MD CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
Final 2026 Legislative Report

The 449th Session of the Maryland General Assembly convened at noon on Wednesday, January 14, and adjourned at midnight on Monday, April 13. Unprecedented changes took place just prior to the start of the session, beginning with the election of Delegate Joseline Peña-Melnyk as Speaker of the House. Her election prompted a significant reorganization of House leadership, an increase in the number of standing committees from six to seven, the reassignment of legislators among the seven committees, and changes to committee jurisdictions, creating a learning curve for legislators, staff, and lobbyists alike.

With the conclusion of the 2026 session, attention now turns to the upcoming elections. The primary election is scheduled for June 23, 2026, followed by the general election on November 3, 2026. In Maryland, all members of the General Assembly and statewide elected officials are up for reelection. Prior to adjournment, several legislators announced they would not seek another term, including Senator Pamela Beidle (D-32, Anne Arundel County), Chair of the Senate Finance Committee, and Delegate Bonnie Cullison (D-19, Montgomery County), Vice-Chair of the House Health Committee. As a result, these departures will not only bring new representation to their districts but will also necessitate shifts in legislative leadership for the 2027 legislative session.

FISCAL YEAR 2027 BUDGET

Prior to the start of the Session, the Department of Legislative Services (DLS) announced that the State would once again face an estimated $1.4 billion deficit. Unfortunately, while the General Assembly and the Governor balanced the budget for Fiscal Year 2027 (FY27), a structural deficit remains. Because of this, DLS predicts that deficits will continue and may balloon to $4 billion by Fiscal Year 2030 without drastic cuts or additional revenue.

The FY27 Medicaid budget invests in IT upgrades, additional Medicaid staffing, and local navigator support to simplify eligibility verification and enrollment. Together, these measures are intended to reduce coverage churn and improve continuity of care.

The FY27 budget initially proposed reducing school mental health funding from $100 million to $80 million; however, the final budget fully restored the funding, preserving the entire $100 million allocation.

The FY27 budget maintains level funding for Medicaid Evaluation and Management (E&M) codes. Sustained funding for E&M codes helps preserve provider participation and ensures individuals can access routine visits, preventive care, and early intervention services without delays.

Lastly, the FY27 budget also includes the following notable reporting requirements:

- Department of Health report on staffing at John L. Gildner Regional Institute for Children and Adolescents (JLG RICA) (due 7/15/26)

- Department of Health/Health Services Cost Review Commission report on financing of long-acting injectable (LAI) medications used to treat serious and persistent mental illness (SPMI) (due 9/1/26)
- Department of Human Services report on costs associated with children and youth in out-of-home placements placed in hotels (due 9/30/26)
- Department of Human Services data report on children and youth experiencing stays in hospitals, hotels, and other unlicensed settings (due 11/15/26)
- Department of Health/Health Benefit Exchange reports on the implementation and impact of federal Medicaid reforms (due 12/1/26, 6/1/27)
- Department of Human Services/Department of Health report on options and efforts to better serve pediatric hospital overstay patients (due 12/1/26)
- Department of Human Services report on child fatalities where abuse or neglect are determined to be a contributing factor (due 1/11/27)

LEGISLATIVE UPDATES

During this legislative session, a total of 2,654 bills were introduced, with 887 ultimately enacted – representing an approximate passage rate of 33%. This marks a slight increase from the 878 bills passed in 2025, though still below the 1,053 enacted in 2024.

Overall, MDAAP tracked 132 bills, including 84 crossfiles, where identical legislation was introduced in both the House and Senate. These crossfiled bills are tracked separately to reflect their distinct paths through the legislative process, including differences in hearings, amendments, and final outcomes. The following is a summary of the bills that MDAAP tracked, took positions on, submitted testimony for, testified on, or monitored during the 2026 legislative session.

This year's advocacy day on March 10 was our first time hosting the event in the House of Delegates Office Building since before COVID-19. Our three asks were support for 1) funding ***Medicaid***, 2) ***House Bill 704 (Senate Bill 506): Community Eligibility Provision Expansion Program – Establishment*** (expands free breakfast and lunch programs in Maryland schools) and 3) ***House Bill 637 (Senate Bill 385): The Vax Act.*** About 60 attendees participated on behalf of Maryland's children, meeting with legislators on the Senate Budget and Taxation and the House Appropriations Committees.

