

SB0790 - Public Health Reform Act MLC Testimony.pdf

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0790 – Public Health Reform Act – FAVORABLE

Bill Sponsor: Senator Lam

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Jessica Gorski, Executive Committee

Position: FAVORABLE

Chair, Vice Chair, and Members of the Committee,

My name is Jessica Gorski, and I am submitting this testimony in strong support of SB0790 on behalf of the Maryland Legislative Coalition. Our coalition represents more than 30,000 Marylanders across every legislative district, united by a commitment to ensuring that state policy protects people’s health, stability, and well-being. We believe the government has a responsibility to act proactively—especially when the health of our communities is at stake.

SB0790 does exactly that.

This bill implements essential structural reforms to strengthen Maryland’s public health system. It directs the Maryland Department of Health to organize the Maryland Medical Reserve Corps, modernizes the membership and leadership structure of the Commission on Public Health, and ensures that the Commission provides oversight of the implementation of its own recommendations. SB0790 also establishes the Public Health Workforce Development Fund and requires the Department of Legislative Services to develop a process for assessing the health equity impacts of relevant legislation. Together, these reforms create a more coordinated, accountable, and equity-focused public health infrastructure.

These improvements are not theoretical. They are urgently needed.

Maryland’s public health system continues to face workforce shortages, fragmented coordination, and longstanding inequities that disproportionately affect low-income communities and communities of color. Without the reforms in SB0790:

- The Medical Reserve Corps may remain -organized and underutilized during emergencies
- The Commission on Public Health may lack the structure needed to drive meaningful, sustained improvements
- Workforce shortages could worsen without dedicated investment
- Health equity considerations may be inconsistently applied across legislation
- Maryland could miss opportunities to strengthen preparedness, prevention, and community-level health outcomes

SB0790 addresses these systemic gaps by building a stronger, more resilient public health foundation. It ensures that Maryland is better prepared for emergencies, more capable of addressing health disparities, and more intentional in evaluating the equity impacts of policy decisions.

This legislation aligns squarely with the mission of the Maryland Legislative Coalition. It strengthens public health capacity, advances equity, improves statewide coordination, and ensures that Maryland's systems are equipped to protect the health and dignity of every resident.

No community should be left vulnerable because our public health infrastructure lacks the tools, structure, or workforce it needs. SB0790 helps ensure that doesn't happen.

Thank you for your time and consideration. **We respectfully urge a FAVORABLE report on SB0790.**

SB0790_FAV_MedChi_Public Health Reform Act.pdf

Uploaded by: Drew Vetter

Position: FAV



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Senate Finance Committee
March 10, 2026
Senate Bill 790 – *Public Health Reform Act*
POSITION: SUPPORT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 790.

This is a comprehensive bill that largely builds upon and continues the work and recommendations of the Maryland Commission on Public Health (COPH), which issued its final report in September 2025. There are a number of important components of the bill, including the building of a statewide volunteer public health corps; expanding local health authority; streamlining decision-making; updating COPH's structure and oversight role; creating dedicated funding and planning tools for strengthening Maryland's public health workforce; and requiring future laws to consider their impact on health equity.

MedChi supported the establishment of the COPH and participated in its work, including providing feedback and recommendations for inclusion in the final report. This bill helps ensure the recommendations of the COPH are implemented rather than become a report that sits on the shelf. Of particular interest to MedChi is ensuring that information is shared effectively across the State's health care spectrum. COPH's report and bill take strides toward ensuring that health records can be shared among the health care system and local health departments, which helps coordinate care and achieve better outcomes. To that end, we were pleased to learn that a representative of the Chesapeake Regional Information System (CRISP) will be included in the COPH's working group going forward.

The COPH report included several recommendations emphasizing the importance of using CRISP to coordinate information across the health care system. The report highlights the importance of CRISP as Maryland's centralized health information exchange. It emphasizes the need to augment CRISP to ensure it serves as the primary statewide repository for structured data from multiple secure, approved sources, including healthcare providers, health departments, social service providers, and other relevant entities. Overall, the report underscores CRISP's role in improving data sharing, accessibility, and interoperability to enhance public health planning, decision-making, and service delivery across Maryland.

Continuing the work of the COPH through this bill will help to ensure these recommendations, and many others contained in the report, are put into action. We request a favorable report on Senate Bill 790.

For more information call:

Andrew G. Vetter
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

Health Care for the Homeless - SB 790 FAV - Public

Uploaded by: Joanna Diamond

Position: FAV



HEALTH CARE FOR THE HOMELESS TESTIMONY
FAVORABLE

SB 790 – Public Health Reform Act

Senate Finance Committee
Senate Budget and Taxation Committee
March 10, 2026

Health Care for the Homeless strongly supports SB 790, Public Health Reform Act. This bill would, among other things:

- Direct the Department of Health to organize the Maryland Medicaid Reserve Corps, which would be a volunteer network of clinical and nonclinical personnel to assist emergency systems during crises that strain the health care system, including public health emergencies, disease outbreaks, and natural disasters;
- Create a workforce development fund, including a dedicated entity, the Maryland Community Health Resources Commission, to administer the fund; and
- Direct the Department of Legislative Services to develop a process to assess the health equity impacts of relevant legislation.

