

HFAM Testimony SB 741 Final.pdf

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Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

February 24, 2021

Senate Bill 741: COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 741: COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021.

HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state. HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

Testing, vaccination, infectious disease prevention protocols, and above all, being person-focused and clinically-driven are critical to winning our ongoing fight with COVID-19. Relative to Senate Bill 741, this testimony is focused primarily on testing.

Testing in skilled nursing and rehabilitation centers, in assisted living, other group homes, or even correctional settings is central to identifying outbreaks and hotspots, fighting COVID-19, and ultimately saving lives. Key points upfront:

- Research from Brown, Harvard, and the University of Chicago indicates that there is a correlation between the positivity rate in the community and the positivity rate in congregate settings in that community. For example, a higher positivity rate in Laurel, Elkridge, Silver Spring, Gambrills, or Hagerstown would mean that there are more likely more positive cases among skilled nursing centers, assisted living campuses, and correctional facilities in those communities.
- We also know from articles published in The Journal of the American Medical Association (JAMA) that there is a correlation between severe COVID-19 infection and death and chronic pre-existing conditions such as diabetes and hypertension; and, communities of color and economically disadvantaged communities are disproportionately impacted by these chronic medical conditions.
- **Bottom Line:** Increased, targeted testing in the community-at-large and continued surveillance testing in our sector and other congregate settings will continue to be critical going forward.

IMPORTANT NOTE: In some respects, these critical points are also very relevant to vaccination planning and rollout.

It is important to remember that we have covered a great deal of ground in our fight against COVID-19 over the last year. The fact we are talking about vaccine deployment is a credit to our scientists and our medical-industrial complex.

A year ago, testing in Maryland was done at the State Lab in cooperation with the Centers for Disease Control and Prevention (CDC) and tests were limited to just dozens per day. It was not until March 2020 that commercial labs and hospitals in Maryland stood-up their PCR testing capacity.

While we were at the beginning of the first dramatic COVID-19 surge, skilled nursing and rehabilitation centers began initiating and paying for testing in advance of government orders. Without the actions of these leaders, we would not have known how desperate the situation was and fewer lives would have been saved.

From April 2020 to today, commercial lab and hospital PCR testing capacity has been going full steam ahead, with massive ongoing testing volume. Unfortunately, when public and consumer demand for testing increased over the past year, all healthcare settings struggled to get clinically actionable results from some labs within 48 hours. Commercial labs and urgent care settings with the most experience before the pandemic, as well as hospitals, consistently met the 48-hour turnaround requirement.

From April to August 2020, the Maryland Department of Health (MDH), via directives empowered by Governor Hogan's Executive Orders, mandated testing in skilled nursing and rehabilitation centers, coordinated logistics, and paid for that testing via the state contracting directly with labs.

From August 15, 2020 forward, skilled nursing and rehabilitation centers were required to contract directly with labs and to pay testing expenses. Governor Hogan's orders on November 17, 2020 rightfully linked testing in our sector to community positivity rates and mandated twice weekly testing of employees in our setting.

The cost of the tests for patients and residents are largely, but not always, covered by health insurance, Medicare or Medicaid. The costs of the tests for employees are sometimes covered by health insurance. However, like other large employers, skilled nursing and rehabilitation centers underwrite and self-insure their commercial plans, so ultimately, they have to cover the expense of employee COVID-19 testing. In addition, it is important to consider the additional staffing needed to administer tests and record results.

Since September 2020, the MDH COVID-19 Testing Task Force has distributed 1.3 million point-of-care (POC) tests to Maryland skilled nursing and rehabilitation centers, assisted living campuses, group homes, and other congregate settings. These POC tests augment commercial lab PCR testing and can be used for one of the two weekly staff tests currently required per MDH order.

Senate Bill 741 includes provisions for paying for ongoing testing and reimbursement for our sector, which is vitally needed. Here are examples of the cost of testing in Maryland skilled nursing and rehabilitation centers:

- A sampled set of nine (9) nursing homes have spent \$1.6 million on testing from September 2020 to February 2021.
- Even with insurance coverage, another nursing home spent \$600,000 on testing in 2020.

- Yet another nursing home spent \$700,000 from March 2020 to the present.
- COVID-19 testing in Maryland skilled nursing and rehabilitation centers ranges from about \$20,000 to \$75,000 per week, depending on the breakdown of which tests are used (PCR and POC), the center's size, and the government ordered frequency of testing.

NOTE: The way forward on testing is to maintain PCR commercial lab testing augmented by point-of-care testing. As visitation increases, there will likely be a role for point-of-care testing relative to visitation.

Finally, some may say that due to the Federal CARES Act funding or augmented state testing, this bill and the financial support are unnecessary. That is simply not the case. Here are three real examples:

- A nursing home received \$1.1 million in Federal CARES Act funding, but experienced a revenue loss of \$3.3 million (because with fewer non-COVID patients being cared for in hospitals, fewer people were being sent to nursing homes for care). They spent \$1.3 million on emergency agency staffing and other COVID expenses such as PPE and testing. That is a federal grant of \$1.1 million against loss of revenue and spending increases of \$4.6 million.
- Another nursing home received \$990,000 in Federal CARES Act funding, but experienced a revenue loss of \$691,000 (because with fewer non-COVID patients being cared for in hospitals, fewer people were being sent to nursing homes for care). They spent \$1 million on emergency agency staffing and other COVID expenses such as PPE and testing. That is a federal grant of \$990,000 against loss of revenue and spending increases of \$1.7 million.
- One last example: A nursing home received \$930,000 in Federal CARES Act funding, but experienced a revenue loss of \$700,000 (because with fewer non-COVID patients being cared for in hospitals, fewer people were being sent to nursing homes for care). They spent \$620,000 on emergency agency staffing and other COVID expenses such as PPE and testing. That is a federal grant of \$930,000 against a loss of revenue and spending increases of \$1.3 million.

NOTE: In addition, these three centers paid current employees a total of \$789,000 in hero pay bonuses.

For these reasons, we request a favorable report from the Committee on Senate Bill 741.

