HB 1109

Department of Legislative Services

Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 1109 (Chair, Health Committee, *et al.*)
Health and Appropriations Finance and Budget and Taxation

Public Health Reform Act

This bill alters the membership, duties, leadership, and staffing of the Commission on Public Health (CPH); extends the commission's termination date; and requires the Maryland Department of Health (MDH) to provide quarterly updates on implementation of CPH's recommendations. CPH, in consultation with MDH and the Health Services Cost Review Commission (HSCRC), must convene a community benefits modernization subcommittee, with associated reporting requirements. The bill also (1) requires MDH to organize the Maryland Medical Reserve Corps and makes alterations to the corps; (2) requires the Department of Legislative Services (DLS) to develop a process to assess the health equity impacts of relevant legislation; (3) makes administrative changes relating to county health officers and local health departments (LHDs); (4) requires MDH to consult with LHDs and notify each health officer of certain procurements; (5) requires MDH to convene a workgroup on LHD recruitment and classification processes; and (6) alters the membership of the Maryland Corps Program Advisory Board. **The bill takes effect July 1, 2026; provisions governing the community benefits modernization subcommittee terminate June 30, 2027.**

Fiscal Summary

State Effect: The bill's requirements can *generally* be handled by affected State agencies using existing budgeted resources. Expenditures increase by a minimal amount in FY 2027 and 2028 to continue CPH for two additional years, as discussed below. Revenues are not affected.

Local Effect: The Maryland Association of County Health Officers advises that the bill's impact on LHDs is primarily operational and can be absorbed with existing resources. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary:

Commission on Public Health

Membership: The bill expands the membership of CPH to include the Secretary of Budget and Management (or their designee), the Secretary of Information Technology (or their designee), and the Chief Executive Officer of the Chesapeake Regional Information System for Our Patients (or their designee). The bill replaces the Deputy Secretary for Behavioral Health (or designee) with the Deputy Secretary for Operations (or designee) as a commission member. The bill specifies that the Governor may appoint at most two members of the public (rather than at least three but not more than five) with experience in public health as additional members of the commission.

Commission Duties: CPH must provide guidance for implementation of the commission's recommendations. The bill repeals the requirement that CPH consult with specified State departments and commissions. The bill alters the due date for CPH's annual report from December 1 to January 1 and specifies that the report must be on the implementation of the commission's recommendations and barriers to implementation.

Workgroups: CPH is authorized (rather than required) to establish workgroups at the discretion of the commission. The chair of CPH may appoint members of the public to a workgroup. Specific member requirements and the purpose of workgroups are repealed.

Chair and Staffing: The bill repeals current requirements about who must chair the commission and instead specifies that CPH must select a chair and a vice chair from among its members. To qualify as chair, a member must agree to provide staff for the commission. The Secretaries of Budget and Management and Information Technology, and the Deputy Secretaries for Public Health and Operations may not serve as chair. The chair of CPH must provide staff support for the commission. If the chair fails to provide staffing, the members must select a new chair.

Community Benefits Modernization Subcommittee: Uncodified language requires CPH, in consultation with MDH and HSCRC, to establish a community benefits modernization subcommittee. The subcommittee must (1) review federal and State requirements governing hospital community benefit activities; (2) analyze a landscape assessment of other states' community benefit spending requirements and policies; (3) evaluate the scope and impact of community health needs assessment, implementation plan development and deployment, and trends in spending per allowable category; (4) identify gaps that exist between community benefit investment and State and local health priority areas; and (5) develop specified recommendations. The subcommittee must submit a report on its

findings and recommendations to CPH by August 1, 2027; CPH must submit a report of the subcommittee's findings and recommendations to the Governor and specified committees of the General Assembly by September 1, 2027. These provisions terminate June 30, 2027.

Termination Date: The bill extends the termination date of CPH by two years to June 30, 2028.

Maryland Medical Reserve Corps

MDH must organize the Maryland Medical Reserve Corps, the purpose of which is to provide a statewide volunteer network integrated into community emergency systems to facilitate a coordinated approach to volunteer management. The corps must include clinical and nonclinical personnel capable of assisting during crises that strain the health care or public health system, including public health emergencies, disease outbreaks, and natural disasters. MDH must maintain an efficient and modern electronic registration system to register and track volunteers for the corps and designate a Public Health Emergency Surge Coordinator among its staff to coordinate and plan improvements to the corps.

Health Equity Impacts of Legislation

DLS, in consultation with the Legislative Policy Committee, must develop a process to assess the health equity impacts of relevant legislation.