Life on the street is brutal. The lack of secure and stable shelter, food, income, hygiene and physical and behavioral health care makes it nearly impossible to be healthy, even without a public health emergency. As a Federally Qualified Health Center serving over 11,000 of Maryland’s most vulnerable individuals each year, we know the disproportionate impact that public health emergencies have on our clients.

Homelessness creates new health problems and exacerbates existing ones

Where someone with stable housing could easily manage a condition like diabetes, trying to manage diabetes in a shelters or on the street is virtually impossible – with no place to store their insulin and syringes, no consistent way to eat healthy when you don’t know where or when you’ll get your next meal, an otherwise manageable disease becomes unmanageable and sometimes fatal.

Unsurprisingly, individuals experiencing homelessness disproportionately exhibit the risk factors for hypertension: race, smoking, obesity, lack of exercise and lack of access to healthy food options. Living with a chronic disease or illness that requires a strict regimen to manage, such as the treatment of HIV/AIDS or Hepatitis C, it is difficult to stick to complex medicine regimens without access to stable housing, clean water, bathrooms, refrigeration and food. Children experiencing homelessness have a high rate of asthma and related respiratory challenges, which interfere with schooling and other important life and developmental events.

Those of us without stable housing are:

- 3-4x more likely to die prematurely

- 2x as likely to have a heart attack or stroke
- 3x more likely to die of heart disease if they are between 25 and 44 years old

The life expectancy of a person experiencing homelessness is just 48 years. Plainly, if you're sick, homelessness makes you sicker.

Public health crises disproportionately impact people experiencing homelessness

The inability to stay healthy or manage health conditions is most evident during a public health crisis or emergency. We learned very quickly during COVID that our health systems are not equipped to address the level of need for our State and the people most likely underserved are those with the highest reliance on our social safety net systems. Our clinical teams quickly developed robust policies and procedures to address the needs of our clients during COVID and develop shelter spaces that could help keep them safe.

As Health Care for the Homeless Chief Medical Officer, Laura Garcia, CRNP describes, “many of the families we serve are in crisis. Children often lack access to consistent, nutritious food, increasing their vulnerability to illness and its complications. Parents frequently have no reliable support systems to care for their children should illness occur, and access to consistent, reliable health insurance coverage is often uncertain.”

A strong public health system plays a critical role in safeguarding our most vulnerable patients, particularly those who, due to social or economic barriers, have at times struggled to remain up to date with their [existing health regimens. The inadequate resources to care for Maryland’s most vulnerable residents is not only a tragedy for individual patients and families; in the words of CMO Laura Garcia, “it represents a failure of our health care system as a whole.”

When our systems are most taxed, such as during a public health crisis, the Public Health Reform Act would bring must-needed additional resources to help safeguard the health of communities that are already at disproportionate risk. We urge a favorable report.

Health Care for the Homeless is Maryland’s leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at sites in Baltimore City and Baltimore County.

Our Vision: Everyone is healthy and has a safe home in a just and respectful community.

Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

For more information, visit www.hchmd.org.

SB790_Written_Support_MdPHA.3.10.26.pdf

Uploaded by: Oluwatosin Olateju

Position: FAV



Mission: To improve public health in Maryland through education and advocacy ***Vision:*** Healthy Marylanders living in Healthy Communities

WRITTEN TESTIMONY IN SUPPORT OF SENATE BILL 790

Public Health Reform Act

Committee: Finance; Budget and Taxation

By: Maryland Public Health Association (MdpHA)

Hearing Date: March 10, 2026

Dear Chair Beidle, Vice-Chair Hayes, and Members of the Senate Finance and Budget & Taxation Committee, thank you for this opportunity to testify in favor of **Senate Bill 790 - the Public Health Reform Act**. This legislation takes important steps to strengthen Maryland's public health infrastructure, workforce, and preparedness for future health challenges.

SB 790 would modernize the state's public health system by strengthening coordination between the Maryland Department of Health and local health departments, supporting the organization of the Maryland Medical Reserve Corps, and establishing a Public Health Workforce Development Fund to help recruit, train, and retain public health professionals.

The bill also enhances governance and oversight by updating the structure of the Commission on Public Health and requiring continued oversight of the implementation of its recommendations. In addition, it directs the Department of Legislative Services to develop a process to assess the health equity impacts of legislation, helping policymakers better understand how laws may affect different communities across the state.

Alignment of the Commission on Public Health's October 2025 Recommendations to this bill:

a) Public Health Workforce Development

The Commission recommends developing a statewide public health workforce training strategy to strengthen recruitment, retention, and capacity (Maryland Commission on Public Health Final Report, **p. 136**).¹ This supports SB 790's creation of a Public Health Workforce Development Fund to strengthen Maryland's public health workforce and ensure long-term system sustainability.

b) Strengthening Emergency Response Capacity

The Commission recommends strengthening the Health Reserve Corps through grants to support emergency preparedness and response readiness (Final Report, **p. 136-137**).¹ This aligns with SB 790's provisions supporting organization and expansion of the Maryland Medical Reserve Corps.

c) Support for Local Health Departments

The Commission recommends establishing a Bureau of Local Health Department Assistance and

¹ https://health.maryland.gov/coph/Documents/2025-10-01_MDCoPH_Final_Report_v0.pdf

Support to improve coordination and operations (Final Report, p. 126, 134).¹ This supports SB 790's goal of strengthening collaboration between state and local public health systems.