House Bill 637 (Senate Bill 385): The Vax Act (passed) was introduced by Governor Moore's Administration and was supported by MDAAP, with physicians testifying on the Governor's panel in support of the bill. The bill was passed in the final days of the session and signed by Governor Moore on April 14. The bill was introduced in response to growing uncertainty at the federal level about the future of vaccine recommendations, preventative service guidance, and the scientific processes historically relied upon to inform clinical practice and coverage policies. For decades, Maryland has tied vaccine administration authority and coverage requirements to federal recommendations, specifically guidance issued through the Centers for Disease Control and Prevention (CDC) and its Advisory Committee on Immunization Practices (ACIP). However, confidence in those recommendations has been shaken by the

actions and rhetoric of the current Administration in Washington, D.C., and by turnover at the CDC and within ACIP's membership.

The Vax Act effectively decouples Maryland from federal guidelines by empowering the Secretary of the Maryland Department of Health (MDH) to issue, publish, and distribute Maryland-specific recommendations for immunizations, screenings, and preventive services. The bill specifies that the Secretary's recommendations shall be made in accordance with recommendations from the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians. The Secretary must also take into consideration guidance from other specified state and local bodies and must still consider the current guidance from ACIP. Additionally, the bill also extends the requirement that insurers provide coverage for recommended vaccines under the Secretary's new authority without imposing cost-sharing requirements, including copayments, coinsurance, or deductibles.

The bill was amended from its original form to require MDH to hold a notice of comment period of at least 30 days before adopting a recommendation for certain preventative services that are not immunizations, cite the applicable recommendations of the authoritative medical organizations on which a recommendation would be based, and to obtain an analysis from the Maryland Health Care Commission (MHCC) that the recommendation meets certain requirements under the Insurance Article. The Secretary is further required to publish recommendations issued under the new authority on the MDH website, distribute them to licensed health professionals in the State, and submit them to the Maryland Insurance Administration. Again, the Vax Act represents a major public health win for Maryland by ensuring that physicians and science lead when scientific integrity is challenged at the federal level.

House Bill 704 (Senate Bill 506): Community Eligibility Provision Expansion Program – Establishment (failed) proposed the establishment of a state-funded Community Eligibility Provision (CEP) Expansion Program to support schools participating in the federal CEP. The CEP model eliminates income-based eligibility requirements, increasing participation, reducing stigma, and improving equitable access to nutrition among students. The legislation would have covered the gap between federal reimbursement rates, enabling schools to provide free breakfast and lunch to all students, with $10 million in annual state funding required beginning in Fiscal Year 28. The legislation did not pass during the 2026 session, as anticipated and noted by the Senate sponsor during the bill hearing. Accordingly, advocacy efforts focused on maintaining legislative engagement and building momentum for consideration during the 2027 legislative session.

Health Insurance

House Bill 1093 (Senate Bill 808): Health Insurance – Provider Panels – Requirements (passed) shortens the timeframes for when a health insurer must act upon a physician's credentialing application.

Specifically, beginning January 1, 2027,

- Within 15 days (rather than 30 days) of receiving a completed application, the carrier is required to send to the email address or mailing address on the application a written notice that the carrier either intends to process or reject the application.
- Within 60 days (rather than 120 days) after providing the notice that the carrier intends to process the application, the carrier must either accept or reject the physician for participation in the carrier's provider panel. However, for certain therapists and professional counselors, the requirement is 30 days (rather than 60 days).
- If an incomplete application is received, the carrier must inform the physician within 10 days of receiving it that the application is incomplete and the information necessary to make the application complete.

The bill requires carriers to accept the uniform credentialing form (UCF) through an online credentialing system, provide a direct phone number and email for UCF inquiries, and respond within two business days of receiving a message. Carriers must also rely on the online system as the primary source for creating and updating provider directories. In addition, the bill mandates that the vendor permit physicians to grant access to a designated credentialing manager and establish a stakeholder workgroup to identify and resolve operational issues, ensuring the system's efficiency.

House Bill 1153 (Senate Bill 797): Maryland Medical Assistance Program and Health Insurance – Claims for Reimbursement – Downcoding (failed) would have prohibited automatic downcoding. Following the hearings, the MIA issued an order fining Cigna $80k for its downcoding policy and, on April 7, distributed a bulletin stating "[u]nder current Maryland law, a third party payor may not proactively modify a service code on its own assessment and send payment for a lower code, placing the burden on the provider or other person entitled to reimbursement to resubmit the initial claim and higher billing code." The order and the bulletin negated the need for the legislation. Additional information will be provided to our members on steps to take if you believe you have been subject to improper downcoding.

