



UNIVERSITY OF MARYLAND, BALTIMORE  
LEGISLATIVE SESSION IMPACT REPORT  
2026





The University of Maryland, Baltimore (UMB) is a cornerstone institution for the state, distinguished as Maryland’s only public university focused exclusively on health, law, and human services. With six professional schools and an interdisciplinary graduate school, UMB confers the majority of the state’s professional degrees in these fields, helping to build and sustain Maryland’s workforce.

UMB’s public mission is especially evident during each legislative session of the Maryland General Assembly. This engagement is reflected in two primary ways: through the state funding the University receives via the annual budget process and through the direct involvement of UMB faculty, staff, and students in informing public policy. Members of the UMB community regularly provide expert testimony, contribute research, and engage with policymakers on a broad array of issues, helping to shape legislation that affects communities across the state.

The 2026 legislative session concluded on Monday, April 13, when the Maryland General Assembly adjourned Sine Die. Over the course of the 90-day session, policymakers grappled with ongoing structural budget challenges, while also addressing priorities such as education and the evolving federal landscape. These fiscal pressures continued to influence higher education funding decisions within the University System of Maryland (USM), with direct implications for UMB.

Throughout the session, the UMB Office of Government Affairs played a central role in advancing the University’s priorities. The team maintained close coordination with legislators, staff, the governor’s office, and state agencies to advocate for policies and investments that support UMB’s mission across education, research, clinical care, and public service. From budget negotiations to legislative strategy, the Office of Government Affairs ensured that UMB’s contributions and priorities remained visible and well represented during key decision-making processes.

This report highlights the breadth of UMB’s engagement during the 2026 legislative session. It begins with an overview of legislative actions affecting the University’s operating and capital budgets, followed by a review of key legislation. Together, these sections illustrate how UMB’s expertise and advocacy helped inform policy discussions and outcomes during the General Assembly’s 90-day session.

## ***I. Maryland State Budget Overview***

The state budget, which passed with bipartisan support from the Maryland General Assembly, includes no new taxes or fees, maintains the state’s Rainy Day Fund at 8 percent, increases the state’s Fund Balance to \$250 million, and has General Fund expenditures smaller than the Fiscal Year 2026 General Fund budget.



The State entered the 2026 legislative session facing a challenging fiscal outlook, driven by significant projected general fund cash deficits and structural imbalances. As of December 2025, cash shortfalls were estimated at \$1.56 billion for FY 2027, with structural deficits of \$259 million in FY 2026 and \$1.24 billion in FY 2027. These imbalances were projected to worsen over time, reaching \$3.7 billion by FY 2030. Contributing factors included limited revenue growth, higher-than-expected entitlement costs, the fiscal impacts of the federal One Big Beautiful Bill Act (OBBBA), and continued commitments to K–12 education funding.

In the near term, rapidly increasing entitlement costs created immediate budget pressures. Fiscal 2025 expenditures exceeded projections and were carried into fiscal 2026, while costs for the Developmental Disabilities Administration, Medicaid, and behavioral health programs all surpassed budgeted levels. Administrative costs for Medicaid and the Supplemental Nutrition Assistance Program are also expected to rise beginning in fiscal 2027 due to OBBBA requirements. Although some longer-term costs may be partially offset by reduced Medicaid enrollment under new eligibility and work requirements, OBBBA has negatively affected near-term revenue projections.

Revenue estimates were revised in March 2026 by the Board of Revenue Estimates. The fiscal 2026 general fund estimate increased by \$356 million, largely due to stronger-than-expected estate and inheritance tax collections that are not expected to continue. Excluding this factor, the increase would have been modest, with gains in personal income tax partially offset by weaker corporate income and sales tax revenues. At the same time, the FY 2027 estimate was reduced by approximately \$108 million, reflecting a softer outlook for sales tax revenues, partially offset by anticipated growth in personal income taxes.

#### a. *Higher Education Budget Overview*

The FY 2027 operating budget funds Maryland higher education at more than \$461 million, which accounts for 16 percent of the state budget, including \$42 million to support research centers conducting energy, resiliency, and climate-related research at the state’s four-year research universities. The operating budget makes a special fund appropriation contingent on legislation expanding the allowable uses of the Strategic Energy Investment Funds (SEIF) to include the Higher Education Research Fund and authorizes the funds to be used for any research field. More specifically, language was added to the operating budget transferring \$42 million from SEIF to the Higher Education Research Fund for any research field and shall not be limited to energy-related research.

While not a part of the governor’s FY 2027 budget, the University of Maryland Institute for Health Computing will receive \$3 million in funding in FY 2027 from 2024 legislation HB 334/SB 376 Higher Education — MPowering Joint Steering Council — Funding.



### b. *USM Operating Budget*

USM will receive \$2.3 billion in state funding. State funding increases overall by \$7.1 million, or 0.3 percent, compared to FY26. A proposed \$35.7 million is allocated toward a 1.5 percent cost of living adjustment (COLA) for USM state-funded employees, effective July 1. USM is not obligated to absorb this COLA for employees whose salary increases are not state funded. In FY 2027 alone, the cost would be no less than \$25 million. Over the last five years, FY 2022 to FY 2026, USM has covered unfunded salary increases at a cost exceeding \$362 million. The governor's budget proposal continues Maryland's historic support for the system's three Historically Black Colleges and Universities (HBCU) — \$32.5 million in new funding for Bowie State University, Coppin State University, and the University of Maryland Eastern Shore. It's the fifth installment of the 10-year, \$577 million HBCU settlement approved by the General Assembly in 2021. With this year's installment, the three universities will have received a total of \$161 million in added funding.

### c. *Direct UMB Initiatives of Interest*

- **Maintained \$15.5 million** for stem cell research. Provides funding through TEDCO to support stem cell research and development grants for Maryland's research universities and private-sector research corporations.
- **Maintained \$12.4 million** funding for Statewide Academic Health Center Cancer Research Grants for the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center (UMGCCC). This funding was eliminated in the governor's FY26 budget but advocacy efforts by UMB resulted in full restoration by the General Assembly.
- **Maintained \$12 million** for the Biotechnology Investment Tax Credit Reserve Fund.
- **Maintained \$8.5 million** for the Maryland E-Innovation Initiative.
- **Maintained \$785,000** for the Governor's Wellmobile, operated by the University of Maryland School of Nursing.



d. *Indirect UMB Initiatives of Interest*

### Research and Economic Development

- **Maintained \$6.8 million for the Maryland Innovation Initiative** to promote the commercialization of research conducted in participating universities, encourage qualifying universities to partner on commercialization proposals, strategies, and funding sources, including federal laboratories located in Maryland; and facilitate technology transfer from university labs to start-up companies. FY27 funding is at 47 percent over FY23.
- **Maintained \$5 million for the Maryland Equitech Growth Fund**, which utilizes multiple investment vehicles including direct investments, grants, and loans leveraged with private capital to promote a culture of innovation and entrepreneurship and to meet the goals of promoting equitable economic development in Maryland's advanced technology sectors.

### Workforce Professions Programs

- **Maintained \$19.2 million** in funding for the Nurse Support Program II to fund initiatives to expand the number of bedside nurses in the state. However, the Budget Reconciliation Act authorizes transfers of \$10 million from unused FY2026 program funds to the state's General Fund.
- **Maintained \$4.1 million for the Loan Assistance Repayment Program** for nurses, nursing assistants, and physicians.
- **Maintained nearly \$2 million** for the Graduate and Professional Scholarship Program to provide financial assistance to full-time and part-time students *in the fields of medicine, dentistry, law, pharmacy, nursing, social work*, and veterinary medicine.
- **Maintained \$1.2 million in funding for Workforce Shortage Student Assistance Grants** to aid students studying in the following workforce shortage fields: (1) schoolteachers (Sharon Christa McAuliffe Memorial Teacher Scholarship); (2) *social workers (Ruth M. Kirk Public Social Work Scholarship)*; (3) *nurses*; (4) child care providers (Hattie N. Harrison Memorial Scholarship); (5) *developmental disabilities, mental health, child welfare, and juvenile justice* (Ida G. and L. Leonard Ruben Scholarships); (6) *physical and occupational therapists and assistants*; and (7) public



servants (William Donald Schaefer Scholarship and the Parren J. Mitchell Public Service Scholarship).

e. *UMB Capital Funding*

- **Over \$3 million in special funds** in capital funding for the University of Maryland School of Social Work building. This brings the total funding for the project to more than \$46.7 million in FY 2027.
- **\$3 million** for the Downtown Partnership of Baltimore, Inc. Strategic Operation Center. The center received \$2 million in FY 2026.
- **\$862,000** for the new Dental Ambulatory Surgery Center to complete the construction of the center.
- **\$715,000** for Central Electric Substation and Electrical Infrastructure upgrades to upgrade the electrical infrastructure serving the UMB campus and provide redundancy to ensure continuity of service identified several years ago. The total Capital Improvement Program award amount for the project is \$82.97 million.
- **\$500,000** in SEED funding for the acquisition, planning, design, construction, expansion, repair, renovation, reconstruction, site improvement, and capital equipping of the Mondawmin Health Village Dental Clinic project. UMB received \$250,000 in FY 2026.
- **\$425,000** for the Health Village at Mondawmin Computed Tomography Imaging Facility.