These reforms are especially important as states work to rebuild and strengthen public health capacity following the COVID-19 pandemic. Ensuring that Maryland has a well-trained workforce, improved coordination with local health departments, and stronger systems for evaluating health equity will help the state respond more effectively to future public health threats and improve the health of all residents.

The Public Health Reform Act represents a thoughtful, forward-looking investment in Maryland's public health system. By strengthening the workforce, improving coordination, and promoting equity in policymaking, this legislation will help ensure that Maryland's public health infrastructure remains resilient and responsive.

For these reasons, the Maryland Public Health Association respectfully urges the Committees to give SB 790 a favorable report.

Thank you for your consideration.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

Maryland Public Health Association (MdPHA)
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Testimony in support of SB0790 - Public Health Ref

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0790_RichardKaplowitz_FAV
03/10/2026

Richard Keith Kaplowitz
Frederick, MD 21703-7134

**TESTIMONY ON SB#0790 - POSITION: FAVORABLE
Public Health Reform Act**

TO: Chair Beidle, Vice Chair Hayes and members of the Finance Committee
FROM: Richard Keith Kaplowitz

My name is Richard Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of/ SB#/0790, Public Health Reform Act

The intent of this bill is to organize the Maryland Medical Reserve Corps. 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. 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.

Maryland must take this action because the Federal Emergency Management Agency is no longer dependable in emergency situations in Maryland. Maryland Attorney General Brown took the Federal Government to court and *Secure[d a] Court Victory Preventing Trump Administration from Unlawfully Cutting Billions in Disaster Preparedness Funding*¹

Attorney General Anthony G. Brown and a coalition of 21 states won [their lawsuit](#) against the Trump administration over its unlawful attempt to shut down the Federal Emergency Management Agency's (FEMA) bipartisan Building Resilient Infrastructure and Communities (BRIC) program, designed to protect communities from natural disasters before they strike.

Creation of the Maryland Medical Reserve Corps will provide resources to replace Federal Government abandonment of its responsibilities for the nation and states safety.

The bill will Requiring the Maryland Department of Health to organize the Maryland Medical Reserve Corps; altering the membership, leadership selection process, and staffing of the Commission on Public Health; requiring the Commission to provide oversight over the implementation of recommendations made by the Commission; establishing the Public Health Workforce Development Fund; requiring the Department of Legislative Services to develop a process to assess the health equity impacts of relevant legislation; etc.

I respectfully urge this committee to return a favorable report on SB0790.

¹ <https://oag.maryland.gov/News/Pages/Attorney-General-Brown-Secures-Court-Victory-Preventing-Trump-Administration-from-Unlawfully-Cutting-Billions-in-Disaster-Preparedness-Funding>
P.aspx#:~:text=That%20decision%20left%20important%20infrastructure,of%20the%20Commonwealth%20of%20Pennsylvania.

SB 790 - FIN - MACHO - LOS.doc (1).pdf

Uploaded by: State of Maryland (MD)

Position: FAV



**SB 790 – PUBLIC HEALTH REFORM ACT
WRITTEN TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE**

Tonii Gedin, DNP, RN, MACHO President, Anne Arundel County Health Officer
For the Maryland Association of County Health Officers (MACHO)
Position: Support – March 10, 2026

On behalf of the Maryland Association of County Health Officers (MACHO), the professional association of the chief executives of the state’s 24 local public health departments (LHDs), and as MACHO President, I provide our strong support of SB 790.

MACHO and each Local Health Officer (LHO) and LHD in Maryland have been deeply invested in the planning, workgroups, assessment, and recommendation development activities of the Commission on Public Health (CoPH) since the creation of the CoPH in 2023. MACHO appreciates that our public health champions in the General Assembly have introduced this legislation. The bill is an important first step to ensure that the Final Report submitted in 2025 is ultimately fully realized to create sustainable improvements to public health systems that benefit everyone who lives, learns, and works in Maryland. The bill’s components are recommendations directly from the Commission’s Final Report.

SB 790 would help ensure several key things important to LHDs:

Electronic health record for Maryland’s public health system:

The proposed bill provides the opportunity for LHDs to provide input on a statewide EHR system that could facilitate improved data collection and analysis, improved interoperability, and enhanced coordination with other statewide entities.

Strengthening Maryland’s public health workforce:

Creating a Public Health Workforce Development Fund and streamlining the hiring process by allowing LHOs to directly appoint positions that are not funded through the state, reduces delays, and ensures that LHDs are able to quickly move through the recruitment process and hire competitive candidates for key positions in their agencies.

Improving healthcare system collaboration and coordination:

The bill would permit LHOs to serve on hospital boards, which will enhance implementation of the state’s AHEAD model and strengthen Maryland’s healthcare system overall.

For these reasons, the Maryland Association of County Health Officers submits this Support testimony for SB 790. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

SB 790 - Public Hlth Reform Act - SEN FIN 3-10-26

Uploaded by: Tonii Gedin

Position: FAV



**SB 790 – PUBLIC HEALTH REFORM ACT
WRITTEN TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE**

***Tonii Gedin, DNP, RN, MACHO President, Anne Arundel County Health Officer
For the Maryland Association of County Health Officers (MACHO)
Position: Support – March 10, 2026***

On behalf of the Maryland Association of County Health Officers (MACHO), the professional association of the chief executives of the state's 24 local public health departments (LHDs), and as MACHO President, I provide our strong support of SB 790.

