Development Fund; requiring that interest~~  
18 ~~earnings of the Public Health Workforce Development Fund remain in the Public~~  
19 ~~Health Workforce Development Fund; authorizing the Maryland Department of~~  
20 ~~Health and the Health Services Cost Review Commission to transfer money from the~~  
21 ~~Population Health Improvement Fund to the Public Health Workforce Development~~  
22 ~~Fund; requiring the Department of Legislative Services to develop a process to assess~~  
23 the health equity impacts of relevant legislation; altering the membership of the

---

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 Maryland Corps Program Advisory Board; requiring the Commission to establish a  
 2 Community Benefits Modernization subcommittee; requiring the Maryland  
 3 Department of Health to convene a certain workgroup; and generally relating to  
 4 public health.

5 BY repealing and reenacting, without amendments,  
 6 Article – Health – General  
 7 Section 1–101(a) and (e), ~~13–5102, and 13–5602(a)~~ and 13–5102  
 8 Annotated Code of Maryland  
 9 (2023 Replacement Volume and 2025 Supplement)

10 BY adding to  
 11 Article – Health – General  
 12 Section 2–104.1; and 2–1101 through 2–1103 to be under the new subtitle “Subtitle  
 13 11. Maryland Medical Reserve Corps”; ~~and 24–2801 and 24–2802 to be under~~  
 14 ~~the new subtitle “Subtitle 28. Public Health Workforce Development Fund”~~  
 15 Annotated Code of Maryland  
 16 (2023 Replacement Volume and 2025 Supplement)

17 BY repealing and reenacting, with amendments,  
 18 Article – Health – General  
 19 Section 3–306, and 13–5103 through 13–5106, ~~and 13–5602(f)~~  
 20 Annotated Code of Maryland  
 21 (2023 Replacement Volume and 2025 Supplement)

22 BY repealing and reenacting, with amendments,  
 23 Article – Health – General  
 24 Section 13–5107  
 25 Annotated Code of Maryland  
 26 (2023 Replacement Volume and 2025 Supplement)  
 27 (As enacted by Chapter 787 of the Acts of the General Assembly of 2024)

~~28 BY repealing and reenacting, without amendments,  
 29 Article – State Finance and Procurement  
 30 Section 6–226(a)(2)(i) and (ii)  
 31 Annotated Code of Maryland  
 32 (2021 Replacement Volume and 2025 Supplement)~~

~~33 BY repealing and reenacting, with amendments,  
 34 Article – State Finance and Procurement  
 35 Section 6–226(a)(2)(iii) 212. and 213.  
 36 Annotated Code of Maryland  
 37 (2021 Replacement Volume and 2025 Supplement)~~

~~38 BY adding to  
 39 Article – State Finance and Procurement  
 40 Section 6–226(a)(2)(iii) 214.~~

1 ~~Annotated Code of Maryland~~  
2 ~~(2021 Replacement Volume and 2025 Supplement)~~

3 BY adding to  
4 Article – State Government  
5 Section 2–1505.3  
6 Annotated Code of Maryland  
7 (2021 Replacement Volume and 2025 Supplement)

8 BY repealing and reenacting, with amendments,  
9 Article – State Government  
10 Section 21–203(a)  
11 Annotated Code of Maryland  
12 (2021 Replacement Volume and 2025 Supplement)

13 BY repealing and reenacting, without amendments,  
14 Article – State Government  
15 Section 21–203(b)  
16 Annotated Code of Maryland  
17 (2021 Replacement Volume and 2025 Supplement)

18 BY repealing and reenacting, with amendments,  
19 Chapter 385 of the Acts of the General Assembly of 2023, as amended by Chapter  
20 787 of the Acts of the General Assembly of 2024  
21 Section 2

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

24 **Article – Health – General**

25 1–101.

26 (a) In this article the following words have the meanings indicated.

27 (e) “Health officer” means, unless expressly provided otherwise, the Baltimore  
28 City Commissioner of Health or the health officer of a county.