Although legislation was passed last year to streamline patient transfers via flexible prior authorizations, Maryland Medicaid's stricter interpretation now prohibits authorizations for transfers to special pediatric hospitals, leaving transfer efficiency unresolved. ***House Bill 1376: Maryland Medical Assistance Program, Maryland Children's Health Program, and Health Insurance – Transfers to Special Pediatric Hospitals – Requirements (passed)*** aimed to fix this. House Bill 1376 requires Medicaid and the Maryland Children's Health Program to provide a prior authorization determination regarding a transfer to a special pediatric hospital on request within two business days.

House Bill 1118 (Senate Bill 891): Health, Health Insurance, and Health Occupations – Perinatal Behavioral Health Conditions (passed), among other provisions, updates the definition of "perinatal behavioral health condition" to mean a behavioral health condition occurring during pregnancy or within one year after the conclusion of a pregnancy, including a pregnancy that did not result in a live birth, including postpartum depression. Health care professionals who evaluate and manage pregnancy or postpartum care must conduct screenings, and Medicaid and commercial insurers must cover screenings at the one-month, two-month, four-month, and six-month well-child visits. Health insurance plans in Maryland must allow members to obtain a standing referral to licensed behavioral health providers for

preventive services and for care throughout pregnancy and up to one year postpartum, without requiring a written treatment plan. Each health occupations board that requires continuing education must grant at least two hours of continuing education credit for every one hour completed.

House Bill 746 (Senate Bill 428): Maryland Medical Assistance Program and Health Insurance – Collaborative Care Model – Cost Sharing Prohibition and Coverage Requirements (passed) was introduced by the Mental Health Association of Maryland. The bill prohibits Maryland Medicaid from imposing cost-sharing requirements for CoCM services and requires the MHCC to examine the impact of eliminating cost-sharing in the commercial health insurance market. It also requires that health insurance companies provide coverage for CoCM, expanding access to the evidence-based model and ensuring MHCC has consistent data when completing its cost impact report. The removal of cost-sharing improves access to team-based care for conditions frequently managed in pediatrics, including anxiety, depression, ADHD, chronic pain, and other conditions with intertwined medical and psychosocial components, as such MDAAP strongly supported the bill.

Foster Care, Placement, and Youth Supports

House Bill 1559: Children in Unlicensed Settings and Pediatric Hospital Overstay Patients – Placement (passed) prohibits the Maryland Department of Human Services' (DHS) out-of-home placement program from using an "unlicensed setting" for a child. Effective January 1, 2027, the definition of "unlicensed setting" is expanded to include an inpatient unit or emergency department of a hospital in which the child is a patient younger than age 22 who remains for more than 48 hours after being medically cleared for discharge or transfer. Through September 30, 2029, the bill requires the pediatric overstay coordinators to maintain specified data on each pediatric hospital overstay patient and provide monthly reports on specified collected data to the Secretaries of Health and Human Services and the Child and Youth Placement Review Panel in the Governor's Office for Children. A hospital must immediately notify the coordinators, through a system designated by MDH, about a pediatric hospital overstay patient. Of note, MDAAP has a membership slot on the Advisory Council on Maryland's System of Care for Children, Youth and Families that the bill establishes.

MDAAP supported ***House Bill 980 (Senate Bill 996): Family Law and Human Services – Guardianship Assistance Program and State Foster Youth Ombudsman – Establishment (Kanaiyah's Law) (passed)*** codifies provisions of the guardianship assistance program regulations by requiring DHS to establish and maintain a Guardianship Assistance Program to promote the placement and maintenance of children in permanent guardianship homes by providing guardianship assistance to guardians of minor children. Under the bill, "guardianship assistance" means monetary and medical assistance provided under the program.

The bill also establishes the State Foster Youth Ombudsman within DHS to (1) provide legal expertise in the areas of child welfare, custody and guardianship matters, and appeals and due process issues; (2) provide a neutral voice to address differences between youth experiencing out-of-home care, caregivers, guardians, and resource and adoptive parents interacting with DHS and local departments of social services; (3) investigate complaints from youth experiencing out-of-home care; (4) address concerns,

problems, areas of improvement in service delivery, or needs associated with the rights and responsibilities of youth experiencing out-of-home care; and (5) advocate for youth experiencing out-of-home care.