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SB 790 would help ensure several key things important to LHDs:

- **Electronic health record for Maryland's public health system:**
The proposed bill provides the opportunity for LHDs to provide input on a statewide EHR system that could facilitate improved data collection and analysis, improved interoperability, and enhanced coordination with other statewide entities.
- **Strengthening Maryland's public health workforce:**
Creating a Public Health Workforce Development Fund and streamlining the hiring process by allowing LHOs to directly appoint positions that are not funded through the state, reduces delays, and ensures that LHDs are able to quickly move through the recruitment process and hire competitive candidates for key positions in their agencies.
- **Improving healthcare system collaboration and coordination:**
The bill would permit LHOs to serve on hospital boards, which will enhance implementation of the state's AHEAD model and strengthen Maryland's healthcare system overall.

For these reasons, the Maryland Association of County Health Officers submits this Support testimony for SB 790. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaioral@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

SB 790 - FWA - MDEM.docx.pdf

Uploaded by: Anna Sierra

Position: FWA



 mdem.maryland.gov

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Governor | Wes Moore Lt. Governor | Aruna Miller Secretary | Russell J. Strickland

FAVORABLE WITH AMENDMENTS
SB 790 - Public Health Reform Act
Finance Committee

Maryland Department of Emergency Management
Hearing Date: 10 MAR 2026

The Maryland Department of Emergency Management (MDEM) writes **in favor with amendment** on SB 790 - Public Health Reform Act.

SB 790 would codify the Maryland Medical Reserve Corps with the purpose of providing a statewide volunteer network for use in crises which strain the health care system or public health system, including public health emergencies, disease outbreaks, and natural disasters.

The Department of Emergency Management has the primary responsibility and authority for developing emergency management policies and is responsible for coordinating disaster risk reduction, consequence management, and disaster recovery activities for all hazards, including public health emergencies. We support the codification of the Maryland Medical Reserve Corps as it is an important organizing mechanism of volunteers with specific emphasis on healthcare settings.

The Department also agrees that a coordinated approach to volunteer management, particularly in times of multi-jurisdictional impacts. The Department, in coordination with the Department of Health, offers a minor amendment to clarify that procedures related to the use of the system are aligned and consistent with the State's overall approach to consequence management operations. Our aim is to ensure that the Maryland Medical Reserve Corps remains an effective, coordinated system that is embedded with both local and State consequence management policies and operations. MDEM's amendment proposal is included in Attachment A.

In conclusion, MDEM urges a favorable report inclusive of our amendment for **SB 790 - Public Health Reform Act**. If you have any questions, please contact Anna Sierra, MDEM legislative liaison: anna.sierra1@maryland.gov.

Attachment A: Proposed Language, Amended

Page 3

27 SUBTITLE 11. MARYLAND MEDICAL RESERVE CORPS.

29 2-1101.

30 IN THIS SUBTITLE, "CORPS" MEANS THE MARYLAND MEDICAL RESERVE

31 CORPS.

Page 4

1 2-1102.

2 (A) THE DEPARTMENT SHALL ORGANIZE THE MARYLAND MEDICAL

3 RESERVE CORPS.

4 (B) THE PURPOSE OF THE CORPS IS TO PROVIDE A STATEWIDE VOLUNTEER

5 NETWORK INTEGRATED INTO COMMUNITY EMERGENCY SYSTEMS TO FACILITATE A

6 COORDINATED APPROACH TO VOLUNTEER MANAGEMENT.

7 (C) THE CORPS SHALL INCLUDE CLINICAL AND NONCLINICAL PERSONNEL

8 CAPABLE OF ASSISTING DURING CRISES THAT STRAIN THE HEALTH CARE SYSTEM

9 OR PUBLIC HEALTH SYSTEM, INCLUDING PUBLIC HEALTH EMERGENCIES, DISEASE

10 OUTBREAKS, AND NATURAL DISASTERS.

11 2-1103.

12 THE DEPARTMENT SHALL:

13 (1) MAINTAIN AN EFFICIENT AND MODERN ELECTRONIC

14 REGISTRATION SYSTEM TO REGISTER AND TRACK VOLUNTEERS FOR THE CORPS;

~~15 AND~~

16 (2) DESIGNATE A PUBLIC HEALTH EMERGENCY SURGE

17 COORDINATOR AMONG ITS STAFF TO COORDINATE AND PLAN IMPROVEMENTS TO

18 THE CORPS; AND

19 **(3) IN COORDINATION WITH THE DEPARTMENT OF EMERGENCY MANAGEMENT, ALIGN PROCEDURES FOR USE OF THE CORPS WHICH ARE CONSISTENT WITH THE STATE CONSEQUENCE MANAGEMENT OPERATIONS PLAN, INCLUDING BUT NOT LIMITED TO STATE EMERGENCY RESOURCE REQUEST AND MANAGEMENT PROCESSES**

SB0790-FIN_MACo_SWA.pdf

Uploaded by: Karrington Anderson

Position: FWA



Senate Bill 790

Public Health Reform Act

MACo Position: **SUPPORT**
WITH AMENDMENTS

To: Finance and Budget & Taxation Committees

Date: March 10, 2026

From: Karrington Anderson

The Maryland Association of Counties (MACo) **SUPPORTS SB 790 WITH AMENDMENTS**. This bill advances key recommendations from the Commission on Public Health's final report and continues the efforts to strengthen Maryland's public health infrastructure.