29 **2–104.1.**

30 **(A) BEFORE PROCURING A SYSTEM FOR COLLECTING AND STORING**  
31 **ELECTRONIC HEALTH RECORDS, AS DEFINED IN § 19–142 OF THIS ARTICLE, THE**  
32 **DEPARTMENT SHALL CONSULT WITH LOCAL HEALTH DEPARTMENTS TO ASSESS THE**  
33 **NECESSARY QUALITIES OF AN ELECTRONIC HEALTH RECORDS SYSTEM.**

1           **(B) IF THE DEPARTMENT PROCURES A SYSTEM FOR COLLECTING AND**  
2 **STORING ELECTRONIC HEALTH RECORDS, THE DEPARTMENT SHALL NOTIFY EACH**  
3 **HEALTH OFFICER FOR A COUNTY AND OFFER THE COUNTY HEALTH DEPARTMENT**  
4 **THE OPPORTUNITY TO JOIN THE PROCUREMENT.**

5                           **SUBTITLE 11. MARYLAND MEDICAL RESERVE CORPS.**

6 **2-1101.**

7           **IN THIS SUBTITLE, "CORPS" MEANS THE MARYLAND MEDICAL RESERVE**  
8 **CORPS.**

9 **2-1102.**

10           **(A) THE DEPARTMENT SHALL ORGANIZE THE MARYLAND MEDICAL**  
11 **RESERVE CORPS.**

12           **(B) THE PURPOSE OF THE CORPS IS TO PROVIDE A STATEWIDE VOLUNTEER**  
13 **NETWORK INTEGRATED INTO COMMUNITY EMERGENCY SYSTEMS TO FACILITATE A**  
14 **COORDINATED APPROACH TO VOLUNTEER MANAGEMENT.**

15           **(C) THE CORPS SHALL INCLUDE CLINICAL AND NONCLINICAL PERSONNEL**  
16 **CAPABLE OF ASSISTING DURING CRISES THAT STRAIN THE HEALTH CARE SYSTEM**  
17 **OR PUBLIC HEALTH SYSTEM, INCLUDING PUBLIC HEALTH EMERGENCIES, DISEASE**  
18 **OUTBREAKS, AND NATURAL DISASTERS.**

19 **2-1103.**

20                           **THE DEPARTMENT SHALL:**

21                           **(1) MAINTAIN AN EFFICIENT AND MODERN ELECTRONIC**  
22 **REGISTRATION SYSTEM TO REGISTER AND TRACK VOLUNTEERS FOR THE CORPS;**  
23 **AND**

24                           **(2) DESIGNATE A PUBLIC HEALTH EMERGENCY SURGE**  
25 **COORDINATOR AMONG ITS STAFF TO COORDINATE AND PLAN IMPROVEMENTS TO**  
26 **THE CORPS.**

27 **3-306.**

28           **(a) Except as provided by agreement between the Secretary and the local**  
29 **governing body, and in addition to the powers and duties set forth elsewhere, each health**  
30 **officer has the powers and duties set forth in this section.**

1 (b) A health officer may obtain samples of food and drugs for analysis.

2 (c) (1) The health officer for a county is the executive officer and secretary of  
3 the county board of health.

4 (2) ~~(H)~~ Except in Montgomery County, the health officer for a county  
5 shall appoint the staff of the county health department.

6 ~~(H) IF A POSITION WITH A COUNTY HEALTH DEPARTMENT IS~~  
7 ~~FULLY FUNDED WITHOUT THE USE OF STATE FUNDING, THE HEALTH OFFICER FOR~~  
8 ~~THE COUNTY MAY APPOINT AN INDIVIDUAL TO THE POSITION WITHOUT APPROVAL~~  
9 ~~BY THE SECRETARY OR THE SECRETARY OF BUDGET AND MANAGEMENT.~~

10 (3) The health officer for a county shall have an office at an accessible place  
11 in the county.

12 (4) (i) The health officer for a county shall enforce throughout the  
13 county:

14 1. Under the direction of the Secretary, the State health laws  
15 and the policies, rules, and regulations that the Secretary adopts; and

16 2. Except as provided in subparagraph (ii) of this paragraph,  
17 under the direction of the county board of health, the rules and regulations that the county  
18 board of health adopts.

19 (ii) The health officer for a county shall enforce in each municipality  
20 or special taxing district in the county the rules or regulations that the county board of  
21 health adopts unless the municipality or district has a charter provision or ordinance that:

22 1. Covers the same subject matter as the county rule or  
23 regulation;

24 2. Is at least as restrictive as the county rule or regulation;  
25 and

26 3. Includes provisions for enforcement.