Specified foster care recipients and homeless youth are eligible for tuition and mandatory fee exemption to attend public institutions of higher education in the State. For the purposes of determining eligibility for this exemption, ***House Bill 982 (Senate Bill 864): Higher Education – Tuition Exemption for Foster Care Recipients – Eligibility (passed)*** alters the definition of "foster care recipient" from an individual who resided in an out-of-home placement on or after their thirteenth birthday to an individual who resided in an out-of-home placement on or after their eighth birthday. MDAAP supported the legislation.

MDAAP also supported ***House Bill 1181: Family Law – Children in Out-of-Home Placement – Voluntary Placement Agreements (passed)***, which alters multiple provisions related to children placed in out-of-home placements under a voluntary placement agreement with a local department of social services. Specifically, the bill provides that, in determining the reasonable efforts to preserve and reunify families, a child's parent or legal guardian need not exhaust all home- and community-based services.

Child Protection, Abuse Prevention, and System Accountability

House Bill 771: Health Occupations – Human Trafficking Awareness Training (passed) 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. A continuing education program must be free, accessible, at least one hour long, and approved by MDH in collaboration with certain stakeholders. A program must include instruction on (1) the definitions and forms of sex and labor trafficking; (2) the trauma-informed care model; (3) indicators of human trafficking, particularly those presenting in a health care setting; (4) screening, documentation, and reporting protocols; and (5) available resources and services for survivors of human trafficking.

House Bill 1168 (Senate Bill 685): State Department of Education – Sexual Abuse and Sexual Misconduct Model Response Policy – Requirements (passed) requires the Maryland State Department of Education (MSDE) to develop a model sexual abuse and misconduct response policy for use by local school systems to respond to school-related allegations of sexual abuse and sexual misconduct. The model plan must include (1) a communications plan; (2) an email and other electronic communication documents retention policy; (3) a requirement to link to a centralized resource platform that includes information and provides links to resources regarding child sexual abuse and sexual misconduct in a school environment; and (4) an after-action review plan. Each local school system must adopt a response policy based on the model policy developed by MSDE. A response policy is prohibited from impeding or compromising the ability of a school, a local school system, a law enforcement agency, or a prosecutor from conducting a thorough or unbiased investigation into an allegation of sexual abuse or sexual misconduct.

House Bill 501 (Senate Bill 407): Criminal Law – Sexual Offense by a Person in a Position of Authority (passed) closes longstanding gaps in Maryland's criminal statutes and strengthens protections for children who are vulnerable to sexual abuse by adults in positions of trust.

The legislation:

- Increases penalties for existing sexual offenses when committed by an individual in a position of authority with prior qualifying convictions
- Creates a new sexual offense specifically addressing abuse by persons in positions of authority
- Requires Tier III sex offender registration for individuals convicted under these provisions
- Adds these offenses to the list of qualifying crimes for sexual solicitation of a minor

A "person in a position of authority" includes principals, vice principals, teachers, coaches, school counselors, and other adults age 21+ (or 22+ in youth programs) who work or volunteer in schools or youth-serving programs and supervise or interact with minors. It provides clearer accountability for adults who supervise or interact with minors in schools and youth-serving programs, therefore MDAAP supported the bill.

MDAAP opposed ***House Bill 890 (Senate Bill 650): Family Law – Child Abuse and Neglect Investigations ("Know Before They Knock" Family Right to Notice Act) (failed)*** due to concerns that it could impede timely child abuse and neglect investigations and place children at increased risk of harm. The bill would have required Child Protective Services (CPS) investigators to provide parents or guardians with oral and written notice of their rights during an investigation. Of particular concern was a provision stating that parents are not required to allow CPS personnel to interview or examine a child unless ordered by a court or otherwise authorized by law. MDAAP argued this language conflicted with existing Maryland law requiring CPS or law enforcement to assess a child's safety within 24 hours in abuse cases and within five days in neglect or mental injury cases. Restricting access to children during investigations could delay intervention in unsafe situations and undermine child protection efforts. The bill's failure preserved the ability of CPS and law enforcement to promptly assess child safety and intervene when necessary to protect vulnerable children from abuse and neglect.