Submitted by:

Joseph DeMattos, Jr.
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SB741_AFSCME3_FAV.pdf

Uploaded by: Gilmore , Denise

Position: FAV



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Patrick Moran - President

Testimony
SB 741 – COVID 19 Testing, Contact Tracing, and Vaccination Act of 2021
Support

AFSCME Council 3 represents 30,000 State and Higher Education employees across Maryland. This legislation requires the Maryland Department of Health, by April 1, 2021, to adopt and implement a 2-year COVID-19 outbreak prevention plan for local jurisdictions and higher education institutions. This plan must address access to the unmet needs for testing, contact tracing, and vaccinations. The legislation also establishes the Maryland Public Health Job Corps which will be comprised of local health department community health care workers and other health care professionals and stakeholders. The Maryland Public Health Job Corps can be deployed to assist with testing, contact tracing, vaccine administration, and other case management needs for individuals who test positive.

This legislation also requires that Maryland Public Health Job Corps prioritize for recruitment workers who have been affected by COVID-19 layoffs to enable the possibility of permanent employment after the pandemic to meet the continued needs of underserved communities in our state. SB 741 also includes much-needed grant funds to local health departments to with expanding contact tracing and testing capacity. Regarding vaccinations, SB 741 requires the Department of Health in consultation with subject matter experts, to develop and submit a plan for vaccinating residents in the state by April 1, 2021, including timelines, target metrics, resources needed to perform education and outreach to communities that have been disproportionately impacted by the COVID-19 virus. Finally, SB 741 addresses long-term public health needs by requiring the Maryland Department of Health to convene a Maryland Public Health Infrastructure Modernization Workgroup.

Entering the pandemic, our bargaining units in the Local Health Departments across the State were maintaining nearly a 40% vacancy rate. Our Local Health Departments were forced to undergo cuts during the Great Recession and never fully rebounded. This left them understaffed and under-resourced to deal the public health emergency caused by the COVID-19 Pandemic. SB 741 provides mandates and resources to strengthen the workforce and infrastructure in our public health delivery system. SB 741 is a good and comprehensive Bill that will help Maryland more effectively combat the COVID-19 virus.

We urge the committee to provide a favorable report on SB 741.

Every AFSCME Maryland State and University contract guarantees a right to union representation.
An employee has the right to a union representative if requested by the employee.
800.492.1996

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LeadingAge Maryland - 2021 - SB 741 - Vaccination

Uploaded by: Greenfield, Aaron

Position: FAV



6811 Campfield Road
Baltimore, MD 21207

TO: The Honorable Delores Kelley
Chairwoman, Finance Committee

FROM: LeadingAge Maryland

SUBJECT: Senate Bill 741, COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021

DATE: February 24, 2021

POSITION: Favorable

LeadingAge Maryland writes to request a favorable report on Senate Bill 741, COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021.

LeadingAge Maryland is a community of not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. We represent more than 120 not-for-profit organizations, including the vast majority of CCRCs in Maryland. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, faith communities and others who care about aging in Maryland.

This bill requires compliance with the federal and CDC guidelines and mandates the Maryland Department of Health (MDH) to adopt a plan to respond to the COVID19 outbreak in collaboration with local health departments. This will be a 2-year plan. The bill has three priorities - testing, contact tracing, and vaccine administration and allocates funds to local jurisdictions to carry out the response. It establishes a public health reserve job corps to meet staffing needs in the state and a workgroup to assess Maryland's Public health infrastructure and capacity to respond to the pandemic. Insurance carriers are responsible for covering costs of testing and vaccine administrations for their members. In addition and importantly, this bill requires home health agencies, nursing homes, assisted living programs to implement an

effective COVID19 testing plan, that offers regular/frequent testing to prevent the spread of COVID19. Department provides up to \$9,000,000 in 2021 and \$36,000,000 in 2022 in grant funding to nursing homes, home health agencies, and assisted living programs to cover costs of COVID19 testing for residents, patients, and staff.

The long-term care industry has been on the front lines of COVID-19 and has not been immune from the operational and fiscal obstacles. Whether it is ensuring appropriate levels of personal protective equipment or access to sufficient testing kits, our sector has been impacted. Providers have faced mounting costs and decreases in revenue over the last year. The costs of required testing, PPE, increased pay for staff (including overtime and incentive pay) have cost providers hundreds of thousands to even millions of dollars. These were unbudgeted and ongoing expenses. Some organizations received federal and/or State funds to offset some of the increased cost. Unfortunately, that funding has failed to cover the full impact of the expenses and many providers are facing significant financial strife. By including this necessary grant funding, long-term care facilities will be able to recoup costs expended, have predictability and continue to effectively provide the quality of care are residents deserve.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 741.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

SB0741-FIN-FAV.pdf

Uploaded by: Mehu, Natasha

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 741

February 24, 2021

TO: Members of the Senate Finance Committee

FROM: Natasha Mehu, Director of Government Relations

RE: Senate Bill 741 – COVID–19 Testing, Contact Tracing, And Vaccination Act Of 2021

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 741.

SB 741 would require, among other provisions, the Maryland Department of Health (MDH) and local health departments to develop a two-year plan to address the COVID-19 pandemic including testing, contact tracing, and vaccination infrastructure and implementation.

BCA believes SB 741 is needed to ensure additional local government input into COVID-19 planning. In Baltimore City, a lack of local input has resulted in critical gaps in testing and vaccination infrastructure, including information technology lapses resulting in missed or over-booked appointments and insufficient testing kits and vaccine doses. Additional issues have arisen over the inequitable distribution of COVID-19-related resources across racial and socioeconomic divides.

Between December 29, 2020 and February 7, 2021, the Baltimore City Health Department administered 8,877 COVID-19 vaccine doses. With limited input regarding vaccine eligibility, only 27.27% of said doses were delivered to Black residents, and only 20.78% were delivered to individuals aged 60 years or older. Additional planning and coordination at the state level, along with significantly more local input, is a necessary step to ensure these communities, with the former comprising the majority of Baltimore City's population, are equitably served.

We respectfully request a **favorable** report on Senate Bill 741.

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SB0741_COVID-19_Act_MLC_FAV.pdf

Uploaded by: Plante, Cecilia

Position: FAV



TESTIMONY FOR SB0741 COVID-19 TESTING, CONTRACT TRACING, AND VACCINATION ACT OF 2021

Bill Sponsor: Senator Rosapepe

Committee: Finance/Budget and Taxation

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0741 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of individuals and grassroots groups with members in every district in the state with well over 30,000 members.

Our members strongly support this bill. It's about time that the General Assembly took control of this train wreck. How can we be this far into a pandemic with no plan? If we do have one, no one really knows what it is. The plan for testing seems to be - if you think you need a test, you try to find one. We also don't even know if contract tracing is happening, although from personal experience, people I know who were exposed to the virus never had anyone ask who they were in contact with.

