Department of Legislative Services

Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

Senate Bill 741 (Senator Rosapepe, *et al.*)

Finance and Budget and Taxation | Health and Government Operations and Appropriations

COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021

This emergency bill requires the Maryland Department of Health (MDH), in collaboration with local health departments (LHDs) and the Maryland State Department of Education (MSDE), to adopt and implement a two-year plan to respond to COVID-19 by June 1, 2021. The plan must include specified measures. MDH must also develop and submit a comprehensive COVID-19 vaccination plan and convene a Maryland Public Health Modernization Workgroup. MDH must provide specified funding to local jurisdictions, assisted living programs, home health agencies, and nursing homes. Each assisted living program, home health agency, nursing home, and specified institutions of higher education must adopt and implement a specified COVID-19 plan. The bill also mandates health insurance coverage of COVID-19 testing and administration without cost-sharing. Any funding appropriated under the bill may consist only of specified federal funds. **Provisions relating to specified COVID-19 testing/infection control plans, additional funding for nursing homes, and insurance terminate December 31, 2022.**

Fiscal Summary

State Effect: Federal fund expenditures of *at least* $54.5 million are required in FY 2021, with *at least* another $98.0 million required in FY 2022 to provide funding to local jurisdictions and specified facilities. As discussed below, this funding would have been expended otherwise, likely by MDH, but the timing, distribution, and specific purposes may have been different in the absence of the bill. Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) from filing fees in FY 2021 and 2023; MIA special fund contractual expenditures increase in FY 2021 and 2023.

Local Effect: Local revenues and expenditures increase by *at least* $40.0 million in both FY 2021 and 2022, as discussed below. Some portion of this funding would have likely been provided absent the bill, but specific purposes, distribution, and timing may have been different. Additional impacts are possible, as discussed below.

Small Business Effect: Meaningful.

Analysis

Bill Summary: "COVID-19 test" means an in vitro diagnostic test for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, as described in the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Components of the Two-year Plan

The two-year plan to be adopted by MDH in collaboration with LHDs and MSDE must:

- include measures to enhance State and local public health efforts to monitor, prevent, and mitigate the spread of COVID-19;
- assess the COVID-19 testing infrastructure;
- identify and address unmet testing needs;
- establish specific monthly testing goals;
- estimate funding required to implement surveillance testing goals and the extent to which federal funding already received by the State can be used to achieve goals;
- require MDH to assist local jurisdictions that adopt strategies regarding accelerated access to and use of at-home and point-of-care testing and incentivize and encourage pharmacies and health care providers to offer testing;
- assess the contact tracing infrastructure and determine the optimal number of contact tracing and related personnel;
- identify and address unmet contact tracing and related outbreak prevention and mitigation efforts;
- establish goals for identifying, locating, and testing individuals who have been in close contact with individuals who test positive for COVID-19;
- include a mechanism for monitoring performance of contact tracing and testing of contacts;
- allow each local jurisdiction to establish and implement its own contact tracing program; and
- have a design that addresses the disproportionate impact of the COVID-19 pandemic on underserved and minority communities in the State.

Grants to Local Jurisdictions

In both fiscal 2021 and 2022, MDH must provide local jurisdictions with (1) at least $25.0 million in grants to expand capacity for COVID-19 testing, contact tracing, or any other public health purpose related to COVID-19 response for which federal funding is

authorized and (2) at least $15.0 million to vaccinate residents. Additional grant funding must be provided to local jurisdictions that elect to establish independent contact tracing programs. MDH may use only specified federal funding to provide grants. Grant funding must be divided between local jurisdictions in proportion to their respective populations. MDH must provide additional grant funding to a local jurisdiction if the department determines that the initial allocation is not sufficient to meet the testing and contact tracing or vaccination needs of the local jurisdiction.

A local jurisdiction may use grant funding for testing and contact tracing to expand COVID-19 testing capacity through direct testing or by contracting with other entities. For fiscal 2021 and 2022, MDH must provide additional funding to local jurisdictions that elect to establish and implement an independent contact tracing program. The amount of funding provided for an independent contact tracing program must be equivalent to the cost per case amount provided under the State contact tracing contract.

Grants to Assisted Living Programs and Home Health Agencies

To the extent practicable, MDH must provide grant funding to assisted living programs and home health agencies – up to $9.0 million in fiscal 2021 and $36.0 million in fiscal 2022 – to cover the cost of COVID-19 testing for residents, patients, and staff. MDH may use only specified federal funding to provide grants.

