

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;
15 establishing 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.



Section 2–104.1; 2–1101 through 2–1103 to be under the new subtitle “Subtitle 11. Maryland Medical Reserve Corps”; and 24–2801 and 24–2802 to be under the new subtitle “Subtitle 28. Public Health Workforce Development Fund”

Annotated Code of Maryland
(2023 Replacement Volume and 2025 Supplement)

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

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

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

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

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

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

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

(2021 Replacement Volume and 2025 Supplement)

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

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

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

Article – Health – General

1–101.

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

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

2–104.1.

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

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

SUBTITLE 11. MARYLAND MEDICAL RESERVE CORPS.

2–1101.

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

2–1102.

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

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

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

2-1103.

THE DEPARTMENT SHALL:

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

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

3-306.

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

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

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

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

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

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

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

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

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

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

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

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

3. Includes provisions for enforcement.

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

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

(2) IF THE SECRETARY DOES NOT RESPOND TO A REQUEST FOR WRITTEN APPROVAL WITHIN 7 DAYS AFTER RECEIVING THE REQUEST, THE HEALTH OFFICER FOR THE COUNTY MAY ENTER THE CONTRACT OR WRITTEN AGREEMENT.

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

(i) Fees authorized under this article;

(ii) Fees authorized under the Environment Article; and

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

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

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

(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

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

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

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

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

13-5102.

There is a Commission on Public Health.

13-5103.

(a) The Commission consists of the following members:

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

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

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

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

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

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

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

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

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

(i) Three local health officers of whom:

1. One shall be from a rural jurisdiction;
2. One shall be from a suburban jurisdiction; and
3. One shall be from an urban jurisdiction;

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

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

[(iv)] (B) [At least three but not more than five] **THE GOVERNOR MAY APPOINT NOT MORE THAN TWO** members of the public with [demonstrated interest] **EXPERIENCE** in public health [and experience in at least one of the following areas:

1. Health equity;
2. Information technology;
3. Workforce; and
4. Population health]

AS ADDITIONAL MEMBERS OF THE COMMISSION.

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;

1 4. Hospital executives;

2 5. Safety net health care providers;

3 6. Public health practitioners;

4 7. Community-based organizations; and

5 8. Faith-based organizations] **THE CHAIR OF THE**

6 **COMMISSION MAY APPOINT 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.**

22 **(2) TO QUALIFY TO SERVE AS CHAIR OF THE COMMISSION, THE**
23 **MEMBER MUST AGREE TO PROVIDE STAFF FOR THE COMMISSION ON SELECTION AS**
24 **CHAIR.**

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

27 (f) A member of the Commission:

28 (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.

(c) (1) Based on the assessment conducted under subsection (a) of this section, the Commission shall 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 analytics;

(iii) Workforce, including human resources and use of the [medical reserve corps for public health] **MARYLAND MEDICAL RESERVE CORPS ESTABLISHED UNDER TITLE 2, 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.

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

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

(4) (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 any substantive public comment received on the draft recommendations.

(5) (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 the Commission's final report.

13-5107.

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

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

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

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

13–5602.

(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.

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

6–226.

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

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

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

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

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

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

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

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

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

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

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2026.