And trying to find a vaccination is like looking for a pot of gold on the other side of a rainbow. There is no single place to sign up. There is no way of knowing if you will ever be called, or how many people are even in the same category as you are. Also, who is in each category keeps changing, and now people who are young seem to be displacing people who are elderly as more and more categories of people are considered front line workers. The vaccines are not being given out equitably to people of color and depending on what county you live in, your likelihood of getting a vaccine is very different. It's a disaster.

This bill will require that the Maryland Department of Health, in conjunction with local Health Departments in the state, creates a 2-year plan for handling testing, contract tracing and vaccinations. Additionally, specific plans are required by nursing homes, home health agencies, colleges and other major institutions. Finally, an overall go-forward plan will be developed by the Maryland Public Health Infrastructure Modernization Workgroup that will help the state deal with any other health emergencies in the future.

We understand that this will be expensive, but at least it will be money well spent. Right now, we are spending money that is getting us nowhere.

We support this bill and recommend a **FAVORABLE** report in committee.

SB741 COVID_Maryland PIRG FAV.pdf

Uploaded by: Scarr, Emily

Position: FAV

Maryland PIRG

Maryland Public Interest Research Group

SB741: COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021

Wednesday, February 24rd, 2021

Finance Committee

FAVORABLE

Maryland Public Interest Research Group (Maryland PIRG) is a citizen funded public interest advocacy organization with grassroots members across the state.

COVID-19 is still raging across Maryland and the rest of the country. Before long, 8,000 Marylanders and 500,000 Americans will have died due to this deadly virus.

We're calling on the General Assembly to swiftly approve this bill for more robust planning and goal setting for Maryland's COVID-19 response including expanded testing, contact tracing, and vaccine distribution.

Our Achilles' heel when it comes to our nation's COVID-19 response has always been a severe lack of funding and coordination. We saw this happen with [testing infrastructure](#) and now it's the same story on vaccine distribution.

The failure of our federal government has done the most harm, and states have been left to pick up the slack. While vaccination distribution is underway, most Marylanders are still months away from getting their shots. And we know resources will be needed to help harder-to-reach populations get their vaccines. Many will need a more individualized or localized approach to assure trust and to assist with the logistics of getting registered for the vaccine appointment and even getting transportation to the site. And although vaccines are rolling out, robust testing and contact tracing is still one of the best ways to protect everyone until broad swaths of the public are vaccinated.

Without additional legislation to help pay to combat COVID-19 and minimize its spread, tens of thousand more Marylanders will get sick, thousands more will die unnecessarily, and we will prolong economic and other damage to our state.

According to public health experts from the Harvard Global Health Institute and Brown University School of Public Health, [Maryland is still not consistently meeting testing targets](#) a year into the pandemic. We also need a stronger [workforce of contact tracers](#), one large enough to trace all current cases.

Increased funding and coordination of the state's COVID-19 response will save lives and help us overcome this crisis and all the hardships that have come along with it.

We respectfully request a favorable report.

Emily Scarr, Maryland PIRG Director
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SB 741 - COVID-19 Testing Contact Tracing and Vacc

Uploaded by: Stallings, Nicole

Position: FAV



Maryland
Hospital Association

Senate Bill 741 - COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021

Position: *Support*

February 24, 2021

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 741.

Next week will mark one year since hospitals in Maryland began to see their first COVID-19 patients. In that time, they've cared for more than 34,000 of our family members, friends, and neighbors, who sadly have been affected by this virus. One year later, the COVID-19 pandemic continues to take a heavy toll on Maryland's health care infrastructure. The challenges posed by COVID-19 will continue to evolve and will require the state to continually assess and adjust plans as they develop data-informed responses that suit their own unique circumstances, challenges, and the needs of communities. The requirements and additional resources provided under SB 741 will serve as the foundation for Maryland's ongoing pandemic response.

Testing: Widespread testing is necessary to treat and control infection. It is also essential for early detection of any increases in COVID-19 cases. Hospitals partnered and mobilized to efficiently test more than 1.2 million community members, patients, and staff for COVID in just the first six months of the pandemic. That number grows daily as hospitals continue to offer COVID tests to their communities, often through convenient drive-through and walk-up and other sites that ensure wider access across communities.

However, early in the pandemic testing capacity was inadequate. Barriers to testing included shortages of critical supplies, including reagents, swabs, lancets, and machines; maldistribution of supplies, owing to an uncoordinated supply chain; and significant staffing shortages. SB 741 would require the state to look ahead and resolve these deficiencies. We agree the state plan should ensure coordination of various testing efforts in the state across public and private partners to determine capacity, match to need, and deploy to areas of greatest need.

SB 741 is critical to support Maryland's sustained public health response to the COVID-19 pandemic. The state committed to broad, asymptomatic testing and recruited hospitals to assist with mass vaccination sites and community outreach. Late last year, the Maryland Department of Health issued a directive requiring health care practitioners to order tests for any individuals who believes they are necessary. Currently, federal law does not require insurer coverage of asymptomatic testing, which has been encouraged by public health officials as a crucial step to identify COVID-19 spread within our communities. Hospitals and medical professionals indicate a patchwork of testing coverage and reimbursement policies across the major commercial payers

in Maryland. While some payers indicate potential coverage for asymptomatic testing, others require prior authorizations or provider orders.

Providers have already started seeing denials for COVID-19 diagnostic claims from multiple payers for a variety of reasons, many of which are specific to the payer in question. These denials create significant administrative and financial burdens for caregivers, who at the same time are working to execute on the robust testing and vaccination strategy. SB 741 provides statutory requirements for uniform coverage of and reimbursement for asymptomatic testing to further the goals of the state and aid in the road to recovery from this catastrophic health emergency.

Contact Tracing: Maryland must continue to closely monitor signs of COVID-19 spread. Failing to do so, or without adequate testing and tracing in place, will mean we only notice problems when individuals begin to crowd emergency departments and outbreaks among the most at risk are reported. By that point, it may be too late to avoid larger scale community spread, which would bring another wave of critically ill patients that could overwhelm an already strained health care system.

