

SENATE BILL 790

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By: Senator Lam (By Request – Commission on Public Health)

Introduced and read first time: February 6, 2026

Assigned to: Finance and Budget and Taxation

A BILL ENTITLED

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; altering the
12 membership, leadership selection process, and staffing of the Commission on Public
13 Health; requiring the Commission on Public Health to provide oversight over the
14 implementation of recommendations made by the Commission on Public Health; establishing
15 the Public Health Workforce Development Fund; requiring that interest
16 earnings of the Public Health Workforce Development Fund remain in the Public
17 Health Workforce Development Fund; authorizing the Maryland Department of
18 Health and the Health Services Cost Review Commission to transfer money from the
19 Population Health Improvement Fund to the Public Health Workforce Development
20 Fund; requiring the Department of Legislative Services to develop a process to assess
21 the health equity impacts of relevant legislation; altering the membership of the
22 Maryland Corps Program Advisory Board; and generally relating to public health.

23 BY repealing and reenacting, without amendments,

24 Article – Health – General

25 Section 1–101(a) and (e), 13–5102, and 13–5602(a)

26 Annotated Code of Maryland

27 (2023 Replacement Volume and 2025 Supplement)

28 BY adding to

29 Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 2–104.1; 2–1101 through 2–1103 to be under the new subtitle “Subtitle 11.
2 Maryland Medical Reserve Corps”; and 24–2801 and 24–2802 to be under the
3 new subtitle “Subtitle 28. Public Health Workforce Development Fund”
4 Annotated Code of Maryland
5 (2023 Replacement Volume and 2025 Supplement)

6 BY repealing and reenacting, with amendments,
7 Article – Health – General
8 Section 3–306, 13–5103 through 13–5106, and 13–5602(f)
9 Annotated Code of Maryland
10 (2023 Replacement Volume and 2025 Supplement)

11 BY repealing and reenacting, with amendments,
12 Article – Health – General
13 Section 13–5107
14 Annotated Code of Maryland
15 (2023 Replacement Volume and 2025 Supplement)
16 (As enacted by Chapter 787 of the Acts of the General Assembly of 2024)

17 BY repealing and reenacting, without amendments,
18 Article – State Finance and Procurement
19 Section 6–226(a)(2)(i) and (ii)
20 Annotated Code of Maryland
21 (2021 Replacement Volume and 2025 Supplement)

22 BY repealing and reenacting, with amendments,
23 Article – State Finance and Procurement
24 Section 6–226(a)(2)(iii)212. and 213.
25 Annotated Code of Maryland
26 (2021 Replacement Volume and 2025 Supplement)

27 BY adding to
28 Article – State Finance and Procurement
29 Section 6–226(a)(2)(iii)214.
30 Annotated Code of Maryland
31 (2021 Replacement Volume and 2025 Supplement)

32 BY adding to
33 Article – State Government
34 Section 2–1505.3
35 Annotated Code of Maryland
36 (2021 Replacement Volume and 2025 Supplement)

37 BY repealing and reenacting, with amendments,
38 Article – State Government
39 Section 21–203(a)
40 Annotated Code of Maryland

1 (2021 Replacement Volume and 2025 Supplement)

2 BY repealing and reenacting, without amendments,
3 Article – State Government
4 Section 21–203(b)
5 Annotated Code of Maryland
6 (2021 Replacement Volume and 2025 Supplement)

7 BY repealing and reenacting, with amendments,
8 Chapter 385 of the Acts of the General Assembly of 2023, as amended by Chapter
9 787 of the Acts of the General Assembly of 2024
10 Section 2

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

13 **Article – Health – General**

14 1–101.

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

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

18 **2–104.1.**

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

23 (B) **IF THE DEPARTMENT PROCURES A SYSTEM FOR COLLECTING AND**
24 **STORING ELECTRONIC HEALTH RECORDS, THE DEPARTMENT SHALL NOTIFY EACH**
25 **HEALTH OFFICER FOR A COUNTY AND OFFER THE COUNTY HEALTH DEPARTMENT**
26 **THE OPPORTUNITY TO JOIN THE PROCUREMENT.**

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

28 **2–1101.**

29 **IN THIS SUBTITLE, “CORPS” MEANS THE MARYLAND MEDICAL RESERVE**
30 **CORPS.**

31 **2–1102.**

1 **(A) THE DEPARTMENT SHALL ORGANIZE THE MARYLAND MEDICAL**
2 **RESERVE CORPS.**

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

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

10 **2-1103.**

11 **THE DEPARTMENT SHALL:**

12 **(1) MAINTAIN AN EFFICIENT AND MODERN ELECTRONIC**
13 **REGISTRATION SYSTEM TO REGISTER AND TRACK VOLUNTEERS FOR THE CORPS;**
14 **AND**

15 **(2) DESIGNATE A PUBLIC HEALTH EMERGENCY SURGE**
16 **COORDINATOR AMONG ITS STAFF TO COORDINATE AND PLAN IMPROVEMENTS TO**
17 **THE CORPS.**

18 **3-306.**

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

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

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

25 (2) (I) Except in Montgomery County, the health officer for a county
26 shall appoint the staff of the county health department.