## II. Key Bills of 2026

This section of the *2026 Legislative Session Impact Report* focuses on bills of particular interest to UMB and its faculty experts. For a look at all of the major bills affecting higher education in general, we recommend the excellent [USM 2026 Legislative Session Report](#) prepared by our colleagues at the Office of Government Relations of the University System of Maryland.

### a. *Academic and Research Policy*

#### **Task Force on Responsible Use of Natural Psychedelic Substances — Extension and Membership (HB 427/SB 336)**

***UMB Position:*** Support

***Final Status:*** Passed

This legislation extends the Task Force on Responsible Use of Natural Psychedelic Substances for an additional year and requires the task force to submit an updated report of its findings and recommendations to the governor and the General Assembly by October 31, 2026. The legislation also adds a representative of an HBCU in the state to the task force. It takes effect July 1, 2026, and the task force terminates December 31, 2027.

#### **Advancing Equal Educational Opportunities for All Students in Maryland (HB 649)**

***USM Position:*** Oppose

***Final Status:*** Held in Committee

This departmental bill would have authorized the Maryland Commission on Civil Rights (MCCR) to enforce prohibitions against discrimination in educational institutions. It establishes the powers, duties, and limitations of this authority and how MCCR and the state superintendent of schools are to share concurrent jurisdiction in the investigation, mediation, and resolution of complaints. Among other provisions, the bill would have also (1) authorized a private civil action for discrimination in education; (2) required information regarding a complaint of discrimination in postsecondary education to be referred to MCCR; and (3) expressed the policy of the state that all individuals must have equal opportunity for education. MCCR would be required to implement regulations.

#### **Public Health — Maryland Pediatric Cancer Fund — Entities Eligible for Grants (HB 672)**

***UMB Position:*** Support

***Final Status:*** Passed



This emergency bill alters the entities eligible to receive grants for conducting pediatric cancer research from the Maryland Pediatric Cancer Fund to include only nonprofit hospitals, educational institutions, and other nonprofit organizations. Laboratories and persons are no longer eligible for grants. The bill went into effect upon the governor's signature.

*“As one of Maryland’s only two National Cancer Institute-designated comprehensive cancer centers, UMGCCC is committed to advancing innovative research, enhancing clinical care, and improving health outcomes for patients of all ages. Our pediatric oncology researchers and clinicians are deeply engaged in efforts to translate laboratory discoveries into new and more effective therapies for childhood cancers. Expanding access to funding through the Maryland Pediatric Cancer Fund will enable nonprofit institutions like ours to further collaborate, accelerate research, and bring cutting-edge treatments from bench-to-bedside for the children and families who need them most.”*

Written Testimony

Jeanette Ortiz, JD, Director of Government Affairs, UMB

#### **b. Administration and Economic Development**

##### **State Personnel — Collective Bargaining — Nontenure Track Faculty (HB 106/SB 6)**

**UMB Position:** Oppose

**Final Status:** Passed

This legislation extends collective bargaining rights to specified nontenure track faculty at the University System of Maryland, Morgan State University, and St. Mary's College of Maryland. Certain nontenure track faculty are excluded, including faculty (1) at fully online institutions; (2) whose positions are fully funded by grants, contracts, or clinical revenues; or (3) whose regular place of employment is outside the state. The legislation goes into effect July 1, 2026.

*“UMB is the only academic health center in the University System of Maryland. The vast majority of our nontenure track faculty are either clinical faculty in the School of Medicine and other health professional schools or research faculty whose work is supported almost entirely by external grant funding. On average, less than 10 percent of their salaries are supported by state appropriations, with the remainder funded through clinical revenue or competitively awarded federal and private research grants.*

*Including these faculty under a collective bargaining framework designed for traditionally state-funded positions would place significant strain on UMB's operating model and introduce risks that were likely not intended by the General Assembly. The terms and conditions of clinical*



*faculty positions and the revenues available to fund these positions are tied to professional services agreements negotiated by affiliated professional associations, patient care delivery, productivity, licensure requirements, and reimbursement rules that cannot be meaningfully negotiated through collective bargaining without jeopardizing care delivery and financial sustainability. Similarly, research faculty are employed under terms dictated by federal sponsors, grant timelines, and principal investigator responsibilities — conditions that are not negotiable at the institutional level.”*

Written Testimony

Jeanette Ortiz, JD, Director of Government Affairs, UMB

### **State Personnel — Collective Bargaining — Graduate Assistants (HB 141/SB 84)**

***USM Position:*** Oppose

***Final Status:*** Passed

As amended, this legislation authorizes graduate assistants, including fellows and postdoctoral interns, at the University System of Maryland, Morgan State University, and St. Mary’s College of Maryland to collectively bargain. The legislation takes effect July 1, 2026.

### **Institutions of Higher Education — Provision of Menstrual Hygiene Products — Requirement (HB 457)**

***UMB Position:*** Monitored

***Final Status:*** Passed

This bill requires each institution of higher education that provides on-campus housing to provide, free of charge, menstrual hygiene products in all student health centers by August 1, 2028. The bill takes effect July 1, 2026.

### **Economic Development — Transformational Project Financing Program — Establishment (HB 506/SB 455)**

***UMB Position:*** Support

***Final Status:*** Held in Committee

This legislation would have established a Transformational Project Financing Program and Fund within the Department of Housing and Community Development to support development districts that have a transformational plan (as defined) and for which the local governing body has approved a tax increment financing plan before July 1, 2035, and pledged certain real property tax increment revenues. A state-supported development district is eligible for an annual disbursement of net-new state revenue attributable to the district, as determined and certified by the comptroller.



*“UMB’s campus sits at the center of one of the state’s most important innovation and workforce hubs. Our surrounding communities include areas poised for significant revitalization — places where new research and clinical facilities, workforce training centers, commercial spaces, and mixed-income housing can meaningfully accelerate economic opportunity. State participation through this program can bridge financing gaps that have historically slowed or stalled development in disinvested neighborhoods, allowing promising projects to move forward and deliver benefits far beyond their immediate footprint.”*

Written Testimony

Kevin P. Kelly, JD, Chief Government Affairs Officer and Vice President, UMB

### **Income Tax — Credit for Physician Preceptors in Areas with Health Care Workforce Shortages — Alterations (HB 595/SB 466)**

**UMB Position:** Support with Amendments (School of Medicine)

**Final Status:** Passed

This legislation expands eligibility for the state income tax credit for physician preceptors in areas with health care workforce shortages to include physicians who serve in a preceptorship program authorized by an accredited out-of-state medical school. It also (1) reduces the minimum number of community-based clinical training hours for each of the minimum required three rotations from 100 to 90 and (2) caps the aggregate amount of unissued credit that may be carried forward and issued in a subsequent year to \$100,000. The legislation takes effect July 1, 2026, and applies to tax year 2026 and beyond.

While the legislation was not amended to address School of Medicine concerns, staff has been in contact with bill sponsors and will work to amend the law during the 2027 legislative session.