Vaccines: When vaccines were made available in late 2020, hospitals stepped up to support one of the most ambitious vaccination efforts in our country's history. To date, Maryland hospitals have administered some 405,000 shots, more than any other category of vaccine provider. They invested in costly infrastructure such as ultracold freezers, dedicated venues, mobile clinics, information technology, and staffing. Hospitals and their outpatient affiliates are spread across every region in the state and can ensure geographic fairness and the ability to reach members of marginalized groups—persons of color, non-English speakers, the disabled, the elderly, the chronically ill, and others. Local health departments are also well-positioned and committed to ensuring equitable and efficient vaccine delivery. It is essential that the state's vaccination plan acknowledges the vital and trusted role hospitals and local health departments play in the state's vaccination efforts.

Public Health Infrastructure: State and local health agencies have significant experience in employing case-based strategies to lessen the spread of infectious disease. Scaling these efforts to the unprecedented levels needed to respond to a public health emergency require an expanded, well-trained workforce that builds on existing state disease investigation capacity; adequate systems to monitor and support infected individuals and contacts; consultation and technical assistance; and social resources for cases and contacts to ensure compliance with public health guidance.

The pandemic put incredible, unprecedented strains on our health care workforce. Staffing was far and away the top challenge identified by Maryland hospitals in their COVID response. In March 2020 alone, over \$4.6 million was paid for additional staffing by just 18 hospitals. Staffing expenses for community vaccination efforts are estimated to be in the hundreds of millions, with the majority of that cost attributed to staffing. Maryland hospitals welcome any opportunity to strengthen our state's health care workforce, including through the public health job corps created by SB 741.

The COVID-19 pandemic tested the strength of our state's public health system. The support offered in this legislation to shore up our state's systems for COVID testing, contact tracing, and vaccinations will help to speed our recovery and see our way through this unprecedented public health emergency.

For these reasons, we urge a *favorable* report.

For more information, please contact:

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SB741_StrongFutureMaryland_FAV.docx - Google Docs.

Uploaded by: Wilkerson, Alice

Position: FAV



**Testimony in Support of Senate Bill 741 (Senator Rosapeppe)
COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021
FAVORABLE**

February 24, 2021

To Chairwoman Pendergrass and Members of the Finance and Budget & Taxation Committee:

On behalf of Strong Future Maryland, we write in support of Senate Bill 741. Strong Future Maryland works to advance bold, progressive policy changes to address systemic inequality and promote a sustainable, just, and prosperous economic future for all Marylanders.

Like other states, Maryland has been affected by the COVID-19 Pandemic, affecting all Maryland residents throughout the state. As of February 18, 2021, the Maryland Health Department has recorded 373,966 confirmed cases and 7,479 confirmed deaths, and highly populated counties, such as Prince George's County, Montgomery County, and Baltimore County, have experienced the most cases. At the beginning stages of the Pandemic, the daily positive rate reached 29.38% on April 14, 2020. With the increased COVID-19 testing and the Pfizer and Moderna Vaccines development and distribution, cases have decreased and stabilized. Also, Governor Hogan and the Department of Health's statewide orders and recommendations further reduce COVID-19 contractions. Although measures have been taken to address the Pandemic as it presently persists, we need to develop a plan to address the issues of COVID-19 for the future.

With the COVID-19 Testing, Contract Tracing, and Vaccination Act, state and local Health Departments would implement a two-year plan to respond to the outbreak of COVID-19. This Act calls for a better plan to monitor and prevent the spread of COVID-19 from occurring and promotes the protection from the burdensome healthcare costs associated with COVID-19 testing to both insured and uninsured Marylanders. For the two-year plan, funding will be granted to jurisdictions for contract tracing, testing, vaccine distribution, and assisted living programs throughout this timespan. With this funding, jurisdictions would be able to return to normalcy while proceeding with caution along the way.

Senate Bill 741 is necessary legislation that helps Maryland combat the ongoing Pandemic by establishing a plan of action to protect all Maryland residents throughout this crisis. There is

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more work to be done to help Maryland recover to its potential, and the first step is to address the issues of COVID-19. Strong Future Maryland urges the committee to vote favorably on Senate Bill 741.

On behalf of Strong Future Maryland,

John B. King
Founder & Board Chair

Alice Wilkerson
Executive Director

Rachelle Wakefield
Policy Intern

SB741- SWA- Hopkins - 2.22.2021.pdf

Uploaded by: Coble, Annie

Position: FWA

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 24, 2021

Johns Hopkins would like to offer testimony to support with amendments **Senate Bill 741 COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021**. This bill implements wide spread requirements to prevent the spread of COVID-19. Johns Hopkins supports the intent of this bill and sees value in many of the provisions; however, we recommend removing or amending the provisions on home health agencies to prevent a conflict with existing federal requirements by CDC and CMS, and the application of what appear to be federal Skilled Nursing Facilities testing guidelines to Home Health testing, since the two venues of care are significantly different.

Johns Hopkins Home Care Group (JHHCG) is the entity of Johns Hopkins Medicine that delivers home health services in addition to other essential home-based services like home infusion, respiratory care, and private duty care. JHHCG delivers care across Maryland and typically has an average census of roughly 800 patients on any given day. JHHCG currently complies with all relevant federal, state and local health department guidelines to keep the staff and patients safe. These guidelines include basic infection protection protocols required to become a licensed home health provider, enhanced infection protection protocols from CMS (see March 2020 Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs); reference identification: QSO – 20-18-HHA), all Johns Hopkins Health System COVID-19 prevention policies. All home health agency staff members are screened every day and patients are screened before staff arrive. Appropriate PPE is provided to all staff and patients.

The legislation as written requires home health agencies to adopt and implement a COVID-19 testing plan for all patients and staff. There is no other state in the country with separate rules for home health agencies with regards to COVID-19 testing. All other states require home health agencies to comply with federal rules and guidance. The concern if Maryland has this rule, there will be confusion in the provider community and the legislation could be in conflict with existing federal policy for home health agencies.

A significant concern is the plan requirements in the bill appear to be based upon federal guidelines for skilled nursing facilities (SNF). SNFs are a very different provider type than home health agencies and the testing requirements do not transfer

easily. The requirements for SNFs are developed to prevent the spread of the infection for a large number of people living in very close proximity that is very different than the environment in which home health agencies provide care. An example of testing requirements for SNFs being difficult to implement in home health agency is surveillance testing for cohorts as a means to prevent the spread of the virus. SNFs can easily cohort patients and staff to specific areas within the facility; however, because of traveling into patients' individual homes, the cohorting requirement seems inapplicable to the home health agency settings as a means to contain the virus.