MDAAP supported ***House Bill 1326 (Senate Bill 447): Child Abuse and Neglect – Disclosure of Reports and Records (passed)*** and proposed an amendment to exclude individual coaches from directly receiving reports or records of child abuse involving an employee, recommending instead that such information be directed to a senior-level administrator within youth sports organizations. The amendment was not adopted. As passed, the bill authorizes DHS to disclose finalized findings of indicated child abuse or neglect to certain child-serving entities with responsibility for the care, supervision, or programming of minors. This includes government-operated childcare centers, youth sports programs (such as recreational leagues, athletic clubs, and instructional programs for minors), and other organizations that have temporary custody of children or provide structured supervision or enrichment activities. The purpose of these disclosures is to support screening decisions regarding an individual's suitability for employment or volunteer service involving children, particularly in roles that involve direct access to or supervision of minors.

Public Health

MDAAP supported the goals of ***House Bill 181: Public Health – Restaurants – Disclosure of Main Food Allergens (failed)***, which would have required additional disclosure of food allergens on menu items. However, despite several stakeholder conversations in the Public Health and Minority Health Disparities Subcommittee of the House Health Committee, the Committee failed to reach a compromise and ultimately took no action.

MDAAP supported ***House Bill 1389 (Senate Bill 907): Public Health – Female Genital Mutilation (passed)*** consistent with American Academy of Pediatrics guidance opposing female genital mutilation and recognizing it as a severe form of child abuse. The bill strengthens Maryland's prohibition on FGM by defining it as any non-medical procedure that partially or fully removes or injures external female genitalia and explicitly prohibiting the practice on minors, including transporting a child out of state for the procedure. It enhances criminal penalties and requires professional licensing boards to revoke licenses following a conviction or related guilty plea. The bill also extends civil remedies for survivors, allowing lawsuits within 10 years of the violation or until age 28, whichever is later. In addition, FGM is explicitly included in mandatory child abuse reporting requirements, and the MDH is directed to develop and distribute educational materials and submit a report to the General Assembly by December 1, 2027.

Technology

MDAAP strongly opposed ***Senate Bill 932: Consumer Protection – Social Media Platforms – Display of User Location (failed)***. The bill would have required social media platforms to display the general geographic location (state/province and country based on IP address) of users whose accounts are visible to Maryland users. Platforms would be prohibited from displaying this information for users known or reasonably believed to be minors. Violations would be treated as an unfair or deceptive trade practice under Maryland consumer protection law, enforceable by the Attorney General.

While the bill was intended to protect minors by exempting their location data, it would have created unintended privacy concerns by increasing the risk that minors' identities or locations could be inferred, particularly in smaller communities or niche online networks. By exempting minors from location display, the bill would have inadvertently highlighted which users are minors, potentially making them more identifiable and vulnerable to online predators. This raised broader concerns about digital privacy and safety for youth, and the bill failed to advance.

House Bill 525 (Senate Bill 928): County Boards of Education – Student Electronic Communication Device Use Policy – Establishment (Joanne C. Benson Maryland Phone-Free Schools Act) (passed) requires all public schools to adopt policies by the 2027-28 school year that restrict students' use of personal electronic devices, including cellphones, laptops, and smart watches, and block access to social media during the school day, including class, passing periods, lunch, and recess. Exceptions are allowed for school-issued devices, IEP accommodations, health needs, emergencies, or specific instructional purposes approved by administrators. Enforcement would follow standard classroom management, with teachers addressing minor violations and administrators intervening as needed. The bills passed

unanimously through committees and are expected to become law, resolving a multi-year policy discussion.

Disability Services and Accessibility

House Bill 1445 (Senate Bill 742): Maryland Medical Assistance Program and Developmental Disabilities Administration – Home- and Community-Based Services Eligibility Determinations (Maryland Protecting People With Disabilities Act) (passed) expands requirements for waivers administered by the Developmental Disabilities Administration and codifies existing federal mandates related to the waivers. MDH is prohibited from procedurally disenrolling individuals from Medicaid or home- and community-based services (HCBS) based on missing documentation, a missing signature, or incomplete information, except under certain circumstances. MDH must retroactively reinstate certain recipients who were procedurally disenrolled, and, subject to federal approval, must reserve capacity in HCBS waivers for recipients who (1) were disenrolled from the Medicaid HCBS waiver on or after January 1, 2024; (2) have Medicaid eligibility reinstated; and (3) have requested the reinstatement of wavier services.