27 (5) A health officer shall perform any investigation or other duty or  
28 function directed by the Secretary or the county board of health and submit appropriate  
29 reports to them.

30 (d) (1) Subject to the consent of the governing body of the county and the  
31 written approval of the Secretary, a health officer for a county may enter into a contract or  
32 any other written agreement to assist or participate in the delivery of health care services

1 with a person that is authorized to provide, finance, coordinate, facilitate, or otherwise  
2 deliver health care services in the State.

3 **(2) (I) ~~IF THE SECRETARY DOES NOT RESPOND TO A REQUEST FOR~~**  
4 **~~WRITTEN APPROVAL WITHIN 7 DAYS AFTER RECEIVING THE REQUEST, THE HEALTH~~**  
5 **~~OFFICER FOR THE COUNTY MAY ENTER THE CONTRACT OR WRITTEN AGREEMENT~~**  
6 **THE SECRETARY MAY DELEGATE APPROVAL AUTHORITY UNDER PARAGRAPH (1) OF**  
7 **THIS SUBSECTION TO THE DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES.**

8 **(II) IF THE SECRETARY DELEGATES AUTHORITY TO THE**  
9 **DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES UNDER SUBPARAGRAPH (I)**  
10 **OF THIS PARAGRAPH, THE DEPUTY SECRETARY MAY DELEGATE THE AUTHORITY TO**  
11 **LOCAL HEALTH OFFICERS.**

12 (e) (1) Except as provided in paragraph (2) of this subsection, a health officer  
13 for a county and the Baltimore City Commissioner of Health may authorize the county  
14 health department to retain all collections, including any unspent balance at the end of a  
15 fiscal year, received from:

16 (i) Fees authorized under this article;

17 (ii) Fees authorized under the Environment Article; and

18 (iii) Fees derived from charges authorized under Title 16, Subtitle 2  
19 of this article.

20 (2) The authority to retain collections under paragraph (1) of this  
21 subsection does not apply:

22 (i) To license fees set by a county governing body or Baltimore City  
23 and paid to the chief financial officer of the county or Baltimore City as authorized under  
24 State law;

25 (ii) To fees that must be transferred to the General Fund under §  
26 4-217(c) of this article from the fees collected for each birth certificate issued or report  
27 issued that a search was made but the requested record is not on file; or

28 (iii) If the retention of collections would be inconsistent with  
29 established local practice.

30 (3) Each health officer for a county and the Baltimore City Commissioner  
31 of Health shall report annually to the Secretary on the use of collections retained under  
32 paragraph (1) of this subsection.

33 **(F) A HEALTH OFFICER FOR A COUNTY MAY SERVE ON THE BOARD OF A**  
34 **HOSPITAL IN THE STATE AS A REPRESENTATIVE OF A LOCAL HEALTH DEPARTMENT**

1 **ONLY IF THE HEALTH OFFICER DOES NOT ACCEPT PAYMENT FOR THE HEALTH**  
2 **OFFICER'S SERVICE ON THE BOARD.**

3 **[(f)] (G)** The Secretary may delegate duties, powers, and functions as provided  
4 in this article to a health officer for a county or other county official authorized to  
5 administer and enforce health and environmental laws.

6 13-5102.

7 There is a Commission on Public Health.

8 13-5103.

9 (a) The Commission consists of the following members:

10 (1) One member of the Senate of Maryland, appointed by the President of  
11 the Senate;

12 (2) One member of the House of Delegates, appointed by the Speaker of the  
13 House;

14 **(3) THE SECRETARY OF BUDGET AND MANAGEMENT, OR THE**  
15 **SECRETARY'S DESIGNEE;**

16 **(4) THE SECRETARY OF INFORMATION TECHNOLOGY, OR THE**  
17 **SECRETARY'S DESIGNEE;**

18 **[(3)] (5)** The Deputy Secretary for Public Health, or the Deputy  
19 Secretary's designee;

20 **[(4)] (6)** The Deputy Secretary for **[Behavioral Health] OPERATIONS**, or  
21 the Deputy Secretary's designee;