*“HB 595 would remove the requirement that students be enrolled in a Maryland medical school for preceptors to qualify for the tax credit. Without a priority provision, this change would create direct competition for a limited pool of community-based preceptors between UMSOM students and students from neighboring institutions such as Georgetown, Penn State, West Virginia University, Thomas Jefferson, and even Caribbean medical schools.*

*“Because preceptor capacity is finite, this change risks subsidizing clinical training for out-of-state institutions while constraining Maryland’s own public medical school at the very moment when UMSOM’s class size expansion is increasing demand for placements.”*

*Recommended Amendment: Maryland Student Priority*



*“I respectfully recommend that the bill be amended to create a two-tiered tax credit structure, such that Maryland medical school preceptors receive priority over those teaching students from out-of-state.”*

#### Written Testimony

Katherine Jacobson, MD, FAAFP, Assistant Professor; Program Director, Maryland Area Health Education Center; and Clerkship Director, Family Medicine Clerkship, Department of Family and Community Medicine, School of Medicine

#### **Institutions of Postsecondary Education — Institutional Debt — Report (HB 877/SB 628)**

***USM Position:*** Oppose

***Final Status:*** Held in Committee

This legislation would have required institutions of postsecondary education to report every two years on institutional debt, as specified, to the Maryland Higher Education Commission (MHEC) beginning on Aug. 1, 2027. By Dec. 1, 2027, and every two years thereafter, MHEC must submit a report to the General Assembly summarizing the reports from the institutions. MHEC would have been required to develop and publish a data dictionary that defines the terms, data elements, classifications, and reporting categories required. MHEC would have also been required to adopt regulations to implement the bill.

#### **Economic Development — Delivering Economic Competitiveness and Advancing Development Efforts (DECADE) Act (HB 898/SB 388)**

***UMB Position:*** Support

***Final Status:*** Passed

As amended, this administration bill alters, enhances, and transfers various economic development programs and tax credits. The legislation generally took effect June 1, 2026. Most provisions modifying programs and tax credits take effect July 1, 2026. Provisions affecting specified income tax credits apply to tax year 2026 and beyond. Provisions affecting specified property tax credits apply to taxable years beginning after June 30, 2026. UMB worked closely with the Governor’s Office and the legislature to secure critical language in the DECADE Act enabling the BioPark to utilize RISE Zone tax credits for 4MLK. This effort prevented an estimated \$1.2 million in additional near-term tax costs to UMB and over \$5.2 million in long-term costs to the project, significantly improving project feasibility.

*“The Act’s proposed reforms to programs such as the RISE Zone initiative, the Build Our Future Program, the Biotechnology Investment Incentive Tax Credit, and the Research & Development Tax Credit represent critical enhancements that will expand Maryland’s competitiveness and accelerate innovation across high-growth sectors including biotechnology, life sciences,*



*cybersecurity, and advanced manufacturing. For UMB, these programs play an essential role in supporting start-ups that emerge from our research enterprise, attracting industry partners to the UMB BioPark, and strengthening the ecosystem of companies that rely on our faculty expertise and workforce talent.*

*The DECADE Act’s revitalization of the RISE Zone Program, in particular, will significantly increase UMB’s ability to advance place-based economic development in West Baltimore. By extending the certification period to 10 years, broadening eligibility for innovative companies, establishing flexible rental support mechanisms, and creating RISE Zone catchment areas, the legislation empowers UMB to foster sustained development in neighborhoods that need it most. These improvements will help attract new businesses, grow local start-ups, and drive investment around the BioPark — one of the city’s most important engines of job creation.”*

Written Testimony

James L. Hughes, MBA, Chief Enterprise and Economic Development Officer and Senior Vice President, UMB

Kevin P. Kelly, JD, Chief Government Affairs Officer and Vice President, UMB

### **University of Maryland Capital Region Medical Center — Funding — Repeal of Termination Date (HB 1540)**

***UMB Position:*** Support

***Final Status:*** Passed

This bill makes permanent a mandated appropriation for the University of Maryland Capital Region Medical Center (formerly known as the Prince George’s County Regional Medical Center). As a result, the governor must continue to include a \$10 million appropriation in the annual budget bill beyond fiscal 2028. The bill also repeals the June 30, 2028, termination date for other provisions relating to the transition of the medical center to the University of Maryland Medical System and alters the related findings of the General Assembly. The bill takes effect July 1, 2026.

*“Beyond its vital role as a health care provider, the Capital Region Medical Center serves as a critical academic training site for UMB, directly supporting the educational and clinical mission of the University of Maryland School of Medicine and several other UMB programs that rely on the Medical Center to help prepare Maryland’s future health care workforce. Each year, Capital Region serves as a core training site for UMB learners across multiple disciplines. The School of Medicine places four medical students per academic block in OB/GYN rotations — totaling twenty-four students annually — who complete their required women’s health training*



*there. The Department of Physical Therapy and Rehabilitation Science also sends two to four doctoral students each year for essential clinical rotations. Students from the UMB School of Nursing and UMB-affiliated physician assistant programs likewise complete key clinical rotations at Capital Region, further strengthening the interprofessional training environment that supports Maryland's workforce pipeline.*

*In addition, Capital Region hosts a broad range of UMB residents and fellows who rely on the Medical Center for high-quality, hands-on experience, including trainees in Limb Preservation and Deformity Correction, Medical Physics, Neuroradiology, Orthopaedic Surgery and Orthopaedic Trauma, Radiation Oncology, the Integrated Vascular Surgery residency, Family and Community Medicine, Abdominal Transplant Surgery, and the Vascular Surgery fellowship. Together, these educational partnerships demonstrate how deeply UMB's academic enterprise is intertwined with Capital Region's ongoing operational strength, and how essential sustained funding is to maintaining Maryland's health care workforce pipeline."*

Written Testimony

Kevin P. Kelly, JD, Chief Government Affairs Officer and Vice President, UMB

### ***c. Regulation of the Professions***

#### **Physician Assistants and Midwives — Parity With Other Health Care Practitioners (HB 377/ SB 326)**

***UMB Position:*** Support (School of Graduate Studies)

***Final Status:*** Passed

This bill (1) authorizes a physician assistant (PA), certified nurse-midwife, and licensed certified midwife to perform numerous additional duties, as specified; (2) requires that health maintenance organization (HMO) quality of care standards include a requirement that each HMO member has an opportunity to select a PA, certified nurse-midwife, or licensed certified midwife as a primary care provider from among those available to the HMO; (3) adds a PA member to the Statewide Advisory Commission on Immunizations; and (4) excludes a PA from the definition of "health care practitioner" with respect to health care staffing agencies. The bill also requires the Maryland Health Care Commission, by November 1, 2026, to review data and submit a report on the average length of stay in emergency departments for individuals subject to an application for involuntary admission, as specified. The legislation goes into effect October 1, 2026.

*"Maryland's health care provider shortages continue to grow. Proactive solutions must*



*guarantee that all Marylanders not only have access to care but have sufficient numbers of competent and highly capable clinicians serving their communities. Physician assistants help fill these gaps, especially in the rural and underserved communities throughout the state, from where many of our physician assistant students hail and pledge to practice.*

*Since 2020, an overwhelming majority University of Maryland, Baltimore physician assistant graduates have secured and maintain clinical practice in the surgical specialties, emergency medicine, critical care, and behavioral/mental health. The Physician Assistant Parity Act of 2026 opens avenues for these well-trained and highly capable primary care providers to act in accordance with their nurse practitioner and physician counterparts in areas needed for efficiency. There is no justification preventing a clinically practicing physician assistant to render emergent aid, directly admit, and provide care to individuals requiring health care services and actions of guardianship as described in the Physician Assistant Parity Act of 2026.”*

#### Written Testimony

Cherilyn M. Hendrix, DHEd, MSBME, PA-C Emeritus, DFAAPA, School of Graduate Studies

#### **Physicians — Licensing — Internationally Trained Physicians and Licensed Physicians Residing in Other Jurisdictions (HB 598/SB 380)**

**UMB Position:** Support with Amendments (Faculty Physicians, Inc.)

**Final Status:** Held in Committee

This legislation would have repealed existing provisions exempting individuals from certain education requirements for a physician license. Instead, the bill authorizes the Maryland Board of Physicians (MBP), beginning January 1, 2028, to issue a limited license to practice medicine to a physician licensed in a foreign country who meets specified requirements. The term of a limited license may not exceed three years, and a limited license may not be renewed. The legislation (1) outlined requirements for a limited license; (2) specified how MBP may determine an applicant ineligible for or revoke a limited license; (3) provided a pathway to full licensure for limited licensees; and (4) authorized MBP to adopt regulations and conduct oversight. It would have altered the circumstances under which a physician licensed by and residing in another jurisdiction may practice medicine in the state without a license. The legislation would have also established reporting requirements for MBP, expresses the intent of the General Assembly that specified medical schools take certain actions, and makes conforming changes.

