J1, J3, F2

# EMERGENCY BILL ENROLLED BILL

(1lr1786)

— Finance and Budget and Taxation/Health and Government Operations and Appropriations —

# Introduced by Senators Rosapepe, Beidle, Augustine, King, and Waldstreicher Waldstreicher, and Benson

Read and Examined by Proofreaders:

	Proofreader.
	Proofreader.
Sealed with the Great Seal and presented to the Governor, for his	s approval this
day of at o'clos	ck,M.
	President.
CHAPTER	

AN ACT concerning

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

3 FOR the purpose of requiring, on or before a certain date, the Maryland Department of 4 Health, in collaboration with local health departments in the State, to adopt and implement a certain plan to respond to the outbreak of COVID-19; establishing 56 certain requirements for the plan; requiring the Department, in collaboration with 7 local health departments and other persons, to include in the plan the establishment 8 of a Maryland Public Health Jobs Corps; establishing certain requirements for the 9 Corps; requiring the Department to submit the plan to the General Assembly on or before a certain date; requiring the Department to provide in certain fiscal years 10 certain funding in grants to local jurisdictions for certain purposes; authorizing a 11 12local jurisdiction to use certain grant funding for a certain purpose; establishing

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 certain formulas for the allocation of certain funding to local jurisdictions; requiring  $\mathbf{2}$ authorizing the Department to first use only certain federal funding to provide 3 certain funding to local jurisdictions; requiring the Department to use general funds 4 to provide certain funding to local jurisdictions under certain circumstances;  $\mathbf{5}$ requiring the Department, on or before a certain date and with input from certain 6 persons, to develop and submit to the General Assembly a certain plan for  $\overline{7}$ vaccinating residents of the State against COVID-19; requiring that the plan include 8 certain information and elements; requiring the Department to provide to the 9 General Assembly, for the duration of a certain calendar year, certain weekly 10 progress reports on implementation of the plan; requiring the reports to be submitted 11 to the General Assembly in a certain manner; requiring the Department to convene 12a Maryland Public Health Infrastructure Modernization Workgroup; providing for 13 the composition of the Workgroup; requiring the Workgroup to conduct a certain 14assessment and make certain recommendations; requiring the Workgroup to submit 15a certain report to the General Assembly on or before a certain date: *altering the* 16 effective date of certain provisions of law governing the disclosure of outpatient facility 17fees; requiring, for a certain calendar year, certain institutions of higher education 18 in the State to adopt and implement establish a certain COVID-19 testing security 19 plan; requiring that the COVID-19 testing security plan adopted and implemented 20established by certain institutions of higher education include a certain requirement 21be posted on a certain website and made available to the public; requiring home 22health agencies to adopt and implement a certain COVID-19 infection control and 23prevention plan and provide the plan to certain individuals; requiring home health 24<del>agencies,</del> nursing homes, and assisted living programs to adopt and implement 25COVID-19 testing plans; establishing certain requirements for the COVID-19 26testing plans; requiring the Department to adopt certain regulations; requiring the 27Department, to the extent practicable, to provide certain grant funding to home 28health agencies and assisted living facilities in certain years to cover the cost of 29certain COVID-19 testing; requiring certain insurers, nonprofit health service plans, 30 and health maintenance organizations to provide coverage for certain COVID-19 31 tests and associated costs related items and services for the administration of the 32tests; prohibiting certain insurers, nonprofit health service plans, and health 33 maintenance organizations from requiring a member to obtain a certain 34 determination as a condition for the coverage; prohibiting certain insurers, nonprofit 35 health service plans, and health maintenance organizations from applying a 36 copayment, coinsurance requirement, or deductible to the coverage; stating the 37 intent of the General Assembly; providing that any funding appropriate for the 38 implementation of this Act may consist only of certain federal funds; defining certain 39 terms; providing for the application of certain provisions of this Act; making this Act 40 an emergency measure; providing for the termination of certain provisions of this 41 Act; and generally relating to public health and testing, contact tracing, and 42vaccination for COVID-19.

43 BY adding to

- 44 Article Health General
- 45 Section 16–201.5; 18–9A–01 through 18–9A–04 to be under the new subtitle 46 "Subtitle 9A. COVID–19 Testing, Contact Tracing, and Vaccination Act";

1	19–411; 19–14C–01 and 19–14C–02 to be under the new subtitle "Subtitle
2	14C. COVID–19 Testing Plan"; and 19–1814
3	Annotated Code of Maryland
4	(2019 Replacement Volume and 2020 Supplement)
<b>5</b>	BY repealing and reenacting, with amendments,
6	<u>Chapter 365 of the Acts of the General Assembly of 2020</u>
7	<u>Section 2</u>
8	BY adding to
9	Article – Education
10	Section 11–1701 and 11–1702 to be under the new subtitle "Subtitle 17. COVID–19
11	Testing Plan"
$\overline{12}$	Annotated Code of Maryland
13	(2018 Replacement Volume and 2020 Supplement)
14	BY adding to
15	Article – Insurance
16	Section 15–856
17	Annotated Code of Maryland
18	(2017 Replacement Volume and 2020 Supplement)
10	(2017 Replacement Volume and 2020 Supplement)
19	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
20	That the Laws of Maryland read as follows:
21	Article – Health – General
22	SUBTITLE 9A. COVID-19 TESTING, CONTACT TRACING, AND VACCINATION ACT.
23	18–9A–01.
04	(A) IN THE GEOTION THE FOLLOWING WODDS HAVE THE MEANINGS
24	
25	INDICATED.
26	(B) "COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE
27	CORONAVIRUS KNOWN AS COVID-19 OR 2019-NCOV AND THE SARS-COV-2
28	VIRUS.
29	(C) "COVID-19 TEST" MEANS <del>A FEDERAL FOOD AND DRUG</del>
30	ADMINISTRATION-APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR)
31	TEST OR AN ANTIGEN TEST FOR THE DETECTION OR DIAGNOSIS OF COVID-19 AN
32	IN VITRO DIAGNOSTIC TEST FOR THE DETECTION OF SARS-COV-2 OR THE
33	DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF
34	THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)
35	АСТ.

18–9A–02.

2 (A) ON OR BEFORE APRIL 1, 2021 JUNE 1, 2021, THE DEPARTMENT, IN
3 COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN THE STATE <u>AND THE</u>
4 <u>MARYLAND STATE DEPARTMENT OF EDUCATION</u>, SHALL ADOPT AND IMPLEMENT A
5 2-YEAR PLAN TO RESPOND TO THE OUTBREAK OF COVID-19.