House Bill 634 (Senate Bill 745): Police Training – Autism and Dementia (LEAD Act of 2026) (passed) requires the Maryland Police Training and Standards Commission (MPTSC), for entrance-level police training and, as determined by MPTSC, for in-service level training conducted by the State and each county and municipal police training school, that the curriculum and minimum courses of study include, consistent with established law enforcement standards and federal and State constitutional provisions, training regarding individuals with intellectual and developmental disabilities, dementia, and autism, including training for (1) locating an individual who is wandering, eloping, or otherwise missing; (2) searching near bodies of water; (3) sensory-aware approaches; (4) reunification; (5) documentation; and (6) interagency coordination.

House Bill 311 (Senate Bill 507): Public Schools – Individuals With Disabilities – Accessibility and Emergency Planning (passed) builds on Maryland's 2018 Safe to Learn Act by expanding school safety evaluations to include disability accessibility. Schools are now required to assess accessibility barriers for individuals with disabilities as part of routine safety evaluations and, when needed, identify solutions to address them. Local school systems must also report instances where school facilities were inaccessible in ways that could interfere with evacuation or emergency response for students with disabilities as part of their annual safety reporting to Maryland Center for School Safety. MDAAP supported this legislation which passed well in advance of the last day of session.

MDAAP supported ***House Bill 1434: Maryland Department of Health – Caregiver Resource Webpage – Establishment (passed)***, which requires MDH to develop and maintain a centralized caregiver resource webpage on MDH's website. "Caregiver" means an individual who provides care, supervision, or assistance to another individual due to the individual's age, disability, chronic illness, cognitive impairment, or other functional limitation. MDH must coordinate with the MSDE, the Maryland Department of Aging, the Developmental Disabilities Administration, and any other relevant State or local agencies in developing the webpage. The webpage must be posted in a conspicuous location on the

MDH website and provide plain-language, easily accessible information to support all types of caregivers at different stages of caregiving.

Juvenile Law

House Bill 409 (Senate Bill 323): Juvenile Court – Jurisdiction (Youth Charging Reform Act) (passed) makes numerous changes to the juvenile justice process in the State by (1) expanding the jurisdiction of the juvenile court; (2) requiring the detention of a child before a hearing in specified situations; (3) limiting the circumstances under which a child may be held, detained, or confined in an adult jail or correctional facility; and (4) establishing several reporting requirements. MDAAP supported the legislation.

Other

House Bill 1209 (Senate Bill 950): Conversion Therapy – Prohibitions and Causes of Action (failed) would have established conversion therapy as a basis for a medical malpractice action. It also would have allowed any licensed mental health provider to serve as an expert witness in malpractice actions related to conversion therapy, removed the cap on noneconomic damages in such cases, and extended the statute of limitations for related claims. Chapter 685 of 2018 already prohibits specified mental health and childcare practitioners from engaging in conversion therapy with minors. MDAAP monitored the legislation given this existing prohibition and concerns that removing the cap on noneconomic damages could substantially increase liability exposure and have unintended impacts on the delivery and cost of mental health care.

House Bill 679: Health Occupations – Cross-Sex Hormone Therapy for Minors (failed) would have prohibited licensed health care practitioners from prescribing, dispensing, or administering cross-sex hormones to minors for the treatment of gender-related diagnoses, including gender dysphoria, and established felony criminal penalties of up to life imprisonment for violations. MDAAP opposed the legislation, consistent with AAP policy recognizing gender-diverse youth as a population requiring individualized, developmentally appropriate, and evidence-informed care.

Senate Bill 810: Immigration Enforcement – Expanding Sensitive Locations, Notification, and Guidance (Maryland Values Act of 2026) (passed) is an emergency bill that prohibits public school personnel, including school resource officers, school security employees, and other specified law enforcement officers, from (1) being used at a public school for purposes of or engaging in immigration enforcement or (2) producing or sharing information or a document pertaining to student educational records or employee personnel records or any other information for purposes of immigration enforcement. It also requires public school personnel to notify the county superintendent of an affected school or the county superintendent's designee if the school personnel are notified of immigration enforcement in a school. MDAAP supported this legislation; it was signed by the Governor on April 28.