22 **[(5)]** The Director of the Office of Minority Health and Health Disparities, or  
23 the Director's designee; and]

24 **(7) THE CHIEF EXECUTIVE OFFICER OF THE CHESAPEAKE**  
25 **REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS (CRISP), OR THE CHIEF**  
26 **EXECUTIVE OFFICER'S DESIGNEE; AND**

27 **[(6)] (8)** The following members, appointed by the Governor:

28 (i) Three local health officers of whom:

29 1. One shall be from a rural jurisdiction;



- 1 (ii) Governance and organizational capabilities;
- 2 (iii) Workforce;
- 3 (iv) Data and information technology; and
- 4 (v) Communication and public engagement] **AT THE DISCRETION**  
 5 **OF THE COMMISSION.**

6 (2) [Each workgroup established under paragraph (1) of this subsection  
 7 shall include:

- 8 (i) Two members of the Commission; and
- 9 (ii) Members of the public with relevant experience in the subject  
 10 matter of the workgroup who may include:

- 11 1. Primary and specialty care practitioners;
- 12 2. Payors;
- 13 3. Consumer advocates;
- 14 4. Hospital executives;
- 15 5. Safety net health care providers;
- 16 6. Public health practitioners;
- 17 7. Community-based organizations; and

18 8. Faith-based organizations] **THE CHAIR OF THE**  
 19 **COMMISSION MAY APPOINT MEMBERS OF THE PUBLIC TO A WORKGROUP.**

20 [(3) The purpose of the workgroups established under paragraph (1) of this  
 21 subsection is to foster broad engagement and provide expertise for the purpose of informing  
 22 the work and recommendations of the Commission.]

23 (d) To the extent practicable and consistent with federal and State law, the  
 24 membership of the Commission and workgroups established under this section shall reflect  
 25 the racial, ethnic, and gender diversity of the State.

26 (e) **(1) [The] SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND**  
 27 **EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE Commission**  
 28 shall [be cochaired by:

1 (1) One member appointed under subsection (a)(6)(i) of this section,  
2 designated by the Governor;

3 (2) One member appointed under subsection (a)(6)(ii) of this section,  
4 designated by the Governor; and

5 (3) The member appointed under subsection (a)(6)(iii) of this section]  
6 **SELECT A CHAIR AND A VICE CHAIR FROM AMONG ITS MEMBERS.**

7 **(2) TO QUALIFY TO SERVE AS CHAIR OF THE COMMISSION, THE**  
8 **MEMBER MUST AGREE TO PROVIDE STAFF FOR THE COMMISSION ON SELECTION AS**  
9 **CHAIR.**

10 **(3) THE MEMBERS OF THE COMMISSION MAY NOT SELECT AS CHAIR**  
11 **A MEMBER LISTED IN SUBSECTION (A)(3), (4), (5), OR (6) OF THIS SECTION.**

12 (f) A member of the Commission:

13 (1) May not receive compensation as a member of the Commission; but

14 (2) Is entitled to reimbursement for expenses under the Standard State  
15 Travel Regulations, as provided in the State budget.

16 13-5104.

17 **(A) The [academic institutions represented by the cochairs] CHAIR of the**  
18 **Commission shall provide staff support for the Commission.**

19 **(B) IF THE CHAIR FAILS TO PROVIDE STAFFING FOR THE COMMISSION, THE**  
20 **MEMBERS SHALL SELECT A NEW CHAIR IN ACCORDANCE WITH § 13-5103(E) OF THIS**  
21 **SUBTITLE.**

22 13-5105.

23 **(A) The purpose of the Commission is to make recommendations to improve the**  
24 **delivery of foundational public health services in the State.**

25 **(B) THE COMMISSION SHALL PROVIDE ~~OVERSIGHT OVER~~ GUIDANCE FOR**  
26 **IMPLEMENTATION OF THE COMMISSION'S RECOMMENDATIONS.**

27 **(C) THE DEPARTMENT SHALL PROVIDE AN UPDATE REGARDING THE**  
28 **IMPLEMENTATION OF THE COMMISSION'S RECOMMENDATIONS TO THE**  
29 **COMMISSION EACH QUARTER.**

1 13-5106.