- 6 (B) THE PLAN REQUIRED UNDER THIS SECTION SHALL:
- 7 (1) INCLUDE MEASURES TO ENHANCE PUBLIC HEALTH EFFORTS AT
  8 THE STATE AND LOCAL LEVEL TO MONITOR, PREVENT, AND MITIGATE THE SPREAD
  9 OF COVID-19;
- 10 (2) (I) ASSESS THE COVID-19 PUBLIC AND PRIVATE TESTING 11 INFRASTRUCTURE IN PLACE BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;

12 (II) IDENTIFY AND ADDRESS THE UNMET NEEDS FOR 13 COVID-19 TESTING STATEWIDE AND IN EACH LOCAL JURISDICTION, INCLUDING 14 THE NUMBER AND LOCATION OF PUBLIC AND PRIVATE TESTING PROVIDERS 15 REQUIRED TO ENSURE ACCESS TO TESTING ON DEMAND FOR ALL RESIDENTS OF THE 16 STATE;

17 (III) ESTABLISH SPECIFIC MONTHLY GOALS FOR COVID-19 18 TESTING STATEWIDE AND IN EACH LOCAL JURISDICTION TO ENSURE ACCESS TO 19 TESTING FOR ALL RESIDENTS OF THE STATE, INCLUDING:

1. A GOAL TO ACHIEVE THE CAPACITY TO PERFORM <del>UP</del>
 TO 100,000 COVID-19 TESTS PER DAY IN THE STATE THE SURVEILLANCE TESTING
 REQUIRED TO SAFELY REOPEN AND KEEP OPEN SCHOOLS, INSTITUTIONS OF HIGHER
 EDUCATION, WORKPLACES, AND OTHER COMMUNITY FACILITIES IN THE STATE
 WHILE MINIMIZING THE COMMUNITY SPREAD OF COVID-19 IN CALENDAR YEARS
 2021 AND 2022 THROUGH A NETWORK OF PUBLIC AND PRIVATE TESTING
 PROVIDERS; AND

27 2. FOR EACH LOCAL JURISDICTION, A GOAL TO 28 ESTABLISH IN CALENDAR YEARS 2021 AND 2022 AT LEAST SIX THE REQUIRED 29 <u>NUMBER OF</u> PUBLIC OR PRIVATE COVID-19 TESTING LOCATIONS <u>PER 100,000</u> 30 <u>RESIDENTS</u> TO ACHIEVE THE SURVEILLANCE TESTING GOAL DESCRIBED IN ITEM 1 31 <u>OF THIS ITEM</u>; AND

32 (IV) INCLUDE A REQUIREMENT THAT STATE AND LOCAL
 33 JURISDICTION GOVERNMENTAL PROVIDERS OF COVID-19 TESTING BILL HEALTH
 34 INSURANCE CARRIERS TO COVER THE COST OF TESTING WHEN:

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2       UNDER A HEALTH BENEFIT PLAN OF AN INDIVIDUAL TESTED; AND         3       2.       BILLING MAY BE CARRIED OUT IN A MANNER THAT         4       WILL NOT CREATE A BARRIER TO ACCESSING TESTING FOR INDIVIDUALS WHO:         5       A.         6       B.         7       A.         7       B.         8       MAY BE RELUCTANT TO RECEIVE A TEST IF THE         9       TESTING GOAL DESCRIBED IN ITEM (III) 10F THIS ITEM AND THE EXTENT TO WHICH         10       FEDERAL FUNDING ALREADY RECEIVED BY THE STATE AND RECEIVED AFTER MARCH         11       1,2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         12       (3)       (1)         14       PEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH         12       1,2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1)         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II)       DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING, PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         16       PLACE FOR COVID-19 BOTH STATEWIDE AND ADDRESS THE UNMET NEEDS FOR         100,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR, PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         17       (III)       DENTIFY AN	1	1. COVERAGE FOR COVID-19 TESTING IS PROVIDED
4       WILL NOT CREATE A BARRIER TO ACCESSING TESTING FOR INDIVIDUALS WHO:         5       A. ARE UNINSURED; OR         6       B. MAY BE RELUCTANT TO RECEIVE A TEST IF THE         7       INDIVIDUAL IS ASKED TO PROVIDE INFORMATION RELATING TO INSURANCE         6       COVERAGE ESTIMATE THE FUNDING REQUIRED TO IMPLEMENT THE SURVEILLANCE         7       TESTING GOAL DESCRIBED IN ITEM (III) I OF THIS ITEM AND THE EXTENT TO WHICH         10       FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND         11       FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH         12       1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1) ASSESS THE CONTACT TRACING INFRASTRUCTURE IN         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II) DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING,         16       CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER         17       100,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR,         18       PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (III) IDENTIFY AND ADDRESS THE UNMET NEEDS FOR         100,000 RESIDENTS NEEDED IN LOSE CONTACT WITH INDIVIDUALS WHO HAVE BEEN IN CLOSE CONTACT WITH NOINTOLAR, AND         2       (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND	2	UNDER A HEALTH BENEFIT PLAN OF AN INDIVIDUAL TESTED; AND
4       WILL NOT CREATE A BARRIER TO ACCESSING TESTING FOR INDIVIDUALS WHO:         5       A. ARE UNINSURED; OR         6       B. MAY BE RELUCTANT TO RECEIVE A TEST IF THE         7       INDIVIDUAL IS ASKED TO PROVIDE INFORMATION RELATING TO INSURANCE         6       COVERAGE ESTIMATE THE FUNDING REQUIRED TO IMPLEMENT THE SURVEILLANCE         7       TESTING GOAL DESCRIBED IN ITEM (III) I OF THIS ITEM AND THE EXTENT TO WHICH         10       FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND         11       FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH         12       1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1) ASSESS THE CONTACT TRACING INFRASTRUCTURE IN         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II) DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING,         16       CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER         17       100,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR,         18       PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (III) IDENTIFY AND ADDRESS THE UNMET NEEDS FOR         100,000 RESIDENTS NEEDED IN LOSE CONTACT WITH INDIVIDUALS WHO HAVE BEEN IN CLOSE CONTACT WITH NOINTOLAR, AND         2       (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND		
5       A. ARE UNINSURED; OR         6       B. MAY BE RELUCTANT TO RECEIVE A TEST IF THE INDIVIDUAL IS ASKED TO PROVIDE INFORMATION RELATING TO INSURANCE CONTRACE ESTIMATE THE FUNDING REQUIRED TO IMPLEMENT THE SURVEILLANCE TESTING GOAL DESCRIBED IN ITEM (III) LOT THIS ITEM AND THE EXTENT TO WHICH FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH 1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL:         13       (3) (1) ASSESS THE CONTACT TRACING INFRASTRUCTURE IN PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         14       CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER 100,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR, PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (II) DENTIFY AND ADDRESS THE UNMET NEEDS FOR COVID-19 CONTACT TRACING AND RELATED OUTBREAK PREVENTION AND 10000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR, PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         10       (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND 1555TIO INDEL PER 100,004 RESIDENTS SOTH STATEWIDE AND IN EACH LOCAL JURISDICTION; AND 1555TIO INDULAS WHO HAVE BEEN IN CLOSE CONTACT WITH CENTERS FOR 105EXE CONTROL AND PREVENTION GUIDANCE FOR EFFECTIVE CONTACT TRACING PROGRAMS; AND         21       (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND 1555T POSITIVE FOR COVID-19 THAT ARE IN ALIGNMENT WITH CENTERS FOR 105EXES POSITIVE FOR COVID-19 THAT ARE IN ALIGNMENT WITH CENTERS FOR 105EXES POSITIVE FOR COVID-19 THAT ARE IN ALIGNMENT WITH CENTERS FOR 105EXES POSITIVE FOR CONTACT TRACING AND TESTING OF CONTACTS BOTH 105EXES POSITIVE FOR COVIDALS WHO HAVE BEEN IN CLOSE CONTACT W	3	2. BILLING MAY BE CARRIED OUT IN A MANNER THAT
6       B. MAY BE RELUCTANT TO RECEIVE A TEST IF THE         7       INDIVIDUAL IS ASKED TO PROVIDE INFORMATION RELATING TO INSURANCE         8       ESTIMATE THE FUNDING REQUIRED TO IMPLEMENT THE SURVEILLANCE         9       TESTING GOAL DESCRIBED IN ITEM (III) 1 OF THIS ITEM AND THE EXTENT TO WHICH         10       FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND         11       FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH         12       1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1) ASSESS THE CONTACT TRACING INFRASTRUCTURE IN         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II) DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING,         16       CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER         10       00,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR,         17       PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (III) IDENTIFY AND ADDRESS THE UNMET NEEDS FOR         10       (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND         18       TESTING INDIVIDUALS WHO HAVE BEEN IN CLOSE CONTACT WITH INDIVIDUALS WHO         19       (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND         10       TEST POSITIVE FOR COVID-19 THAT ARE IN ALIGNMENT WITH CENTE	4	WILL NOT CREATE A BARRIER TO ACCESSING TESTING FOR INDIVIDUALS WHO:
6       B. MAY BE RELUCTANT TO RECEIVE A TEST IF THE         7       INDIVIDUAL IS ASKED TO PROVIDE INFORMATION RELATING TO INSURANCE         8       ESTIMATE THE FUNDING REQUIRED TO IMPLEMENT THE SURVEILLANCE         9       TESTING GOAL DESCRIBED IN ITEM (III) 1 OF THIS ITEM AND THE EXTENT TO WHICH         10       FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND         11       FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH         12       1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1) ASSESS THE CONTACT TRACING INFRASTRUCTURE IN         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II) DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING,         16       CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER         10       00,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR,         17       PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (III) IDENTIFY AND ADDRESS THE UNMET NEEDS FOR         10       (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND         18       TESTING INDIVIDUALS WHO HAVE BEEN IN CLOSE CONTACT WITH INDIVIDUALS WHO         19       (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND         10       TEST POSITIVE FOR COVID-19 THAT ARE IN ALIGNMENT WITH CENTE		
7       INDIVIDUAL 15 ASKED TO PROVIDE INFORMATION RELATING TO INSURANCE COVERAGE ESTIMATE THE FUNDING REQUIRED TO IMPLEMENT THE SURVEILLANCE TESTING GOAL DESCRIBED IN ITEM (III) 1 OF THIS ITEM AND THE EXTENT TO WHICH FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH 1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1)       ASSESS THE CONTACT TRACING INFRASTRUCTURE IN PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II)       DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING, CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER 100,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR, PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (III)       DENTIFY AND ADDRESS THE UNMET NEEDS FOR COVID-19 CONTACT TRACING AND RELATED OUTBREAK PREVENTION AND MITIGATION EFFORTS BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION; AND         21       (IV)       1.       ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND TESTING INDIVIDUALS WHO HAVE BEEN IN CLOSE CONTACT WITH INDIVIDUALS WHO TEST POSITIVE FOR COVID-19 THAT ARE IN ALIGNMENT WITH CENTERS FOR DISEASE CONTROL AND PREVENTION GUIDANCE FOR EFFECTIVE CONTACT TRACING PROGRAMS; AND         27       2.       INCLUDE A MECHANISM FOR MONITORING PERFORMANCE OF CONTACT TRACING AND TESTING OF CONTACTS BOTH STATEWIDE AND FOR EACH LOCAL JURISDICTION;         33       (4)       REQUIRE THE DEPARTMENT TO ASSIST LOCAL JURISDICTIONS THAT ADOPT STRATE	<b>5</b>	A. ARE UNINSURED; OR
7       INDIVIDUAL 15 ASKED TO PROVIDE INFORMATION RELATING TO INSURANCE COVERAGE ESTIMATE THE FUNDING REQUIRED TO IMPLEMENT THE SURVEILLANCE TESTING GOAL DESCRIBED IN ITEM (III) 1 OF THIS ITEM AND THE EXTENT TO WHICH FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH 1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1)       ASSESS THE CONTACT TRACING INFRASTRUCTURE IN PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II)       DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING, CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER 100,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR, PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (III)       DENTIFY AND ADDRESS THE UNMET NEEDS FOR COVID-19 CONTACT TRACING AND RELATED OUTBREAK PREVENTION AND MITIGATION EFFORTS BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION; AND         21       (IV)       1.       ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND TESTING INDIVIDUALS WHO HAVE BEEN IN CLOSE CONTACT WITH INDIVIDUALS WHO TEST POSITIVE FOR COVID-19 THAT ARE IN ALIGNMENT WITH CENTERS FOR DISEASE CONTROL AND PREVENTION GUIDANCE FOR EFFECTIVE CONTACT TRACING PROGRAMS; AND         27       2.       INCLUDE A MECHANISM FOR MONITORING PERFORMANCE OF CONTACT TRACING AND TESTING OF CONTACTS BOTH STATEWIDE AND FOR EACH LOCAL JURISDICTION;         33       (4)       REQUIRE THE DEPARTMENT TO ASSIST LOCAL JURISDICTIONS THAT ADOPT STRATE		
8       COVERAGE ESTIMATE THE FUNDING REQUIRED TO IMPLEMENT THE SURVEILLANCE         9       TESTING GOAL DESCRIBED IN ITEM (III)1 OF THIS ITEM AND THE EXTENT TO WHICH         10       FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND         11       FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH         12       1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1)         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II)       DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING,         16       CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER         100,000       RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR,         18       PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (III)       IDENTIFY AND ADDRESS THE UNMET NEEDS FOR         20       (IV)       1.       ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND         21       (IV)       1.       ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND         22       (IV)       1.       ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND         23       (IV)       1.       ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND         24       TESTING INDIVIDUALS WHO HAVE BEEN IN CLOSE CONTACT WITH INDIVIDUALS WH		
<ul> <li>9 TESTING GOAL DESCRIBED IN ITEM (III) I OF THIS ITEM AND THE EXTENT TO WHICH</li> <li>10 FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND</li> <li>11 FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH</li> <li>12 1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;</li> <li>13 (3) (1) ASSESS THE CONTACT TRACING INFRASTRUCTURE IN</li> <li>14 PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;</li> <li>15 (II) DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING,</li> <li>16 CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER</li> <li>100,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR,</li> <li>19 PREVENT, AND MITIGATE THE SPREAD OF COVID-19;</li> <li>19 (III) IDENTIFY AND ADDRESS THE UNMET NEEDS FOR</li> <li>10 COVID-19 CONTACT TRACING AND RELATED OUTBREAK PREVENTION AND</li> <li>21 MITIGATION EFFORTS BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION; AND</li> <li>22 (IV) 1. ESTABLISH GOALS FOR IDENTIFYING, LOCATING, AND</li> <li>23 TESTING INDIVIDUALS WHO HAVE BEEN IN CLOSE CONTACT WITH INDIVIDUALS WHO</li> <li>24 TEST POSITIVE FOR COVID-19 THAT ARE IN ALIGNMENT WITH CENTERS FOR</li> <li>25 DISEASE CONTROL AND PREVENTION GUIDANCE FOR EFFECTIVE CONTACT</li> <li>26 TRACING PROGRAMS; AND</li> <li>27 2. INCLUDE A MECHANISM FOR MONITORING</li> <li>28 PERFORMANCE OF CONTACT TRACING AND TESTING OF CONTACTS BOTH</li> <li>29 STATEWIDE AND FOR EACH LOCAL JURISDICTION;</li> <li>30 (4) REQUIRE THE DEPARTMENT TO ASSIST LOCAL JURISDICTIONS</li> <li>31 THAT ADOPT STRATEGIES TO:</li> <li>32 (1) ACCELERATE ACCESS TO AND THE USE OF AT-HOME</li> </ul>		
10       FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL YEAR 2021 AND         11       FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND RECEIVED AFTER MARCH         12       1, 2021, CAN BE USED TO COVER THE COST REQUIRED TO ACHIEVE THAT GOAL;         13       (3)       (1)         14       PLACE FOR COVID-19 BOTH STATEWIDE AND IN EACH LOCAL JURISDICTION;         15       (II)       DETERMINE THE OPTIMAL NUMBER OF CONTACT TRACING,         16       CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND OTHER PERSONNEL PER         100,000 RESIDENTS NEEDED IN EACH JURISDICTION TO EFFECTIVELY MONITOR,         17       PREVENT, AND MITIGATE THE SPREAD OF COVID-19;         19       (III)       IDENTIFY AND ADDRESS THE UNMET NEEDS FOR         20       COVID-19 CONTACT TRACING AND RELATED OUTBREAK PREVENTION AND         21       (IV)       1.         22       (IV)       1.         23       (IV)       1.         24       (IV)       1.         25       COVID-19 THAT ARE IN ALIGNMENT WITH CENTERS FOR         24       DISEASE CONTROL AND PREVENTION GUIDANCE FOR EFFECTIVE CONTACT         25       D.       INCLUDE A MECHANISM FOR MONITORING         26       PERFORMANCE OF CONTACT TRACING AND TESTING OF CONTACTS BOTH         27       2.       INCLUDE A MECHANI		
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32 (I) ACCELERATE ACCESS TO AND THE USE OF AT-HOME		
	91	
	32	(I) ACCELERATE ACCESS TO AND THE USE OF AT-HOME