Additional Funding for Nursing Homes

The bill expresses legislative intent that the Governor include additional funding in the budget – up to $5.5 million in fiscal 2021 and $22.0 million in fiscal 2022 – to cover the cost of COVID-19 testing of nursing home staff and residents during calendar 2021. Additional funding must (1) be in addition to any other provider rate increases included in fiscal 2021 and 2022 budgets and (2) consist only of specified federal funding allocated to the State.

Vaccination Plan

By June 1, 2021, MDH, with input from subject matter experts and other stakeholders, must develop and submit to the General Assembly a comprehensive COVID-19 vaccination plan. The plan must include (1) specified information on the categories of residents who will receive priority access to vaccines, the timeline for providing vaccines to each priority category and the general public, and target metrics for vaccinating residents in each priority category and the general public; (2) a dedication of time and resources to target vaccine distribution and vaccine safety outreach efforts to communities disproportionately impacted by COVID-19 infection, morbidity, and mortality; (3) a vaccine distribution strategy that allocates resources and vaccines in an equitable manner and accounts for the disproportionate impact of the COVID-19 pandemic on underserved

and minority communities; and (4) a strategy for outreach and distribution of vaccines to individuals who are not receiving the vaccine due to either lack of access or vaccine hesitancy. After submission, MDH must provide weekly progress reports to the General Assembly for the duration of calendar 2021.

Maryland Public Health Modernization Workgroup

The workgroup must assess the current public health infrastructure and resources in the State and make recommendations for how to establish a modern and effective public health system with a capacity to (1) monitor, prevent, control, and mitigate the spread of infectious disease and (2) achieve State Health Improvement Process goals. The workgroup must also make recommendations regarding the establishment of a Maryland Public Health Job Corps to respond to COVID-19 or similar outbreaks and consider, where appropriate, the use of federal funds to implement any recommendations made by the workgroup. By December 1, 2021, MDH must submit a report to the General Assembly that includes the workgroup's findings and recommendations.

Assisted Living Programs and Nursing Home COVID-19 Testing Plans

For calendar 2021 and 2022, assisted living programs and nursing homes must adopt and implement COVID-19 testing plans for residents and staff. The plans must ensure that residents and staff are regularly tested for COVID-19, as specified. MDH must adopt regulations that set standards for the testing plans; standards must be guided by applicable federal orders and policies and include requirements for testing frequency that are reasonably related to the COVID-19 testing positivity rate in the local jurisdiction in which the assisted living program or nursing home is located.

Home Health Agency Infection Control and Prevention Plans

For calendar 2021 and 2022, home health agencies must adopt and implement a COVID-19 infection control and prevention plan for patients and staff. The plan must (1) be adopted and implemented in accordance with any applicable federal orders and guidance and (2) ensure that patients and staff are regularly screened for COVID-19 and tested or referred for testing for COVID-19 if required or recommended, as specified. Screening must include reporting to the home health agency of any symptoms related to or known exposure to COVID-19 by patients and staff. Home health agencies must provide the plan to patients and staff, and members of the public on request.

Higher Education COVID-19 Security Plans

For calendar 2021, an institution of higher education that has residence halls for students must establish a COVID-19 security plan that includes screening and testing procedures that will keep students, faculty, and staff safe while on campus for face-to-face instruction

during the pandemic. The plan must be posted on the website of the institution of higher education and made available to the public.

Mandated Health Insurance Coverage of COVID-19 Tests

"COVID-19 test" includes a federal Food and Drug Administration (FDA) approved, cleared, or authorized rapid point-of-care test and an at-home collection test.

Each individual and small employer health benefit plan issued or delivered in the State by an insurer, nonprofit health service plan, or health maintenance organization must provide coverage for COVID-19 tests and related items and services for the administration of such tests, including facility fees, health care practitioner fees, and evaluation of the member for purposes of determining the need for the test, as required by the federal Families First Coronavirus Response Act, the federal CARES Act, and any applicable federal regulations or guidance. Coverage must be provided without a copayment, coinsurance requirement, or deductible for COVID-19 tests and related items and services for their administration.