27 (II) **IF A POSITION WITH A COUNTY HEALTH DEPARTMENT IS**
28 **FULLY FUNDED WITHOUT THE USE OF STATE FUNDING, THE HEALTH OFFICER FOR**
29 **THE COUNTY MAY APPOINT AN INDIVIDUAL TO THE POSITION WITHOUT APPROVAL**
30 **BY THE SECRETARY OR THE SECRETARY OF BUDGET AND MANAGEMENT.**

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

17 3. Includes provisions for enforcement.

21 (d) (1) Subject to the consent of the governing body of the county and the
22 written approval of the Secretary, a health officer for a county may enter into a contract or
23 any other written agreement to assist or participate in the delivery of health care services
24 with a person that is authorized to provide, finance, coordinate, facilitate, or otherwise
25 deliver health care services in the State.

33 (j) Fees authorized under this article:

(ii) Fees authorized under the Environment Article; and

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

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

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

16 (F) A HEALTH OFFICER FOR A COUNTY MAY SERVE ON THE BOARD OF A
17 HOSPITAL IN THE STATE ONLY IF THE HEALTH OFFICER DOES NOT ACCEPT
18 PAYMENT FOR THE HEALTH OFFICER'S SERVICE ON THE BOARD.

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

22 13-5102.

23 There is a Commission on Public Health

24 13=5103

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

26 (1) One member of the Senate of Maryland, appointed by the President of
27 the Senate:

28 (2) One member of the House of Delegates, appointed by the Speaker of the
29 House:

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

[5] The Director of the Office of Minority Health and Health Disparities, or
the Director's designee; and]

9 (7) THE CHIEF EXECUTIVE OFFICER OF THE CHESAPEAKE
10 REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS (CRISP), OR THE CHIEF
11 EXECUTIVE OFFICER'S DESIGNEE; AND

13 (i) Three local health officers of whom:

14 1. One shall be from a rural jurisdiction;

17 (ii) Two representatives from State academic institutions with
18 expertise in public health systems; AND

(iii) A faculty member from a public health program at a historically Black college or university[; and].

24 1. Health equity;

25 2. Information technology;

1 [(b) In performing the duties of the Commission, the Commission shall consult
2 with, as appropriate and necessary:

- 3 (1) The Maryland Health Care Commission;
- 4 (2) The Health Services Cost Review Commission;
- 5 (3) The Maryland Community Health Resources Commission;
- 6 (4) The Department of Budget and Management;
- 7 (5) The Department of General Services;
- 8 (6) The Maryland Department of Disabilities;
- 9 (7) The State—designated health data utility; and
- 10 (8) Any other State agency as appropriate.]

11 (c) (1) The Commission [shall] **MAY** establish [the following] workgroups[:

- 12 (i) Funding;
- 13 (ii) Governance and organizational capabilities;
- 14 (iii) Workforce;
- 15 (iv) Data and information technology; and
- 16 (v) Communication and public engagement] **AT THE DISCRETION**

17 **OF THE COMMISSION.**

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

- 20 (i) Two members of the Commission; and
- 21 (ii) Members of the public with relevant experience in the subject
22 matter of the workgroup who may include:
 - 23 1. Primary and specialty care practitioners;
 - 24 2. Payors;
 - 25 3. Consumer advocates;

4. Hospital executives;
5. Safety net health care providers;
6. Public health practitioners;
7. Community-based organizations; and
8. Faith-based organizations]

**THE CHAIR OF THE
POINT MEMBERS OF THE PUBLIC TO A WORKGROUP.**

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

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

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

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

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

20 (3) The member appointed under subsection (a)(6)(iii) of this section] 21 **SELECT A CHAIR AND A VICE CHAIR FROM AMONG ITS MEMBERS.**

27 (f) A member of the Commission:

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

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

1 13–5104.

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

4 **(B) IF THE CHAIR FAILS TO PROVIDE STAFFING FOR THE COMMISSION, THE**
5 **MEMBERS SHALL SELECT A NEW CHAIR IN ACCORDANCE WITH § 13–5103(E) OF THIS**
6 **SUBTITLE.**

7 13–5105.

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

10 **(B) THE COMMISSION SHALL PROVIDE OVERSIGHT OVER**
11 **IMPLEMENTATION OF THE COMMISSION'S RECOMMENDATIONS.**

12 **(C) THE DEPARTMENT SHALL PROVIDE AN UPDATE REGARDING THE**
13 **IMPLEMENTATION OF THE COMMISSION'S RECOMMENDATIONS TO THE**
14 **COMMISSION EACH QUARTER.**

15 13–5106.