1 (II) INCENTIVIZE AND ENCOURAGE PHARMACIES AND HEALTH 2 CARE PROVIDERS, INCLUDING PRIMARY CARE PROVIDERS, TO PROVIDE COVID-19 3 TESTING; AND

4 (5) ALLOW EACH LOCAL JURISDICTION TO ESTABLISH AND 5 IMPLEMENT A PROGRAM FOR COVID-19 CONTACT TRACING THAT IS INDEPENDENT 6 FROM THE CONTACT TRACING PROGRAM PERFORMED BY THE STATE OR THE ENTITY 7 WITH WHOM THE STATE HAS CONTRACTED TO PERFORM CONTACT TRACING FOR 8 THE STATE.

9 (C) (1) THE DEPARTMENT, IN COLLABORATION WITH LOCAL HEALTH 10 DEPARTMENTS, HEALTH CARE PROVIDERS, REPRESENTATIVES OF AREA HEALTH 11 EDUCATION CENTERS, AND OTHER RELEVANT STAKEHOLDERS, SHALL INCLUDE IN 12 THE PLAN REQUIRED UNDER THIS SECTION THE ESTABLISHMENT OF A MARYLAND 13 PUBLIC HEALTH JOBS CORPS.

14(2)THE MARYLAND PUBLIC HEALTH JOBS CORPS SHALL BE15COMPOSED OF COMMUNITY HEALTH WORKERS AND OTHER HEALTH CARE16PERSONNEL RECRUITED, TRAINED, AND DEPLOYED FOR EMPLOYMENT BY LOCAL17HEALTH DEPARTMENTS, NONPROFIT ORGANIZATIONS, AND OTHER ENTITIES TO18RESPOND TO THE OUTBREAK OF COVID-19 BY PROVIDING, TO THE EXTENT19AUTHORIZED UNDER FEDERAL OR STATE LAW. OR FACILITATING:

- 20 (I) TESTING;
- 21 (II) CONTACT TRACING;

22 (III) VACCINE ADMINISTRATION, INCLUDING VACCINE 23 OUTREACH AND NAVIGATION SUPPORTS; AND

24 (IV) OTHER CASE MANAGEMENT AND RESOURCE SUPPORT
 25 SERVICES FOR INDIVIDUALS WHO HAVE BEEN EXPOSED TO OR TEST POSITIVE FOR
 26 COVID-19.

# 27 (3) THE MARYLAND PUBLIC HEALTH JOBS CORPS SHALL HAVE A 28 DESIGN THAT:

29(I)PRIORITIZESTHERECRUITMENT,TRAINING,AND30DEPLOYMENT OF INDIVIDUALS FOR THE WORKFORCE WHO HAVE BEEN DISPLACED31FROM OTHER WORKFORCE SECTORS THAT HAVE BEEN IMPACTED NEGATIVELY AS A32RESULT OF THE OUTBREAK OF COVID-19; AND

33(II)Includes a pathway designed to enable members of34The public health response workforce to transition to positions with a

1 **RESPONSIBILITY TO MEET ONGOING POSTPANDEMIC POPULATION HEALTH NEEDS** 2 **OF UNDERSERVED COMMUNITIES AND VULNERABLE POPULATIONS.** 

3 (D) (C) THE PLAN REQUIRED UNDER THIS SECTION SHALL HAVE A
 4 DESIGN THAT ADDRESSES THE DISPROPORTIONATE IMPACT OF THE COVID-19
 5 PANDEMIC ON UNDERSERVED AND MINORITY COMMUNITIES IN THE STATE.

6 (D) (E) (D) ON OR BEFORE APRIL 1, 2021 JUNE 1, 2021, THE DEPARTMENT 7 SHALL SUBMIT THE PLAN REQUIRED UNDER THIS SECTION TO THE GENERAL 8 ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE.

9 (E) (E) (I) (I) FOR FISCAL YEARS 2021 AND 2022, THE 10 DEPARTMENT SHALL PROVIDE \$25,000,000 EACH YEAR IN GRANTS TO LOCAL 11 JURISDICTIONS TO EXPAND CAPACITY FOR COVID-19 TESTING AND CONTACT 12 TRACING, OR FOR ANY OTHER PUBLIC HEALTH PURPOSE RELATED TO COVID-19 13 RESPONSE FOR WHICH FEDERAL FUNDING IS AUTHORIZED.

(II) GRANT FUNDING PROVIDED FOR COVID-19 TESTING AND
 CONTACT TRACING <u>RESPONSE</u> UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH
 SHALL BE DIVIDED BETWEEN LOCAL JURISDICTIONS IN PROPORTION TO THEIR
 RESPECTIVE POPULATIONS.

18 (III) THE DEPARTMENT SHALL PROVIDE ADDITIONAL GRANT 19 FUNDING TO A LOCAL JURISDICTION TO SUPPLEMENT THE GRANT FUNDING 20 ALLOCATED TO THE LOCAL JURISDICTION UNDER SUBPARAGRAPHS (I) AND (II) OF 21 THIS PARAGRAPH IF THE DEPARTMENT DETERMINES THAT THE INITIAL 22 ALLOCATION OF GRANT FUNDING IS NOT SUFFICIENT TO MEET THE COVID–19 23 TESTING AND CONTACT TRACING NEEDS OF THE LOCAL JURISDICTION.

(IV) A LOCAL JURISDICTION MAY USE GRANT FUNDING
 PROVIDED UNDER THIS SUBSECTION TO EXPAND COVID-19 TESTING CAPACITY
 THROUGH DIRECT TESTING EFFORTS BY THE HEALTH DEPARTMENT OF THE LOCAL
 JURISDICTION OR BY CONTRACTING WITH OTHER ENTITIES TO PROVIDE TESTING.

28(2) FOR FISCAL YEARS 2021 AND 2022 AND IN ADDITION TO ANY **(I)** FUNDING PROVIDED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE 2930 DEPARTMENT SHALL PROVIDE FUNDING TO LOCAL JURISDICTIONS THAT ELECT TO ESTABLISH AND IMPLEMENT A PROGRAM FOR COVID-19 CONTACT TRACING THAT 3132IS INDEPENDENT FROM THE CONTACT TRACING PROGRAM PERFORMED BY THE 33 STATE OR THE ENTITY WITH WHOM THE STATE HAS CONTRACTED TO PERFORM CONTACT TRACING FOR THE STATE. 34

35 (II) THE AMOUNT OF FUNDING PROVIDED TO A LOCAL 36 JURISDICTION FOR COVID-19 CONTACT TRACING UNDER SUBPARAGRAPH (I) OF 1 THIS PARAGRAPH SHALL BE EQUIVALENT TO THE COST PER CASE AMOUNT 2 PROVIDED TO THE ENTITY WITH WHOM THE STATE HAS CONTRACTED TO PERFORM 3 CONTACT TRACING FOR THE STATE.