SB 790 includes several operational improvements that will meaningfully support local health departments (LHDs) and local operations. Providing local health officers with flexibility to appoint individuals to fully funded local positions without State approval removes unnecessary administrative barriers and allows counties to respond more quickly to urgent community needs. Similarly, authorizing a health officer to proceed with a contract if the Secretary does not respond within seven days ensures timely program implementation while preserving State oversight. These changes will help reduce delays that can hinder service delivery.

The bill's creation of a Public Health Workforce Development Fund is another critical step forward. Supporting education and training for the public health workforce will strengthen recruitment and retention efforts and help ensure Maryland is prepared for future public health challenges. In addition, provisions requiring the Department to notify and offer counties the opportunity to participate in electronic health record procurements will promote better coordination, interoperability, and operational efficiency across jurisdictions.

Counties support continuation of the Commission's oversight role in monitoring implementation of its recommendations. The bill requires the Maryland Department of Health to provide quarterly updates to the Commission. Because implementation of the recommendations is shared among the Department, local health departments, and other partners, counties recommend clarifying that local health departments have a defined role in contributing to those updates. Providing a clear pathway for local input will ensure the Commission receives comprehensive, statewide information to inform its reports to the General Assembly and the public and to accurately reflect progress across all implementing entities. For these reasons, MACo respectfully requests a **FAVORABLE WITH AMENDMENTS** report on SB 790 (*MACo's suggested amendments are on the next page*).

MACo Amendments on SB 790

- On page 10, in line 14, after "QUARTER" insert "**IN CONSULTATION WITH LOCAL HEALTH DEPARTMENTS AND ANY OTHER ENTITIES RESPONSIBLE FOR IMPLEMENTING THE COMMISSION'S RECOMMENDATIONS.**"

SB 790 - FIN-MDH - LOSWA.docx (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 10, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller, Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 790 – Public Health Reform Act – Letter of Support with Amendments

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 790 - Public Health Reform Act. SB 790 would extend the Commission on Public Health through June 2028 and make changes to Commission membership, as well as amend state processes related to local health department hiring, procurements, and other written agreements. SB 790 also requires the development of a Public Health Workforce Development Fund.

The Department supports the goals of SB 790 to improve public health infrastructure and ensure cohesion across the entirety of the Maryland governmental public health system. The Department also supports the extension of the Commission on Public Health to provide a dedicated structure to continue building and strengthening public health alignment. Outside of this bill, the Department has taken multiple steps to identify and address the challenges that local health departments are facing, including streamlining processes such as agreement approvals and building closures, creating structured support to facilitate feedback and sharing, and reviewing and addressing both recent and longstanding opportunities for improvement, including in the areas of local hiring, communications, and budgets. The Department's leadership team has worked to enhance support for and collaboration with local health departments in line with the goals of the Commission on Public Health recommendations, and we welcome the opportunity to continue to build upon this progress in partnership.

In line with this support, the Department respectfully requests amendments to the bill's current language to ensure provisions within the bill do not unnecessarily conflict with other state or federal policies or regulations. Those proposed amendments are attached to this letter below. The Department appreciates the opportunity to provide this information and looks forward to continued collaboration with the General Assembly and stakeholders to advance local health services in Maryland. If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynych@maryland.gov.

Sincerely,

Meena Seshamani, M.D., Ph.D.
Secretary of Health

AMENDMENT TO SENATE BILL 790
(First Reading File Bill)

AMENDMENT NO. 1

On page 4, strike in their entirety lines 28 through 31, inclusive.

Rationale: While the Department's local health departments are non-budgeted, they remain State Regular positions with the same rights and impacts as any other state position. Consequently, they are subject to bargaining unit Memorandum of Understanding (MOU) provisions, including those regarding pay equity.

AMENDMENT NO. 2

On page 5, in lines 26 through 28, inclusive, strike in their entirety and substitute **“THE SECRETARY MAY DELEGATE CONTRACT AND WRITTEN AGREEMENT APPROVALS TO THE DEPUTY SECRETARY FOR PUBLIC HEALTH SERVICES, AND THE DEPUTY SECRETARY MAY DELEGATE APPROVAL AUTHORITY TO LOCAL HEALTH OFFICERS.”**

Rationale: A delegation provision would best support the streamlining and timeliness of contractual review, as well as allow delegation to local health officers. There are a variety of factors that impact contractual review time, including contract length, complexity of provisions, conflicts with state law or regulations, and others.

AMENDMENT NO. 3

On page 6, in line 18, after “STATE” insert **“AS A REPRESENTATIVE OF THE LOCAL HEALTH DEPARTMENT”**

Rationale: Decisions regarding health officer service on external boards are the purview of the Maryland State Ethics Commission. Each request for board or committee service is reviewed by the Commission, and guidance or recommendations are provided to the local health officer. The lack of compensation does not change the fiduciary duty that a board of directors member owes to an entity, and that fiduciary duty is what creates a duty and loyalty that cannot conflict with a State position under the Ethics law.