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

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

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

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

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

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

30 (i) Request deidentified and publicly available data from the
31 Department, local health departments, and the State–designated health data utility; and

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

Based on the assessment conducted under subsection (a) of this section, all make recommendations for reform in the following areas:

- (i) Organization of State and local public health departments;
- (ii) Information technology, information exchange, and data and
- (iii) Workforce, including human resources and use of the [medical public health] **MARYLAND MEDICAL RESERVE CORPS ESTABLISHED**
SUBTITLE 11 OF THIS ARTICLE;
- (iv) Procurement, including oversight of contractors;
- (v) Funding;
- (vi) Communication and public engagement; and
- (vii) Any other area considered appropriate by the Commission.

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

The Commission shall justify each recommendation made under this subsection based on how the recommendation contributes to the national public health services.

- (i) The Commission shall make a draft of its recommendations available for public comment for 30 days.
- (ii) The final report of the Commission shall include a response to public comment received on the draft recommendations.
- (i) The Commission shall use best efforts to reach consensus on its recommendations.
- (ii) If the Commission cannot reach consensus on its recommendations, the Commission shall include the opportunity for dissenting comments in its final report.

28 13-5107.

29 [(a)] On or before [December 1, 2023] **JANUARY 1 EACH YEAR**, the Commission
30 shall submit [an interim] A report **ON THE IMPLEMENTATION OF ITS**

1 **RECOMMENDATIONS AND BARRIERS TO IMPLEMENTATION** to the Governor and, in
2 accordance with § 2–1257 of the State Government Article, the Senate Budget and Taxation
3 Committee, the Senate Finance Committee, the House Appropriations Committee, and the
4 House Health [and Government Operations] Committee.

5 [(b) On or before December 1, 2024, the Commission shall submit an interim
6 report of its findings and recommendations to the Governor and, in accordance with §
7 2-1257 of the State Government Article, the Senate Budget and Taxation Committee, the
8 Senate Finance Committee, the House Appropriations Committee, and the House Health
9 and Government Operations Committee.

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

15 13-5602.

16 (a) There is a Population Health Improvement Fund.

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

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

27 (iii) Reducing or eliminating health disparities.

32 SUBTITLE 28. PUBLIC HEALTH WORKFORCE DEVELOPMENT FUND.

33 24-2801.

1 IN THIS SUBTITLE, “FUND” MEANS THE PUBLIC HEALTH WORKFORCE
2 DEVELOPMENT FUND.

3 24-2802.

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

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

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

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

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

13 (E) THE FUND CONSISTS OF:

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

15 (2) INTEREST EARNINGS OF THE FUND;

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

18 (4) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR
19 THE BENEFIT OF THE FUND.

20 (F) THE FUND MAY BE USED ONLY TO SUPPORT THE EDUCATION AND
21 TRAINING OF THE PUBLIC HEALTH WORKFORCE.

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

24 (2) ANY INTEREST EARNINGS OF THE FUND SHALL BE CREDITED TO
25 THE FUND.

26 (H) EXPENDITURES FROM THE FUND MAY BE MADE ONLY IN ACCORDANCE
27 WITH THE STATE BUDGET.

Article – State Finance and Procurement

2 6-226.

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

10 (iii) The provisions of subparagraph (ii) of this paragraph do not
11 apply to the following funds:

14 213. the Population Health Improvement Fund; AND

Article – State Government

18 2-1505.3.

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

22 21-203.

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

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

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

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

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

1 2. one of whom shall be:

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

3 B. a former participant in a public service program whose

4 participation ended during the preceding 3 years;

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

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

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

8 1. one of whom shall be a representative from the Maryland

9 State Service Commission; AND

10 **2. ONE OF WHOM SHALL BE A HEALTH OFFICER, AS**

11 **DEFINED IN § 1-101 OF THE HEALTH – GENERAL ARTICLE.**

12 (b) In making appointments to the Advisory Board, the President, Speaker, and

13 Governor shall consider:

14 (1) the professional or personal experience of the individual in community

15 or other service, nonprofit management, civic engagement, or volunteerism;

16 (2) the cultural, geographic, racial, ethnic, and gender diversity of the

17 State; and

18 (3) an individual's experience and knowledge in workforce development,

19 including regional workforce needs, training, career development programming, and

20 workforce investment boards.

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

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June

23 1, 2023. It shall remain effective for a period of [3] **5** years and 1 month and, at the end of

24 June 30, **[2026] 2028**, this Act, with no further action required by the General Assembly,

25 shall be abrogated and of no further force and effect.

26 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General

27 Assembly that the Maryland Medical Reserve Corps required to be organized under §

28 2-1102 of the Health – General Article, as enacted by Section 1 of this Act, replace the

29 Maryland Responds Health Reserve Corps.

30 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July

31 1, 2026.