*“The intent of SB 380 is to address shortages of health care providers experienced within the state, and to improve timely access to high-quality care for Maryland residents and visiting patients. FPI and SOM strongly support the legislature addressing these goals. FPI/SOM are currently experiencing critical physician shortages not only in Baltimore, but also in*



*underserved communities across the state which our faculty practices serve, including the Eastern Shore, Southern Maryland, and Western Maryland. These shortages cause delays and access issues for patients suffering complex medical conditions who are in desperate need of qualified specialty care.”*

#### Written Testimony

William F. Regine, MD, FACR, FASTRO, FACRO, Isadore & Fannie Schneider Foxman Chair and Distinguished Professor, Department of Radiation Oncology; Senior Associate Dean for Clinical Affairs, University of Maryland School of Medicine; and President, University of Maryland Faculty Physicians, Inc. (FPI)

Allison Parker, JD, Senior Associate Counsel, FPI

Kevin P. Kelly, JD, Chief Government Affairs Officer and Vice President, UMB

Jeanette Ortiz, JD, Director of Government Affairs, UMB

#### **Maryland Financial Empowerment Center Network Pilot Program — Establishment (HB 676/SB 518)**

**UMB Position:** Support (School of Social Work)

**Final Status:** Held in Committee

This legislation would have created the Maryland Financial Empowerment Center Network Pilot Program to establish a statewide network of financial empowerment centers in different regions of Maryland. The Comptroller’s Office would have been required to implement and administer the program, including the adoption of regulations. While the total number of centers is unspecified, each center would be required to provide specified one-on-one financial counseling and coaching services free of charge and information (in multiple languages) on how to increase savings, pay down debt, access banking, and improve credit scores. Each financial counselor employed by a center would have been required to complete training that meets or exceeds specified criteria. For fiscal years 2028 and 2029, the governor would have been required to include in the annual budget bill an appropriation to the Comptroller’s Office in an amount sufficient to cover the costs of the program.

*“The UMB School of Social Work has a longstanding commitment to this issue. The Financial Social Work Initiative (FSWI), established in 2008, educates and trains professionals to address financial distress, advocate for economic justice, and promote financial stability for individuals and communities. By integrating social work practice, research, policy, and education, FSWI strengthens the role of social work professionals in financial empowerment and community wealth building.*



*“While social services are essential to respond to many who are struggling to meet basic needs like housing, food, and health care, they alone cannot fully address the financial pressures that many individuals experience. Financial literacy and access to personalized financial support are key to helping individuals move beyond crisis and achieve financial security. The Financial Empowerment Center Network will equip Maryland’s citizens with the tools they need to live independently and with dignity. By providing free, one-on-one financial counseling and coaching, the program would directly address the most pressing needs of individuals who are financially vulnerable.”*

Written Testimony

Judy L. Postmus, PhD, ACSW, Dean and Professor, School of Social Work

Seantè Hatcher, LCSW-C, Assistant Dean, Continuing Professional Education, and Chair,  
Financial Social Work Initiative, School of Social Work

**Public Schools — School-Based Mental Health Services — Full-Time Therapist (HB 740)**

**UMB Position:** Support with Amendments (School of Social Work)

**Final Status:** Held in Committee

This bill would have required each public school in the state to employ a full-time therapist who provides school-based mental health services to students during the instructional day. The therapist would have been required to be licensed and certified by the State Board of Professional Counselors and Therapists.

*“[A]s currently written, the bill limits this role to “therapists” licensed and certified by the State Board of Professional Counselors and Therapists. Social workers already provide a significant portion of behavioral health care in Maryland schools and are uniquely trained to address the social, emotional, familial, and environmental factors that affect student well-being. Not including licensed social workers in the definition of eligible professionals would limit school systems’ access to the workforce needed to fulfill the goals of HB 740.”*

Written Testimony

Judy L. Postmus, PhD, ACSW, Dean and Professor, School of Social Work

**State Board of Social Work Examiners — Provisional License to Practice Social Work — Established (HB 769/SB 18)**

**UMB Position:** Support with Amendments (School of Social Work)

**Final Status:** Passed



As amended, this emergency legislation Requires the State Board of Social Work Examiners (BSWE), beginning November 1, 2026, to issue a “provisional license” to an applicant who, except for passing a required examination, has otherwise met the appropriate education and experience requirements to practice bachelor social work or master social work. The holder of a provisional license and the supervising social worker are jointly responsible for ensuring compliance with supervision and expiration requirements. BSWE must issue a full license to a provisional licensee who has achieved a satisfactory score on the required examination. The board must adopt regulations to carry out the legislation and, beginning December 31, 2027, submit an annual report on provisional licenses. The legislation took effect upon the governor signing it into law.

*“I support the intent of HB 769 to expand access to licensure through alternative pathways and respectfully offer several observations for consideration. First, while I support the creation of an alternative pathway through supervised experience, modest flexibility in the statutory language would help ensure that existing safeguards — such as background checks and licensing complaint reviews — remain intact. Changing “shall” to “may” would keep these safeguards in place. This balance is important for both public protection and professional integrity. Second, clarifying supervisory responsibilities and liability may help avoid unintended consequences. Secondly, without careful framing, well-qualified supervisors may be discouraged from mentoring conditional license holders, which could limit access to high-quality supervision for new practitioners. Third, preserving provisions that allow the Board to respond to unforeseen circumstances (e.g. another pandemic), as was done in prior legislation, would strengthen the state’s ability to adapt during future emergencies. Finally, allowing sufficient time for thoughtful rulemaking and stakeholder engagement will be essential to ensuring that these changes are implemented effectively and sustainably. Please see the attached amendments for your consideration.”*

Written Testimony

Judy L. Postmus, PhD, ACSW, Dean and Professor, School of Social Work

### **Health Occupations — Behavioral Health Care Providers — Use of Artificial Intelligence (HB 995)**

***UMB Position:*** Oppose

***Final Status:*** Withdrawn

This bill would have prohibited a behavioral health care provider from using artificial intelligence (AI) to provide behavioral health care to a patient, including for (1) assessment, diagnosis, treatment, or counseling; (2) development of a treatment plan; (3) case management; or (4) “therapeutic communications.” A behavioral health care provider would be authorized to use a system that employs AI to assist in “administrative support tasks” if the provider takes specified actions for the security of health data and patient confidentiality. A provider that uses a



system that employs AI for administrative support tasks must (1) independently review the accuracy of any data, report, or information that the AI compiles, summarizes, analyzes, or generates and (2) if the system that employs AI could materially affect patient-facing services or clinical decision-making, obtain written informed consent from each patient. A violation of the bill would have been subject to disciplinary action by the appropriate health occupations board. The bill did not prohibit a provider from disseminating self-help or educational materials that do not claim to provide behavioral health care.

### **Health Occupations — Structural Racism Training — Funding Sources (HB 1042)**

**UMB Position:** Support (School of Social Work)

**Final Status:** Held in Committee

This bill would have clarified that it is the intent of the General Assembly that the structural racism training required by Chapter 478 of 2025 for renewal of a health occupations license be developed and offered at no cost to the state using funding from external sources, such as the grant provided to the Maryland Nurses Association from the American Nurses Association.

While the legislation did not advance, the Maryland Department of Health has now begun to consider training created by different entities that is in alignment with the intent of the 2025 law.