Federal Funding for Implementation

Any funding appropriated for implementation of the bill may consist only of federal funding allocated to the State under the federal Coronavirus Response and Relief Supplemental Appropriations Act and any other federal legislation enacted in calendar 2020 through 2022. Any federal funding appropriated under the bill for vaccine distribution, testing, or contact tracing must be limited to funding specifically allocated for those purposes under the CARES Act, the Consolidated Appropriation Act, or the American Rescue Plan Act of 2021, except to the extent other funding is provided for these purposes by the Governor.

Miscellaneous

The bill delays, from July 1, 2021, to January 1, 2022, the effective date of Chapter 365 of 2020, which (along with Chapter 366 of 2020) establishes specified requirements relating to hospitals that charge an outpatient facility fee.

Current Law:

Maryland Response to COVID-19

Chapters 13 and 14 of 2020 authorized the Governor to take actions to facilitate access to health care and the provision of that care and to mitigate costs to individuals for COVID-19 diagnosis and treatment. Specifically, the Governor may (1) prohibit cost-sharing by a carrier for COVID-19 testing (and associated costs) conducted based on testing protocols recommended by the Secretary of Health; (2) order MDH to cover the cost of COVID-19

testing (and associated costs) if the costs would not otherwise be paid for by a carrier or another third party; and (3) require carriers and Medicaid to cover a COVID-19 immunization (and any associated costs), without cost-sharing, if the patient belongs to a category of individuals to whom MDH has determined cost-sharing should not apply.

In response to COVID-19, MIA adopted several sets of emergency regulations and bulletins, including requiring carriers to (1) waive any cost-sharing for any visit to diagnose or test for COVID-19, regardless of the setting of the testing; (2) waive any cost-sharing for laboratory fees to diagnose or test for COVID-19; (3) waive any cost-sharing for vaccination for COVID-19; (4) evaluate a request to use an out-of-network provider to perform diagnostic testing of COVID-19; and (5) consider an adverse decision on a request for coverage of diagnostic services for COVID-19 an emergency case for which an expedited grievance procedure is required.

Federal Requirements Regarding Insurance Coverage of COVID-19 Testing

Under the federal Families First Coronavirus Response Act, all public and private health insurance (including self-funded plans) must cover FDA-approved COVID-19 tests and associated costs without cost-sharing. However, coverage is only required if the test is deemed medically appropriate by an attending health care provider. There is no limit on the number of COVID-19 tests that must be covered for an individual, as long as each test is deemed medically appropriate and the individual has signs or symptoms of or known or suspected recent exposure to COVID-19. Coverage is *not required* for routine tests to screen for general workplace health and safety, public health surveillance, or any other purpose not intended for individualized diagnosis and treatment of COVID-19 or another condition.

Federal Funding for COVID-19

To date, $4.1 billion in federal funds has been allocated to MDH for the State's COVID-19 response, including $737.1 million for testing and contact tracing and $281.5 million for vaccine distribution. Approximately $3.3 billion of these funds is reflected in the operating budgets from fiscal 2020 through 2022 after accounting for appropriations added in the second and fifth supplemental budgets. The federal American Rescue Plan Act of 2021 provides additional federal aid for testing, contact tracing, and vaccine distribution, among other programs and activities. State awards from some of these funding sources allocated through the American Rescue Plan Act have not been announced, but are likely to substantially increase the available federal funding to the State for COVID-19 response. An additional $5.9 billion in federal funds has been allocated to counties, LHDs, and health care providers (including $6.0 million for nursing home testing costs).

For additional information about COVID-19, please see the **Appendix – COVID-19**.

State Expenditures: Any funding appropriated for the implementation of the bill may consist *only* of federal funding allocated to the State under the federal Coronavirus Response and Relief Supplemental Appropriations Act and any other federal legislation enacted in calendar 2020 through 2022. As noted above, to date, $4.1 billion in federal funds has been allocated to MDH for the State's COVID-19 response, and significant additional funding is anticipated to be received under the federal American Rescue Plan Act of 2021. Accordingly, sufficient federal funding is available for the purposes required under the bill. The funding required would likely have been provided to and through MDH absent the bill; however, the specific purposes, timing, and distribution may have been different.

Grants to Local Jurisdictions and Health Care Facilities

MDH federal fund expenditures of at least $54.5 million in fiscal 2021 and at least $98.0 million in fiscal 2022 are required to provide grants to local jurisdictions and health care facilities as shown in **Exhibit 1**.