AMENDMENT NO. 4

On page 10, in line 12, strike “oversight over” and substitute **“GUIDANCE FOR”**.

Rationale: Oversight of the Department and its activities is the purview and responsibility of the legislature.

AMENDMENT NO. 5

On page 12, strike in their entirety lines 30 through 33, inclusive.

Rationale: The Population Health Improvement Fund must support the goals outlined in the AHEAD Model State Agreement with the Center for Medicare and Medicaid Services and cannot be linked to or provide funds to a Workforce Development Fund or similar.

AMENDMENT NO. 6

On page 13, strike in their entirety lines 17 through 18, inclusive.

Rationale: The Population Health Improvement Fund must support the goals outlined in the AHEAD Model State Agreement with the Center for Medicare and Medicaid Services and cannot be linked to or provide funds to a Workforce Development Fund or similar.

UNFAVORABLE.SB790.LauraBogley.MDRTL.pdf

Uploaded by: Laura Bogley

Position: UNF



UNFAVORABLE
SB790/HB1109
Public Health Reform Act
Laura Bogley, JD
Executive Director
Maryland Right to Life, Inc.

On behalf of our Board of Directors and many chapters across the state, we oppose this bill and urge your unfavorable report. This bill seeks to establish a volunteer “Public Health Workforce” without defining “public health” and would commit taxpayer funds toward educating and training this new workforce. Unfortunately, this bill is one of many in a pattern of similar bills utilized by the sponsor to expand a substandard abortion workforce at taxpayer expense and at *greater risk to public health*.

Induced abortion is not healthcare, is never medically necessary and confers no “public health” benefit to the people of Maryland. Maryland should prioritize public funding and innovations in lifesaving alternatives to abortion. Women seeking reproductive healthcare have a right to quality obstetrical and prenatal care provided by a licensed obstetrician. Instead, this bill expands upon the Abortion Care Access Act of 2022, which removed the final safeguard in law for women, by allowing non-physicians to perform or provide abortions. That bill already dedicates \$3.5 million each year to train this new substandard abortion workforce.

While the vast majority of people are opposed to public funding for abortion, this bill will amount to additional taxpayer subsidies to corporate abortion through the Population Improvement Fund and other general funds as appropriated.

We urge your amendment to exclude public funding for abortion purposes or abortion providers to spare the otherwise admirable purposes of this bill, or your unfavorable report.

MARYLAND’S SUBSTANDARD ABORTION WORKFORCE

As a result of the Abortion Care Access Act of 2022 (ACAA), state taxpayers were forced to fund an additional \$3.5 million dollars annually for the training of a substandard abortion workforce. The Act removed one of the few remaining safeguards in law for women seeking abortion, and repealed the physician-only requirement for abortion. As a result, any individual who is certified by the state may perform or provide abortions. This bill will require additional taxpayer funding to compensate staff to train a volunteer abortion workforce which may include both clinical and nonclinical personnel.

In addition to the Abortion Care Access Act, Maryland has passed several other bills to build, fund, and protect an "abortion workforce." The strategy shifted from simply allowing more people to provide abortion to actively funding their training and shielding them from legal risks.

1. The Reproductive Health Protection Act (HB 808 / SB 859 - 2023)

While the Abortion Care Access Act allowed nurse practitioners and midwives to perform abortions, this "Shield Law" was designed to protect that newly expanded abortion workforce.

- **Purpose:** It shields Maryland abortion providers from out-of-state investigations and legal actions.
- **Workforce Impact:** It prohibits state health occupation boards (like the Board of Nursing or Board of Physicians) from disciplining a provider for offering abortions that are legal in Maryland, even if another state (like Texas or West Virginia) attempts to sue or prosecute them.

2. Reproductive Health Services – Higher Education (HB 477 / SB 341 - 2023)

This bill focused on the pipeline of care and access within state institutions.

- **Workforce Connection:** It required Maryland's 4-year public universities to develop comprehensive "reproductive health" plans, including abortion. This effectively integrates the abortion industry into the healthcare infrastructure of state-run campuses.

3. Public Health Abortion Grant Program (HB 930 / SB 848 - 2025)

Building on the initial \$3.5 million from the ACAA, this 2025 legislation significantly increased the financial support for the abortion workforce.

- **Funding:** It established the Public Health Abortion Grant Program with a \$25 million allocation.
- **Workforce Impact:** These taxpayer funded grants are used for abortion businesses to hire staff, manage increased patient volume for women trafficked from out-of-state, and maintain the abortion training sites where the training mandated by the ACAA takes place.

4. Access to Abortion – Reporting & ACA Funds (HB 1159 / SB 785 - 2026)

This is a companion piece of legislation from the current 2026 session designed to refine and sustain the taxpayer funded abortion workforce.

- **Refining the Pipeline:** It requires the annual report of the Abortion Care Clinical Training Program to include specific recommendations on how the state can ensure a sufficient number of abortionists are available.
- **Robbing the ACA:** Maryland became the first state to violate the Affordable Care Act by taking \$25 million in insurance surcharge fees reserved for enrollees to pay for abortions for uninsured women, including non-citizens.