*"While discussion around amendments to legislation centered on easing any potential fiscal burden, HB 783 has since been interpreted to designate the Maryland Nurses Association as the only provider for the required training. This interpretation is inconsistent with the legislation intent of the 2025 legislation and inconsistent with how such trainings have historically and are currently developed by the health care professions. Accordingly, HB 1042 is necessary to clarify that the Maryland Nurses Association is just one source of the required training. Thank you for your consideration of this important clarification."*

Written Testimony

Judy L. Postmus, PhD, ACSW, Dean and Professor, School of Social Work

Seantè Hatcher, LCSW-C, Assistant Dean, Continuing Professional Education, School of Social Work

### **Health Occupations — Social Workers — Scopes of Practice (HB 1119/SB 874)**

**UMB Position:** Support with Amendments (School of Social Work)

**Final Status:** Held in Committee

This legislation would have altered (1) the scope of practice for licensed social workers in the state; (2) the purpose of the Social Workers Act; and (3) the definition of "practice social work."



It specified that a license issued by the State Board of Social Work Examiners authorizes the licensee to practice social work within the scope of the specific license category and consistent with the education, training, and supervised experience of the licensee. A licensed bachelor social worker (LBSW), licensed master social worker (LMSW), or a licensed certified social worker (LCSW) would have been authorized to engage in independent practice only as authorized by the board.

*“While I support the goal of HB 1119 to update the Social Work Practice Act to address current challenges in social work practice, a legislative proposal with such sweeping changes requires careful examination and participation of invested stakeholders.*

*There are important areas of current social work practice that HB 1119 removes that require careful examination before elimination including:*

- a. Removal of “counseling for alcohol and drug use and addictive behavior”, which is currently an area of practice legislation delineated in 2020;*
- b. Removal of restriction for a LBSW or LMSW to be the sole owner of a private practice, which was a restriction that legislation added in 2017;*
- c. Removal, in its entirety, the LCSW license category. In Maryland, we currently have LCSWs practicing in MD and while legislation passed in 2017 that no NEW LCSW licenses would be issued, those who hold the LCSW license are currently permitted to practice and renew their LCSW;*
- d. Removal from the LCSW-C scope of practice to petition for an emergency petition, which is an important ethical responsibility for clinical behavioral health professionals.*
- e. Removal of language that defines the breath of advanced generalist practice (macro social work) from the scope of practice and replacing it with clinical practice terms.”*

Written Testimony

Judy L. Postmus, PhD, ACSW, Dean and Professor, School of Social Work

### **Workers' Compensation — Evaluation of Permanent Impairments — Licensed Social Worker-Clinical (HB 1325/SB 522)**

**UMB Position:** Support (School of Social Work)

**Final Status:** Held in Committee

This legislation would have authorized a licensed certified social worker-clinical, instead of only a licensed psychologist or qualified physician, to perform the required evaluation and report that must take place for a workers' compensation claim that includes a permanent impairment involving a behavioral or mental disorder.



*“The School of Social Work appreciates the opportunity to provide testimony in favor of SB 522. This bill would permit clinical social workers to perform an evaluation for the Workers' Compensation Commission if a permanent impairment involves a behavioral or mental disorder.*

*Current law restricts the professionals who may perform an evaluation to a licensed psychologist or physician. The changes proposed in SB 522 better reflect that the far majority of behavioral health services are delivered by licensed social workers and they have the expertise to assess, evaluate, and treat individuals with behavior health conditions. We support the language in the bill that limits these tasks to only include a licensed social worker at the highest level of licensing, the LCSW-C, and not the other social work entry level licenses (LBSW or LMSW.) The requirements to earn this highest level of licensure include the following steps which take a minimum of over a four-year process before earning the LCSW-C.”*

Written Testimony

Judy L. Postmus, PhD, ACSW, Dean and Professor, School of Social Work

### **Clinical Professional Counseling and Social Work — Out-of-State Providers — Use of Telehealth for Continuity of Care (HB 1483)**

**UMB Position:** Support with Amendments (School of Social Work)

**Final Status:** Passed

This bill repeals the State Board of Professional Counselors and Therapists' authorization to issue a temporary telehealth license. Instead, the bill exempts certain individuals from licensing requirements under certain circumstances. Specifically, an individual licensed and in good standing in another state may provide counseling through telehealth to a client in Maryland for the purpose of providing continuity of care for up to six months after the client (1) relocated to Maryland or (2) returned to Maryland after a continuous and nonincidental period of relocation outside the state. The individual must have an established client-counselor relationship with a client while the client was outside the state and must no longer be able to provide in-person counseling to the client because the client is located in Maryland. The bill goes into effect October 1, 2026.

*“The following mental and behavioral health providers are included in HB 1483: clinical alcohol and drug counselors; clinical marriage and family therapists; clinical professional art therapists; clinical professional counselors; and graduate students in training for one of the listed disciplines practicing under a licensed supervisor. Importantly, clinical social workers were not included in the list of mental and behavioral health providers. Social workers are among the largest provider groups delivering behavioral health services. To omit social workers will result in a disparity of care that is dependent on WHO is providing the therapeutic services.*



*In addition, the omission of social workers and graduate social work students from the list of providers undermines the state’s recruitment efforts by providing an advantage to other mental and behavioral health disciplines in Maryland law. Prospective students may view social work as a less prestigious, marketable, or nationally flexible degree.*

*“For these reasons, we respectfully request that licensed social workers and graduate students in social work practicing under a licensed supervisor are added to the list of behavioral health providers who may offer telehealth services for up to six months to afford the continuity of care extended to their recipients of behavioral health care.”*

Written Testimony

Judy L. Postmus, PhD, ACSW, Dean and Professor, School of Social Work

#### ***d. Other Legislation of Interest***

##### **Health Insurance — Primary Care Investment Targets — Reimbursement and Reporting (HB 494)**

***UMB Position:*** Monitor

***Final Status:*** Held in Committee

This bill requires an individual, group, or blanket health insurance policy or contract delivered or issued for delivery in the state by insurers, nonprofit health service plans, and health maintenance organizations (collectively carriers) to provide reimbursement to health care providers in a manner that meets the annual primary care investment targets established by the state on or after February 1, 2026. When filing a premium rate or premium rate change with the insurance commissioner, a carrier must submit a description of the carrier’s progress in meeting the annual primary care investment targets.

##### **Public Health — Recommendations for Immunizations, Screenings, and Preventive Services — Pharmacist Administration and Required Health Insurance Coverage (The Vax Act) (HB 637/SB 385)**

***UMB Position:*** Monitor

***Final Status:*** Passed

This administration bill requires the secretary of health to issue, publish, and distribute specified recommendations for immunizations, screenings, and preventive services. A pharmacist may administer a vaccination recommended by the secretary to an individual who is at least 7 years old. The legislation also alters health insurance coverage requirements for certain immunizations, screenings, and preventive services. Obsolete language regarding the pertussis



vaccine is also repealed. The bill takes effect July 1, 2026, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the state on or after January 1, 2027.

### **Health Insurance — Material Changes to Provider Networks — Notification and Special Enrollment Period (HB 684)**

**UMB Position:** Support (School of Medicine and Faculty Physicians, Inc.)

**Final Status:** Passed

This departmental bill expands the requirements on carriers regarding notification to enrollees about the termination of providers from provider panels. The bill alters when and how carriers must notify the insurance commissioner about a material change to their provider network, including requirements relating to updating a carrier access plan. The commissioner may impose a specified fine on carriers that fail to timely file the required update. The bill requires carriers and health systems to provide notice of intent to terminate a contract. For specified contracts, carriers and health systems must adhere to the terms of the contract (including reimbursement terms and patient balance billing protections) for at least 90 days, with specified exception. The bill also requires carriers in the individual market to provide a special enrollment period for an individual (or dependent) whose provider is terminated from the health plan's provider panel. The bill takes effect October 1, 2026.

### **Health Occupations — Human Trafficking Awareness Training (HB 771)**

**UMB Position:** Monitor

**Final Status:** Passed

This bill requires each health occupations board to (1) allow an applicant for license or certification renewal to receive continuing education credits for completing an approved human trafficking awareness training program and (2) conduct outreach to make individuals regulated by the board aware of human trafficking awareness training options, including by providing information in general board communications and on the board's website. By July 1, 2026, the Maryland Department of Health (MDH), in collaboration and consultation with required stakeholders, must approve the required training program. By January 1, 2027, each health occupations board must adopt regulations necessary to carry out the bill. The bill took effect June 1, 2026.