Exhibit 1
Mandated Grant Funding to Local Jurisdictions and Health Care Facilities
($ in Millions)

	FY 2021	**FY 2022**
Locals – Testing/Contact Tracing*	$25.0	$25.0
Locals – Vaccinations*	15.0	15.0
Assisted Living/Home Health Agencies – Testing**	9.0	36.0
Nursing Homes – Testing	5.5	22.0
Total	**$54.5**	**$98.0**

*The bill requires *at least* $25.0 million in grants for testing and contact tracing and *at least* $15.0 million in grants to vaccinate residents; additional funding must be provided if the initial allocation is not sufficient to meet local needs. Additional funding must also be provided to local jurisdictions that elect to establish independent contact tracing programs.

**The bill requires *up to* $9.0 million for this purpose in fiscal 2021 (and $36.0 million in fiscal 2022); this analysis assumes the full amount is expended and that the ceiling applies only to fiscal 2021 spending.

Source: Department of Legislative Services

COVID-19 Response Plan and Vaccination Plan

MDH can likely develop and implement a two-year plan to respond to COVID-19 and develop and submit to the General Assembly a comprehensive COVID-19 vaccination plan by June 1, 2021, using existing budgeted resources, as these are tasks in which the department is already actively engaged.

However, MDH advises that these requirements may have an operational and/or fiscal impact on the department as it is in the midst of the COVID-19 response. With respect to a vaccination plan, MDH is constantly refining plans to adjust to the evolving situation and information from the federal government. It is unclear whether MDH's current COVID-19 testing, contact tracing, and vaccination activities satisfy the plans required under the bill. Therefore, to the extent additional resources are needed, additional federal funding may be used for this purpose.

This analysis assumes that MSDE can collaborate with MDH on the plan to respond to COVID-19 using existing budgeted resources.

Maryland Public Health Modernization Workgroup

The bill requires MDH to convene a Maryland Public Health Modernization Workgroup and submit a report of findings and recommendations to the General Assembly by December 1, 2021. This workgroup can likely be convened and a report submitted using existing budgeted resources. However, participation in the workgroup will redirect MDH staff from other duties related to the department's ongoing COVID-19 response.

COVID-19 Security Plans for Institutions of Higher Education

The University System of Maryland advises that it is already doing everything required under the bill and plans to continue to keep the campuses safe, although at significant cost. Morgan State University and St. Mary's County of Maryland can likely handle the bill's requirements with existing resources.

Maryland Insurance Administration

MIA special fund expenditures increase for contractual support in reviewing policy forms to ensure compliance in fiscal 2021 and likely again in fiscal 2023 after the mandate terminates and forms must again be filed.

State Revenues: MIA special fund revenues increase in fiscal 2021 and again in fiscal 2023 due to the $125 rate and form filing fee.

Local Revenues: Local governments receive *at least* $25.0 million in fiscal 2021 and 2022 from grants to provide testing and contact tracing and *at least* $15.0 million in each of those years for vaccinations. Additional funding must be provided if the initial allocation is not sufficient to meet local needs. MDH must also provide additional funding to local jurisdictions that elect to establish independent contact tracing programs. As at the State level, some portion of this funding would have likely been provided to local governments absent the bill; however, the bill specifies the timing, purposes, and distribution.

Local Expenditures: Local expenditures increase by *at least* $25.0 million in fiscal 2021 and 2022 to provide COVID-19 testing and contact tracing and, if a jurisdiction elects, to establish independent contact tracing programs. In addition, local expenditures further increase by *at least* $15.0 million in each of those years for vaccinations. As noted above, some portion of this spending would have likely occurred absent the bill; however, the timing, purposes, and distribution are specified under the bill.

Prince George's County advises that assessment of testing and contact tracing needs, along with implementation of testing, contact tracing, and vaccination efforts as outlined under the bill will likely cost $10.0 million in fiscal 2022. The county notes that, as of January 25, 2021, it had spent $14.9 million on testing and $4.2 million on contact tracing efforts alone.

Small Business Effect: Under the bill, assisted living programs and home health agencies, many of which are small businesses, receive a total of $45.0 million in grants to cover the cost of testing for residents, patients, and staff. These entities are also required to adopt and implement either a COVID-19 testing plan or a COVID-19 infection control and prevention plan, respectively, to ensure that residents/patients and staff are regularly tested or screened for COVID-19 in calendar 2021 and 2022, which may have an indeterminate cost on these facilities. Some portion of this funding would have likely been provided in the absence of the bill; however, the bill specifies the timing, purposes, and distribution.