Johns Hopkins applauds the sponsors' intent to create accountability and prevent the spread of COVID-19. However, in our review, there is no evidence to date that home health agencies are a primary spreader of the virus and in fact home health agencies have been shown to prevent the spread by keeping the most vulnerable patients in their homes safely. Home health agencies are already compliant with federal guidance preventing the spread; requiring home health agencies to create a separate plan would be duplicative and unique to Maryland. For these reasons, Johns Hopkins advocates to remove the provisions regarding home health agencies testing plans and, if some additional certainty is desired, simply amend the home health section of the bill to require that home health agencies follow federal guidelines. We urge the committee to **support with amendments Senate Bill 741 COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021.**

2021 MNA SB 741 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FWA



Committee: Senate Finance Committee

Bill Number: Senate Bill 741

Title: COVID–19 Testing, Contact Tracing, and Vaccination Act of 2021

Hearing Date: February 24, 2021

Position: Support with Technical Amendment

The Maryland Nurses Association (MNA) supports *Senate Bill 741- COVID-19 Testing, Contract Tracing, and Vaccination Act*. The bill delineates requirements for a robust COVID-19 response. MNA requests one minor technical amendment.

In the midst of the pandemic, nurses were called upon and put years of education and training into action. This experiences has changed health care forever; and the past 12-months will help guide us in ongoing efforts to end the pandemic and plan for future public health emergencies. This legislation supports planning efforts by focusing on a three-pronged approaching to addressing the pandemic: testing, contact tracing and vaccinations.

We support the creation of the Maryland Public Health Job Corps. This provision will help infuse needed personnel into Maryland’s response. By utilizing trusted members of the community, such as community health workers, the Maryland Public Health Jobs Corps will advance community buy-in of COVID testing and vaccination efforts. As we understand the intention of the bill, the participants in the program will assist in the coordination of COVID testing and vaccination. However, the bill language itself indicates that community health workers and other non-clinical personnel could directly provide testing and vaccination. This provision conflicts with Health Occupations article which generally reserves clinical function to certain licensed or certified providers. To address this issue, we suggest the following technical amendment:

On page 5 in line 20, strike “PROVIDING OR”; and in line 22 insert after “OR PROVIDE CONTACT TRACING” after “TRACING”

Thank you for the opportunity to submit this testimony. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB0741 FWA_OAG HEAU.pdf

Uploaded by: O'Connor, Patricia

Position: FWA

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STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

February 24, 2021

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: The Office of the Attorney General, Health Education and Advocacy Unit

Re: Senate Bill 741 (COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021): Support with Amendments

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports Senate Bill 741. We look forward to actively participating in the bill's workgroup sessions in order to achieve the best possible testing access and coverage for consumers because the numerous hotline calls and complaints about COVID-19 testing costs we have received throughout the pandemic establish that many consumers are confused about testing coverage and costs and may be in financial distress.

Early in the pandemic, there was clarity that the federal relief bills mandated coverage of COVID-19 diagnostic testing, broadly defined, and related items and services without cost sharing or medical management requirements. In late June 2020, however, the past Administration issued restrictive guidance that eliminated clarity and has exposed consumers to demands for upfront payments; cost sharing; upcoding or incorrect coding by providers; and other problems listed in Exhibit A, attached. We believe specific provisions in statute or emergency regulations are required to address such problems that may persist even if this bill becomes law and will work with stakeholders on this issue.

Consumers have been inundated with federal and state messaging to get tested and that testing was free. Yet, more and more distressed consumers are reaching out to the HEAU seeking assurance that the tests required to rule infection in or out, or for travel, work, and school, will be covered with no out-of-pocket costs. Other consumers are seeking help from the HEAU after they have been billed for testing or have been sent to

collections for unpaid COVID testing invoices. Currently there is only one reliable assurance we may offer consumers: that the free state and local jurisdictional governmental testing sites listed on the Department of Health's website do not ask for insurance information and will provide free testing. Based on the number and nature of the consumer calls and complaints, we believe it is vitally important to maintain unconditional access to testing with no out-of-pocket costs, upfront or after the fact, for consumers. We are concerned the bill's requirement that private insurance be billed for testing provided by state and local governmental providers (page 4, lines 2-12) will interfere with access due to the risk of after the fact cost sharing by private insurance. While we recognize the goal is to have private insurance and not taxpayers pay for covered testing costs, most privately insured Maryland consumers are not insured by the state-regulated plans that would be required under this bill to provide full COVID testing coverage with no out-of-pocket costs.

Because of the billing issues highlighted in attachment A, we also urge the sponsors to amend the bill to require that the Department, in consultation with the HEAU, the MIA, healthcare providers and other relevant stakeholders, include in the testing plan (1) billing standards for COVID testing providers, including when and what providers may charge, (2) mandatory pre-testing notification about potential out-of-pocket costs to patients, when applicable, and (3) to provide an enforcement mechanism for failure to abide by the standards.

We also support accelerating access to and use of at-home collection kits and tests as noted on page 5 of the bill, but urge the sponsors to include the attached amendment requiring direct-to-consumer testing providers to provide an itemized receipt with the information necessary for consumers to submit claims to their carriers. We are aware of at least one direct-to-consumer lab that will not provide the information even if requested.

We support the coverage mandate in the bill and believe it is comprehensive, much like the coverage mandate in the federal relief bills. We recommend, however, that the definition of "COVID-19 test" throughout the bill be amended to mirror the federal law, which covers testing "approved, cleared or authorized under section 510(k), 513, 515 or 564 of the Federal Food, Drug, and Cosmetic Act, and the administration of such [] products." And, we further recommend mirroring the federal language by adopting their reference to "related items and services," which would clearly delineate the more inclusive scope of covered services than this bill's language, "tests and associated costs for the administration of COVID-19 tests," and ask that a substitution be considered.¹

¹For a detailed discussion of applicable federal and state laws, see pp. 7-9 of the Annual Report on the Changes in the Affordable Care Act on Maryland by the Maryland Insurance Administration, the Maryland Health Benefit Exchange, and the Health Education and Advocacy Unit – Office of the Attorney General (#MSAR 12765, December 31, 2020).

The HEAU also notes that this emergency bill would become effective the date it is enacted but, as drafted, would not apply to policies, contracts, and health benefit plans issued, delivered or renewed before the effective date. A coverage gap could exist should current federal and state coverage protections end in the interim.