4 (3) (I) FOR FISCAL YEARS 2021 AND 2022, THE DEPARTMENT 5 SHALL PROVIDE \$15,000,000 EACH YEAR IN GRANTS TO LOCAL JURISDICTIONS TO 6 VACCINATE RESIDENTS OF THE LOCAL JURISDICTION AGAINST COVID-19.

(II) GRANT FUNDING PROVIDED FOR COVID-19 VACCINATION
UNDER THIS SUBSECTION SHALL BE DIVIDED BETWEEN LOCAL JURISDICTIONS IN
PROPORTION TO THEIR RESPECTIVE POPULATIONS.

10 (III) THE DEPARTMENT SHALL PROVIDE ADDITIONAL GRANT 11 FUNDING TO A LOCAL JURISDICTION TO SUPPLEMENT THE GRANT FUNDING 12 ALLOCATED TO THE LOCAL JURISDICTION UNDER SUBPARAGRAPHS (I) AND (II) OF 13 THIS PARAGRAPH IF THE DEPARTMENT DETERMINES THAT THE INITIAL 14 ALLOCATION OF GRANT FUNDING IS NOT SUFFICIENT TO MEET THE COVID–19 15 VACCINATION NEEDS OF THE LOCAL JURISDICTION.

16 (4) (1) THE DEPARTMENT SHALL FIRST MAY USE ONLY FEDERAL 17 FUNDING ALLOCATED TO THE STATE UNDER THE CORONAVIRUS RESPONSE AND 18 RELIEF SUPPLEMENTAL APPROPRIATIONS ACT AND ANY OTHER FEDERAL 19 LEGISLATION ENACTED IN CALENDAR YEARS 2020 THROUGH 2022 TO PROVIDE 20 FUNDING REQUIRED UNDER THIS SECTION.

21(II)IFTHEFEDERALFUNDINGSPECIFIEDUNDER22SUBPARAGRAPH(I) OF THIS PARAGRAPH DOES NOT SUFFICIENTLY PROVIDE THE23FUNDSREQUIREDUNDERTHIS SECTION, GENERAL FUNDS24SUPPLEMENT THE FEDERAL FUNDING.

(F) (G) (F) (1) TO THE EXTENT PRACTICABLE, THE DEPARTMENT SHALL
PROVIDE UP TO \$9,000,000 IN FISCAL YEAR 2021 AND \$36,000,000 IN FISCAL YEAR
2022 IN GRANT FUNDING TO ASSISTED LIVING PROGRAMS AND HOME HEALTH
AGENCIES IN CALENDAR YEAR 2021 TO COVER THE COST OF COVID-19 TESTING
FOR RESIDENTS, PATIENTS, AND STAFF.

30 (2) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE 31 DEPARTMENT:

32 (1) FIRST THE DEPARTMENT MAY USE ONLY FEDERAL 33 FUNDING ALLOCATED TO THE STATE UNDER THE CORONAVIRUS RESPONSE AND 34 RELIEF SUPPLEMENTAL APPROPRIATIONS ACT AND ANY OTHER FEDERAL 35 LEGISLATION ENACTED IN CALENDAR YEARS 2020 THROUGH 2022 TO PROVIDE 36 FUNDING REQUIRED UNDER THE SUBSECTION; AND.

8

1(II)IF THE FEDERAL FUNDING SPECIFIED UNDER ITEM (I) OF2THIS PARAGRAPH DOES NOT SUFFICIENTLY PROVIDE THE FUNDS NEEDED UNDER3THIS SUBSECTION, USE GENERAL FUNDS TO SUPPLEMENT THE FEDERAL FUNDING.

4 18-9A-03.

5 (A) (1) ON OR BEFORE APRIL 1, 2021 JUNE 1, 2021, THE DEPARTMENT, 6 WITH INPUT FROM SUBJECT MATTER EXPERTS AND OTHER RELEVANT 7 STAKEHOLDERS, SHALL DEVELOP AND SUBMIT TO THE GENERAL ASSEMBLY A 8 COMPREHENSIVE PLAN FOR VACCINATING RESIDENTS OF THE STATE AGAINST 9 COVID-19.

10 (2) THE PLAN REQUIRED UNDER PARAGRAPH (1) OF THIS 11 SUBSECTION SHALL INCLUDE:

12 (I) **DETAILED INFORMATION ON:** 

131.THE CATEGORIES OF RESIDENTS OF THE STATE WHO14WILL RECEIVE PRIORITY ACCESS TO VACCINES FOR COVID-19;

152. THE TIMELINE FOR PROVIDING VACCINES FOR16COVID-19 TO RESIDENTS IN EACH OF THE PRIORITY CATEGORIES AND TO17MEMBERS OF THE GENERAL PUBLIC WHO ARE NOT INCLUDED IN PRIORITY18CATEGORIES; AND

193. TARGET METRICS FOR VACCINATING RESIDENTS IN20EACH OF THE PRIORITY CATEGORIES AND FOR MEMBERS OF THE GENERAL PUBLIC21WHO ARE NOT INCLUDED IN PRIORITY CATEGORIES; AND

22 (II) A DEDICATION OF TIME AND RESOURCES TO TARGET 23 VACCINE DISTRIBUTION AND VACCINE SAFETY OUTREACH EFFORTS TO 24 COMMUNITIES THAT HAVE BEEN DISPROPORTIONATELY IMPACTED BY COVID-19 25 INFECTION, MORBIDITY, AND MORTALITY;

26(III)A VACCINE DISTRIBUTION STRATEGY THAT ALLOCATES27RESOURCES AND VACCINES ACROSS ALL PARTNERS AND VACCINATION SITES IN AN28EQUITABLE MANNER THAT ENSURES THAT THE VACCINE ALLOCATION BY29JURISDICTION ACCOUNTS FOR THE DISPROPORTIONATE IMPACT OF THE30COVID-19 PANDEMIC ON UNDERSERVED AND MINORITY COMMUNITIES; AND

 31
 (IV)
 1.
 IF PRACTICABLE, THE DEVELOPMENT OF A SINGLE

 32
 PORTAL FOR RESIDENTS OF THE STATE TO SIGN UP TO RECEIVE A VACCINE; AND

 1
 2.
 If not practicable, an explanation of why the

 2
 SINGLE PORTAL DESCRIBED UNDER ITEM 1 OF THIS ITEM IS NOT POSSIBLE.

3 (IV) <u>A STRATEGY FOR OUTREACH AND DISTRIBUTION OF</u>
 4 <u>VACCINES TO INDIVIDUALS WHO ARE NOT RECEIVING THE VACCINE, DUE TO EITHER</u>
 5 <u>LACK OF ACCESS OR VACCINE HESITANCY.</u>

6 (B) AFTER SUBMITTING THE COVID-19 VACCINE PLAN TO THE GENERAL 7 ASSEMBLY AS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, THE 8 DEPARTMENT SHALL PROVIDE WEEKLY PROGRESS REPORTS ON IMPLEMENTATION 9 OF THE COVID-19 VACCINE PLAN TO THE GENERAL ASSEMBLY FOR THE DURATION 10 OF CALENDAR YEAR 2021.

11 (C) THE COVID-19 VACCINE PLAN AND PROGRESS REPORTS REQUIRED 12 UNDER THIS SECTION SHALL BE SUBMITTED TO THE GENERAL ASSEMBLY IN 13 ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE.