2 (a) The Commission shall assess the foundational public health capabilities of the  
3 Department and local health departments in the State.

4 (b) (1) In conducting the assessment required under subsection (a) of this  
5 section, the Commission shall:

6 (i) Explain the impact of the foundational public health capabilities  
7 on the State's ability to address foundational public health areas, including as the  
8 foundational public health areas relate to behavioral health;

9 (ii) Explain the impact of the foundational public health capabilities  
10 on the State's ability to respond to COVID-19, overdoses, maternal and infant mortality,  
11 and other major public health challenges as appropriate; and

12 (iii) Provide public outreach to hold at least three public meetings in  
13 different areas of the State that include an opportunity for public comment.

14 (2) In conducting the assessment required under subsection (a) of this  
15 section, the Commission may:

16 (i) Request deidentified and publicly available data from the  
17 Department, local health departments, and the State-designated health data utility; and

18 (ii) Request interviews with State and local health officials.

19 (c) (1) Based on the assessment conducted under subsection (a) of this section,  
20 the Commission shall make recommendations for reform in the following areas:

21 (i) Organization of State and local public health departments;

22 (ii) Information technology, information exchange, and data and  
23 analytics;

24 (iii) Workforce, including human resources and use of the [medical  
25 reserve corps for public health] **MARYLAND MEDICAL RESERVE CORPS ESTABLISHED**  
26 **UNDER TITLE 2, SUBTITLE 11 OF THIS ARTICLE;**

27 (iv) Procurement, including oversight of contractors;

28 (v) Funding;

29 (vi) Communication and public engagement; and

30 (vii) Any other area considered appropriate by the Commission.

1 (2) The recommendations made under paragraph (1) of this subsection  
2 shall include the funding or legislation required to implement the recommendation, if any.

3 (3) The Commission shall justify each recommendation made under  
4 paragraph (1) of this subsection based on how the recommendation contributes to the  
5 provision of foundational public health services.

6 (4) (i) The Commission shall make a draft of its recommendations  
7 available for public comment for 30 days.

8 (ii) The final report of the Commission shall include a response to  
9 any substantive public comment received on the draft recommendations.

10 (5) (i) The Commission shall use best efforts to reach consensus on its  
11 recommendations.

12 (ii) If the Commission cannot reach consensus on its  
13 recommendations, the Commission shall include the opportunity for dissenting comments  
14 in the Commission's final report.

15 13-5107.

16 [(a)] On or before [December 1, 2023] **JANUARY 1 EACH YEAR**, the Commission  
17 shall submit [an interim] **A report ON THE IMPLEMENTATION OF ITS**  
18 **RECOMMENDATIONS AND BARRIERS TO IMPLEMENTATION** to the Governor and, in  
19 accordance with § 2-1257 of the State Government Article, the Senate Budget and Taxation  
20 Committee, the Senate Finance Committee, the House Appropriations Committee, and the  
21 House Health [and Government Operations] Committee.

22 [(b)] On or before December 1, 2024, the Commission shall submit an interim  
23 report of its findings and recommendations to the Governor and, in accordance with §  
24 2-1257 of the State Government Article, the Senate Budget and Taxation Committee, the  
25 Senate Finance Committee, the House Appropriations Committee, and the House Health  
26 and Government Operations Committee.

27 (c) On or before October 1, 2025, the Commission shall submit a final report of its  
28 findings and recommendations to the Governor and, in accordance with § 2-1257 of the  
29 State Government Article, the Senate Budget and Taxation Committee, the Senate Finance  
30 Committee, the House Appropriations Committee, and the House Health and Government  
31 Operations Committee.]

32 ~~13-5602.~~

33 ~~(a) There is a Population Health Improvement Fund.~~

~~(f) (1) Subject to [paragraph] PARAGRAPHS (2) AND (3) of this subsection, the Fund may be used only for expenses associated with statewide population health improvement initiatives in alignment with the statewide health equity plan as directed by the Secretary.~~

~~(2) Activities paid for by the Fund must support the goal of meeting the statewide population health targets outlined in the AHEAD Model State Agreement with the Center for Medicare and Medicaid Services and have at least one of the following functions:~~