We urge the committee to give this bill a favorable report.

cc: Sponsor

EXHIBIT A

Office of the Attorney General, Health Education and Advocacy Unit
Letter of Support with Amendments, Senate Bill 741
February 24, 2021

1. Providers are requiring patients to pay upfront for COVID-19 testing when consumers present for testing without symptoms or known exposure because they believe it will not be covered by insurance. And in some cases, they are subsequently billing patients for testing-related services and for amounts they did not disclose to the consumer in advance.

Consumer needed a test to rule-out COVID to assist his elderly aunt. He googled free testing and presented to a hospital-affiliated urgent care center for testing. When he answered negatively to symptom and exposure screening questions, he was told he had to pay \$125 out-of-pocket for the test. He reluctantly paid for the test. He was later billed an additional \$245 for the billing code 99203 New Patient, Level 3 office visit; an amount he was not told might be later charged.

2. Providers are billing for COVID tests ordered to rule-out COVID prior to the patient undergoing needed medical treatment.

Consumer was told that because her daughter was experiencing allergy symptoms, she needed to be negatively screened for COVID before her pediatrician would see her. She presented to an urgent care clinic for testing and was told she had to pay \$139 for the test and that it would not be submitted to her carrier for coverage.

3. Providers are submitting claims with CPT Code 99203 New Patient, Level 3 office visit for COVID testing of asymptomatic patients with no known exposure.
4. Providers are refusing to test uninsured consumers unless they are willing to pay upfront for testing.

One patient reported that he saw a symptomatic patient turned away from a hospital-affiliated urgent care center for COVID testing because the patient was uninsured and could not pay the \$125 demanded upfront for the test. The reporting-patient paid for the uninsured patient's test.

SB0741 OAG HEAU Amendments.pdf

Uploaded by: O'Connor, Patricia

Position: FWA

Senate Bill 741 (COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021)

First Reader, Proposed Amendments

AMENDMENT 1

On page 15, line 9, after “Section.” Add “SECTION 3. AND BE IT FURTHER ENACTED, THAT THE LAWS OF MARYLAND READ AS FOLLOWS: ARTICLE – HEALTH GENERAL 17-215(B)(3)(IV) SHALL PROVIDE AN ITEMIZED RECEIPT WITH ALL INFORMATION NEEDED FOR A CONSUMER TO SUBMIT A CLAIM, INCLUDING DIAGNOSTIC CODES (CURRENT ICD CODE), PROCEDURE CODES (CURRENT CPT CODE), ITEMIZED COSTS FOR LAB TESTS AND PHYSICIAN OVERSIGHT, EIN (ALSO KNOWN AS TAX ID NUMBER), AND NPI #.”

AMENDMENT 2

On page 6, line 4, after “Populations.” Add “(D) THE DEPARTMENT, IN COLLABORATION WITH THE HEAU, THE MIA, HEALTHCARE PROVIDERS, AND OTHER RELEVANT STAKEHOLDERS, SHALL INCLUDE IN THE PLAN REQUIRED UNDER THIS SECTION, BILLING STANDARDS FOR COVID-19 TESTING PROVIDERS, INCLUDING WHEN AND WHAT PROVIDERS CAN CHARGE AND REQUIRED PRE-TESTING NOTIFICATION ABOUT POTENTIAL OUT-OF-POCKET COSTS TO PATIENTS, WHEN APPLICABLE.”

RATIONALE

The HEAU's letter of support with amendments explains the reasons for the proposed amendments.

SB0741_MACC_FWA_B.Sadusky.pdf

Uploaded by: Sadusky, Dr. Bernard

Position: FWA



SENATE FINANCE COMMITTEE

February 24, 2021

TESTIMONY

**Submitted by
Dr. Bernard Sadusky, Executive Director**

SB0741 – Covid-19 Testing, Contact Tracing and Vaccination Act of 2021

Position: Favorable with Amendments

On behalf of Maryland's 16 community colleges, I want to thank the sponsor for introducing HB 836 that requires the State Health Departments, local health departments, and institutions of higher education to develop plans to control, track and vaccinate our citizens.

Community college students are citizens of the jurisdictions in which they attend college and commute to campus daily. We have no healthcare centers, nor do we have trained personnel to administer COVID tests to students, nor the ability to contain students once they are tested. Our students rely on their local health departments and are largely served by local area clinics. Community colleges have no ability to administer COVID tests.

Throughout the pandemic community colleges have followed the protocols of the state and local health departments. We have instituted policies and procedures on our campuses to keep faculty and students as safe as possible from the spread of the COVID virus. Within two and a half weeks of the COVID announcement community college had converted all course instruction to on-line delivery. Currently, only those students requiring clinical work and laboratory instruction are offered face-to-face instruction. These classes are offered in small settings with social distancing, masks, and shields.

Our institutions will remain vigilant; however, our students commute daily, and in many cases, students will come and leave multiple times during a day. Because of the incubation period of the Covid virus, a requirement which mandates a negative Covid test prior to entering our commuter campuses may not provide the protection intended.

We ask that the Committee amend this legislation as follows: After line 16 on page 10 insert:

C. A PUBLIC INSTITUTION OF HIGHER EDUCATION DOES NOT INCLUDE AN INSTITUTION WITHOUT RESIDENTIAL HOUSING OR A HEALTH CENTER.

5 - FIN - SB 741 - MDH - LOI.pdf

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 24, 2021

The Hon. Delores G. Kelley, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB 741 - COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021 - Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill (SB) 741 - COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021. SB 741 mandates appropriations in the form of grants to local jurisdictions, home health agencies, and long-term care facilities. This bill would also require that MDH meet certain benchmarks including, the capacity to perform 100,000 COVID-19 tests per day, categorizing residents for priority access to the vaccine, and creating a timeline for each category to receive the vaccine.

The mandates required under SB 741 would total \$54.5 million in FY 2021 and \$98 million in FY 2022 in the form of grants to long-term care facilities, home health agencies, and local jurisdictions. We appreciate the legislature's intent to deliver funding to local health departments and to the aforementioned facilities. The Committee should be aware, however, that MDH is required to comply with any federal conditions of award for current and future federal COVID-19 relief that may conflict with the specific mandated appropriations that are required by this bill.