Local Health Department and County Health Officer Provisions

Agreements for the Delivery of Health Care Services: Under current law, a county health officer can enter into a contract or any other written agreement to assist or participate in the delivery of health care services with a person authorized to provide, finance, coordinate, facilitate, or otherwise deliver health care services in the State if the health officer has the consent of the governing body of the county and written approval of the Secretary of Health. The bill specifies that the Secretary may delegate approval authority for such contracts or written agreements to the Deputy Secretary for Public Health Services. If so, the Deputy Secretary may delegate the authority to the local health officer.

Service on Hospital Boards: A county health officer may serve on the board of a Maryland hospital as a representative of an LHD only if the health officer does not accept payment for their service on the board.

Notice from the Maryland Department of Health: Before procuring a system for collecting and storing electronic health records, MDH must consult with LHDs to assess the necessary

qualities of such a system. If MDH procures a system, it must notify each health officer and offer the county health department the opportunity to join the procurement.

Workgroup on Local Health Department Recruiting and Classification Processes

MDH must convene a workgroup with representatives from the Department of Budget and Management and up to five representatives of local health officers to review LHD recruiting and classification processes and identify potential methods for increasing efficiencies related to the processes.

Maryland Corps Program Advisory Board

The bill authorizes the Governor to appoint a fifth member to the board and specifies that one of the five members appointed by the Governor must be a local health officer.

Current Law:

Commission on Public Health

Chapter 385 of 2023 established CPH to make recommendations to improve the delivery of "foundational public health services" in the State. CPH must assess the foundational public health capabilities of MDH and LHDs. Based on this assessment, CPH must make recommendations for reform in specified areas. CPH submitted interim reports on its findings and recommendations to the Governor and specified committees of the General Assembly in December 2023 and December 2024. A final report was submitted in October 2025. CPH terminates June 30, 2026.

Maryland Medical Reserve Corps

The Maryland Responds Medical Reserve Corps is a community-based, civilian, volunteer program that helps build the public health infrastructure and response capabilities. Maryland Responds is composed of responders who stand ready to volunteer their skills, expertise, and time to support ongoing public health initiatives and to assist during emergencies. Maryland Responds, previously known as the Maryland Professional Volunteer Corps, is administered by MDH's Office of Preparedness and Response.

Maryland Corps Program Advisory Board

The Maryland Corps Program in the Department of Service and Civic Innovation (DSCI) was established to (1) provide meaningful service opportunities to participants to address the social needs of the community; (2) equip participants with the skills that will enable them to successfully make the transition from high school to an institution of higher

education or to the workforce; and (3) provide program completion awards to participants who complete the program. The Maryland Corps Program Advisory Board is tasked with, among other things, advising DSCI on best practices for service and volunteerism; providing oversight of the design, development, implementation, operation, and expansion of the program; and participating in program-sponsored events. The Governor may appoint four members to the advisory board, one of whom must be a representative of the Maryland State Service Commission.

State Expenditures:

Maryland Medical Reserve Corps

The bill requires MDH to organize the Maryland Medical Reserve Corps. MDH advises that the Maryland Responds Medical Reserve Corps generally reflects the bill. Each LHD has a Unit Administrator that can access the corps. They also recruit, train, and engage in retention activities with these volunteers. These activities are currently supported by federal Public Health Emergency Planning funds via MDH. Thus, there is no additional cost to MDH under the bill, particularly since uncodified language in the bill specifies legislative intent that the Maryland Medical Reserve Corps replace the Maryland Responds Health Reserve Corps.

Commission on Public Health

The bill extends the termination date of CPH by two years and alters the commission's membership, duties, leadership, and staffing. Staffing for the commission, which is currently provided by the academic institutions represented by the co-chairs, must instead be provided by the chair of the commission, who must be selected from among certain members. Thus, expenditures are likely to increase by a minimal amount in fiscal 2027 and 2028 for continued staffing of the commission. However, without knowing who will be selected as chair, the source of such expenditures cannot be known and could be borne by the Maryland General Assembly, State academic institutions, or LHDs, among others.

The bill also requires MDH to provide quarterly updates on implementation of CPH's recommendations and to consult (along with HSCRC) with CPH to establish a community benefits modernization subcommittee. This analysis assumes that any impact on MDH can be absorbed within existing budgeted resources.

Department of Legislative Services

Under the bill, DLS, in consultation with the Legislative Policy Committee, must develop a process to assess the health equity impacts of relevant legislation. DLS can likely *develop*

a health equity impact assessment process as required under the bill using existing budgeted resources. However, to the extent that DLS is required to *use* that process to incorporate health equity impact into fiscal and policy notes or racial equity impact notes, additional staff resources would be required. Depending on the number and scope of the bills that might require a health equity impact analysis, general fund expenditures for additional staff could be significant.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 790 (Senator Lam)(By Request - Commission on Public Health) - Finance and Budget and Taxation.

Information Source(s): Maryland Association of County Health Officers; Department of Information Technology; Maryland Department of Emergency Management; Department of General Services; Maryland Department of Health; Department of Legislative Services

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