- In December 2025, the U.S. Centers for Medicare & Medicaid Services (CMS) requested that the Maryland Insurance Administration cancel the implementation of this grant program. Federal rules governing ACA marketplace plans—and specifically the provisions regarding the segregation of abortion premium funds—are strict. The federal position is that these specific premium funds collected from enrollees are intended to cover abortion services under those specific plans, and diverting them into a general state grant program for broader abortion access (including for non-insured or out-of-state patients) falls outside of those federal regulatory parameters.

Summary of the Maryland Abortion Workforce Framework

Bill / Action	Primary Function	Workforce Role
HB 937 (2022)	Legalization & Training	Opened the field to nurses/PAs; created training fund.
HB 808 (2023)	Legal Shield for Abortionists	Protects providers' licenses from out-of-state attacks.
HB 930 (2025)	Grant Funding	Took \$25M from ACA for abortion operations and staffing.
SB 785 (2026)	Sustainability	Mandates abortion workforce data reporting to prevent shortages.
HB 1109 (2026)	Workforce Expansion	Creates a volunteer abortion workforce and commits taxpayer funding.

ABORTION IS NOT HEALTHCARE

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment, chemical poisoning or starvation. The fact that 85% of OB/GYNs in a representative national survey refuse to commit induced abortions is glaring evidence that abortion is not an essential part of women’s healthcare.

The sole purpose of induced abortion is to end the life of a preborn patient. Doctors regularly treat serious pregnancy complications without intentionally killing a preborn child. This includes being able to perform maternal-fetal separations when a woman’s life is endangered by a pregnancy complication – something that is already allowed by EMTALA as well as by every state law in the country. **No law in any state prohibits medical intervention to treat miscarriage, ectopic pregnancy or to save the physical life of the mother.**



NO PUBLIC FUNDING FOR ABORTION VIOLENCE

Maryland is one of only 4 states that forces taxpayers to fund abortions. There is longstanding bipartisan unity on prohibiting the use of taxpayer funding for abortion. 54% percent of those surveyed in a January 2026 Marist poll say they oppose taxpayer funding of abortion.

The Supreme Court of the United States, in *Dobbs v. Jackson Women’s Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. The Supreme Court affirmed in *Harris v. McRae* (1980), that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*”, and held that there is “*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*”

Furthermore, a state is under no constitutional duty to provide induced abortion services for those within its borders (*Youngberg v. Romeo*, 457 U.S. 307, 317 (1982)). There is no constitutional requirement for a state to fund non-therapeutic abortions (*Maher v. Roe*, 432 U.S. 464, 469 (1977)).

CONSCIENCE PROTECTIONS ARE COMMON SENSE

This bill fails to provide any conscience rights clause to protect the First Amendment rights of medical providers and employees. Current state laws do not provide adequate protections for healthcare providers. While statute protects the right of a provider to refuse to participate in abortion practices on the basis of religious beliefs, the law does not shield the provider from civil suit. Further non-religiously affiliated pro-life professionals, institutions, and payers may have moral (though not religious) objections to participating in, facilitating, and funding life-ending drugs and devices, but are left unprotected. Given this lack of conscience protections, pro-life healthcare providers, institutions, and taxpayers still face coercive efforts by the state government and private institutions to perform induced abortions.

Protecting the freedom of conscience is common sense. Conscience-respecting legislation does not ban any procedure or prescription and does not mandate any particular belief or morality. Protecting conscience helps ensure that healthcare providers enter and remain in their professions, helping to meet the rising demand for quality health care in Maryland.

For these reasons we respectfully urge your unfavorable report on this bill. We appeal to you to prioritize the state’s interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

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Position: INFO



Friday, March 6, 2026

Honorable Chair Pamela Beidle

Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Honorable Vice Chair Antonio Hayes

Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee:

Thank you for the opportunity to provide informational testimony on Senate Bill 790, the *Public Health Reform Act of 2026*. I serve as the St. Mary's County Health Officer and as a Co-Chair for the Maryland Commission on Public Health.

The Maryland Commission on Public Health¹ was established to conduct a comprehensive assessment of the State's public health infrastructure and to develop recommendations to strengthen Maryland's public health system. Over the course of two years, the Commission convened experts from state and local government, academia, health systems, and community organizations. Through workgroup meetings, regional listening sessions, public comment, and a statewide system assessment conducted in partnership with academic institutions, the Commission evaluated Maryland's foundational public health capabilities and the structures that support them.

The Commission's work was grounded in the recognition that public health plays a critical role in the health, economic stability, and resilience of Maryland communities. The COVID-19 pandemic, the increasing prevalence of chronic disease, emerging infectious disease threats, and persistent health inequities all highlight the importance of a modern and adaptable public health system. The Commission's final report presents a roadmap for strengthening Maryland's public health capabilities and ensuring that state and local agencies have the tools necessary to address current and future public health challenges.

Central to the Commission's work was the understanding that Maryland's public health system is a partnership between the State and 24 local health departments. Local health departments are responsible for delivering a wide range of foundational services, including disease prevention, environmental health protection, clinical services for vulnerable populations, emergency preparedness, and community health improvement initiatives. Strengthening the effectiveness of these services requires coordination among governance structures and improving workforce capacity, funding mechanisms, and data systems.