MDH thanks the General Assembly for its support during the COVID-19 pandemic and looks forward to our continued partnership as we continue in our response efforts. We would welcome working with the legislature and relevant stakeholders to establish the Maryland Public Health Job Corps and a Maryland Public Health Infrastructure Modernization Workgroup. MDH will continue to work with the General Assembly on the State's pandemic response, including assessing appropriate COVID-19 testing and vaccination benchmarks in accordance with Maryland's unique needs and the recommendations of public health experts.

I hope this information is useful. If you have questions or need more information about this subject, please do not hesitate to contact me at (410) 260-3190 or webster.ye@maryland.gov or

Heather Shek, Director, Office Of Governmental Affairs at the same number or heather.shek@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Webster Ye". The signature is written in a cursive style with a large initial "W".

Webster Ye
Assistant Secretary, Health Policy

SB 741 MICUA Letter of Info.pdf

Uploaded by: Fidler, Sara

Position: INFO

Letter of Information

Health and Government Operations Committee
Senate Bill 741 (Rosapepe) COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021

Sara C. Fidler, President

sfidler@micua.org

February 23, 2021

On behalf of Maryland's independent colleges and universities and the 65,600 students we serve, we thank you for the opportunity to provide information regarding ***Senate Bill 741 (Rosapepe) COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021***. This bill requires institutions of higher education to adopt and implement a COVID-19 testing plan to monitor, prevent, and mitigate the spread of the disease among students and staff. The plan would require a PCR or antigen test before a student may commence in-person class attendance or return to campus to reside in on-campus housing.

Our institutions and the 33,000 individuals that we employ have been impacted by COVID just as have other nonprofit organizations and businesses. During the fall 2020 semester, eight of our institutions offered only virtual instruction, while five of our institutions offered a de-densified socially distant residential experience with a hybrid model of both face-to-face and virtual instruction. Although we were grateful to receive federal stimulus relief funds, they covered only a fraction of the more than \$200 million in losses and over \$40 million in expenses from summer and fall of 2020. These expenses included: the provision of personal protective equipment; **testing**; leasing quarantine space; HVAC modifications; technological enhancements; and additional financial aid for our students. We estimate spring 2021 losses and expenses to exceed \$110 million.

While our member schools support the spirit of the legislation, we note several logistical and implementational challenges: (1) the scope of the bill, for a calendar year, presumes that the state of the pandemic is the same in September of 2021 as it is today; (2) the requirement to use a PCR or antigen test may run contrary to scientific advances that may recommend a different kind of test; (3) the cost of using a PCR or antigen test may far exceed the cost of whatever scientifically-advanced test is developed between now and the fall semester; (4) as vaccination becomes more prevalent, it may be recommended that testing be reduced or eliminated; (5) not all of our institutions have an on-campus health center, and the requirement to "monitor" the spread of COVID-19 may be difficult without one; and (6) many of our institutions partner with the local health department or local health care facilities for the purpose of testing and with the shift in focus to vaccinations, the local health departments and health care facilities have less capacity for testing analysis and reporting.

We appreciate the opportunity to provide this information related to **Senate Bill 741** and would be happy to address any questions or be a part of a workgroup, if one is established.

SB741_USM_INFO.pdf

Uploaded by: Hogan, Patrick

Position: INFO



SENATE FINANCE COMMITTEE
Senate Bill 741
COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021
February 24, 2021
Information

Chair Kelley, Vice Chair Feldman and committee members, thank you for the opportunity to share our thoughts on Senate Bill 741. The bill requires the Maryland Department of Health, in collaboration with local health departments of the State, to adopt and implement a plan to respond to the outbreak of COVID-19. It also requires institutions of higher education in the state to adopt and implement COVID-19 testing plans.

When the pandemic first “hit” in the spring of 2020, the University System of Maryland (USM) campuses made a rapid pivot to remote teaching and learning for the remainder of the semester. Then as plans were being developed for the Fall 2020 term, each campus considered responses and decisions that would put the safety of students, staff and faculty first. These decisions included reduced density in campus housing, having those classes in which face to face teaching was critical remain in that format, but continue the hybrid or on-line approach for as many courses as possible.

Another critical part of keeping the campuses safe was the development of testing and tracing programs, with the capability of quarantine and isolation of students as required. These plans required close collaboration with the local health departments and the preparation of living spaces for isolation when necessary. We learned many lessons during the fall semester, that we will outline here along with some of the summary results. The plans, results and proposed plans for spring 2021 can be found at <https://www.usmd.edu/spring2021> Also included is a dashboard for each campus that was updated on a regular basis.

We learned that testing on arrival is important, as it set the stage for starting the term knowing that those on campus had tested negative. Then schedules were developed to perform surveillance testing using PCR across the semester that allowed us in general to keep positivity rates at levels significantly lower than surrounding communities. Some rapid antigen tests were also performed in accordance with specific programs, such as athletic programs run under the auspices of the conferences or NCAA. Of the more than 150,000 tests performed almost all were PCR tests with samples sent to the lab at University of Maryland, Baltimore (UMB) which routinely returned results to the campuses within 24-36 hours, with only a few situational exceptions. The surveillance testing allowed us to identify outbreaks and take appropriate actions, which included appropriate isolation procedures for our residential students. The

surveillance testing plans were customized according to the nature of the populations on campus and in consultation with local public health departments. The positivity rates were routinely well below the positivity rates for the surrounding communities and were usually at a less than 1% or 1.5% on the campuses, with a very few exceptions. A spike in positivity led campuses to employ a variety of strategies to reverse positivity rates. These included: additional public health communications to their campus communities, increased testing and/or frequency of testing, brief increases in remote learning, and collaboration with local government and public health officials to reinforce compliance with masking and social distancing requirements.

For Spring term of 2021, detailed plans are currently being submitted. Plans will include descriptions of much more aggressive testing regimens to address the significantly higher background positivity rates in the community. Most campuses will modify their testing strategies to twice weekly testing of a substantial portion of those coming on campus using the BionaxNOW Rapid Antigen Test. The first 130,000 of these tests were provided by the Maryland Department of Health and will suffice testing needs for 2-4 weeks into the semester, with campuses ordering from Abbott to serve the remainder of the semester. The USM has signed an agreement with Abbott so that our campuses can be assured of the ability to order and obtain more tests as needed on the campuses. In addition, most campuses are also using PCR surveillance testing of specific groups, and PCR is currently being used to confirm rapid antigen positive test results. Rapid antigen tests are being used for people as they arrive on campus for intermittent work on the campus. Frequent rapid antigen tests will be used in specific populations or groups that would be at higher risk of transmission, including athletic teams and performing arts groups. Also, for example, if a residential student tests positive, then a “go team” can go directly to that dorm and test all of the exposed residents with the rapid antigen test and in minutes know what other students or staff may be infected.