Additional Comments: The Maryland Independent College and University Association advises that the bill's requirements can be handled with existing resources.

Additional Information

Prior Introductions: None.

Designated Cross File: HB 836 (Delegate Pena-Melnyk) - Health and Government Operations and Appropriations.

Information Source(s): Maryland Association of County Health Officers; Howard, Montgomery, and Prince George's counties; Morgan State University; University System of Maryland; Department of Budget and Management; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

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Appendix – COVID-19

In December 2019, a novel strain of coronavirus known as severe acute respiratory syndrome coronavirus 2 emerged in Wuhan, China. Coronavirus disease (COVID-19) is an infectious disease caused by this virus. As the number of cases spread globally by March 2020, the World Health Organization declared COVID-19 a pandemic.

Testing, Cases, and Deaths in Maryland

Maryland's first three confirmed cases of COVID-19 were recorded on March 6, 2020, with the first two deaths occurring March 16, 2020. As of January 27, 2021, Maryland reported a total of 346,559 confirmed cases, 31,468 individuals ever hospitalized, and 6,821 confirmed deaths. The jurisdictions with the highest number of cases have been Prince George's, Montgomery, and Baltimore counties and Baltimore City. Statewide, 8.4% of cases (28,954) and 45.9% of COVID-19 deaths (3,130) occurred in congregate living settings (*i.e.*, nursing homes, assisted living, and group homes). Updated data on COVID-19 in Maryland is available on the Maryland Department of Health (MDH) dashboard: https://coronavirus.maryland.gov.

Vaccines

In December 2020, the U.S. Food and Drug Administration approved both Pfizer-BioNTech and Moderna's COVID-19 vaccines for emergency use. Due to limited quantities, distribution began with priority groups as determined by states. Maryland began distribution in January 2021 with Phase 1A, which includes health care workers, residents and staff of nursing homes, first responders, public safety, corrections staff, and front-line Judiciary staff. Phase 1B began January 18, 2021, and includes residents of assisted living facilities and other congregate settings, adults age 75 and older, staff of K-12 schools and child care facilities, high-risk incarcerated individuals, and those involved in continuity of government. As of January 27, 2020, the State is in Phase 1C, which includes adults aged 65 and older, additional public safety and public health workers, and essential workers in food/agriculture, manufacturing, public transit, and the postal service. Phase 2 will include individuals aged 16 to 64 at increased risk of severe illness, incarcerated adults, and remaining essential workers. Phase 3 will include the general public. As of January 27, 2021, 852,625 doses of the vaccine have been distributed, and 419,579 doses have been administered (363,282 first doses and 56,297 second doses). Updated data is available on the MDH dashboard: coronavirus.maryland.gov/#Vaccine.

Declaration of a State of Emergency and Initial Executive Orders

On March 5, 2020, Governor Lawrence J. Hogan, Jr. declared a state of emergency and the existence of a catastrophic health emergency to deploy resources and implement the emergency powers of the Governor to control and prevent the spread of COVID-19. The declaration, which has been renewed several times (most recently January 21, 2021), initiated a series of executive actions, including moving the Maryland Emergency Management Agency to its highest activation level, activating the National Guard, and closing all public schools. The Governor then ordered the closure of in-house dining at bars and restaurants and banned mass gatherings of more than 50 people. This action was followed by a more extensive stay-at-home order on March 30, 2020, requiring closure of all nonessential businesses. This order remained in effect until May 15, 2020.

Emergency Legislation

Chapters 13 and 14 of 2020 (the COVID-19 Public Health Emergency Protection Act of 2020) authorized the Governor, for the duration of the emergency, to take actions relating to health insurance, Medicaid, retailer profits, employer actions, and personnel at State health care facilities as a result of the state of emergency and catastrophic health emergency. The Acts also authorize the Secretary of Labor to determine certain individuals eligible for unemployment insurance (UI) benefits due to COVID-19. The Acts terminate April 30, 2021.