### **State Board of Pharmacy — Prescriber-Pharmacist Agreements (HB 838)**

**UMB Position:** No Position

**Final Status:** Passed

This bill authorizes a pharmacist to enter into a prescriber-pharmacist agreement to treat an opioid use disorder using controlled dangerous substances (CDS) drug therapy if the pharmacist



(1) individually registers with both the Maryland Office of Controlled Substances Administration and the federal Drug Enforcement Agency; (2) completes any required training; and (3) follows a specified protocol. A protocol authorizing CDS drug therapy must require the pharmacist to request relevant data from the Prescription Drug Monitoring Program before initiating or modifying CDS drug therapy. The legislation also adds licensed certified midwives to the definition of “authorized prescriber,” thereby authorizing licensed certified midwives to enter into therapy management contracts. It repeals specified authorizations and requirements related to prescriber-pharmacist agreements. The bill takes effect July 1, 2026.

### **Health Insurance — Retroactive Denial of Reimbursement (HB 917)**

**UMB Position:** Monitor

**Final Status:** Held in Committee

This bill alters the circumstances and timeframe under which a carrier (including a Medicaid managed care organization) may retroactively deny reimbursement for claims. Each carrier that retroactively denies reimbursement must develop a plan for training health care providers on reimbursement protocols, billing standards, and compliance requirements related to the retroactive denial of reimbursement. The bill cannot be construed to prohibit a health care provider or insured from appealing a retroactive denial of reimbursement. The bill takes effect January 1, 2027, and applies to all policies, contracts, and health benefit plans issued on or after that date.

### **Health Insurance — Graduate-Level Clinical Interns — Required Reimbursement (HB 1094/SB 910)**

**UMB Position:** Support (School of Social Work)

**Final Status:** Passed

This legislation requires certain health insurance policies that provide reimbursement for a service within the lawful scope of practice of a licensed graduate professional counselor, licensed master social worker, or licensed psychologist to reimburse for the service provided by a graduate-level counseling clinical intern, graduate-level social work clinical intern, or graduate-level psychology clinical intern under specified circumstances. The legislation takes effect January 1, 2027, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the state on or after that date.

*“The University of Maryland School of Social Work educates the majority of social workers in Maryland and Graduate-Level Social Work Interns are highly skilled emerging professionals. During their graduate school program, they engage in rigorous coursework and field practicum experiences which provide in-depth training under the supervision of experienced social workers. In their advanced year of the MSW program students are placed in agencies*



*throughout Maryland serving clients three full days per week, under the supervision of a licensed social worker. Reimbursing for supervised intern-provided services helps stabilize outpatient clinics, supports training sites, and expands capacity at a time when behavioral-health needs are at historic highs.*

*HB 1094 supports workforce development AND patient access. Maryland faces well-documented shortages of behavioral-health providers. Waitlists for therapy routinely stretch weeks to months, especially for youth, Medicaid patients, and individuals in under-resourced communities. Social work interns are an essential part of the behavioral health workforce pipeline. Coursework and practicum experiences in areas such as assessment, ethics, trauma-informed care, social work techniques, multicultural competence, and evidence-based interventions equip graduates with the skills and knowledge to provide high-quality and ethical services. HB 1094 reflects a commitment to enhancing access of clinical services while protecting public safety.”*

Written Testimony

Judy L. Postmus, PhD, ACSW, Dean and Professor, School of Social Work

### **Public Health Reform Act (HB 1109)**

**UMB Position:** Monitor

**Final Status:** Passed

This bill alters the membership, duties, leadership, and staffing of the Commission on Public Health (CPH); extends the commission’s termination date; and requires MDH to provide quarterly updates on implementation of CPH’s recommendations. The bill also (1) requires MDH to organize the Maryland Medical Reserve Corps and makes alterations to the corps; (2) establishes a Public Health Workforce Development Fund and authorizes money from the Population Health Improvement Fund to be transferred to the fund in a specified manner; (3) requires the Department of Legislative Services to develop a process to assess the health equity impacts of relevant legislation; (4) makes administrative changes relating to county health officers and local health departments (LHDs); (5) requires MDH to consult with LHDs and notify each health officer of certain procurements; (6) requires MDH to convene a workgroup on LHD recruitment and classification processes; and (7) alters the membership of the Maryland Corps Program Advisory Board. The bill takes effect July 1, 2026.

### **Health Occupations — Pharmacists — Vaccination Orders (HB 1135/SB 773)**

**UMB Position:** Monitor

**Final Status:** Passed



This legislation authorizes a pharmacist to order a vaccine for an individual who is at least 3 years old without the pharmacist administering the vaccine. If a vaccination is administered to an individual younger than 18 or ordered for administration by an adult caregiver to an individual younger than 18, the pharmacist must inform the patient and adult caregiver of the importance of visits with a pediatric primary care provider and refer the patient to a pediatric primary care provider when appropriate. It also makes conforming changes. The legislation takes effect October 1, 2026.

### **Commission on Re-Imagining Health Care in Maryland (HB 1367)**

***UMB Position:*** Monitor

***Final Status:*** Passed

This bill establishes a Commission on Re-Imagining Health Care to envision a comprehensive health care system for the state, as specified. The commission must study numerous issues and make recommendations regarding the establishment of a new health care system. The commission must submit to the governor and the General Assembly (1) preliminary reports by December 1, 2027, and December 1, 2028, and (2) a final report by December 1, 2029. The Maryland Health Care Commission (MHCC) must provide staff for the commission. The bill is contingent on MHCC determining funding levels needed to conduct the work of the commission and securing private funding to do so. The bill took effect June 1, 2026, and terminates May 31, 2030, subject to a specified contingency regarding funding.

### **Public Health — Office of Health Care Quality Information and Maryland Health Centralization Commission (HB 1372)**

***UMB Position:*** Monitor

***Final Status:*** Passed

This emergency bill establishes the Maryland Health Centralization Commission to provide ongoing advice and recommendations to the General Assembly on how best to increase collaboration between MDH and the health occupations boards to achieve greater efficiency, transparency, and accountability. The commission must hold its first meeting by July 1, 2026. By December 1, 2026, and annually thereafter, the commission must report its findings and recommendations, including any draft legislation, to the Senate Finance Committee, the House Health Committee, and the Joint Audit and Evaluation Committee. The bill also requires the Maryland Health Care Commission, in collaboration with the Office of Health Care Quality, to develop a process to receive specified inspection and quality metrics information and publish it on the Maryland Quality Reporting Website for each applicable health care facility. The bill took effect upon signature of the governor.



**Clinical Research Pharmacies and Clinical Trials — Permits and Ownership (HB 1426/SB 778)**

***UMB Position:*** Monitor

***Final Status:*** Passed

This legislation authorizes the Maryland Board of Pharmacy to issue a clinical research pharmacy permit. A permit may be issued to a pharmacy that (1) exclusively compounds, dispenses, or distributes drugs as part of scientific research conducted under specified protocols; (2) compounds, dispenses, or distributes pharmaceuticals solely incident to the research being conducted and consistent with related protocols; (3) is not open to the general public for retail pharmaceutical services and is strictly limited to dispensing to participants in a clinical trial; (4) complies with specified security and storage protocols; and (5) satisfies any other board requirements. The board must adopt specified regulations for clinical research pharmacies. The legislation also authorizes certain health care providers to have ownership interests in a clinical research pharmacy and authorizes a health occupations board to investigate certain allegations related to clinical research pharmacies. The legislation takes effect October 1, 2026.



Testimony and briefings during the 2026 Session of the Maryland General Assembly of interest to the University of Maryland, Baltimore community.