In the aggregate, the USM institutions are performing nearly 30,000 tests per week during the spring semester. In addition to the aggressive testing programs, our campuses, in collaboration with the local health departments, have trained professionals on the campus to initiate and support the contact tracing procedures of the health departments. We believe these procedures, in the aggregate will continue to maintain our campuses as some of the safest places to live and work in the state. The USM also participates in the COVID 19 Task Force set up by MHEC and we have continued to cooperate closely with the Maryland Department of Health as well as MHEC in sharing our practices with the other segments of higher education in the state.

The USM has been collaborating with scientists from Harvard, Wisconsin, California and North Carolina to share experiences and determine ways to adapt to the changing environmental situations. The use of a combination of the more sensitive PCR tests and the quickly obtained results of the rapid antigen tests will provide a clearer picture of the presence of virus on a campus and permit quick and comprehensive response to limit the spread of the virus on the campus and in the community.

As the nation makes the turn to vaccination protocols, our campuses have been very active. UMB, along with their partner the University of Maryland Medical System, have established vaccination sites on the UMB campus, stood up the mass vaccination site at the Baltimore Convention Center and will be a major partner in the M & T Bank Stadium mass vaccination site. Our medical professions students are working in a variety of capacities at the vaccination sites, carefully trained and supervised so that we are following all accreditation and certification regulations. We are also working with the state to establish a core of student volunteers to assist at these sites in many of the nonmedical capacities required to make the sites run smoothly. We will do all that we can to support the rapid vaccination of as many in the population as possible, as we look forward to the possibility of starting the fall semester in a much more “normal” capacity.

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Uploaded by: Sanderson, Michael

Position: INFO



Senate Bill 741

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

RE: **LETTER OF INFO**

To: Finance and Budget and Taxation
Committees

Date: February 24, 2021

From: Michael Sanderson

The Maryland Association of Counties (MACo) has not taken a position on SB 741 and its many provisions. We wish to express to the Committees a general view from counties on the ongoing reaction to the COVID-19 crisis in Maryland, as we all work daily to serve and protect our county residents.

VACCINE DISTRIBUTION

Each county, led by its Local Health Department, has sought to prioritize vulnerable residents, and offer an orderly system for vaccinations. The supply from the federal government has made doing so a persistent challenge, with too many rule-following residents complying with a registration process, only to find their appointment canceled. All can agree this is a negative outcome.

A recent commitment to a multi-week allocation will surely help reduce the cancellations and frustrations that accompany eleventh-hour allocation reductions, but weather challenges this month will compound what has already been a difficult and frustrating process for far too many Marylanders.

County officials, working in tandem with local Health Officers, represent the most effective and equitable agents in each community to help deliver vaccines.

We remain in communications with the Administration and Maryland Department of Health to collaborate on, and improve, any facet of this critical system where we can. We all share the goals of reaching and helping Marylanders effectively and rapidly.

TESTING AND TRACING

Testing and tracing, as well, has a role to play in this effort – although its proper priority is not a matter of unanimity. Regardless, resources to promote the best information about the spread of the virus and its multiple variants are essential tools in battling this pandemic locally.

COMMUNICATION AND INFORMATION CAMPAIGNS

In the weeks ahead, we expect the effort to work through the phases of vaccinating the Maryland population will present additional challenges. Among them will be a population uncertain or uncomfortable about receiving the vaccine. The communication and information campaigns required to overcome a potential widespread reluctance will require cooperation from public and private actors, and will be essential to protect our friends and neighbors.

LEGISLATION AND RESOURCES

Counties recognize the good intentions of legislation designed to refine the State's approach and response to this pandemic. The deployment of State and federal resources, funding and otherwise, to the effort is important.

Counties, led by our health professionals, stand ready to collaborate with the Administration and the General Assembly in further developing the best framework for vaccinating Marylanders, even as we engage day-to-day in the actual delivery and administration of life-saving treatments.

SB 741 COVID Testing, Contact Tracing and Vaccinat

Uploaded by: Wilkins, Barbara

Position: INFO



Maryland

DEPARTMENT OF BUDGET
AND MANAGEMENT

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor

DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

SENATE BILL 741 COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021 (Rosapepe, et al)

STATEMENT OF INFORMATION

DATE: February 24, 2021

COMMITTEE: Senate Finance

SUMMARY OF BILL: SB 741 mandates annual appropriations in FY 2021 and FY 2022 in the amounts of: \$25 million to expand capacity for COVID-19 testing and contact tracing in local jurisdictions; \$15 million to vaccinate; \$9 million in FY 2021 and \$36 million in FY 2022 to assisted living and home health care facilities to provide testing for residents, patients, and staff; (expresses legislative intent to provide) \$5.5 million in FY 2021 and \$22 million in FY 2022 for testing nursing home residents and staff; expresses legislative intent to fund with federal funding provided in calendar years 2020-2022 and supplement with General Funds, as needed; and specifies additional requirements for the Department of Health to submit plans and reporting on COVID-19 testing, contact tracing and vaccinations.

EXPLANATION: HB 836 attempts to mandate \$54.5 million in FY 2021 and \$98 million in FY 2022 for a total of \$152.5 million, but is more appropriately viewed as expressing legislative intent since the General Assembly cannot mandate appropriations any earlier than FY 2023. The Department of Health has spearheaded the coordination and funding of COVID-19 testing, contact tracing and vaccinations throughout the pandemic.

Local jurisdictions have received significant funding amounts for these purposes during the Summer and Fall of 2020. Those jurisdictions with populations in excess of 500,000 received federal funding directly. Governor allocated \$363 million to local governments from the Coronavirus Relief Fund to cover pandemic related costs. Approximately \$62 million remained unspent, as of the end of December 2020.

The Governor recently announced \$114 million awarded to local health departments (on a reimburseable basis) for vaccination activities. Local health departments are also slated to receive an additional \$5.4 million in COVID-19 Crisis Cooperative Agreement funding (from the December 2020 congressional action). The Biden stimulus package includes \$1.9 billion for Maryland local governments.

**For additional information, contact Barbara Wilkins at
(410) 260-6371 or barbara.wilkins1@maryland.gov**