Chair, Vice-Chair, and Members of the Committee, thank you for the opportunity to testify today.

My name is Dr. Ian Simon. I am a resident of Montgomery County, and I served as the inaugural Director of the Office of Long COVID Research and Practice within the U.S. Department of Health and Human Services from 2024 to 2025. In that role, I coordinated and managed the U.S. government-wide response to understand and address the long-term impacts of COVID-19.

I'm here today to strongly support HB 0027, the Maryland TEDCO Long COVID Innovation Grant and Loan Program**.**

Long COVID affects approximately 17 million Americans, including many Maryland residents, causing persistent and sometimes debilitating symptoms such as severe fatigue, cognitive impairment, and respiratory issues that can last months or even years. These symptoms can profoundly disrupt daily life. I have known patients who lost the ability to speak or walk. I have known parents who could not get out of bed to care for their children, workers unable to return to their jobs, and patients cycling through the healthcare system without clear answers. Despite the scale of the problem, Long COVID remains poorly understood. We still lack reliable diagnostics and proven treatments, which is exactly why focused, sustained research investment is so critical.

During my tenure coordinating federal agency efforts, we worked to align scientific and clinical expertise across government and with civil society to accelerate progress. But as we have seen, federal priorities can shift dramatically over a short time. Maryland should not have to depend solely on national action. This legislation allows the state to take proactive ownership of the science, care, and solutions its residents need.

What many people don't appreciate is that Long COVID is not only a health challenge, but also a workforce and economic challenge. Studies show twenty-two percent of individuals with Long COVID have reported they were unable to work 6 months after initial infection. Forty-five percent required reduced work schedules[1], and nearly one in five were still unable to return to work full-time a year after COVID-19 infection.[2] National analyses estimate the wage impact to be substantial, with peer-reviewed research suggesting roughly $170 billion in lost wages in a single year[3]. While we don't yet have precise Maryland-specific estimates, our state's workforce and employers are not insulated from a condition that disproportionately affects working-age adults.

Long COVID also places real financial pressure on healthcare systems and payers. National spending analyses show higher healthcare utilization and excess out-of-pocket costs among

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[1] Davis HE, Assaf GS, McCorkell L, et al. Characterizing long COVID in an international cohort: 7 months of symptoms and their impact. EClinicalMedicine. 2021;38:101019.

[2] New York State Insurance Fund. Shining a light on Long COVID: an analysis of workers' compensation data. https://ww3.nysif.com/-/media/Files/NYSIF_Publications/PDF/NYSIFLongCOVIDStudy2023.ashx

[3] Bach, K. New data shows long Covid is keeping as many as 4 million people out of work. *The Brookings Institution*, https://www.brookings.edu/articles/new-data-shows-long-covid-is-keeping-as-many-as-4-million-people-out-of-work/ (2022).

people living with Long COVID[4]. Again, those figures are national, but they point clearly to the direction of impact for states like Maryland.

This bill is a sensible, forward-looking investment. By funding research and collaboration, Maryland can empower its leading institutions, accelerate clinical innovation, improve patient outcomes, and strengthen economic resilience. In doing so, the state can position itself as a leader in addressing one of the defining public health challenges of the post-pandemic era.

For these reasons, I respectfully urge your support for this legislation. Thank you for your time and consideration.

[4] Neba R, Pedaprolu LS, Neba B, Sambamoorthi U. Long COVID Is Associated with Excess Direct Healthcare Expenditures Among Adults in the United States. *Healthcare* **2025**, *13*(21), 2704. https://doi.org/10.3390/healthcare13212704