<b>Date</b>	<b>Committee/ Meetings</b>	<b>Subject</b>	<b>Individual</b>
2/3	Judicial Proceedings	SB 274 Fair Housing and Housing Discrimination — Regulations and Discriminatory Effect	<ul style="list-style-type: none"> <li>• Monique Dixon, JD, University of Maryland Carey School of Law (UMCSOL)-Support</li> <li>• Michael Pinard, JD, UMCSOL-Support</li> </ul>
2/4	Judicial Proceedings	SB 323 Juvenile Court — Jurisdiction, Detention, and Confinement (Youth Charging Reform Act)	<ul style="list-style-type: none"> <li>• Monique Dixon, JD, UMCSOL-Support</li> <li>• Michael Pinard, JD, UMCSOL-Support</li> </ul>
2/5	Ways and Means	HB 123 School Systems — Reportable Offenses — Alterations	<ul style="list-style-type: none"> <li>• Monique Dixon, JD, UMCSOL-Oppose</li> <li>• Michael Pinard, JD, UMCSOL-Oppose</li> <li>• Kezia McDonald-McNeal, Student, UMCSOL-Oppose</li> </ul>
2/5	Finance	SB 6 State Personnel — Collective Bargaining — Nontenure Track Faculty	<ul style="list-style-type: none"> <li>• Mark T. Gladwin, MD, Dean, University of Maryland School of Medicine (UMSOM)-Oppose</li> <li>• Jeanette Ortiz, JD, Director, Government Affairs, UMB-Oppose</li> </ul>
2/5	Finance	SB 279 Baltimore City — Cigarettes, Other Tobacco Products, and Electronic Smoking Devices — Enforcement and Licensure	<ul style="list-style-type: none"> <li>• Kathleen Hoke, JD, UMCSOL-Support with Amendments</li> </ul>
2/10	Government, Labor and Elections	HB 106 State Personnel — Collective Bargaining — Nontenure Track Faculty	<ul style="list-style-type: none"> <li>• Bruce E. Jarrell, MD, FACS, President, UMB-Oppose</li> <li>• Jeanette Ortiz, JD, UMB-Oppose</li> </ul>



2/10	Finance	SB 326 Physician Assistants and Midwives — Parity With Other Health Care Practitioners (Physician Assistant Parity Act of 2026)	<ul style="list-style-type: none"> <li>• Kenneth H. Wong, PhD, Dean, University of Maryland School of Graduate Studies (UMSGS)-Support</li> <li>• Cheryl M. Hendrix, DHEd, MSBME, PA-C Emeritus, DFAAPA, UMSGs-Support</li> </ul>
2/10	Health	HB 427 Task Force on Responsible Use of Natural Psychedelic Substances — Extension and Membership	<ul style="list-style-type: none"> <li>• Andrew Coop, PhD, University of Maryland School of Pharmacy (UMSOP)-Support</li> </ul>
2/10	Finance	SB 18 State Board of Social Work Examiners — Provisional License to Practice Social Work — Established	<ul style="list-style-type: none"> <li>• Judy Postmus, PhD, ACSW, Dean, University of Maryland School of Social Work (UMSSW)-Support with Amendments</li> </ul>
2/11	Ways and Means	HB 297 Adult Education — High School Diploma Pathways — MDiplomaWorks Pathway	<ul style="list-style-type: none"> <li>• Lisa Rawlings, MBA, UMB-Support</li> </ul>
2/11	Health	HB 372 Hospitals — Emergency Pregnancy-Related Medical Conditions — Procedures	<ul style="list-style-type: none"> <li>• Danielle Basdekis, Student, UMCSOL-Support</li> </ul>
2/12	Finance	SB 336 Task Force on Responsible Use of Natural Psychedelic Substances — Extension and Membership	<ul style="list-style-type: none"> <li>• Andrew Coop, PhD, UMSOP-Support</li> </ul>
2/12	Budget and Taxation Health and Human Services Subcommittee	SB 282 Operating Budget — MDH Prevention & Health Promotion Administration Cigarette Restitution Fund	<ul style="list-style-type: none"> <li>• Taofeek Owonikoko, MD, PhD, UMSOM-Support</li> </ul>
2/12	Government, Labor and Elections	HB 536 Employment Discrimination — Reasonable Accommodations — Disabilities Due to	<ul style="list-style-type: none"> <li>• Dionne Misra, Student, UMCSOL-Support</li> </ul>



		Childbirth, Menopause, and Related Medical Conditions	
2/17	Health	HB 672 Public Health — Maryland Pediatric Cancer Fund — Entities Eligible for Grants	<ul style="list-style-type: none"> <li>Jeanette Ortiz, JD, UMB-Support</li> </ul>
2/18	Ways and Means	HB 740 Public Schools — School-Based Mental Health Services — Full-Time Therapist	<ul style="list-style-type: none"> <li>Judy Postmus, PhD, ACSW, Dean, UMSSW-Support with Amendment</li> </ul>
2/18	Health	HB 769 State Board of Social Work Examiners — Provisional License to Practice Social Work — Established	<ul style="list-style-type: none"> <li>Judy Postmus, PhD, ACSW, Dean, UMSSW-Support with Amendments</li> </ul>
2/18	Appropriations Health and Social Services Subcommittee	HB 390 Operating Budget — MDH Prevention & Health Promotion Administration Cigarette Restitution Fund	<ul style="list-style-type: none"> <li>Taofeek Owonikoko, MD, PhD, UMSOM-Support</li> </ul>
2/18	Budget and Taxation	SB 388 Economic Development — Delivering Economic Competitiveness and Advancing Development Efforts (DECADE) Act	<ul style="list-style-type: none"> <li>James L. Hughes, MBA, UMB-Support</li> <li>Kevin P. Kelly, JD, UMB-Support</li> </ul>
2/19	Finance	SB 439 Employment Discrimination — Fire and Rescue Public Safety Employees — Use of Medical Cannabis	<ul style="list-style-type: none"> <li>Lyn Hatch, Student, UMCSOL-Support with Amendment</li> </ul>
2/19	Judiciary	HB 722 Child Sexual Abuse Claims — Doctrine of Charitable Immunity — Abrogation	<ul style="list-style-type: none"> <li>Kathleen Hoke, JD, UMCSOL-Support</li> </ul>



2/19	Ways and Means	HB 676 Maryland Financial Empowerment Center Network Pilot Program — Establishment	<ul style="list-style-type: none"> <li>Judy Postmus, PhD, ACSW, Dean, UMSSW-Support</li> </ul>
2/19	Economic Matters	HB 573 Fair Housing and Housing Discrimination — Regulations, Intent, and Discriminatory Effect	<ul style="list-style-type: none"> <li>Monique Dixon, JD, UMCSOL-Support</li> <li>Michael Pinard, JD, UMCSOL-Support</li> </ul>
2/19	Government, Labor and Elections	HB 552 Commission on the House of Reformation and Instruction for Colored Children — Establishment	<ul style="list-style-type: none"> <li>Monique Dixon, JD, UMCSOL-Support</li> <li>Michael Pinard, JD, UMCSOL-Support</li> </ul>
2/20	Finance	SB 75 Alcoholic Beverages — Class A License — Food Retailers	<ul style="list-style-type: none"> <li>Kathleen Hoke, JD, UMCSOL-Oppose</li> </ul>
2/24	Judicial Proceedings	SB 854 Public Safety — Law Enforcement Officers — Restrictions	<ul style="list-style-type: none"> <li>Mark Graber, JD, PhD, MA, UMCSOL-Support</li> </ul>
2/24	Ways and Means and Economic Matters	HB 898 Economic Development — Delivering Economic Competitiveness and Advancing Development Efforts (DECADE) Act	<ul style="list-style-type: none"> <li>James L. Hughes, MBA, UMB-Support</li> <li>Mary M. Morris, UMB-Support</li> <li>Kevin P. Kelly, JD, UMB-Support</li> </ul>
2/25	Health	HB 995 Health Occupations — Behavioral Health Care Providers — Use of Artificial Intelligence	<ul style="list-style-type: none"> <li>Judy Postmus, PhD, ACSW, Dean, UMSSW-Support with Amendments</li> </ul>
2/25	Judiciary	HB 963 Registers of Wills — Appointment of Personal Representatives	<ul style="list-style-type: none"> <li>David Anguish, JD, UMCSOL-Support</li> <li>Maureen A. Sweeney, JD, UMCSOL-Support</li> </ul>