~~(i) Reducing rates of common preventable health conditions;~~

~~(ii) Addressing health-related social needs; or~~

~~(iii) Reducing or eliminating health disparities.~~

~~(3) THE DEPARTMENT AND THE HEALTH SERVICES COST REVIEW COMMISSION MAY TRANSFER MONEY FROM THE FUND TO THE PUBLIC HEALTH WORKFORCE DEVELOPMENT FUND ESTABLISHED UNDER § 24-2802 OF THIS ARTICLE.~~

~~SUBTITLE 28. PUBLIC HEALTH WORKFORCE DEVELOPMENT FUND.~~

~~24-2801.~~

~~IN THIS SUBTITLE, "FUND" MEANS THE PUBLIC HEALTH WORKFORCE DEVELOPMENT FUND.~~

~~24-2802.~~

~~(A) THERE IS A PUBLIC HEALTH WORKFORCE DEVELOPMENT FUND.~~

~~(B) THE PURPOSE OF THE FUND IS TO SUPPORT THE EDUCATION AND TRAINING OF THE PUBLIC HEALTH WORKFORCE.~~

~~(C) THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION SHALL ADMINISTER THE FUND.~~

~~(D) (1) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.~~

~~(2) THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY, AND THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.~~

1 ~~(E) THE FUND CONSISTS OF:~~

2 ~~(1) MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND;~~

3 ~~(2) INTEREST EARNINGS OF THE FUND;~~

4 ~~(3) ANY MONEY TRANSFERRED FROM THE POPULATION HEALTH~~  
5 ~~IMPROVEMENT FUND UNDER § 13-5602 OF THIS ARTICLE; AND~~

6 ~~(4) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR~~  
7 ~~THE BENEFIT OF THE FUND.~~

8 ~~(F) THE FUND MAY BE USED ONLY TO SUPPORT THE EDUCATION AND~~  
9 ~~TRAINING OF THE PUBLIC HEALTH WORKFORCE.~~

10 ~~(G) (1) THE STATE TREASURER SHALL INVEST THE MONEY OF THE FUND~~  
11 ~~IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.~~

12 ~~(2) ANY INTEREST EARNINGS OF THE FUND SHALL BE CREDITED TO~~  
13 ~~THE FUND.~~

14 ~~(H) EXPENDITURES FROM THE FUND MAY BE MADE ONLY IN ACCORDANCE~~  
15 ~~WITH THE STATE BUDGET.~~

16 ~~Article State Finance and Procurement~~

17 ~~6-226.~~

18 ~~(a) (2) (i) This paragraph does not apply in fiscal years 2024 through 2028.~~

19 ~~(ii) Notwithstanding any other provision of law, and unless~~  
20 ~~inconsistent with a federal law, grant agreement, or other federal requirement or with the~~  
21 ~~terms of a gift or settlement agreement, net interest on all State money allocated by the~~  
22 ~~State Treasurer under this section to special funds or accounts, and otherwise entitled to~~  
23 ~~receive interest earnings, as accounted for by the Comptroller, shall accrue to the General~~  
24 ~~Fund of the State.~~

25 ~~(iii) The provisions of subparagraph (ii) of this paragraph do not~~  
26 ~~apply to the following funds:~~

27 ~~212. the Department of Social and Economic Mobility Special~~  
28 ~~Fund; [and]~~

29 ~~213. the Population Health Improvement Fund; AND~~

~~214. THE PUBLIC HEALTH WORKFORCE DEVELOPMENT~~~~FUND.~~

## Article – State Government

**2–1505.3.**

**THE DEPARTMENT OF LEGISLATIVE SERVICES, IN CONSULTATION WITH THE LEGISLATIVE POLICY COMMITTEE, SHALL DEVELOP A PROCESS TO ASSESS THE HEALTH EQUITY IMPACTS OF RELEVANT LEGISLATION.**

21–203.

(a) (1) There is a Maryland Corps Program Advisory Board.