¹Commission on Public Health. Maryland Department of Health. <https://health.maryland.gov/coph/Pages/default.aspx>

The Commission's final recommendations² reflect several key themes that emerged from its assessment: strengthening public health infrastructure including governance, human resources, and funding mechanisms; modernize and maximize communication, data, and information technology tools; leverage and formalize partnerships; bridge public health and health care service delivery; and pave the way for current and future public health leaders. These recommendations were designed to build on Maryland's existing strengths while addressing structural barriers that can limit the efficiency and responsiveness of the public health system.

Senate Bill 790 reflects elements of these broader recommendations and represents one approach to implementing aspects of the Commission's work. Several provisions of the legislation align with recommendations related to governance modernization, workforce development, and improving operational flexibility for public health agencies. For example, provisions establishing the Public Health Workforce Development Fund reflect the Commission's findings that building and sustaining a strong public health workforce is essential to maintaining core services and responding to emerging threats. Similarly, provisions that enable increased collaboration between the Maryland Department of Health and local health departments and engage local health officers in decision-making align with the Commission's recommendations to strengthen state-local collaboration and better meet the needs of Marylanders across the state. For a complete list of how the provisions align with the Commission's recommendations, see Table 1.

The Commission's final report contains a comprehensive set of recommendations intended to guide long-term improvements to Maryland's public health capabilities. As the General Assembly considers potential approaches to implementing the Commission's recommendations, continued collaboration among the legislature, the Maryland Department of Health, local health departments, academic partners, and community stakeholders will be essential. The Commission's work demonstrated that meaningful progress in public health depends on coordinated action across sectors and sustained investment in the people, infrastructure, and partnerships that support public health.

Thank you for the opportunity to provide informational context regarding the Commission's work and how Senate Bill 790 relates to its recommendations. I appreciate the Committee's attention to strengthening Maryland's public health system and am happy to serve as a resource as the General Assembly continues these discussions.

Sincerely,



Meenakshi Brewster, MD, MPH, FAAFP
St. Mary's County Health Officer
Co-Chair, Maryland Commission on Public Health

² Maryland Commission on Public Health (2025). *Building the Future of Maryland Public Health: 2025 Final Report*. https://health.maryland.gov/coph/Documents/2025-10-01_MDCoPH_Final_Report_v0.pdf.

Table 1: Alignment of Senate Bill 790 with the Commission on Public Health’s Final Recommendations

SB790 Provision	Alignment with CoPH Recommendations
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.	DIT-035 State Electronic Health Record System
	DIT-048 Public Health Record Digitalization
	GOC-052 Shared Governance Support
2-104.1(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.	DIT-035 State Electronic Health Record System
	DIT-048 Public Health Record Digitalization
	GOC-052 Shared Governance Support
	PCP-070 Procurement and Contracting Efficiencies
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.	WKF-014 Maryland Responds Medical Reserve Corps Expansion
	WKF-053 Local Public Health Surge Volunteer Pipeline
2-1103 The Department shall: (1) Maintain an efficient and modern electronic registration system to register and track volunteers for the Corps; (2) Designate a Public Health Emergency Surge Coordinator among its staff to coordinate and plan improvements to the Corps.	WKF-014 Maryland Responds Medical Reserve Corps Expansion
	WKF-053 Local Public Health Surge Volunteer Pipeline
	DIT-036 Data Use Efficiency
	DIT-049 Efficiency of Business Functions
3-306(c)(2)(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.	WKF-039 State Personnel System Task Force Recommendations
	WKF-040 Study/Commission on Public Health Human Resources Reform
3-306(d)(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	PCP-070 Procurement and Contracting Efficiencies

county may enter the contract or written agreement.	GOC-052 Shared Governance Support
	PCP-071 Medicaid Reimbursement Task Force
3-306(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.	GOC-029 Private Sector Health Systems
	PCP-068 Set of Shared Health Outcome Metrics
13-5103(a) The Commission consists of the following members: (3) The Secretary of Budget and Management, or the Secretary's designee	Supports implementation of all Funding (FND) recommendations
13-5103(a) The Commission consists of the following members: (4) The Secretary of Information Technology, or the Secretary's designee	Supports implementation of all Data and Information Technology (DIT) recommendations
13-5103(a) The Commission consists of the following members: (7) The Chief Executive Officer of the Chesapeake Regional Information System for our Patients (CRISP), or the Chief Executive Officer's designee	DIT-032 Centralized Data Repository
13-5105(B) The Commission shall provide oversight over implementation of the Commission's recommendations. (C) The Department shall provide an update regarding the implementation of the Commission's recommendations to the Commission each quarter.	Supports implementation of all recommendations
Subtitle 28. Public Health Workforce Development Fund	WKF-013 Statewide Public Health Workforce Training Strategy
	CCR-056 Primary Care Workforce Support
	CCR-063 Health-Related Funds
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.	GOC-062 Equity Impact Assessment Policy for the General Assembly
21-203(a)(1) There is a Maryland Reserve Corps Program Advisory Board. (2) The Advisory Board consists of the following members: (v) Five members appointed by the Governor: (2) One of whom shall be a Health Officer, as defined in § 1-101 of the Health – General Article.	GOC-052 Shared Governance Support
	WKF-014 Maryland Responds Medical Reserve Corps Expansion
	WKF-053 Local Public Health Surge Volunteer Pipeline