2/26	Finance	SB 594 Cannabis — Advertising — Alterations	<ul style="list-style-type: none"> <li>• Mathew Swinburne, JD, UMCSOL-Oppose</li> <li>• Annie Carver, JD, UMCSOL-Oppose</li> <li>• George Townsend, JD, UMCSOL-Oppose</li> <li>• Steven McKechnie, Student, UMCSOL-Oppose</li> </ul>
2/27	Baltimore City Senate Delegation	SB 756 Baltimore City — Economic Development Project in Downtown RISE District — Payment in Lieu of Taxes	<ul style="list-style-type: none"> <li>• Bruce E. Jarrell, MD, FACS, President, UMB-Support</li> </ul>
2/27	Baltimore City House Delegation	HB 1232 Baltimore City — Economic Development Project in Downtown RISE District — Payment in Lieu of Taxes	<ul style="list-style-type: none"> <li>• Bruce E. Jarrell, MD, FACS, President, UMB-Support</li> </ul>
3/2	Appropriations Capital Budget Subcommittee	HB 391 Capital Budget Department of Housing and Community Development Seed Community Development Anchor Institution Fund (SEED Fund)	<ul style="list-style-type: none"> <li>• Kevin P. Kelly, JD, UMB-Support</li> </ul>
3/3	Budget and Taxation Capital Budget Subcommittee	SB 283 Capital Budget Department of Housing and Community Development Seed Community Development Anchor Institution Fund (SEED Fund)	<ul style="list-style-type: none"> <li>• Kevin P. Kelly, JD, UMB-Support</li> </ul>
3/3	Budget and Taxation	SB 756 Baltimore City — Economic Development Project in Downtown RISE District — Payment in Lieu of Taxes	<ul style="list-style-type: none"> <li>• Bruce E. Jarrell, MD, FACS, President, UMB-Support</li> <li>• James L. Hughes, MBA, UMB-Support</li> </ul>



3/3	Ways and Means	HB 1232 Baltimore City — Economic Development Project in Downtown RISE District — Payment in Lieu of Taxes	<ul style="list-style-type: none"> <li>James L. Hughes, MBA, UMB-Support</li> </ul>
3/3	Finance	SB 874 Health Occupations — Social Workers — Scopes of Practice	<ul style="list-style-type: none"> <li>Judy Postmus, PhD, ACSW, Dean, UMSSW-Support with Amendment</li> </ul>
3/4	Finance	SB 910 Health Insurance — Graduate-Level Clinical Interns — Required Reimbursement	<ul style="list-style-type: none"> <li>Judy Postmus, PhD, ACSW, Dean, UMSSW-Support</li> </ul>
3/4	Health	HB 1042 Health Occupations — Structural Racism Training — Funding Sources	<ul style="list-style-type: none"> <li>Judy Postmus, PhD, ACSW, Dean, UMSSW-Support with Amendment</li> </ul>
3/4	Health	HB 1119 Health Occupations — Social Workers — Scopes of Practice	<ul style="list-style-type: none"> <li>Judy Postmus, PhD, ACSW, Dean, UMSSW-Support with Amendment</li> </ul>
3/4	Economic Matters	HB 1519 Cannabis — Management Service Agreements, Advertising, and Penalties — Alterations (Cannabis Reform and Opportunity Act)	<ul style="list-style-type: none"> <li>Lyn Hatch, Student, UMCSOL-Oppose</li> <li>George Townsend, JD, UMCSOL-Oppose</li> </ul>
3/4	Economic Matters	HB 918 Baltimore City — Cigarettes, Other Tobacco Products, and Electronic Smoking Devices — Enforcement and Licensure	<ul style="list-style-type: none"> <li>Kathleen Hoke, JD, UMCSOL-Support with Amendments</li> </ul>
3/4	Economic Matters	HB 1303 Alcoholic Beverages — Class A License — Retail Establishments (Alcoholic Beverages Modernization Act of 2026)	<ul style="list-style-type: none"> <li>Kathleen Hoke, JD, UMCSOL-Oppose</li> </ul>



3/5	Health and Judiciary	HB 1131 Public Health — Pregnancy Loss — Prohibited Actions (Pregnancy Outcome Protection Act)	<ul style="list-style-type: none"> <li>• Danielle Basdekis, Student, UMCSOL-Support</li> </ul>
3/5	Judiciary	HB 1262 Public Safety — Law Enforcement Officers — Restrictions	<ul style="list-style-type: none"> <li>• Mark Graber, JD, PhD, MA, UMCSOL-Support</li> </ul>
3/5	Ways and Means	HB 197 Comprehensive Community Safety Funding Act	<ul style="list-style-type: none"> <li>• Nadine Finigan-Carr, PhD, UMSSW-Support</li> </ul>
3/5	Government, Labor and Elections	HB 1543 Labor and Employment — Temporary Workers	<ul style="list-style-type: none"> <li>• David Anguish, JD, UMCSOL-Support</li> <li>• Maureen A. Sweeney, JD, UMCSOL-Support</li> </ul>
3/9	Appropriations Health and Human Services Subcommittee	HB 390 Operating Budget — MDH Health Regulatory Commissions	<ul style="list-style-type: none"> <li>• Thomas Scalea, MD, UMSOM-Support</li> </ul>
3/10	Finance	SB 798 Public Health — Maryland Medical Assistance Program — Tobacco Cessation	<ul style="list-style-type: none"> <li>• Davon Nixon, Student, UMCSOL-Support</li> </ul>
3/10	Finance	SB 522 Workers' Compensation — Evaluation of Permanent Impairments— Licensed Social Worker-Clinical	<ul style="list-style-type: none"> <li>• Judy Postmus, PhD, ACSW, Dean, UMSSW-Support</li> </ul>
3/11	Economic Matters	HB 1325 Workers' Compensation — Evaluation of Permanent Impairments — Licensed Social Worker-Clinical	<ul style="list-style-type: none"> <li>• Judy Postmus, PhD, ACSW, Dean, UMSSW-Support</li> </ul>
3/11	Health	HB 1483 Clinical Professional Counseling — Out-of-State Providers —	<ul style="list-style-type: none"> <li>• Judy Postmus, PhD, ACSW, Dean, UMSSW-Support with Amendment</li> </ul>



		Use of Telehealth for Continuity of Care	
3/11	Appropriations	HB 1540 University of Maryland Capital Region Medical Center — Funding — Repeal of Termination Date	<ul style="list-style-type: none"> <li>• Kevin P. Kelly, JD, UMB-Support</li> </ul>
3/13	Health	HB 1094 Health Insurance — Graduate-Level Clinical Interns — Required Reimbursement	<ul style="list-style-type: none"> <li>• Judy Postmus, PhD, ACSW, Dean, UMSSW-Support</li> </ul>
3/16	Appropriations Capital Budget Subcommittee	HB 391 Capital Budget University of Maryland, Baltimore	<ul style="list-style-type: none"> <li>• Bruce E. Jarrell, MD, FACS, President, UMB-Support</li> <li>• Luke Mowbray, UMB-Support</li> </ul>
3/17	Budget and Taxation Capital Budget Subcommittee	SB 283 Capital Budget University of Maryland, Baltimore	<ul style="list-style-type: none"> <li>• Bruce E. Jarrell, MD, FACS, President, UMB-Support</li> <li>• Luke Mowbray, UMB-Support</li> </ul>
3/31	Finance	SB 1008 Alcohol and Cannabis — Cannabinoid Beverages Off-Premises Sales Permit — Establishment	<ul style="list-style-type: none"> <li>• Matthew Swinburne, JD, UMCSOL-Oppose</li> <li>• Annie Carver, JD, UMCSOL-Oppose</li> <li>• George Townsend, JD, UMCSOL-Oppose</li> </ul>
3/31	Economic Matters	SB 455 Economic Development — Transformational Project Financing Program — Establishment	<ul style="list-style-type: none"> <li>• Kevin P. Kelly, JD, UMB-Support</li> </ul>
4/2	Economic Matters	SB 594 Cannabis — Advertising — Alterations	<ul style="list-style-type: none"> <li>• Matthew Swinburne, JD, UMCSOL-Oppose</li> <li>• Annie Carver, JD, UMCSOL-Oppose</li> <li>• George Townsend, JD, UMCSOL-Oppose</li> </ul>



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### ***Special Thanks***

*We wish to acknowledge the following student interns for their work during the 2026 Legislative Session:*

School of Medicine  
*Alexis N. Vetack*

School of Pharmacy  
*Heidi Gonzalez Ramirez*  
*Alynn B. Wagner*