(2) The Advisory Board consists of the following members:

(i) a Board Chair, appointed by the Governor;

(ii) two members jointly appointed by the President of the Senate and the Speaker of the House:

1. one of whom must represent a service organization in the State; and

2. one of whom shall be:

A. a current participant in a public service program; or

B. a former participant in a public service program whose participation ended during the preceding 3 years;

(iii) one member appointed by the President of the Senate;

(iv) one member appointed by the Speaker of the House; and

(v) **[four] FIVE** members appointed by the Governor~~[.]~~:

1. one of whom shall be a representative from the Maryland State Service Commission; **AND**

2. **ONE OF WHOM SHALL BE A HEALTH OFFICER, AS DEFINED IN § 1–101 OF THE HEALTH – GENERAL ARTICLE.**

(b) In making appointments to the Advisory Board, the President, Speaker, and Governor shall consider:

1 (1) the professional or personal experience of the individual in community  
2 or other service, nonprofit management, civic engagement, or volunteerism;

3 (2) the cultural, geographic, racial, ethnic, and gender diversity of the  
4 State; and

5 (3) an individual's experience and knowledge in workforce development,  
6 including regional workforce needs, training, career development programming, and  
7 workforce investment boards.

8 **Chapter 385 of the Acts of 2023, as amended by Chapter 787 of the Acts of 2024**

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
10 1, 2023. It shall remain effective for a period of [3] 5 years and 1 month and, at the end of  
11 June 30, [2026] 2028, this Act, with no further action required by the General Assembly,  
12 shall be abrogated and of no further force and effect.

13 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General  
14 Assembly that the Maryland Medical Reserve Corps required to be organized under §  
15 2-1102 of the Health – General Article, as enacted by Section 1 of this Act, replace the  
16 Maryland Responds Health Reserve Corps.

17 SECTION 3. AND BE IT FURTHER ENACTED, That:

18 (a) (1) The Commission on Public Health, in consultation with the Maryland  
19 Department of Health and the Health Services Cost Review Commission, shall establish a  
20 community benefits modernization subcommittee.

21 (2) The subcommittee may include members and nonmembers of the  
22 Commission.

23 (3) To the extent practicable, the membership of the subcommittee shall  
24 reflect the racial, ethnic, and gender diversity of the State.

25 (b) The subcommittee shall:

26 (1) review federal and State requirements governing hospital community  
27 benefit activities, including community health needs assessments and implementation  
28 strategies, definitions of allowable activities, and reporting requirements;

29 (2) analyze a landscape assessment of other states' community benefit  
30 spending requirements and policies, including those related to the development of the  
31 community health needs assessment and how implementation plans are operationalized;

32 (3) evaluate the scope and impact of community benefit activities  
33 conducted by hospitals in the State, including the processes for local community health

1 needs assessment, implementation plan development and deployment, and trends in  
2 spending per allowable category;

3 (4) identify gaps that exist between community benefit investment and  
4 State and local health priority areas; and

5 (5) develop recommendations to:

6 (i) modernize the State's community benefit spending standards,  
7 policies, and reporting requirements while focusing on how to maximize community benefit  
8 investment to meet State health improvement priorities; and

9 (ii) ensure alignment of community benefit with State health  
10 improvement priorities, including statutory or regulatory changes, funding, and reporting  
11 requirements to modernize the community benefits in the State.

12 (c) The Chair of the Commission on Public Health shall provide staffing for the  
13 subcommittee.

14 (d) (1) On or before August 1, 2027, the subcommittee shall submit a report of  
15 its findings and recommendations to the Commission on Public Health.

16 (2) On or before September 1, 2027, the Commission on Public Health shall  
17 submit a report of the subcommittee's findings and recommendations to the Governor and,  
18 in accordance with § 2-1257 of the State Government Article, the Senate Budget and  
19 Taxation Committee, the Senate Finance Committee, the House Appropriations  
20 Committee, and the House Health Committee.

21 SECTION 4. AND BE IT FURTHER ENACTED, That the Maryland Department of  
22 Health shall convene a workgroup with representatives from the Department of Budget  
23 and Management and up to five representatives of local health officers to review local  
24 health department recruiting and classification processes and identify potential methods  
25 for increasing efficiencies related to the processes.

26 SECTION ~~3~~ 5. AND BE IT FURTHER ENACTED, That this Act shall take effect  
27 July 1, 2026. Section 3 of this Act shall remain effective for a period of 1 year and, at the  
28 end of June 30, 2027, Section 3 of this Act, with no further action required by the General  
29 Assembly, shall be abrogated and of no further force and effect.