14 **18–9A–04.** 

15 (A) THE DEPARTMENT SHALL CONVENE A MARYLAND PUBLIC HEALTH 16 INFRASTRUCTURE MODERNIZATION WORKGROUP.

17 (B) THE WORKGROUP SHALL INCLUDE: <u>REPRESENTATIVES OF THE</u>
 18 <u>DEPARTMENT, LOCAL HEALTH DEPARTMENTS, SUBJECT MATTER EXPERTS, AND ANY</u>
 19 <u>OTHER RELEVANT STAKEHOLDERS.</u>

20(1)Two members of the Senate of Maryland, appointed by21The President of the Senate;

22 (2) Two members of the House of Delegates, Appointed by 23 The Speaker of the House; and

 24
 (3)
 A-REPRESENTATIVE FROM THE DEPARTMENT OF BUDGET AND

 25
 MANAGEMENT; AND

26(3) (4)Representatives of the Department, local health27DEPARTMENTS, SUBJECT MATTER EXPERTS, AND ANY OTHER RELEVANT28STAKEHOLDERS.

29 (C) THE WORKGROUP SHALL:

30(1) ASSESS THE CURRENT PUBLIC HEALTH INFRASTRUCTURE AND31RESOURCES IN THE STATE; AND

MAKE RECOMMENDATIONS FOR HOW TO ESTABLISH A MODERN 1 (2)  $\mathbf{2}$ AND EFFECTIVE PUBLIC HEALTH SYSTEM WITH A CAPACITY TO MONITOR: 3 MONITOR, PREVENT, CONTROL, AND MITIGATE THE **(I)** 4 SPREAD OF INFECTIOUS DISEASE; AND (II) ACHIEVE STATE HEALTH IMPROVEMENT PROCESS GOALS;  $\mathbf{5}$ MAKE RECOMMENDATIONS REGARDING THE ESTABLISHMENT OF 6 (3) 7A MARYLAND PUBLIC HEALTH JOBS CORPS TO RESPOND TO THE OUTBREAK OF 8 COVID-19 OR SIMILAR OUTBREAKS; AND 9 CONSIDER, WHERE APPROPRIATE, THE USE OF FEDERAL FUNDS (4) 10 TO IMPLEMENT ANY RECOMMENDATIONS MADE UNDER THIS SUBSECTION. ON OR BEFORE DECEMBER 1, 2021, THE DEPARTMENT SHALL SUBMIT 11 **(**D**)** A REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1257 OF THE 12THAT INCLUDES 13 STATE GOVERNMENT ARTICLE, THE FINDINGS AND **RECOMMENDATIONS OF THE WORKGROUP ESTABLISHED UNDER THIS SECTION.** 14 15Chapter 365 of the Acts of 2020 16 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect [July 1, 2021] JANUARY 1, 2022. 1718 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as 19 follows: 20**Article – Education** 21SUBTITLE 17. COVID-19 TESTING PLAN. 2211-1701. IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 23(A) 24INDICATED. 25"COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE **(B)** CORONAVIRUS KNOWN AS COVID-19 OR 2019-NCOV AND THE SARS-COV-2 26VIRUS. 2728"COVID-19 TEST" MEANS A FEDERAL FOOD AND DRUG (C) **ADMINISTRATION-APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR)** 29TEST OR AN ANTIGEN TEST FOR THE DETECTION OR DIAGNOSIS OF COVID-19 AN 30

1IN VITRO DIAGNOSTIC TEST FOR THE DETECTION OF SARS-COV-2 OR THE2DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF3THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)4ACT.

5 **11–1702.** 

6 (A) FOR CALENDAR YEAR 2021, AN INSTITUTION OF HIGHER EDUCATION 7 THAT HAS RESIDENCE HALLS FOR STUDENTS SHALL ADOPT AND IMPLEMENT A 8 **COVID 19 TESTING PLAN TO MONITOR, PREVENT, AND MITIGATE THE SPREAD OF** 9 **COVID-19** AMONG STUDENTS AND STAFF AT THE INSTITUTION OF HIGHER EDUCATION ESTABLISH A COVID-19 SECURITY PLAN THAT INCLUDES BOTH 10 SCREENING AND TESTING PROCEDURES THAT WILL KEEP STUDENTS, FACULTY, AND 11 STAFF SAFE WHILE ON CAMPUS FOR FACE-TO-FACE INSTRUCTION DURING THE 1213PANDEMIC.

14 (B) THE <del>COVID-19 TESTING</del> PLAN REQUIRED UNDER SUBSECTION (A) OF 15 THIS SECTION SHALL <del>INCLUDE A REQUIREMENT THAT ANY STUDENT OF THE</del> 16 <del>INSTITUTION OF HIGHER EDUCATION BE TESTED FOR COVID-19 AND PROVIDE TO</del> 17 THE INSTITUTION OF HIGHER EDUCATION CONFIRMATION OF A NEGATIVE 18 <del>COVID-19 TEST RESULT BEFORE:</del>

19(1)COMMENCING IN-PERSON CLASS ATTENDANCE AT THE20INSTITUTION OF HIGHER EDUCATION; OR

21 (2) RETURNING TO THE CAMPUS OF THE INSTITUTION OF HIGHER
 22 EDUCATION TO RESIDE IN HOUSING OWNED BY THE INSTITUTION OF HIGHER
 23 EDUCATION BE POSTED ON THE WEBSITE OF THE INSTITUTION OF HIGHER
 24 EDUCATION AND MADE AVAILABLE TO THE PUBLIC.

25

Article – Health – General

26 **16–201.5**.

27 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 28 INDICATED.

29

(2) "PROVIDER" MEANS A PROVIDER OF NURSING HOME SERVICES.

30 (3) "RATE" MEANS THE REIMBURSEMENT RATE PAID BY THE
31 DEPARTMENT TO PROVIDERS OF NURSING HOME SERVICES FROM THE GENERAL
32 FUND OF THE STATE, MARYLAND MEDICAL ASSISTANCE PROGRAM FUNDS, OTHER
33 STATE OR FEDERAL FUNDS, OR A COMBINATION OF THESE FUNDS.

1	(B) (1) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT:
2	(1) THE THE GOVERNOR INCLUDE ADDITIONAL FUNDING IN THE
3	BUDGET OF UP TO \$5,500,000 IN FISCAL YEAR 2021 AND \$22,000,000 IN FISCAL
4	YEAR 2022 TO COVER THE COST OF COVID-19 TESTING OF NURSING HOME STAFF
$\overline{5}$	AND RESIDENTS DURING CALENDAR YEAR 2021 <del>; AND</del> .
	, <u> </u>
6	(2) THE ADDITIONAL FUNDING PROVIDED UNDER HEAD PARAGRAPH
7	(1) OF THIS SUBSECTION <u>SHALL</u> BE IN ADDITION TO ANY OTHER PROVIDER RATE
8	INCREASES INCLUDED IN THE BUDGET FOR FISCAL YEARS 2021 AND 2022.
0	
9	(3) <u>ANY FUNDING PROVIDED IN ACCORDANCE WITH PARAGRAPH (1)</u>
10	OF THIS SUBSECTION SHALL CONSIST ONLY OF FEDERAL FUNDING ALLOCATED TO
11	THE STATE UNDER THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL
12 12	APPROPRIATIONS ACT AND ANY OTHER FEDERAL LEGISLATION ENACTED IN CALENDAR VEARS 2020 THROUGH 2022 TO PROVIDE EUNDING REQUIRED UNDER
13	CALENDAR YEARS 2020 THROUGH 2022 TO PROVIDE FUNDING REQUIRED UNDER
14	THIS SUBSECTION.
15	19–411.
10	
16	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
17	INDICATED.
18	(2) "COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY,
19	THE CORONAVIRUS KNOWN AS COVID-19 OR 2019-NCOV AND THE SARS-COV-2
20	VIRUS.
01	
21	(3) "COVID-19 TEST" MEANS A FEDERAL FOOD AND DRUG
22	ADMINISTRATION APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR)
23	TEST OR AN ANTIGEN TEST FOR THE DETECTION OR DIAGNOSIS OF COVID-19 AN IN VITRO DIAGNOSTIC TEST FOR THE DETECTION OF SARS-COV-2 OR THE
$\frac{24}{25}$	<u>DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF</u>
$\frac{25}{26}$	THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)
$\frac{20}{27}$	ACT.
21	
28	(B) FOR CALENDAR YEARS 2021 AND 2022, A HOME HEALTH AGENCY SHALL
29	ADOPT AND IMPLEMENT A COVID-19 TESTING INFECTION CONTROL AND
30	PREVENTION PLAN FOR PATIENTS AND STAFF WHO PROVIDE HOME HEALTH CARE
31	SERVICES TO PATIENTS OF THE HOME HEALTH AGENCY.
32	(C) (1) THE COVID-19 TESTING PLAN SHALL ENSURE PLAN REQUIRED
33	UNDER SUBSECTION (B) OF THIS SECTION SHALL:

$\frac{1}{2}$	(I) <u>BE ADOPTED AND IMPLEMENTED IN ACCORDANCE WITH</u> ANY APPLICABLE FEDERAL ORDERS AND GUIDANCE; AND
3     4     5     6     7     8     9	(II) ENSURE THAT PATIENTS AND STAFF WHO PROVIDE HOME HEALTH CARE SERVICES TO PATIENTS OF THE HOME HEALTH AGENCY ARE TESTED SCREENED FOR COVID-19 ON A REGULAR BASIS AND AT A FREQUENCY THAT IS SUFFICIENT TO TESTED OR REFERRED FOR TESTING FOR COVID-19, IF REQUIRED OR RECOMMENDED UNDER APPLICABLE FEDERAL ORDERS OR GUIDANCE, TO CONTROL AND PREVENT THE SPREAD OF COVID-19 AMONG STAFF AND PATIENTS OF THE HOME HEALTH AGENCY.
10	(2) The screening required under paragraph (1) of this
11	SUBSECTION SHALL INCLUDE REPORTING TO THE HOME HEALTH AGENCY OF ANY:
$12\\13$	(I) <u>Symptoms related to COVID-19 experienced by</u> <u>Patients and staff; and</u>
14	(II) KNOWN EXPOSURES OF PATIENTS AND STAFF TO
15	INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH COVID-19.
$\begin{array}{c} 16 \\ 17 \end{array}$	( <del>d)</del> ( <del>1)</del> The Department shall adopt regulations that set standards for a COVID-19 testing plan required under this section.
18 19	(2) The standards set by the Department under this subsection shall:
$\begin{array}{c} 20\\ 21 \end{array}$	(I) BE GUIDED BY APPLICABLE FEDERAL ORDERS AND POLICIES; AND
22	(II) INCLUDE REQUIREMENTS FOR TESTING FREQUENCY THAT
23	ARE REASONABLY RELATED TO THE COVID-19 TESTING POSITIVITY RATE IN THE
24	LOCAL JURISDICTION IN WHICH THE HOME HEALTH CARE SERVICES ARE PROVIDED
25	TO-PATIENTS.
26	(D) A HOME HEALTH AGENCY SHALL PROVIDE THE PLAN REQUIRED UNDER
$\frac{1}{27}$	SUBSECTION (B) OF THIS SECTION TO:
28	(1) PATIENTS AND STAFF; AND
29	(2) <u>MEMBERS OF THE PUBLIC ON REQUEST.</u>
30	SUBTITLE 14C. COVID-19 TESTING PLAN.

1 **19–14C–01.** 

2 (A) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 3 INDICATED.

4 (B) "COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY, THE 5 CORONAVIRUS KNOWN AS COVID-19 OR 2019-NCOV AND THE SARS-COV-2 6 VIRUS.

7 (C) "COVID-19 TEST" MEANS A FEDERAL FOOD AND DRUG
8 ADMINISTRATION-APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR)
9 TEST OR AN ANTIGEN TEST FOR THE DETECTION OR DIAGNOSIS OF COVID-19 AN
10 IN VITRO DIAGNOSTIC TEST FOR THE DETECTION OF SARS-COV-2 OR THE
11 DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF
12 THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)
13 ACT.

14 **19–14C–02.** 

15 (A) FOR CALENDAR YEARS 2021 AND 2022, A NURSING HOME SHALL ADOPT 16 AND IMPLEMENT A COVID-19 TESTING PLAN FOR RESIDENTS OF THE NURSING 17 HOME AND STAFF WHO PROVIDE SERVICES TO RESIDENTS OF THE NURSING HOME.

18 (B) THE COVID-19 TESTING PLAN SHALL ENSURE THAT RESIDENTS AND 19 STAFF ARE TESTED FOR COVID-19 ON A REGULAR BASIS AND AT A FREQUENCY 20 THAT IS SUFFICIENT TO PREVENT THE SPREAD OF COVID-19 AMONG RESIDENTS 21 AND STAFF OF THE NURSING HOME.

22 (C) (1) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT SET 23 STANDARDS FOR A COVID–19 TESTING PLAN REQUIRED UNDER THIS SECTION.

24 (2) THE STANDARDS SET BY THE DEPARTMENT UNDER THIS 25 SUBSECTION SHALL:

26 (I) BE GUIDED BY APPLICABLE FEDERAL ORDERS AND 27 POLICIES; AND

(II) INCLUDE REQUIREMENTS FOR TESTING FREQUENCY THAT
 ARE REASONABLY RELATED TO THE COVID–19 TESTING POSITIVITY RATE IN THE
 LOCAL JURISDICTION IN WHICH A NURSING HOME IS LOCATED.

31 **19–1814.** 

1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 2 INDICATED.

3 (2) "COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY,
4 THE CORONAVIRUS KNOWN AS COVID-19 OR 2019-NCOV AND THE SARS-COV-2
5 VIRUS.

6 (3) "COVID-19 TEST" MEANS A FEDERAL FOOD AND DRUG
7 ADMINISTRATION APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR)
8 TEST OR AN ANTIGEN TEST FOR THE DETECTION OR DIAGNOSIS OF COVID-19 AN
9 IN VITRO DIAGNOSTIC TEST FOR THE DETECTION OF SARS-COV-2 OR THE
10 DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF
11 THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)
12 ACT.

13 **(B)** FOR CALENDAR YEARS 2021 AND 2022, AN ASSISTED LIVING PROGRAM 14 SHALL ADOPT AND IMPLEMENT A COVID–19 TESTING PLAN FOR RESIDENTS OF THE 15 ASSISTED LIVING PROGRAM AND STAFF WHO PROVIDE SERVICES TO RESIDENTS OF 16 THE ASSISTED LIVING PROGRAM.

17 (C) THE COVID-19 TESTING PLAN SHALL ENSURE THAT RESIDENTS AND 18 STAFF ARE TESTED FOR COVID-19 ON A REGULAR BASIS AND AT A FREQUENCY 19 THAT IS SUFFICIENT TO PREVENT THE SPREAD OF COVID-19 AMONG RESIDENTS 20 AND STAFF OF THE ASSISTED LIVING PROGRAM.

21 (D) (1) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT SET 22 STANDARDS FOR A COVID-19 TESTING PLAN REQUIRED UNDER THIS SECTION.