Subsequent Executive Orders and Advisories

Since March 2020, the Governor has issued numerous executive orders relating to COVID-19, including (1) closing Maryland ports and harbors to passenger vessels; (2) expanding child care access; (3) expanding the scope of practice for health care practitioners, activating the Maryland Responds Medical Reserve Corps, controlling and restricting elective medical procedures, closing adult day care centers, and providing additional health care regulatory flexibility; (4) augmenting emergency medical services; (5) prohibiting price gouging; (6) fast tracking lab testing processes; (7) authorizing expanded telehealth services; (8) delegating authority to local health officials to control and close unsafe facilities; (9) extending certain licenses, permits, and registrations; (10) authorizing remote notarizations; (11) prohibiting evictions of tenants suffering substantial loss of income due to COVID-19, additionally prohibiting certain repossessions, restricting initiation of residential mortgage foreclosures, and prohibiting commercial evictions; (12) regulating certain businesses and facilities and generally requiring the use of face coverings; (13) establishing alternate health care sites and authorizing regulation of patient care space in health care facilities; and (14) implementing alterative correctional detention and supervision.

Federal Legislation Regarding COVID-19

Five federal emergency bills have been enacted to address the COVID-19 pandemic:

- the **Coronavirus Preparedness and Response Supplemental Appropriations Act**, which provided $8.3 billion in emergency funds for federal agencies (including $950 million through the U.S. Centers for Disease Control and Prevention for state and local response);

- the **Families First Coronavirus Response Act,** which addressed emergency family and medical leave and paid sick leave, specified insurance coverage of COVID-19 testing, and provided additional funding for nutrition assistance programs and unemployment benefits;

- the **Coronavirus Aid, Relief, and Economic Security (CARES) Act**, which included a Coronavirus Relief Fund for state and local governments; an Education Stabilization Fund for states, school districts, and institutions of higher education; a Disaster Relief Fund for state and local governments; additional funding for public health agencies to prevent, prepare for, and respond to COVID-19; funding for transit systems; an expansion and extension of eligibility for UI benefits, and additional temporary unemployment compensation of $600 per week; $349 billion for the establishment of the Paycheck Protection Program (PPP); a $500 billion lending fund for businesses, cities, and states; and Economic Impact Payments to American households of up to $1,200 per adult and $500 per child;

- the **Paycheck Protection Program and Health Care Enhancement Act**, which provided an additional $310 billion to PPP, $75 billion for health care providers, $60 billion for small business disaster loans, and $25 billion for increased testing capacity; and

- the **Consolidated Appropriations Act, 2021, and Other Extensions Act**, which included $908 billion in relief, including another $284 billion for PPP, $82 billion for schools, $45 billion for transportation, $25 billion in emergency assistance to renters, $20 billion for vaccine distribution, $13 billion for a major expansion in Supplemental Nutrition Assistance benefits, $13 billion for agriculture and rural programs, $10 billion for child care assistance, extended federal unemployment benefits of up to $300 per week, extended the federal moratorium on evictions through January 31, 2021, and provided a second stimulus payment of up to $600 per person.

Federal Funding for Maryland to Address COVID-19

The CARES Act and the Families First Coronavirus Response Act provided Maryland with a significant amount of federal aid. More than $6 billion in assistance has been made available to the State and local governments, including an enhanced federal matching rate for Medicaid. More than $900 million was directly provided to local governments. The largest and most flexible portion of CARES Act funding is the Coronavirus Relief Fund, which totals $2.3 billion, $691 million of which was allocated directly to Baltimore City and Anne Arundel, Baltimore, Montgomery, and Prince George's counties.

CARES Act funding also included $800 million for the Disaster Recovery Fund; $696 million for transit grants; $575 million in enhanced Medicaid matching funds (through December 2020); $239 million in CDC grants; $108 million for airports; $74 million for community development block grants; $50 million for homelessness assistance; $46 million for grants for local education agencies and higher education institutions; $46 million for child care and development block grants; $36 million for public housing and rental assistance grants; $24 million for community health centers; $20 million for senior nutrition; $19 million for energy assistance; $18 million for justice assistance grants; $17 million for administration of the UI program; $14 million for community service block grants; $13 million for emergency food assistance; $8 million for Head Start; $8 million for the Women, Infants, and Children program; and $7 million for election security.

The Consolidated Appropriations Act is estimated to provide Maryland with $1.2 billion for education (including $869 million for K-12 education, $306 million for higher education, and $57.7 million for the Governor's Fund); $1.1 billion for transportation (including $830.3 million for transit in the Washington, DC area, $149.3 million for highways, $76.2 million for transit in Baltimore, $22.5 million for airports, and $9.1 million for rural area grants); more than $475 million for health (including $335.6 million for testing, $75.3 million for vaccines, $32.6 million for mental health assistance, and $31.9 million for substance use assistance); $402.4 million for rental assistance; and $140.6 million for human services (including $130.4 million for child care).