23 (2) THE STANDARDS SET BY THE DEPARTMENT UNDER THIS 24 SUBSECTION SHALL:

25 (I) BE GUIDED BY APPLICABLE FEDERAL ORDERS AND 26 POLICIES; AND

(II) INCLUDE REQUIREMENTS FOR TESTING FREQUENCY THAT
 ARE REASONABLY RELATED TO THE COVID-19 TESTING POSITIVITY RATE IN THE
 LOCAL JURISDICTION IN WHICH AN ASSISTED LIVING PROGRAM IS LOCATED.

30

Article – Insurance

31 **15–856.** 

1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 2 INDICATED.

3 (2) "COVID-19" MEANS, INTERCHANGEABLY AND COLLECTIVELY,
 4 THE CORONAVIRUS KNOWN AS COVID-19 OR 2019-NCOV AND THE SARS-COV-2
 5 VIRUS.

6 (3) (I) "COVID-19 TEST" MEANS A FEDERAL FOOD AND DRUG
7 ADMINISTRATION-APPROVED MOLECULAR POLYMERASE CHAIN REACTION (PCR)
8 TEST OR AN ANTIGEN TEST FOR THE DETECTION OF DIAGNOSIS OF COVID-19 AN
9 IN VITRO DIAGNOSTIC TEST FOR THE DETECTION OF SARS-COV-2 OR THE
10 DIAGNOSIS OF THE VIRUS THAT CAUSES COVID-19, AS DESCRIBED IN § 3201 OF
11 THE FEDERAL CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)
12 ACT.

(II) "COVID-19 TEST" INCLUDES A FEDERAL FOOD AND DRUG
 ADMINISTRATION-APPROVED, CLEARED, OR AUTHORIZED RAPID POINT-OF-CARE
 TEST AND AN AT-HOME COLLECTION TEST FOR THE DETECTION OR DIAGNOSIS OF
 COVID-19.

17 (4) <u>"HEALTH BENEFIT PLAN":</u>

18(I)FOR A SMALL EMPLOYER PLAN, HAS THE MEANING STATED19IN § 15–1201 OF THIS TITLE; AND

 20
 (II)
 FOR AN INDIVIDUAL PLAN, HAS THE MEANING STATED IN §

 21
 15–1301 OF THIS TITLE.

(4) (5) (1) "MEMBER" MEANS AN INDIVIDUAL ENTITLED TO
HEALTH CARE BENEFITS UNDER A POLICY ISSUED OR DELIVERED IN THE STATE BY
AN ENTITY SUBJECT TO THIS SECTION.

25

(II) "MEMBER" INCLUDES A SUBSCRIBER.

26 (B) (1) THIS SECTION APPLIES TO:

(1) (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
 ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR
 CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

1	(2) (II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
2	HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER
3	CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.
4	(2) This section applies to each individual and small
<b>5</b>	<u>EMPLOYER HEALTH BENEFIT PLAN THAT IS ISSUED OR DELIVERED IN THE STATE BY</u>
6	AN INSURER, A NONPROFIT HEALTH SERVICE PLAN, OR A HEALTH MAINTENANCE
7	ORGANIZATION, IRRESPECTIVE OF §§ 15-1207(D) AND 31-116 OF THIS ARTICLE.
8	(C) <del>(1)</del> AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE
9	COVERAGE FOR COVID-19 TESTS AND ASSOCIATED COSTS RELATED ITEMS AND
10	SERVICES FOR THE ADMINISTRATION OF COVID-19 TESTS, INCLUDING FACILITY
11	FEES, HEALTH CARE PRACTITIONER FEES, AND EVALUATION OF THE MEMBER FOR
12	<u>PURPOSES OF DETERMINING THE NEED FOR THE COVID-19 TEST, AS REQUIRED BY</u>
13	THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT, THE CORONAVIRUS AID,
14	RELIEF, AND ECONOMIC SECURITY (CARES) ACT, AND ANY APPLICABLE FEDERAL
15	REGULATIONS OR GUIDANCE.
16	(2) THE COVERAGE REQUIRED UNDER THIS SECTION SHALL BE
17	PROVIDED FOR A COVID-19 TEST:
18	<del>(I)</del> <del>1.</del> <del>primarily intended for individualized</del>
19	<del>diagnosis or treatment of COVID-19 for the member; or</del>
20	2. TO KEEP THE MEMBER OR OTHERS WITH WHOM THE
21	MEMBER IS OR MAY BE IN FUTURE CONTACT FROM POTENTIAL EXPOSURE TO
22	<del>COVID-19; AND</del>
23	(II) REGARDLESS OF WHETHER THE MEMBER HAS SIGNS OR
24	SYMPTOMS COMPATIBLE WITH COVID-19 OR A SUSPECTED RECENT EXPOSURE TO
25	COVID-19 IF THE TESTING IS PERFORMED FOR A PURPOSE SPECIFIED UNDER ITEM
26	
	<del>(I) OF THIS PARAGRAPH.</del>
27	(3) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REQUIRE A
28	(3) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REQUIRE A MEMBER TO OBTAIN A DETERMINATION FROM A HEALTH CARE PROVIDER THAT A
$\begin{array}{c} 28\\ 29 \end{array}$	(3) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REQUIRE A MEMBER TO OBTAIN A DETERMINATION FROM A HEALTH CARE PROVIDER THAT A COVID-19 TEST IS MEDICALLY APPROPRIATE FOR THE MEMBER AS A CONDITION
28	(3) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REQUIRE A MEMBER TO OBTAIN A DETERMINATION FROM A HEALTH CARE PROVIDER THAT A
$\begin{array}{c} 28\\ 29 \end{array}$	(3) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REQUIRE A MEMBER TO OBTAIN A DETERMINATION FROM A HEALTH CARE PROVIDER THAT A COVID-19 TEST IS MEDICALLY APPROPRIATE FOR THE MEMBER AS A CONDITION

32 COPAYMENT, COINSURANCE REQUIREMENT, OR DEDUCTIBLE TO THE COVERAGE
 33 REQUIRED UNDER THIS SECTION COVERAGE FOR COVID-19 TESTS AND RELATED
 34 ITEMS AND SERVICES FOR THE ADMINISTRATION OF COVID-19 TESTS.

1 SECTION 3. AND BE IT FURTHER ENACTED, That any funding appropriated for  $\mathbf{2}$ the implementation of this Act may consist only of federal funding allocated to the State 3 under the federal Coronavirus Response and Relief Supplemental Appropriations Act and 4 any other federal legislation enacted in calendar years 2020 through 2022. Any federal funding appropriated under this Act for vaccine distribution, testing, or contact tracing shall  $\mathbf{5}$ be limited to funding specifically allocated for those purposes under the Coronavirus Aid. 6 Relief, and Economic Security Act, the Consolidated Appropriations Act, or the American  $\mathbf{7}$ Rescue Plan Act of 2021 except to the extent other funding is provided for these purposes by 8 9 the Governor. 10 SECTION 3. 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall 11 apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the 12State on or after the effective date of this Act.

13 SECTION 4. <u>5.</u> AND BE IT FURTHER ENACTED, That this Act is an emergency 14 measure, is necessary for the immediate preservation of the public health or safety, has 15 been passed by a yea and nay vote supported by three–fifths of all the members elected to 16 each of the two Houses of the General Assembly, and shall take effect from the date it is 17 enacted. Section 2 of this Act shall remain effective through December 31, 2022, and, at the 18 end of December 31, 2022, Section 2 of this Act, with no further action required by the 19 General Assembly, shall be abrogated and of no further force and effect.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.